

REIMAGINING PUBLIC SAFETY



Status Update and Report Out

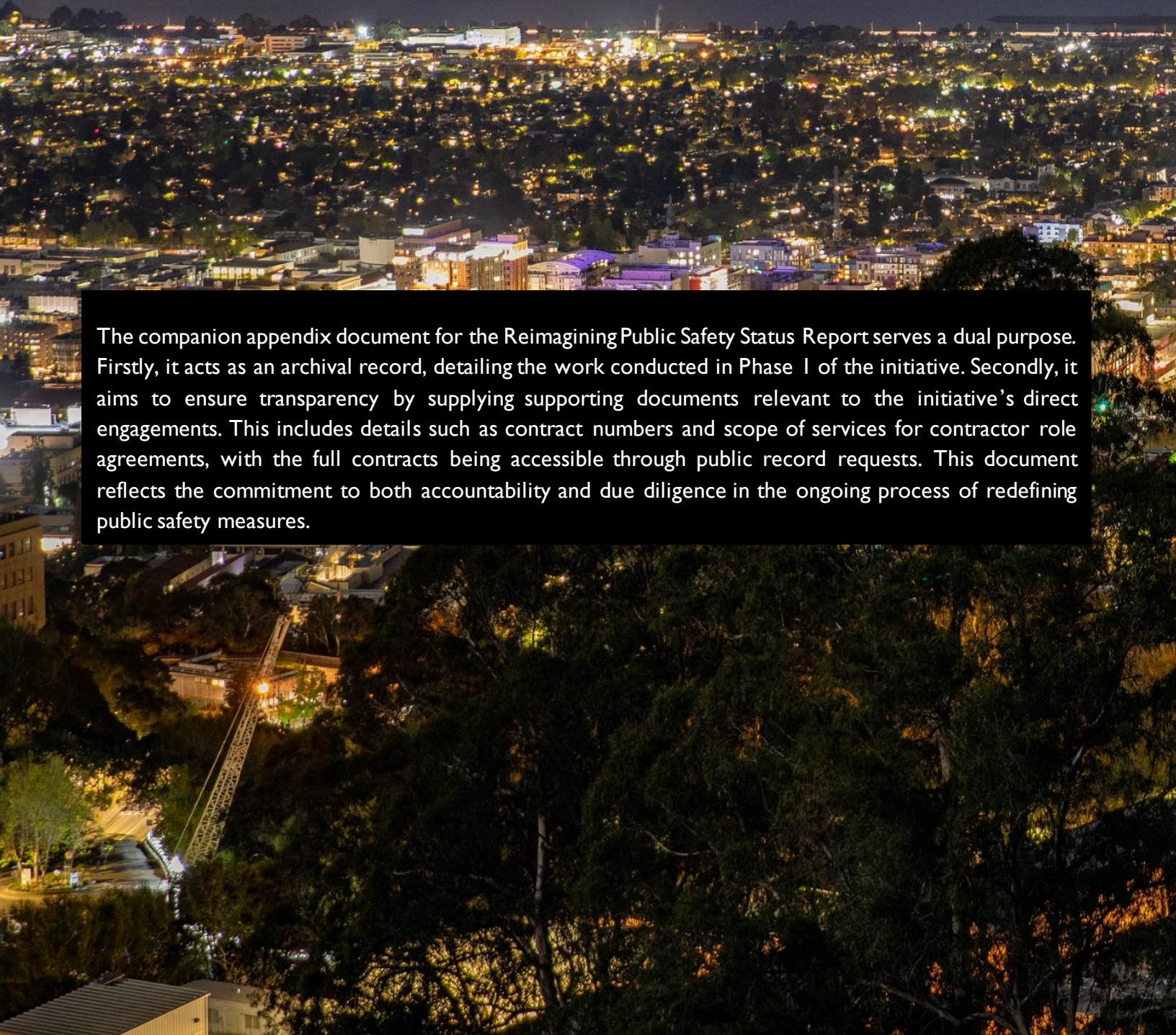
City Manager's Office

Fall 2023

COMPANION APPENDIX



Introduction



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

APPENDIX A

April 21, 2022 | City Manager's Report and Presentation



Office of the City Manager

ACTION CALENDAR
April 21, 2022

To: Honorable Mayor and Members of the City Council

From: Dee Williams-Ridley, City Manager

Submitted by: LaTanya Bellow, Deputy City Manager

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

RECOMMENDATION

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

CURRENT SITUATION AND ITS EFFECTS

On July 14, 2020, in Resolution No. 69,501-N.S., City Council passed a package of items providing direction for the development of a new paradigm of public safety in Berkeley. As part of the items that were adopted, City Council adopted [Item 18c](#) (“Referral to City Manager to Re-imagine Policing Approaches to Public Safety Using a Process of Robust Community Engagement, to Develop a Path Forward to Transforming Public Safety and Policing in Berkeley”) and [Item 18d](#) (“Transform Community Safety and Initiate a Robust Community Engagement”), which directs the City Manager to engage a qualified firm(s) or individual(s) to lead a robust, inclusive, and transparent community engagement process with the goal of achieving a new and transformative model of positive, equitable and community-centered safety for Berkeley.

BACKGROUND

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

- o Creating plans and protocols for calls for service to be routed and assigned to alternative preferred responding entities and consider placing dispatch in the Fire Department or elsewhere outside the Police Department
- o Analyzing litigation outcomes and exposure for city departments in order to guide the creation of City policy to reduce the impact of settlements on the General Fund
- o Engaging a qualified firm(s) or individual(s) to lead a robust, inclusive, and transparent community engagement process with the goal of achieving a new and transformative model of positive, equitable and community-centered safety for Berkeley
- o Pursuing the creation of a Berkeley Department of Transportation (“BerkDoT”) to ensure a racial justice lens in traffic enforcement and the development of transportation policy, programs and infrastructure, and identify and implement approaches to reduce and/or eliminate the practice of pretextual stops based on minor traffic violations

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

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

National Institute of Criminal Justice Reform

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

Community Engagement

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

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

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

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

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

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

Reimagining Public Safety Task Force

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

National Institute for Criminal Justice Reform

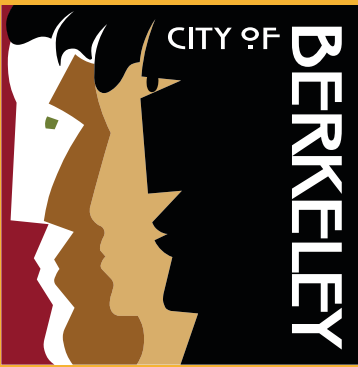
[https://www.cityofberkeley.info/Clerk/City_Council/2022/03_Mar/Documents/2022-03-10_\(Special\)_Supp_2_Reports_Item_2_Rev_NICJR_pdf.aspx](https://www.cityofberkeley.info/Clerk/City_Council/2022/03_Mar/Documents/2022-03-10_(Special)_Supp_2_Reports_Item_2_Rev_NICJR_pdf.aspx)

ENVIRONMENTAL SUSTAINABILITY AND CLIMATE IMPACTS

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

CONTACT PERSON

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



CITY MANAGER'S OFFICE

Reimagining Public Safety: A Reference Guide for City Council Discussion

April 21, 2022



MARTIN LUTHER KING JR
CIVIC CENTER

2180
Milvia Street

CITY OF BERKELEY
Historic Landmarks & Civic Center
2180 Milvia Street
Berkeley, CA 94704
www.berkeleyca.gov

Letter from the City Manager

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

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

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

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

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

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

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



Dee Williams-Ridley
City Manager
manager@cityofberkeley.info

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

Table of Contents:

Letter from the City Manager	3
01 Executive Summary	7
02 Background	15
Specialized Care Unit	16
Priority Dispatch	18
BerkDOT	19
03 Recommendations and Implementation Plan	23
Reimagine, Improve, Reinvest Tenets	25
Recommendation Summary	26
Recommendations, REIMAGINE	28
Recommendations, IMPROVE	32
Recommendations, REINVEST	40
04 Budget	45
05 Closing Remarks	53

06 Appendix

55

Appendix 1 - Referral to City Manager to Re-imagine Policing Approaches to Public Safety Using a Process of Robust Community Engagement, to Develop a Path Forward to Transforming Public Safety and Policing in Berkeley

Appendix 2 - Transform Community Safety and Initiate a Robust Community Engagement Process

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

Appendix 4 - City of Berkeley Crisis Response Models Report

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

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

Appendix 7 - Task Force: BerkDoT Presentation to RPSTF

Appendix 8 - Task Force: BerkDoT Presentation of Scientific Survey

Appendix 9 - Task Force: BerkDoT Survey Results

Appendix 10 - Data Analysis of the City of Berkeley's Police Response

Appendix 11 - Reimagining Public Safety Budget Analysis



01



Executive Summary

City Leadership

On July 14, 2020, City Council adopted an omnibus package to reimagine public safety and policing in the City of Berkeley. The omnibus package consisted of numerous elements including, but not limited to the following:

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

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

The working group consists of the following:

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

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

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

Public Safety and Police Reimagining Community Engagement

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

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

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

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



Staff Participation

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

Community Engagement

On July 14, 2020, the City Council adopted [Item 18c](#)¹ (“Referral to City Manager to Re-imagine Policing Approaches to Public Safety Using a Process of Robust Community Engagement, to Develop a Path Forward to Transforming Public Safety and Policing in Berkeley”); **see Appendix 1**) and [Item 18d](#)² (“Transform Community Safety and Initiate a Robust Community Engagement Process”); **see Appendix 2**), which directs the City Manager to engage a qualified firm(s) or individual(s) to lead a robust, inclusive, and transparent community engagement process with the goal of achieving a new and transformative model of positive, equitable and community-centered safety for Berkeley.

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

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

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

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

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

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

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

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

Reimagining Public Safety Task Force

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

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

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

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

Task Force Coordination

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

Interdepartmental Coordination

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

City Auditor

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

National Institute for Criminal Justice Reform (NICJR)

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

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





02



Background

Specialized Care Unit

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

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

To oversee and advise RDA in completing its scope of work, the City formed an SCU Steering Committee consisting of representatives from the Health, Housing, and Community Services Department, the Berkeley Fire Department, appointees of the Mental Health Commission, and community representatives from the Berkeley Community Safety Coalition. The Steering Committee met regularly during the period of January 2021 through January 2022, and advised on RDA's completion of three critical reports.

The first report, [City of Berkeley Crisis Response Models Report](#)¹ (see Appendix 4), provides detailed information about thirty-seven (37) alternative crisis response models that have been implemented in the United States and internationally. The second report, [City of Berkeley Mental Health Crisis Response Services and Stakeholder Perspectives Report](#)² (see Appendix 5), provides information about Berkeley's current crisis response system and also summarizes stakeholder perspectives gathered through a deep community engagement process conducted by RDA, in which input was gathered from utilizers of Berkeley's crisis response services, local community-based organizations (CBOs), local community leaders, and City of Berkeley and Alameda County agencies. RDA's third and final report, [City of Berkeley Specialized Care Unit Crisis Response Recommendations](#)³ (see Appendix 6), utilized information gathered in completing the first two reports and makes specific recommendations for an SCU model for Berkeley.

Recommendations

These recommendations are organized in the following thematic areas:

The SCU Mobile Team

1. The SCU should respond to mental health crises and substance use emergencies without a police co-response.
2. The SCU should operate 24/7.
3. Staff a three-person SCU mobile team to respond to mental health and substance use emergencies.
4. Equip the SCU mobile team with vans.
5. The SCU mobile team should provide

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

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

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

transport to a variety of locations.

6. Equip the SCU mobile team with supplies to meet the array of clients' needs.
7. Clearly distinguish the SCU from the Mobile Crisis Team.

Assessing the SCU Crisis Response: Dispatch & Alternative Phone Number

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

Implement a Comprehensive 24/7 Mental Health Crisis Response Model

11. Fully staff a comprehensive model to ensure the success of the SCU mobile team, including supervisory and administrative support.
12. Operate one SCU mobile team per shift for three 10-hour shifts.
13. SCU staff and Dispatch personnel should travel to alternative crisis programs for in-person observation and training.
14. Prepare the SCU mobile team with training.

Administration and Evaluation

15. Contract the SCU model to a CBO.
16. Integrate the SCU into existing data systems.
17. Collect and publish mental health crisis response data publicly on Berkeley's Open Data Portal.

18. Implement care coordination case management meetings for crisis service providers.
19. Implement centralized coordination and leadership across city agencies to support the success of mental health crisis response.
20. Continue the existing SCU Steering Committee as an advisory body.
21. Solicit ongoing community input and feedback.
22. Adopt a rapid monitoring, assessment, and learning process.
23. Conduct a formal annual evaluation.

Promoting Public Awareness

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

Following completion of RDA's final report, the SCU Steering Committee held detailed discussions and further analyzed each category of recommendations. The purpose of these discussions was to establish where there was broad agreement among steering committee members and where individual members differed, and also to add additional considerations where needed. While there was strong agreement among steering committee members with most of RDA's recommendations, there were some nuances and additional considerations that should be considered as part of SCU implementation. The Steering Committee's analysis was submitted as an Information Item on the March 10, 2021 Special meeting on Reimagining Public Safety.

Priority Dispatch

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

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

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



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

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

BerkDOT

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

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

Findings

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

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

The review found:

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

Public Survey and Listening Sessions

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

The survey found the following:

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

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

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

Listening Session Findings

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

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

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

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

These listening sessions found the following:

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





03



Recommendations & Implementation Plan

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

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

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

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

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

City of Berkeley Mission

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



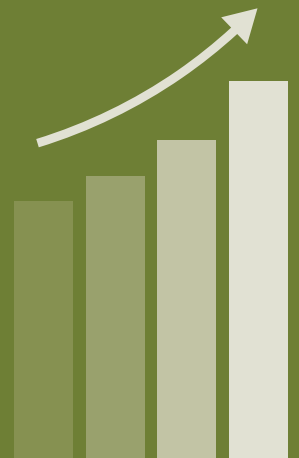
REIMAGINE

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



IMPROVE

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



REINVEST

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Develop BPD and Community-Based organization engagement and collaboration structures

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

Support reimagining efforts of City Departments

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

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

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

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

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

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



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

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

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

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

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

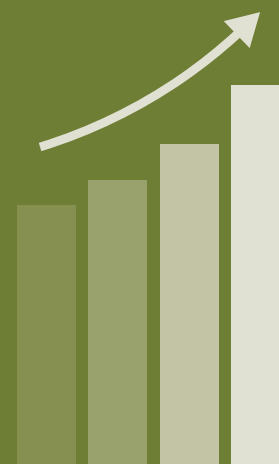
Gather data around mental illness and homelessness to support overall City responses and needs assessment

Strengthen investigation capabilities and victim support network

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

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

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





REIMAGINE

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



12
MONTHS



REIMAGINE

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

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

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

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

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



\$450K



18-24

MONTHS



REIMAGINE

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

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

Support reimagining efforts of City Departments²

BPD support and assistance implementing Vision Zero goals and BERKDOT process

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

BPD collaborate with City Departments on redirecting enforcement responsibilities where appropriate

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

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



\$3.1M



12-36 MONTHS

Resources:

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



REIMAGINE

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



\$200K



12-72
MONTHS

Resources:

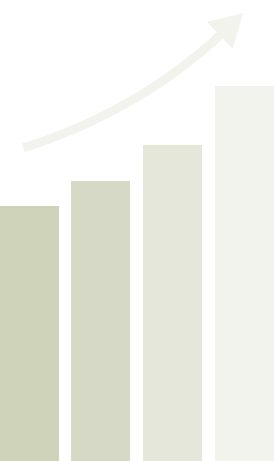
- 1. For consulting support



IMPROVE

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

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



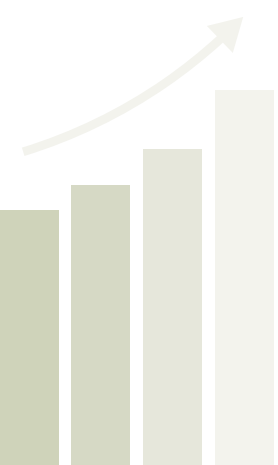
12-24
MONTHS



IMPROVE

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

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



\$175K



12-24
MONTHS

Resources:

- 1. (1) Associate Planner position



IMPROVE

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

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

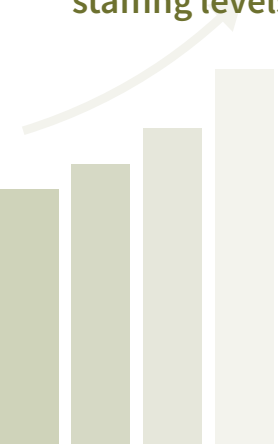
Conduct regular analysis of data to ensure that departmental responses align with Fair and Impartial Policing concepts^{RPSTF #45}

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

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

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

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



\$3.8M



12-36
MONTHS

Resources:

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



IMPROVE

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

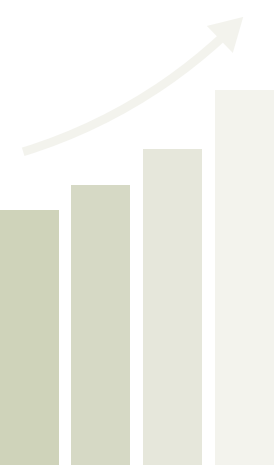
Build relationships with community groups to support best possible outcomes^{RPSTF #45}

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

Strengthen investigation capabilities and victim support network

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

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



\$4.1M



6-36
MONTHS

Resources:

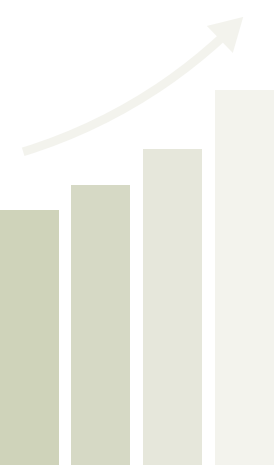
- 1. Fourteen (14) Sworn Officer positions



IMPROVE

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

Support Reimagining efforts including grant writing services



\$100K



12-72
MONTHS

Resources:

- 1. For consulting support

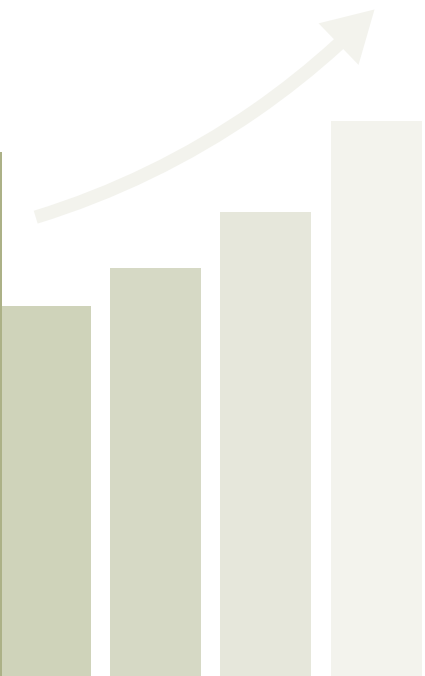


IMPROVE

Fair and Impartial Policing

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

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





IMPROVE

Fair and Impartial Policing, continued

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

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

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



12-24
MONTHS



IMPROVE

City Auditor

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

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



6

MONTHS



REINVEST

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



12-36
MONTHS



REINVEST

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



12-72
MONTHS







04



Budget

Reimagining Public Safety Fiscal Summary

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

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

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

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

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

Current Police Staffing

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

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

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

Potential Funding

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

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

FY23-24 Reimagining Public Safety Budget Analysis¹



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



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



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

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

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

¹ See Appendix 11

Intended Purpose of Police Department Positions

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

Intended Purpose of Police Department Positions (cont.)

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

Intended Purpose of Police Department Positions (cont.)

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



05



Closing Remarks

Closing Remarks

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

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

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

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

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

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

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

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

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

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

Thank you, From Your City Team

Dee Williams-Ridley
City Manager

Farimah Brown
City Attorney

David White
Deputy City Manager

LaTanya Bellow
Deputy City Manager

Jen Louis
Interim Police Chief

Abe Roman
Fire Chief

Dr. Lisa Warhuus
HHCS Director

Liam Garland
Public Works Director

Shamika Cole
Senior Management Analyst





06



Appendix



Susan Wengraf
Councilmember District 6

18c

APPENDIX 1: Referral to City Manager to Re-imagine Policing Approaches to Public Safety Using a Process of Robust Community Engagement, to Develop a Path Forward to Transforming Public Safety and Policing in Berkeley

CONSENT CALENDAR
July 14, 2020

To: Honorable Mayor and Members of the City Council

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

Subject: Referral to City Manager to Re-imagine Policing Approaches to Public Safety Using a Process of Robust Community Engagement, to Develop a Path Forward to Transforming Public Safety and Policing in Berkeley.

RECOMMENDATION

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

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

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

FINANCIAL IMPLICATIONS

Staff time

BACKGROUND

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

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

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

ENVIRONMENTAL SUSTAINABILITY

None

CONTACT PERSON

Councilmember Wengraf

Council District 6

510-981-7160



Office of the Mayor
Jesse Arreguín

18d

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

ACTION CALENDAR
July 14, 2020

To: Honorable Members of the City Council

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

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

RECOMMENDATIONS

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

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

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

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

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

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

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

SUMMARY

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

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

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

BACKGROUND

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

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

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

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

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

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

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

CURRENT SITUATION AND ITS EFFECTS

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

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

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

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

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

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

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

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

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

RATIONALE FOR RECOMMENDATIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FINANCIAL IMPLICATIONS

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

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

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

REVIEW OF EXISTING PLANS, PROGRAMS, POLICIES AND LAWS

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

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

ENVIRONMENTAL SUSTAINABILITY

No Environmental Impact.

CONTACT PERSON

Mayor Jesse Arreguin 510-981-7100

Vice-Mayor Sophie Hahn

Councilmember Ben Bartlett

Councilmember Kate Harrison

Attachments:

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

RESOLUTION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

EMERGENCY ITEM AGENDA MATERIAL

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

Rationale:

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

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

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

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

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

CONSENT CALENDAR

June 16, 2020

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

RECOMMENDATION:

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

CURRENT SITUATION

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

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

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

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

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

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

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

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

³

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

⁴

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

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

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

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

BACKGROUND

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

REDUCE:

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

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

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

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

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

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

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

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

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

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

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

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

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

ii. Reason behind the complaints.

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

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

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

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

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

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

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

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

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

REVIEW OF EXISTING PLANS, PROGRAMS, POLICIES, AND LAWS

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

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

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

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

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

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

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

ACTIONS/ALTERNATIVES CONSIDERED

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

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

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

OUTREACH OVERVIEW AND RESULTS

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

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

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

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

RATIONALE FOR RECOMMENDATION

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

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

FISCAL IMPACTS OF RECOMMENDATION

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

ENVIRONMENTAL SUSTAINABILITY

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

OUTCOMES AND EVALUATION

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

CONTACT PERSON

Councilmember Ben Bartlett
James Chang
Kyle Tang
Kimberly Woo

510-981-7130
jchang@cityofberkeley.info
ktang@cityofberkeley.info
kimwoo1240@berkeley.edu

ATTACHMENTS

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

SHRINK THE BEAST:

A Framework for Transforming Police

NICJR★
National Institute for
Criminal Justice Reform



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

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

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

Reduce

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

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

Steps To Reduction



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



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



CERN Crisis Intervention Specialists would respond to all other calls.



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



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



Investigation Units should also remain intact.

Improve

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

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



Steps To Improvement

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

Reinvest

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



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

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

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

ED 015 988

UD 004 752

SCHOOL DESEGREGATION IN BERKELEY--THE SCHOOL SUPERINTENDENT REPORTS.

BY- SULLIVAN, NEIL V.

PUB DATE NOV 67

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

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

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

04752

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

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

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

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PRE-1964

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SULLIVAN ADMINISTRATION

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

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

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

new administration was to make it work.

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

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

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

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

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

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

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

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

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

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

A START TOWARD ELEMENTARY INTEGRATION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

COMMITMENT TO TOTAL INTEGRATION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

LESSONS LEARNED

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

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

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

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

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

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

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

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

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

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

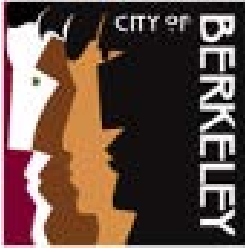
An example in a different but related field can illustrate this point. Berkeley held a referendum election on a Fair Housing Proposal early in 1963, before the citizens committee report, and the measure was defeated by a narrow margin. A year and a half later the community, together with the rest of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

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

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

CONCLUSION

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



Office of the Mayor

18

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

CONSENT CALENDAR

January 19, 2021

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

RECOMMENDATION:

Adopt a Resolution:

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

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

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

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

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

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

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

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

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

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

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

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

⁵ [Transforming Police](#), NICJR

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

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

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

FINANCIAL IMPLICATIONS

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

BACKGROUND

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

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

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

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

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

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

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

RATIONALE FOR RECOMMENDATION

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

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

⁸ Ibid

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

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

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

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

ENVIRONMENTAL SUSTAINABILITY

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

ALTERNATIVE ACTIONS CONSIDERED

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

CONTACT PERSON

Jesse Arreguín, Mayor, (510) 981-7100

Attachments:

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

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

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

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

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

RESOLUTION NO.

ESTABLISHING THE REIMAGINING PUBLIC SAFETY TASK FORCE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

¹⁸ [Transforming Police](#), NICJR

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

RESOLUTION NO. 69,673-N.S.

ESTABLISHING THE REIMAGINING PUBLIC SAFETY TASK FORCE

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

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

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

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

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

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

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

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

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

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

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

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

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

⁵ Transforming Police, NICJR

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

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

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

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

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

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

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

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

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

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

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

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

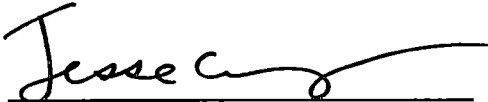
BE IT FURTHER RESOLVED, The Task Force shall establish a regular place and time for meeting. All meetings shall be noticed as required by law and shall be scheduled in a way to allow for maximum input from the public. The frequency of meetings shall be as determined by the Task Force Chair in consultation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

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

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

Noes: None.

Absent: None.



Jesse Arreguin, Mayor

Attest: 

Mark Numainville, City Clerk



**Reimagining Public
Safety Task Force**



Task Force Purpose & Goals

As Defined by July 14th Council Action



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

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

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

Task Force Purpose & Goals

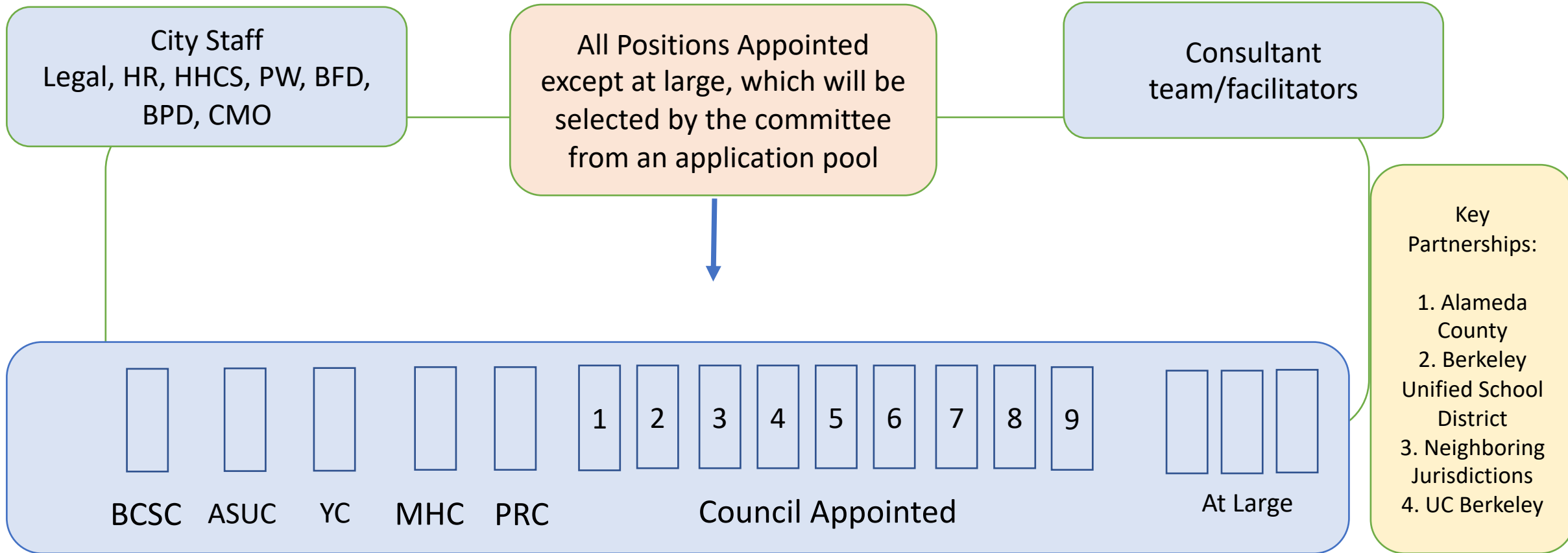
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3. Recommend a new, community-centered safety paradigm as a foundation for deep and lasting change, grounded in the principles of *Reduce, Improve and Reinvest* as proposed by the National Institute for Criminal Justice Reform considering, among other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

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

Proposed Task Force Structure

Selected by Councilmembers, Mayor & Key Commissions and Community Stakeholders



Parallel Community Engagement



Task Force Membership

Knowledge, Expertise, & Experience Needed

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

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

Task Force Responsibilities

Active membership & Participation Required of Selected members

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



Office of the Mayor
Jesse Arreguín

ACTION CALENDAR
July 14, 2020

To: Honorable Members of the City Council

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

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

RECOMMENDATIONS

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

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

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

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

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

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

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

SUMMARY

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

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

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

BACKGROUND

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

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

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

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

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

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

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

CURRENT SITUATION AND ITS EFFECTS

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

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

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

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

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

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

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

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

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

RATIONALE FOR RECOMMENDATIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FINANCIAL IMPLICATIONS

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

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

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

REVIEW OF EXISTING PLANS, PROGRAMS, POLICIES AND LAWS

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

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

ENVIRONMENTAL SUSTAINABILITY

No Environmental Impact.

CONTACT PERSON

Mayor Jesse Arreguin 510-981-7100

Vice-Mayor Sophie Hahn

Councilmember Ben Bartlett

Councilmember Kate Harrison

Attachments:

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

RESOLUTION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

EMERGENCY ITEM AGENDA MATERIAL

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

Rationale:

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

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

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

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

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

CONSENT CALENDAR

June 16, 2020

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

RECOMMENDATION:

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

CURRENT SITUATION

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

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

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

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

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

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

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

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

³

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

⁴

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

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

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

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

BACKGROUND

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

REDUCE:

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

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

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

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

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

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

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

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

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

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

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

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

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

ii. Reason behind the complaints.

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

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

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

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

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

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

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

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

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

REVIEW OF EXISTING PLANS, PROGRAMS, POLICIES, AND LAWS

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

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

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

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

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

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

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

ACTIONS/ALTERNATIVES CONSIDERED

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

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

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

OUTREACH OVERVIEW AND RESULTS

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

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

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

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

RATIONALE FOR RECOMMENDATION

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

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

FISCAL IMPACTS OF RECOMMENDATION

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

ENVIRONMENTAL SUSTAINABILITY

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

OUTCOMES AND EVALUATION

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

CONTACT PERSON

Councilmember Ben Bartlett
James Chang
Kyle Tang
Kimberly Woo

510-981-7130
jchang@cityofberkeley.info
ktang@cityofberkeley.info
kimwoo1240@berkeley.edu

ATTACHMENTS

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

SHRINK THE BEAST:

A Framework for Transforming Police

NICJR★
National Institute for
Criminal Justice Reform



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

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

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

Reduce

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

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

Steps To Reduction



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



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



CERN Crisis Intervention Specialists would respond to all other calls.



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



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



Investigation Units should also remain intact.

Improve

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

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



Steps To Improvement

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

Reinvest

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



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

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

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

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SCHOOL DESEGREGATION IN BERKELEY--THE SCHOOL SUPERINTENDENT REPORTS.

BY- SULLIVAN, NEIL V.

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

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

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

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

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

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

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

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PRE-1964

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SULLIVAN ADMINISTRATION

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

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

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

new administration was to make it work.

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

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

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

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

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

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

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

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

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

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

A START TOWARD ELEMENTARY INTEGRATION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

COMMITMENT TO TOTAL INTEGRATION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

LESSONS LEARNED

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

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

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

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

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

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

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

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

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

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

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

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

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

CONCLUSION

There is no greater problem facing the schools of America today than breaking down the walls of segregation. If our society is to function effectively its members must learn to live together. Schools have a vital role to play in preparing citizens for life in a multi-racial society. The Berkeley experience offers hope that integration can be successfully achieved in a good-sized city. This success can be achieved if the Board of Education, the school staff, and the citizens of the community are determined to solve the problem and work together toward this end.

SUPPLEMENTAL AGENDA MATERIAL

Meeting Date: July 14, 2020

Item Number: 18a-e

Supplemental/Revision Submitted By: Mayor Arreguin

Good of the City Analysis:

The analysis below must demonstrate how accepting this supplement/revision is for the “good of the City” and outweighs the lack of time for citizen review or evaluation by the Council.

The City Council has before it tonight five different proposals to initiate a robust community process to reimagine policing, and also specific proposals to conduct analyses and initiate new approaches to public safety.

The Mayor is proposing an omnibus motion that adopts elements of every one of the five proposals with some modifications.

Given that the Council is discussing various proposals relating to public safety tonight, and there is strong community interest in Berkeley initiating reforms in light of the murder of George Floyd and the nationwide movement for racial justice, the Good of the City outweighs the lack of time for prior citizen review or evaluation by the Council.

Consideration of supplemental or revised agenda material is subject to approval by a two-thirds vote of the City Council. (BMC 2.06.070)

A minimum of **42 copies** must be submitted to the City Clerk for distribution at the Council meeting. This completed cover page must accompany every copy.

Copies of the supplemental/revised agenda material may be delivered to the City Clerk Department by 12:00 p.m. the day of the meeting. Copies that are ready after 12:00 p.m. must be delivered directly to the City Clerk at Council Chambers prior to the start of the meeting.

Supplements or Revisions submitted pursuant to BMC § 2.06.070 may only be revisions of the original report included in the Agenda Packet.

**Proposed Omnibus Motion on Public Safety Items (Items 18a-e)
July 14, 2020**

RECOMMENDATION

That the Berkeley City Council adopts the following motion:

1. To APPROVE item 18a “George Floyd Community Safety Act - Budget Request to Hire a Consultant to Perform Police Call and Response Data Analysis” (Bartlett) as revised in Supplemental Packet 1 and further amended below:

- Reaffirming the Council’s prior action adopting Recommendation # 1 through its allocation of \$160,000 for an Auditor I position in the FY 2021 Budget to conduct a data-driven study that includes analysis of police calls and responses, as well as analysis of the Berkeley Police Department (BPD) budget and expenditures by call type, including FTE (full-time equivalent position), cost per FTE, overtime and special pay expenditures and supervisory structure. Recommended data points/areas of focus are included in pages 4-7 of the Bartlett item. The Auditor is encouraged to consult subject matter experts in developing the scope of work for this study and to consult with the community-based organization selected for community outreach (Item 18d) throughout her work.
- Approving Recommendation # 2 as revised below:

Refer to the City Manager and the public safety reimagining process in item 18d to evaluate initiatives and reforms that reduce the footprint of the Police Department and limit the Police’s scope of work primarily to violent and criminal matters.

- Allocate \$100,000 from the FY 2021 Unallocated General Fund Balance (of \$141,518 unallocated in the FY 2021 Adopted Budget) to analyze and develop a pilot program to re-assign non-criminal police service calls to a Specialized Care Unit. This Specialized Care Unit (SCU) consisting of trained crisis-response workers would respond to 911 calls that the operator evaluated as non-criminal and that posed no imminent threat to the safety of first responders. The program would be designed by staff based on existing successful models and likely employ a combination of mental health professionals as well as EMTs and/or nurses, who would be unarmed. The program should be designed to reduce costs while enhancing outcomes in public safety, community health, mental health, social services, civil rights, and overall quality of life. Based on pilot results, a proposal to adjust and/or expand and continue the program, and related reductions in policing services, should be presented to the City Council for consideration in time for

inclusion in the FY 2022 budget. *(Council previously approved a study of the creation of a Specialized Care Unit pilot on June 16, 2020)*

2. To APPROVE the following recommendations based on Councilmember Davila's item 18b "Support Redistribution of City Resources and Operations from the Berkeley Police":

- As previously recommended in other areas of this motion by other Councilmembers, refer as part of the public safety reimagining process to evaluate functions currently served by Berkeley Police personnel which could be better served by trained non-sworn city staff or community partners and how those positions/responsibilities could be transferred out of the police department as soon as practicable. (Davila Recommendation 1 modified)
- Refer to the public safety reimagining process the goal of reducing the Berkeley Police Department budget by 50%, to be based on the results of requested studies and analysis and achieved through programs such as the Specialized Care Unit. Functions to consider shifting away from the Police Department include non-emergency calls that are evaluated to pose no danger to the safety of responders, such as calls related to enforcement of COVID-19 Shelter in Place orders, mental health calls (including wellness checks), calls related to quality of life crimes, calls related to homelessness, and any other calls that can be safely served by another new or existing city or community partner resource (Davila Recommendation 2 and 3 modified)
- Engage in a full and complete operational analysis, undertake meaningful community consultation and develop a transition plan. This reduction will enable a reallocation of public safety resources so that Police are focused on violent and criminal matters, and consider how to shift resources to, among others, non-sworn mental health, homeless outreach, and parking and traffic enforcement professionals. This will also enable the reallocation of existing police dollars for community programs and priorities to support communities of color, promote violence prevention and restorative justice and improve community health and safety. (Davila Recommendation 3 modified)
- Reducing the Berkeley Police Department budget will allow funding to be considered for these and other similar priorities: youth programs, or community groups and programs, violence prevention and restorative justice programs, domestic violence prevention, housing and homeless services, food security, mental health services including a specialized care unit, healthcare, new city jobs, expanded partnerships with community organizations, public health services, and the creation of a new Department of Transportation to administer parking regulations and traffic laws. (Davila Recommendation 4 modified)
- Refer to the City Manager and the public safety re-imagining process to identify the expertise needed for non-police responses to calls, taking into account comparable

approaches including CAHOOTS and other existing programs that might be expanded such as the Berkeley Free Clinic, Building Opportunities for Self Sustainability (BOSS), and the Women's Daytime Drop-in Center, Consider the Homeless and others. (Davila recommendation 6 modified)

- Create plans and protocols for emergency/911 dispatch to send calls to the preferred responding entity and consider placing dispatch in the Fire Department or elsewhere outside the Police Department. (Davila recommendation 7 modified)
- Request that the Berkeley Unified School District end programs that place police officers in schools. (Davila recommendation 8 modified)

(Councilmember Davila's suggested language encouraging BUSD to adopt policies to safeguard information from ICE is already adopted district policy. BUSD was one of the first districts in the country to adopt a sanctuary schools policy and should be commended for its forward-thinking leadership.)

- Refer to the City Manager and public safety reimagining process to explore the creation of a city policy to prohibit the expenditure of Police Department settlements from the General Fund. In the interim, it is recommended that the projected cost of settlements be included in the Police Department budget and the Department be responsible for requesting additional funding as needed. (Davila recommendation 9 modified)

3. To APPROVE the report and resolution in item 18d "Transform Community Safety and Initiate a Robust Community Engagement Process" (Mayor/Hahn/Bartlett/Harrison) with the following revisions below:

- Amend recommendation 3 to clarify that the City Manager would "collaborate with the Mayor and **all** Councilmembers to complete the work, to inform investments and reallocations to be incorporated into future Budget processes."
- Amend recommendation 3 to refer all of the recommendations from the Berkeley United for Community Safety coalition (see attached) to the City Manager and public safety reimagining process.
- Amend recommendations 3(a) (ii) to clarify that the analysis and initial recommendations on shifting police resources to alternate, non-police responses and toward alternative and restorative justice models will coincide with the November 2020 AAO#1 process and the **June 2021 budget process**.
- Amend recommendation 3(b) to add the following language proposed by Councilmember Wengraf in item 18c:

This work should include public, transparent community forums to listen, learn and receive people's ideas about how policing should be re-imagined and transformed so that communities of color can be safer within their neighborhoods, the City of Berkeley, and trust in the Berkeley Police Department can begin to be rebuilt.

- Amend recommendation 3(b)(1) to read:
Building on the work of the City Council, the Council Public Safety Policy Committee, the City Manager, the PRC, other City commissions and working groups (e.g. the Mayor's Fair and Impartial Policing Working Group) addressing community health and safety, the Community Safety Coalition and community process will engage relevant city commissions in this work on an ongoing basis.

4. To APPROVE Item 18e "BerkDOT: Reimagining Transportation for a Racially Just Future" (Robinson) as revised in Supplemental Packet 1:

Refer to the City Manager, the FY 2021-22 budget process, and the proposed community engagement process to reimagine public safety to:

- (1) Pursue the creation of a Berkeley Department of Transportation (*BerkDOT*) to ensure a racial justice lens in traffic enforcement and the development of transportation policy, programs, & infrastructure, and
- (2) Identify & implement approaches to reduce and/or eliminate the practice of pretextual stops based on minor traffic violations.



Berkeley United for Community Safety

June 27, 2020 / Event Recommendations (Partial List)

- Adopt best practices, one example Alameda County Connect: access screening, resources, mobile crisis team.
- Look for models that provide services that keep the community healthy and safe. Research the Oakland Model and the Oakland Power Project.
- We need an all new well-resourced, holistic and intersectional first responder team that responds to mental health, addiction issues, sexual harm, and homeless camp response. One that does not involve the police.
- We need more licensed and trained mental health professionals; culturally competent, compassionate, and aware. Diverse therapists also needed to relate to clients.
- We need to train professionals; “mental health clinicians” in both substance abuse and mental health issues. Outreach workers are needed who can de escalate and properly assist fellow community members in crisis.
- Fund a program with Community Care Workers on the street with proper training and resources to assist - leaving police to work on investigating and arresting criminals.
- Consider whether Berkeley Free Clinic can assist with developing a group of Community Care volunteers who assist in responding to crisis in homes and on the street that exhibit mental health, substance abuse when no crime is being committed.
- Create a City Department that focuses on Social Equity and Racial Justice.
- Make the city budget process MORE TRANSPARENT. Invest in Budget Town Halls that break down how the document works.
- Protect funding for youth programming including schools, Anticipated cuts to BUSD (2-6 million) due to COVID-19. Black and Brown Youth disproportionately affected by these cuts (fund and fast track African American Holistic Health Center)
- Divest funds from BPD into restorative justice programming run by the city or contracted to a community organization.
- Bolster nutrition programs that are at risk of being cut.
- Offer officer trainings that align with annual goals for the department. Professional development opportunities are to be made available only when these trainings support achievement of the annual goals for the department.



- BPD should not accept, request or seek to acquire military grade weapons or materials.
- BPD should receive a revised mission statement as a result of community discussions that redefines what is wanted from a "police force".
- Grant the community the ability to be autonomous.
- Have a specific public security priority to consolidate funding for all the communities' security efforts and needs. This will help create a system that will help further accountability in the police department.
- Create a stronger police accountability board.
- Ban rubber bullets as tear gas has been banned. Use less lethal tools.
- Council members need to fight for accountability and for what the community needs.



City of Berkeley

Crisis Response Models Report



City of Berkeley

Specialized Care Unit Model Recommendations

Crisis Response Models Report

Caroline de Bie

Sarah Ferrell

Sasha Gayle-Schneider

Jamie Dorsey

Nicole Gamache-Kocol

Kevin Wu

This report was developed by Resource Development Associates under contract with the City of Berkeley Health, Housing & Community Services Department.

Resource Development Associates, September 2021





Table of Contents

Introduction	4
Crisis Response Models: An Overview	6
Components of Crisis Response Models	8
Program Administration	23
Program Planning Process	28
Lessons Learned	32
Appendices	36

Introduction

In response to the killing of George Floyd by Minneapolis police in May 2020 and the ensuing protests across the nation for this and many other similar tragedies, a national conversation emerged about how policing can be done differently in local communities. The Berkeley City Council initiated a broad reaching process to reimagine policing in the City of Berkeley. As part of that process, in July 2020, the Berkeley City Council directed the City Manager to pursue reforms to limit the Berkeley Police Department's scope of work to "primarily violent and criminal matters." These reforms included, in part, the development of a Specialized Care Unit (SCU) pilot to respond to mental health crises without the involvement of law enforcement.

In order to inform the development of an SCU, the City of Berkeley contracted with Resource Development Associates (RDA) to conduct a feasibility study that includes community-informed program design recommendations, a phased implementation plan, and funding considerations. As part of this feasibility study, RDA reviewed the components of nearly 40 crisis response programs in the United States and internationally, including virtually meeting with 10 programs between June and July 2021. This report provides a synthesized summary of RDA's findings, including common themes that emerged from across the programs, how they were implemented, considerations and rationale for design components, and overall key lessons learned. Please see the table below for a list of the programs that RDA reviewed. For the first nine programs listed (in bold and italics), RDA conducted phone interviews with representatives to obtain a further understanding of their program models; these programs are cited more often in this report because RDA had more details about them. For the remaining programs listed, RDA reviewed information that was available online. For a tabular summary of the key components of each crisis response program that RDA reviewed, please see Appendix C at the end of this report.

Additionally, SAMHSA's summary of its National Guidelines for Behavioral Health Crisis Care (released in 2020) is included in Appendix A of this report.

<u>Program Name</u>	<u>Location</u>
<i>B-HEARD (the Behavioral Health Emergency Assistance Response Division)</i>	<i>New York, NY</i>
<i>Crisis Assistance Helping Out On The Streets (CAHOOTS)</i>	<i>Eugene, OR</i>
<i>Crisis Response Pilot</i>	<i>Chicago, IL</i>
<i>Expanded Mobile Crisis Outreach Team (EMCOT)</i>	<i>Austin, TX</i>
<i>Mental Health First / Anti-Police Terror Project</i>	<i>Sacramento and Oakland, CA</i>
<i>Portland Street Response</i>	<i>Portland, OR</i>

<u>Program Name</u>	<u>Location</u>
<i>REACH 24/7 Crisis Diversion</i>	<i>Edmonton, Alberta, Canada</i>
<i>Support Team Assisted Response (STAR)</i>	<i>Denver, CO</i>
<i>Street Crisis Response Team (SCRT)</i>	<i>San Francisco, CA</i>
Albuquerque Community Safety Department	Albuquerque, NM
Boston Police Department's Co-Responder Program	Boston, MA
Community Assessment & Transport Team (CATT)	Alameda County, CA
Community Paramedicine	California (statewide)
Crisis Call Diversion Program (CCD)	Houston, TX
Crisis Now	National model (via SAMHSA)
Crisis Response Unit	Olympia, WA
Cuyahoga County Mobile Crisis Team	Cuyahoga County, Ohio
Department of Community Response	Sacramento, CA
Department of Community Solutions and Public Safety	Ithaca, NY
Downtown Emergency Service Center (DESC) Mobile Crisis Team	King County, WA
Georgia Crisis & Access Line (GCAL)	Georgia (statewide)
Los Angeles County Department of Mental Health – ACCESS Center	Los Angeles County, CA
Los Angeles County Department of Mental Health – Co-Response Program	Los Angeles County, CA
Los Angeles County Department of Mental Health – Psychiatric Mobile Response Teams (PMRT)	Los Angeles County, CA
Mobile Assistance Community Responders of Oakland (MACRO)	Oakland, CA
Mental Health Acute Assessment Team (MHAAT)	Sydney, Australia
Mental Health Mobile Crisis Team (MHMCT)	Nova Scotia, Canada
Mobile Crisis Assistance Team (MCAT)	Indianapolis, IN
Mobile Crisis Rapid Response Team (MCRRT)	Hamilton, Ontario, Canada
Mobile Emergency Response Team for Youth (MERTY)	Santa Cruz, CA
Mobile Evaluation Team (MET)	East Oakland, CA
Psykiatrisk Akut Mobilitet (PAM) Unit, the Psychiatric Emergency Response Team	Stockholm, Sweden

<u>Program Name</u>	<u>Location</u>
Police and Clinician Emergency Response (PACER)	Australia (several locations)
Seattle Crisis Response Team	Seattle, WA
Street Triage	England (several locations)
Therapeutic Transportation Pilot Program/Alternative Crisis Response	Los Angeles City and County, CA
Toronto Crisis Response	Toronto, Ontario, Canada

Crisis Response Models: An Overview

Of the crisis response program models reviewed, almost all specify that they respond to mental health and behavioral health concerns in their communities. Some models additionally specify that they respond to non-emergency calls, crises or disturbances related to substance use, homelessness, physical assault and sexual assault, family crises, and/or youth-specific concerns, as well as conduct welfare checks.

In California, Alameda County has the highest rate of 5150 psychiatric holds in the entire state.¹ Of those Alameda County individuals placed on a 5150 psychiatric hold that were transferred to a psychiatric emergency services unit, 75-85% of the cases did not meet medically necessary criteria to be placed in inpatient acute psychiatric services. This demonstrates an overuse of emergency psychiatric services in Alameda County, which creates challenges in local communities such as having lengthy wait times for ambulance services when these ambulances are tied up transporting and waiting to discharge individuals on 5150 holds at psychiatric emergency service units.

Mental health crises are varied - they affect individuals across their lifespans, manifest in a variety of behaviors, and exist on a spectrum of

¹ INN Plan – Alameda County: Community Assessment and Transport Team (CATT) – October 25, 2018. (2018, October 25). California Mental Health Services Oversight and Accountability Commission. <http://www.mhsoac.ca.gov/document/inn-plan-alameda-county-community-assessment-and-transport-team-catt-october-25-2018> & https://mhsoac.ca.gov/sites/default/files/documents/2018-10/Alameda_INN%20Project%20Plan_Community%20Assessment%20and%20Transport%20Team_8.6.2018_Final.pdf

severity and risk. A crisis response system ultimately seeks to provide care to individuals in the midst of a mental health crisis, keeping the individual and their surrounding community safe and healthy, and preventing the escalation of the crisis or exacerbating strains to mental and emotional well-being. As such, there are many considerations for the design of a mental health crisis response system that addresses the current shortcoming or flaws in existing models around the country and internationally.

Traditionally, the U.S. crisis response system has been under the purview of local police departments, typically with the support of local fire departments and emergency medical services (EMS), and activated by the local 911 emergency phone line. Over time, communities have responded to the need for a response system that better meets the mental health needs of community members by activating medical or therapeutic personnel in crisis response instead of traditional first responders (i.e., police, fire, EMS).

Term	Definition
<i>Traditional Crisis Response Model</i>	For the purposes of this report, we assume a traditional crisis response model includes having all crises routed through a 911 center that then dispatches the local law enforcement agency (as well as fire department and/or EMS, if necessary) to respond to the crisis.
<i>Co-Responder Model</i>	Co-responder models vary in practice, but they generally involve law enforcement officers and behavioral health clinicians working together to respond to calls for service involving an individual experiencing a behavioral health crisis.
<i>911 Diversion Programs</i>	Programs with processes whereby police, fire, and EMS dispatchers divert eligible non-emergency, mental health-related calls to behavioral health specialists, who then manage crisis by telephone and offer referrals to needed services.
<i>Alternate Model</i>	Emerging and innovative behavioral health crisis response models that minimize law enforcement involvement and emphasize community-based provider teams and solutions for responding to individuals experiencing behavioral health crises.

Like a physical health crisis that requires treatment from medical professionals, a mental health crisis requires responses from mental health professionals. Tragically, police are 16 times more likely to kill someone

with a mental health illness compared to others without a mental illness.² A November 2016 study published in the American Journal of Preventative Medicine estimated that 20% to 50% of fatal encounters with law enforcement involved an individual with a mental illness.³ As a result, communities have begun to consider the urgent need for crisis response models that include mental health professionals rather than police.

In the current national discussion about appropriate crisis response strategies for individuals experiencing mental health crises, the prominent concerns voiced have typically focused on the safety of crisis responders and community members, the funding of such programs, and balancing a sense of urgency to implement new models quickly with the need for intentional planning and preparation. In order to understand the current models that exist, RDA reviewed nearly 40 national and international crisis response programs and specifically interviewed staff from 9 programs about their:

- Program planning efforts, including community engagement strategies, coordinating across city agencies and partner organizations, and program planning, implementation, and evaluation activities;
- Models' key elements, including dispatch, staffing, transport capabilities, follow-up care, and more;
- Program financing;
- Other considerations that were factored into their program planning; and
- Key lessons learned or advice for the City of Berkeley's implementation of its SCU.

Components of Crisis Response Models

While each crisis response program was designed to meet the needs of its local community, there are several overarching components that were common across the programs that RDA explored. The majority of crisis response programs use their community's existing 911 infrastructure for dispatch. Most programs respond to mental health and behavioral health calls where they engage in de-escalation, assessment, referral, and

² Szabo, L. (2015, December 10). People with mental illness 16 times more likely to be killed by police. USA Today.

<https://www.usatoday.com/story/news/2015/12/10/people-mental-illness-16-times-more-likely-killed-police/77059710/>

³ DeGue, S., Fowler, K.A., & Calkins, C. (2016). Deaths Due to Use of Lethal Force by Law Enforcement. *American Journal of Preventive Medicine*, 51 (5), S173-S187. [https://www.ajpmonline.org/article/S0749-3797\(16\)30384-1/fulltext](https://www.ajpmonline.org/article/S0749-3797(16)30384-1/fulltext)

transport. Nearly all programs recognize the need to operate 24/7. Staffing structure varies by the needs of the community, but many response team units are staffed by teams of two to three individuals and can include a combination of mental health professionals, physical health professionals, and peers with lived experience. Many teams arrive in plainclothes or T-shirts with logos in a vehicle equipped with medical and engagement items. Teams typically receive skills-based training in de-escalation, crisis intervention, situational awareness, and communication. Crisis teams will either transport clients themselves or call a third party to transport, depending on the legal requirements and staffing structure of the crisis response team. Programs varied in their inclusion and provision of follow-up care.

Underneath the high-level similarities of the crisis response models that RDA researched are the tailored nuances that each program adapted to its local needs, capacities, and priorities. Below are additional details, considerations, and examples from existing models to further inform the City of Berkeley's development and implementation of its SCU.

Accessing the Call Center

Of the reviewed crisis response programs, the majority use the existing local 911 infrastructure, including its call receiving and dispatch technology and staff. There are several advantages to this approach. The general public is typically familiar with the number and process for calling 911, which can reduce the barrier for accessing services. Also, because 911 call centers already have a triage protocol for behavioral health calls, there can be a more seamless transfer of these types of calls to the local crisis response program. Additionally, some calls might not be reported as a mental health emergency but can be identified as such by trained 911 dispatch staff.

Generally, the administration of 911 varies across the nation. In some locales, 911 is operated by the police department, while in other locales it is administered centrally across all emergency services. Some programs have mental health staff situated in the 911 call center to: a) directly answer calls; b) support calls answered by 911 staff; and/or c) provide services over the phone as a part of the 911 call center's response. In Chicago, in addition to diverting more calls to the crisis response program, the staff of Chicago's Crisis Response Pilot anticipates that having mental health clinicians embedded in their call center to do triage and telemedicine will help them lay the foundation for a smooth transition to 988.

988 is the three-digit phone call for the National Suicide Prevention Lifeline. By July 16, 2022, phone service providers across the country will direct all calls to 988 to the National Suicide Prevention Lifeline, so that Americans in crisis can connect with suicide prevention and mental health crisis

counselors.⁴ In California, AB 988 was passed in the State Assembly on June 2, 2021 (and is currently waiting on passage by the State Senate) – AB 988 seeks to allocate \$50 million for the implementation of 988 centers that have trained counselors receiving calls, as well as a number of other system-level changes.⁵ In RDA’s research of crisis response models, some programs are actively planning for the upcoming 988 implementation when exploring the functionalities of their local 911 infrastructure and responsibilities; other programs were not differentiating 988 from 911 in the communities. For the purposes of this report, moving forward, we will not differentiate 911 from 988, and will refer to all emergency calls for service as going to 911.

Other programs use an alternative phone number in addition to or instead of 911. These numbers can be an existing non-emergency number (like 211) or a new phone number that goes directly to the crisis response program. Oftentimes a program will utilize an alternative phone number when they believe that people, particularly those disproportionately impacted by police violence, do not feel safe calling 911 because they fear a law enforcement response. Portland’s Street Response team & Denver’s STAR team use both a non-emergency number and 911, routed to the same call center. This supports community members that are hesitant to use 911 while also ensuring that calls that do come through 911 are still routed to Portland’s Street Response team. Overall, designing a system in Portland with both options was intended to increase community members’ access to mental health crisis services. Given that Portland’s program began on February 16, 2021, not enough time has elapsed for findings to be generated regarding the success of this model. But a current challenge that Portland shared with RDA is that some calls to their non-emergency number have wait times upwards of an hour because their call center needs to prioritize 911 calls.

In other program models, an alternate phone number may have been used in the community for years and, therefore, is a well-known resource. For example, in Canada’s REACH Edmonton program, the 211 line is well-used for non-emergency situations, so it is used as the main connection point for its crisis diversion team.

Triage & Dispatch

Once a call is received, dispatch or call center staff will assess whether services could be delivered over the phone or whether the call requires an in-person response, and whether the response should be led by the crisis response team or another entity. Several programs utilize existing

⁴ Federal Communications Commission. (2021). Suicide Prevention Hotline. <https://www.fcc.gov/suicide-prevention-hotline> & <https://www.fcc.gov/sites/default/files/988-fact-sheet.pdf>

⁵ Open States. (n.d.). California Assembly Bill 988. Retrieved September 2, 2021, from <https://openstates.org/ca/bills/20212022/AB988/>

well-used triage tools and/or made modifications to those triage tools based on a renewed emphasis of having non-police responses for mental health crises. Please see Appendix B for sample outlines of types of scenarios for crisis response teams that were shared with RDA. A dispatch's assessment of mental health related calls is dependent on the services provided by the local mental health crisis response team, an assessment of the situation and the caller's needs, who the caller has identified as the preferred response team, and any other safety concerns.

Some programs prioritize staff assignment based on call volume and need, such as programs that have chosen to pilot non-police crisis response teams in specific geographic locations within their jurisdiction. In these programs, the call center must, therefore, determine the location of the requested response when dispatching a crisis response team. For example, Chicago's Crisis Response Pilot has four teams that are assigned to different areas of the city based on their local ties and expertise of community needs; each team, therefore, only responds to calls that come from their assigned area. When programs are able to scale their services and hire more staff, many pilot programs plan to expand their geographical footprints.

Many crisis response teams are dispatched via radio or a computer-aided dispatch (CAD) system, and some have the ability to listen in on police radio and activate their own response if not dispatched. Of the nine programs that RDA interviewed, the Eugene CAHOOTS program allows its team to be self-dispatched, the Denver STAR program allows its team to directly see what calls are in the queue so they can be more proactive in taking and responding to calls, and the San Francisco SCRT program allows its team to respond to incidences that they witness while being out in the streets. Regarding the ability to self-dispatch, San Francisco's SCRT program is currently figuring out the regulatory requirements that might prohibit self-dispatching paramedics because they must be dispatched through a dispatch center.

Having multiple opportunities to engage the crisis response team is important to ensure community members have the most robust access to the service. For example, in Denver, their police, fire, and EMS can call their Support Team Assisted Response (STAR) team directly. Across all incidents that the Denver STAR team responded to in the first six months of its pilot implementation, it was activated by 911 dispatch in 42% of incidents, by police/fire/EMS in 35% of incidents, and self-activated in 23% of incidents.⁶ These data from the Denver STAR team demonstrate how, especially in the early stages of a new program's implementation, new processes and relationships are continually being developed, learned, refined, and implemented. For this reason, it is beneficial to have safeguards in place in triage and dispatch processes so that the crisis

⁶ Denver STAR Program. (2021, January 8). STAR Program Evaluation. https://www.denverperfect10.com/wp-content/uploads/2021/01/STAR_Pilot_6_Month_Evaluation_FINAL-REPORT.pdf

response team can be flexible in responding to the various ways in which crisis response calls originate.

Assessing for Safety

The presence of weapons or violence are the most common reasons why a crisis response team would not be sent into the field. Some of the reviewed programs only respond to calls in public settings and do not go to private residences as an effort to protect crisis team staff, though this was the case in a few of the 40 reviewed programs. Calls that are deemed unsafe or not appropriate for a crisis response team will often be responded to by police, co-responder teams, police officers trained in Critical Intervention Team (CIT) techniques, or other units within the police department. Many alternative models have demonstrated that the need for a police response is rare for calls that are routed to non-law enforcement involved crisis response teams. For instance, in 2019, Eugene's Crisis Assistance Helping Out On The Streets (CAHOOTS) team only requested police backup 150 times out of 24,000 calls, or in fewer than one percent of all calls received by the crisis team;⁷ this demonstrates that effective triage assessments and protocols do work in crisis response models.

Several of the programs interviewed by RDA mentioned that they are currently evaluating options for their non-police crisis response teams to respond to situations that may involve weapons or violence. These are situations that would otherwise be scenarios that default to a police response. These programs are aware of the risks of police responses to potentially escalate situations that could otherwise be deescalated with non-police involved responses and are trying to find ways to reduce those types of risks.

The types of harm and concerns for safety that should be assessed are not only for crisis response team staff, but also for the individual(s) in crisis and surrounding bystanders or community members. SAMHSA's best practices on behavioral health crisis response underscores that effective crisis care is rooted in ensuring safety for all staff and consumers, including timely crisis intervention, risk management, and overall minimizing need for physical intervention and re-traumatization of the person in crisis.⁸ When call center staff deem a call safe and appropriate for the crisis response team, they will assign the call to the crisis response team. There may be multiple calls and situations happening concurrently, in which case the call center staff

⁷ White Bird Clinic. (n.d.). What is CAHOOTS?. Retrieved August 29, 2021, from <https://whitebirdclinic.org/what-is-cahoots/>

⁸ Substance Abuse and Mental Health Services Administration (SAMHSA). (2020). Crisis Services – Meeting Needs, Saving Lives.

https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PE20-08-01-001%20PDF.pdf (page 32)

prioritize the calls based on pre-established criteria, such as acuity and risk of harm.

Crisis Response Teams Increase Community Safety

New York City's Behavioral Health Emergency Assistance Response Division (B-HEARD) program is being piloted in a region that receives the city's highest number of mental health emergency calls.⁹ In the first month of implementation, the program demonstrated:

- Increased rates of people accepting care from the B-HEARD team compared to traditional 911 response teams.
- The proportion of people transported by the crisis response team to the hospital for more care was far smaller than the proportion transported with their traditional 911 response.
- An anticipated increase of 911 operators routing mental health emergency calls to the B-HEARD team.

"A smarter approach to public health and public safety. A smarter use of resources. And the evidence — from Denver to New York — shows that responding with care works."

- U.S. Representative Jamaal Bowman, D-NY

Hours of Operation

Because a mental health crisis can happen at any time, many programs have adopted a 24-hour model that supports the community seven days a week; of the 40 programs that RDA reviewed, 12 have adopted a 24/7 model. Some programs that are in their early phases of implementation have launched with initially limited hours but have plans to expand to 24/7 coverage once they are able to hire more staff for crisis response teams. If a program uses 911 as a point of access for the crisis response team, then there may be a community perception or expectation that the crisis response team also operates 24/7 the same way that 911 operates 24/7.

Other programs with more restricted resources often have limited hours; some offer services during business hours (9am to 5pm, Monday through Friday) while others offer services after-hours. Using historical data to prioritize coverage during times with highest call volumes can help a program adapt to local needs. For example, Mental Health First Oakland currently responds to calls Friday through Sunday from 7pm to 7am

⁹ Shivaram, D. (2021, July 23). Mental Health Response Teams Yield Better Outcomes Than Police In NYC, Data Shows. *National Public Radio (NPR)*. <https://www.npr.org/2021/07/23/1019704823/police-mental-health-crisis-calls-new-york-city#:~:text=Hourly%20News-.New%20York%20City%20Mental%20Health%20Response%20%20Teams%20Show%20Better%20Results,were%20admitted%20to%20the%20hospital.>

because they have found that those times are when mental health services are unavailable but need is high.

Types of Calls

Some crisis response programs only respond to specific call types, such as calls pertaining to mental health, behavioral health, domestic violence, substance use, or homelessness. A fraction of programs only respond to acute mental health situations, such as suicidal behavior, or conversely only non-acute mental health calls, such as welfare checks. And, some crisis response programs respond to any non-emergency, non-violent calls, which may or may not include mental health calls. Every program is unique in the calls that they are currently responding to as well as how agencies coordinate for different types of calls. Additionally, given that many programs are actively learning and adapting their models, what and how they respond to calls is evolving.

The most common types of calls that programs are responding to are calls regarding trespassing, welfare checks, suicidal ideation, mental health distress, and social disorder. Several programs mentioned that their main call type - trespassing - is to move an unwanted person, usually someone that is unsheltered and sitting outside the caller's home or business. While programs provide this service, many advocate for increased public education around interacting with unhoused residents and neighbors without the need to call for a third-party response.

The programs in New York City, Chicago, and Portland shared with RDA that they are keeping their scopes of services small for their current pilot implementations. At a later time, they will learn from the types of calls receive and determinations made in order to determine how they will expand their program to respond to more situations (e.g., including serving more types of crises, more types of spaces like private residences, etc.).

In order to demonstrate the variety of incidents that different programs respond to, below are highlights regarding the types of calls that some of the programs that RDA interviewed respond to:

- New York City's B-HEARD program is currently responding to calls regarding suicidal ideation with no weapons, mental health crisis, and calls signaling a combination of physical health and mental health issues. For calls where weapons are involved or are related to a crime, NYPD is the initial responder. The B-HEARD program provides transport and linkage to shelters, where the shelters then provide follow-up services.
- Chicago's Crisis Response Pilot is determining how they will address "low-level crimes" and crimes related to homelessness, especially if the root cause of the crime is an unmet behavioral health and/or housing need. The program does not have an official protocol or decision tree yet for determining which calls it will respond to. But,

its emphasis is on responding to mental health crisis and mental health needs.

- The Portland Street Response program is currently only responding to calls regarding crises that are happening outdoors or public settings (e.g., storefronts), not in private residences. The majority of their calls are related to substance use issues, co-occurring mental health and substance use issues, and welfare checks. The program cannot respond to suicide calls because of a Department of Justice (DOJ) contract that the City of Portland has that would require the Portland Street Response Program to appear before a judge and renegotiate that contract that the city currently has; this process would take at least two years to happen.
- Denver's STAR program currently responds primarily to calls where individuals have schizophrenia, bipolar disorder, major depression, and/or express suicidal thoughts but have no immediate plans to act upon them. The STAR program also conducts many Welfare checks. The program is currently primarily dealing with issues related to homelessness because its pilot rolled out in Denver's downtown corridor where there is a high number of unsheltered individuals.

Services Provided Before, During, and After a Crisis

The reviewed programs offer a variety of services before, during, and after a mental health crisis. Regarding services provided before crises occur, some programs view their role as supporting individuals prior to crisis, including proactive outreach and building relationships in the community with individuals. Portland's Street Response team contracts with street ambassadors with lived experience (via a separate contract with a local CBO) that do direct outreach to communities; street ambassadors work to explain the team's services and ultimately increase trust. Portland's Street Response team also works with nursing students who provide outreach and medical services to nearby encampments. Mental Health First has a strong cohort of repeat callers who request accompaniment through issues they are facing that the team will go into the field to provide – these services can help them avoid escalating into a crisis. Denver's STAR program initiates outreach with local homeless populations to ensure they have medicines and supplies. These proactive efforts are examples of crisis response teams supporting potential individuals before they are in crisis, and thus also promoting their overall health and well-being.

During a crisis response, most programs offer various crisis stabilization services, including de-escalation, welfare checks, conflict resolution and mediation, counseling, short-term case management, safety planning, assessment, transport (to hospitals, sobering sites, solution centers, etc.), and 5150 evaluations. To engage the individual in crisis, staff will provide supplies to help meet basic needs with items such as snacks, water, and clothing. If there is a medical professional on the team, they can provide

medical services including medical assessments, first aid, wound care, substance use treatment (i.e., medicated-assisted treatment), medication assistance and administration, and medical clearance for transport to a crisis stabilization unit (CSU).

After a crisis, the teams may provide linkage to follow-up care. Some crisis response teams do short-term case management themselves, but most refer (and sometimes transport) individuals to other providers for long-term care. Referrals can be a commonly provided service of a crisis response program. For example, 41% of Denver STAR's services are for information and referrals.¹⁰ Many programs have relationships with local community-based organizations for providing referrals and linkages, while some programs have a specific protocol for referring individuals to a peer navigation program or centralized care coordination services.

¹⁰ Alvarez, Alayna. (2021, July 21). Denver's pilot from police is gaining popularity nationwide. Axios. <https://www.yahoo.com/now/denver-pivot-police-gaining-popularity-122044701.html>

Term	Definition
Transport	Placing an individual in a vehicle and driving them to or from a designated mental health service or any other place.
5150	5150 is the number of the section of the Welfare and Institutions Code which allows an adult who is experiencing a mental health crisis to be involuntarily detained for a 72-hour psychiatric hospitalization when evaluated to be a danger to others, or to himself or herself, or gravely disabled.
Peer Worker	A mental health peer worker utilizes learning from their own recovery experiences to support other people to navigate their recovery journeys.
Medication-Assisted Treatment (MAT)	MAT is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of SUDs.
Narcan	Narcan (Naloxone) is a nasal spray used for the treatment of known or suspected opioid overdose emergencies.
Crisis Stabilization Unit	A mental health voluntary facility that provides a short-term stay for individuals needing additional stabilization services following a behavioral health crisis.
Sobering Center	A facility that provides a safe, supportive environment for publicly intoxicated individuals to become sober.

Staffing Crisis Teams

Most teams include a combination of a medical professional (e.g., an EMT or nurse), a mental health clinician (e.g., a psychologist or social worker), and a peer. Having a variety of staff on a team allows the program to respond to a diverse array of calls, meet most needs that a client might have, and gives the client the ability to engage with whomever they feel most comfortable.

The reviewed programs staffed their crisis teams with a variety of medical professionals. There was consensus among interviewed programs that crisis response team EMTs, paramedics, nurse practitioners, or psychiatric nurse practitioner clinicians should have at least three to five years of experience in similar settings, as well as having comprehensive de-escalation and trauma-informed care training and skills. Austin's Extended Mobile Crisis Outreach Team (EMCOT) program cited that a paramedic's ability to address a client's more acute physical health and substance use

needs is a beneficial diversion away from an EMS or police response.¹¹ However, in many cities, the skills and expertise of paramedics are not heavily utilized, as many mental and behavioral health calls do not require a high level of medical care. However, a medical professional can be an important addition to the team, especially for services like providing first aid, wound care, the administration of single-dose medication, medication-assisted treatment (MAT) for substance use issues, and 5150 transports. Considerations for which medical professionals should be staffed on a crisis team depends on the types of services the model intends to provide, the historical data on the types of calls or service needs, the local rules for which services can be provided by specific professions, and the overall program budget.

All programs had a mental health provider on their crisis response teams. There is variability in the level of formal education, training, and licensure of the type of mental health provider in each program. Some programs have licensed, masters-level therapists and clinicians (e.g., ASW, LCSW), while other programs utilize unlicensed mental health providers. Considering if a program wants or needs to be able to bill Medicaid or other insurance payors, the ability to place a 5150 hold, as well as the direct costs of providers with differing levels of education and training are examples of considerations and decision points that programs have when determining what type of professional they want to provide mental health services.

Across the programs reviewed and interviewed by RDA, there is variability in the current presence of peer support specialists on teams. By definition, peer workers are “those who have been successful in the recovery process who help others experiencing similar situations.”¹² Studies demonstrate that by helping others engage with the recovery process through understanding, respect and mutual empowerment, peers increase the likelihood of a successful recovery. While they do not replace the role of therapists and clinicians, evidence from the literature and testimonials given to RDA leave no doubt about their value added on a crisis response team. Peer support specialists are able to connect with clients in crisis in ways that are potentially very different from how mental health clinicians and medical providers are trained to provide their specific types of services.

Although 21 of the 40 reviewed programs were classified as alternative models for mental health crisis response, it is important to note that co-responder programs, which were 11 of the 40 reviewed programs, include a police officer on the response team. A co-responder program will often

¹¹ Expanded Mobile Crisis Outreach Team. (n.d.). Integral Care Crisis Services. Retrieved August 29, 2021, from

<https://www.austintexas.gov/edims/document.cfm?id=302634>

¹² Who Are Peer Workers?. (2020, April 16). Substance Abuse and Mental Health Services Administration (SAMHSA) Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS).

<https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers>

be used for higher acuity calls that involve the risk of violence by the person in crisis or the risk that the person in crisis has a weapon. As co-responders, police may arrive on site before the rest of the crisis team does. Other models treat the police officer as a back-up personnel, allowing the crisis team to evaluate the level of risk or danger of the situation and then, if de-escalation tactics are unsuccessful, call the police for support.

Team structures vary depending on funding, local salary structures for different types of providers, program design, and program administration. For example, 24-hour programs require more teams and staffing while programs with limited hours will likely have fewer shift rotations and therefore fewer teams. San Francisco's Street Crisis Response Team has six teams with three members per team; shifts are 12 hours long with two teams assigned to each shift. Overlap between the shifts has improved coordination between the teams. Programs with unionized staff (e.g., EMTs, paramedics) require regimented 8-, 10-, or 12-hour shifts, which also influences a team's capacity and scheduling.

Training

Training requirements vary based on the staffing structure and services provided by a crisis response program as well as the specific needs of the local community. Across the board, programs train their staff in crisis intervention topics such as de-escalation, mental health intervention, substance use management, and situational awareness. Many teams are trained together as a cohort to build relationships and trust between staff. Most teams are trained for around 40 hours in the classroom and then supervised in the field. In co-respondor teams, police officers often receive 40 hours of Crisis Intervention Team (CIT) Training.

Specialized staff also receive specific training relevant to their role. Dispatch staff typically receive separate training focused on risk assessment and triage. In programs with clinicians embedded within the call center, the clinicians often provide training to other dispatch staff on mental health topics. Interviewed programs also recommended the crisis response team's dispatch team learn to assess call risk level by building an intake/eligibility tool, as well as through risk assessment and motivational interviewing. For both Denver's STAR and Portland's Street Response programs, dispatch staff were trained by and then shadowed Eugene's CAHOOTS dispatch team, leveraging the decades of experience of CAHOOTS' established alternative crisis response model.

Specific de-escalation and crisis intervention training in which programs participate include key strategies to mitigate risk in the field, learning effective radio communication, and motivational interviewing skills. Some interviewed programs shared that substance use training should be attended by all crisis response staff, not just clinicians; for example, Narcan administration, tourniquet application, and harm reduction training are critical training skills for all team members when supporting a client during a substance use emergency.

Training on implicit bias was also regarded as essential among interviewed programs. Many interviewed programs agreed that receiving training in team-building and communication strategies, trauma-informed care, cultural competency, and racial equity advances the intention and principles of their alternate response program.

Equipment: Uniforms, Vehicles, and Supplies

Most teams arrive either in plain clothes or a T-shirt with a logo. Interviewed programs attested that casual clothing helps crisis response teams appear approachable and creates a sense of comfort for the person in crisis. In contrast, programs worried that formalizing their uniforms could trigger negative past experiences that community members have had with institutions (e.g., police, psychiatric hospitals, prisons) and, therefore, escalate someone in crisis. However, EMTs or police in a co-responder team do wear their usual uniform so that they are easily identifiable as first responders.

The types of vehicles and equipment needed for each model vary based on the scope of services provided, types of calls to which the team responds, and the team's staffing structure. The majority of programs have a van or fleet of vans with the program logo on it and are stocked with necessary supplies. Some programs use their vehicles for on-site service delivery, while others use them only for transporting a client to an alternate location. Programs situated within fire departments often have EMTs or paramedics on-staff, so those teams ride in ambulances or vans with transport capabilities. Co-responder programs often use police vehicles, either marked or unmarked.

There are several considerations for how the design of the vehicle increases accessibility and safety for clients, as well as supports the security of providers. Vans should be accessible to wheelchairs so that crisis response teams can provide services within the interior of the van (to ensure client privacy) and in the event of a needed transport. Also, vans equipped with lights allow them to park on sidewalks and increase traffic safety. Several interviewed programs mentioned using Eugene's CAHOOTS program's van specifications. One component of this design is a plexiglass barrier between the van's front and back seats, which protects both the driver and anyone riding in the back in the case of an accident; additionally, the barrier keeps clients in the back of the vehicle and protects the driver from any disruption that could decrease safety during the transport. However, some cities are moving away from including the plexiglass barrier between the front and back seats in their vans due to the stigma and lack of trust it communicates to the client.

Many vehicles and teams are equipped with various technologies, including radios with connection to dispatch, cell phones, and data-enabled tablets for mobile data entry. Denver's STAR program has access to the local 911 dispatch queue to understand what calls are being

assessed and which could potentially use the program's response. The STAR program teams also have direct access to an electronic health record (EHR) system where they can look-up an individual's health history or communicate directly with a client's psychiatrist or case manager and thus provide tailored, high quality of care in real-time.

If crisis response teams provide medical services, they often carry items such as personal protective equipment, wound care supplies, a stethoscope, blood pressure armband, oxygen, and intravenous bags. Teams also often carry engagement items to initiate client interactions and meet basic needs, such as food, water, clothing, socks, cigarettes, "mercy beers," tampons, condoms, and hygiene packs. When it is able to go into the field again, the Mental Health First model intends to use an RV instead of a van, so they can invite clients into the RV for more privacy and then supply them with a variety of supplies for their basic needs (e.g., clothing).

Overall, when deciding the types of uniforms, vehicles, and equipment to obtain, programs considered what would be recognizable, establish expertise, support the service delivery, build trust with those whom they serve, and not trigger or further harm individuals in crisis.

Transport

The ways that programs transport clients to a subsequent location varies in many ways, including when the transport is allowed, who is doing the transport, where clients are transported, and who is affected by the transport decision.

While some programs have the capability to transport clients themselves, others call a third party to do the transport. This depends on whether staff are licensed to do involuntary transports, whether the vehicle is able to transport clients, and whether it is deemed safe to provide transport at that time. Oftentimes, programs will only conduct voluntary transports, and they may pre-establish specific locations or allow the client's location of choice. If clients do not want to be transported to another location, some programs will end the interaction. Because Denver's STAR team does not use an ambulance, they can refuse someone's requested transport to a hospital if a lower level of care is appropriate, such as a sobering center. Some programs conduct involuntary holds, either done by program staff or by calling for police backup. Waiting for police can undermine the level of care provided, a delay which poses a threat to the client's safety and well-being. Portland's Street Response program experiences delays of up to an hour when requesting police for involuntary holds; for this reason, the team hopes to have the ability to do 5150 transports themselves, and in a trauma-informed way that gives individuals a sense of control over the situation. Whether a crisis response team can transport clients, initiate involuntary holds, and/or call police for back-up in these situations are all considerations which implicate the continued involvement of law enforcement in crisis response.

In the transport process, clients may be transported to short- or long-term service providers as well as the client's location of choice. Some short-term programs include a crisis stabilization facility, detox center, sobering center, homeless shelter, primary care provider, psychiatric facilities, diversion and connection center, hospital, and urgent care. Long-term programs include residential rehabilitation and direct admission to inpatient units of psychiatric emergency departments. Building relationships at these destinations and with providers is key to successful warm handoffs and ensuring clients in crisis receive the appropriate care. For example, challenges can arise when bringing someone to an emergency room if the hospital is not fully aware of what the crisis response program is, which makes it more difficult to advocate for the client to receive services.

There are many things to consider about client and provider safety when transporting a client. Some programs do not give rides home and only transport the person to a public place. Others have restrictions on when they will transport a client to a private residence. For example, Denver's STAR team will not take a person home if they are intoxicated and if someone else is in the home because they do not want to put the other person in potential harm. Instead, when responding to an intoxicated individual, the STAR team transports them to a sobering center, detox facility, or similar location of choice. In Portland, first responders and crisis response providers use a risk assessment tool that helps them determine if ambulance transport needs to be arranged. Portland's risk assessment tool asks providers to determine if the individual has received sedation medication in the last six hours, had a Code Gray in the last 6 hours, had a history of violence and/or aggression, had a history of AWOL, or are showing resistance to hospitalization; if the answer is yes to any of these five questions, then they will arrange for ambulance transport for the individual in crisis.

Follow-up Care & Service Linkage

Follow-up care and linkage to services are handled in a variety of ways. Some programs include referrals to internal, non-crisis response program staff as a service provided directly by the crisis response team. When community health workers and peer support specialists are staffed on crisis response teams, they often lead the referral and navigation support role. After responding to a crisis, Portland's Street Response team (an LCSW and paramedic) call a community health worker if the client wants linkages or additional follow-up supports. While referrals and linkages are important to client outcomes and prevention, this kind of follow-up care can be challenging for many programs to do because it can be difficult to find individuals in the community, particularly if they are not stably housed or do not have a working phone. Portland's Street Response team often goes to encampments to provide follow-up care, which is a program element that is also effective as proactive outreach into local communities.

Other programs refer individuals to other external teams or organizations not affiliated with the crisis response team whose primary role is to provide follow-up care to individuals who served by the crisis response team. Olympia's Crisis Response Unit specifically identifies repeat clients for a referral to a peer navigation program for linkage to care. Additionally, many programs have relationships with community-based organizations and refer clients there for follow-up services. Newer programs that have yet to fully launch stated this was a focus of their program design, as well. For example, San Francisco's Street Crisis Response Team partners with a centralized Office of Care Coordination within the San Francisco Department of Public Health that provides clients with linkages to other services; the Street Crisis Response Team essentially embeds this handoff in their own processes.

And, there are some programs that do not include follow-up care within the scope of their services. For example, Eugene's CAHOOTS program has a narrower focus on crisis stabilization and short-term care; they do not provide referrals or linkage to longer-term services for their clients.

Program Administration

Across the crisis response models that RDA researched and interviewed, there was variability in how they are each administered. As each program is constructed around their local agency structures, resources, needs, and challenges, how their programs are administered are also just as adaptive.

Administrative Structure

The administrative structure and placement of crisis response programs varies significantly. Some programs are administered and delivered by the city/county government, some programs are run in collaboration between a city/county government and community-based organizations (CBO), while others are entirely operated by CBOs.

The administration and structure of a crisis response program may be affected by the geographic and/or population size of the local region and what stage of implementation the program is in. For instance, consistent and guaranteed funding helps sustain programs for the long-term, so developing a program within the local municipal structure may be an advantage over contracting the crisis response program to a CBO. Some programs found that staff retention was higher for government positions, due to their generally higher wages and increased benefits compared to what CBOs generally offer. Additionally, the use of the existing 911 and dispatch infrastructure may be streamlined for crisis response programs administered by city/county governments because they can be situated within existing emergency response agencies and use existing interagency data sharing and communication processes

more easily. Finally, programs that are situated within a local health system -- such as Departments of Public Health, Behavioral Health, or public hospitals -- may have existing protocols and processes with which to collaborate with CBOs for referral assistance, case management, resourcing, and follow-up service provision.

On the other hand, programs that are primarily administered and staffed through CBOs reported a sense of flexibility and spontaneity in their program design, expansion, and evolution, especially for early-stage pilots that intend to change and grow over time. These programs shared that they experienced reduced bureaucratic barriers that were conducive to community engagement and program redesign. Additionally, most programs that included peer support specialists in their crisis response program had these roles sourced by CBOs – these peer support specialists were either fully integrated into crisis response teams or were referred to by crisis response teams to provide linkage and follow-up services.

Though there is variety in what entity administers crisis response programs, who sources or contracts the crisis responders, and where funds are generated, all programs require cross-system coordination for designing the program and implementing the dispatch, training, funding, and program evaluation/monitoring activities.

Staffing and sourcing a crisis response program entirely by volunteers can also be helpful in reducing barriers for potential providers to enter this professional field, elevating lived experience of staff, addressing community distrust of the police-involved response system, and building a mental health workforce. However, currently, all-volunteer models face challenges in having consistent and full staffing coverage, which limits a program's overall service provision and hours of operation.

Financing

Aside from the health benefits of increasing mental health and medical resources in crisis responses, there are financial benefits, too. For example, in Eugene, the CAHOOTS program's annual budget is \$2.1 million. In contrast, the City of Eugene estimates it would cost the Eugene Police Department \$8.5 million to serve the volume and type of calls that are directed to CAHOOTS.¹³

Several cities are funding crisis response systems through the city's general fund, which offers a potentially sustainable funding source for the long-term because it demonstrates that city officials are committed to investing in these services with public funds. To generate these funds, Denver added a sales and use tax in 2019 (one-quarter of a percent) to cover mental health services, a portion of which funds the STAR program.

¹³ White Bird Clinic. (n.d.). What is CAHOOTS?. Retrieved August 29, 2021, from <https://whitebirdclinic.org/what-is-cahoots/>

Some cities have funded crisis response programs by reallocating other city funds. Chicago's Police Department currently pays the salary of the CIT-officer in Chicago's crisis response pilot program. Chicago's crisis response pilot also receives additional funding from Chicago's Department of Public Health. Austin's EMCOT program is funded by \$11 million reallocated from the Police Department. And Eugene's CAHOOTS program is fully funded through a contract by the Eugene Police Department.

Federal or state dollars have also been used for some crisis response programs. Alameda County's Community Assessment and Transport Team (CATT) is funding by California's Mental Health Services Act (MHSA) Innovation funds. Chicago's current crisis response pilot uses Centers for Disease Control and Prevention (CDC) funding. New York City and Los Angeles both plan to bill Medicaid as a funding source for their emerging crisis response programs. The national Crisis Now program bills per service and per diem for mobile crisis and crisis stabilization services, which is reimbursed by Medicaid.

Some programs are able to leverage private funds to support their services. In addition to the allocation of city funds, Chicago receives funding from foundations and corporations to fund its crisis response program. The Mental Health First program is entirely supported by donations, grants, and volunteer time.

These financing mechanisms provide varying levels of sustainability and predictability, which may affect the longevity of a program and, therefore, its overall impacts. Ensuring that programs can be continuously funded ensures resources go into direct service provision and program administration, rather than on development, fundraising, or grant management. Staff recruitment and retention is also more successful when there is long-term reliability of positions.

Program Evaluation

Many crisis response programs use data to monitor their ongoing progress and successes, modify and expand program pilots, and measure outcomes and impact. Standardizing data collection practices (i.e., data collection tools, measures, values for measures, aligned electronic sources for data entry, etc.) across participating teams and agencies within and across cities/locales, especially for regional plans, supports effective program evaluation and reporting. Addressing this consideration is best done early in program planning because it affects the protocols developed for triage and dispatch, the equipment that crisis response teams use to record service delivery notes or accessing clients' EHR records, the way referrals and hand-offs are conducted, whether or how Medicaid billing/financing will be leveraged, and more. Several cities noted that they incorporated data sharing and access into MOUs that outlined the scope of work. The providers in most programs have access to an electronic health record (EHR) system that they are able to enter

their contact notes into – having access to a centralized data collection portal like this can greatly aid a program’s evaluation efforts.

Pilot Program Evaluation Highlight: Denver’s Support Team Assisted Response (STAR) Program

Denver planned to evaluate the STAR program after an initial six-month pilot phase. For the evaluation, data was collected from both the 911 CAD database and the Mental Health Center of Denver. Data was kept in separate systems to protect health-related information from the law enforcement database. The program evaluation provided data on incident locations, response time, response dispatch source (i.e., 911, police unit, or STAR-initiated), social demographics of consumers served, services provided, location of client transport/drop-off, and more. The use of two data systems also allowed the program to evaluate what the STAR team identified as the primary issue of concern compared to clinical diagnoses from the health data.¹⁴

As a result of analyzing these data, Denver identified its program successes and impacts and is committed to expanding the funding and scope of the program. This expansion includes purchasing more vans, staffing more teams, expanding the hours of operation, expanding the service area across the City, hiring a supervisor, and investing in program leadership. Additional plans for future evaluation include building a better understanding of populations served and more rigorous data capture, a longitudinal study to understand consumer long-term outcomes, and a cost-benefit analysis to understand the economic impacts of the program.

Once data is collected, a process for analyzing, visualizing, and reviewing data supports the overall effectiveness of program monitoring, thus contributing to changes to a pilot and the overall outcomes achieved by the program. Some programs have developed internal data dashboards to compile and organize their data in real-time, thus allowing them to review their program data on a weekly basis. And, some programs are also planning for an external evaluation to assist them in developing a broader understanding of their program’s impacts for their clients and in the larger community.

¹⁴ Denver STAR Program. (2021, January 8). STAR Program Evaluation. https://www.denverperfect10.com/wp-content/uploads/2021/01/STAR_Pilot_6_Month_Evaluation_FINAL-REPORT.pdf

Examples of Metrics that Cities Collect, Review, and Publish Data On

- Call volume
- Time of calls received
- Service areas
- Response times
- Speed of deployment
- Determinations and dispositions of dispatch (including specific coding for violence/weapons/emergency)
- Which teams are deployed across all emergency response
- Actual level of service needed compared to the initial determination at the point of dispatch
- Number of involuntary holds that are placed
- Number of transports that are conducted
- Type of referrals made
- Priority needs of clients served (housing, mental health)
- Frequency of police involvement

Making data about crisis response programs publicly available is also important for community transparency and public research. For example, New York City is planning to publish B-HEARD program data on a monthly basis. And, Portland has a public data dashboard for its crisis response program that is updated at least once per week.¹⁵ Such data transparency allows local constituents and stakeholders to check on the progress of their local crisis response program and whether it is making a difference. Such transparency can also contribute to public research and dissemination efforts about emerging alternate crisis response models.

Coordinating the Crisis Response System

Given the complexity of a crisis response system -- from its administrative structure and financing, the technical integration of dispatch with responders, the coordination of referrals and linkages, to client case management -- coordination is an essential, ongoing element of any program. This coordination requires investing in staff time and skills to participate in coordination efforts, focusing on de-siloing all components of crisis response, and effective leadership and vision. Coordination affects financing decisions and contributes directly to client outcomes; therefore, coordination implicates every aspect of program planning, implementation, and evaluation. Overall, program administration benefits

¹⁵ Portland Street Response Data Dashboard. (n.d.). City of Portland, Oregon. Retrieved August 29, 2021, from <https://www.portland.gov/streetresponse/data-dashboard>

from having coordination done at a high level, ensuring there is a person(s) responsible for holding the program at a birds-eye view.

Coordinating services between the crisis response team and community partners includes ensuring there are open communication channels between various entities at a structural level down to a client case management level. At a structural level, it requires investing in staff time, technology, and protocol development, not just at the initial program launch but on an ongoing basis. Based on the program evaluation and data collection design, system-level coordination can support ongoing data review and inform future decisions made about a program.

For example, the managers of San Francisco's Street Crisis Response Team participate in interagency meetings to ensure strategic coordination of service delivery across San Francisco's Department of Public Health, Fire Department, and Office of Care Coordination. Additionally, when Austin's EMCOT program's call center staff integrated the call center technology and co-located their crisis response services within the city's 911 dispatch, the crisis response program had reduced dropped calls, increased communication around safety and risk assessment during triage, more effective handoffs to mental health clinicians for telehealth, and increased deployment of the crisis response team by dispatch.

System-level coordination also has important downstream effects, such as ensuring that first responders (i.e., police, fire, EMS) can call the crisis response team to respond to a situation if they are dispatched first. At a client level, system coordination can support case management, referrals and linkages, and improved client outcomes. For example, Canada's REACH Edmonton program provides governance support and coordination to a network of CBO providers, including facilitating a bimonthly meeting for frontline workers to discuss shared clients. The program shared that for its most complex cases, this coordination significantly increased positive client outcomes. The program also found that they were able to better leverage the expertise of peer support specialists by having a specified coordinator leading these meetings and ensuring their voice and participation was valued. Service providers within this network all utilize the same EHR for documenting and sharing client notes, though the program has encountered challenges in data sharing. Overall, the REACH Edmonton program shared that system-level coordination must be tightly managed but that most program staff and frontline workers do not have the capacity to do so, so having a centralized governance and coordinating body is essential.

Program Planning Process

Planning the large and small details of a crisis response program is an essential part of a successful launch. Although each city will have a different planning process and timeline based on the local community's needs and administrative designs, some common themes emerged across the crisis response models that RDA reviewed.

Planning across city departments typically includes active involvement from emergency medical services, fire, and police as well as leaders from local public health and mental/behavioral health agencies and CBOs. Many cities stated that having emergency responders involved in the collaborative brainstorming and discussions from the earliest planning stages was essential in garnering buy-in from other city or county departments, including identifying the best resource(s) when responding to mental health needs and crises. Planning also requires engaging other entities; for instance, Portland has to negotiate with the local police union for all services provided by Portland's Street Response program. Some cities shared that they are aware of beliefs of local police departments and unions about potentially losing funding for police services when new crisis response services are added to the local infrastructure. But, cities found that when they focused the conversation about shared objectives between the crisis response program and the police, police began to see the program as a resource to them as mental health professionals could often better handle mental health crises because of their training and backgrounds. This alignment on shared goals and values underpins the reason that the Eugene Police Department funds the city's non-police crisis response program, CAHOOTS. Developing a collective and shared narrative around community health and well-being while reducing harm, trauma, and unnecessary use of force, is essential in promoting any crisis response program.

Program planning allows cities to identify elements to include in the pilot that will be investigated throughout the pilot stages. For instance, the planning process may include heat mapping the highest call-volume areas of the city or discussing preliminary milestones to support scaling or expansion of a pilot program. As an example, New York City's B-HEARD model is currently focused on deploying the B-HEARD team using the existing 911 determination process for identifying mental health emergencies; but, in the future, the program will also assess how those determinations are made to improve the determination and dispatch processes. Their sequencing of planning priorities allowed the program to be launched on a shorter timeline while preparing for an iterative evaluation and design process.

In the future, many learnings can be extrapolated from the ways that crisis response programs are being implemented across the United States and internationally. At this point in time, given that many implementations began within the past two years and are still actively evolving and changing, it is premature to pinpoint common themes in how similar and different jurisdictions and communities (e.g., population size, population density, geography, etc.) are unfolding their emerging crisis response programs.

Planning Timeline

While some cities operated co-responder models for years before moving to a non-police model, other cities are launching non-police models for the first time. Some cities engaged in extensive community engagement

processes while others launched programs quickly and plan to collect feedback for future iterations of their program.

For instance, Denver had a co-responder model from 2016-2020 and launched the STAR program in 2020 for an initial six-month pilot. The program was launched very quickly in 2020, and then it held community forums to hear from community members for input on the expansion. In Chicago, planning began in the summer of 2019 and the mental health advisory commission developed recommendations in October 2019, then planning and funding continued throughout the summer of 2020, with the program launched in the summer of 2021 (two years after initial program planning began).

New York City's B-HEARD program was originally announced in November 2020 with an initial launch target of February 2021, though the launch was delayed until June 2021 (eight months later). San Francisco's Street Crisis Response Team began planning in July 2020 and launched with one team in November 2020 (five months later); the program added a second team and additional hours in January 2021, added four more teams in March 2021, and integrated the local Office of Coordinated Care team for follow-up and linkages in April 2021 (all over a span of four months); the City of San Francisco wanted to move quickly due to its budgeting timeline so it did not conduct much initial community engagement, but rather expected the program design to be an iterative process with future opportunities for community input and evaluation. Additionally, for many pilot crisis response programs, when they are able to scale their services and hire more staff, then they plan to expand their geographical footprints.

Community Engagement

Community engagement is an invaluable element of program design and evaluation that leverages the expertise of the local community members directly impacted by these services. Community engagement activities are conducted to include the perspectives of potential service recipients, existing consumers of the behavioral health and crisis systems, existing coalitions, and/or local community-based service providers in the development and implementation of crisis response programs.

Cities may face barriers in hearing from community members that are the most structurally marginalized, so engaging existing coalitions and networks can support more equitable and targeted outreach. For instance, in Chicago, Sacramento, and Oakland, program planners worked with credible messengers that were connected to networks that the cities were not connected to, such as a teen health council, street outreach teams, homeless advocacy organizations, and disability rights collectives. There was a focus especially on working with mutual aid collectives and other underground groups that do not receive city funding, including voices that may otherwise be neglected in government spaces. This level of outreach and intentionality is essential because, historically, government institutions and other structures have prevented

the full and meaningful engagement of people of color, working class and cash-poor people, immigrants and undocumented people, people with disabilities, people who are cognitively diverse, LGBTQ+ people, and other structurally marginalized people. Engaging community members that are most directly impacted by crisis response programs, such as unsheltered people, will lead to feedback that is informed by direct lived experiences with the prior and existing programs in a given community. Additionally, prioritizing the engagement, participation, and recommendations of community members that are most harmed by existing institutions - such as the disproportionate rates of police violence against people of color¹⁶ - will ensure that systems of inequity are not reproduced by a crisis response program. Instead, intentional community engagement can support the program to address existing structural inequities.

Community engagement can inform program planning, program implementation, and program evaluation in unique ways. When planning for a crisis response program, community engagement can be used to survey existing needs, collect input on priorities, and engage hard-to-reach consumers. To hear directly from community members, Chicago interviewed 100 people across the city to ask about their service needs and how to implement a co-responder or alternative crisis response model. Denver targeted specific community stakeholder groups when collecting feedback for its program design, including perspectives from residents with lived experience, community activists for reimagining policing, a Latinx clinic, and a needle exchange program.

When implementing a crisis response program, engaging the community can identify opportunities for program improvement in real-time and promote community education about the program's services and partners. To collect feedback on key components of its model, Portland worked with a local university to send a questionnaire to service recipients. Denver prioritized community education by working with Business Improvement Districts (BIDs) to educate them on appropriate and inappropriate times to call 911 and how to more effectively and compassionately engage with unsheltered neighbors. Denver also worked to build trust with local CBOs to increase their engagement of the STAR crisis response team. Such community engagement can improve program implementation by increasing community awareness of the program, clarifying existing barriers for community members, and modifying service provision processes and priorities on an ongoing basis.

¹⁶ Edwards, F., Lee, H., & Esposito, M. (2019). Risk of being killed by police use of force in the United States by age, race-ethnicity, and sex. *Proceedings of the National Academy of Sciences of the United States of America (PNAS)*, 116(34), 16793-16798.
<https://www.pnas.org/content/116/34/16793>

Lessons Learned

As cities have begun planning, launching, and iterating on a variety of crisis response program models, they shared key lessons learned and recommendations for new cities considering implementing non-police crisis response programs.

Community members are essential sources of knowledge: Co-creating a crisis response model with community members that have directly experienced the crisis system will make the program more accessible and utilized.

Community engagement requires time: Build the engagement and planning time into the overall program development approach and timeline.

Use a pilot approach: Test, modify, and expand specific aspects of each crisis response model based on program successes, challenges, and consumer feedback.

Build trust across the network: Cities must build trust across city agencies and local CBOs to successfully launch and implement a crisis response program.

The 911 dispatch system is complex: Successful implementation of a crisis response program requires sufficient planning, time/resources investment, and buy-in for revising 911 call determination and dispatch processes.

Look to the future: While alternative models are currently focused on crisis response, future models could also support a population's holistic health outcomes and redefine what "safety" means in a community.

Community members are essential sources of knowledge.

Program representatives that spoke with RDA emphasized the many considerations that programs must make to ensure a program is utilized and accessible to community members. The interviewed programs emphasized the importance of co-creating programs with community members because community members have experienced the existing crisis response options, know where the gaps exist, and may have already implemented or witnessed community-based short-term solutions that should directly inform program design. Cities explained that creating a program or model that does not appeal to the consumer, especially in terms of the involvement and presence of law enforcement, will decrease

the reach and impact of the program. Community members must trust the program if they are going to call and engage in services. For example, because they understood that a significant barrier was that the general public was not confident that they could call 911 to engage a non-police response to a mental health or related crisis, the San Francisco's Street Crisis Response Teams have done significant outreach at community events and presentations at CBOs to build relationships and trust.

Community engagement requires time.

Learning from the community requires time, so plans for community engagement should be part of any new program's overall timeline and approach. For example, after their initial implementation began, Denver's STAR teams learned that there is a need to expand their program with multilingual teams, which they have since been effective in making progress towards achieving this. It has been a part of the STAR program's process to prioritize program needs as they arise while planning for expansion.

Use a pilot approach.

Cities also recommended using a pilot approach so that the model can evolve and expand over time. For example, Chicago piloted two crisis response teams with a CIT-officer and piloted two teams without a CIT-officer to determine the role and efficacy of the CIT-officer in a crisis response. New York City designed their pilot to focus on one zone (a geographic subsection of a borough) before broadening the pilot to more of the city. A pilot approach allows a city to learn from implementation successes and challenges, hear from service recipients, and generate buy-in from potentially hesitant stakeholders.

Build trust across the network.

Cities elevated that building trust across city departments and with CBOs was an essential component of their processes. Cities recognize the different cultures and priorities across city departments and agencies as well as CBOs and volunteers. Within a local government, framing this work as a health response helps to align all partners on their shared values. Moreover, emphasizing to the local police departments that taking a responsibility off their plate is a benefit to them, which may help them to see the crisis response teams as assets and resources to them. Additionally, while bringing onboard internal (i.e., city departments and agencies) stakeholders to the table, it is important to ensure that they each have the appropriate degree of weight in decision making for the program. For example, New York City emphasized that law enforcement should not have an imbalance in controlling the conversation or

decisions. Programs also shared examples of opportunities to build trust across staff members: San Francisco's Street Crisis Response Team used all-team debriefs to strengthen communication and establish processes; and Canada's REACH Edmonton used data on their program and outcomes to promote accountability between providers. Ultimately, building and sustaining trust across a network of crisis response teams, first responders, and law enforcement agencies is a type of role that the central coordinating governance structure of a crisis response system should aim to lead and support.

The 911 dispatch system is complex.

The 911 dispatch component of a crisis response model is complex and requires effective collaboration for successful implementation. New York City felt that the dispatch and deployment components of its B-HEARD program took the most time to design well (e.g., diagramming calls, finding existing data), even though the 911 data infrastructure already existed. Similarly, Los Angeles' Department of Mental Health found the call diversion process and decision-making to be the most challenging aspect to align across departments. By being aware of this hurdle from the beginning, a new program can allocate sufficient time and resources as well as identify strategic personnel to support the development of this important component of any crisis response program.

Look to the future.

Finally, cities offered that they are only in their first steps of a longer process of designing alternative models of care in their communities. Planning for a program's next steps can make the initial pilots even more successful and support the transition to future iterations. For instance, Portland's Street Response program is primarily focused on low-acuity crises, though there is a need for a non-police response that can respond to higher acuity calls, including incidences with weapons, in order to achieve Portland's aim of reducing police violence. Mental Health First emphasized that an armed officer does not necessarily provide security and safety to bystanders, providers, or consumers, and so alternative crisis response models are countering a larger system of socialization around notions of safety and the role of 911 in a community. Additionally, these models are operating within larger mental health response systems that must work together to ensure fewer community members are going into crisis in the first place. Programs should always be considering how alternative models of care can support individuals from entering into crises, too. Denver's STAR program shared that they have numerous opportunities for prevention efforts, such as proactive response after encampment sweeps, checking in with consumers in high visibility areas even if there is not a call there, and proactively connecting people to services. By keeping an open mind for what a more holistic crisis response system could look like in their future, cities can plan for their present day,

early-stage pilot programs to be a part of their evolving and innovative models of care.

Appendices

Appendix A. SAMHSA's National Guidelines for Behavioral Health Crisis Care - Best Practice Toolkit Executive Summary¹⁷

The *National Guidelines for Crisis Care – A Best Practice Toolkit* advances national guidelines in crisis care within a toolkit that supports program design, development, implementation and continuous quality improvement efforts. It is intended to help mental health authorities, agency administrators, service providers, state and local leaders think through and develop the structure of crisis systems. The toolkit includes distinct sections for:

- ✓ Defining national guidelines in crisis care;
- ✓ Implementing care that aligns with national guidelines; *and*
- ✓ Evaluating alignment of systems to national guidelines.

Given the ever-expanding inclusion of the term “crisis” by entities describing service offerings that do not truly function as no-wrong-door safety net services, we start by defining what crisis services are and what they are not. Crisis services are for **anyone, anywhere and anytime**. Crisis services include (1) crisis lines accepting all calls and dispatching support based on the assessed need of the caller, (2) mobile crisis teams dispatched to wherever the need is in the community (not hospital emergency departments) and (3) crisis receiving and stabilization facilities that serve everyone that comes through their doors from all referral sources. These services are for **anyone, anywhere and anytime**.

With non-existent or inadequate crisis care, costs escalate due to an overdependence on restrictive, longer-term hospital stays, hospital readmissions, overuse of law enforcement and human tragedies that result from a lack of access to care. Extremely valuable psychiatric inpatient assets are overburdened with referrals that might be best-supported with less intrusive, less expensive services and supports. In too many communities, the “crisis system” has been unofficially handed over to law enforcement; sometimes with devastating outcomes. The current approach to crisis care is patchwork and

¹⁷ Substance Abuse and Mental Health Services Administration (SAMHSA). (2020). *National Guidelines for Behavioral Health Crisis Care – Best Practice Toolkit Executive Summary*. <https://www.samhsa.gov/find-help/implementing-behavioral-health-crisis-care> & <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf>

delivers minimal treatment for some people while others, often those who have not been engaged in care, fall through the cracks; resulting in multiple hospital readmissions, life in the criminal justice system, homelessness, early death and even suicide.

A comprehensive and integrated crisis network is the first line of defense in preventing tragedies of public and patient safety, civil rights, extraordinary and unacceptable loss of lives, and the waste of resources. There is a better way. Effective crisis care that saves lives and dollars requires a systemic approach. This toolkit will delineate how to estimate the crisis system resource needs of a community, the number of individuals who can be served within the system, the cost of crisis services, the workforce demands of implementing crisis care and the community-changing impact that can be seen when services are delivered in a manner that aligns with this Best Practice Toolkit. Readers will also learn how this approach harnesses data and technology, draws on the expertise of those with lived experience, and incorporates evidence-based suicide prevention practices.

Core Services and Best Practices

The following represent the *National Guidelines for Crisis Care* essential elements within a **no- wrong-door** integrated crisis system:

1. **Regional Crisis Call Center:** Regional 24/7 clinically staffed hub/crisis call center that provides crisis intervention capabilities (telephonic, text and chat). Such a service should meet National Suicide Prevention Lifeline (NSPL) standards for risk assessment and engagement of individuals at imminent risk of suicide and offer quality coordination of crisis care in real-time;
2. **Crisis Mobile Team Response:** Mobile crisis teams available to reach any person in the service area in his or her home, workplace, or any other community-based location of the individual in crisis in a timely manner; *and*
3. **Crisis Receiving and Stabilization Facilities:** Crisis stabilization facilities providing short-term (under 24 hours) observation and crisis stabilization services to all referrals in a home-like, non-hospital environment.

In addition to the essential structural or programmatic elements of a crisis system, the following list of essential qualities must be “baked into” comprehensive crisis systems:

1. Addressing recovery needs, significant use of peers, and trauma-informed care;
2. “Suicide safer” care;
3. Safety and security for staff and those in crisis; *and*

4. Law enforcement and emergency medical services collaboration.

Regional Crisis Call Hub Services – Someone To Talk To

Regional, 24/7, clinically staffed call hub/crisis call centers provide telephonic crisis intervention services to all callers, meet National Suicide Prevention Lifeline (NSPL) operational standards regarding suicide risk assessment and engagement and offer quality coordination of crisis care in real-time. Ideally, these programs will also offer text and chat options to better engage entire communities in care. Mental health, substance use and suicide prevention lines must be equipped to take all calls with expertise in delivering telephonic intervention services, triaging the call to assess for additional needs and coordinating connections to additional support based on the assessment of the team and the preferences of the caller.

Minimum Expectations to Operate a Regional Crisis Call Service

1. Operate every moment of every day (24/7/365);
2. Be staffed with clinicians overseeing clinical triage and other trained team members to respond to all calls received;
3. Answer every call or coordinate overflow coverage with a resource that also meets all of the minimum crisis call center expectations defined in this toolkit;
4. Assess risk of suicide in a manner that meets NSPL standards and danger to others within each call;
5. Coordinate connections to crisis mobile team services in the region;
and
6. Connect individuals to facility-based care through warm hand-offs and coordination of transportation as needed.

Best Practices to Operate Regional Crisis Call Center

To fully align with best practice guidelines, centers must meet the minimum expectations and:

1. Incorporate Caller ID functioning;
2. Implement GPS-enabled technology in collaboration with partner crisis mobile teams to more efficiently dispatch care to those in need;
3. Utilize real-time regional bed registry technology to support efficient connection to needed resources; *and*
4. Schedule outpatient follow-up appointments in a manner synonymous with a warm handoff to support connection to ongoing care following a crisis episode.

To align with National Suicide Prevention Lifeline (NSPL) operational standards, centers must:

1. Practice **active engagement** with callers and make efforts to establish sufficient rapport so as to promote the caller's collaboration in securing his/her own safety;

2. Use the **least invasive intervention** and consider involuntary emergency interventions as a last resort, except for in circumstances as described below;
3. Initiate life-saving services for attempts in progress – in accordance with guidelines that do not require the individual’s consent to initiate medically necessary rescue services;
4. Initiate active rescue to secure the immediate safety of the individual at risk if the caller remains unwilling and/or unable to take action to prevent his/her suicide and remains at imminent risk;
5. Practice active engagement with persons calling on behalf of someone else (“third-party callers”) towards determining the least invasive, most collaborative actions to best ensure the safety of the person at risk;
6. Have supervisory staff available during all hours of operations for timely consultation in determining the most appropriate intervention for any individual who may be at imminent risk of suicide; *and*
7. Maintain caller ID or other method of identifying the caller’s location that is readily accessible to staff.

True regional crisis call center hub services that offer air traffic control-type functioning are essential to the success of a crisis system. Cracks within a system of care widen when individuals experience interminable delays in access to services which are often based on an absence of:

1. Real-time coordination of crisis and outgoing services; *and*
2. Linked, flexible services specific to crisis response; namely mobile crisis teams and crisis stabilization facilities.

Mobile Crisis Team Services – Someone To Respond

Mobile crisis team services offering community-based intervention to individuals in need wherever they are; including at home, work, or anywhere else in the community where the person is experiencing a crisis. For safety and optimal engagement, two person teams should be put in place to support emergency department and justice system diversion. EMS services should be aware and partner as warranted.

Minimum Expectations to Operate a Mobile Crisis Team Services

1. Include a licensed and/or credentialed clinician capable to assessing the needs of individuals within the region of operation;
2. Respond where the person is (home, work, park, etc.) and not restrict services to select locations within the region or particular days/times; *and*
3. Connect to facility-based care as needed through warm hand-offs and coordinating transportation when and only if situations warrants transition to other locations.

Best Practices to Operate Mobile Crisis Team Services

To fully align with best practice guidelines, teams must meet the minimum expectations and:

1. Incorporate peers within the mobile crisis team;
2. Respond without law enforcement accompaniment unless special circumstances warrant inclusion in order to support true justice system diversion;
3. Implement real-time GPS technology in partnership with the region's crisis call center hub to support efficient connection to needed resources and tracking of engagement; *and*
4. Schedule outpatient follow-up appointments in a manner synonymous with a warm handoff in order to support connection to ongoing care.

Essential functions of mobile crisis services include:

- Triage/screening, including explicit screening for suicidality;
- Assessment;
- De-escalation/resolution;
- Peer support;
- Coordination with medical and behavioral health services; *and*
- Crisis planning and follow-up.

Crisis Receiving and Stabilization Services – A Place to Go

Crisis receiving and stabilization services offer the community a no-wrong-door access to mental health and substance use care; operating much like a hospital emergency department that accepts all walk-ins, ambulance, fire and police drop-offs. The need to say yes to mental health crisis referrals, including working with persons of varying ages (as allowed by facility license) and clinical conditions (such as serious emotional disturbance, serious mental illness, intellectual and developmental disabilities), regardless of acuity, informs program staffing, physical space, structure and use of chairs or recliners in lieu of beds that offer far less capacity or flexibility within a given space. It is important to fund these facility-based programs so they can deliver on the commitment of never rejecting a first responder or walk-in referral in order to realize actual emergency department and justice system diversion. If an individual's condition is assessed to require medical attention in a hospital or referral to a dedicated withdrawal management (i.e., referred to more commonly and historically as detoxification) program, it is the responsibility of the crisis receiving and stabilization facility to make those arrangements and not shift that responsibility to the initial referral source (family, first responder or mobile team). Law enforcement is not expected to do the triage or assessment for the crisis system and it is important that those lines never become blurred.

Minimum Expectations to Operate a Crisis Receiving and Stabilization Service

1. Accept all referrals;
2. Not require medical clearance prior to admission but rather assessment and support for medical stability while in the program;
3. Design their services to address mental health and substance use crisis issues;
4. Employ the capacity to assess physical health needs and deliver care for most minor physical health challenges with an identified pathway in

- order to transfer the individual to more medically staffed services if needed;
5. Be staffed at all times (24/7/365) with a multidisciplinary team capable of meeting the needs of individuals experiencing all levels of crisis in the community; including:
 - a. Psychiatrists or psychiatric nurse practitioners (telehealth may be used)
 - b. Nurses
 - c. Licensed and/or credentialed clinicians capable of completing assessments in the region; *and*
 - d. Peers with lived experience similar to the experience of the population served.
 6. Offer walk-in and first responder drop-off options;
 7. Be structured in a manner that offers capacity to accept all referrals, understanding that facility capacity limitations may result in occasional exceptions when full, with a no rejection policy for first responders;
 8. Screen for suicide risk and complete comprehensive suicide risk assessments and planning when clinically indicated; *and*
 9. Screen for violence risk and complete more comprehensive violence risk assessments and planning when clinically indicated.

Best Practices to Operate Crisis Receiving and Stabilization Services

To fully align with best practice guidelines, centers must meet the minimum expectations and:

1. Function as a 24 hour or less crisis receiving and stabilization facility;
2. Offer a dedicated first responder drop-off area;
3. Incorporate some form of intensive support beds into a partner program (could be within the services' own program or within another provider) to support flow for individuals who need additional support;
4. Include beds within the real-time regional bed registry system operated by the crisis call center hub to support efficient connection to needed resources; *and*
5. Coordinate connection to ongoing care.

The Role of the Psychiatrist/Psychiatric Nurse Practitioner

Psychiatrists and Psychiatric Nurse Practitioners serve as clinical leaders of the multi-disciplinary crisis team. Essential functions include ensuring clinical soundness of crisis services through evaluation of need, continued monitoring of care and crisis service discharge planning.

Essential Principles for Modern Crisis Care Systems

Best practice crisis care incorporates a set of core principles that must be systematically “baked in” to excellent crisis systems in addition to the core structural elements that are defined as essential for modern crisis systems. These essential principles and practices are:

1. Addressing Recovery Needs,

2. Significant Role for Peers,
3. Trauma-Informed Care,
4. *Zero Suicide/Suicide Safer Care,*
5. Safety/Security for Staff and People in Crisis *and*
6. Crisis Response Partnerships with Law Enforcement, Dispatch, and Emergency Medical Services.

Addressing Recovery Needs

Crisis providers must address the recovery needs of individuals and families to move beyond their mental health and substance use challenges to lead happy, productive and connected lives each and every day.

Implementation Guidance

1. *Commit to a no-force-first approach to quality improvement in care that is characterized by engagement and collaboration.*
2. *Create engaging and supportive environments that are as free of barriers as possible. This should include eliminating Plexiglas from crisis stabilization units and minimal barriers between team members and those being served to support stronger connections.*
3. *Ensure team members engage individuals in the care process during a crisis. Communicate clearly regarding all options clearly and offer materials regarding the process in writing in the individual's preferred language whenever possible.*
4. *Ask the individual served about their preferences and do what can be done to align actions to those preferences.*
5. *Help ensure natural supports and personal attendants are also part of the planning team, such as with youth and persons with intellectual and developmental disabilities.*
6. *Work to convert those with an involuntary commitment to voluntary so they are invested in their own recovery.*

Significant Role for Peers

A transformative element of recovery-oriented care is to fully engage the experience, capabilities and compassion of people who have experienced mental health crises. Including individuals with lived mental health and substance use disorder experience (peers) as core members of a crisis team supports engagement efforts through the unique power of bonding over common experiences while adding the benefits of the peer modeling that recovery is possible.

Implementation Guidance

1. *Hire credentialed peers with lived experience that reflect the characteristics of the community served as much as possible. Peers should be hired with attention to common characteristics such as gender, race, primary language, ethnicity, religion, veteran status, lived experiences and age.*

2. *Develop support and supervision that aligns with the needs of your program's team members.*
3. *Emphasize engagement as a fundamental pillar of care that includes peers as a vital part of a crisis program's service delivery system. This should include (1) integrating peers within available crisis line operations, (2) having peers serve as one of two mobile team members and (3) ensuring a peer is one of the first individuals to greet an individual admitted to a crisis stabilization facility.*

Trauma-Informed Care

The great majority of individuals served in mental health and substance use services have experienced significant interpersonal trauma. Mental health crises and suicidality often are rooted in trauma. These crises are compounded when crisis care involves loss of freedom, noisy and crowded environments and/or the use of force. These situations can actually re-traumatize individuals at the worst possible time, leading to worsened symptoms and a genuine reluctance to seek help in the future.

On the other hand, environments and treatment approaches that are safe and calm can facilitate healing. Thus, we find that trauma-informed care is an essential element of crisis treatment. In 2014, SAMHSA set the following guiding principles for trauma-informed care:

1. Safety;
2. Trustworthiness and transparency;
3. Peer support and mutual self-help;
4. Collaboration and mutuality;
5. Empowerment, voice and choice; *and*
6. Ensuring cultural, historical and gender considerations inform the care provided.

Trauma-informed systems of care ensure these practices are integrated into service delivery. Developing and maintaining a healthy environment of care also requires support for staff, who may have experienced trauma themselves.

Implementation Guidance

1. *Incorporate trauma-informed care training into each team member's new employee orientation with refreshers delivered as needed.*
2. *Apply assessment tools that evaluate the level of trauma experienced by the individuals served by the crisis program and create action steps based on those assessments.*

Zero Suicide/Suicide Safer Care

Two transformational commitments must be made by every crisis provider in the nation: (1) adoption of suicide prevention as a core responsibility, and (2) commitment to dramatic reductions in suicide among people under care. These changes were adopted and advanced in the revised *National Strategy for Suicide*

Prevention (2012), specifically via a new Goal 8: “Promote suicide prevention as a core component of health care services” (p. 51).

The following key elements of Zero Suicide or Suicide Safer Care are all applicable to crisis care:

1. Leadership-driven, safety-oriented culture committed to dramatically reducing suicide among people under care, that includes survivors of suicide attempts and suicide loss in leadership and planning roles;
2. Developing a competent, confident, and caring workforce;
3. Systematically identifying and assessing suicide risk among people receiving care;
4. Ensuring every individual has a pathway to care that is both timely and adequate to meet his or her needs and includes collaborative safety planning and a reduction in access to lethal means;
5. Using effective, evidence-based treatments that directly target suicidal thoughts and behaviors;
6. Providing continuous contact and support; especially after acute care; *and*
7. Applying a data-driven quality improvement approach to inform system changes that will lead to improved patient outcomes and better care for those at risk.

Safety/Security for Staff and People in Crisis

Safety for both individuals served and staff is a foundational element for all crisis service settings. Crisis settings are also on the front lines of assessing and managing suicidality and possibly violent thoughts or aggressive behaviors, issues with life and death consequences. While ensuring safety for people using crisis services is paramount, the safety for staff cannot be compromised. Keys to safety and security in crisis delivery settings include:

- Evidence-based and trauma-informed crisis training for all staff;
- Role-specific staff training and appropriate staffing ratios to number of clients being served;
- A non-institutional and welcoming physical space and environment for persons in crisis, rather than Plexiglas “fishbowl” observation rooms and keypad-locked doors. This space must also be anti-ligature sensitive and contain safe rooms for people for whom violence may be imminent;
- Established policies and procedures emphasizing “no force first” prior to implementation of safe physical restraint or seclusion procedures;
- Pre-established criteria for crisis system entry;
- Strong relationships with law enforcement and first responders; *and*
- Policies that include the roles of clinical staff (and law enforcement if needed) for management of incidents of behavior that places others at risk.

Providers must establish environments that are safe for those they serve as well as their own team members who are charged with delivering high quality crisis care that aligns with best practice guidelines. The keys to safety and security for

home visits by mental health staff include:

- No mental health crisis outreach worker will be required to conduct home visits alone.
- Employers will equip mental health workers who engage in home visits with a communication device.
- Mental health workers dispatched on crisis outreach visits will have prompt access to any information available on history of dangerousness or potential dangerousness of the client they are visiting.

Implementation Guidance

1. *Commit to a no-force-first approach to care.*
2. *Monitor, report and review all incidents of seclusion and restraint with the goal of minimizing the use of these interventions.*
3. *Remember that barriers do not equal safety. The key to safety is engagement and empowerment of the individual served while in crisis.*
4. *Offer enough space in the physical environment to meet the needs of the population served. A lack of space can elevate anxiety for all.*
5. *Incorporate quiet spaces into your crisis facility for those who would benefit from time away from the milieu of the main stabilization area.*
6. *Engage your team members and those you serve in discussions regarding how to enhance safety within the crisis program.*

Law Enforcement and Crisis Response—An Essential Partnership

Law enforcement agencies have reported a significant increase in police contacts with people with mental illness in recent years. Some involvement with mental health crises is inevitable for police. Police officers may (1) provide support in potentially dangerous situations when the need is assessed or (2) make warm hand-offs into crisis care if they happen to be first to engage.

In many communities across the United States, the absence of sufficient and well-integrated mental health crisis care has made local law enforcement the *de facto* mental health mobile crisis system. This is unacceptable and unsafe. The role of local law enforcement in addressing emergent public safety risk is essential and important. With good mental health crisis care in place, the care team can collaborate with law enforcement in a fashion that will improve both public safety and mental health outcomes. Unfortunately, well-intentioned law enforcement responders to a crisis call can escalate the situation solely based on the presence of police vehicles and armed officers that generate anxiety for far too many individuals in a crisis.

Implementation Guidance

1. *Have local crisis providers actively participate in Crisis Intervention Team training or related mental health crisis management training sessions.*

2. *Incorporate regular meetings between law enforcement and crisis providers, including EMS and dispatch, into the schedule so these partners can work to continuously improve their practices.*
3. *Include training on crisis provider and law enforcement partnerships in the training for both partner groups.*
4. *Share aggregate outcomes data such as numbers served, percentage stabilized and returned to the community and connections to ongoing care.*

Psychiatric Advance Directives

A psychiatric or mental health advance directive (PAD) is a legal tool that allows a person with mental illness to state their preferences for treatment in advance of a crisis. They can serve as a way to protect a person's autonomy and ability to self-direct care. Crisis providers are expected to always seek to understand and implement any existing PAD that has been developed by the individual during the evaluation phase and work to ensure the individual discharges from crisis care with an updated and accurate psychiatric advance directive whenever possible. PAD creates a path to express treatment preferences and identify a representative who is trusted and legally empowered to make healthcare decisions on medications, preferred facilities, and listings of visitors.

Funding Crisis Care

The full *Crisis Services Best Practice Toolkit* document contains specific strategies on how a community can fund each of the core crisis system elements in single and multiple-payer environments. Additionally, recommendations on service coding already being reimbursed by Medicaid in multiple states are made available; including the use of *HCPCS code H2011 Crisis Intervention Service per 15 Minutes* for mobile crisis services and *S9484 Crisis Intervention Mental Health Services per Hour* or *S9485 Crisis Intervention Mental Health Services per Diem* for crisis receiving and stabilization facility services.

Training and Supervision

Many members of the crisis services delivery team are licensed mental health and substance use professionals operating within the scope of their license and training with supervision delivered in a manner consistent with professional expectations of the licensing board. Licensed professionals are expected to strengthen their skills and knowledge through ongoing CEU and CME professional advancement opportunities focused on improving team members' ability to deliver crisis care.

Providers also incorporate non-licensed individuals within the service delivery

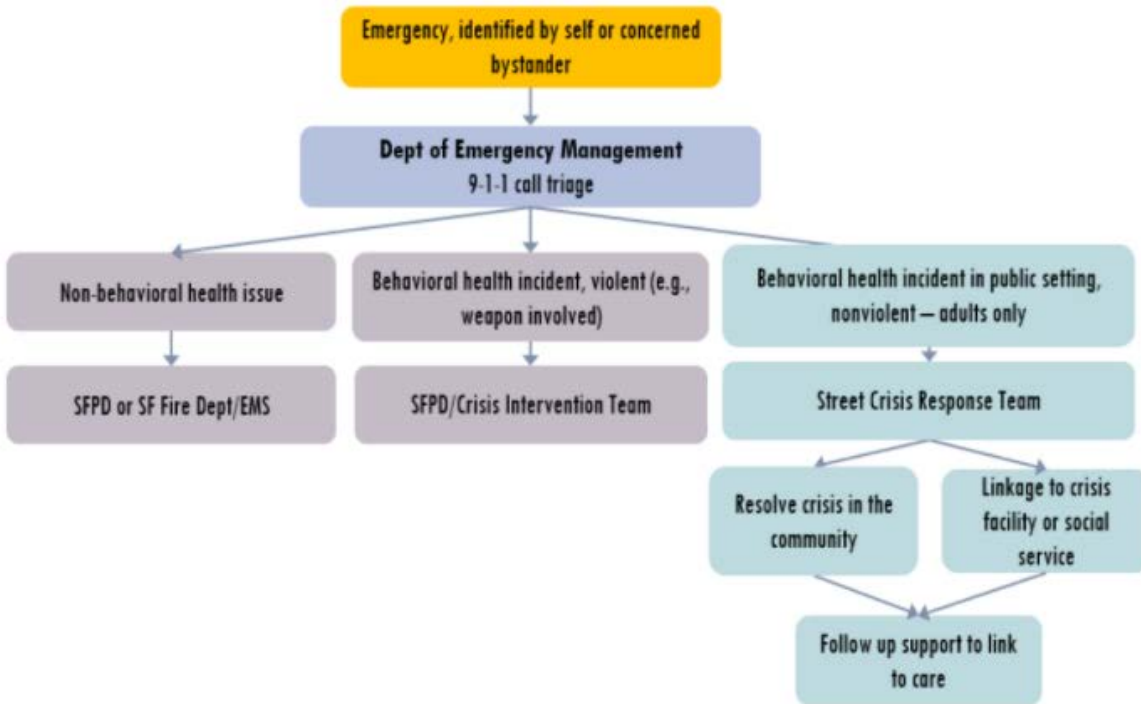
team; creating the need for additional training and supervision to ensure services are delivered in a manner that advances positive outcomes for those engaged in care. Verification of skills and knowledge of non-professional staff is essential to maintaining service delivery standards within a crisis program; including the incorporation of ongoing supervision with licensed professionals available on site at all times. Supervision and the verification of skills and knowledge shall include, but is not limited to, active engagement strategies, trauma-informed care, addressing recovery needs, suicide-safer care, community resources, psychiatric advance directives and role-specific tasks.

Conclusion

Crisis services must be designed to serve **anyone, anywhere and anytime**. Communities that commit to this approach and dedicate resources to address the community need decrease psychiatric boarding in emergency departments and reduce the demands on the justice system. These two benefits translate into better care, better health outcomes and lower costs to the community. The *National Guidelines for Crisis Care – A Best Practice Toolkit* delivers a roadmap that can be used to truly make a positive impact to communities across the country.

Appendix B. Sample Outlines of Types of Scenarios for Crisis Response Teams

Appendix B-1. County and City of San Francisco's Crisis Response



Appendix B-2. County of Los Angeles' Behavioral Health Crisis Triage

COUNTY OF LOS ANGELES · BEHAVIORAL HEALTH CRISIS TRIAGE			
PEER INVOLVEMENT IN TRAINING	HIGHER RISK	<p>IMMEDIATE THREAT TO PUBLIC SAFETY • CRIME</p> <p>ANYONE IN IMMEDIATE DANGER BESIDES LONE SUICIDAL SUBJECT SUBJECT THREATENING OTHERS' PERSONAL SAFETY/PROPERTY OBSERVED WITH OR KNOWN ACCESS TO DANGEROUS WEAPON REPORTED CRIME REQUIRES SOME LEVEL OF INVESTIGATION</p> <p>-----</p> <p>PATROL (B&W) UNIT(S) DISPATCHED OR ON SCENE SMART / MET CO-RESPONSE TEAM [DISPATCH VIA TRIAGE DESK] [FUTURE 988 LINKAGE TO 911 SYSTEM FOR TRANSFER IF NEEDED]</p>	<p>M</p> <p>MEDICAL AID • EMS / FIRE DEPT</p> <p>ANYONE NEED MEDICAL ATTENTION? INJURY? ALSO FOR INTEGRATED MEDICAL INTERVENTION PLAN</p>
	4	<p>MODERATE RISK</p> <p>CALLER NEEDS HELP IN PERSON</p> <p>PUBLIC NOT IN IMMEDIATE DANGER FIELD RESPONSE IS NECESSARY MAY BE DANGER TO SELF, OTHERS, GRAVELY DISABLED DMH ACCESS CALL CENTER—DISPATCHES NON-LE TEAM [FUTURE LINKAGE TO 988 & 911 SYSTEM FOR TRANSFER IF NEEDED]</p> <p>-----</p> <p>FIELD RESPONSE BY DMH PSYCHIATRIC MOBILE RESPONSE TEAM (PMRT) OR DMH VAN OR OTHER PSYCH EVALUATION TEAM (PET)</p>	
DIRECT PEER INVOLVEMENT (INDIVIDUALS WITH LIVED EXPERIENCE)	IMMEDIATE REMOTE	<p>CALLER NEEDS HELP VIA CALL / TEXT / CHAT</p> <p>IN CRISIS NOW • CAN / WILL ACCEPT IMMEDIATE <u>REMOTE</u> HELP INCLUDES SUICIDAL SUBJECT THAT'S NOT AN IMMEDIATE THREAT TO OTHERS "LIVE TRANSFER" TO DIDI HIRSCH SUICIDE PREVENTION CENTER [FUTURE 988 WITH LINKAGE TO 911 FOR TRANSFER IF NEEDED]</p> <p>-----</p> <p>NO FIELD RESPONSE UNLESS CALL ASSESSMENT LEVEL CHANGES CALLER MAY REMAIN ENGAGED FOR HELP DURING LEVEL 3+ FIELD RESPONSE</p>	
	2	<p>NO CRISIS / RESOLVED</p> <p>CALLER NEEDS SUPPORT/SERVICES • NOT IMMEDIATE RISK</p> <p>SUBJECT OR CARE TAKER NEEDS SUPPORTIVE SERVICES "LIVE TRANSFER" TO DMH ACCESS CALL CENTER—PRIORITY LINE <u>MAY</u> TRIGGER PEER ACCESS NETWORK REFERRAL TO MAKE CONTACT <u>MAY</u> RESULT IN APPOINTMENT FOR A TREATMENT PROVIDER</p> <p>-----</p> <p>MAY REQUEST PEER-RESPONSE ORG TO ASSIST INCLUDING "NAVIGATOR" ROLE</p>	
	1		

Appendix C. Crisis Response Programs Researched by RDA – Summary of Key Components

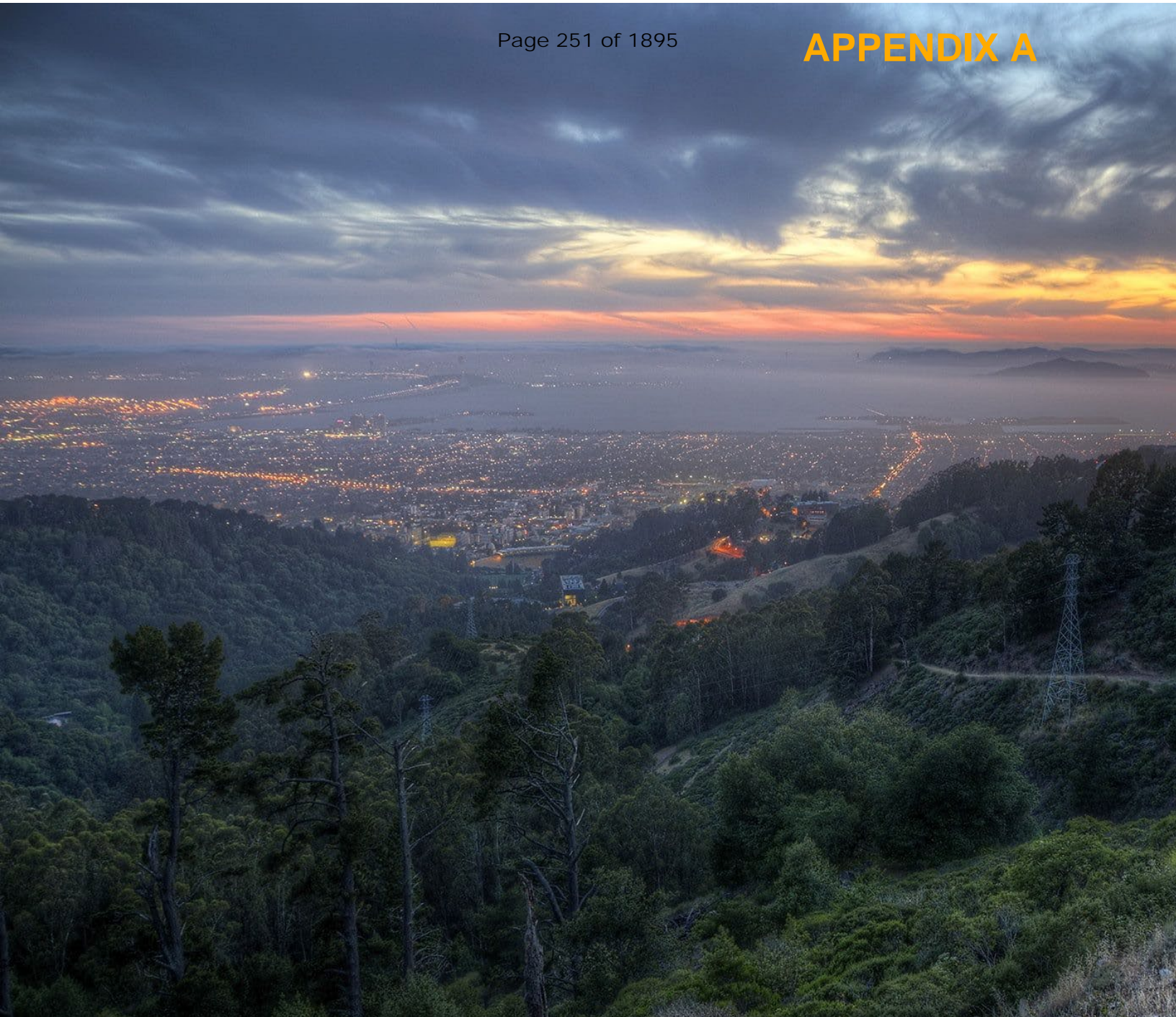
<u>Program</u>	<u>Dispatch</u>	<u>Types of calls</u>	<u>Hours of operation</u>	<u>Crisis team staff</u>	<u>Vehicles</u>	<u>Follow-up process</u>
Albuquerque Community Safety Department – <i>Albuquerque, NM</i>	911	Mental health, inebriation, homelessness, addiction	TBD	Clinicians or peers	TBD	TBD
B-HEARD (the Behavioral Health Emergency Assistance Response Division) – <i>New York, NY</i>	911 dispatch	Mental health	Daily 16 hours per day	2 EMTs or paramedics + social worker	Non-transport vehicles	Connect with services if transported; heat team does follow-up (clinician and peer for follow-up connection to services)
Boston Police Department’s Co-Responder Program – <i>Boston, MA</i>	911 dispatch	Mental health crisis	Unknown	Co-responder (police + clinician)	Police car	Unknown
Crisis Assistance Helping Out On The Streets (CAHOOTS) – <i>Eugene, OR</i>	911 calls dispatched on radio	Non-emergency calls	24/7	Unlicensed crisis worker and EMT or paramedic	3 vans with logo	Not currently part of services
Crisis Assessment & Transport Team (CATT) – <i>Alameda County, CA</i>	911 dispatch	Mental health	Daily 7am-12am	Licensed clinician + EMT, co-responding with police	Unmarked vehicles, barrier, custom locks and windows, locked storage cabinets	Unknown
Community Paramedicine – <i>California (statewide)</i>	911 dispatch	Non-emergency health and mental health calls	Unknown	Paramedics	Unknown	Unknown
Crisis Call Diversion Program (CCD) – <i>Houston, TX</i>	911 dispatch	Non-emergency mental and behavioral health calls	Daily, morning and evening shifts	Mental health professional tele-counselors at 911 call center	N/A	Unknown

<u>Program</u>	<u>Dispatch</u>	<u>Types of calls</u>	<u>Hours of operation</u>	<u>Crisis team staff</u>	<u>Vehicles</u>	<u>Follow-up process</u>
Crisis Now – National model (via SAMHSA)	Regional crisis call hub	Mental health	24/7	Licensed clinician + behavioral health specialist	Unmarked van	Program staff follows up to ensure connection to a resource
Crisis Response Pilot – Chicago, IL	911 dispatch	Mental health	M-F 9:30-5:30	Paramedic, crisis counselor, CIT officer, peer recovery coach	2 vans	Unknown
Crisis Response Unit – Olympia, WA	911 or alternate number	Mental health, homelessness	Daily 7am-9pm	Nurse + behavioral health specialist	Van owned by the City	Repeat clients get referred to peer navigation program (Familiar Faces)
Cuyahoga County Mobile Crisis Team – Cuyahoga County, Ohio	National Suicide Prevention Hotline	Mental health	24/7	Licensed clinicians	Unknown	Unknown
Department of Community Response – Sacramento, CA	911 or alternate number	Mental health, homelessness, youth and family crisis, substance use	24/7	Social workers	6 vans	CBO partner will provide connection to longer term care and follow up services
Department of Community Solutions and Public Safety – Ithaca, NY	TBD	Non-violent calls	TBD	Unarmed first responders	TBD	TBD
Downtown Emergency Service Center (DESC) Mobile Crisis Team – King County, WA	911 dispatch	Mental health, substance use	24/7	Mental health professional	Unknown	Unknown

<u>Program</u>	<u>Dispatch</u>	<u>Types of calls</u>	<u>Hours of operation</u>	<u>Crisis team staff</u>	<u>Vehicles</u>	<u>Follow-up process</u>
Expanded Mobile Crisis Outreach Team (EMCOT) – Austin, TX	911 or alternate number	Mental health	24/7	Field staff: two person teams of clinicians Call center staff: mental health professionals	Unmarked vehicles	Post-crisis services available for up to 3 months after initial contact
Georgia Crisis & Access Line (GCAL) – Georgia (statewide)	Alternate number, app	Non-emergency mental health, substance use	24/7	Mental health professionals	Unknown	Unknown
Los Angeles County Department of Mental Health - ACCESS Center – Los Angeles County, CA	Alternate number	Mental health	24/7	Unknown	Unknown	Unknown
Los Angeles County Department of Mental Health - Co-Response Program – Los Angeles County, CA	911 dispatch	Emergency mental health	Unknown	Co-responder (police + clinician)	Police car	Unknown
Los Angeles County Department of Mental Health - Psychiatric Mobile Response Team (PMRT) – Los Angeles County, CA	Alternate number	Mental health crises	Unknown	Psychiatric mobile response team	Unknown	Unknown
Mobile Assistance Community Responders of Oakland (MACRO) – Oakland, CA	911 dispatch	Non-emergency calls	24/7	Unlicensed community member + EMT	Vehicle with radios, mobile data terminal, cell phones	Community Resource Specialist to connect to resources
Mental Health Acute Assessment Team (MHAAT) – Sydney, Australia	Ambulance Control Center	Acute mental health crises	Unknown	Paramedic + mental health nurse	Ambulance	Contacted within 3 days, follow up with referral facility
Mental Health First / Anti-Police Terror Project – Sacramento and Oakland, CA	Alternate number, social media	Mental health, domestic violence, substance use	Fri-Sun 7pm-7am	Peer first responders	Use personal vehicles and meet at the scene; have an RV with supplies	Have relationship with CBOs, staff work to get folks into longer term services
Mental Health Mobile Crisis Team (MHMCT) – Nova Scotia, Canada	911 dispatch	Mental health	24/7	Co-responder (police + clinician) and telephone clinician support	Unknown	Unknown

<u>Program</u>	<u>Dispatch</u>	<u>Types of calls</u>	<u>Hours of operation</u>	<u>Crisis team staff</u>	<u>Vehicles</u>	<u>Follow-up process</u>
Mobile Crisis Assistance Team (MCAT) – Indianapolis, IN	911 dispatch	Mental health, substance use	M-F, not after hours or overnight	Co-responder (police + clinician + paramedics)	Unknown	Conduct follow up visits to encourage connection to care
Mobile Crisis Rapid Response Team (MCRRT) – Hamilton, Ontario, Canada	911 dispatch	Mental health	Unknown	Co-responder (CIT-trained police + clinician)	Police car	Unknown
Mobile Emergency Response Team for Youth (MERTY) – Santa Cruz, CA	Alternate number	Mental health calls for youth	M-F 8am-5pm	Clinician + family specialist	Van with wheelchair lift, comfortable chairs, TV, snacks	Continue to provide services until patient connected with long-term services
Mobile Evaluation Team (MET) – East Oakland, CA	911 or alternate number	Mental health	Mon-Thurs 8am-3:30pm	Co-responder (1-2 mental health clinicians + police officer)	Unmarked police car	Unknown
Psykiatrisk Akut Mobilitet (PAM) Unit, the Psychiatric Emergency Response Team – Stockholm, Sweden	Alarm center	Acute risk of suicidal behavior	Daily 2pm-2am	2 psychiatric nurses and ambulance driver	Ambulance	Unknown
Police and Clinician Emergency Response (PACER) – Australia (several locations)	Dispatched by police	Mental health	Varies	Co-responder (police + clinician)	Unknown	Unknown
Portland Street Response – Portland, OR	911 or alternate number	Low-acuity mental health, substance use, welfare checks	M-F 10am-6pm	EMT and LCSW dispatched to scene; 2 CHWs called in for follow-up	Van with logo	CHWs connect to services; partnerships with CBOs for outreach in encampments
REACH 24/7 Crisis Diversion – Edmonton, Alberta, Canada	Alternate number (211)	Non-violent, non-emergency calls	24/7	2 crisis diversion workers	Have van to transport	Connector role for connection to long-term services

<u>Program</u>	<u>Dispatch</u>	<u>Types of calls</u>	<u>Hours of operation</u>	<u>Crisis team staff</u>	<u>Vehicles</u>	<u>Follow-up process</u>
Seattle Crisis Response Team – Seattle, WA	911 dispatch	Mental health, assault/threat/harassment, suspicious circumstance, disturbance	Unknown	Co-responder (CIT + clinician)	Unknown	Clinicians can follow up with clients
Supported Team Assisted Response (STAR) – Denver, CO	911 dispatch	Mental health, homelessness, substance use	M-F 10am-6pm	Mental health clinician (SW) + paramedic	Civilian van with amber lights, bucket seats on each side with standard front seat	Can hand off to case managers
Street Crisis Response Team (SCRT) – San Francisco, CA	911 calls dispatched on radio	Non-emergency mental health	Daily, 12 hours a day	Social worker/psychologist + paramedic + peer	Van with lights and sirens, currently using old fire department vehicles	Office of Care Coordination provides linkages to other services
Street Triage – England (several locations)	Emergency dispatch	Mental health	Varies	Mental health nurse	Unknown	Unknown
Therapeutic Transportation Pilot Program/Alternative Crisis Response – Los Angeles City and County, CA	911 dispatch	Mental health crisis	24/7	Mental health experts co-respond or take the lead on MH calls	Plan to have van for transports	Level 1 calls will be referred to non-crisis follow up services, folks can step down from crisis receiving to residential program
Toronto Crisis Response – Toronto, Ontario, Canada	TBD	Non-violent, non-emergency calls	TBD	Mental health professionals	TBD	TBD



City of Berkeley

Mental Health Crisis Response Services and Stakeholder Perspectives Report



City of Berkeley

Specialized Care Unit Model Recommendations

City of Berkeley Mental Health Crisis Response and Stakeholder Perspectives Report

Sarah Ferrell

Caroline de Bie

Sasha Gayle-Schneider

Jamie Dorsey

Nicole Gamache-Kocol

Kevin Wu

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Resource Development Associates, October 2021





Table of Contents

Executive Summary	4
Introduction	6
Communitywide Data Collection	7
Overview of Berkeley Crisis Response	11
Stakeholder Feedback	23
Community Aspirations	46
Appendices	51

Executive Summary

The City of Berkeley contracted with Resource Development Associates (RDA) to conduct a feasibility study to inform the development of Specialized Care Unit (SCU) pilot to respond to mental health crises without the involvement of law enforcement. RDA's feasibility study includes community-informed program design recommendations, a phased implementation plan, and funding considerations. RDA's first report from this feasibility study was a synthesis of crisis response programs in the United States and internationally. This second report details RDA's synthesized findings from speaking with and collecting data from a myriad of City of Berkeley and Alameda County agencies, community-based organizations (CBOs), local stakeholders and community leaders, and utilizers of Berkeley's crisis response services.

This report has two focus areas: 1) describing the City of Berkeley's current mental health crisis response system, including the roles and responsibilities of the various agencies involved and basic quantitative data about the volume of mental health crisis calls received; and 2) sharing key themes from RDA's qualitative data collection efforts across the Berkeley community.

Presently, callers experiencing a mental health crisis typically call 911, Mobile Crisis Team (MCT) phone line, or the Alameda County Crisis Support Services phone line. Depending on the assessment of the call, phone or in-person services are deployed. All these points of access could result in a police response.

In Berkeley, while there are a variety of programs and service provided by Berkeley Mental Health, Berkeley Police, Berkeley Fire, and an array of community-based organizations, there is an overall insufficient level of resources to meet the volume and types of mental health crisis needs across the city. Stakeholder participants urged that the concept and definition of a mental health crisis and crisis services be expanded to include the full spectrum of a mental health crisis, including prevention, diversion, intervention, and follow-up. Through this lens, stakeholders identified strengths and challenges of the existing crisis response system, described personal experiences, and shared ideas for a reimagined mental health crisis response system.



Key Themes from Stakeholder Feedback

Perceptions of the urgent need for a non-police mental health crisis response in Berkeley

Perceptions of varied availability, accessibility, and quality of crisis response services

Perceptions of insufficient crisis services for substance use emergencies

Perceptions of a need for a variety of crisis transport options

Perceptions of a lack of sites for non-emergency care

Perceptions around supporting the full spectrum of mental health crisis needs

Perceptions of a need for post-crisis follow-up care

Perceptions of barriers to successful partnerships and referrals across the mental health service network

Perceptions of needs to integrate data systems and data sharing to improve services

Perceptions of a need for increased community education and public awareness of crisis response options

Participants were asked to share their ideas for alternative approaches to mental health and substance use crises as well as to share community needs for a safe, effective mental health and substance use crisis response. Such perspectives illuminate the perceived gaps in the current system that could be filled by a future SCU. These perspectives are summarized as guiding aspirations for reimagining public safety and designing a response system that promotes the safety, health, and well-being of all Berkeley residents.



Community Aspirations

Stakeholder-identified opportunities to address the root causes that contribute to mental health, homelessness, and substance use crises

Stakeholder-identified opportunities for centering BIPOC communities in crisis response

Stakeholder-identified opportunities for community oversight to ensure equitable and transformative crisis care

Introduction

In response to the killing of George Floyd by Minneapolis police in May 2020 and the ensuing protests across the nation for this and many other similar tragedies, a national conversation emerged about how policing can be done differently in local communities. The Berkeley City Council initiated a broad-reaching process to reimagine policing in the City of Berkeley. As part of that process, in July 2020, the Berkeley City Council directed the City Manager to pursue reforms to limit the Berkeley Police Department's scope of work to "primarily violent and criminal matters." These reforms included, in part, the development of a Specialized Care Unit (SCU) pilot to respond to mental health crises without the involvement of law enforcement.

To inform the development of an SCU, the City of Berkeley contracted with Resource Development Associates (RDA) to conduct a feasibility study that includes community-informed program design recommendations, a phased implementation plan, and funding considerations. RDA's first report from this feasibility study was a synthesized summary of its review of the components of nearly 40 crisis response programs in the United States and internationally. This second report details RDA's synthesized findings from speaking with and collecting data from a myriad of City of Berkeley and Alameda County agencies, community-based organizations (CBOs), local stakeholders and community leaders, and utilizers of Berkeley's crisis response services.

With the guidance and support of an SCU Steering Committee (led by the Director of City of Berkeley's Health, Housing and Community Services Department), RDA conducted a large volume of community and agency outreach and qualitative data collection activities between June-July 2021. The goal of this immense undertaking was to understand the variety of perspectives in the local community regarding how mental health crises are currently being responded to as well as the community's desires for a different crisis response system that would better serve its populations and needs. The City of Berkeley will be implementing an SCU that consists of a team of providers – that does not include law enforcement representation – who will respond to mental health crisis situations in Berkeley. Given that this is happening, RDA's data collection focused on obtaining perspectives that could inform the development of Berkeley's SCU; in contrast, RDA's data collection was not targeted at understanding the validity or utility of having a SCU in Berkeley.

RDA's outreach and data collection efforts yielded a large volume of information. In order to ensure this report is accessible to a wide audience - in both the length and breadth of findings - RDA's analysis of all the information it collected was led by a clear goal of identifying common themes across its many data sources. Additionally, RDA sought to distill all findings into manageable pieces that could be succinctly written about in this report.

This report has two focus areas: 1) describing the City of Berkeley's current mental health crisis response system, including the roles and responsibilities

of the various agencies involved and basic quantitative data about the volume of services provided; and 2) sharing the common themes from RDA's qualitative data collection efforts across the Berkeley community. It is important to note upfront that given the limited quantitative data available about Berkeley's historical mental health crisis response calls – as documented and described in much depth by the Berkeley City Auditor's study (released in April 2021) entitled "Data Analysis of City of Berkeley's Police Response"¹ – this report is focused on qualitative data. That data allows for a better understanding of what this set of stakeholders feels about the current crisis system and their hopes for an improved system. After sharing information about Berkeley's current mental health crisis response services, this report shares information from RDA's qualitative data collection activities with local agencies, CBOs, stakeholders, and utilizers of crisis response services.

Communitywide Data Collection

In order to fully understand the current state of the mental health crisis system in the City of Berkeley, RDA engaged a variety of stakeholders in gathering both quantitative and qualitative data. As this is a community-driven process, much of the data collection was through engaging members of the Berkeley community. These methods will be described below.

Note: Please refer to the following section, [What is the current mental health crisis call volume in Berkeley?](#) for a description of the project's quantitative methods.

Community Engagement Planning Process

To bring resident and other stakeholder voices into community planning efforts, RDA worked closely with the SCU Steering Committee² to develop a comprehensive, inclusive, and accessible outreach and engagement plan. The goal of this plan was not to reach a group that was "representative" of all Berkeley residents, but rather to hear from those that receive crisis response services, those that call or initiate crisis

¹ https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf

² Berkeley Specialized Care Unit Steering Committee members: Colin Arnold, Paul Kealoha Blake, Jeff Buell, Caroline de Bie, Margaret Fine, Maria Moore, Andrea Pritchett, David Sprague, David McPartland, Marc Staton, Lisa Warhuus, and Jamie Works-Wright.

response, and those whose voices are commonly omitted from city planning efforts. The plan focused on those who are most marginalized by the current system and are most at risk of harm. These groups include, but are not limited to the following:

- Individuals who are frequently targeted by policing, including:
 - Black and African Americans
 - Native Americans
 - Pacific Islander Americans
 - Latinx Americans
 - Asian Americans
 - SWANA (Southwest Asia and North Africa)
- People who have experienced a mental health crisis
- People experiencing or at risk of homelessness
- People who use substances
- Gay, Lesbian, Bisexual, Queer, Transgender and Non-Binary people
- Seniors and older adults
- Transition age youth (TAY)
- People with disabilities
- Survivors of domestic violence and/or intimate partner violence
- People returning to the community from prison or jail
- Veterans
- Immigrants and undocumented residents

RDA and the steering committee also reached out to a wide range of advocates, service providers, and CBOs. In addition to wanting to understand the current state of crisis services from a provider perspective, one of the objectives for reaching out to these advocacy and community organizations was to leverage their community and client connections to reach the target populations.

Once the target groups were identified, RDA and the SCU Steering Committee developed a specific outreach plan and interview guides for each group. The outreach strategy was designed to maximize accessibility by providing multiple opportunities for engagement. Interview guides³ were customized to each group but followed the same set of four core questions:

1. People's experiences with, and perceptions of, the current mental health and substance use related crisis response options;
2. Challenges and strengths of current mental health and substance use related crisis response options;
3. Ideas for an alternative approach to mental health and substance use related crises; and
4. Needs identified by the community for a safe, effective mental health and substance use related crisis response.

³ For an example interview guide, see [Appendix A](#).

This set of four questions was also used to create a survey distributed to providers unable to attend focus groups, their clients, other service utilizers, and the broader Berkeley community.

It is important to note that mental health crisis affects everyone. RDA purposefully focused engagement efforts on groups that are most often marginalized and at risk of harm from the current crisis system, but in so doing, was an approach that may not have brought in all voices impacted by mental health crisis. The key themes brought out by stakeholders, therefore, may not be fully representative of the broader Berkeley community. Instead, the key themes reflect the perspective of those most impacted by the current system.

Data Sources

All outreach activities occurred between June and July 2021. RDA engaged the community in a variety of in-person and virtual mediums including interviews, focus groups, shadowing, and surveys. In total, RDA conducted 18 focus groups, 51 individual interviews, 1 full day of shadowing dispatch at BPD, and administered 1 online survey.

The CBOs and community members that were targeted for outreach skewed towards either agencies serving unhoused populations in Berkeley or individuals who were unhoused. This was an intentional strategy to reach a population that is generally underrepresented in community-wide data collection efforts. But, as mentioned above, mental health crises can affect anyone, not just those who are unhoused.

Below is a list of groups that were engaged in interviews or focus groups as part of this process.

Type of Group	Organizations/Departments (# individuals)
City of Berkeley & Alameda County	<ol style="list-style-type: none"> 1. Berkeley Fire Department 2. Berkeley Fire Department – Mobile Integrated Paramedic (MIP) 3. Berkeley Mental Health 4. Berkeley Mental Health - Mobile Crisis Team 5. Berkeley Mental Health – Crisis, Assessment, and Triage (CAT) 6. Berkeley Mental Health - Homeless Full Service Partnership 7. Berkeley Mental Health – Transitional Outreach Team (TOT) 8. Berkeley Police Department - Key Informants 9. Berkeley Police Department – Dispatch 10. Berkeley Police Department - Community Services Bureau 11. Berkeley Police Department - Public Safety Officers 12. City of Berkeley - Aging Services 13. Alameda County Behavioral Health Care Services 14. Alameda County Crisis Support Services

Type of Group	Organizations/Departments (# individuals)
Community-Based Organizations	<ol style="list-style-type: none"> 1. Alameda County Network of Mental Health Clients 2. Alameda County Psychological Association 3. Anti Police-Terror Project 4. BACS - Amber House 5. Berkeley Free Clinic 6. Dorothy Day House 7. Harm Reduction Therapy Center 8. LifeLong Medical Care - Ashby Health Center, Behavioral Health 9. LifeLong Medical Care - Street Medicine 10. Needle Exchange Emergency Distribution (NEED) 11. Pacific Center 12. UC Berkeley School of Social Welfare 13. Women's Daytime Drop-In Center
Service Utilizers	<ol style="list-style-type: none"> 1. People's Park 2. Seabreeze encampment 3. Planting Justice

Demographics of Participants of RDA's Data Collection Efforts

RDA was able to reach a large demographic of providers, service utilizers, and community members across these engagement efforts. These data collection efforts were not focused on providers of mental health care, substance use disorder care, or insurance companies like Kaiser Permanente or the Alameda Alliance. This was a purposeful decision to gain the insight of those who are outside of the current system of care. Demographic information was not gathered for City of Berkeley or Alameda County staff.

Overall, RDA received information from more people in the 30-44 range than any other age range. As compared to Berkeley's overall population, service utilizers and providers who identified as Black or African American were overrepresented in RDA's data collection efforts. There were far more cisgender participants than transgender participants overall, though a higher proportion of service utilizer respondents were transgender compared to survey respondents and provider respondents. RDA collected feedback from more than double the number of female-identifying participants than male identifying participants. Overall, there were very few genderqueer or nonbinary participants. The most common zip codes of participants were 94710, 94702, 94703, and 94704. For more a more detailed description of participant demographics, see [Appendix B](#).

Impacts of COVID-19 Pandemic on Data Collection

The COVID-19 pandemic made it challenging for this project to engage with participants for data collection. The rise of the Delta variant in August 2021 further complicated matters. Many non-medical social service providers in Berkeley had suspended or limited their in-person services with clients due to the pandemic, so RDA was unable to connect with clients in-person. Invitations were sent to case managers and group/individual counselors to forward to their clients in hopes of interviewing clients, but this did not prove to be effective. Aside from being unable to connect with participants in-person, many providers were overwhelmed with ongoing COVID-19 emergency response and unable to participate in focus groups or the survey. Eleven agencies were in conversation with RDA but were unable to attend any focus groups or submit a survey, and 34 agencies did not respond to attempts to connect. Despite these challenges, RDA found considerable themes and patterns in the data that was collected for this project and feel strongly that the data and perspectives presented here represent the scope of the issues pertinent to mental health crisis response in the City of Berkeley.

Overview of Berkeley Crisis Response

What is the current mental health crisis response system in Berkeley?

To understand where the gaps are in the mental health crisis response system in Berkeley, it is important to understand each component and the surrounding landscape of providers and services. The following section describes the process of a mental health call, key city and county entities involved in the crisis system, and other community-based organizations who provide crisis services. This information was gathered during key informant interviews with city and county staff, CBO provider focus groups, and consulting online materials.

Process of Response to a Mental Health Call⁴

When someone makes a call for a mental health crisis, they will typically call 911, the Mental Health Division's Mobile Crisis Team (MCT) phone line,

⁴ See [Appendix C](#) for a flowchart of this process.

or Crisis Support Services of Alameda County. The caller is often a family member, friend, or bystander.

If the call goes to 911, the staff member at Berkeley dispatch receives the call. They use the Emergency Medical Dispatch (EMD) protocols to assess whom to deploy to the scene: fire, police, or an ambulance. When assessing a call for the presence of mental health issues, they consider many factors including the possibility of violence against the caller or others, certainty or uncertainty of violence, whether the person is using substances and what type of substance, the coherence of the person's thoughts or behaviors, and background noises. Callers can specifically request MCT, in which case dispatchers may call MCT on the radio and request an MCT call-back for the caller.

If they determine that services can be delivered over the phone, they can transfer the call to Alameda County Crisis Support Services (CSS). If CSS cannot resolve the crisis, they will send the call back to dispatch for an in-person response. If an in-person response is required, they will transfer the call to the appropriate dispatcher staff. Calls with a potential for violence or criminal activity are transferred to police dispatch. Police can call the Berkeley Mobile Crisis Team (MCT) for backup if it is clear that there is a mental health component to the situation. Calls that involve mental health are sent to police dispatch. Police will then alert the MCT that they are needed on-scene. The police will arrive first to secure the scene, then mobile crisis will provide mental health crisis services while police are still on-scene. If the individual needs to be transported to a secondary location, the police will call for an ambulance. Calls that involve a medical or fire issue are transferred to fire dispatch. If fire staff need to place an involuntary hold on the person, they can call police to place the hold.

If the caller decides to call MCT directly, their call will be sent to a confidential voicemail. An MCT staff member will listen to the voicemail, call the person back, and provide services over the phone. If no further services are required, the call is resolved. If an in-person response is required, MCT will call police dispatch to have police secure the scene. After MCT calls dispatch, they will travel to the scene of the incident. Once the scene is secured, MCT provides services and may call an ambulance through dispatch if transport is needed.

If the caller decides to call CSS directly, staff will first attempt to resolve the crisis over the phone. If they are able to de-escalate the crisis over the phone, they will provide referral services to additional resources or, on rare occasions, contact Berkeley Mental Health for follow-up care. If they are unable to resolve the crisis, they will send the call to 911 dispatch.

After the incident, the Berkeley Transitional Outreach Team (TOT) will follow-up with the client to ensure that options for longer term care have been offered. TOT can provide referrals and linkage to long-term services, bridging the gap between a moment of crisis and ongoing mental health care.

City and County Teams that Respond During a Crisis

There are several teams within the City of Berkeley and Alameda County that provide services to someone experiencing a mental health crisis. These include programs within Berkeley Mental Health, Berkeley Police Department, Berkeley Fire Department, and Alameda County Behavioral Health Care Services. Although, as mentioned later in this report, the community does not see these services as sufficient or linked.

Berkeley Mental Health Crisis Programs:

The City of Berkeley is contracted by Alameda County to deliver mental health services to Berkeley residents. In general, Berkeley Mental Health programs are funded to serve individuals with severe mental health needs who have major impairments in their functioning and are covered by Medi-Cal. However, Crisis Services teams (not including Homeless FSP) can serve any Berkeley resident, regardless of diagnosis or insurance status. It should be noted that residents covered by private insurance are eligible for services through their insurer and are not eligible for most Berkeley Mental Health programs.

The *Crisis, Assessment, and Triage (CAT)* program is a key access point for a wide range of Berkeley residents to get connected to mental health services. They are a team of clinical staff—licensed clinicians, paraprofessionals, peers, and/or family members—that conduct mental health screenings and assessments, mental health planning/consultation, and linkages to county or community-based care. They are also the official entry point for Berkeley Mental Health’s Homeless Full Service Partnership (HFSP), Adult Full Service Partnership (AFSP), and Comprehensive Community Treatment (CCT) programs. As previously noted, these programs have strict eligibility requirements driven by their funding. Most callers are referred to non-city resources. They offer both remote as well as in-person, walk-in assessments, and linkages to appropriate care. If someone is in crisis, they can suggest or facilitate linkage to 911, MCT, Amber House, or other crisis resources. CAT can also provide limited outreach and transportation services to people experiencing homelessness or people with disabilities who also want to engage in mental health services.

The *Mobile Crisis Team (MCT)* is a team of licensed clinicians that provide crisis intervention services to people in crisis within the Berkeley city limits. These services include de-escalation and stabilization for individuals in crisis, consultation to hospital emergency personnel, consultation to police and fire departments, hostage negotiation, and disaster and trauma-related mental health services. When fully staffed, MCT can operate 7 days a week from 11:30am-10pm. Due to persistent staff shortages, MCT is currently unable to operate on Tuesdays or Saturdays. They primarily receive referrals from Berkeley Police Department, Berkeley Fire Department, hospital emergency rooms, and directly from residents. Most calls for MCT are received on the police radio directly from BPD for 5150 evaluations. Calls can also come directly through the MCT voicemail.

The *Transitional Outreach Team (TOT)* follows up with individuals after an interaction with MCT. The TOT team consists of one licensed clinician and

one unlicensed peer team member. The function of the TOT team is to offer linkages to appropriate resources and help navigating the system of care after someone has experienced a crisis. TOT assesses the individual's eligibility for services, including insurance status, before making referrals to care. During the pandemic, their services have been mostly limited to phone calls. Pre-pandemic, they regularly connected with service utilizers after they were discharged from the hospital. Most often, TOT connects people with homeless service provider agencies, the CAT team for connection to BMH programs, case management services at other clinics, or any other community provider that would meet the client's needs. Due to a recent division restructuring, TOT and CAT have been combined into one unit to allow more community members to access information and referrals provided by TOT.

The *Homeless Full Service Partnership (HFSP)* is Berkeley Mental Health's newest program. They are a team of two behavioral health clinicians, two social service specialists, one mental health nurse, one part-time psychiatrist (0.5 FTE), and one clinical supervisor. HFSP serves adults who are homeless or at risk of homelessness and have major functional impairments related to a mental health diagnosis. They provide a wide array of services based on the client's needs including support applying for benefits, connection to short-term and long-term housing, harm reduction for substance use, and support with physical health needs.

Berkeley Police Department: The Berkeley Police Department (BPD) is made up of patrol teams, Communications Center (i.e., dispatch) staff, other sworn officers, and non-sworn professional personnel. In total, the 2020 budget included 181 sworn officers and 104.2 professional staff.^[1] BPD patrol team duties include responding to emergency and non-emergency calls for service or criminal activity, enforcing the law, responding to community needs, and directing traffic. The role of BPD patrol teams in mental health crises is to assess the situation to determine if there is a threat of public safety, assess how volatile the situation is, and secure the scene. Oftentimes, police officers will then provide crisis intervention services themselves, either because MCT is unavailable or the officer believes they can adequately respond with their experience and skillset. Otherwise, they will bring in another service team, such as MCT or Fire/ambulance to provide additional mental health or medical services. Officers may on-view incidents, but primarily receive assignments from the Communications Center. Officers may also coordinate with the other City Departments on some cases. All officers also receive a minimum of eight hours of advanced officer training in de-escalation and crisis intervention per year; and many officers are trained in a full week CIT-training course. The Department continues to assign

[1] Berkeley City Auditor. (2021, July 2). *Data Analysis of the City of Berkeley's Police Response*.

https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf

officers to this full week training as staffing allows and course space is available.

BPD's Communications Center is staffed by dispatchers who handle the following: community calls, records checks, fire dispatching, and police dispatching.^[2] Call takers receive non-emergency and 911 calls, assess the call (including using the emergency medical dispatch (EMD) protocol, enter data into the computer aided dispatch (CAD) system to be dispatched to either police or fire personnel where appropriate. Other calls may be directed to other City Departments or BPD work units. The dispatchers deploy the appropriate response to the scene and maintain radio contact until personnel arrive at the scene.

Other sworn officers in BPD include area coordinators, a bike unit, detectives and traffic enforcement unit, and other sworn non-patrol officers. Area coordinators are situated within the Community Services Bureau and work with patrol officers in their area and seek to address community needs. Officers on the bike unit are assigned to patrol specific areas, where they address public safety issues and other community safety concerns. Detectives follow up on criminal investigations, conduct search warrants and work with the District Attorney's Office on charging. The traffic enforcement unit responds to traffic related complaints, investigates serious injury and fatal collisions, and analyzes and provides state mandated reporting on collision data. Other sworn, non-patrol officers include special assignments in personnel and training, policy, and police technology.

The remaining staff are non-sworn, professional personnel including community service officers, crime scene technicians, and parking enforcement officers. Community service officers work in jail and as crime scene technicians who collect and document evidence from crime scenes. Parking enforcement officers enforce parking violations and support traffic safety related matters. Many of these functions are also supported by Police Aides and Reserve Police Officers.

Berkeley Fire Department: The Berkeley Fire Department (BFD) is comprised of 7 fire stations, 130 sworn fire suppression personnel and paramedic firefighters.⁵ BFD provides 24/7 response to emergencies including fires, medical emergencies, and disasters. The department operates 4 24/7 Advanced Life Support ambulances that are primarily responsible for all emergency medical transport within the City of Berkeley to local emergency departments.

^[2] Berkeley City Auditor. (2019, April 25). *911 Dispatchers: Understaffing Leads to Excessive Overtime and Low Morale*.

https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Dispatch%20Workload_Fiscal%20Year%202018.pdf

⁵ City of Berkeley Fire Department. (n.d.). *History of the Berkeley Fire Department*. Retrieved October 5, 2021, from

https://www.cityofberkeley.info/Fire/Home/Department_History.aspx

BFD also participates in care coordination for high utilizers of services as part of the Community Accessing Resources Effectively (CARE) Team. This team is a multidisciplinary group of practitioners made up of both staff from community organizations as well as City of Berkeley staff. The group is facilitated by the EMS division of the department and aims to connect residents using high amounts of emergency services to more appropriate and/or long-term care options.

During the COVID-19 pandemic, BFD operated a Mobile Integrated Paramedic (MIP) unit for a six-week pilot. The MIP unit provided community paramedicine as a diversion from hospitals during the early days of the pandemic. This team did proactive street outreach in the community to help meet basic needs and provide referrals to community organizations, based primarily on 9-1-1 callers who ended up not seeking care at an Emergency Department.

For people experiencing a mental health crisis, the City of Berkeley contracts with Falck Ambulance, which is also the private provider for emergency medical transport for Alameda County. Falck provides treatment, stabilization, and transports to hospitals, including voluntary and involuntary psychiatric hospitalizations. BFD firefighters can call Falck directly when an individual needs to be transported for mental health issues, although most transport requests are through requests from Mobile Crisis. The current collaboration with Falck began July, 1 2019, and the contract is overseen by BFD.

Alameda County Behavioral Health Care Services Crisis Programs:

Alameda County Behavioral Health Care Services (AC BHCS) operates both crisis and long-term mental health service programs.⁶ Some key crisis programs include Crisis Support Services, Acute Crisis Care and Evaluation for Systemwide Services, Mobile Crisis Team, Mobile Evaluation Team, and the Community Assessment and Transport Team.

The Alameda County Mobile Crisis Team, Mobile Evaluation Team, and the Community Assessment and Transport Team do not serve the geographic area of the City of Berkeley; despite this, we include brief information about them below to describe the types of mobile crisis services available to the other cities in Alameda County.

Crisis Services Eligible to Berkeley Residents

Crisis Support Services (CSS) is a county contracted program that provides several services for individuals experiencing a mental health crisis, including a 24-hour crisis phone line, text messaging, therapy groups, therapy services for older adults, school-based counseling, grief therapy,

⁶ Alameda County Behavioral Health Care Services. (n.d.). *Acute & Integrated Health Care – Acute & Crisis Services*. Retrieved October 5, 2021, from <http://www.acbhcs.org/acute-integrated-health-care/acute-crisis-services/>

and community education.⁷ CSS coordinates closely with mobile crisis teams in Oakland and Alameda County and often refer clients to mobile crisis. They are staffed by trained crisis counselors, both licensed and unlicensed. Most often calls to CSS are direct from someone experiencing a crisis. Berkeley dispatch can transfer calls to CSS for phone support if they deem an in-person response is not required. CSS fields over 40,000 calls annually and spends an average of 25-30 minutes per call.

Acute Crisis Care and Evaluation for Systemwide Services (ACCESS) is the main entry point for Alameda County residents to get connected to acute and longer-term mental health and substance use services.⁸ The phone line is staffed by licensed mental health clinicians and administrators who screen and assess the client's needs, provide information about available options, and refer to an appropriate service. Clinicians also screen clients to see if they meet medical necessity criteria for Specialty Mental Health Services (SMHS). Calls that come in after 5pm or on weekends are routed to CSS.

Crisis Services Not Eligible to Berkeley Residents

The Alameda County *Mobile Crisis Team* responds to mental health crisis calls either in-person or over the phone.⁹ They are staffed by two licensed clinicians. Calls can come directly to the mobile crisis team, or they can be dispatched by 911 or CSS. The Alameda County Mobile Crisis Team responds in a police co-responder model.

The *Mobile Evaluation Team (MET)* is a co-responder program; one Oakland police officer and one licensed clinician respond to calls in an unmarked police car. They respond to mental health calls that come through 911 dispatch.

The *Community Assessment and Transport Team (CATT)* provides community-based crisis intervention, medical clearance, and transport services. Administered through Bonita House, a licensed clinician and an EMT will be dispatched to a scene where the individual needs to be transported to a higher level of care. CATT currently utilizes a police co-responder model.

Other Service Providers in the Mental Health Crisis Response System: In addition to services provided by the City of Berkeley and Alameda County, there is an array of community-based services and other providers within the mental health crisis response system in Alameda

⁷ Crisis Support Services of Alameda County. (n.d.). *24-Hour Crisis Line*. Retrieved October 5, 2021, from Alameda County Behavioral Health Care Services. (n.d.). *Acute & Integrated Health Care – Acute & Crisis Services*. Retrieved October 5, 2021, from <http://www.acbhcs.org/acute-integrated-health-care/acute-crisis-services/>

⁸ Alameda County Behavioral Health Care Services. (n.d.). *ACCESS program*. Retrieved October 5, 2021, from <http://www.acbhcs.org/providers/Access/access.htm>

⁹ In this report, the acronym "MCT" is only used in reference to the City of Berkeley's Mobile Crisis Team, not Alameda County's Mobile Crisis Team.

County. These generally fall into four categories: crisis response providers, crisis stabilization units, drop-in centers, and medical service providers.

The agencies listed below are not meant to be a comprehensive list, rather these were the organizations that were mentioned most frequently by focus group participants, interviewees, and survey respondents. There are many organizations and individuals who contribute to crisis prevention and stabilization by addressing other needs such as housing, substance use, ongoing mental health support, or domestic violence. Though not enumerated in this report, the ecosystem of services in Berkeley and surrounding areas help prevent community members from escalating into crisis.

Crisis Response Providers: Crisis response providers accompany individuals while they are experiencing a crisis, work with the client to de-escalate, and connect them to resources to meet their needs. It should be noted that ongoing mental health service providers, such as therapists or clinical case managers, de-escalate and divert mental health crises every day. In this report, we are focusing on providers who respond to acute crisis situations that are outside of long-term supports. The two key crisis response providers mentioned most often by the community are Mental Health First and UC Berkeley.

Mental Health First is a project of the Anti Police-Terror Project (AFTP). Based in Oakland, this volunteer-run crisis line provides crisis support, de-escalation, mediation, and connection to resources to anyone who calls. They are available on Friday and Saturday nights, 8pm to 8am, when other crisis services are unavailable. Community members can access services via phone, text, or social media. About half of callers are calling for themselves, while the other half are calls from friends or family members concerned about a loved one. Mental Health First can help people navigate the complicated mental health system and get them connected to services.

When a student is experiencing a mental health crisis on the UC Berkeley campus, *UC Police Department (UCPD)* are often the ones who arrive on scene. UCPD employs a mix of sworn and non-sworn personnel including 49 police officers, 10 dispatch and records staff, 31 security patrol officers, and 12 professional staff.¹⁰ UCPD police officers are currently the ones who respond during a mental health crisis. However, the University has publicly stated plans to phase out involvement of police during a crisis and shift to having its Tang Center counselors respond to mental health

¹⁰ Berkeley UCPD. (n.d.). *Department Demographics*. Retrieved October 5, 2021, from <https://ucpd.berkeley.edu/department-demographics>

calls.¹¹ They are currently in the process of planning and developing a new mental health response team.¹²

The *UC Berkeley Tang Center* offers health, mental health, and crisis services to all UC Berkeley students, regardless of insurance. Their staff, which include licensed psychologists, psychiatrists, and psychiatric nurses, respond to urgent mental health concerns.¹³ They also provide services after a sexual assault or incident of domestic violence and respond to campus crises (e.g., when a student passes away).¹⁴ As of the Fall 2021 semester, students can access these services by calling the Tang Center's urgent phone or after-hours support lines. But as previously mentioned, UC Berkeley is currently redesigning their crisis response model so students can more easily get connected with Tang Center staff during a crisis.

Crisis Stabilization Units and Psychiatric Facilities

Crisis Stabilization Units and psychiatric facilities provide a safe location for people to de-escalate from crisis, receive psychological support, and get connected with mental health services. There are no crisis stabilization units within the City of Berkeley, so Berkeley residents in crisis are often transported or referred to the facilities noted below.

John George Psychiatric Hospital (JGPH, or John George) is a locked facility where patients can receive short-term psychiatric care from doctors, psychiatrists, and counselors. Once a patient receives medical clearance (i.e., they do not have any acute medical needs), they can be transported to JGPH. John George is the main facility that individuals are transported to when they are under an involuntary hold. Many patients are referred and/or transported by emergency services and mobile crisis teams across the County.

Willow Rock Center operates both a 12-16 bed crisis stabilization unit as well as an inpatient unit for adolescents ages 12-17.¹⁵ A team of psychiatrists, nurses, group and individual therapists and counselors provides assessment, counseling, medication administration, group,

¹¹ Public Affairs. (2021, August 18). UC Berkeley to shift some campus services away from UCPD. *Berkeley News*. <https://news.berkeley.edu/2021/08/18/uc-berkeley-to-shift-some-campus-services-away-from-ucpd/>.

¹² Berkeley Business Process Management Office. (n.d.). *Mental Health Response*. Retrieved October 5, 2021, from <https://bpm.berkeley.edu/projects/active-projects/reimagining-uc-berkeley-campus-and-community-safety-program/mental-health>

¹³ University Health Services. (n.d.). *Meet the CAPS Staff*. Retrieved October 5, 2021, from <https://uhs.berkeley.edu/mental-health/counseling-and-psychological-services-caps/about-caps/meet-caps-staff>

¹⁴ University Health Services. (n.d.). *Crisis Counseling for Urgent Concerns*. Retrieved October 5, 2021, from <https://uhs.berkeley.edu/counseling/urgent>

¹⁵ Telecare. (n.d.). *Willow Rock Center*. Retrieved October 5, 2021, from <https://www.telecarecorp.com/willow-rock-center>

family, individual therapy, and connections to resources. The locked, inpatient unit is the main transport facility for adolescents under an involuntary hold. Their patients are often referred from Kaiser Permanente, schools, and emergency services. They also accept walk-ins for voluntary services.

Cherry Hill Detoxification Services Program provides services for adults needing to detox from substances.¹⁶ Their sobering unit has 50 beds for patients to stay 23 hours or less. The detox unit has 32 beds for patients to stay 4-6 days. Trained staff screen patients, provide medical services and psychological support, and link patients to services to meet their needs before discharge. Both units often get referrals from emergency services but also can accept self-referrals.

Amber House, operated by Bay Area Community Services (BACS), is a 23-hour mental health crisis stabilization unit (CSU) that provides a quiet environment for clients to receive short-term psychological support and have their basic needs met. The team is a clinician, a nurse, a supervisor, and an on-call psychiatrist, who provide voluntary services for people experiencing an acute mental health crisis. Many of their clients are transported or referred by mobile crisis teams, Oakland's CATT program, and occasionally police. Before a client is discharged, a staff member will provide referrals for long-term mental health care and other resources to meet their needs. Amber House also operates a crisis residential treatment (CRT) program in the same facility (which is Alameda County's only combined CSU and CRT), providing clients the option for a longer stay.

Drop-In Centers

The City of Berkeley has three drop-in centers for residents: the Berkeley Drop-In Center, Berkeley Wellness Center, and the Women's Daytime Drop-In Center. While not all sites have specific services for individuals in crisis, they can be an entry point for mental health services.

The *Berkeley Drop-In Center* is a peer-run, walk-in community center that provides drop-in time, service advocacy, and housing advocacy.¹⁷ Clients can have their basic needs met, find a place to socialize, get connected to benefits, receive a referral for subsidized housing, and get linked to mental health services.

The *Berkeley Wellness Center*, operated by Bonita House, provides art classes, employment services, connection to benefits, primary care, counseling, case management, and evidence-based support groups for

¹⁶ Horizon Services. (n.d.). *Cherry Hill Detoxification Program Services*. Retrieved October 5, 2021, from <https://www.horizonservices.org/cherry-hill-detoxification>

¹⁷ City of Berkeley. (n.d.). *Berkeley Drop-In Center*. Retrieved October 5, 2021, from https://berkeleycity.networkofcare.org/mh/services/agency.aspx?pid=BerkeleyDropInCenter_670_2_0

adults with mental health and co-occurring disorders.¹⁸ The Berkeley Wellness Center serves as an entry point to recovery and supportive services for people with a broad range of mental health needs and co-occurring conditions.

The *Women's Daytime Drop-In Center (WDDC)* provides similar services for homeless women and their children.¹⁹ A small team of case managers, managers, and volunteers provide various services including case management, food, groceries, and hygiene kits. Clients can also receive referrals to additional services that are beyond the scope of WDDC.

Medical Service Providers

Because a mental health crisis and substance use crisis can co-occur, medical service providers play an important role in crisis stabilization and prevention. The two medical outreach teams mentioned by the community were Lifelong Street Medicine and Berkeley Free Clinic's Street Medicine team.

LifeLong Street Medicine is a program contracted by Alameda County Health Care for the Homeless Street Health.²⁰ Multidisciplinary teams provide street psychiatry and substance use recovery services for people experiencing homelessness in Berkeley. They can also provide connections to primary care, social services, housing, and other resources.

Berkeley Free Clinic's Street Medicine team is a volunteer-run collective where volunteers are trained as medics and provide services in the community.²¹ Their services include HIV and STI testing and treatment, first aid, vaccinations, hygiene kit distribution, and substance use supplies and training. The teams regularly do proactive outreach to connect to new clients.

What is the current mental health crisis call volume in Berkeley?

In addition to its deep community engagement process, RDA also reviewed quantitative data on the volume of calls related to mental health issues and who is making those calls. As noted previously, quantitative data from City of Berkeley agencies conducting crisis response (i.e., Mobile Crisis Team, Berkeley Police Department, and Berkeley Fire Department) currently have a variety of limitations. Because

¹⁸ Bonita House Inc. (n.d.). *Berkeley Wellness Center*. Retrieved October 5, 2021, from <https://bonitahouse.org/berkeley-creative-wellness-center-cwc/>

¹⁹ Women's Daytime Drop-In Center. (n.d.). *Women's Daytime Drop-In Center*. Retrieved October 5, 2021, from <https://www.womensdropin.org/>

²⁰ Alameda County Health Care for the Homeless. (n.d.). *Street Health*. Retrieved October 5, 2021, from <https://www.achch.org/street-health.html>

²¹ Berkeley Free Clinic. (n.d.). *Street Medicine Team*. Retrieved October 5, 2021, from <https://www.berkeleyfreeclinic.org/street-medicine-team>

of these limitations, RDA suspects that the available data is generally an underrepresentation of the true volume of mental health related calls in Berkeley. Given these limitations, RDA explored the available data for trends that can support the community in building its understanding of who is currently utilizing Berkeley's crisis services.

It is important to note that the City of Berkeley has contracted with the National Institute of Criminal Justice Reform (NICJR) to lead the City's current Reimagining Public Safety work. As a part of its current engagement, NICJR collaborated with Bright Research Group (BRG) on a large community engagement effort to better understand the local community's perspectives across a variety of issues pertaining to public safety in Berkeley. NICJR and BRG shared their findings on July 29, 2021 at Berkeley's Reimagining Public Safety Task Force (RPSTF) meeting; the slide deck presentation of key findings can be found online.²² The overarching findings from this presentation align with RDA's community-wide data collection efforts.

Key Mental Health Call Volume Trends

- MCT has responded to a declining number of 5150s since 2015, in part due to staff vacancies and the pandemic.
- The most frequent incident types of all 5150 calls to BPD were disturbance, welfare check, mentally ill, and suicide.
- Around 40% of BPD's welfare check calls included a mental health related facet to the response, followed by around 20% of disturbance calls, and around 10% of calls regarding suspicious circumstances.
- Falck has been contracted to conduct the large majority of 5150 transports in Berkeley, most often taking service utilizers to Alta Bates Medical Center and John George Psychiatric Emergency Services.
- BFD conducted fewer 5150 transports in Berkeley and only took service utilizers to Alta Bates, Oakland Children's Hospital, and Kaiser Hospital.
- The time required for a 5150 is, in part, determined by geography and the destination of transport.
- Calls for 5150s are most frequent from 10:00am to midnight and least frequent from 2:00am to 8:00am. There are no notable differences in the frequency of calls by day of the week.

For a deeper description of call volume and data, demographics of calls, and methods please see [Appendix D](#).

²² City of Berkeley's Reimagining Public Safety Task Force. (2021, July 29). *Berkeley Reimagining Public Safety – Community Engagement Report*. https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/CE-presentation-Final.pdf

Stakeholder Feedback

Mental health crises vary in severity along a spectrum. A crisis can present as someone in immediate danger to themselves or others, someone that needs regular support to address their basic needs, or someone that is generally able to manage their needs but needs occasional support to prevent a future crisis. Many stakeholders expressed that in order to effectively address the challenges of the current system, solutions and changes must engage with the nuance and spectrum of mental health crises.

Many stakeholders shared that by broadening our concept or definition of a mental health crisis, we can better design the mental health crisis response system and related services. Stakeholders provided several examples of the nuance and spectrum of mental health crises:

- ❖ Some forms of crisis are readily visible (such as people presenting to hospitals or experiencing a crisis while in public) while others may be unseen (such as a homeless-but-sheltered individual recovering from intimate partner violence).
- ❖ Some forms of mental illness or neurodivergence are reported by a bystander as a crisis, but there is not an acute crisis situation and should not result in a forced transport just because of a bystander's concern.
- ❖ Some forms of crisis are a result of community members not knowing where to access services even if they are able to identify their needs.
- ❖ Some forms of emergency service utilization stem from an ongoing unmet need for basic goods and services, such as a high utilizer that regularly presents at the hospital emergency department because they need food.

Overall, there is wide consensus among interviewed stakeholders that the current mental health, substance use, and homelessness crisis systems in Berkeley are under-resourced and unable to meet both the volume of need and the various ways in which crisis presents.

Expectations for different types of crisis responders varied greatly by stakeholder. Stakeholders shared mixed experiences with BPD's ability to successfully de-escalate situations and respond empathetically to people in crisis, and often attributed the quality of interaction to the traits of an individual officer. Stakeholders often held low expectations for BPD to intervene non-violently and expressed positive perceptions when BPD "didn't do anything." On the other hand, stakeholders shared high expectations for other crisis service providers including MCT responders or county case managers. Negative feedback from stakeholders was often because providers were not meeting these high standards. As a result, understanding stakeholder praise and criticism of crisis responders – such as MCT, BPD, and other CBOs – requires understanding stakeholders' varied expectations.

In discussing their experiences as well as the strengths and challenges of existing crisis response system, interviewed participants and survey respondents also shared ideas for a reimagined mental health crisis response system. The following sections detail key themes that were elevated across stakeholder participants.

Illustrative quotes from survey respondents are included alongside key themes. Due to concerns with anonymity and limitations of data collection, quotes from interviews and focus groups were unable to be included.



Key Themes from Stakeholder Feedback

Perceptions of an urgent need for a non-police mental health crisis response in Berkeley

Perceptions of varied availability, accessibility, and quality of crisis response services

Perceptions of insufficient crisis services for substance use emergencies

Perceptions of a need for a variety of crisis transport options

Perceptions of a lack of sites for non-emergency care

Perceptions around supporting the full spectrum of mental health crisis needs

Perceptions of a need for post-crisis follow-up care

Perceptions of barriers to successful partnerships and referrals across the mental health service network

Perceptions of needs to integrate data systems and data sharing to improve services

Perceptions of a need for increased community education and public awareness of crisis response

Stakeholder perceptions of the urgent need for a non-police mental health crisis response in Berkeley.



"I think a carceral approach creates more trauma and fear. I have been traumatized by being in jail. I do not wish to be incarcerated when all I need is support."

- SCU Survey Respondent

Overall, there was a strong sense of urgency for a change in the response to mental health crises in Berkeley. Service providers indicated that they routinely use creative interventions and provide services for clients multiple times and consider calling the police a last resort. Service providers shared that if there were an SCU, they would prefer to use a non-police option for crisis response.

Service providers and crisis responders expressed a sense that the current system is "broken," that they see the same service utilizers on a frequent basis. Providers shared examples of clients unable to access existing services, not engaged in services they are enrolled in, or not willing to receive offered treatment for a variety of reasons. Stakeholders felt that most people need support accessing resources in addition to immediate crisis response or de-escalation. However, they believe the existing crisis response system often relies on police to respond to calls. This is not the specialty of the police, nor are they able to provide a full range of follow-up linkages and referrals to trauma-informed social services.

There is strong consensus across city staff, service providers, service utilizers, and survey respondents that police do not best serve the needs of those who are experiencing a mental health or substance use crisis. Stakeholders emphasized that a mental health crisis should not be equated with violence, though there is often the misconception that any display of mental illness is violent or a threat to public safety.



*"My perception is that mental health issues, substance use, and homelessness are *rampant* in Berkeley - now more than ever - and police are simply not the right people to deal with these issues."*

- SCU Survey Respondent

Stakeholders shared that there are scenarios in which the presence of police can increase the danger for service utilizers or bystanders. In the context of intimate-partner and domestic violence, there is often a fear of retaliatory violence if the police are called in to respond to the abused partner seeking help. Stakeholders shared examples police presence and visible weapons escalating a mental health crisis, causing an increase in erratic or unpredictable client behavior. Particularly for service utilizers with traumatic histories from interactions with police officers, they felt the presence of police can escalate a crisis or emergency. Service providers shared stories of clients that have suffered through immense psycho-social harm and/or medical complications before reaching out to 911 due to their fear of the police.

Survey respondents and service providers shared the perception that sometimes police think a weapon is present on an individual when it is not, and felt that police use unnecessary violence and force, which overall decreases their sense of safety. Stakeholders felt that this context results in an environment in which they do not call for emergency help because of

a fear of police, leaving community needs for crisis support unmet. Service providers also elevated that there are ways to disarm someone without using force or weapons which would improve the safety for both service utilizers and providers alike.

For these reasons, Crisis Support Services of Alameda County (CSS) crisis line providers shared that they prepare callers for interactions with the police by telling them what to expect when the police arrive and providing options to keep themselves safe (e.g., stepping outside, double checking that there are no weapons or illicit substances on their person, and closing their front door). However, they did mention that service utilizers using substances or experiencing a break with reality may not be able to follow close directions and are at increased risk of police violence due to the heightened probability of misunderstanding or miscommunication.

Stakeholders shared a few strengths of police involvement in the existing crisis response system. They shared that police may provide a useful resource for people who need documentation of a crime for future legal reference. A police report with these details can later be used in a court setting or provided as proof to an insurer. Additionally, many service providers indicated police presence can protect the safety of crisis responders and bystanders when weapons are present. Some stakeholders elevated that the presence of police can be supportive when community members or service providers are attempting to de-escalate a crisis.

The overwhelming importance and immediacy of changing the mental health crisis response system was emphasized in stakeholders' references to the violence committed against a woman killed by BPD during a mental health crisis in 2013 and a man shot by BPD during a mental health crisis in 2021. Stakeholders shared that providing a non-police mental health crisis response option could increase the acceptability and accessibility of crisis response by addressing this fear, thereby promoting the safety and well-being of community members and service utilizers.

There were differing perspectives of whether police should have any involvement in crisis response. The expressed perspectives included: there should be no police involvement; police should be called as back-up only if SCU de-escalation efforts were unsuccessful; police should be called as back-up only if the presence of weapons was confirmed; or police should be involved through a co-responder model like MCT.

Stakeholders offered important considerations for police involvement. Some stakeholders suggested that police should be dressed in plain clothes to avoid their presence further escalating a community member in crisis. Other stakeholders shared that if police are involved in the SCU model of crisis response, then they should be in uniform; they elevated that community members should understand who they are speaking to, given that a police officer can arrest, detain, and/or incarcerate them. Additionally, because community members expressed that they have the right to identify a police officer's badge number and last name -- which is particularly important if a community member needs to report any



"I desperately needed help for a friend who was experiencing a mental health crisis. She was adamant that I not call police because she is scared of them and feared that they would be violent with her. There were no alternatives available in Berkeley. I have watched police respond to people in crisis many times. Some cops are aware that their presence can escalate people. Some of the cops are oblivious of how they impact a situation and make it worse."

- SCU Survey Respondent



"I have had police response in an emergency crisis. It only made the crisis more terrifying and traumatic."

- SCU Survey Respondent

misconduct -- police should be in uniform. Furthermore, stakeholders elevated their fear of being targeted by certain police officers as someone that experiences mental health emergencies and/or someone who uses drugs; for this reason, stakeholders shared that it is important for police to remain in uniform to mitigate the criminalization of mental health crises and drug use and for public awareness.

Stakeholders shared considerations for protecting and enhancing the safety and well-being of crisis responders, service utilizers, and community bystanders alike. The presence of weapons is a primary safety consideration for many stakeholders. Stakeholders reported concerns about determining and dispatching the appropriate intervention team in order to prevent injury or assault to crisis responders, especially when there are weapons present. Many stakeholders also emphasized that the safety of the person in crisis must be protected too.

Stakeholders provided many ideas for how a non-police crisis response system could best support Berkeley residents. Community members and providers suggested a crisis response team include mental health practitioners such as peer workers, therapists, direct patient care specialists, social workers, medical providers and/or psychiatrists. They also suggested several trainings that would support crisis responders to better meet the needs of people in crisis, such as trainings on trauma-informed care, de-escalation, and crisis neutralization. Finally, given the types of crises service providers and service utilizers most often experience, stakeholders elevated specific technical knowledge that crisis responders should be prepared to employ, including basic first aid, domestic-violence crisis response training, and specific knowledge on DSM-5 mental health diagnoses, and co-occurring drug-induced states.



Additional Perspectives from the SCU Survey

"The police response here is among the most professional that I have seen in any jurisdiction in the nation - yet the bottom line is requiring police to respond to crisis situations in which they do not have the requisite training is a disservice to both the officers and those on the other side of the response."

"I don't feel unsafe in the community. My homeless neighbors are much more unsafe than I am because they are consistently interacting with people who hate them, with some bad cops including the campus cops."

"There is a huge crisis in our city of homelessness and mental health and the police only ever make things worse. Sweeps, seizures of possessions, harassment and intimidation of unhoused residents is all too common. The violent detention of mentally ill people seems to be a day to day reality. Heavy restraints and spit hoods being used in the place of de-escalation and care. The Berkeley police shot a man in crisis through the mouth this year and that is beyond unacceptable!!!"

"I need to know that if I, or someone I love, is experiencing a mental health crisis that there is a trained mental health professional that I can call who will come, without a gun, and that I will receive care, not a cop, and that I will not end up dead. Knowing I won't be shot dead by a cop for the "crime" of living with mental illness, for being poor, or for having a substance use disorder would help me to feel safe."

Stakeholder perceptions of varied availability, accessibility, and quality of crisis response services

Perceived Strengths

- MCT provides quality services
- Positive experiences with individual BPD officers
- BFD created a resource list to better provide referrals

Perceived Challenges

- Lack of 24/7 crisis services
- Requiring service utilizers to keep appointments
- Slow response times for MCT due to limited staffing
- Long waitlists for services
- Few options for de-escalation or non-emergency care
- Poorer quality of services provided to people of color and unsheltered people

Stakeholder Ideas

- Proactively communicate service availability & hours of operation
- Increase 24/7 service options
- Increase training on racial justice, cultural sensitivity, harm reduction, and de-escalation

Stakeholders identified a few strengths of the availability, accessibility, and quality of crisis services. Many reported that there is general knowledge of the existing crisis response options in Berkeley. Some providers reported positive experiences with police, and many reported positive experiences with MCT. Another strength shared by stakeholders is that BFD's ability to refer and link service utilizers to resources has increased since they created a list of CBOs and local programs.

A common challenge elevated by stakeholders is the lack of 24/7 response options. A mental health crisis can happen at any time, but many crisis programs operate during standard business hours. The limited hours of operation of MCT were elevated by stakeholders as a significant challenge that increased the risk of police interaction with service utilizers who call 911 when MCT is not staffed.

Stakeholders frequently mentioned limited MCT staffing as a major barrier to accessing quality crisis response services. For the last two years, two of four crisis staff positions have been vacant. Because MCT responds to calls in pairs, only one team is available to respond at a time. This can result in long wait times if the team is responding to another call. Additionally, if there is a high call volume, MCT will prioritize high acuity calls where someone is showing imminent signs of crisis or distress. The reduction in staffing also led to a reduction in hours. This has caused confusion among providers and service utilizers. Service providers elevated this as a source of uncertainty and distrust that can reduce the likelihood of someone accessing services in the future.



"Berkeley MCT is only open on weekdays during certain hours. I have never had an incident where I needed help with a client coincide with their open hours."

- SCU Survey Respondent



“Mobile Crisis folks are good. It's just that they always come with the cops, and sometimes they can't come for many hours because they're busy.”

- SCU Survey Respondent

Stakeholders believe these challenges and barriers to accessing services or ensuring the availability of services are ultimately challenges to the overall safety and well-being of potential service utilizers, community bystanders, and service providers.

A Berkeley City Auditor's report in 2019 elevated that the understaffing of the 911 Communications Center has led to staffing levels that cannot meet the call volume and increased call wait times.²³ Increased call wait times have negative implications for the safety and well-being of service utilizers and community members, as well as the service providers and crisis responders that are responding to a potentially more advanced state of crisis. Additionally, inadequate staffing levels have caused BPD to rely on overtime spending to fund the Communications Center, which increases the cost of the entity.

There was consensus among participants that many facets of the crisis response system feel understaffed, which can lead to decreased service availability and slower responses. Under-resourcing can create challenges to service availability across the providers and programs throughout Berkeley and Alameda County. Service utilizers and community members reported long waiting lists for permanent supportive housing units, a key stabilizing factor that could reduce the incidence of mental health crises overall. There was also a perception among stakeholders that service utilizers are faced with long waits to access healthcare, case managers, and temporary congregate shelters.

Some CBOs also identified a need for more multilingual services, especially Spanish-speaking providers. They also indicated that a fear of ICE or 911-corroboration with ICE is a barrier for undocumented community members to call 911, especially for undocumented residents that are unhoused. Service providers suggested that more culturally competent services would increase the likelihood of someone seeking services when they are experiencing a crisis.

Stakeholders believe that these challenges to availability and accessibility can reduce the quality of available services. When police must respond to a mental health crisis because it is outside MCT business hours, community members do not feel the response was adequate or of the highest quality. Crisis responders expressed that they frequently provide medical solutions when the service utilizers they encounter have mental health needs and are most affected by broader societal problems.

When MCT is not operating, CSS indicated that they do more de-escalation over the phone prior to calling for police support to prepare



“It's a revolving door (with Santa Rita, John George, etc.) where crises are sometimes averted, but almost no one is truly healed and set on a good path of recovery or even stability.”

- SCU Survey Respondent

²³ Berkeley City Auditor. (2019, April 25). *911 Dispatchers: Understaffing Leads to Excessive Overtime and Low Morale*. https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Dispatch%20Workload_Fiscal%20Year%202018.pdf

the service utilizer and reduce their risk of harm; however, they shared that phone support may not always be sufficient for every mental health crisis.

Overall, there was consensus among stakeholders that there is a lack of successful linkages and connection to follow-up services beyond John George Psychiatric Hospital. Many participants felt that hospitalization may not be appropriate care for everyone experiencing a mental health crisis. Crisis responders and providers reported service utilizers requesting to not be sent to John George, but that as service providers they do not feel they have other options. For service utilizers, trauma histories can be re-triggered by congregate shelters, psychiatric care or hospitals, and police interactions. Stakeholders elevated a need for increased options for where people can be transported during a crisis.

Finally, there is a perception that the quality of the City's first responder crisis response services is inhibited by a lack of training that sufficiently addresses harm reduction, racial justice and cultural sensitivity training, and successful de-escalation. Service providers shared examples of clients' needs not being taken seriously, such as instances of individual EMTs not responding to unsheltered clients and/or clients of color. These examples demonstrate how stigma, dehumanization, and racism decrease quality of services.

Given the constraints of how the existing crisis system is funded and resourced currently, stakeholders elevated that any changes to program hours of operation, locations, staffing, phone numbers, and/or other logistical/programmatic decisions be shared regularly and distributed to the partnership network in order to improve availability, accessibility, and quality of service provision. They felt that the ideal alternative crisis response options would include 24/7 mental health crisis response and should address the desired competencies of harm reduction, racial justice and cultural sensitivity, and de-escalation to increase community safety and promote health and well-being.



"The resources we have are helpful, but we need more. We especially need affordable housing units. The mobile street medicine teams have been very helpful. Shelters are ok for some people, but often exclude people with disabilities who need assistance the most."

- SCU Survey Respondent



Additional Perspectives from the SCU Survey

"They tend to exist in ways that are the most convenient for the service providers, not for the person in need. Mental Health Services don't really happen outside of their offices. How can disordered, homeless people be expected to make and keep appointments at some unfamiliar address? The drug epidemic is complicating things and I have seen no evidence that this city wants to commit to rehab on demand which is what we need. We need to be able to offer help when it is needed- not when it is convenient."

"I've been doing outreach work for more than a year in Berkeley now and access to mental health crisis support is almost nonexistent. It is highly needed as many individuals are experiencing some level of mental health issues."

"... My experience with the police response has been that the City of Berkeley crisis team has been understaffed or not working the day that I phoned, or my report of the need for crisis support was minimized, and it was explained that the person "wasn't breaking any law." Crisis doesn't often intersect with law breaking, nor does an individual always meet the criteria for a 5150. There are trained individuals who can help with this, and police often offer heavy handed threats of arrest, or physical violence, in attempt to stop a behavior."

Stakeholder perceptions of insufficient crisis services for substance use emergencies

Perceived Strengths

- EMTs respond well to substance overdoses
- EMTs are well-trusted by many unsheltered communities and encampments

Perceived Challenges

- Not enough SUD training for clinicians providing complex mental illness care
- High rates of transport to emergency facilities for substance use emergencies
- Infrequent referrals to substance use management services
- Too few resources to meet high volume of substance use emergencies and management needs

Stakeholder Ideas

- Incorporate harm reduction framework into all crisis response
- Distribute NARCAN
- Distribute harm reduction supplies (e.g., sharps disposal, clean needles, etc.)



“Decriminalization is key to “illegal” drug use and harm reduction methods of dealing with addiction and drug use save lives and alleviate the stigma.”

- SCU Survey Respondent

Stakeholders explained that mental health crises often include substance use emergencies, but they felt that variety and uniqueness of substance use emergencies is often overlooked and not adequately served in the existing crisis response. Stakeholders described many examples of physical and psychosocial health needs related to substance use that do not involve an overdose. Service providers shared that substance use emergencies and mental health crises are often co-occurring as substance use is common among people with histories of trauma and is used as a form of self-medicating.

Substances can alter someone’s mental state and contribute to or exacerbate what is perceived as a mental illness. Stakeholders elevated that when a person is in distress, providers should assume that something is triggering that distress, be it an event or intoxication. One of the most frequently and emphatically emphasized points by service providers was the need to address mental health and substance use in tandem.



“The people with mental illness should get treatment. In crisis, they should be housed with treatment. Those with substance abuse should have treatment available. Being homeless probably makes people mentally ill. I think I would be mentally ill if homeless.”

- SCU Survey Respondent

In the event of a substance overdose, stakeholders felt that Berkeley EMTs are well-trained, follow protocols, and administer effective treatment for users that have overdosed. Stakeholders reported that EMTs are well-trusted by marginalized substance-using communities, including homeless encampments. Seabreeze encampment residents shared that they avoid calling 911 for any emergencies except to specifically request an EMT during an overdose.

Stakeholders described many challenges to how the system currently addresses substance use emergencies. They felt that the physical health and mental health needs of a service user experiencing a substance use emergency are treated as separate needs. Service providers explained that whichever presents as more immediately pressing often dictates the classification for the call; they felt that this results in inadequate service provision during a crisis.

Community-based providers elevated that when seeking care for clients with complex trauma or chronic mental illness, they are rarely put in contact with a provider that has SUD training. Service providers expressed a need for an integrated approach to substance use emergencies, with providers working together to tend to both the psychological and physical health needs of their clients.

Substance users reported frequent transport to hospitals and sobering centers when emergency providers respond to crises. Interviewed substance users shared that they were only informed of other substance use management options when other case managers shared those options (not emergency services personnel prior to transport).

Stakeholders suggested ways that the current crisis response system could better address the needs of substance use emergencies, including incorporating a Harm Reduction framework into first responder's approach to drug use, distributing Narcan, and distributing harm reduction supplies such as clean needles, pipes, and safe sharps disposal kits.



Additional Perspectives from the SCU Survey

“I am a Nurse Practitioner... Some camps in Berkeley have agreements internally not to call the police on each other. If someone does, there is retaliation, sometimes in the form of lighting the person's tent on fire. This means people do not call 9-11 when there is a mental health emergency. While I completely understand why the mobile crisis unit has police officers, it is not used as often as it could be because of that fact...Many unhoused folks we meet use meth in part to stay up all night so they will not get raped or robbed during the night. This is of course not the only reason folks use meth and other drugs--there are mental health issues, addiction, etc. But until people are housed, it is very, very hard for them to cut down or quit, because the risks can outweigh the benefits in their minds.”

“...Offering safe use and drug checking sites, so we can reduce harm that comes from unsafe drug use. Creating accessible, affordable, and temporary housing for each phase of a person's recovery from crisis. Ensuring people have access to food, safe shelters, and access needs are met.”

Stakeholder perceptions of a need for a variety of crisis transport options

Perceived Strengths

- Transport is provided to emergency sites during medical emergencies

Perceived Challenges

- High rates of involuntary transports (5150s) do not align with service needs
- Lack of options for transport to non-emergency sites
- Ambulances and emergency services can be cost-prohibitive for service utilizers

Stakeholder Ideas

- Provide voluntary transport to non-emergency sites
- Provide services and supplies during transport process



“With all the services available, as a firefighter, all we can really do is take someone to the ER, which is not definitive care for homelessness. Mobile support of homeless services would be a game changer, much the way mental health comes out into the field.”

- SCU Survey Respondent

Crises can vary in levels of acuity, and not everyone calling in to report a mental health emergency needs transport to a psychiatric facility, hospital emergency department, or inpatient setting. Both EMTs and police shared that they provide free transport to a medical facility, which is important in the event of medical health emergencies. However, Alameda County has the highest rates of 5150s per capita in California.²⁴ Service providers described full emergency departments and service utilizers not being admitted upon arrival. There are also financial implications for being transported in an ambulance, which providers suggested may deter service utilizers from requesting emergency services. Stakeholders felt that there are few to no options for service utilizers to request transport to a different, non-medical facility or location. Stakeholders did provide some examples of CBOs and non-emergency programs that provide transportation to their clients, though they shared that these services are not for the general public and barriers to transportation persist.

Given the need for addressing a variety of transport needs, stakeholders elevated the importance of an SCU team to have the ability to provide voluntary transport services to any secondary location, such as a sobering center or a public location. Service providers and community members suggested that the transport vehicle should have available supplies to provide care during a transport, such as one-off doses of psychiatric medicines, food, and water. There was a shared sense that providing

²⁴ California Department of Health Care Services. (2017, October). *California Involuntary Detentions Data Report; Fiscal Year (FY) 2015-2016*. https://www.dhcs.ca.gov/services/MH/Documents/FMORB/FY15-16_Involuntary_Detentions_Report.pdf

transport options that meet the mental health needs at varying levels of acuity has important implications for the safety and well-being of crisis responders and service utilizers.



Additional Perspectives from the SCU Survey

"...Another challenge is the lack of options for people in crisis either hospitalization or nothing which is very harmful. Another issue are people who feel terrible but are not exactly in crisis but because there are not enough mental health providers they are forgotten or left to their own devices."

"I need to know that if I call for help, a compassionate response will arrive and be able to take a person to a humane location, respite of some kind. Not forcing them into a hospital where they are stripped of agency, but giving them a place where they can stabilize without adding to their feeling of trauma and powerlessness."

Stakeholder perceptions of a lack of sites for non-emergency care

Perceived Strengths

- Drop-in centers, day centers, sobering sites, and respite centers provide essential non-emergency services

Perceived Challenges

- No drop-in site for mental health emergencies or crises in Berkeley
- Too few drop-in sites for non-emergencies to meet the volume of need
- Lack of support for people released from a psychiatric hold

Stakeholder Ideas

- Offering drop-in sites with counselors and Peer Specialists, a phone line, and no service/time limits
- Offering office hours and/or relationship-building opportunities between the SCU and service utilizers

Stakeholders shared examples of sites that can support non-emergency care and felt that they are effective for mitigating further crises. These examples include drop-in centers, day centers, sobering sites, and respite centers. Services providers believe that such spaces allow individuals to meet their basic needs – including access to restrooms, showers, clothing, food, and rest – as well as have a safe space for self-regulation and self-soothing. Stakeholders, particularly service providers, feel that these types of resources are essential for harm reduction, crisis intervention, health promotion, and crisis prevention. Stakeholders shared that these sites can be a safe and trusted source for someone to access so that a primary caregiver can have a break, such as a parent that provides an adult child behavioral health support and care. Participants mentioned other CBOs

that operate drop-in sites, such as the Women’s Drop-In Center or Berkeley Drop-In Center, but service providers indicated that there is still an unmet need for more sites that serve sub-acute needs. Because there is not a drop-in center for emergencies, service utilizers and community service providers described relying on either 911 or the CSS 24/7 phone line. Similarly, stakeholders felt that the availability of non-emergency drop-in centers for individuals to have non-emergency, indoor downtime is too limited to meet the volume of need. CBO service providers as well as crisis responders described situations of individuals being released from psychiatric holds without adequate support upon their release. They felt that these individuals would greatly benefit from the availability of additional drop-in centers.

Service utilizers and community-based service providers emphasized that it would be useful for the SCU to have an office available for community members to develop relationships with the team, like Aging Services’ Senior Centers. They suggested that a drop-in site could have a social worker or peer counselor to accept and direct phone calls, answer questions, and support those accessing the drop-in site.



Additional Perspectives from the SCU Survey

“...addressing the connection to community in the long term - spaces for people to gather publicly without needing to pay money, so we can get to know our neighbors.”

“... We need wrap-around services, a halfway house or drop-in center for people being released from a psychiatric hold, to ease them back into their lives and connect them with ongoing services.”

Stakeholder perceptions around supporting the full spectrum of mental health crisis needs

Perceived Strengths

- Relationship building is important in crisis response

Perceived Challenges

- Wages, retention, and union agreements may affect type of staff on crisis response team
- Crisis response lacking sufficient supplies and expertise for SUD treatment, de-escalation, and system navigation
- Crisis responders are not often representative of service utilizers

Stakeholder Ideas

- Incorporate clinicians, social workers, and peer counselors on crisis response team
- Increase compensation for Peer Specialists and non-clinical staff



“A response team targeted at de-escalation and risk reduction would be best; it would be best staffed by those who can actually connect people in need to resources rather turning a crisis into a criminal matter, such as police do.”

- SCU Survey Respondent

Stakeholders shared many strengths of crisis responders across a spectrum of non-clinical and clinical background and expertise, emphasizing the importance of empathy and building trusting relationships. For instance, TOT staff received positive feedback across stakeholder groups for their follow-up work post-crisis, especially due to their diverse staff and rigorous training in preparation for field work. Service providers emphasized the importance of Peer Specialists to support service utilizers by reassuring them from their own background of lived experience, especially during transport or if the team applies physical restraints.

Crisis responders and service utilizers shared that the pre-existing relationships paramedics have with community members, particularly those that repeatedly need crisis response services, allows paramedics to deliver better care. Some CBOs have observed similar success when incorporating Nurse Practitioners on their street outreach teams. Overall, stakeholders believe that the ability for the same personnel to be providing crisis response services over an extended period can lead to positive outcomes of relationship building and knowing a client's background.

However, stakeholders raised some potential challenges that must be considered when deciding how to staff a crisis response team. Crisis responders explained that paramedics often have a higher salary than other crisis responders and their skills can be under-utilized during a mental health crisis. They felt that this could make staffing a crisis response

program with paramedics less financially efficient. On the other hand, they shared that other crisis responders, such as peer specialists, can be underpaid for their level of contribution, which they suggested might make retention a challenge. One additional consideration shared by crisis responders is that staff can have different union agreements that restrict the number of hours that can be worked per shift, which would affect the program's overall staffing model and schedule.



"I think professionals who are trained to resolve these crises non-violently is key. For example, social workers."

- SCU Survey Respondent

Stakeholders felt that some of the services most important for mental health are not always standard practice among current crisis response teams. The types of clinical services that stakeholders reported as most important for mental health crisis response include prescribing psychiatric medicines, administering single-dose psychiatric medicines, quick identification of a substance overdose and/or the need for Narcan intervention, as well as a nuanced understanding of drug-psychosomatic interactions. The types of non-clinical services that stakeholders reported as most important for mental health crisis response included de-escalation, resource linkages and handoffs, system navigation, providing perspective from providers with shared identities or experiences, building ongoing relationships with frequent utilizers, and overall building trust and rapport with the community.

Given the considerations around the types of needs that various specialties can address during crises, as well as the implications for financial feasibility, stakeholders elevated additional ideas for how to staff crisis response teams. Stakeholders expressed support for a crisis response team with a medical provider (e.g., advanced practice nurses, psychiatric mental health nurse practitioners, EMTs, or paramedics), social workers, and especially peer counselors. Stakeholders expressed that non-clinical staff are equally valuable to clinical staff in a crisis response team, a value which should be reflected in their salaries.



Additional Perspectives from the SCU Survey

"We need a crisis response team with trained social workers, case managers, and clinicians trained in de-escalation techniques. This team should be able to connect people in crisis with emergency shelter and other services."

"I do not believe that the police are trained to respond to the needs of an individual, homeless, or otherwise, experiencing a crisis. Mental health, substance use, and homelessness related crisis are best responded to by someone who has been trained to work with these issues, or a peer who, along with a trained professional, can provide support and most importantly, follow up."

Stakeholder perceptions of a need for post-crisis follow-up care.

Perceived Strengths

- Positive experiences with existing referral services (i.e., TOT and CAT)

Perceived Challenges

- Existing programs do not meet the volume of need
- Difficulty contacting service utilizers for follow-up care
- Lack of warm handoffs to follow-up providers
- Limited long-term service availability
- Strict missed appointment policies

Stakeholder Ideas

- SCU provides follow-up care
- SCU builds relationships to support before, during, and after a crisis
- Providers should be familiar with case history, triggers, etc.

For crisis services provided by the City of Berkeley, the Transitional Outreach Team (TOT) is the primary resource for post-crisis follow-up care. Service utilizers and community-based service providers elevated many strengths about the TOT team, including their ability to connect service utilizers to longer-term care options and social services when interested.

At the same time, stakeholders uplifted a need for additional follow-up care after a mental health emergency. TOT staff and Berkeley Mental Health leadership described many challenges TOT face in meeting the level of need across the crisis spectrum. The team is not adequately staffed to meet the current demand for their services. TOT is a team of only two staff with limited business hours for providing linkage to care. TOT staff also shared that the service provider that responds during a crisis (i.e., MCT) is not the same provider that makes follow-up connections (i.e., TOT), and that there are many potential providers to provide ongoing, long-term care (e.g., Berkeley Mental Health, Alameda County Behavioral Health, or private providers). They felt that this can create challenges for them to provide successful referrals and handoffs to post-crisis follow-up care, sharing background information on clients, and building trust and establishing rapport.

TOT staff also shared many challenges they face in reaching clients, particularly those leaving an inpatient or emergency facility, such as John George or Alta Bates Hospital. They explained that clients are sometimes discharged prior to their connection with TOT, often outside of TOT's hours of operation. They find it particularly difficult to connect with service utilizers that do not have a cell phone or a consistent residence, which they explain is common among high-utilizer community members, such as those with severe mental illness or those experiencing homelessness.



"I think police officers already deal with so much, there's often an acute need they're responding to when in fact these individuals need long-term care."

- SCU Survey Respondent



We need clean, safe shelters for people to spend the night if they're homeless and/or under threat. Kicking them out of shelters doesn't make the problem go away.

- SCU Survey Respondent

In general, many people that experience mental illness or mental health crises require or are recommended to long-term therapy or extended sessions. However, it is the perception of stakeholders that services are primarily devoted to high-acuity and short-term and service utilizers are unable to access long-term therapy. Stakeholders felt that the providers who do offer therapy or counseling are unable to meet the volume of weekly appointment needs of service utilizers due to budget and billing constraints. Therapy is not only a form of post-crisis care but also a pre-crisis prevention tool; service providers suggested brief intervention therapy in non-emergency settings (such as a service utilizer walking in during a crisis) to augment the existing crisis response system.

Outside of Berkeley Mental Health services, there are often strict policies around missing appointments, largely tied to insurance and billing requirements, that result in service disruption or termination for service utilizers. Service providers and service utilizers feel that these strict missed appointment policies are inaccessible to many low-income service utilizers and often result in the discontinuation of services. Stakeholders described some barriers that service utilizers may face in maintaining their appointments, including working more than one job (especially during standard business hours), having a reliable cell phone, having access to a calendar, and/or having a reliable mode of transportation.

The importance of follow-up care was elevated by all stakeholder groups as a priority for the SCU. Service providers argued that there may be benefits to having the same people providing care before, during, and after a mental health crisis, to build relationships, establish trust, and understand an individual service utilizer's care history, behaviors, triggers, and needs.



Additional Perspectives from the SCU Survey

"I would like for the police to be removed from crisis services and to have a rapid response available when I call...I would like for there to be more connection to services and follow up as part of the planning. There is often not a resource available for the person, and living on the streets is stressful, so repeated contact is essential. It can't be a one and done and often would mean an increase in FSP teams."

"Alternative trained individuals, such as social workers or mental health professionals as part of this time, increased community-based mental health care services, social and rehabilitative services that highlight social reintegration, such as Supported Housing, Supported Employment, and Supported Education."

Stakeholder perceptions of barriers to successful partnerships and referrals across the mental health service network

Perceived Strengths

- Providers know the referral options available for their clients

Perceived Challenges

- Limited coordination and information sharing between providers of shared clients
- BPD engages with many high utilizers but is not connected to the network of providers
- Lack of trust and understanding across service providers

Stakeholder Ideas

- Engage providers in discussions on system improvement
- Increase collaboration between cities, counties, and providers
- Address systemic factors of crises
- Increased outreach and care coordination of referrals



“A 24-hour crisis line/team or at least a team more available than currently. Police and that team should attend the regular city coordination meetings with the current teams that are doing outreach.”

- SCU Survey Respondent

There was consensus among stakeholder groups that the existing mental health and crisis service network is complex, involves many providers, and can be a challenge for both clients and providers to navigate. Across these entities, establishing partnerships and referral pathways can be done informally (such as knowing which organization provides which types of services) or can be formalized (such as holding regular case management meetings for shared clients). Among community-based service providers, interviewees shared that they typically do know the scope of options available to their clients.

In general, stakeholders elevated a perceived lack of coordination between service entities in Berkeley. For example, a single client might receive emergency services from John George or Highland Hospital, but also have a primary care provider, have engaged frequently with the LifeLong Street Medicine Team, and have a case manager at the Women’s Drop-In Center for wraparound services. Stakeholders shared that there is not active collaboration across all these entities or an established infrastructure to facilitate an understanding of all the touch points between providers and a service utilizer. Ultimately, stakeholders feel that this obstructs the visibility of how a service utilizer moves through various points in the system. Some providers explained that they may not share the full case history or behavior details of a client with other service providers initially because they fear the client will be rejected or denied service, particularly for violent behaviors. They feel that this prevents informed and well-placed referrals and service provision.

TOT staff shared that service coordination is lacking between hospitals and TOT for post-crisis follow-up care. To connect with an MCT service

utilizer at the hospital, TOT explained that they must rely on the discharging facility to contact them and coordinate the release of the shared client. TOT staff reported needing to spend time in hospitals to establish relationships with new case managers, front desk staff, nurses, and orderlies to facilitate this information sharing and warm handoff of clients; they described a lack of standardized protocol for such coordination.

BPD also reported feeling disconnected from the care continuum and lacking coordination with trusted CBOs and behavioral healthcare providers around shared clients. BPD routinely engages with frequent crisis service utilizers and sometimes carries supplies like food and clothing, though there is not an existing pathway for BPD to identify, contact, and coordinate with a case manager. BPD elevated that these frequent utilizers would be better served by a case manager.

Service providers also reported that BPD does not routinely bring service utilizers to their locations for support, and some questioned whether BPD know that their programs and services exist. Still, others felt that police presence at their sites is disruptive and may prevent potential service utilizers from coming if they witness police officers around the premises.

Stakeholders offered possibilities to enhance the referral pathways and partnerships across the crisis response network at both structural and provider levels. At a structural level, stakeholders suggested having a regular convening of local care providers to discuss opportunities to improve the mental health crisis system. Stakeholders also suggested having more inter-county and inter-city coordination on systemic issues related to housing and healthcare. Stakeholders suggested that the crisis response system should be expanded and augmented to include more non-mental health related service provision on the spot and not only connections or linkages to resources. Additionally, stakeholders expressed a desire for more outreach and partnerships with long-term care to enhance coordination and referrals across the service network.

At a provider level, stakeholders suggested having more coordination between providers and outreach teams. Service providers also expressed an interest in having regular meetings with the SCU to discuss shared clients, which could improve care coordination as well as client outcomes.



Additional Perspectives from the SCU Survey

“The challenge is, and has been, to have adequate staffing to provide services to those in crisis, with severe mental health diagnosis and/or dual diagnosis in the moment and following a crisis response. Successful efforts have been proven by street health teams to engage and provide treatment on the street, which often include de-escalation. The struggle lies on helping folks transition into care in the clinics, recovery programs, or a combination of both: with adequate staffing to provide long term services. So, challenges would fall under budget & funding to expand staffing and programming, including crisis residential, and Board and Care Homes...The City appears open and willing to try an approach that will better meet the needs of its citizens.”

Stakeholder perceptions of needs to integrate data system and data sharing to improve services

Perceived Strengths

- Some medical clinics use the same EHR
- Some agencies use a shared Alameda County Community Health Record

Perceived Challenges

- Limited data integration across providers inhibits care coordination

Stakeholder Ideas

- Expand data integration across providers and provider access to case history
- Increase care coordination across providers
- Notify case managers after discharge from hospital



"I would also feel safe knowing that the City and County were working together to identify ways to increase funding for mental health services in conjunction with housing to meet the mental health/substance use recovery needs of the community."

- SCU Survey Respondent

Service providers feel that better system integration and data sharing across the service provider network can support providers in meeting the needs of service utilizers. Stakeholders feel that system integration and data sharing are strongly related to the successes and challenges of partnerships, referrals, and connectivity across the service network.

The numerous entities that span the mental health, substance use, and homelessness service network include CBOs and government agencies across the City of Berkeley, Alameda County, and other cities and counties. Service utilizers also move across these regions, accessing services in multiple cities or counties. As a result, system integration could happen at many levels.

Fortunately, subsets within the service network do have data integration and sharing capabilities. For instance, providers shared that all federally-qualified health centers (FQHCs) are on the same network as hospital Emergency Departments.

Some program directors also discussed a recent effort at the county level to integrate data into one Community Health Record for service utilizers.²⁵ This system integrates medical, mental health, housing, and social service data into one platform. There are currently over 30 organizations within

²⁵ Alameda County Care Connect. (n.d.). *Why AC Care Connect? Why Now?* Retrieved October 11, 2021, from <https://accareconnect.org/care-connect/#faq-item-5>

Alameda County who are using the community health record, with a goal of every agency being onboarded onto the system.²⁶

Until then, the current multitude of agency data systems are not yet fully integrated. Providers explain that they are unable to identify shared clients or high utilizers of multiple systems, track those service utilizers' touchpoints across the service network, or view patient history across those service touchpoints. Case managers share that they are not notified when a client is discharged from a medical facility or community provider of care. Service providers feel that this lack of data integration affects collaboration, referrals, and, ultimately, client outcomes. The limited visibility of a service utilizer's prior history was raised by service providers as a challenge to supporting safety when trauma histories, triggers, and recent mental health crises cannot be incorporated into care planning.

Additionally, except for diagnosis and treatment purposes, HIPAA privacy regulations require service utilizers to give consent and Release of Information (ROI) to providers for external case managers' names, information, and service documentation to be included in medical records. This limits the collaboration between case managers and other providers on a case-by-case basis.

Stakeholders elevated that it would be ideal to have all service providers, including an SCU, utilizing the same data platform. They also indicated that non-medical CBO providers and case managers should have contact with the client's health home (if established), especially for substance use management and medication management. Case managers could then be notified when a service utilizer is engaged or discharged from care. Service providers emphasized the importance of understanding someone's medical and social history to provide appropriate care and anticipate what could trigger or escalate them. Service providers also warned to not overburden the SCU with documentation requirements.



"...But we need more training in mental health, de-escalation and interagency training and coordination. We have a lot of great people working these issues, we just need a little more cross pollination of effort."

- SCU Survey Respondent



Additional Perspectives from the SCU Survey

"...Secondly, we need significantly greater inter-municipal and inter-county collaboration in order to tackle structural problems that homeless and mentally ill clients face...Increasingly, our clients are more mobile, have longer commutes, and with gentrification and sprawl, landscapes of poverty and wealth are shifting. We need to be able to be responsive to clients across municipalities and communities, as people who seek services in Berkeley, particularly homeless and low-income clients, often no longer have the means themselves to be able to live in Berkeley."

²⁶ Raths, D. (2021, October 4). Alameda County's Social Health Information Exchange Expands. *Healthcare Innovation*. <https://www.hcinnovationgroup.com/interoperability-hie/health-information-exchange-hie/article/21240807/alameda-countys-social-health-information-exchange-expands>

Stakeholder perceptions of a need for increased community education and public awareness of crisis response options

Perceived Strengths

- 911 is well-known by the general public as a crisis response option

Perceived Challenges

- Lack of clarity that MCT responds with police, undermining trust
- Limited knowledge around services and availability
- Distrust of system can prevent people from calling 911
- Incidents of unnecessary use of 911

Stakeholder Ideas

- Launch a public awareness campaign for new SCU and clearly distinguish it from MCT
- Work with partners and service providers to advertise SCU
- Increase community education on use of 911 and techniques for conflict resolution

A common perspective among stakeholders is that the general public is unclear around when police will or will not be involved in a response. Many service providers and service utilizers do not know the current options and availability of services in Berkeley to support during a mental health crisis. Overall, stakeholders share that there is a lack of understanding of what services are available and which entity provides those services. They feel that this undermines a sense of safety and contributes to distrust of the current mental health crisis response system.

One common challenge raised by many stakeholders has been the lack of understanding of MCT's co-responder model. Many providers shared that they have contacted the MCT line specifically to avoid calling 911 and were surprised when MCT was accompanied by police. Many providers, therefore, stopped calling MCT because of its collaboration with BPD. Similarly, service utilizers shared that there is a lack of trust that MCT can manage a crisis without police presence. Service utilizers are concerned that their safety is endangered in these instances and that they may experience retaliation or police surveillance after requesting service provision from MCT, especially when they request help during substance use emergencies.

Stakeholders spoke to the importance of promoting community education and public awareness to address these challenges. They feel that the success of an SCU would be contingent on community education and public awareness around whether there would be police involvement in an SCU response. Service providers shared that connecting with local CBOs, leveraging existing partnerships, and building trust will be essential for an SCU to have buy-in among service providers to call a new



"In the past, I have witnessed unsafe situations or people who look like they could use support, but I am too afraid to call the police in those situations, for fear that they could show up and harm or kill the person."

- SCU Survey Respondent



“More trained & well-compensated and insured crisis response staff, especially at night, around the full moon, or public events, & other times of increased disturbances, & more info put out there about what they do to help.”

- SCU Survey Respondent

service that they have not used before. Service providers are interested in understanding more closely how services will be provided, the techniques that will be used for de-escalation and crisis intervention, and the SCU’s relationship with the police.

Stakeholders also shared challenges around the general public’s use of 911 and ideas for how to increase responsible use of 911. Stakeholders shared many instances of inappropriate use of 911, such as during disputes among neighbors or because a housed person or business does not want an unhoused neighbor to be near them. For these reasons, stakeholders emphasized the importance of a community education campaign around appropriate uses of 911. Stakeholders suggested that such a campaign could include strategies and techniques for managing conflicts and disputes without calling for crisis responders as an additional form of promoting community safety through methods that do not require law enforcement.



Additional Perspectives from the SCU Survey

“Merchants in the shopping districts should not be able to call the cops like they’re calling customer service when a homeless person is not breaking any laws. It would be great if crisis services were more friendly and less coercive (cops), if the mental health delivery system was more robust, if crisis teams could respond in a timely way, if clinicians didn’t use police radios on mobile crisis calls, if actual risk assessments were done on calls where no one would ever need a cop (when the person is willingly ready to go to the hospital), if hospitals would actually keep and treat the most ill patients rather than turning them away after 24 hours in a waiting area, if there were more mental health respite beds run by people who aren’t ready to call the police if someone is agitated.”

Community Aspirations

Throughout stakeholder engagement, participants were asked to share their ideas for alternative approaches to mental health and substance use crises as well as to share community needs for a safe, effective mental health and substance use crisis response. These perspectives help illuminate the gaps in the current system that could be filled by a future Specialized Care Unit.

The following perspectives provide guiding aspirations for reimagining public safety and designing a response system that promotes the safety, health, and well-being of all Berkeley residents.



Community Aspirations

Stakeholder-identified opportunities to address the root causes that contribute to mental health, homelessness, and substance use crises

Stakeholder-identified opportunities for centering BIPOC communities in crisis response

Stakeholder-identified opportunities for community oversight to ensure equitable and transformative crisis care

Stakeholder-identified opportunities to address the root causes that contribute to mental health, homelessness, and substance use crises



“Berkeley should decriminalize the use of all drugs, it needs to create housing for the chronically mentally disturbed, it needs to have very well-trained people responding to crises. Berkeley together with Alameda County, should be providing wraparound services for the mentally disturbed and substance abusers. It needs to stop criminalizing people who are homeless.

- SCU Survey Respondent

Stakeholders unanimously pointed to the context surrounding the conversation on mental health crises: there are intersecting, state-wide crises of homelessness due to the lack of affordable housing²⁷ and the opioid epidemic. When reflecting on alternative ideas and community needs, stakeholders expressed desires for addressing the root causes that manifest in the present-day rates of mental illness, homelessness, and substance misuse and abuse. Stakeholders discussed possibilities for shifting funding away from the criminal system and policing to overall community infrastructure (such as jobs, housing, and education) and increasing preventative healthcare to address the root causes of mental health, homelessness, and substance use emergencies more adequately.

Stakeholders also emphasized how stigma and criminalization of drug use and/or mental illness continue to exacerbate crises. Stigma and criminalization are barriers to accessing care and addressing these crises at both the individual and structural levels. At the individual-level, stakeholders identified that internalized stigma around mental illness, homelessness, or substance use, can prevent individuals from seeking care and that service providers can reinforce stigma through their actions and/or withhold care. They described instances of criminalization of mental illness, homelessness, and substance penalizing individuals who do seek care, preventing or terminating employment or housing, and consequently perpetuating a cycle of these experiences. At a structural level, stakeholders emphasized that stigma and criminalization shape the prioritization of funding and budget allocations away from quality healthcare, affordable housing, and evidence-based harm reduction approaches that promote community safety and health. Stakeholders also identified that the gaps in the existing crisis response system are because the crisis response system was designed around the stigma and criminalization of these experiences rather than designed to provide care and promote well-being.

²⁷ In 2019, Berkeley passed a resolution calling on the Governor to declare homelessness a state of emergency.
https://www.cityofberkeley.info/Clerk/City_Council/2019/02_Feb/Documents/2019-02-19_Item_10_Declaring_a_California_Homelessness.aspx



Additional Perspectives from the SCU Survey

“As with every other part of the United States, we too are dealing with a rather poorly run medical care delivery system. We are also dealing with the war on drugs which is a total failure and has criminalized for too many people for a drug related problem, which is a public health issue and should never have been a criminal justice issue.”

“Honestly we need more than just mental health crisis teams. We need a holistic approach. One that considers not just the crisis but also everything before. We need to address the underlying cause - child abuse, domestic violence, individualism and lack of community.”

“The system is overwhelmed. It has been extraordinarily difficult to link clients to shelter or mental health consistently in Berkeley. The problems that most clients suffering from mental illness in the region face are primarily systemic in nature, and there is an extreme lack of resources available in the way of permanent housing, shelter, or frontline community mental health services. Furthermore, for clients who are low-income, learning disabled or struggle with executive functioning, or homeless, engaging in the kind of time-intensive, linear, multi-step bureaucratic processes necessary to enter into the shelter and mental health systems is often all but impossible without intensive agency advocacy and persistency. Homeless clients in particular struggle with agency-based barriers to care, often move between counties and municipalities, lack targeted outreach, and experience outreach primarily as criminalization, a tragedy given that cost of living, region-wide housing shortages, and past failures of criminal justice policy are disproportionately responsible for endemic homelessness in the Bay Area.”

“Firstly, funding priorities need to shift. We need to address the root causes of mental illness, substance use, and homelessness - trauma, often created or exacerbated by decades of failed criminal justice policy and lack of investment in community infrastructure and social services, criminalization of drug users as opposed to investment in substance use counseling and harm reduction programs, and the legacy of a suburbanized and disjointed approach to regional housing policy and governance. We need to shift funding priorities in Berkeley and the region towards funding social services, especially mental health and substance use rehabilitation, education, parks and transit infrastructure, and encourage policies that protect renters and the working poor, especially families. We need to not only shift towards social workers and mental health responders as the primary agents in engagement with clients suffering from mental illness, and not only increase homeless outreach - we also need to acknowledge the history of homeless-led political engagement in Berkeley and the region, and employ a model that politically values the voices of homeless clients themselves...”

Stakeholder-identified opportunities for centering BIPOC communities in crisis response

Stakeholders emphasized that people of color, particularly Black or African American people, are most often harmed by police. They also named that in Berkeley, the structures that put people at risk of homelessness disproportionately affect Black residents, which results in Black Berkeley residents disproportionately experiencing homelessness.²⁸

Some service providers also shared incidences of racial bias and discrimination by BPD against their Black clients. For example, at a CBO provider of non-emergency services, case managers reported calling 911 because MCT was closed; the case managers reportedly gave specific instructions that a young White woman was threatening staff and refusing to leave the premises. Yet, upon arrival, BPD harassed and threatened to arrest a Black client.

Black service utilizers and service providers alike elevated their own experiences navigating systems with entrenched racism, including interactions with police and medical facilities. For example, one Black clinician shared the important and unique ways that Black personnel promote a sense of safety, security, and trust for Black service utilizers. The provider shared that the comfort and reassurance of a shared identity increases the opportunities to be more honest, especially during medical or mental health crises.

Stakeholders shared that reducing contact between police and Black residents, especially Black unsheltered residents, is important to public safety. Stakeholders also shared that Black residents and other community members of color should provide input and feedback as an SCU is designed and implemented in Berkeley.



Additional Perspectives from the SCU Survey

"less arrests and escalation by police, I worry because the homeless population is mostly African American."

"...The proportion of folks who are Black among those homeless in Berkeley is much higher than the general population. We know that police interacting with POC is a dynamic that all too often leads to harm."

²⁸ City of Berkeley. (2019). *City of Berkeley Homeless Count & Survey – Comprehensive Report*. Retrieved October 11, 2021, from https://everyonehome.org/wp-content/uploads/2019/09/2019HIRDReport_Berkeley_2019-Final.pdf

Stakeholder-identified opportunities for community oversight to ensure equitable and transformative crisis care

Due to system distrust and the current climate around Berkeley's Reimagining Public Safety efforts, stakeholders expressed a desire and need for ongoing community input and oversight of crisis response, especially by those most impacted by crisis services.

Stakeholders suggested leveraging the Mental Health Commission, which they feel is currently underutilized. They also expressed the importance of ensuring that engagement and oversight opportunities are accessible for the most structurally marginalized residents and residents utilizing SCU and crisis response services.



Additional Perspectives from the SCU Survey

"Crisis response that reaches out to the community to ask what they want; particularly communities of color, and enlist this community in the creation of the programs..."

Thoughtful, constructive ways for integration and engagement of the challenged community with the community of Berkeley residents and workers."

Appendices

Appendix A. Sample Interview Guide

CBO Staff Focus Group Guide

Focus Group Details

Date	
Facilitator	
Community groups in attendance	

Overview

[Introduce facilitator and notetaker]

We are gathering information about mental health and substance use crisis response in the City of Berkeley, including by contacting (211, 911, BMH crisis triage line, etc.) and who responded (if at all): social workers, medics/EMT, fire and/or police in our city. We are interested in hearing specifically about your experiences, and/or your perceptions of, mental health and substance use crisis response in the City of Berkeley. We are gathering this information to inform the development of a Specialized Care Unit (SCU) for the City of Berkeley as a non-police crisis response to mental health and substance use calls.

At the end of the discussion, if you feel like you didn't get to share something, or you think of something else you want to share later, feel free to visit our website for additional ways to provide feedback. <https://sites.google.com/rdaconsulting.com/city-of-berkeley-scu/>

This focus group will last approximately 90 minutes. If possible, please leave your video on and keep yourself muted when you are not speaking. You may respond to our questions verbally or in the chat, whichever you prefer.

Our goal for today is to understand your experiences as providers and advocates and do not expect you to share private details of your clients' experiences. Your own responses will be kept confidential and will be de-identified in any report back to the City of Berkeley.

We understand that some experiences with the current crisis response may have been harmful to you and/or your clients; if you would like to take a break or leave the focus group, please do so at any time.

Does anyone have any questions before we begin?

Questions

Warm-up

To get us started, we would like to do some introductions.

1. Please introduce yourself to the group by sharing your name, group or organization you are representing, your role, how long you've been there, and a word or phrase that comes to mind when you think about "mental health and substance use crisis services".

Experience with and perceptions of mental health and substance use crisis response

Now I would like to ask you some questions about your experience with and perceptions of the mental health and substance use crisis response options in the City of Berkeley.

2. What do you know about the existing mental health and substance use crisis response options in the City of Berkeley?
 - a. What kinds of crises do these services respond to?
 - b. What is missing?
3. How do the services your organization or program provides intersect with mental health and substance use related crisis services?
4. Are individuals referred to your program after experiencing a mental health or substance use related crisis?
 - a. If so, what services do you typically provide
 - b. How are those clients connected to your program?
5. Where would your clients go/who would they call if they were experiencing a mental health or substance use related crisis?
 - a. If, as a provider, a client was experiencing a mental health or substance use related crisis is there a program that you would call for support?
 - i. If so, who would you call? How do you decide who to call?
 - ii. How effective has the response been?
 - iii. Please share an example of a situation where you needed to contact someone to support a mental health or substance use related crisis for a client.
 1. Do you feel that the service was helpful? If so, how?
 2. If not, what could have been done differently?
6. Do you feel comfortable/safe calling for support from the existing mental health or substance use related crisis service options? Why or why not?
 - a. Do you feel that the existing mental health or substance use related crisis response options are helpful to clients? Why or why not?
7. Are there times that you have chosen not to call for mental health or substance use related crisis response services? Why or why not?
 - a. What did you do instead?
 - b. What might have made you feel more comfortable calling for support when a client was experiencing a mental health or substance use related crisis?
8. What do you feel that your clients typically need when they are experiencing a mental health or substance use related crisis?
 - a. Where might you refer a client if your program or organization can't provide the help they need during a mental health or substance use related crisis?
9. Are there local organizations or groups that you collaborate with that are maybe not considered part of the "system"?
 - a. If so, who are they and what kinds of support do they provide?
 - i. Do you think they would want to talk with us? *[if yes, get contact info for follow up]*

Strengths and challenges of the current mental health or substance use related crisis response options

In this section we will be discussing what the system is doing well and what the system is not doing so well.

10. In your opinion, what are some of the strengths of the current mental health or substance use related crisis response options?
 - a. If your clients have experienced a mental health or substance use related crisis, were they able to get help? How so?

11. In your opinion, what are some of the weaknesses of the current mental health or substance use related crisis response options?
 - a. Why do you think things aren't working?
 - b. Do you think mental health or substance use related crisis response services are difficult for your clients to access? How so?
 - c. What are some of the gaps related to mental health or substance use related crisis response options?

12. Do you feel that some people are served better than others by the current crisis system?
 - a. If so, who is left out?
 - b. Are people treated differently based on their race, gender, culture, sexuality, or disability? If so, how?

Ideas for alternative model

In this section I'm now going to ask you for your ideas for an ideal response for someone experiencing a mental health or substance use related crisis.

13. What would an ideal mental health or substance use related crisis response look like for you and the people you serve?
 - a. What kind of response would best meet the needs of your clients?
 - b. What would make it more likely for you to reach out to a crisis team for support?
 - c. What would make it less likely for you to reach out?
 - d. Who should, and should not, be involved in a mental health or substance use related crisis response? (i.e., Police, EMT, clinicians, peers, social workers, others?)
 - e. What do you consider to be essential features of an effective mental health or substance use related crisis response that is responsive to, and respectful of, the clients you serve?

14. What do you feel needs to be included in a new mental health or substance use related crisis response for you to feel safe calling for or providing those services?

Wrap up

We are hoping to talk to people one on one who are less likely to attend a focus group, but who have lived experience and would like to provide feedback on the development of a Specialized Care Unit. We are asking you to think about the people your program serves and consider if there are individuals who might want to share their experience with us in an interview either in person or over the phone.

15. What do you think are the best ways to engage your clients in this process?
 - a. How can we make sure that everyone's voice is heard?
 - b. Who is the best person to interview them?

- c. Would they be comfortable talking with someone from RDA or is there another person who might be more suited to talk with them?
- d. [Note contact information for follow up if applicable]

16. Is there anything else that you didn't get to share today that is important for us to know?

Closing

Thank you for your participation. We genuinely appreciate the time you took to speak with us today. We will be conducting interviews with other organizations and community members over the next few months and compiling a report based on the feedback, which will be shared with you and the community. If you would like to share any additional information with the City of Berkeley, feel free to visit <https://sites.google.com/rda consulting.com/city-of-berkeley-scu/>.

Appendix B. Demographics of Community Engagement Participants

As a reference point, it is important to understand the demographics of the Berkeley population. Table 1 below shows the demographics of Berkeley's overall city population (in July 2019) and the Medi-Cal recipient population (FY 2019-2020). Medi-Cal population demographics are included because the majority of City of Berkeley ongoing funded mental health services are restricted to this population, due to funding requirements. Relative to Berkeley's overall population, Black or African American residents are overrepresented in the City's Medi-Cal population, while Whites and Asians are underrepresented.

Table 1. Berkeley Population and Medi-Cal Recipient Demographics (2019)

	City Population (July 2019) ²⁹	Medi-Cal Recipients (FY 2019-2020)
Population Size	121,363	18,548
Race Ethnicity (%)		
White	53.3%	26%
Black/African American	7.9%	22%
Hispanic/Latino	11.4%	12%
Asian/Pacific Islander	21.5%	10%
American Indian/Alaska Native	0.5%	0%
Other (including 2+ races)	7.5%	33%
Gender (%)		
Female	50.5%	51%
Male	49.5%	49%

In the charts shown below, "provider participants" are those who were interviewed by RDA as part of CBO interviews and focus groups. "Service utilizer participants" are clients of CBOs or encampment residents who were interviewed by RDA. And "survey participants" are individuals who responded to RDA's online survey; these respondents could be a mix of providers, service utilizers, and/or other Berkeley residents or stakeholders.

²⁹ United States Census Bureau. (2019). *QuickFacts – Berkeley city, California*. <https://www.census.gov/quickfacts/berkeleycitycalifornia>

Figure 1 below shows the age distribution of the individuals that participated in this process. Overall, RDA received information from more people in the 30-44 range (39%) than any other age range.

Figure 1. Participants by age (n = 122 individuals)

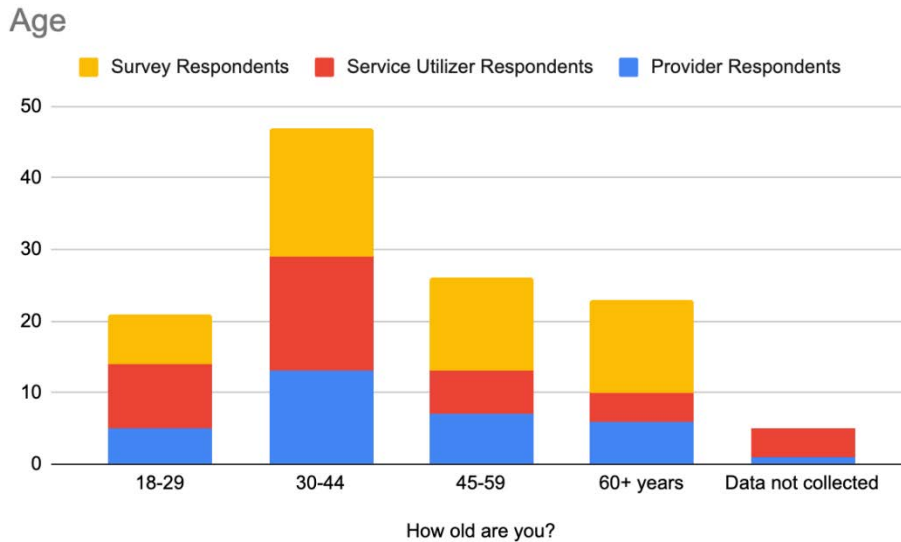


Figure 2 below shows the racial and ethnic distribution of participants in RDA's data collection.³⁰ Participants were asked to note all races/ethnicities that they identified with, so these are duplicated counts; for this reason, specific percentages should not be interpreted from this data. A large proportion of participants were white, especially among the survey respondents who participated. Most of the Black or African American participants contributed their perspectives via RDA's in-person focus groups or interviews. As compared to Berkeley's overall population, service utilizers and providers who identified as Black or African American were overrepresented in RDA's data collection efforts, (see Table 1).

³⁰ 13 participants selected more than one racial or ethnic identity, so these numbers are duplicated. For example, if a participant selected White and Black or African American, they are counted in both the White and African American categories.

Figure 2. Participants by race/ethnicity (n = 122 individuals)

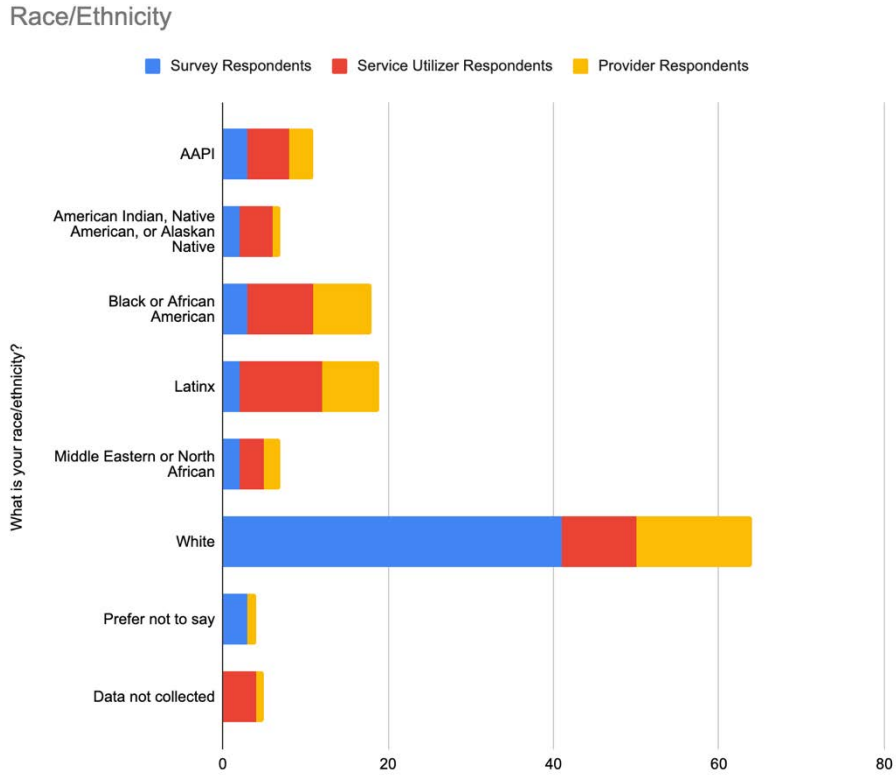


Figure 3 below shows the number of transgender and cisgender participants of RDA's data collection. Overall, there were far more cisgender participants than transgender participants. However, a higher proportion of service utilizer respondents (13%) were transgender, while less than 4% of survey respondents and 3% of provider respondents were transgender.

Figure 3. Participants by transgender/cisgender (n = 122 individuals)

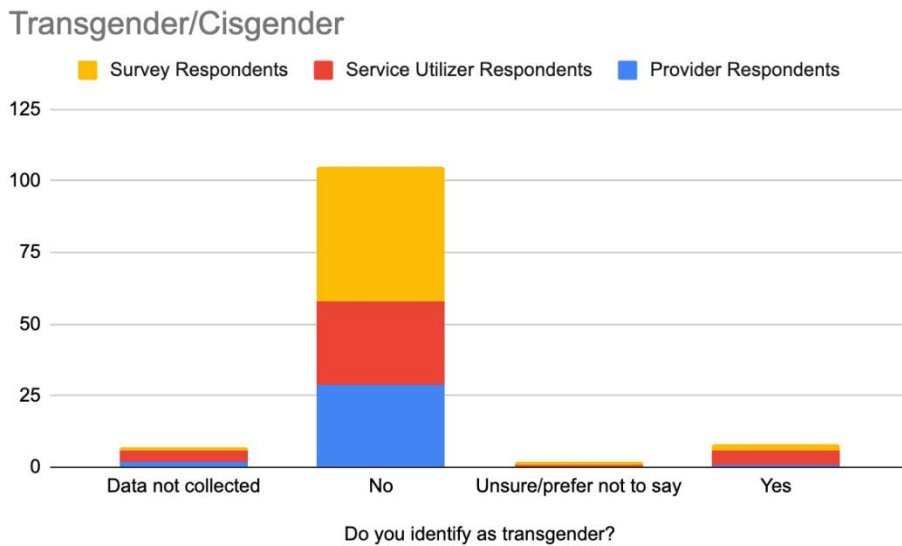


Figure 4 below shows the gender identity distribution of participants to RDA’s data collection. RDA collected feedback from more than double the number of female-identifying participants (72) than male identifying participants (31). There was an even distribution among service utilizer respondents (41% female and 41% male) compared to survey respondents (67% female vs. 20% male) and provider respondents (69% female, 16% male). Overall, there were very few genderqueer or nonbinary participants (<1% and 6% respectively).

Figure 4. Participants by gender identity (n = 122 individuals)

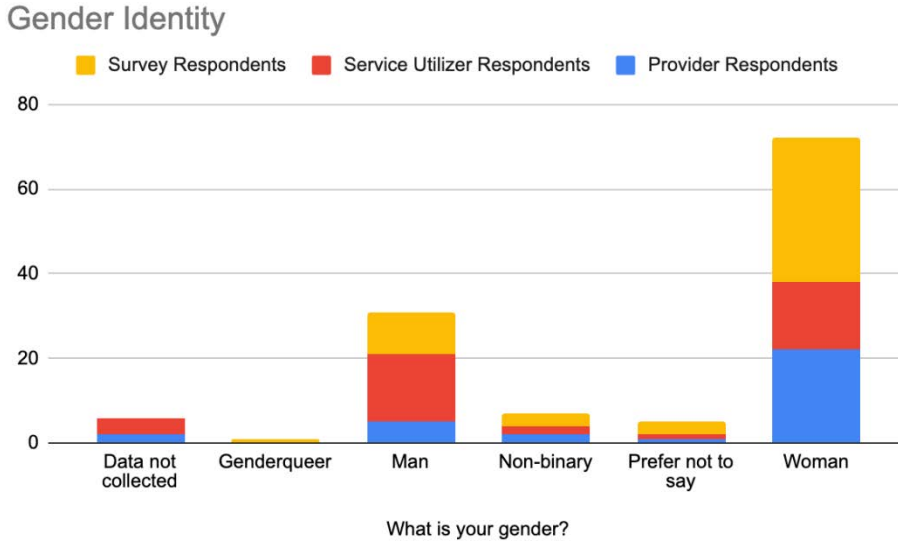


Figure 5 below shows the sexual orientation of participants of RDA’s collection. Over one third (35%) of participants identified as heterosexual or straight, while over one fourth (28%) identified as LGBTQ+. The remaining participants did not share their sexual orientation or it was not asked of them. Over half of survey respondents (57%) identified as straight, while only 31% of provider respondents and 10% of service utilizer respondents identified as straight.

Figure 5. Participants by gender identity (n = 122 individuals)

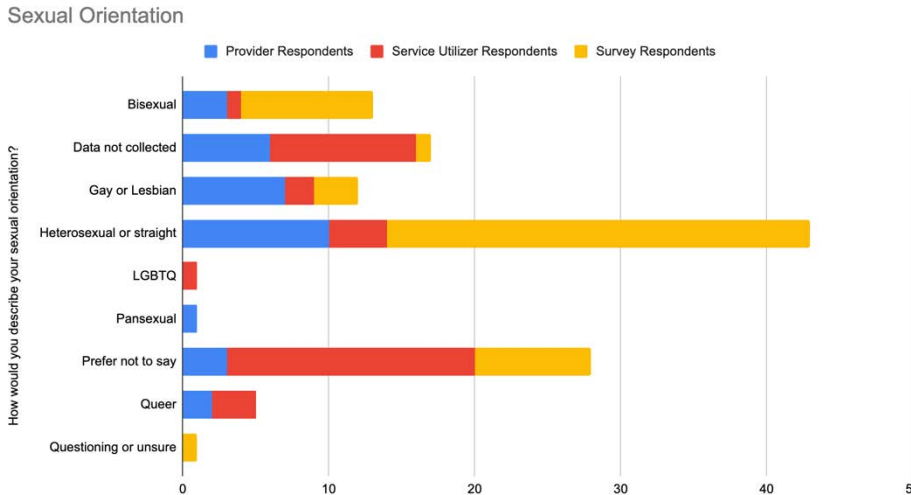
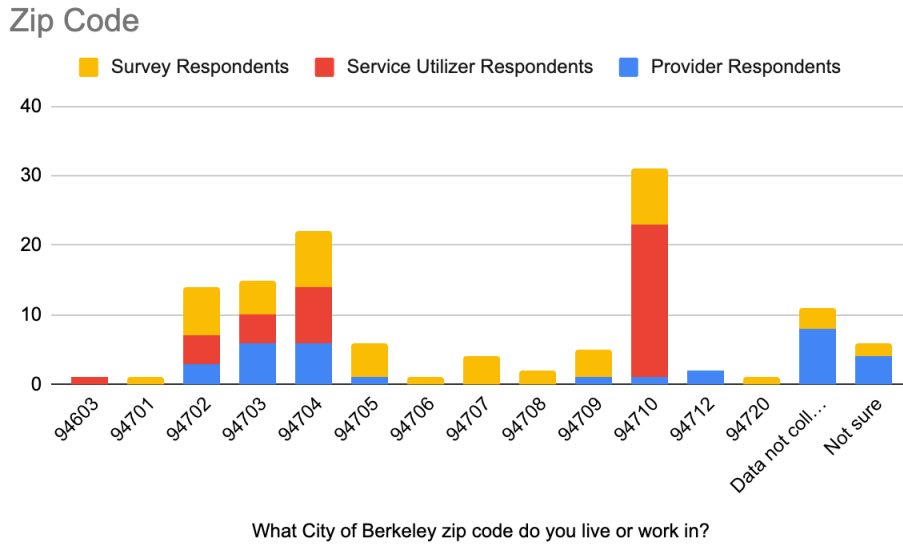
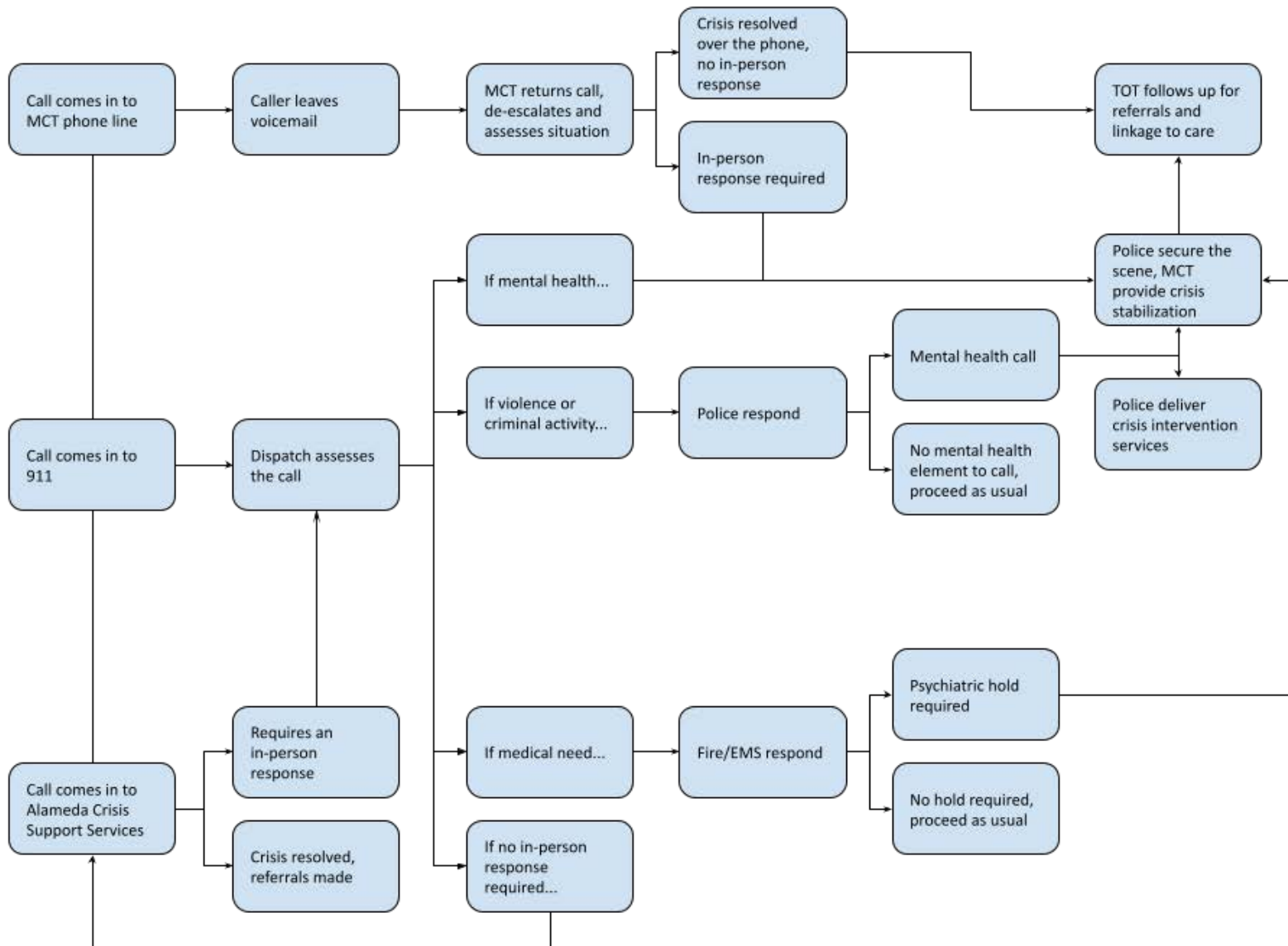


Figure 6 below shows the geographical distribution of participants of RDA's data collection. The most common zip code of participants was 94710 (25%), in large part due to the number of Seabreeze encampment residents that participated in this process. Closely following were the Berkeley ZIP codes of 94702, 94703, and 94704 with 11%, 12%, and 18% of participants, respectively.

Figure 6. Participants by ZIP code (n = 122 individuals)



Appendix C. Process of a Mental Health Call



Appendix D. Mental Health Call Responses – Call Volume and Demographics

Data Collection Methods and Challenges

Early on in this project, RDA submitted requests to Berkeley Mental Health’s Mobile Crisis Team (MCT) and the Berkeley Fire Department (BFD) to receive data on responses to all mental health related calls. MCT shared basic service-level data of their responses for FYs 2015-2020. BFD shared data from BFD and Falck (the city’s contracted ambulance services provider for mental health crises) that was limited to responses to 5150 calls in Berkeley between calendar years 2019-2021.

RDA did not submit a data request to the Berkeley Police Department (BPD) for two reasons. First, from another evaluation project that RDA currently has with the Berkeley Mental Health Division, RDA already had basic service-level data from BPD regarding their responses to calls originating for 5150s, for the period of CYs 2014-2020. Second, in April 2021, the Berkeley City Auditor released a comprehensive report on its extremely in-depth data analysis of BPD’s responses. For the purposes of RDA’s project regarding the Specialized Care Unit (SCU), there was no need to replicate any of the work and findings that came from the Berkeley City Auditor. Please see the Berkeley City Auditor’s report for a detailed description of its methods, findings, data limitations, and data recommendations for BPD.³¹ The findings that are shared in this report from the Berkeley City Auditor’s study are extrapolated directly from the data about BPD calls (from CYs 2015-2019) that was included in the Auditor’s report.

In general, RDA’s analysis of MCT, BFD, Falck, and BPD call data yielded high-level summary plots about subject/patient demographics and call volume. The general limitations of all available data prevented a more in-depth analysis of the data. More detailed tabular findings are not shared in this report for two reasons: 1) given that all of the quantitative data are under representations of the true volume of crisis responses and callers in Berkeley, only the trends about the volume of mental health related calls and caller demographics should be interpreted from this data, not the specific numbers; and 2) in order to protect the privacy of the few individuals who populated some of the specific categorizations of this data, RDA cannot disclose data which includes small sample sizes.

There were limitations to the quantitative datasets that RDA received. Of greatest impact is that the data entry practices across each agency were not consistent with each other, thus limiting which data could be pulled for analysis as well as which findings could be compared between agencies. For example, due to data limitations, RDA was unable to present a total call volume across agencies or the unmet need for mental health intervention during 5150 transport. Though estimates on call volume and unmet need are relevant to understanding crisis response options, inconsistent data collection and reporting across agencies would make this calculation inaccurate and misleading.

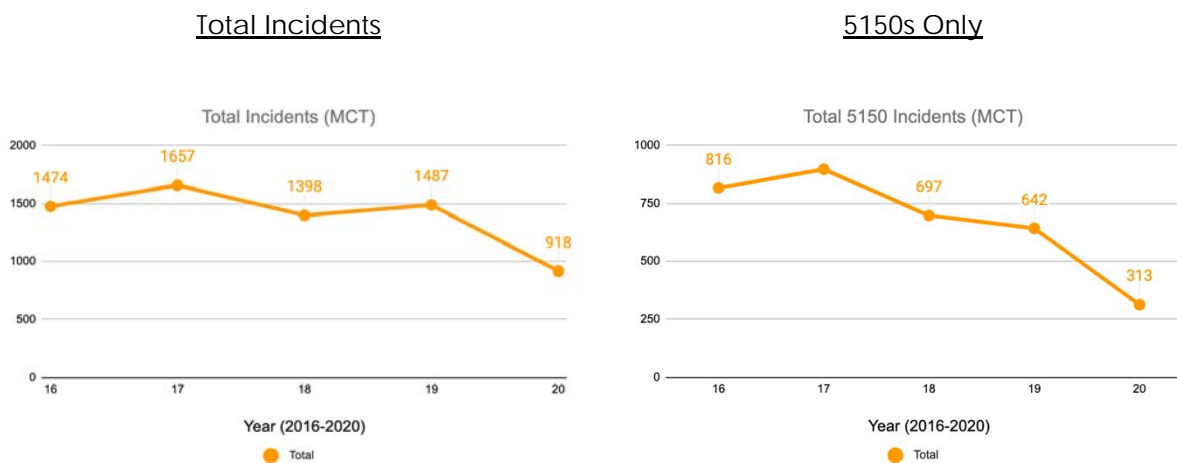
³¹ Berkeley City Auditor. (2021, July 2). *Data Analysis of the City of Berkeley’s Police Response*. https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf

The data challenges that RDA encountered were very similar to those faced by the Berkeley City Auditor; please refer to the Berkeley City Auditor’s report of its findings of Berkeley’s Police Response for a thorough description of their data challenges.³²

Mental Health Call Volume

Mobile Crisis Team: From the call data that MCT shared with RDA, findings are limited to only showing the total volume of calls that MCT responded to during 2015-2020. Due to missing data and data elements across the various years, there were not any consistent elements for which findings could be determined over the full five-year period. Figure 7 below shows the volume of MCT’s total incidents and which of those incidents resulted in a 5150 for each year between 2015-2020.

Figure 7. Mobile Crisis Team (MCT) Incidents in 2015-2020 - Total



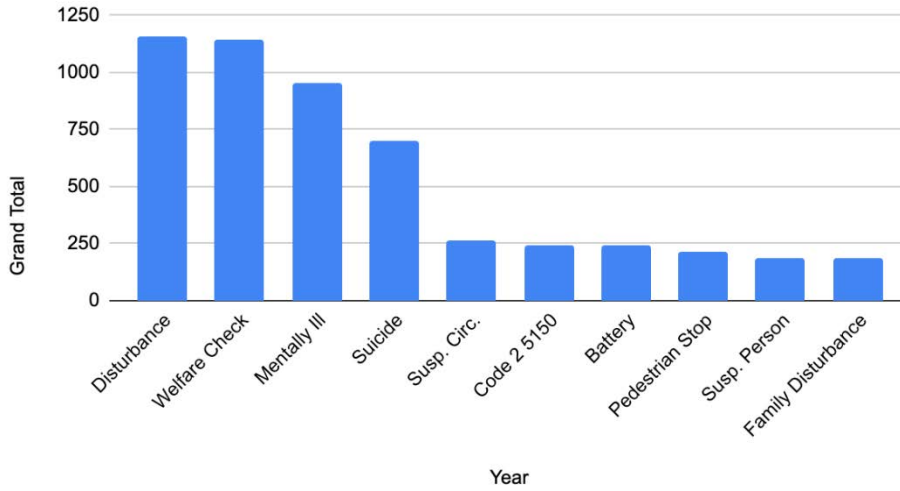
Since 2015, there has been a gradual decline in the number of total and 5150 incidents that MCT responded to in Berkeley due to staff vacancies as well as the COVID-19 pandemic.

Berkeley Police Department: For the period of 2014-2020, RDA received data from BPD that included all calls initially coded by BPD as needing a 5150 response. This was the only type of designation that could be queried in BPD’s data for mental health related calls. From this dataset, RDA identified the variety of other types of incidents that were coded alongside “5150” for each call. Figure 8 below shows the top ten incident types for all the 5150 calls that BPD responded to in 2014-2020.

Figure 8. Top 10 Berkeley Police Department (BPD) 5150 Incident Call Types, 2014-2020

³² Berkeley City Auditor. (2021, July 2). *Data Analysis of the City of Berkeley’s Police Response*. https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf

Top 10 BPD 5150 Incident Call Types (2014-2020)

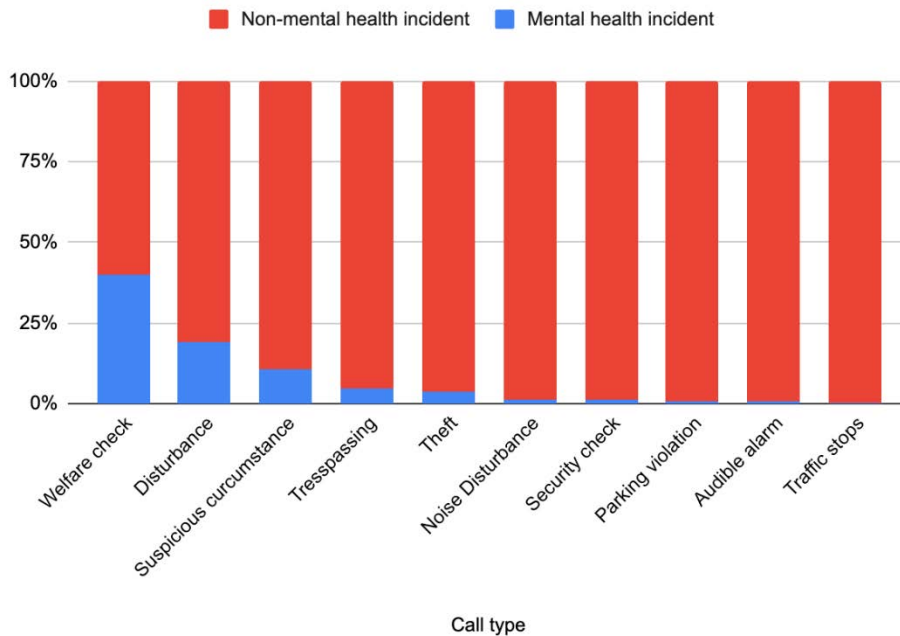


Disturbance, welfare check, mentally ill, and suicide were the most frequent incident types of all 5150 calls to BPD.

The Berkeley City Auditor conducted a qualitative analysis of its BPD call response data to explore the differences between calls that were or were not mental health related. Because BPD’s data does not have an explicit variable that denotes whether each call is mental health related or not, the Berkeley City Auditor did a keyword search for mental health related terms in the open narrative fields of BPD’s call entries. Figure 9 below shows the differences in mental health related and non-mental health related calls that BPD responded to between 2015-2019, stratified by call type.

Figure 9. Berkeley Police Department (BPD) Call Types, 2015-2019

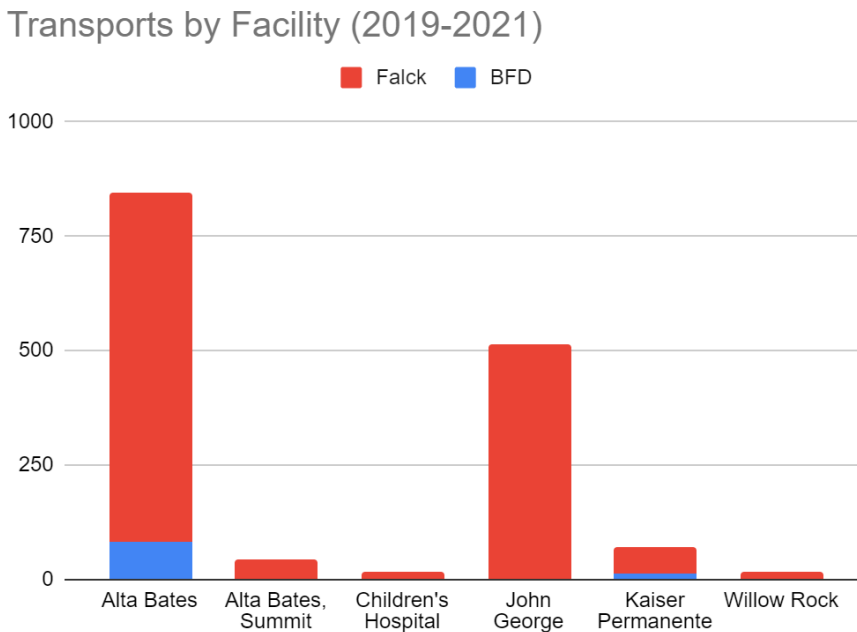
Top Call Types with Mental Health Incidents (2015-2019)



Around 40% of BPD’s welfare check calls included a mental health related facet to the response, followed by around 20% of disturbance calls, and around 10% of calls regarding suspicious circumstances.

Berkeley Fire Department: The data that BFD shared with RDA (which included data from BFD and Falck) included information on the facilities that BFD and Falck transported 5150 cases to between 2019-2021. Falck conducted the large majority of 5150 transports in Berkeley. Most 5150 transports were to Alta Bates Medical Center and John George Psychiatric Emergency Services. BFD only transported 5150 cases to Alta Bates, Oakland Children’s Hospital, and Kaiser. As contracted, Falck conducted 5150 transports to all the agencies noted below.

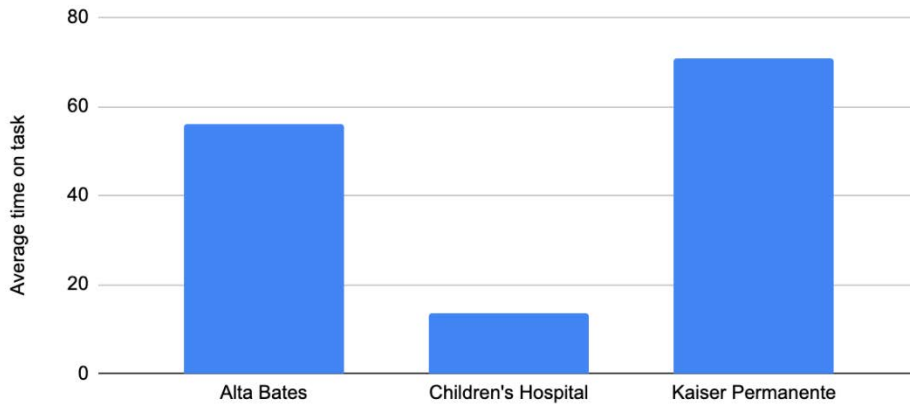
Figure 10. BFD and Falck 5150 Transports by Destination, 2019-2021



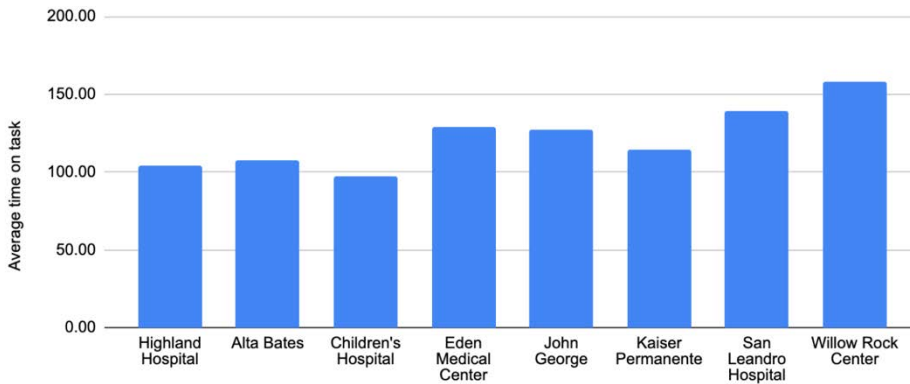
BFD also shared data regarding their and Falck’s time on task for each 5150 response and transport. Time on task represents the time from which BFD or Falck arrive at the scene to the point in which they complete the transport of the patient to the destination. Of the 95 5150 transports that BFD conducted between 2019-2021, BFD’s average time on task was 20 minutes. Of the 1,523 5150 transports that Falck conducted between 2019-2021, Falck’s average time on task was 115 minutes. This is because Falck is the designated ambulance provider who is transporting 5150 cases around Alameda County. These calls can take more time and can be to farther locations. Figure 11 below shows the average time on tasks for BFD and Falck.

Figure 11. BFD and Falck Time on Task for 5150 Transports, 2019-2021

Average Time on Task, BFD (2019-2021)



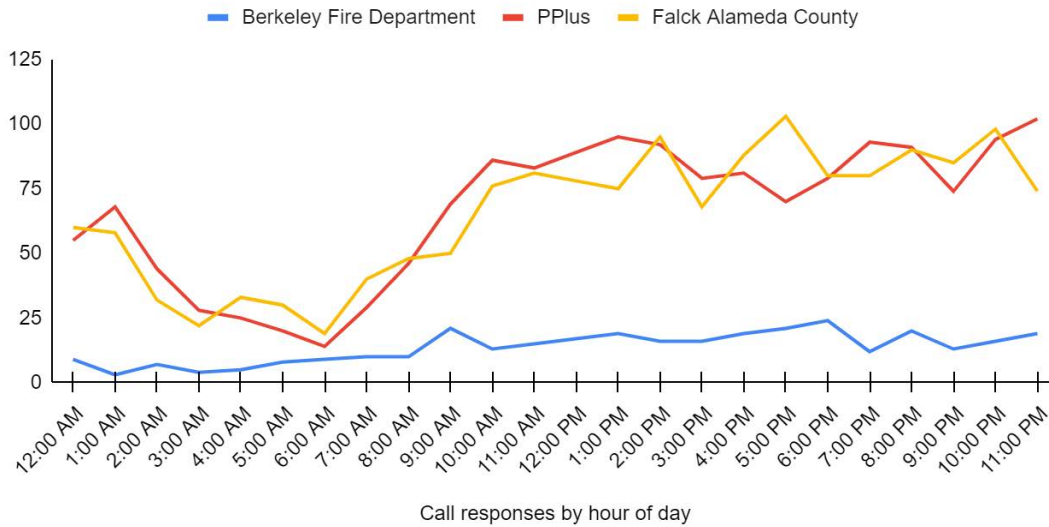
Average Time on Task, Falck (2019-2021)



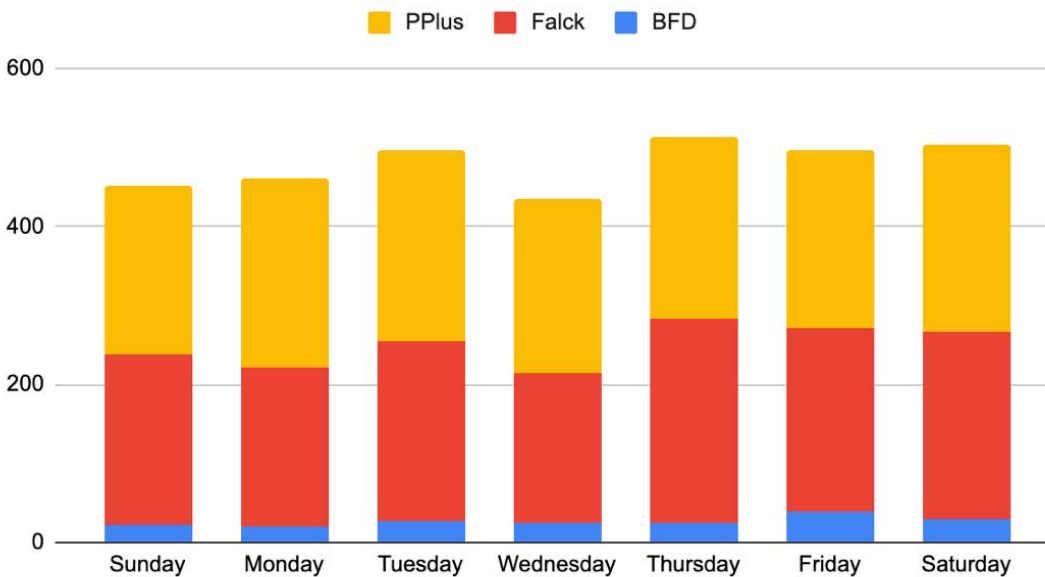
BFD, Paramedics Plus (or PPlus, the contracted ambulance provider prior to Falck), and Falck's data on their 5150 call responses also included information on the day of the week and time that each 5150 call was initiated. RDA analyzed this data to search for any notable trends regarding when 5150 calls originate. Figure 12 below shows when each agency's 5150 call responses occurred; this data spans the years 2018-2021. From this data, it appears that 5150s are least frequent during the very late-night and early-morning hours (2:00-8:00am), and the most frequent between 10:00am – midnight. There is no noticeable difference in the frequency of 5150s across the seven days of the week.

Figure 12. BFD, PPlus, Falck 5150 Transports by Time of Day and Day of Week, 2018-2021

Call Responses by Hour of Day (2018-2021)



Call Responses by Day of the Week (2018-2021)

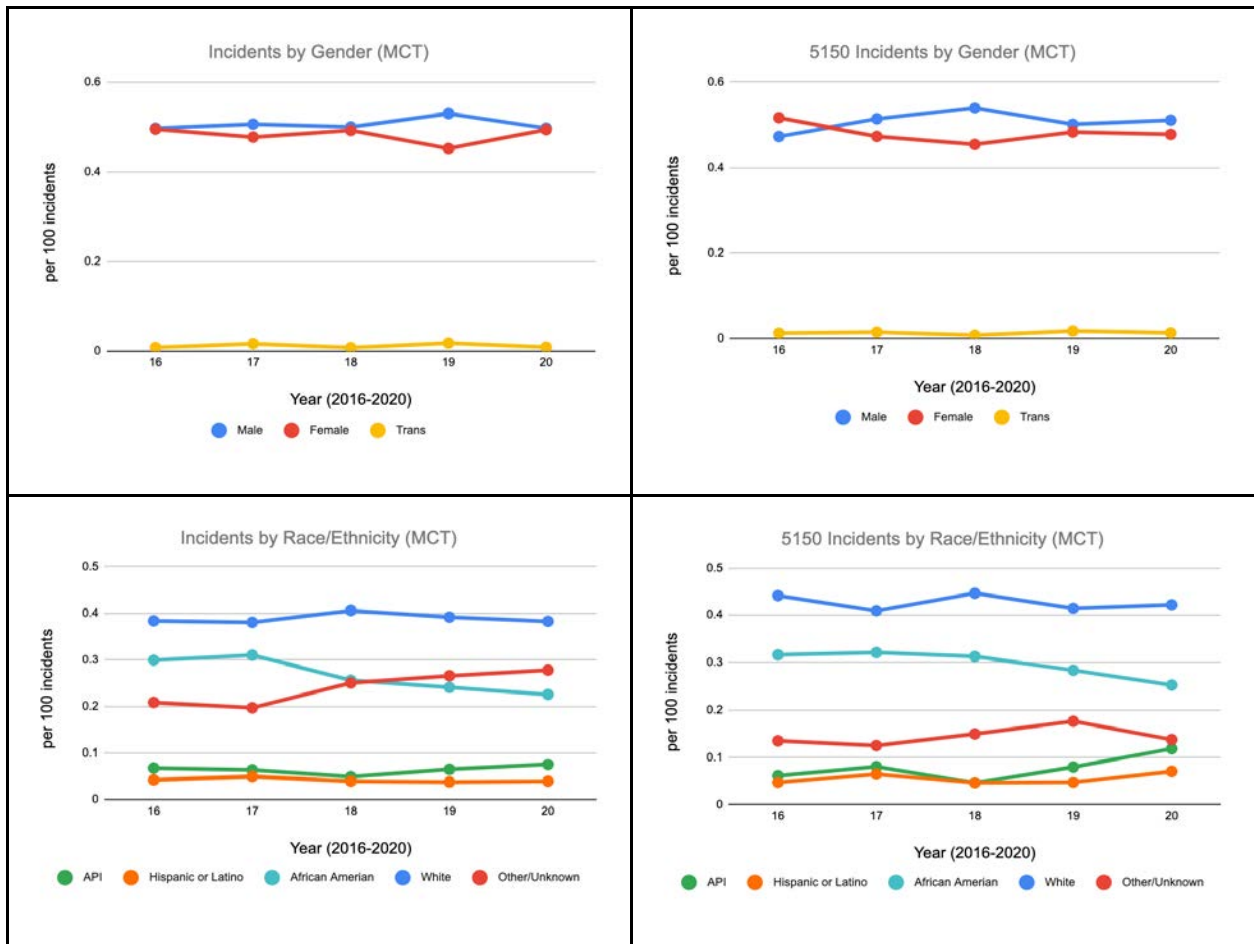


Demographics of Mental Health Call Responses

Mobile Crisis Team: For the five-year period of FY 15/16 through FY 19/20, the Berkeley Mental Health Division’s Mobile Crisis Team (MCT) shared data about both their overall volume of responses as well as those pertaining specifically to 5150 calls. Figure 13 below includes four figures that show MCT’s incidents by gender (first row), and then incidents by race/ethnicity (second row) by each fiscal year.

Figure 13. Mobile Crisis Team (MCT) Incidents in 2015-2020 - Gender, Race/Ethnicity

Total Incidents	5150s Only



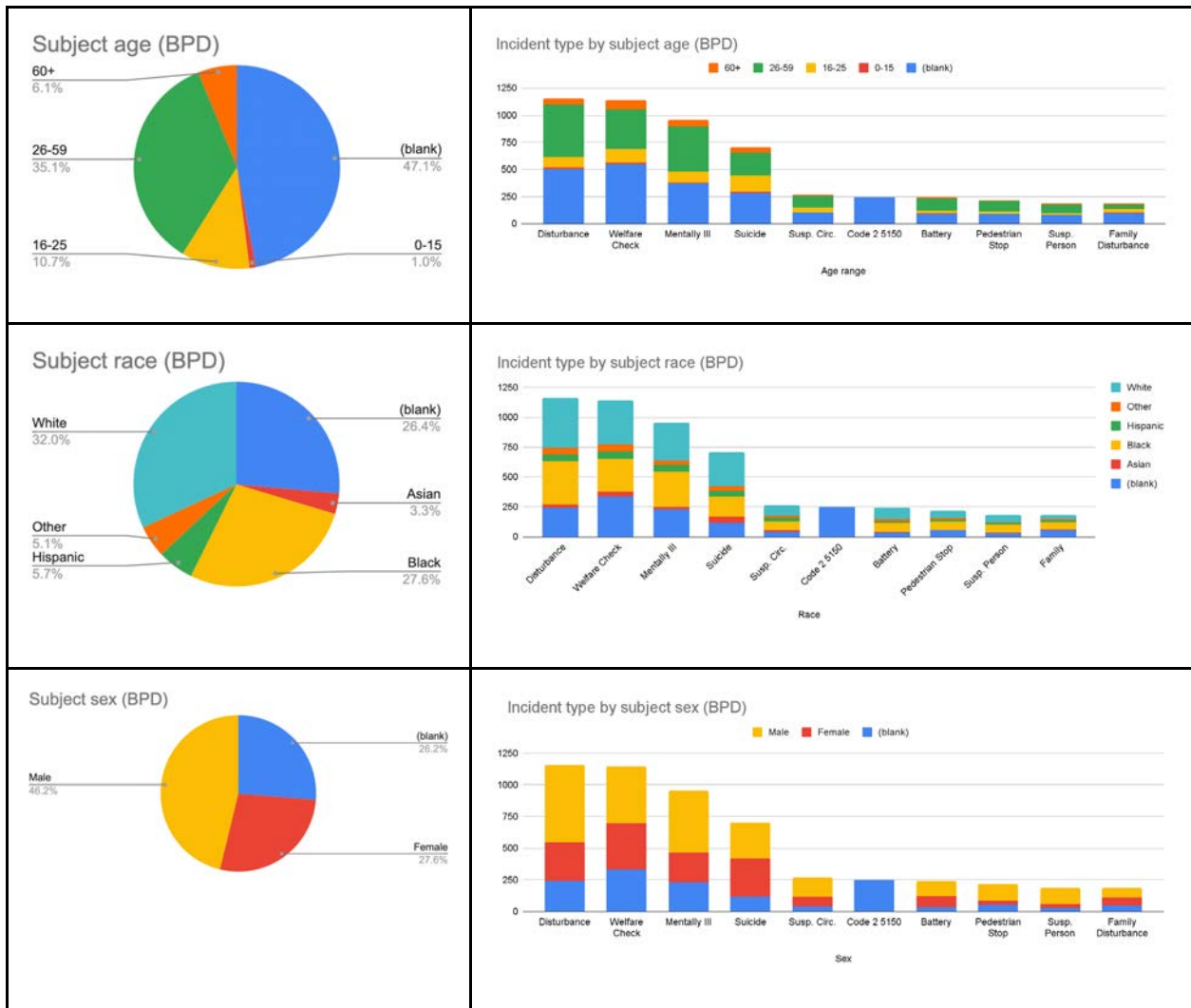
MCT incidents were with slightly more males than females, and very few trans individuals. And, regarding race/ethnicity, MCT cases were most often White, followed by African American, other/unknown, Asian Pacific Islander, and Hispanic or Latino. Given that African Americans comprise only 7.9% of Berkeley’s population (see Table 1), they are very overrepresented in MCT’s service utilizer population.

Berkeley Police Department: For the six-year period of CY 2014 through CY 2020, the Berkeley Police Department (BPD) shared data regarding demographics (age, race, and sex) for each of its calls that were originated as designated 5150 responses. Since 2019, the majority of 5150 responses were conducted by Falck - an ambulance services provider contracted by BFD - because Falck is the designated entity (between the two agencies) to conduct 5150 transports in Berkeley. Figure 14 below includes six figures that show: 1) the summative demographics of BFD’s 5150 subjects, and 2) the incident types stratified by subject demographics.

Figure 14. Berkeley Police Department (BPD) 5150 Subjects in 2014-2020 - Demographics and Incident Types³³

<u>Subjects by Demographics</u>	<u>Incident Types by Demographics</u>
---------------------------------	---------------------------------------

³³ Data noted as (blank) represent data points where data were missing.

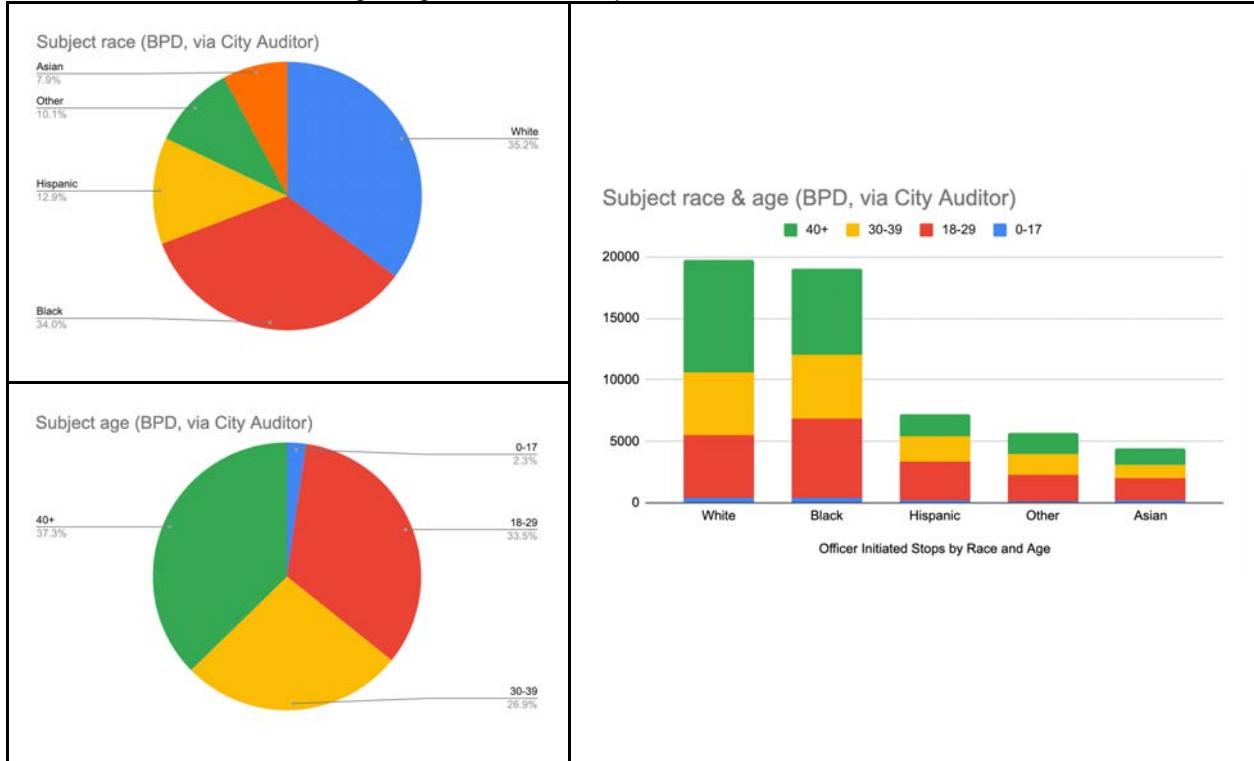


Of the BPD 5150 calls that had demographic variables coded, most responses were with individuals between ages 26-59, White, or male. Liked noted above with MCT’s service utilizer population, given that African Americans comprise only 7.9% of Berkeley’s population (see Table 1), they are also very overrepresented amongst BPD’s 5150 population. Most BPD 5150 calls were also coded as disturbance calls, welfare checks, mentally ill individuals, and suicide. Each incident type is not mutually exclusive, so any particular incident could have one or multiple more incident type logged towards it in addition to being a 5150.

The Berkeley City Auditor’s report (released in April 2021) on BPD call responses included a variety of tables with data on the demographics of the subjects of their officer-initiated stops by race and age; please refer to the Berkeley City Auditor’s Report in Figure 19: Officer-Initiated Stops by Race and Age, 2015-2019.³⁴ RDA took the data shared in that figure to produce different visual representations of all subjects that BPD responded to between 2015-2019; this data includes responses to non-mental health related calls, as well.

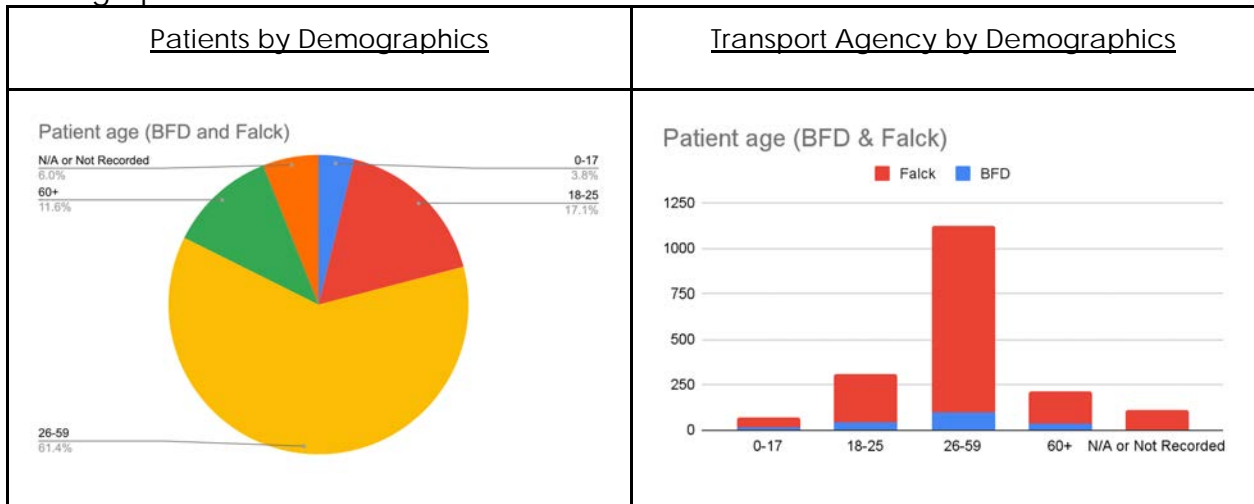
³⁴ Berkeley City Auditor. (2021, July 2). *Data Analysis of the City of Berkeley’s Police Response*. https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf

Figure 15. Berkeley Police Department (BPD) Officer-Initiated Calls in 2015-2020 - Race and Gender (via Berkeley City Auditor’s Report on BPD Calls)



Berkeley Fire Department: For the three-year period of CY 2019 through CY 2021, the Berkeley Fire Department (BFD) shared data regarding demographics (age, race, and gender) and incident type for each of its calls that were originated as designated 5150 responses. Figure 16 below includes six figures that show: 1) the summative and combined demographics of BFD and Falck’s 5150 patients, and 2) the differences in volume of BFD and Falck 5150 responses stratified by patient demographics. Figure 17 below shows the total combined 5150 responses by BFD and Falck, first grouped by gender by race, then by race by gender.

Figure 16. Berkeley Fire Department (BFD) and Falck 5150 Patients in 2019-2021 - Demographics



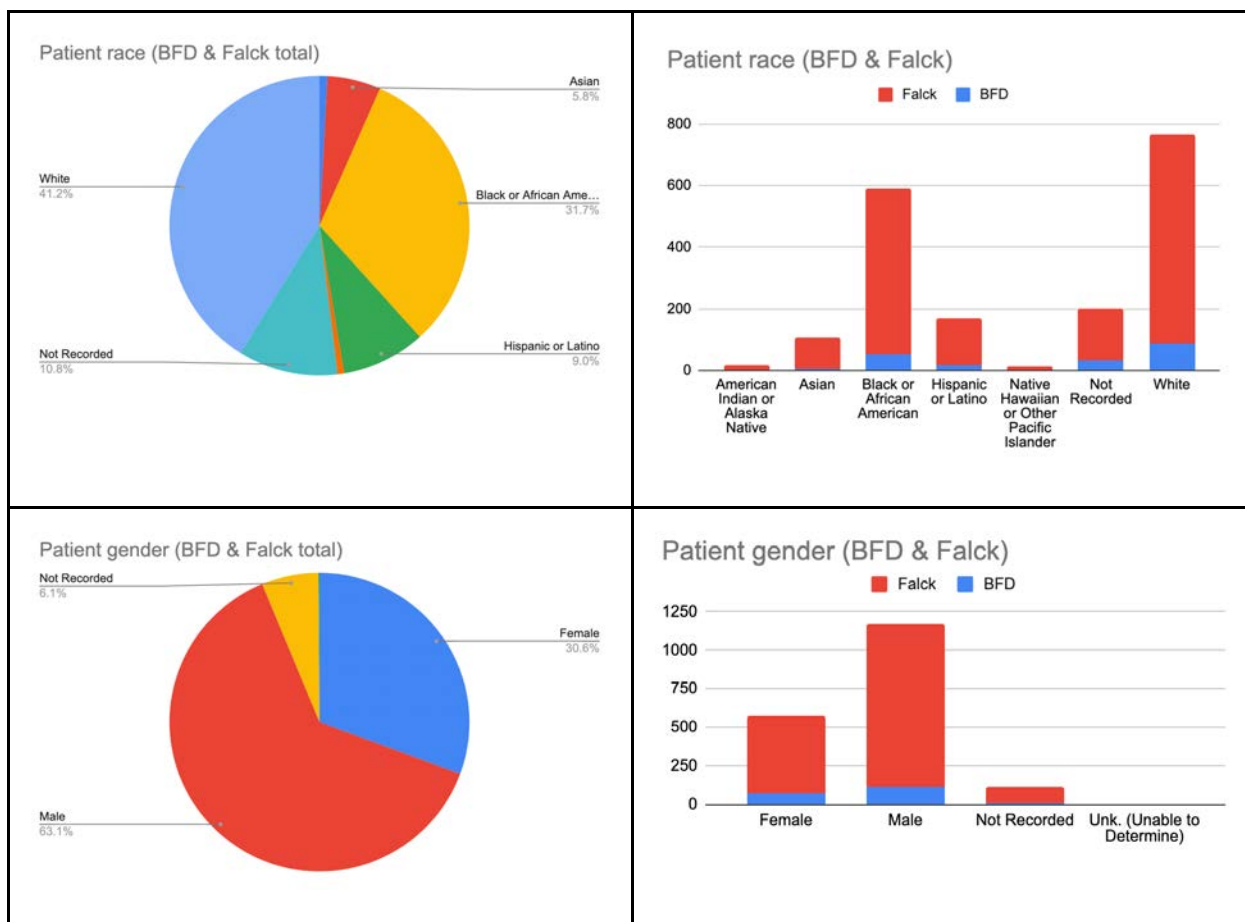
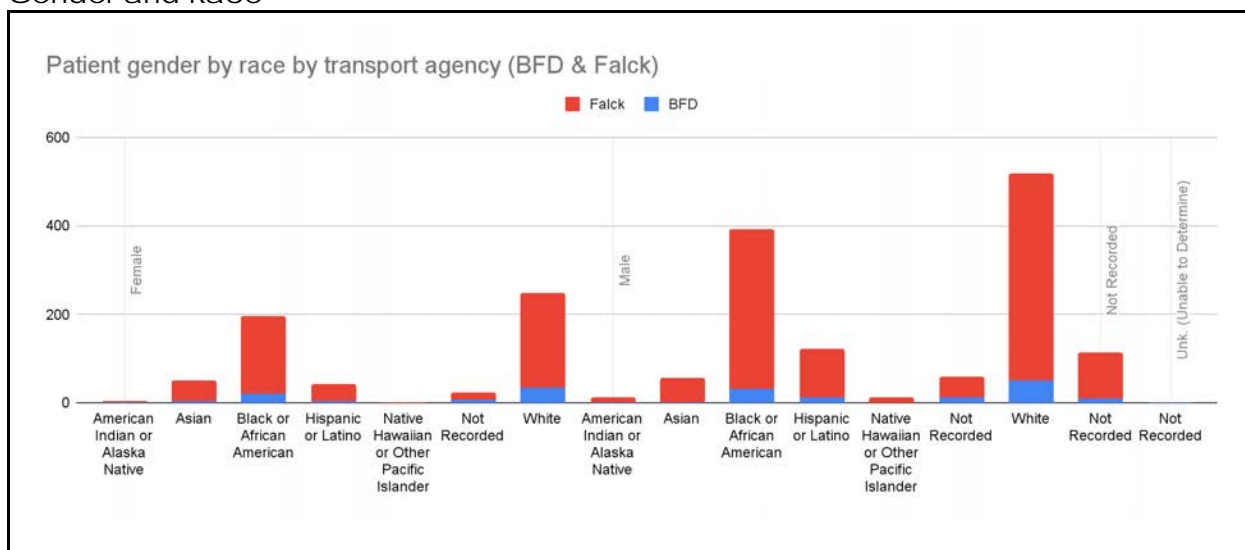
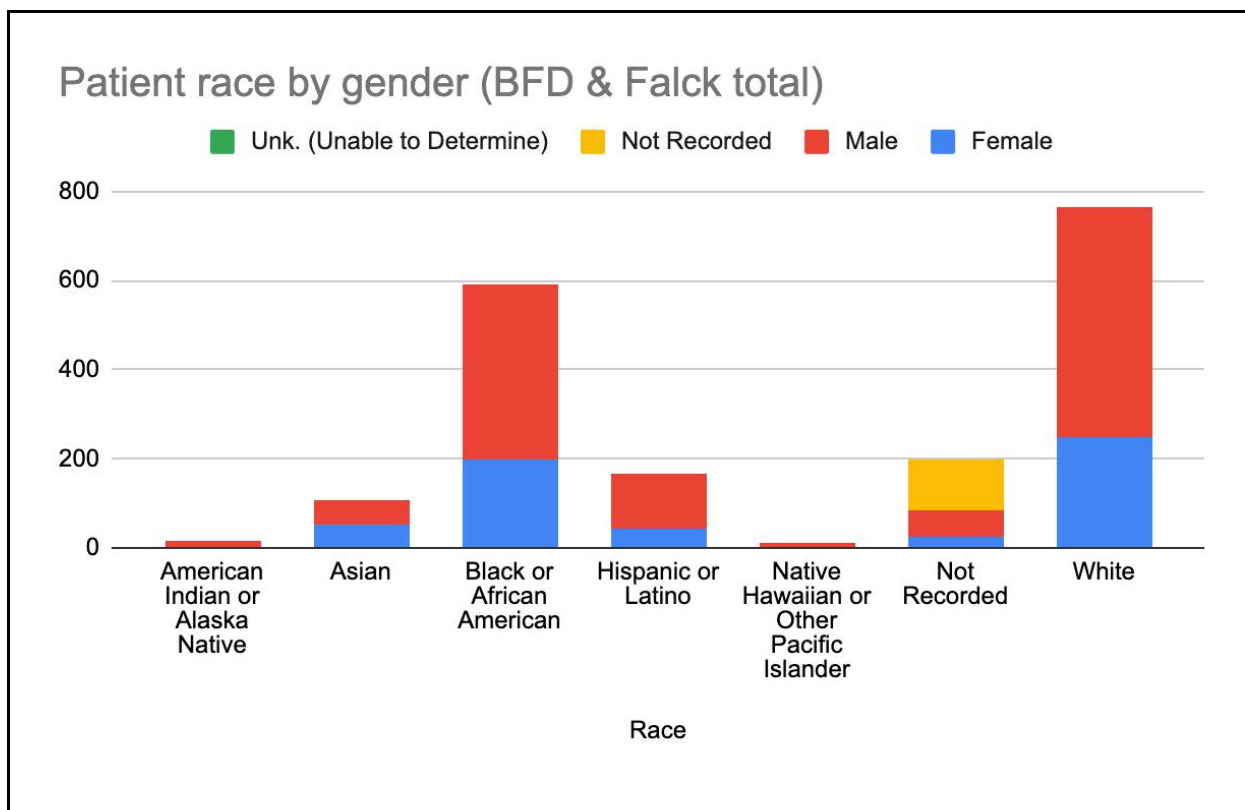


Figure 17. Berkeley Fire Department (BFD) and Falck 5150 Patients in 2019-2021 - By Gender and Race





Similar to the incidents that MCT responded to, the 5150 patients that BFD and Falck responded to are mostly between ages 26-59, White, or male. Falck also conducted a large majority of the 5150 transports in Berkeley, as compared to BFD.



City of Berkeley

Specialized Care Unit

Crisis Response Recommendations



City of Berkeley

Specialized Care Unit (SCU) Crisis Response Recommendations

Sarah Ferrell

Caroline de Bie

Sasha Gayle-Schneider

Amalia Egri Freedman

Nicole Gamache-Kocol

Jamie Dorsey

Kevin Wu

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Resource Development Associates, 2021





Table of Contents

Executive Summary	1
Introduction	3
The SCU Model	8
Recommendations	10
System-Level Recommendations	57
Conclusion	60
Appendix	64



Executive Summary

As part of the larger effort to Reimagine Public Safety, the City of Berkeley contracted with Resource Development Associates (RDA) to conduct a feasibility study for a Specialized Care Unit (SCU), an alternative mental health and substance use crisis response model that does not involve law enforcement.

This is the third of three distinct reports for this effort. The first report ("[Crisis Response Models Report](#)") presents a summary of crisis response programs in the United States and internationally. The second report ("[Mental Health Crisis Response Services and Stakeholder Perspectives Report](#)") is the result of engagement with stakeholders of the crisis system, including City of Berkeley and Alameda County agencies, local community-based organizations (CBOs), local community leaders, and utilizers of Berkeley's crisis response services, and presents a summary of key themes to inform the SCU model.

This third report is intended to guide implementation of the SCU model and includes:

- Core components and guiding aims of the SCU model;
- Stakeholder and best practice-driven design recommendations;
- Considerations for planning and implementation;
- A phased implementation approach;
- System-level recommendations; and
- Future design considerations.

Each recommendation put forth in this report is deeply rooted in the stakeholder feedback included in the two previous reports. This report presents RDA's recommendations based on this year-long project, which the City of Berkeley may adapt and adjust as necessary.

Key Recommendations

1. The SCU should respond to mental health crises and substance use emergencies without a police co-response.
2. The SCU should operate 24/7.
3. Staff a three-person SCU mobile team to respond to mental health and substance use emergencies.
4. Equip the SCU mobile team with vans.
5. The SCU mobile team should provide transport to a variety of locations.
6. Equip the SCU mobile team with supplies to meet the array of clients' needs.
7. Clearly distinguish the SCU from MCT.
8. Participate in the Dispatch assessment and planning process to prepare for future integration.
9. Ensure the community has a 24/7 live phone line to access the SCU.
10. Plan for embedding a mental health or behavioral health clinician into Dispatch to support triage and SCU deployment.
11. Fully staff a comprehensive model to ensure the success of the SCU mobile team, including supervisory and administrative support.
12. Operate one SCU mobile team per shift for three 10-hour shifts.
13. SCU staff and Dispatch personnel should travel to alternative crisis programs for in-person observation and training.
14. Prepare the SCU mobile team with training.
15. Contract the SCU model to a CBO.
16. Integrate the SCU into existing data systems.
17. Collect and publish mental health crisis response data publicly on Berkeley's Open Data Portal.
18. Implement care coordination case management meetings for crisis service providers.
19. Implement centralized coordination and leadership across city agencies to support the success of mental health crisis response.
20. Continue the existing SCU Steering Committee as an advisory body.
21. Solicit ongoing community input and feedback.
22. Adopt a rapid monitoring, assessment, and learning process.
23. Conduct a formal annual evaluation.
24. Launch a public awareness campaign to promote community awareness and education about the SCU.
25. The SCU mobile team should conduct outreach and build relationships with potential service utilizers.



Introduction

Project Background

In response to the killing of George Floyd by Minneapolis police in May 2020 and the ensuing protests across the nation for this and many other similar tragedies, a national conversation emerged about how policing can be done differently in local communities. The Berkeley City Council initiated a wide-reaching process to reimagine safety in the City of Berkeley. As part of that process, in July 2020, the Council directed the City Manager to pursue reforms to limit the Berkeley Police Department's (BPD) scope of work to "primarily violent and criminal matters." These reforms included, in part, the development of a Specialized Care Unit (SCU) to respond to mental health crises without the involvement of law enforcement.

In order to inform the development of an SCU, the City of Berkeley contracted with Resource Development Associates (RDA) to conduct a feasibility study that includes community-informed program design recommendations, a phased implementation plan, and funding considerations.

The Need for Specialized Mental Health Crisis Response

Just as a physical health crisis requires treatment from a medical professional, a mental health crisis requires response from a mental health professional. Unfortunately, across the country and in Berkeley, police are typically deployed to respond to mental health and substance use crises.

Without the proper infrastructure and resources in place, cities are unable to adequately meet the needs of people experiencing a mental health and/or substance use crisis. Relying on police officers to respond to the majority of mental health 911 calls endangers the safety and well-being of community members. Tragically, police are 16 times more likely to kill someone with a mental illness compared to those without a mental illness.¹ A November 2016 study published in the *American Journal of Preventative Medicine* estimated that 20% to 50% of fatal encounters with law enforcement involved an individual with a mental illness.² As a result, communities have begun to consider the urgent need for crisis response models that deploy mental health professionals rather than police. An analysis found that the 10 largest police departments in the U.S. paid out nearly 250 billion dollars in settlements in 2014, much of which were related to wrongful-

¹ Szabo, L. (2015). People with mental illness 16 times more likely to be killed by police. *USA Today*. <https://www.usatoday.com/story/news/2015/12/10/people-mentalillness-16-times-more-likely-killed-police/77059710/>

² DeGue, S., Fowler, K.A., & Calkins, C. (2016). Deaths due to use of lethal force by law enforcement. *American Journal of Preventive Medicine*, 51(5), S173-S187. [https://www.ajpmonline.org/article/S0749-3797\(16\)30384-1/fulltext](https://www.ajpmonline.org/article/S0749-3797(16)30384-1/fulltext)

death lawsuits of people in a mental health crisis.³ Law enforcement should not be the primary responders to mental health crises.

A 2012 Department of Justice report outlines that policing in the U.S. does not necessarily keep people safer but instead, militaristic policing causes more harm than good and disproportionately impacts communities of color. The report further assessed that over-policing requires more resources without producing benefits to public safety, draining resources that could otherwise be used for more effective public safety strategies.⁴

Nationally, the negative impacts of policing and police violence have been declared a public health issue.⁵ Extensive data shows that aggressive policing is a threat to physical and mental health: inappropriate stops are associated with increased anxiety, depression, PTSD, or long-term health conditions like diabetes. In 2016, at least 76,440 nonfatal injuries due to law enforcement were reported and at least 1,091 deaths were reported. However, due to insufficient monitoring and surveillance of law enforcement violence, these statistics are underestimated.⁶

The impacts of policing disproportionately harm people of color, especially Black Americans, making policing an issue of racial justice. Police disproportionately stop, arrest, shoot, and kill Black Americans. Other marginalized populations, such as people with mental illness, people who identify as transgender, people experiencing homelessness, and people who use drugs, are also subjected to increased police stops, verbal and sexual harassment, and death.⁷

In California, Alameda County has the highest rate of 5150 psychiatric holds in the entire state,⁸ which may indicate inadequate provision of mental health crisis services. Of those individuals placed on a 5150 psychiatric hold in Alameda County and transferred to a psychiatric emergency services unit, 75-85% of the cases did not meet medical necessity criteria to be placed in inpatient acute psychiatric care. This demonstrates an overuse of emergency psychiatric services in Alameda County. Such overuse creates challenges in local communities such as lengthy wait times for ambulance services which are busy

³ Elinson, Z. & Frosch, D. (2015). Cost of police-misconduct cases soars in big U.S. cities. *Wall Street Journal*. <https://www.wsj.com/articles/cost-of-police-misconduct-cases-soars-in-big-u-s-cities-1437013834>

⁴ Ashton, P., Petteruti, A., & Walsh, N. (2012). Rethinking the blues: How we police in the U.S. and at what cost. *Justice Policy Institute, U.S. Department of Justice*. <https://www.ojp.gov/ncjrs/virtual-library/abstracts/rethinking-blues-how-we-police-us-and-what-cost>

⁵ American Public Health Association. Addressing law enforcement violence as a public health issue. Policy number: 201811. 2018. <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2019/01/29/law-enforcement-violence>.

⁶ Ibid.

⁷ Ibid.

⁸ INN Plan – Alameda County: Community Assessment and Transport Team (CATT) (2018, October 25). *California Mental Health Services Oversight and Accountability Commission*. https://mhsoac.ca.gov/sites/default/files/documents/2018-10/Alameda_INN%20Project%20Plan_Community%20Assessment%20and%20Transport%20Team_8.6.2018_Final.pdf

transporting and discharging individuals on 5150 holds. The overuse of involuntary psychiatric holds can be traumatizing for people experiencing crisis, as well as for their friends and family.

The overuse of involuntary psychiatric holds is also an issue of racial justice. Police and ambulance workers have been found to bring Black patients with psychoses to psychiatric emergency service more frequently than non-Black patients with psychoses.⁹ For example, in San Francisco, Black adults are overrepresented in psychiatric emergency services, relative to overall population size.¹⁰

Based on 911 call data from 2001 to 2003 in San Francisco, a study found that neighborhoods with higher proportions of Black residents generate relatively fewer mental health-related 911 calls. The authors suggest that underutilization of 911 by the Black community can result in delayed treatment, therefore increasing the risk posed to the health and safety of people in crisis and their communities. The study highlights the common distrust of law enforcement among communities of color. Such distrust and fear of law enforcement may mean that people of color do not trust that mental health-related calls will be handled appropriately if they seek support for a mental health crisis through 911. The study reinforced that “law enforcement officers’ role in the disposition of calls makes them de facto gatekeepers to safety net services for persons with mental disorders.”¹¹

It is within this context that many Berkeley community members are calling for a more just, equitable, and health-focused crisis response system, in part due to the distrust of institutions of policing or those closely intertwined with police. A variety of stakeholder groups, including the Berkeley Mental Health Commission and the Berkeley Community Safety Coalition, have long advocated for a community-designed 24/7 crisis care model and to reduce the role of law enforcement in crisis response.

⁹ Kessell, E.R., Alvidrez, J., McConnell, W.A. & Shumway, M. (2009). Effect of racial and ethnic composition of neighborhoods in San Francisco on rates of mental health-related 911 calls. *Psychiatric Services*, 60(10), 1376-1378. <https://ps.psychiatryonline.org/doi/pdf/10.1176/ps.2009.60.10.1376>

¹⁰ Ibid.

¹¹ Kessell, E.R., Alvidrez, J., McConnell, W.A. & Shumway, M. (2009). Effect of racial and ethnic composition of neighborhoods in San Francisco on rates of mental health-related 911 calls. *Psychiatric Services*, 60(10), 1376-1378. <https://ps.psychiatryonline.org/doi/pdf/10.1176/ps.2009.60.10.1376>

In a concurrent project for the City of Berkeley’s Reimagining Public Safety initiative, the National Institute for Criminal Justice Reform found that among many Berkeley residents, there is a lack of trust in and satisfaction with the Berkeley Police Department. They found that:¹²

- Non-White respondents were more likely to indicate that the Berkeley Police Department is not effective at all compared to White respondents;
- 17.1% of Black respondents and 7.6% of Latinx respondents reported that police had harassed them personally in comparison to only 4.3% of White respondents;
- Respondents are less likely to call 911 during emergencies related to mental health or substance use crisis (57.9%) in comparison to an emergency not involving mental health or substance use (86.2%); and
- Substantially more Black respondents indicated extreme reluctance to call 911 as compared with other groups.

Additionally, the report shared that across all respondents, 65.9% indicated a preference for trained mental health providers to respond to mental health and substance use emergencies “with support from police when needed” and 14.9% indicated a preference “with no police involvement at all.” In total, 80.8% of respondents indicated a preference for trained mental health providers to respond to calls related to mental health and substance use.¹³

Clearly, there is an urgent need for a more racially just, equitable, and health-focused mental health crisis response system. The SCU could be well poised to address these inequities by providing specialized mental health crisis intervention, de-escalation, and stabilization without the presence of law enforcement.

Inputs to the Recommendations

This report includes core components and guiding aims of the SCU model, considerations for planning and implementing the SCU model, a phased implementation approach, stakeholder-driven design recommendations, system-level recommendations, and next steps and future design considerations. Each recommendation that RDA puts forth in this report is deeply rooted in the following sources of input:

- Crisis Response Models Report (Report 1 of this series of 3)
- Mental Health Crisis Response Services and Stakeholder Perspectives Report (Report 2 of this series of 3)
- Ongoing engagement with the SCU Steering Committee and the City’s Health, Housing & Community Services Department (HHCS)

¹² National Institute for Criminal Justice Reform (2021). Reimagining public safety: Draft final report and implementation plan. https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/Draft%20Final%20Report%20and%20Implementation%20Plan%20FNL%20DRFT%2010.30.21.pdf

¹³ Ibid.

- Learnings from the simultaneous Reimagining Public Safety initiative
- Best practices research

The recommendations presented in this report are directly informed from the strengths, challenges, gaps in services, and lessons learned from crisis response programs around the country. Those considerations, however, must be uniquely tailored to the Berkeley community based on the existing crisis response system and the needs and perspectives of Berkeley residents. Together, the recommendations and implementation approaches presented here are informed by findings from the robust community engagement and citywide processes of the past year.

Crisis Response Models Report

As part of this feasibility study, RDA reviewed the components of nearly 40 crisis response programs in the United States and internationally, including virtually meeting with 10 programs between June and July 2021. A synthesized summary of RDA's findings, including common themes that emerged across the programs, how they were implemented, considerations and rationale for design components, and overall key lessons learned can be found in the [Crisis Response Models Report](#).

Mental Health Crisis Response Services and Stakeholder Perspectives Report

With the guidance and support of the SCU Steering Committee, facilitated by the Director of City of Berkeley's Health, Housing and Community Services Department (HHCS), RDA conducted a large volume of community and agency outreach and qualitative data collection activities in June and July 2021. Because BIPOC, LGBTQ+, unhoused, and other communities are disproportionately represented in public mental health and incarceration systems—particularly ones designed for punishment and sentencing to prisons—their input was sought to advance the goal of achieving health equity and community safety.

Crisis response service users described their routes through these systems, providing their perspectives about their experiences and how these experiences impact their lives in a way that other stakeholders are not able or qualified to do. The goal of the immense amount of outreach and qualitative data collection was to understand the variety of perspectives in the local community regarding how mental health crises are currently being responded to as well as the community's desire for a different crisis response system that would better serve its population and needs. Such perspectives are necessary to improve the quality of service delivery and, moreover, to inform structural changes across the crisis response system.

The synthesis of the City of Berkeley's current mental health crisis system and themes from qualitative data collection can be found in the [Mental Health Crisis Response Services and Stakeholder Perspectives Report](#)



The SCU Model: Planning & Implementation

Core Components

The recommendations presented in this report represent a model that is responsive to community needs, but as planning continues throughout 2021 and into 2022, new considerations and constraints may arise. As dynamics evolve and more information is obtained and assessed, the model must be flexible and adaptable. There are several components that should, however, remain core to the SCU model:

- The SCU responds to mental health and substance use crises.
- The SCU responds with providers specialized in mental health and substance use.
- The SCU model does not include police as a part of the crisis response.
- The SCU is not an adjunct to nor overseen by a policing entity (e.g., Police, Fire, or CERN¹⁴).

With these core components in mind, the SCU model and phased approach were designed to address the challenges, gaps in services, and community aspirations shared by numerous stakeholders throughout Berkeley. The SCU model seeks to:

- Address the urgent need for a non-police crisis response.
- Disrupt the processes of criminalization that harm Black residents and other residents of color, substance users, people experiencing homelessness, and others who experience structural marginalization.
- Increase the availability, accessibility, and quality of mental health crisis services.
- Provide quality harm reduction services for substance use emergencies.
- Strengthen collaboration and system integration across the crisis and wraparound service network.
- Be responsive to ongoing community feedback and experiences.
- Build and repair trust with community members and increase public awareness of newly available services.

A System-wide Change Initiative

The development of a mental health crisis response model as a component of the City of Berkeley's emergency services should be understood as a systemwide change initiative of great magnitude. Developing a shared narrative around community health and well-being while reducing harm, trauma, and unnecessary use of force may build collective support for the SCU model across City of Berkeley agencies and departments. Other cities implementing non-police crisis response models found that garnering buy-in from other

¹⁴ Community Emergency Response Network (CERN) is a model recommended by the National Institute for Criminal Justice Reform through the Reimagining Public Safety process.

city or county departments requires collaboration from the earliest planning stages. Cities shared that when they focused these conversations about shared objectives between the crisis response program and the police, police began to see the program as a resource to them, as mental health professionals could often better handle mental health crises because of their training and backgrounds. Alignment on shared goals and values may support leadership across the City of Berkeley to identify and advance the best resource(s) for responding to mental health needs and substance use crises. An effective systemwide change initiative will also require all involved leaders to communicate and champion the shared vision.

The SCU model requires not only collaboration, but also structural changes and integration across other entities. For one, the SCU's ability to respond to crises relies in large part on the 911 Communications Center ("Dispatch"). However, in 2019, a Berkeley City Auditor's report¹⁵ elevated that the understaffing of Dispatch has led to staffing levels that cannot meet the call volume of residents and has increased call wait times. Increased wait times for 911 callers have negative implications for the safety and well-being of service utilizers and community members. Increased wait times also have negative implications for service providers and crisis responders that are responding to a potentially more advanced state of crisis. Additionally, inadequate staffing levels rely on overtime spending to fund Dispatch, which increases the cost of the entity.

The Auditor's report also recommended increased training for Dispatchers to manage and respond to mental and behavioral health crisis calls, including the management of suicidal callers and persons with mental illness. The well-being and stress of call takers are also of concern. In all, if they are not addressed, such resource shortages and unmet training needs could have a significant impact on the SCU's success.

Other entities that will be affected by the implementation of the SCU model include Berkeley Fire, who responds to crises through Dispatch, and the Mobile Crisis Team (MCT), who provide mental health crisis services in partnership with the Berkeley Police Department. These entities, in addition to Dispatch and the SCU, will have to establish new working relationships and protocols to effectively serve the community together.

Dispatch is an immensely complex system. Integrating the SCU into such a system, while addressing staff capacity and training needs, will take significant planning and coordination, as well as funding. For these reasons, the recommendations for the planning and implementation of the SCU model are laid out in a phased implementation approach to allow for sufficient preparation of Dispatch while providing urgently needed mental health crisis response to community members.

¹⁵ Berkeley City Auditor. (2019, April 25). 911 Dispatchers: Understaffing Leads to Excessive Overtime and Low Morale. https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Dispatch%20Workload_Fiscal%20Year%202018.pdf



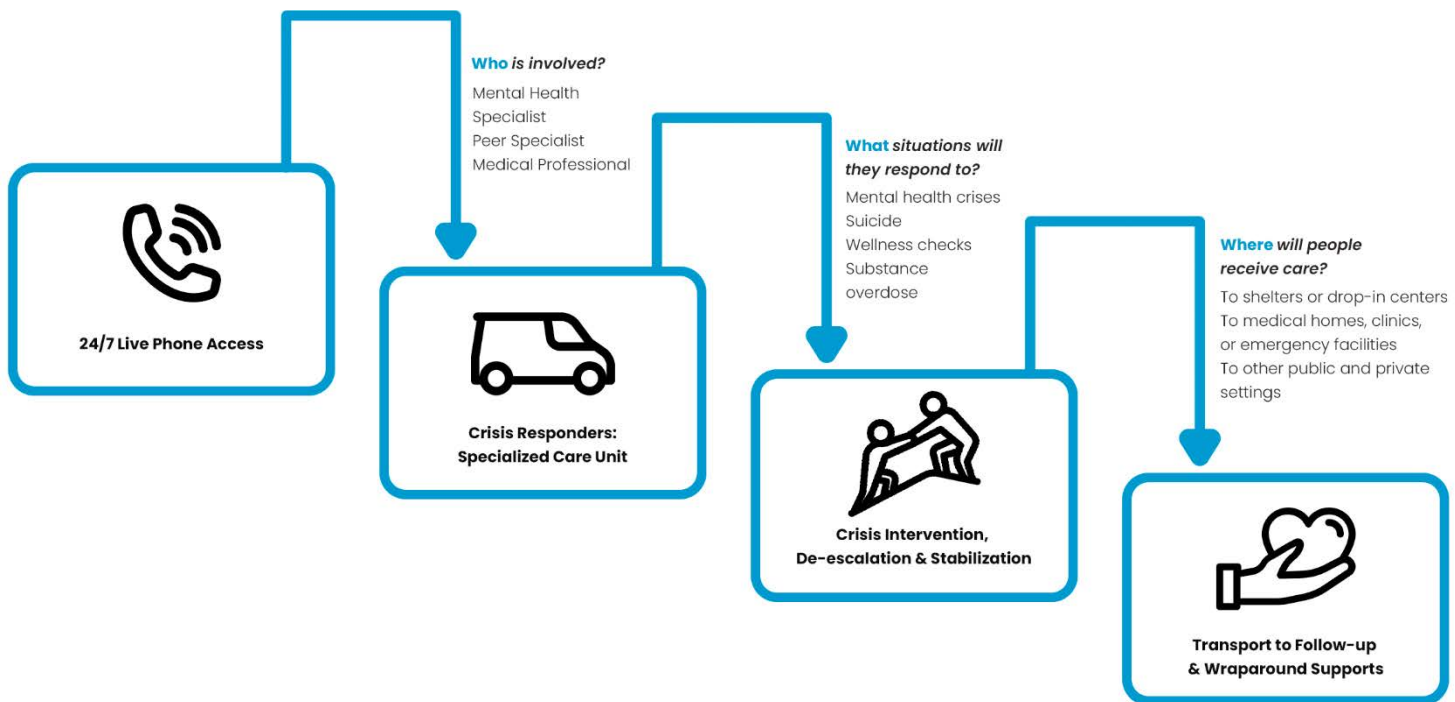
Recommendations

Overview

This report presents recommendations that address what is required for SCU model. Figure 1, below, provides an overview of the specialized care unit’s response. Figure 2 shows the many components required for a comprehensive 24/7 SCU model.

The Specialized Care Unit: Crisis Response

Figure 1: An overview of the SCU crisis response.

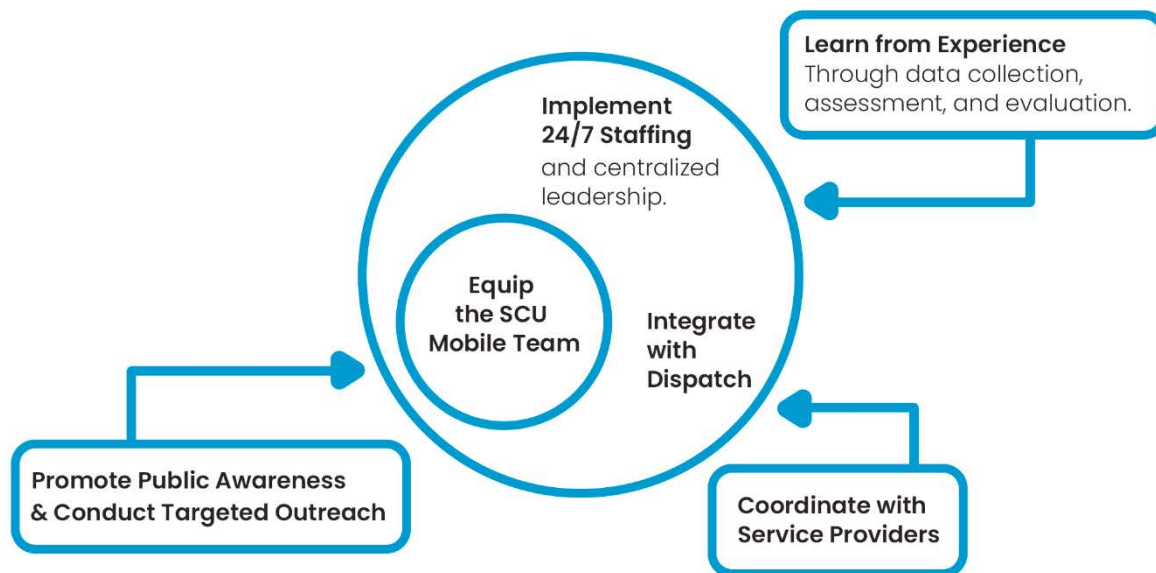


Community members experiencing or witnessing a mental health or substance use crisis will be able to call the SCU through a 24/7 live phone line, from which the SCU mobile team will be deployed to the crisis. The SCU mobile team will include specialists who support a person in crisis with intervention, de-escalation, and stabilization techniques. If necessary, the SCU will also be able to transport a person in crisis to locations that promote the person’s safety and care.



The SCU Model: A Comprehensive 24/7 Crisis Response

Figure 2: An Overview of the comprehensive 24/7 SCU model.



The SCU is not solely a mobile team that delivers specialized care during mental health and substance use crises, but rather requires a comprehensive model. This model includes clinical and administrative staff to ensure 24/7 live access to the phone line and SCU mobile team. The model also requires centralized leadership and system integration to realize systemwide changes. As this new model is implemented, it will require ongoing data collection, assessment, and iteration to ensure it is meeting the needs of the community. And, the model requires that community members know that they can call a non-police, specialized mental health and substance use crisis team.



Phased Implementation

A phased approach will support a successful rollout of the SCU model while planning for integration across city agencies. These timelines may be ambitious given the magnitude of this systems-change initiative and the dependencies of the various model components. While the phased implementation approach represents an ideal timeline and is responsive to the urgent need for specialized mental health and substance use crisis response in Berkeley, it may need to be adjusted to realize the success of the SCU.

Refer to **Appendix A** for a complete phased implementation roadmap.

Figure 3: An overview of the phased implementation approach.

PHASE 0	PHASE 1		PHASE 2
Nov 2021 – Aug 2022	Sept 2022 – Aug 2023	Sept 2023 – Feb 2024	Feb 2024+
<ul style="list-style-type: none"> Engage SCU Steering Committee & community stakeholders on RFP; launch RFP SCU staff: Contracting, hiring, training Dispatch: Planning & assessment Establish preliminary triage criteria, workflows and protocols Launch public awareness campaign 	<ul style="list-style-type: none"> SCU implements crisis response services Dispatch implements integration or components based on Phase 0 planning Conduct rapid assessment, monitoring, and iteration Engage centralized leadership in coordination 	<ul style="list-style-type: none"> Review annual evaluation and rapid assessments Prepare for Phase 2 	<ul style="list-style-type: none"> Implement changes based on evaluation and community need



SCU Mobile Team

The goal of the SCU is to provide specialized care during mental health crises and substance use emergencies, including crisis intervention, de-escalation, and stabilization. This specialized care does not require a police response but instead should be a three-person team of medical and behavioral health specialists. The SCU will need to be equipped to address the nuanced variety of crisis needs across mental health and substance use emergencies.

By providing 24/7 SCU services, the City of Berkeley asserts that mental health crisis response is of the same importance as other crisis services and limits the need to use the police to respond to such crises. Overall, the SCU model aims to disrupt the criminalization of substance use and mental illness and advance racial justice in the City of Berkeley. There are several considerations for how to most effectively promote the safety of crisis responders, persons in crisis, and general community members.

The following recommendations are aligned to best practices and emerging alternative models, while being rooted in community-driven recommendations. Each recommendation is tailored to the City of Berkeley and provides key considerations to support planning and implementation:



Key Recommendations

- 1. The SCU should respond to mental health crises and substance use emergencies without a police co-response.**
- 2. The SCU should operate 24/7.**
- 3. Staff a three-person SCU mobile team to respond to mental health and substance use emergencies.**
- 4. Equip the SCU mobile team with vans.**
- 5. The SCU mobile team should provide transport to a variety of locations.**
- 6. Equip the SCU mobile team with supplies to meet the array of clients' needs.**
- 7. Clearly distinguish the SCU from MCT.**

Recommendation #1

The SCU should respond to mental health crises and substance use emergencies without a police co-response.

The goal of the SCU is to provide specialized care during mental health crises and substance use emergencies. Below are suggested guidelines of when the SCU should and should not respond to a call.

Types of calls SCU **should** respond to:

- Suicide
- Drug overdose
- Welfare check
- Suspicious circumstance
- Complaint of an intoxicated person
- Social disorder
- Indecent exposure
- Trespassing
- Disturbance

Types of calls SCU should **not** respond to:

- Confirmed presence of firearm, knife, or other serious weapon
- Social monitoring and enforcement (e.g., of unsheltered residents in public spaces)
- Calls that Dispatch already deems do not need an in-person response (e.g., argument with a neighbor, minor noise violation)

Location of calls SCU should respond to:

- Public settings (e.g., parks, sidewalks, vehicles)
- Commercial settings (e.g., pharmacies, restaurants)
- Private settings (e.g., homes)

Note: These guidelines and types of calls will need to be further explored to develop triage criteria that adequately reflect all the considerations for when the SCU will respond to crises.

Why isn't the SCU responding with police?

Stakeholders consistently emphasized the need to provide non-police mental health crisis response options, noting that police are primarily trained in issues of imminent public safety threats, not mental health care. Rather than duplicating the MCT's model, the SCU model provides a new option for those better served by a non-police response. A dedicated response unit for mental health, behavioral health, and substance use emergencies will also help to build community trust and increase the likelihood that someone will call for help when they are in a crisis.

Why is the SCU responding to calls at public and private locations? Is that safe?

A mental health crisis can happen anywhere, so the SCU must be able to respond to mental health and substance use crises in both public and private settings. Any variables around the safety of responding to a crisis in a private setting should be assessed before deploying the SCU team (e.g., the presence of a serious weapon).

How were the types of calls decided?

Research from alternative models in other cities, community stakeholders' perceptions of existing needs in Berkeley, and input from crisis responders in the City of Berkeley all indicate that these call types may be well suited for behavioral health and mental health specialists instead of police. The nuances within any of these call types will be further planned for throughout Phase 0.

Considerations for Implementation

Safety & Weapons:

- Not all weapons pose the same risk to crisis responders, so triage and deployment protocols should be aligned to best practices and standards of practice. The SCU may be able to respond to some calls where a weapon is present. The criteria for this safety precaution should be evaluated and planned for during Phase 0.
- If there is a mental health or substance use emergency where a weapon is present, then MCT-Police co-response should be deployed rather than the SCU.
- If the SCU mobile team is on scene but feels their safety is in imminent danger, they should have the ability to call in the MCT-Police co-response as backup support.

Coordinating with Other Entities

- Mobile Crisis Team: The types of calls, triage criteria, and workflows will need to be differentiated for deploying MCT versus SCU.
- Berkeley Police Department: When BPD is on scene and MCT is not available, BPD and SCU will need clear processes for whether police can bring the SCU to support. Similarly, BPD and SCU will need clear processes for when/how SCU leaves if they call the BPD to a scene.

Recommendation #2

The SCU should operate 24/7.

The SCU mobile team should be available to respond to a crisis in person 24 hours per day, 7 days per week. Not having services available 24/7 was the most common challenge expressed by stakeholders about the current mental health crisis response system. In contrast, other crisis services like Fire and Police are available 24/7. By operating the SCU 24/7, the City of Berkeley asserts that mental health crisis response is of the same importance as other crisis services and negates the need to use police to respond to such crises. The need for 24/7 service is supported by national trends, as although some cities have implemented alternative crisis models with limited hours, many of them shared that they plan to expand to 24/7 to meet community needs.

Why does the SCU need to be available 24/7? Why can't it operate only during peak hours?

A mental health or substance use crisis can happen at any time. Stakeholders stressed the importance of having mental health crisis response services available 24 hours per day and 7 days per week. If community members are to trust in the SCU as an ongoing and authentic alternative to police involvement, services need to be available whenever someone calls.

Considerations for Implementation

All other supporting elements described throughout this report will need to accommodate 24/7 availability, such as:

- Phone access to the SCU
- Certain personnel roles, like a Clinical Supervisor
- Staffing structure that allows redundancy of personnel to cover each shift
- Equipment and infrastructure including the number of vans for the mobile team

Recommendation #3**Staff a three-person SCU mobile team to respond to mental health and substance use emergencies.**

The array of mental health, behavioral health, and substance use services offered by the SCU require staff with varying professional specialties. The following roles are necessary to adequately provide these services:

1. A Mental Health Specialist

This role will be the primary provider of mental health services with the ability to conduct 5150 assessments, and therefore need to be licensed. They should have significant training in mental health and behavioral health conditions and disorders, crisis de-escalation, and counseling.

- Recommended position: Licensed Behavioral Health Clinician
- *Possible positions: Licensed Clinical Social Worker (LCSW), Associate Clinical Social Worker (ASW), SUD or AOD Counselor, psychologist*

2. A Peer Specialist

This role should have lived experience with mental health crises and systems, substance use crises or addiction, and be equipped to support system navigation for a person in crisis.

- Recommended position: Peer Specialist
- *Other possible positions: Community Health Worker, Case Manager*

3. A Medical Professional

This role should be able to identify physical health issues that may be contributing to or exacerbating a mental health crisis, including psychosomatic drug interactions. They should be able to administer single-dose psychiatric medicines and have training in harm reduction theory and approaches. They can also assess and triage for higher levels of medical care as needed.

- Recommended position: Psychiatric Nurse Practitioner (Psych-NP)
- *Other possible positions: Nurse Practitioner (NP), EMT, Paramedic*

Why a three-person team?

These three distinct roles create a team that can effectively provide the necessary range of specialized services and can engage in organic collaboration to address each crisis. Cities who have implemented similar models spoke to the advantage of team members taking different roles in each scenario based on each client's needs and preferences.

Why is the mental health specialist conducting 5150 assessments?

The SCU's aim is to reduce the overall number of involuntary holds through effective crisis intervention, de-escalation, and stabilization. However, ensuring the SCU has the ability to conduct 5150 assessments and involuntary holds rather than calling in the police to do the assessment can reduce interactions between people experiencing mental health crisis and police. Additionally, enabling the SCU to conduct the 5150

assessment is a more trauma-informed model because it eliminates the need for a person in crisis to interact with multiple teams and reduces the time it takes to respond to a crisis from start to finish.

Why is there a peer on the team?

The peer is a critical member of the crisis team. Other systems shared that a person in crisis may be most responsive to a peer who has gone through a similar experience and that, at times, peers' unique training and skills allow them to engage that person more effectively than other specialties. Berkeley stakeholder participants emphasized the invaluable contributions of peer specialists, noting that they may be best equipped to lead the de-escalation before the mental health specialist or medical professional steps in to administer care because a person in crisis may be most responsive to someone that has similar lived experience.

Why is there a medical professional on the team? Why a Psych-NP?

Mental health and physical health needs often co-present, with physical needs ranging from basic first aid (e.g., wound care, dehydration) to reactions to substances, such as overdoses or drug interactions. A medical professional, such as a Psych-NP, brings the clinical expertise to understand how physical ailments, chronic medical conditions, and psychiatric conditions affect a service utilizer (e.g., someone with hypertension and schizophrenia using methamphetamines). Other medical professionals, such as NPs, may also have sufficient training to meet the mental health and substance use needs of service utilizers. These situations do not require the expertise of a paramedic or doctor who are trained to respond to emergencies and deliver life-saving care.

Considerations for Implementation:

- The number of mobile teams required will be based on multiple variables including community needs, call volume, and budget (for a more in-depth description, *refer to recommendation #12*).
- There may be challenges in staffing the SCU mobile team with these specific roles, such as the Psych-NP. The SCU model may need to allow for a variety of specialists to fill each of the three main roles.
- Across these roles, the SCU mobile team should have the following competencies:
 - Lived experience of behavioral health or mental health needs, homelessness, addiction or substance use, and/or incarceration
 - Emphasis on dual diagnosis (mental health and substance use) training, psychosomatic interactions, substance use management, and harm reduction
 - Identities reflective of those most harmed by the current system of care and/or those who are most likely to use or benefit from the SCU services
 - Multilingual
- Across these roles, the SCU mobile team will need to be trained on a variety of topics (for a full list, *refer to recommendation #14*). These may be desirable prerequisite skills, such as:
 - Disarming without the use of weapon
 - Motivational interviewing
 - Naloxone administration
 - Harm reduction
 - Trauma-informed care

Recommendation #4**Equip the SCU mobile team with vans.**

Based on the scope of services, the SCU mobile team will need a vehicle to arrive at each call, carry equipment and supplies, and transport clients to another location. A well-equipped van should be both welcoming and physically accessible to clients and easily maneuverable by staff.

SCU vans should include:

- Wheelchair accessible features
- Lights affixed to the top of the van, allowing for sidewalk parking
- Locked supply cabinets
- Rear tinted windows for client privacy
- Rear doors not operable from the inside
- Power ports to charge laptops, tablets, and phones
- Comfortable seating
- SCU logo on the side of the van so the community can easily identify the team

SCU vans should **not** include:

- Sirens
- A plexiglass barrier between the front and back seats

Why not use an ambulance?

There are a several reasons why an ambulance is not the appropriate vehicle for the SCU:

- Ambulances must transport to a receiving emergency department when transporting from the field (a call for service from a community member), which may not always be the most appropriate end point for the level of care required (*refer to recommendation #5*).
- Ambulances require a special license to drive and would require the inclusion of an EMT or paramedic on staff and would therefore increase the expense of the SCU.
- Ambulances are more expensive to purchase and maintain than a van.
- A van is potentially less stigmatizing and traumatizing for a person in crisis.

Why were these specific features chosen?

All van specifications are based on lessons learned from alternative crisis response programs in other cities and experiences and insight shared by the Berkeley Fire Department. Many van features, such as locked supply cabinets and locked rear doors, are designed to increase the safety of both crisis responders and a person in crisis. Other van features support the SCU mobile teams to provide a variety of services.

Why shouldn't the van have sirens or a plexiglass barrier?

Sirens can draw unnecessary public attention, thereby reducing privacy for a person in crisis, while both sirens and plexiglass barriers can exacerbate the stigmatization, traumatization, and criminalization of mental health and substance use crises.

Considerations for Implementation

The number of vans required will be based on the number of SCU mobile teams and shift structure/overlap (*refer to recommendation #12*).

Recommendation #5

The SCU mobile team should provide transport to a variety of locations.

The SCU should provide a level of care appropriate to each specific crisis with the aim of de-escalating crises, preventing emergencies, and promoting well-being. The SCU will transport service utilizers in the SCU van (*refer to recommendation #4*) unless there is a medical need that requires the SCU to request an ambulance for transport.

The SCU will transport service utilizers to:

- Inpatient units of psychiatric emergency departments
- Primary care providers, psychiatric facilities, or urgent care
- Crisis stabilization units, detox centers, or sobering centers
- Drop-in centers and other CBOs
- Shelter or housing sites
- Domestic violence service sites
- Long-term programs including residential rehabilitation sites
- Requested public locations (e.g., parks)
- Requested private locations (e.g., home)

Considerations when deciding transport location:

- Transport can be voluntary or involuntary, based on a 5150 assessment
- The SCU should be able to deny the request of a person in crisis for transportation based on their assessment of the appropriate level of care
- The SCU will need to assess safety or liability concerns for the service utilizer or other bystanders based on transport location (e.g., not transporting an intoxicated person home where another person is present at the home)

Why should the SCU transport service utilizers to so many different locations?

The SCU model aims to support diversion of people experiencing crises away from jails and hospitals and into the appropriate community-based care and resources. Some crises can be resolved on scene, while others will require transport to another location. Even if a crisis is de-escalated on scene, service utilizers may benefit from being transported to another location for additional care or resources. Throughout this project, stakeholder participants emphasized that the level of need outweighs the available resources and providers in Berkeley and Alameda County. Providing transport to a variety of locations and resources allows the SCU to provide the level of care appropriate to each specific crisis and increases the possibility of providing care in an overwhelmed service network. *Refer to Section V for long-term recommendations for addressing the needs of the service network.*

Considerations for Implementation

- Established, trust-based relationships with community partners and warm handoff procedures will improve overall quality of care and can reduce the amount of time required when dropping off a client.
- Staff at emergency facilities will need to be familiar with the SCU, including the van, logo, and uniforms, to be prepared to receive transported clients in a timely and responsive manner, reducing “wall time.”
- Triage criteria and workflows should support the SCU in assessing where and how to transport a person in crisis.
- Triage criteria and workflows for transport should address the safety implications for both the person in crisis and other community members.

Recommendation #6

Equip the SCU mobile team with supplies to meet the array of clients' needs.

The SCU will be responding to a variety of calls, each with their own specific needs. The supplies needed will vary depending on the call. Below is a suggested list of supplies the SCU should carry, generated from the input of stakeholders and other alternative crisis response programs. These supplies will facilitate a harm reduction approach and directly contribute to the health and well-being of the person in crisis.

- | | |
|-------------------------|---|
| Medical supplies | <ul style="list-style-type: none"> • First aid kit • Personal protective equipment • Wound care supplies • Stethoscope • Blood pressure armband • Oxygen • Intravenous bags • Single-dose psychiatric medications |
|-------------------------|---|

- | | |
|--------------------------------|---|
| Client engagement items | <ul style="list-style-type: none"> • Food and water • Clothing, blankets, and socks • Transportation vouchers • "Mercy beers" and cigarettes • Tampons and hygiene packs |
|--------------------------------|---|

- | | |
|----------------------------------|--|
| Community health supplies | <ul style="list-style-type: none"> • Safe sex supplies and pregnancy tests • Naloxone • Clean needles and glassware • Sharps disposal supplies |
|----------------------------------|--|

- | | |
|-------------------|--|
| Technology | <ul style="list-style-type: none"> • Cell phones • Data-enabled tablets • Computer Aided Dispatch (CAD) • Police radio |
|-------------------|--|

- | | |
|-----------------|--|
| Uniforms | <ul style="list-style-type: none"> • Casual dress: polo or sweatshirt with the SCU logo |
|-----------------|--|

Why does the SCU need to carry client engagement items?

These items can help initiate an interaction while also meeting the basic needs of clients while they are experiencing a crisis.

Why does the SCU need to carry community health supplies?

These supplies can help address an underlying physical health need or provide harm reduction for substance use crises.

Why does the SCU need technology and uniforms?

The team needs cell phones and data-enabled tablets for mobile data entry. The tablets should be preloaded with an electronic health record (EHR) application so staff can access client history to provide more effective, tailored care. Wearing a casual uniform can help the team appear more approachable to clients and be easily identifiable. Uniforms that look more like traditional emergency response uniforms can be triggering for clients who have had traumatic experiences with emergency responders.

Considerations for Implementation

- The need for basic provisions among service utilizers is often significant and therefore affects the model's budget. To effectively plan for the program budget, San Francisco's Street Crisis Response Team shared that they budgeted for \$20 in supplies per client contact but quickly exceeded their \$10,000 annual budget. Denver's STAR program noted that these supplies were in high demand and the budget was supplemented with donations.
- Staff should track which supplies are used most often and which supplies are requested by clients that the SCU does not carry.

Recommendation #7

Clearly distinguish the SCU from MCT.

Once the SCU model is implemented, there will be two teams responding to mental health crisis calls in the City of Berkeley: the Specialized Care Unit and the Mobile Crisis Team. It will be necessary to clearly distinguish the role of these two teams so that the proper response is deployed for each situation. The general public will also need to be informed regarding the two teams, how to access them, and why.

Suggested scenarios when MCT and Police should be deployed instead of the SCU:

- If there is a confirmed presence of a serious weapon during a mental health crisis, the police and MCT would be deployed.
- If the police request mental health support during a crisis, MCT will be deployed as a co-response.
- If the SCU is on a call and needs backup or cannot successfully intervene, they would call for an MCT-police co-response.

If there's an SCU, why should the MCT still exist?

When the police respond due to the presence of a weapon or other element outlined above, a joint response that includes clinical staff to support the intervention is a best practice and community asset, delivering a trauma-informed response focused on de-escalation. This is especially true for a person in crisis with past traumatic experiences with the police. The MCT remains an important resource that can reduce the negative impacts of police presence during situations where a mental health crisis intersects with issues of imminent public safety.

Why is it important to distinguish MCT from the SCU?

Trust & Acceptability of SCU: MCT responds to the majority of their calls with police backup. Because SCU is a non-police crisis response option, clearly distinguishing the two models will be essential in establishing and maintaining community trust to increase utilization of the SCU, particularly among groups most at risk of harm from police violence.

Logistics for Deploying the Right Team: Dispatch will need tools and training to clearly differentiate the teams' roles to effectively deploy the right team for each mental health crisis call.

Considerations for Implementation

- All triage criteria and workflows need to be reflective of the differentiation between SCU and MCT. This includes the triage criteria and workflows for Dispatch and/or the alternative phone line and Alameda County's Crisis Support Services (CSS) (*refer to recommendation #9*).
- The distinction between MCT and the SCU, particularly around availability and police involvement, should be emphasized in the public awareness campaign (*refer to recommendation #24*).
- Tracking the acuity levels of calls, as well as whether MCT and police were called in for backup, can help refine the Dispatch process and ensure that the right team is deployed.

Accessing the SCU Crisis Response: Dispatch & Alternative Phone Number

Implementing the SCU as a 24/7 mental health and substance use crisis model requires that community members have reliable and equitable access to the team. By integrating the SCU crisis response into 911 and Dispatch's processes, mental health crisis services will be elevated to the same level of importance as Fire and Police when calling for emergency services, thus promoting community access to specialized crisis care. To reach this goal, the SCU model, City of Berkeley leadership, and Dispatch will need to work together during assessment and planning processes.

The need to develop and implement the SCU model is urgent. Yet Dispatch is a complex, under-resourced, and overburdened system. To achieve structural change that ensures sustainability, significant planning and coordination is essential.

There are several possibilities for how to advance the SCU-911 integration aligned to the phased implementation approach. The following recommendations are aligned to best practices and emerging alternative models and responsive to the needs and concerns expressed by community stakeholder participants. Each recommendation should be further explored, assessed, and discussed across City of Berkeley leadership:



Key Recommendations

- 8. Participate in the Dispatch assessment and planning process to prepare for future integration.**
- 9. Ensure the community has a 24/7 live phone line to access the SCU.**
- 10. Plan for embedding a mental health or behavioral health clinician into Dispatch to support triage and SCU deployment.**

Recommendation #8

Participate in the Dispatch assessment and planning process to prepare for future integration.

Ultimately, the SCU should be integrated into 911 and Dispatch protocols. To reach this goal, the SCU model, City of Berkeley leadership, and Dispatch will need to work together during assessment and planning.

Dispatch, through the Berkeley Fire Department, has conducted a Request for Proposal process and selected a consulting firm to support enhancements to the deployment of Fire and EMS/Ambulance services. That assessment and planning process should integrate SCU implementation, preparing for the SCU to be a mental health emergency response on par with police and fire emergency calls.

If this is a non-police response model, why is Dispatch involved?

An effective mental health crisis response that increases community safety, well-being, and health outcomes relies on the SCU actually being deployed to community members in crisis. Dispatch has established infrastructure and technology that could effectively and safely deploy the SCU mobile team. Moreover, 911 is a well-known resource to the general public, which many people do seek during crises. In 2017, Dispatch received 256,000 calls.¹⁶ For these reasons, integration of the SCU into 911 and Dispatch's processes is an important method for deploying the SCU team to people experiencing a mental health or substance use crisis.

Will another assessment and planning process delay the launch of the SCU?

Dispatch's expertise and experience are a critical asset to lead the assessment, planning, and implementation of revised 911 procedures that include the SCU. The Dispatch assessment and planning project is slated to begin in 2022; by incorporating assessment and planning for the SCU into an existing project, it will initiate the process several months sooner than if a separate and new project were to be initiated. Additionally, integrating both projects will ensure consistent and simultaneous efforts rather than disjointed efforts that require backtracking or undoing of work and decisions.

Considerations for Implementation

- A systems-change initiative of this magnitude will need identified shared aims and goals.
- A systems-change initiative of this magnitude will need Dispatch leadership to champion the effort and communicate early, often, and positively about the upcoming changes.
- By participating in Dispatch's assessment and planning processes, the SCU model can identify opportunities early on that support the integration, such as using aligned terminology and data collection processes.
- A Dispatch representative should join the SCU Steering Committee (*refer to recommendation #20*).
- Dispatch leadership should join the model's centralized coordinating body (*refer to recommendation #19*).

¹⁶ Berkeley City Auditor. (2019, April 25). 911 Dispatchers: Understaffing Leads to Excessive Overtime and Low Morale.

https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Dispatch%20Workload_Fiscal%20Year%202018.pdf

Recommendation #9

Ensure the community has a 24/7 live phone line to access the SCU.

Implementing the SCU as a 24/7 mental health and substance use crisis model requires a 24/7 live phone line to ensure community members have reliable and equitable access to mental health crisis response. The 24/7 availability is essential for community members to feel confident in the availability of the mental health crisis response, as stakeholders reported that MCT's alternative phone number—which is not live and relies on voicemail and callbacks—does not feel like a reliable resource during crises.

The need to develop and implement the SCU model is urgent and at the same time must achieve structural change to ensure sustainability. Implementing a process for the short-term that must be undone would be an inefficient use of funds and may confuse the public and exacerbate distrust. For these reasons, the following three options should be further considered and assessed for how to most effectively ensure 24/7 live access to the SCU crisis response:

1. Option A: Use the existing 911 Communications Center (“Dispatch”) to deploy the SCU.
2. Option B: Contract to a CBO that can staff and implement an alternative number phone line as part of the SCU model.
3. Option C: Use the 988 National Suicide Prevention Lifeline to receive, triage, and assess all mental health crisis calls.

Table 1 below highlights several factors to consider related to timeline and staff capacity, funding, safety, system integration, and public awareness. Based on these factors, it appears that Option A (using the existing 911 Communications Center to deploy the SCU) would be the best option for the City of Berkeley. However, these factors should be further discussed by City of Berkeley leadership across HHCS and Dispatch with careful consideration of the phased implementation approach and timeline.

Table 1: Options and factors to assess when planning for the community to have 24/7 live phone line access to the SCU.

	Option A *Recommended Option*	Option B	Option C
	Use 911 and existing Communications Center (“Dispatch”) to deploy the SCU.	Contract to a CBO that can staff and implement an alternative number phone line as part of the SCU model.	Use the 988 national phone line to receive, triage, and assess all mental health crisis calls.¹⁷
Timeline & Staff Capacity	<p>Assess Dispatch’s ability to recruit, hire, and train new staff on a timeline aligned to the phased implementation approach.</p> <p>Consider the amount of resources and time required for Dispatch to train existing staff on new protocols.</p> <p>Consider Dispatch’s capacity to support the SCU adoption and integration in addition to the current accreditation process.</p>	<p>Assess whether a CBO can realistically implement both the SCU model and an alternative phone number (i.e., call center), including recruiting, hiring, and training all new personnel.</p>	<p>Monitor the alignment of national, state, and county timelines for 988 implementation.</p> <p>Assess whether the 988 call center will be staffed appropriately for the additional call volume brought in by requests for SCU.</p>
Funding	<p>Estimate the additional funds required for Dispatch to recruit new personnel (i.e., a recruitment team) and manage the Human Resource capacity to support additional staff.</p>	<p>Estimate the cost to create and operate an independent 24/7 live alternative phone line.</p>	<p>Explore the amount of funding and resourcing available for 988 to assess whether the funds sufficiently support the 24/7 SCU.</p>

¹⁷ Gold, J. (2021). How will California’s new 988 mental health line actually work? *U.S. News*. <https://www.usnews.com/news/health-news/articles/2021-10-12/how-will-californias-new-mental-health-hotline-actually-work>

Option A (Recommended)

Option B

Safety Promotes Safety

Evaluate and compare each option’s ability to establish protocols or infrastructure to support the safety of crisis responders and community members.

Dispatch already has established protocols and technology to track the crisis responder’s location/position through CAD.

Assess the resources and timing required for a CBO to ensure sufficient training on the use of the CAD system and radio communication.

Assess the ability for existing Alameda CSS and 988 technology to integrate with Dispatch’s CAD system and radio communication.

Dispatch already has established protocols and technology to maintain radio communication between Dispatch and crisis responders, especially during rapid changes in a situation.

Assess workflows and processes that would affect the number of times a caller must repeat triage/assessment; estimate whether there will be an increase in dropped calls.

Evaluate the effectiveness of existing processes to transfer calls between Alameda CSS and Dispatch.

Dispatch already has established protocols and technology to streamline the handling and transfer of calls so that a person in crisis does not have to repeat their story multiple times, thereby reducing the number of dropped calls.

Consider if a non-911 entity will more effectively reduce police-community interactions during mental health and substance use crises.

Consider if the 988 entity will more effectively reduce police-community interactions during mental health and substance use crises.

Risks to Safety

Evaluate and compare the potential risks to the safety of crisis responders and community members across each option.

Consider whether Dispatch will be more likely to deploy the police than the SCU during initial model implementation.

Consider whether alternative phone line personnel will be more likely to deploy the SCU than transferring calls to 911.

Consider whether community members will be confused about 988 and may believe it is only for suicide prevention rather than the full spectrum of mental health and substance use crises, and therefore be less likely to call 988.

Evaluate whether community members’ fear of a police response, will reduce the utility, acceptability, and accessibility of the SCU.

Evaluate whether community members will be more likely to call an alternative phone number than 911 if they are experiencing a mental health or substance use crisis.

Option A (Recommended)

Option B

System Integration

N/A
(911 is already integrated with Berkeley Fire, Falck, and Alameda County CSS)

Explore the process for a CBO to assess and prepare callers if they need to transfer the call to 911, such as if the presence of weapons is confirmed. Evaluate the effects, such as a slowed response time or increased risk of a dropped call.

Consider whether the transfer of calls to 911 (i.e., calls ineligible for SCU) will undermine community trust in the alternative phone line.

Determine the feasibility of integrating a CBO's technology to allow for the transfer of calls between Alameda CSS and Dispatch.

Determine the feasibility of a CBO's technology to receive calls from Fire and Falck if they request the SCU.

Determine whether Alameda County will be able to deploy a Berkeley-specific team (the SCU) for only Berkeley residents as a component within the larger 988 model.

Assess what will be required for a county system to deploy a model administered by a CBO, such as additional contracts, MOUs, or staff licensure requirements.

Public Awareness

Consider what will be required of a public awareness campaign to build community trust in 911 to deploy the SCU as a non-police response.

Consider what will be required of a public awareness campaign to inform Berkeley residents both about the SCU as a non-police crisis response and promote an alternative phone number to access the SCU.

Assess the public awareness and education planned for 988.

Assess whether the Alameda County 988 public awareness campaign can be adjusted for Berkeley to communicate the availability of the SCU through 988.

Why consider different options for phone access to the SCU?

The numerous factors that should be assessed to determine the best option for phone access to the SCU will require a significant amount of collaboration and detailed planning across city leadership, which requires time throughout Phase 0. The general public is familiar with 911 as a crisis response resource. As a result, 911 could be an important method of ensuring mental health and substance use crises are routed to the SCU mobile team. However, stakeholders, especially residents of color and Black residents, consistently shared that the fear of physical violence, criminalization, or retaliation by police in response to mental health and substance use emergencies is a barrier to calling 911. Therefore, a non-911 option may support community members to feel confident in the SCU as a non-police mental health crisis response. Considering and assessing the full array of options will ensure the best approach for a reliable and equitable access to 24/7 mental health crisis response.

Why is Option A elevated as the recommended option?

Overall, Option A is recommended because it appears to be a better fit for the SCU model. It will most likely be the more cost-effective option, will allow for the SCU mobile team to be launched soonest, and will align to the phased implementation approach and the future integration of the SCU into 911.

By pursuing Option A, preparation with Dispatch can begin sooner than the other options, thus allowing for additional time to plan and prepare. This additional planning time can be used to address concerns regarding safety, community trust, and public awareness. Integrating the SCU into 911 from the initial phases of implementation may also support a streamlined and efficient integration. In contrast, Option B will likely require significantly more funding to create an entirely new call center, which may become obsolete once 988 is implemented, nationally. The feasibility and expense of standing up an entirely new call center (option B) may be prohibitive. Option C will require significant coordination with Alameda County and has many implications that are outside of the control of the City of Berkeley, which could cause delays or challenges to the implementation of the SCU model.

Additionally, 911 has established technology and infrastructure for receiving and triaging phone calls, deploying crisis responders, tracking the crisis response to promote responder safety, and collecting data that is essential for monitoring, evaluation, and follow-up. Moreover, for the public awareness campaign, it may be easier to communicate the SCU as a non-police response through 911 than it is to both communicate the SCU as a non-police response and to publicize an alternative phone number.

Why might the model implement an alternative phone number? (Option B or Option C)

First, due to existing community distrust of policing systems, it is important to establish the SCU response as a non-police response. By implementing the alternative phone number first, community members may be encouraged to utilize the SCU. Second, the existing Dispatch system is complex, overburdened, and underfunded. In order to have a successful integration of the SCU within 911, it may require more time for planning for a sustainable integration that ensures community safety. Third, lessons learned from other cities implementing alternative models may indicate this order would support SCU success. For example, the Portland Street Response team can be accessed through both 911 and a non-emergency phone number connected to Dispatch. However, they found that calls from 911 were prioritized rather than calls from the alternative line when deploying the team. Berkeley will need to establish clear prioritization and triage protocols so that the highest-acuity calls receive adequate responses, rather than the response being determined by the source of the call.

Do other cities use multiple phone numbers?

From the reviewed models, at least seven use two or more lines for emergency crisis calls:

- Olympia, WA: Crisis Response Unit
- Sacramento, CA: Department of Community Response
- Austin, TX: Expanded Mobile Crisis Outreach Team (EMCOT)
- Oakland, CA: Mobile Evaluation Team (MET)
- Portland, OR: Portland Street Response
- Eugene, OR: Crisis Assistance Helping Out on the Streets (CAHOOTS)
- Denver, CO: Supported Team Assisted Response (STAR)

If the model uses an alternative phone line, what happens if people still call 911 when they are having a mental health crisis?

Dispatch should have the option to forward calls to the SCU alternative phone line, where those staff can triage the call and deploy the SCU. Establishing these protocols will be part of the assessment and planning process. It is also important that a public awareness campaign promotes access to the SCU team (*refer to recommendation #24*).

Additional Considerations for Implementation:

- The phone line will require dedicated office space and equipment to process calls and deploy the SCU.
- The phone line will need technology and protocols to ensure data collection and integrity to support monitoring and evaluation (*refer to recommendations #22 and #23*).
- The phone line will require enough staff to maintain a 24/7 live response including staff to receive calls and supervisory staff. This team will need to be sufficiently staffed to account for shift overlap, sick leave, and vacation time.
- Additional data collection and planning will be required to determine the adequate number of call takers and fully implement the phone line.
- Option A may require that Dispatch makes more gradual changes to triage criteria, deploying the SCU to a more limited scope of call types with a gradual increase in SCU deployment through Phase 1 implementation.
- Either option B or option C would still require the phone line entity to collaborate with Dispatch to develop types of calls, triage criteria, and workflows to allow for future integration of SCU into Dispatch.
- The future structure of the 911 Communications Center within Berkeley Police Department should be evaluated (*refer to Section V*).

**Please note: Dispatch uses specific terminology that may not be accurately represented here. The language in these recommendations should be understood from a lay perspective rather than rigid technical language (e.g., call takers versus dispatchers, assessment versus triage versus decision-trees).*

Recommendation #10

Plan for embedding a mental health or behavioral health clinician into Dispatch to support triage and SCU deployment.

Embedding a mental or behavioral health clinician within the Dispatch represents a new process for Berkeley's Dispatch and broadens Dispatch's lens from being solely a Police entity to an entity that includes clinical specialists. Dispatch must be involved in planning for this additional team member.

Why should Dispatch have a clinician in the call center?

Embedding a mental health clinician in emergency call centers is an emerging best practice, though only a few cities nationally report staffing their call centers with clinicians. The few cities that have included mental health clinicians in their call centers have found them to be a useful resource. Where implemented, clinicians provide specialized training for call takers to handle behavioral health crisis calls, receive transferred behavioral health crisis calls, and provide guidance.¹⁸

How does having a clinician in Dispatch promote community or crisis responder safety?

Berkeley Dispatch is deeply committed to the safety of crisis responders. In interviews for this project, Austin's EMCOT program¹⁹ shared that embedding a clinician within their call center increased communication around safety and risk assessment during triage, including increased deployment of the crisis response team. They also shared that this integration improved handoffs for telehealth conducted by the clinician. Berkeley should plan for embedding a clinician in Dispatch to support with de-escalation and determinations because it could promote safety.

Why does the clinician need to be part of planning in Phase 0 if implementation is in Phase 1?

This change represents a structural shift for Dispatch, incorporates new roles for a specialized skillset, and changes several workflows. As a result, having a clinician participate in planning in Phase 0 will support successful implementation in future phases. Additionally, given the current significant understaffing and under-resourcing of Dispatch, the clinician can augment staff capacity without Dispatch having to acquire a new, specialized skillset.

Considerations for Implementation:

- Calls that do not require an in-person response should continue to be sent to Alameda County CSS for phone support.
- Staffing structures will need to be adapted, such as determining which roles supervise the clinician and which roles the clinician supervises.
- The clinician may be able to provide training and ongoing professional development to support call takers to identify and address mental health calls.
- There may be a need for multiple clinicians depending on their role and the call volume.
- This recommendation will need to be adapted based on how recommendations #8 and #9 are implemented.

¹⁸ Velazquez, T & Clark-Moorman, K. (2021). New research suggests 911 call centers lack resources to handle behavioral health crises. *ResearchGate*.

https://www.researchgate.net/publication/355684339_New_Research_Suggests_911_Call_Centers_Lack_Resources_to_Handle_Behavioral_Health_Crises

¹⁹ Read more about the EMCOT program here: <http://www.austintexas.gov/edims/pio/document.cfm?id=348966>

Implement a Comprehensive 24/7 Mental Health Crisis Response Model

There are many considerations for realizing the full implementation of a 24/7 model including hiring personnel, establishing clear roles, and providing office space and required materials. Staffing a comprehensive model should seek to address the perceived challenges of existing crisis response systems throughout Berkeley, such as not having 24/7 availability or sufficient staff capacity.

The following recommendations are designed to leverage the lessons learned from other cities implementing non-police crisis response models and be responsive to the needs and concerns expressed by community stakeholder participants. Each recommendation should be further explored as launch and implementation progresses:



Key Recommendations

- 11. Fully staff a comprehensive model to ensure the success of the SCU mobile team, including supervisory and administrative support.**
- 12. Operate one SCU mobile team per shift for three 10-hour shifts.**
- 13. SCU staff and Dispatch personnel travel to alternative crisis programs for in-person observation and training.**
- 14. Prepare the SCU mobile team with training.**

Recommendation #11

Fully staff a comprehensive model to ensure the success of the SCU mobile team, including supervisory and administrative support.

In addition to the three-person SCU mobile team (*recommendation #3*), the 24/7 live phone line (*recommendation #9*), and the clinician in Dispatch (*recommendation #10*), the SCU will require supervisory and administrative support roles. These roles will support the day-to-day services and operations of the SCU mobile team. They also will participate in case management meetings (*recommendation #18*), rapid assessment and monitoring (*recommendation #22*), and model evaluation (*recommendation #23*).

Recommended Personnel Roles & Types of Responsibilities²⁰:**Program Manager**

- Review data from implementation, lead rapid assessment process, support changes and iteration to model
- Liaise with city, Dispatch, and central leadership around implementation, rapid assessment, and coordination
- Manage contract and budget
- Manage scheduling and shifts

Clinical Supervisors

- Oversee and support SCU mobile team, provide consultation for medical and mental health services
- Plan and lead training and professional development for SCU mobile team
- Collaborate with peer specialist supervisor on how to best support SCU mobile team
- Share client and staff feedback to program manager for rapid assessment and monitoring

Peer Specialist Supervisor

- Oversee and support peer specialists on SCU mobile team with an emphasis on emotional support for peers
- Plan and lead training and professional development for SCU mobile team, with an emphasis on utilizing peer specialists and other forms of team communication and support (e.g., advocacy, equal value, communication)
- Collaborate with clinical supervisor

Call Takers / Call Center (*pending implementation of recommendations #8-10*)

- Receive calls from the 24/7 live phone line; triage calls and deploy SCU mobile team, as required
- Receive calls from Dispatch
- Transfer calls that do not require in-person services to Alameda County CSS
- Participate in case management care coordination meetings, as relevant

²⁰ Refer to **Appendix B** for the number of personnel, availability, shifts, and a sample shift structure

Considerations for Implementation

Availability or shift structure for roles:

- The program manager and peer specialist supervisor roles should be available during traditional business hours.
- The clinical supervisor role should be available 24/7 and will require redundancy in hiring.
- The call center will need to be staffed to ensure a 24/7 live phone line. If Option B is pursued (*refer to recommendation #9*), the call center should be situated within the SCU model rather than a separate CBO. This could promote morale and team identity and will increase the quality and efficiency of communication.

Office & Equipment Needs:

- The SCU model will need an office space that accommodates all personnel and their roles, such as daily huddles, desks, and equipment.²¹
- Stakeholders suggested that the SCU would benefit from developing relationships with service utilizers and their families. If these opportunities are pursued as part of the SCU's function, then office space could also accommodate service utilizer and family consultations and/or open "office hours" for relationship building.

²¹ Refer to **Appendix C** for the budget and additional office equipment needs, such as computers, phones, printers, etc.

Recommendation #12**Operate one SCU mobile team per shift for three 10-hour shifts.**

In order to staff a crisis response model that operates 24/7, the SCU should staff one mobile team per shift for three 10-hour shifts. We estimate that the SCU would respond to three to six incidents per 10-hour shift, with each incident requiring 20 to 120 minutes for response and closure. This should generally be manageable by one SCU mobile team.²²

Why 10-hour shifts?

Based on feedback from those operating similar models as well as from community stakeholders, 10-hour shifts are common in residential settings and tend to work well for clinical and mental health staff. There are often labor union protections for shifts longer than 10 hours. Three 10-hour shifts would provide 24/7 coverage while allowing for some overlap before and after each shift.

Why should shifts overlap?

The SCU mobile team shifts should overlap so that the team can conclude engagement with a person in crisis before their shift ends. The next shift would be able to respond to a crisis call that comes in towards the end of the preceding team's shift. The overlap also supports team huddles for care coordination. The shift structure and overlap should include time for the required paperwork at the end of the shift so that there is not an expectation that paperwork is completed during off hours.

Will one SCU mobile team be sufficient?

This estimate is comparable to the call and incident volume reported by Denver's STAR pilot, Portland's Street Response pilot, and Eugene's CAHOOTS program. Though the city population of Denver and Portland are 5.8 and 5.3 times larger than Berkeley's population, respectively, their pilots are restricted to smaller geographic units of the city; Denver and Portland both operate only 1 mobile crisis response team per shift. Eugene's city population is 1.4 times the population of Berkeley, and Eugene operates 1 crisis team per shift, with an additional team during peak hours of 10am-12pm and 5pm-10pm.²³

Considerations for Implementation

- Staffing structure will require redundancy to allow for personnel to take vacation and sick days, and in anticipation of periodic vacancies.²⁴
- Staffing structure may need to plan for on-call or floater shifts.

²² Estimates for SCU call volume are based on analysis of call and service volume by MCT from 2015 to 2019, the Auditor's Report and analysis of Berkeley Police Department's call and service volume from 2015 to 2019, and analysis of Berkeley Fire's and Falck's transport volume and time on task from 2019 to 2021. Please refer to **Appendix D** for more specific analysis and estimates.

²³ The City of Eugene (2019-03240). <https://www.eugene-or.gov/DocumentCenter/View/56579/2019-03240-White-Bird-CAHOOTS-Services---SIGNED>

²⁴ Refer to **Appendix B** for the number of personnel, availability, and a sample shift structure.

Recommendation #13

SCU staff and Dispatch personnel should travel to alternative crisis programs for in-person observation and training.

Although Berkeley's SCU model will be uniquely designed and tailored for the Berkeley community, there are many opportunities to learn from successes and challenges of other models that have implemented non-police mental health crisis response programs. For example, the Denver STAR team shared that their Dispatch team benefited greatly from traveling to Eugene, OR to observe and learn about the CAHOOTS model and plan their deployment protocols.

Options for city programs to visit:

- CAHOOTS: Eugene, OR
- STAR: Denver, CO
- EMCOT: Austin, TX

Recommended personnel to attend:

- Dispatch: Supervisor
- SCU: Clinical Supervisor and Program Manager
- Phone line staff, as relevant (refer to recommendation #9)

Potential program components to observe during site visit:

- Triage criteria and workflows
- Assessing for risk and safety
- Working with the mental health clinicians embedded in Dispatch
- Coordinating and prioritizing calls between 911 and an alternative phone number
- SCU mobile team services and team coordination
- Role clarification

Why should Dispatch and SCU staff travel to these sites together?

This training opportunity would support the collaboration between the SCU and Dispatch in planning for the phased integration. By traveling to the sites together, SCU and Dispatch will not only hear the same questions and answers but can ideate and collaborate on adaptations for the Berkeley SCU model. Finally, this is an important opportunity for relationship building between SCU staff and Dispatch, which is essential to this systems-change initiative.

Considerations for Implementation

- Travel costs will need to be included in the initial budget; estimates for consulting fees from the sites are already included.²⁵

²⁵ Refer to **Appendix C** for the estimated SCU model budget.

Recommendation #14**Prepare the SCU mobile team with training.**

The SCU will require training in a set of specific skill areas to be best equipped to provide mental health crisis response. The personnel hired should already have demonstrated their specialized skill set in previous employment settings; training will therefore support the team to align on how to implement their skills. Training also supports teams to work together and with other entities effectively, such as Dispatch, which is essential in crisis response.

The SCU mobile team should be trained in the following topics:

- General de-escalation techniques
- Disarming without use of weapon
- Substance use management
- Naloxone administration
- Harm reduction theory and practice
- First aid
- Situational awareness and self-defense
- Radio communication
- Motivational interviewing
- Implicit bias, cultural competency, and racial equity
- Trauma-informed care
- Training on data collection protocols and data integrity (refer to recommendations #17 and #18)
- Compliance with confidentiality and HIPAA when interacting with Police and/or Dispatch

How long will it take to train staff?

Eugene's CAHOOTS program includes at least 40 hours of classroom training and 500 to 600 hours of field training for all new staff.²⁶ This equates to 12.5 to 15 weeks of training when calculated on a full-time basis.

What informed these suggested training topics?

These training topics were generated from a variety of alternative model program recommendations and input from Berkeley service providers and community stakeholders.

Considerations for Implementation:

- The phased approach timeline incorporates an estimate aligned to CAHOOTS' model, with room for adaptation.
- Training should be provided to all new SCU staff as they are added to the team, regardless of start date.
- Additional training topics may be identified by the SCU team.

²⁶ Beck, J., Reuland, M., & Pope L. (2020). Case Study: CAHOOTS. Vera. <https://www.vera.org/behavioral-health-crisis-alternatives/cahoots>

Administration and Evaluation

There are many considerations for effectively administering and monitoring implementation of a new, 24/7 mental health crisis response model. Effective implementation includes ongoing collaboration and decision-making at both the structural and provider levels.

At a structural level, the SCU model will require cross-system coordination for implementing new processes and therefore will require leadership across the City of Berkeley and SCU to collaborate around ongoing program monitoring, data review and transparency, and system integration. At a provider level, the SCU model will require collaboration and communication to support care coordination and case management for people that have experienced crisis as well as to elevate emerging challenges and successes.

Moreover, the community can—and must—provide essential advisory capacities. The community should be actively engaged to provide input and feedback throughout the planning and implementation of the SCU, including through the SCU Steering Committee and ongoing opportunities for the general public.

The following recommendations were informed by the lessons learned from other cities implementing alternative crisis models and aim to be reflective of the perspectives shared by the project's stakeholder participants. Each recommendation should be a starting point to promote cross-sector collaboration, adjusting to accommodate the evolution of the SCU:



Key Recommendations

- 15. Contract the SCU model to a CBO.**
- 16. Integrate the SCU into existing data systems.**
- 17. Collect and publish mental health crisis response data publicly on Berkeley's Open Data Portal.**
- 18. Implement care coordination case management meetings for crisis service providers.**
- 19. Implement centralized coordination and leadership across city agencies to support the success of mental health crisis response.**
- 20. Continue the existing SCU Steering Committee as an advisory body.**
- 21. Solicit ongoing community input and feedback.**
- 22. Adopt a Rapid Monitoring, Assessment, and Learning process.**
- 23. Conduct a formal annual evaluation.**

Recommendation #15

Contract the SCU model to a CBO.

The administrative structure of crisis response systems across the country varies significantly. Some are administered by government agencies, some are run in collaboration between a government agency and CBO, and some are entirely operated by CBOs. There are several reasons why the SCU model should be contracted to a CBO, at least through Phase 2 of the phased implementation approach.

The SCU crisis response model would benefit from being contracted to a CBO for several reasons:

- **Supports a quick launch:** CBOs are often able to move more nimbly than government agencies, especially as it relates to hiring; adequately staffing the SCU mobile crisis team is a critical element in timely implementation. Given the urgent need, the ability to launch the SCU quickly and provide non-police mental health crisis response services is critical.
- **Established relationships with community members:** Stakeholders made it clear that CBOs have developed strong relationships with service utilizers accessing mental health support, homelessness resources, street medicine, and system navigation and referrals. CBOs in Berkeley have expertise in the community that can be leveraged to advance the SCU's crisis response efforts.
- **Referral networks and partnerships:** A CBO with established networks and partnerships would be well positioned to support service utilizers with referrals as well as transport to community-based resources. Additionally, these relationships can support warm handoffs at transport locations.

Considerations for Implementation

- To contract with a CBO, the City of Berkeley will have to issue a Request for Proposals (RFP). The RFP process will need to evaluate a CBO's capacity to develop and implement a model of this size on this timeline.
- The City should identify a backup plan if no qualified CBOs respond to the RFP.
- The CBO's practices should align to the values and principles of the SCU. The City may need to use contracts and MOU specifications to require:
 - Adequate and equitable wages for all SCU staff and crisis responders, especially peer specialists and peer specialist supervisors.
 - A representative and equitable hiring process that prioritizes staff who are reflective of those most marginalized and harmed by existing crisis response options and the criminal legal system.
 - Necessary data and metrics to collect and report as well as ensuring sufficient technological systems to meet these needs.
- CBOs may face challenges inherent in the contract structure, which should be evaluated and protected against as these challenges can undermine sustainability and longevity.
 - Short-term funding: only funding the SCU in one-year increments can reduce staff retention and inhibit investments in operations (*refer to Section V*).
 - Overhead costs: allocate enough funds for overhead costs (e.g., salary, training, and office equipment), which are critical to SCU success.
 - Contract monitoring: data collection, monitoring, and evaluation are essential to the success and iteration of the SCU but should not be prohibitive to the work.
- There may be additional needs or considerations around data and system integration (*refer to recommendation #16*) and the collaboration across administration and leadership if a CBO implements the SCU; these may need to be included in the contract.
- All recommendations are written with a contracted CBO in mind; additional implications may arise during planning and Phase 0.

Recommendation #16

Integrate the SCU into existing data systems.

Having access to patient data will support the SCU to provide tailored, informed, and equitable services for those experiencing mental health and substance use crises. Access to existing data systems, such as an EHR, will not only ensure that the SCU has access to relevant patient information, but also that other providers are aware when, how, and why their client might be interacting with crisis response. Finally, integrating the SCU into existing data systems will ensure aligned and consistent data collection, which is essential for the rapid assessment monitoring (*refer to recommendation #22*) and evaluation (*refer to recommendation #23*).

There are many factors outside of the purview of the SCU, HHCS, or even that City of Berkeley that affect whether data and system integration can be achieved. These factors include patient privacy and legal protections (i.e., HIPAA), technological capabilities, available funding, logistics across private and government entities, and more. As a result, this recommendation is included as an aspiration that should be planned for in future phases and may not be realized during Phase 1 of implementation.

- Bidirectional, live data feeds should be integrated between the SCU and other data sources, including but not limited to:
 - EHRs used by major medical systems and Federally Qualified Health Centers (FQHC)
 - Alameda County's Community Health Record (CHR)
 - Alameda County's YellowFin

Why does the SCU need to access service utilizers' records, such as EHRs?

Access to an EHR allows crisis responders to make informed decisions based on a service utilizer's health history. This access also enables crisis responders to communicate directly with a service utilizer's existing support team, such as psychiatrists or case managers, when providing crisis response or referring the service utilizer for follow-up care.

Is it common for crisis responders and clinicians to have access to service utilizer records?

Many other crisis response programs enable access to these sources of data. For example, the Alameda County Community Assessment and Transport Team (CATT) has access to the county's CHR. Providers at FQHCs, including programs like Lifelong's Street Medicine Team, have access to an integrated EHR. Berkeley Mental Health (BMH) is already integrated with the county's YellowFin reporting system. Other city models, such as Denver STAR, enable their crisis responders to access existing data systems.

Why should the data feeds be bidirectional?

Not only do crisis responders need to access service utilizer medical history, but the data they collect during a crisis response should be entered into the centralized data systems so that a service utilizer's existing support team has an updated and complete case history. The county's CHR has live data feeds from many providers and so the SCU's data should also have bidirectional capabilities when possible.

Considerations for Implementation

- The Berkeley City Attorney and IT have signed onto the county's CHR, and many CBOs and medical providers have also already signed onto the CHR, which could facilitate the SCU's integration into this system.
- The SCU will need access to EHRs and the CHR to participate in client case management meetings (*refer to recommendation #18*).
- SCU team members will need training and support to accurately enter data into these platforms, which is essential to data integrity.
- Legal protections for confidentiality and consent will have to be carefully assessed to determine the feasibility of this recommendation and implementation approach.
- Many health conditions can be criminalized and prosecuted. The SCU data must be separate from Dispatch and CAD data because Dispatch is situated within Berkeley Police Department. Presently, Dispatch does not have access to EHRs or the CHR, and in the future, this separation should continue.

Recommendation #17

Collect and publish mental health crisis response data publicly on Berkeley's Open Data Portal

Data collection is essential to monitoring and evaluation and spans across the SCU mobile team and supporting personnel, Dispatch and/or the alternative phone line, and central leadership. Given how many different personnel and agencies will be collecting and reviewing data, it is essential that data collection be planned for early in Phase 0 to ensure alignment, accuracy, and data integrity.

- Types of data that should be collected and published:
 - Call volume
 - Time of calls received
 - Service areas
 - Response times
 - Speed of deployment
 - Determinations and dispositions of Dispatch (including specific coding for violence, weapons, and emergency)
 - All determinations and deployed teams from Dispatch
 - Percentage of calls responded to by SCU of all calls sent to SCU
 - Type or level of service needed compared to the initial determination at the point of Dispatch
 - Service utilizer outcomes
 - Number of 5150 assessments conducted
 - Number of 5150s confirmed and involuntary holds placed
 - Number of transports conducted
 - Location of transport destinations
 - Type of referrals made
 - Priority needs of clients served (housing, mental health)
 - Number of requests for police involvement
 - Racial demographics of service utilizers
 - Other relevant characteristics of service utilizers, such as homelessness status or dementia

Note: not an exhaustive list.

- Examples of public data dashboards from alternative crisis models:
 - [Portland's Street Response data dashboards](#)
 - [NYC's B-HEARD monthly data reports](#)

How does data collection promote community safety and health?

Nationally, many emergency call centers lack consistent data collection and internal sharing and review, suggesting city administrators and leaders are unable to effectively use data to understand the scope of behavioral crisis and response in their communities.²⁷ Collecting data in a way that can be used among program administrators will be essential in supporting the success of the SCU and positive outcomes for the community. Moreover, during this project, it was impossible for RDA to conduct an “apples-to-apples” analysis between data from any of the contributing agencies (Police, Fire and Falck, MCT, Dispatch/Auditor’s Report) because the data entry practices across each agency are inconsistent. Specifically, the variables that each agency records for each call response are not the same. In instances where there were similarities in the types of variables used between agencies, the values that they each used to enter or code their data were not comparable.

Why does publishing data publicly matter?

Publishing data through Berkeley’s Open Data Portal could promote transparency around crisis response services, address community stakeholders’ distrust of the system, and keep the community informed about the SCU and the city’s crisis response services.

Considerations for Implementation

- Multiple agencies are likely to engage in data collection that contributes to the SCU model. All data variables and definitions should be aligned to ensure system integration and data integrity, including:
 - CAD data
 - Additional 911 and Dispatch data (as applicable)
 - Alternative phone number data (as applicable)
 - SCU mobile team data
 - EHR data
 - CHR data
- Personnel will need ample training on data collection, including variable definitions and data entry processes, to ensure a high degree of data integrity.
- Staff will need adequate technology to collect and report on data (*refer to recommendation #6*).

²⁷ Velazquez, T & Clark-Moorman, K. (2021). New research suggests 911 call centers lack resources to handle behavioral health crises. *ResearchGate*.

https://www.researchgate.net/publication/355684339_New_Research_Suggests_911_Call_Centers_Lack_Resources_to_Handle_Behavioral_Health_Crises

Recommendation #18

Implement care coordination case management meetings for crisis service providers.

Service utilizers often receive care across multiple agencies and individual service providers, but transparency and visibility of service utilizers that move in and out of these agencies is a challenge. Regular case management coordination meetings across organizations and providers could help to address the perceived lack of coordination across different services and to improve the care coordination for service utilizers, such as those discharged from inpatient facilities.

Who should participate:

- SCU mobile team
- Service providers and case managers identified through CHR and EHRs
- Partners and those receiving referrals at CBOs
- A designated meeting coordinator (e.g., SCU program manager, city staff)

What the meetings should achieve:

- Discuss care for shared service utilizers
- Discuss needs of high service utilizers, services provided
- Discuss successes or challenges with warm handoffs and referral pathways

How is care coordination relevant to crisis response?

Care coordination supports providers in making informed decisions about the services to provide and can prevent future crisis. Throughout the project's qualitative data collection, service providers in Berkeley commonly provided the idea of care coordination meetings between the SCU and providers; they expressed that if their clients access SCU crisis services, they would benefit from collaborating with the SCU. The REACH Edmonton program also shared that meetings for frontline workers to discuss shared clients increased positive client outcomes. Finally, Berkeley's Transitional Outreach Team (TOT) shared challenges they have encountered when providing follow-up care after MCT responds to an incident, especially communicating with the many external providers that interact with a single service utilizer.

Why is there a coordinator role in these meetings? Who is that?

Based on the lessons learned from other cities implementing alternative crisis response models, such as the REACH Edmonton and Denver STAR programs, care coordination meetings will require a centralized coordinator or leader from the SCU. Frontline workers do not have the capacity to manage these meetings, which includes scheduling, note taking, preparing data, following up on items as necessary, and other duties. The care coordinator may be an administrative staff member of the SCU, such as the program manager, or a staff member from the City of Berkeley who oversees many of the relevant contracted providers (beyond the SCU).

Considerations for Implementation:

- These meetings will require a clear owner to manage meeting topics, prepare data, identify non-urgent items for follow-up, and ensure equitable power and time talking, especially for peer specialists. The SCU program manager may be best poised for this role.
- Integrated data systems that allow for sharing data and reviewing case history across providers would enhance care coordination and case management (*refer to recommendation #16*).
- There may be a benefit to call takers joining these meetings if they identify and document who is in crisis.

Recommendation #19

Implement centralized coordination and leadership across city agencies to support the success of mental health crisis response.

Overall, programs benefit from ensuring there are one or more people responsible for coordinating the program at a birds-eye view. As a new mental health crisis response initiative, the SCU model will require cross-system coordination for implementing new processes, training, monitoring, and evaluation. Moreover, because these initiatives span across Dispatch and/or an alternative phone number, the SCU mobile team, and other referral entities like Fire, Police, MCT, TOT, and mental health and social service providers, a centralized coordinating body will be essential to the success of this far-reaching initiative.

Who should participate:

- Berkeley Dispatch
- Berkeley Department of Public Health
- Berkeley Mental Health (BMH)
- Berkeley Health, Housing & Community Services Department (HHCS)
- SCU Program Manager
- Berkeley Fire Department
- Berkeley Police Department
- Other relevant parties as the project evolves

What the meetings should achieve:

- Progress along the phases of implementation
- Lead the rapid assessment processes and regularly review data
- Review SCU Steering Committee feedback
- Review service utilizer and stakeholder feedback
- Prioritize issues
- Make decisions

Additional outcomes:

- Increase open communication across city agencies
- Build trust across crisis responders and city departments
- Align all partners on shared values for increasing community health and well-being

Why is the Berkeley Police Department involved in this leadership body if the SCU is a non-police response?

Because the police currently respond to all mental health calls received through 911, any decision about shifting specific call and service types from police to SCU will require BPD buy-in, communication, and planning. Moreover, Dispatch is currently situated within BPD, and therefore, BPD leadership will be required to assess and approve changes to Dispatch. For instance, to ensure that all SCU data is kept confidential and separate from police, BPD will need to support planning for CAD data to integrate with SCU in a compliant manner. Finally, police may be able to request SCU deployment, so these types of protocols will need BPD's input.

Considerations for Implementation:

- These meetings will need a clear owner to schedule meeting times, prioritize agenda topics, prepare data, identify non-urgent items for follow-up, and coordinate follow-up communication to relevant stakeholders.
- A data dashboard will support data review and rapid assessment processes.
- Some agencies may have strong bargaining presence or positional power, such as BPD. It is important that these meetings uphold equitable power and weight in making decisions.
- Throughout Phase 0 and Phase 1, this group may need to meet on a weekly basis.
- Additional stakeholders may need to be added to this group (permanently or ad hoc for specific topics), such as representatives from emergency departments, John George Psychiatric Hospital, or other city or county stakeholders.
- As the model progresses, this group may discuss opportunities to improve the mental health crisis system at a broader scale, beyond the scope of the SCU's crisis response, such as more inter-county and inter-city coordination on systemic issues related to housing.

Recommendation #20

Continue the existing SCU Steering Committee as an advisory body.

Presently, the SCU Steering Committee has representatives with ties to community groups and stakeholders. The SCU Steering Committee should continue as an advisory body to incorporate into decision-making spaces the perspectives that may otherwise be neglected in government spaces.

The SCU Steering Committee should continue to advocate for marginalized communities in the SCU model design and delivery by taking on an advisory role through Phase 0 and Phase 1 of implementation, at a minimum.

The current participants should remain, if they choose, including:

- Berkeley Community Safety Coalition
- Representatives from the Mental Health Commission
- HHCS staff
- BMH staff
- Berkeley Fire

Additional participants should be added, including:

- Relevant staff from the SCU or administrative CBO, such as the program manager or clinical supervisor
- Dispatch personnel, particularly someone in a leadership position who can both promote change and holds expertise relevant to implementation

Considerations for Implementation

- HHCS staff should maintain the role of coordinating the SCU Steering Committee, even if a contracted CBO leads the SCU, because HHCS will lead other aspects of oversight including contract management.
- Additional participants may be added to the SCU Steering Committee at different times. For example, Dispatch personnel should join earlier in Phase 0 of implementation, while SCU personnel will join once that team is fully staffed in Phase 1.

Recommendation #21

Solicit ongoing community input and feedback.

Governments often face barriers in hearing from community members that are the most structurally marginalized. However, engaging existing coalitions and networks designed to represent marginalized service users' perspectives can support more equitable engagement. Intentional outreach for these opportunities is essential because, historically, government institutions and other structures have prevented the full and meaningful engagement of Black people, Indigenous people, people of color, working class and low-income people, immigrants and undocumented people, people with disabilities, unhoused people, people who use drugs, people who are neurodivergent, LGBTQ+ people, and other structurally marginalized people. Prioritizing the engagement, participation, and recommendations of the community members most harmed by existing institutions, including those most harmed by police violence, will ensure that systems of inequity are not reproduced by a crisis response model.

Instead, community engagement can support the SCU to address structural inequities. In addition to the SCU Steering Committee, ongoing opportunities for the community to provide input to decisions as well as feedback about their experiences will be valuable to the SCU model throughout Phase I.

Suggested methods to receive community input and feedback:

- Focus groups
- Town halls or community forums
- On-site outreach
- Questionnaire
- Online feedback "box"

Modalities should ensure equitable access to participation:

- Online and in person
- Large groups, small groups, and one-on-one
- Anonymous
- Written and verbal
- Translation and interpretation

Encourage participation among:

- Service utilizers
- Community members with mental health and behavioral health needs who have not yet engaged with the SCU
- Service providers at CBOs, especially those receiving SCU transports and referrals

Address structural barriers to participation by:

- Using convenient, accessible, and geographically diverse locations
- Offering events at varying times to accommodate different schedules
- Providing financial compensation
- Providing childcare

Why is more community engagement needed if community input informed the model?

The robust community engagement that contributed significantly to the development of this model demonstrates the valuable perspective and knowledge held by community members about the types of services needed and how to make them more accessible and acceptable. Soliciting ongoing feedback once the SCU is launched will provide insight to how well the model is meeting community members' needs and where barriers to crisis care persist, servicing both quality improvement and evaluative needs.

Why should ongoing community engagement be conducted?

Community input and feedback should not be limited to the end of Phase 1 as part of a summative evaluation, but instead be ongoing to account for the changing landscape of SCU model implementation and the needs of both service utilizers and the broader community. It will also support ongoing iteration of the SCU throughout Phase 1, while planning for more complex modifications in Phase 2.

Considerations for Implementation

- The opportunities for community input and feedback should be held regularly, such as monthly, or quarterly.
- Frequent service utilizers, perhaps identified during the SCU's first three months of implementation, could be the primary recruitment base for feedback.
- Address barriers to equitable participation in feedback, such as by providing childcare, transportation vouchers, or financial compensation for time.
- Community feedback should be evaluated as essential data points that directly inform the rapid assessment processes (*refer to recommendation #22*).

Recommendation #22

Adopt a rapid monitoring, assessment, and learning process.

Many crisis response programs use data to monitor their ongoing progress and successes, modify and expand program pilots, and measure outcomes and impact to inform ongoing quality improvement efforts. Data collection, data system integration, centralized coordination across city leadership, the SCU Steering Committee, and ongoing input and feedback from community members and service utilizers (*recommendations #16, #17, #19, #20, and #21*) should all contribute to the monitoring that supports ongoing implementation, assessment, and iteration.

A rapid assessment process will likely need to:

- Develop a shared vision for the SCU model.
- Develop goals for the SCU model.
- Create assessment questions to guide the monitoring and learning process.*
- Define indicators or measures.
- Use a mixed-methods approach, including quantitative programmatic data and feedback from service utilizers, staff, and other stakeholders.

All model components will benefit from assessment, including:

- Availability of the team, accessibility of Dispatch and/or alternative phone line, response time
- Services provided, expertise of mobile team, training
- Equipment, vehicles, and supplies
- Transport, service linkages and handoffs, partnerships with CBOs
- Case management meetings and centralized leadership coordination
- Data collection, data integration, data integrity, and data transparency
- Public awareness campaign

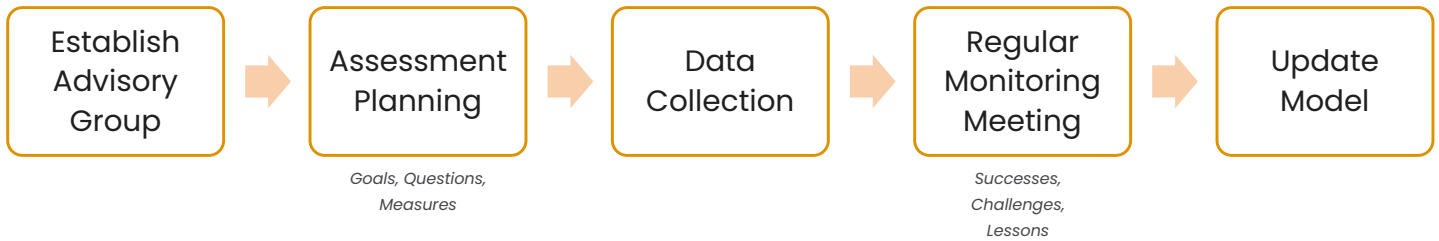
Consider using the Results-Based Accountability (RBA) framework²⁸ to assess SCU performance aligned to:

- Quantity of SCU services
- Quality of SCU services
- The impact or outcome of SCU services

*From the shared vision, create assessment questions to use throughout the duration of Phase 1, such as:

- Is there a need to scale and increase services?
- Are resources being used efficiently in the pilot? Will they be used efficiently with an increase in services?
- How effective is the current approach? Will it be effective with an increase in services?
- Is the current approach appropriately tailored to the Berkeley community? Is it appropriate for the Berkeley community?

²⁸ The City of Berkeley is using RBA for performance monitoring efforts and therefore may benefit from using RBA for the SCU model too.

Figure 4: Rapid Monitoring, Assessment, and Learning Process

A rapid monitoring, assessment, and learning process can happen in multiple venues. Some questions may be assessed on a quarterly basis, while others can happen on a monthly or weekly basis.

Considerations for Implementation:

- The rapid assessment process will need to establish clear roles for leading the meetings and decision-making, especially between the SCU program manager and central coordinating leadership.
- The rapid assessment process will benefit from clear timelines and processes for reviewing data, discussing changes and adaptations, and sharing findings across relevant stakeholders.
- The rapid assessment process may have multiple processes or venues based on specific data points or meeting frequencies. Clarify who should be attending, such as Dispatch, the alternative phone number (if applicable), the SCU mobile team, HHCS leadership, and others.

Recommendation #23**Conduct a formal annual evaluation.**

Several components of the SCU – including the model’s services, the SCU mobile team’s training, the deployment determinations of Dispatch and/or the alternative phone line, and impacts and outcomes for service utilizers – offer potential for demonstrating the success of the model through formal evaluation. The evaluation should measure whether the SCU model is progressing towards the intended outcomes, as well as suggest opportunities for modifications and expansion. Design of a formal, annual evaluation is best done early in program planning.

Evaluation may define:

- A Theory of Change or Logic Model
- Short-term and medium-term goals

Evaluation could measure:

- Fiscal analysis, especially evaluation of progress towards the City’s aim of reducing BPD’s budget by 50%
- Systems change effectiveness, including evaluation of progress towards City’s goal of reducing the footprint of BPD to criminal and imminent threats
- Program efficacy/effectiveness, quality of service
- Service utilizer outcomes
- Ongoing barriers and challenges that Phase 2 can address
- Effectiveness of public awareness campaign, whether community members know about it
- Impacts aligned to a Racial Equity Impact Assessment²⁹

Evaluation should include:

- Qualitative and quantitative data
- Perspectives from SCU personnel
- Perspectives from service utilizers
- Perspectives from adjacent organizations, staff, and SCU Steering Committee

How is the proposed evaluation different than rapid monitoring?

Evaluation and rapid monitoring, or quality improvement, are complementary and should inform each other. Rapid monitoring is intended for more immediate quality improvement and occurs on more frequent cycles to guide iterative implementation of specific model elements. Evaluation asks broader questions from a greater degree of distance to guide adjustments to the model that will support ongoing effectiveness and sustainability. Staff are typically central to rapid monitoring to facilitate ongoing improvements, but an evaluation is generally conducted by an outside team that has some distance from day-to-day operations.

Considerations for Implementation

- If the City of Berkeley intends to contract out the evaluation, then the RFP and contracting process should be initiated early in Phase 0 to allow for adequate planning.

²⁹ To learn more about Racial Equity Impact Assessments, visit:

https://www.raceforward.org/sites/default/files/RacialJusticeImpactAssessment_v5.pdf

Promoting Public Awareness

Promoting public awareness of the SCU and its aims will be essential to the SCU's success. Public education efforts should be advanced through a variety of methods, including a far-reaching campaign and targeted outreach. These efforts should emphasize that the SCU is a non-police crisis response service and promote how to access the SCU (i.e., which phone number to call). Overall, promoting public awareness is essential to building trust and addressing fears or reluctance that might inhibit people to call for support during a mental health or substance use crisis.

Promoting awareness and establishing relationships with other providers in the response network is also important, especially staff at emergency facilities who may interact with the SCU during the transport of a person who has experienced a mental health or substance use crisis. This type of relationship-building and education can streamline processes to promote positive outcomes for people in crisis.

The following recommendations should be adapted and implemented to advance public education and awareness about the SCU model:



Key Recommendations

- 24. Launch a public awareness campaign to promote community awareness and education about the SCU.**
- 25. The SCU mobile team should conduct outreach and build relationships with potential service utilizers.**

Recommendation #24

Launch a public awareness campaign to promote community awareness and education about the SCU.

For the community to be able to call for an SCU response, they must know that it exists. Stakeholder input throughout this project has indicated that community members must trust that the SCU provides a crisis response without the use of law enforcement for the SCU to be a viable and sought-after crisis response option. For these reasons, promoting public awareness of the SCU and its aims will be essential to the SCU's success.

Aims of the campaign:

- Emphasize the SCU as a non-police mental health and crisis response option
- Distinguish the roles and responses of SCU, MCT, and police
- Promote how to access the SCU (i.e., through 911, an alternative number, or 988)
- Describe when SCU will not respond (e.g., social monitoring, weapons) and when it will (e.g., types of services).
- Emphasize the community engagement that informed the model
- Share the availability of Berkeley Open Data
- Promote opportunities for ongoing stakeholder input and feedback

Why is it important to launch a public awareness campaign?

To inform the community of this new resource and to distinguish the SCU as a non-police response. Stakeholder input throughout this project has indicated that community members must trust that the SCU provides a crisis response without the use of law enforcement for the SCU to be a viable and sought-after crisis response option.

How do other cities promote their crisis response model?

Other cities provided examples of promoting awareness outside of mass media. For example, Portland's Street Response team contracts with street ambassadors with lived experience (via a separate contract with a local CBO) who perform direct outreach to communities and work to explain the team's services and ultimately increase trust with potential service utilizers.

Considerations for Implementation

- The methods of the campaign may need to be tailored to the targeted stakeholder groups and may include:
 - Mass media, billboards, advertisements on public transportation, radio announcements, local newspaper announcements, updates to the city's social media and websites, updates to service providers' and CBOs' social media.
 - Business cards with contact information for potential service utilizers.
 - "Meet-and-greets" that the SCU mobile team hosts with service providers at CBOs and emergency facilities.
- The public awareness campaign may have multiple phases, such as first promoting awareness of the SCU and how to access it, and then promoting opportunities for stakeholder feedback.

Recommendation #25

The SCU mobile team should conduct outreach and build relationships with potential service utilizers.

In addition to a public awareness campaign that promotes the SCU as a community resource, shares how to access the SCU, and emphasizes the non-police design, many service utilizers may still be reluctant to engage with a new entity. As a result, to most equitably meet the needs of potential service utilizers and especially substance users, the SCU may need to conduct in-person outreach. This outreach should be targeted to specific groups who are most likely to call the SCU with the aim of establishing trusting relationships and sharing more about their harm reduction approaches.

Targeted sites for relationship building with potential service utilizers:

- Encampments
- Safe parking RV lots
- Drop-in centers
- Downtown Berkeley
- People's Park
- Emergency department waiting rooms

Why might service utilizers be reluctant to engage in services with the SCU?

Many community members have personally experienced the criminalization of substance use and mental health emergencies, whether through their own experiences or having witnessed the experiences of family, friends, or community members. Such carceral approaches include involuntary psychiatrist holds and unnecessary transport to hospitals. In particular, unsheltered residents and substance users may be more distrustful of a new team and be less likely to call during a crisis. In interviews, unsheltered residents shared that not all of their substance use management are being adequately addressed by current crisis responders and they experience high rates of transport to emergency departments. Many also shared that they fear police retaliation for their substance use. In general, there are several reasons why community members may be hesitant about engaging crisis responders, which could be addressed by individual, relational outreach.

Why would relationship building improve utilization of the SCU?

Despite many service utilizers reporting overall distrust of first responders, they also shared that EMTs have developed trusting relationships and strong rapport for handling overdoses. Because of this relationship, service utilizers are more willing to call for an EMT to respond to an overdose. Similarly, having strong relationships built on trust will be key to the success of the SCU.

Considerations for Implementation

- If there are periods of low call volume, the SCU may use those times as opportunities to build relationships in communities of potential service utilizers and proactively provide services.
- This outreach may also be implemented based on data and findings or in preparation for Phase 2 expansion and changes.



System-Level Recommendations

The development of a mental health crisis response model as a component of the City of Berkeley's emergency services should be understood as a systems-change initiative of great magnitude. There are several critical factors that must be attended to in order to realize the full implementation of the SCU and to progress towards its intended outcomes.

Addressing the Needs of Dispatch

There is an urgent need for a 24/7 mental health and substance use crisis response model that does not rely on law enforcement to provide specialized mental health care. To provide this service, crisis responders must be connected to those in crisis. Thus, the role of Dispatch is essential.

Dispatch needs a full assessment and planning process to address the complexity of the 911 response system. This assessment and planning, though urgent, cannot be done hastily. The SCU will benefit if Dispatch is able to:

- Address the understaffing, under-resourcing, and identified training needs of call takers.
- Plan for a sustainable integration.
- Plan for a variety of scenarios to ensure crisis responder and community safety.
- Participate in the SCU phased-implementation approach and ongoing collaboration with SCU leadership.
- Establish trusting relationships and rapport with the SCU so that call takers are confident in deploying the SCU for scenarios they previously would have deployed MCT or Police.

A Sufficient Investment of Resources

A lack of sufficient resources is not only a challenge for Dispatch, but is a common challenge expressed by service providers in Berkeley and in other locales. Within the City of Berkeley, both TOT and MCT have challenges meeting the needs of community members because their hours of operation are limited, and they do not have enough staffing and resources to provide 24/7 services. This results in the perception of slow or delayed response times and can decrease the likelihood that callers continue to seek that service. Efforts in other cities, such as the Mental Health First and MACRO initiatives in Oakland and the Street Crisis Response Team in San Francisco, have also had to restrict their hours of availability and services due to a lack of sufficient funding.

Mental health crisis response could be essential in promoting health equity in the City of Berkeley. However, if it is not sufficiently resourced to provide 24/7 crisis response without long wait times, it will not achieve trust, and will become utilized less often and will therefore not achieve the desired systems-change results. This resourcing includes not only the SCU mobile crisis team, but the entirety of the model and related infrastructure, from the call center to program manager. Sufficient resourcing also includes dedicated time by city leadership to support coordination, collaboration, and problem-solving.

The Role of Trust

Trust was one of the most discussed factors across stakeholder engagement and will be a critical ingredient to the success of this system-wide change initiative. The public awareness campaign and all Phase 0 planning processes must address the concerns and doubts that could undermine trust across community stakeholders, the service provider network, and city leadership.

Trust will shape whether community members utilize the SCU. Community members must trust that the SCU:

- Is a non-police crisis response.
- Is accessible and available 24/7.
- Is responsive to emerging needs and ongoing community input and feedback.
- Provides competent harm reduction and non-carceral approaches to mental health and substance use crisis intervention.

Trusting relationships affect the quality of referrals, warm handoffs, and service linkages across the service provider network. Service providers emphasized that trust plays a role in:

- Whether they will refer a client to another provider.
- The amount and type of information they disclose about a shared client.
- Whether systems will choose to share and integrate data.

- The quality of collaboration and communication during warm handoffs, care coordination, or at client discharge.

Trusting relationships are essential to centralized coordination and collaboration among city leadership.

The SCU model will require a variety of agencies and departments to work together in new ways and toward new ends. Other cities implementing alternative crisis models shared that trust was enhanced across leadership by:

- Aligning on shared values and commitment to improving health outcomes for people in crisis.
- Recognizing and adapting to the varied cultures of city departments, agencies, and CBOs.
- Ensuring decision-making power is allocated in alignment with the aims of the crisis model, such as ensuring that law enforcement does not have an unaligned or inequitable of voice or power in making decisions.
- Reviewing data to promote accountability and celebrate successful outcomes.
- Planning for sufficient time to prepare and participate in collaboration.



Conclusion: Next Steps & Future Considerations

This report presents recommendations for a model that is responsive to community needs. Still, there were numerous questions, issues, needs, and considerations that surfaced that were beyond the scope of the project. Decisions around those factors could significantly shape the types of services the SCU provides as well as how it is coordinated and administered across agencies. Such considerations are pertinent to the future of the SCU, crisis response, and the mental health service system in Berkeley, and therefore should continue to be discussed by city leadership and those implementing the SCU.

Long-Term Sustainable Funding

The SCU model requires long-term sustainable funding. A sound fiscal strategy must recognize the robustness of costs associated with the SCU and plan for institutionalizing and sustaining those costs. There are a number of potential funding sources for the SCU model, including Medi-Cal reimbursement, Medi-Cal opportunities through CalAIM, and DHCS grants. However, these funding streams are unlikely to sustain a crisis response model on their own. Other funding and resources may need to be braided into the SCU to effectively implement this model.

While braiding allows for maximizing funding resources, it also requires clear and separate tracking of services based on funding sources and requirements. With multiple funding streams, the target populations, reporting requirements, eligibility criteria, and performance measures can vary greatly. A braided funding model, therefore, requires knowledgeable administrators as well as dedicated time to manage. This can be especially resource-intensive for a CBO implementing the SCU. The SCU model will need to be very clear about the funding requirements and develop an appropriate system for ongoing tracking and reporting.

Different financing mechanisms provide varying levels of sustainability and predictability, considerations which should inform the development of a fiscal strategy for the SCU model. Unfortunately, these recommendations may not be fully realized if there is not a long-term sustainable fiscal strategy. Modifications to the SCU model could negatively impact the quality of service delivery or lessen the population impact.

Across the country, some cities have used a sales tax to fund their alternative crisis response models while others have redirected funds away from police departments. Rather than identifying new or short-term grant awards, a primary consideration for the City of Berkeley should be to look to dollars that can be reinvested from the Berkeley Police Department, in alignment with the Reimagining Public Safety initiative, to develop a sustainable and comprehensive SCU model.

Continue Planning for 24/7 Live Phone Access to the SCU

Significant planning will be required to fully realize the 24/7 live phone access to the SCU (*refer to recommendations #8, 9, and 10*). Reaching out to existing call centers—such as Alameda County CSS—or to other cities implementing similar crisis models could support the development of the phone access to the SCU. Additional planning is needed to determine, at a minimum:

- Equipment and technology needs
- Staffing requirements for the estimated call volume
- Recruitment, hiring, and training
- Workflow and protocol development
- Cost and funding availability

The Location of 911 Dispatch Within the Berkeley Police Department

The 911 Communications Center is currently operated by the Berkeley Police Department. This structure affects how Dispatch is funded and who makes decisions. As the role of Dispatch is broadened to coordinate a greater variety of responses to emergencies, there may be advantages to moving Dispatch outside of the Berkeley Police Department, such as improved communication and coordination across relevant agencies. For instance, it has been expressed that Dispatch call takers are currently more comfortable deploying the police than other crisis responders given their long tenure and rapport with police officers, so call takers' ability to establish rapport with the SCU team is needed for them to be comfortable deploying the SCU. Structural changes like this may also align to several of the Reimagining Public Safety initiative's aims. This consideration can be explored as part of the assessment and planning processes of the phased implementation approach.

Preventing Social Monitoring: Clarifying the SCU's Guiding Principles

The SCU model is designed to ensure that mental health specialists respond to people experiencing mental health crises. However, there is significant and justified concern that the SCU could be co-opted to support the social monitoring and enforcement of unsheltered residents. Clarifying the SCU's guiding principles could support in reifying the intentions of the model to ensure that all practices are aligned with those principles.

There are several elements within the model design where data, ongoing conversation, and service utilizer feedback can ensure that the SCU lives out its intention. One such example is whether and how the SCU would be deployed with the police and/or how the SCU is distinguished from MCT. For example, if a caller reports an unsheltered neighbor is residing on their sidewalk or driveway, this may not qualify for an SCU response. However, if that call is deployed to the police, then the response effectively criminalizes unsheltered Berkeley residents. Such scenarios should be explored as the SCU model is implemented, refined, and expanded.

Address the Full Spectrum of Mental Health and Substance Use Crisis Needs

Mental health and substance use crises vary in severity along a spectrum. A crisis can present as someone in immediate danger to themselves or others, someone who needs regular support to address their basic needs, or someone who is generally able to manage their needs but needs occasional support to prevent a future crisis.

Throughout this project, many stakeholders expressed that in order to effectively address the challenges of the current system, solutions and changes must engage with the nuances and spectrum of mental health crises:

- Some forms of crisis are readily visible while others are not.
- Some forms of neurodivergence are reported as a mental illness or crisis, but they are not.
- Some forms of crisis occur because the person is unable to access services to meet their needs.
- Some forms of emergency service utilization stem from ongoing unmet basic needs such as food and affordable housing.

Stakeholder participants urged that the concept and definition of a mental health crisis and crisis services be expanded to not only support crisis intervention but also prevention, diversion, and follow-up. The following two considerations should be further explored because they may support the SCU model. Both considerations represent a form of

reimagined public safety and may be realized with additional resources, such as funds divested from Berkeley Police Department:

Expand the SCU Model to Include a Follow-up Care and Coordination Team

There will likely be a need for a team to receive referrals from the SCU mobile team and connect with service utilizers for follow-up care. Follow-up care could include referrals, system navigation, and case management support. This team may also need to conduct outreach to make contact with service utilizers and address barriers to care as needed. For example, some service utilizers may be unable to follow through with a referral if they do not have reliable access to transportation or experience challenges maintaining scheduled appointments. This team could potentially be funded by the 988 funding allocated to dedicated follow-up teams deployed from 988 crisis call centers.³⁰

There are many lessons that should be learned from the existing Transitional Outreach Team (TOT), such as challenges they face with adequate staffing and funding or constraints and limitations with who they can serve. Any initiatives around follow-up care should augment rather than duplicate the TOT.

Increase the Number of Sites for Non-emergency Care for Berkeley Residents

Throughout this project, stakeholder participants emphasized the need for sites for non-emergency care, such as drop-in centers, day centers, sobering sites, and respite centers. These services are important for harm reduction and crisis prevention, and as such would support the outcomes of the SCU model. There may be opportunities in Phase 0 or Phase 1 to reserve beds at a shelter or similar care facility as a temporary measure, ensuring persons in crisis have access to these beds after engaging with the SCU. However, increasing the overall number of sites for non-emergency care would require a longer-term investment

³⁰ Santos, M (2021). New suicide prevention hotline aims to divert callers from police. *Crosscut*. <https://crosscut.com/politics/2021/07/new-suicide-prevention-hotline-aims-divert-callers-police>

 **Appendix**

Appendix A: Launch Timeline & Phased Implementation Approach

Phase 0 – Launch Timeline

Nov 2021 – May 2022

System-Level: Planning, Launch, Implementation		HHCS	Steering Committee	Dispatch	Contracted CBO
	Engage community on feedback to SCU Model recommendations	X	X		
	Engage community on SCU RFP requirements	X			
Dec	Dispatch leadership communicates and champions (internally) the SCU change-initiative			X	
	Plan for Dispatch assessment (e.g., determine if RFP needed)	X		X	
Jan	Make decisions about 24/7, live phone line to SCU (option A, B, C)	X	X	X	
Feb	Issue RFP for SCU	X			
	Issue RFP for SCU alternative phone line (TBD)	X			
	RFP Deadline				
Mar	Review all RFPs	X	X		
	Select awardee for SCU	X	X		
	Begin planning for site visits	X		X	X
Apr	Contract process for SCU	X			
May	Hire SCU personnel (mobile team, supportive and administrative roles, Dispatch/phone staff)				X
	Hire mental health clinician to support Dispatch assessment & planning	X		X	
	Build relationships across all new personnel	X	X	X	X
June - Aug	Plan & Implement Recommendations: Refer to Phase 0 Implementation Approach				

Phased Implementation Approach	Phase 0		Phase 1		Phase 2	Future, Beyond Phase 2
	Nov 2021 - Aug 2022		Implementation Sept 2022 - Aug 2023	Planning for Phase 2 Sept 2023 - Feb 2024	Feb 2024+	
SCU Mobile Team Recommendations						
1 The SCU should respond to mental health crises and substance use emergencies without a police co-response	Clarify specific factors and codes for all suggested SCU call types Develop triage criteria and workflows across all SCU call-types and services. Coordinate with other entities (BPD, MCT, UCPD) for differentiation and/or collaboration.	SCU mobile team goes live, providing services		Consider additional types of calls for service that they can respond to where armed police officers are not needed or aligned to a reimagined definition of public safety, such as: - Completing documentation while providing crisis services where a traditional "police report" is needed, such as in cases of sexual assault, sexual harassment, and rape - Petty theft - Nonviolent conflicts, such as neighbor disputes or youth behavioral issues - Minor assaults, with no weapons present - Proactive support at events that may trigger a crisis (e.g., during an encampment sweep)	Integrate other SCU model elements (e.g., follow-up care team [Report Section V])	
2 The SCU should operate 24/7						
3 Staff a 3-person SCU mobile team to respond to mental health and substance use emergencies						
4 Equip the SCU Mobile Team with vans	Procure vans					
5 The SCU Mobile Team should provide transport to a variety of locations	Introduce SCU to emergency facility staff at all transport destinations					
6 Equip the SCU mobile team with supplies to meet the array of clients' needs	Procure supplies					
7 Clearly distinguish the SCU from MCT	Develop clear roles and parameters for SCU and MCT teams by collaborating across Dispatch, the SCU Steering Committee, the current MCT team, and other relevant leadership <i>Note: These decisions are essential for developing triage criteria and workflows and for communicating to the general public in a public awareness campaign.</i>		Evaluate the role of MCT and the efficacy of having both teams. Make recommendations for Phase 2, such as changes to each team's scope or processes.	Communicate to general public and relevant service providers about changes relevant to the distinguished roles of MCT and SCU		

Phased Implementation Approach	Phase 0	Phase 1		Phase 2	Future, Beyond Phase 2
	Nov 2021 - Aug 2022	Implementation Sept 2022 - Aug 2023	Planning for Phase 2 Sept 2023 - Feb 2024	Feb 2024+	2
Accessing the SCU Crisis Response					
8 Participate in the Dispatch assessment and planning process to prepare for future integration	<p>Decide the most effective method for 24/7, live phone access to the SCU (Option A, B, C)</p> <p>Dispatch makes investments in staffing and technologies, as needed</p> <p>SCU model discusses with Dispatch the necessary data (variables, definitions, timelines, privacy, etc.) to be collected during each Phase of implementation</p> <p>Dispatch begins planning for changes to CAD or other data systems</p>	<p>Dispatch makes investments in staffing and technologies, as needed</p> <p><i>Dispatch implements Phase 1 protocols, as determined by Phase 0 planning (Option A, B, C)</i></p>	<p>Implement new triage criteria and workflows</p>		
9 Ensure the community has a 24/7 live phone line to access the SCU	<p>Implement and adapt 24/7, live phone line access to SCU (Option A, B, C)</p> <p>Adapt protocols for other Berkeley crisis responders (Fire, EMS/Falck, MCT, Police) to request SCU support through the alternative phone number</p> <p>Dispatch and HHCS/SCU identify opportunities for Phase 1 implementation (based on Option A, B, C), such as: - Phase 1 call types for SCU deployment OR preliminary calls that Dispatch will transfer to the alternative phone line in early Phase 1 (e.g., welfare checks) - Dispatch supports alternative phone line to develop aligned triage criteria and workflows to support future integration</p>	<p><i>If Option B or C: Plan for how calls will be triaged and prioritized from the two separate sources (alternative number and 911) in deploying the SCU mobile teams in Phase 2</i></p>	<p>Determine if the SCU should respond to crises by sight ("proactive" deployment and intervention)</p> <p>Determine if the SCU should self-deploy by listening to the police radio (based on other models: Eugene's CAHOOTS, Denver's STAR, and San Francisco's Street Crisis Response Team)</p>	<p><i>If Option B or C: Integrate SCU into 911</i></p>	
10 Plan for embedding a mental health or behavioral health clinician(s) into Dispatch to support triage and SCU deployment	<p>Dispatch hires one clinician to support the Dispatch assessment process and to support triage criteria and workflow development for calls routed to SCU</p> <p>Clinician attends trainings and site observations with Dispatch and SCU</p> <p>Clinician(s) supports planning for triage criteria, call-types, etc. (as relevant: Option A, B, C may affect timing of this)</p> <p><i>If Option A: Dispatch prepares for fully embedding clinician(s), including clarifying their roles and supervision structure</i></p> <p><i>If Option B or C: implement this in Phase 2</i></p>	<p>Clinician(s) support Dispatch based on the assessment findings and next steps, such as: - supervises call-takers triaging mental health crisis calls - provides trainings to call-takers based on 2019 Auditor's Report and ongoing assessment</p>			<p>Assess whether clinician(s) can provide services beyond SCU deployment, including basic telemedicine and psychiatric screenings or psychiatric crisis assessment</p>

Phased Implementation Approach

Phased Implementation Approach	Phase 0	Phase 1		Phase 2	Future, Beyond Phase
	Nov 2021 - Aug 2022	Implementation Sept 2022 - Aug 2023	Planning for Phase 2 Sept 2023 - Feb 2024	Feb 2024+	2
Implement a Comprehensive, 24/7 Mental Health Crisis Response Model					
Fully staff a comprehensive model to ensure the success of the SCU mobile team, including supervisory and administrative support roles for SCU					
11					
12 Operate one SCU mobile team per shift for three 10-hour shifts					
13 SCU staff and Dispatch personnel should travel to alternative crisis programs for in-person observation and training	<p>incorporate into training timelines to allow for these periods of travel and training. <i>Note: City of Berkeley and/or the contracted CBO may need to reach out to the other cities and programs to solidify travel and training plans prior to the hiring of any individual personnel.</i></p> <p>Allot time after the site visit(s) for debriefing, reflecting on lessons learned, and discussing how to integrate key takeaways into the SCU model.</p> <p>Include in debrief and planning conversations personnel that traveled for site observations, HHCS staff, additional Dispatch leadership, and Steering Committee members as needed.</p>				
14 Prepare the SCU mobile team with training, informed by community needs		Plan the training schedule based on community needs, ongoing assessment and planning, and prerequisite skills and experiences of hired personnel			

Phased Implementation Approach	Phase 0		Phase 1		Phase 2	Future, Beyond Phase 2
	Nov 2021 - Aug 2022		Implementation Sept 2022 - Aug 2023	Planning for Phase 2 Sept 2023 - Feb 2024	Feb 2024+	2
Administration and Evaluation						
15 Contract the SCU Model to a CBO				Extend contract and provide funding for Phase 2, as applicable		Determine if the SCU can be administered through the City of Berkeley, elevating it to the status of Police and Fire as an essential citywide emergency service and ensuring long-term sustainability
16 Integrate SCU into existing data systems	Assess feasibility of data integration across various systems and sources: assess system capacity needs to realize integration, seek consultation on legal issues surrounding patient protections and sharing health data across providers Evaluate implications for Recommendation 18 (care coordination case management meetings) based on feasibility and adaptations from this recommendation (Recommendation 16) Maintain and strengthen data privacy before SCU is integrated with Dispatch (given that Dispatch is situated within Berkeley Police and that many health conditions can be criminalized and prosecuted)		Continue: Assess feasibility of data integration across various systems and sources: assess system capacity needs to realize integration, seek consultation on legal issues surrounding patient protections and sharing health data across providers Coordinate with Alameda County Care Connect to plan for bi-directional data feeds with the Community Health Record (CHR) Plan for access to EHRs and other relevant data systems			
17 Collect and publish mental health crisis response data publicly on Berkeley's Open Data Portal	Coordinate with City of Berkeley to add new data to Portal Plan for how regularly data will be refreshed/updated on Portal	Publish data regularly				
18 Implement care coordination case management meetings for crisis service providers	Involve all relevant agencies in planning to define, align, and adjust data definitions, variables, and collection practices. (e.g., 911-Dispatch, MCT, BPD, BFD, Falck, HHCS, SCU, etc.) Engage potential participants to plan for Phase 1 implementation of care coordination case management meetings (identify and confirm participants, confirm meeting intervals, set meeting times, etc.)	Convene and implement care coordination meetings				
19 Implement centralized coordination and leadership across city agencies to support the success of mental health crisis response	Engage potential participants to plan for Phase 1 implementation of centralized coordination and leadership meetings (identify and confirm participants, confirm meeting intervals, set meeting times, etc.)	Convene and implement centralized coordination and leadership meetings				

Phased Implementation Approach	Phase 0	Phase 1		Phase 2	Future, Beyond Phase 2
	Nov 2021 - Aug 2022	Implementation Sept 2022 - Aug 2023	Planning for Phase 2 Sept 2023 - Feb 2024	Feb 2024+	2
<i>Administration and Evaluation (continued)</i>					
20 Continue the existing SCU Steering Committee as an advisory body	Identify additional Steering Committee members Invite and engage new members Adapt processes, group norms and agreements, and/or meeting schedules, as relevant Decide on methods and intervals for collecting community input and feedback during Phase 1	Hold regular meetings of SCU Steering Committee; incorporate decision-making processes across other Recommendations			
21 Solicit ongoing community input and feedback	Develop a plan to communicate the opportunities for community and feedback; incorporate into public awareness campaign	Solicit ongoing community input and feedback; incorporate decision-making processes across other Recommendations			
22 Adopt a rapid monitoring, assessment, and learning process	Plan for the evaluation and rapid assessment processes to use overlapping data and be mutually-supportive and streamlined Plan for all data definitions and collection processes to be aligned across rapid assessment and evaluation aims.	Ensure that the evaluation findings are available for the latter six-months of Phase 1 to support planning for Phase 2	Review evaluation findings Plan for Phase 2		
23 Conduct a formal, annual evaluation	Plan for public awareness campaign, including targeted modalities, targeted audiences, and/or phased timing Launch public awareness campaign	Continue public awareness campaign, as necessary			
24 Launch a public awareness campaign to promote community awareness and education about the SCU	Conduct targeted outreach and establish trusting relationships between SCU and community members, promoting utilization of SCU	Continue targeted outreach and build relationships as necessary			
25 The SCU mobile team should conduct outreach and build relationships with potential service utilizers					

Appendix B: Sample Shift Structure & Redundancy Needs

Model Component	Phase	Staffing Needs	Shift Type	M	T	W	Th	F	Sa	Su	No. of shifts (week 1)	No. of shifts (week 2)	No. of staff per unit	No. of units	No. of FTE needed	Notes	
SCU	Phase 1	Shift 1	10-hour shift	mobile unit A	mobile unit A	mobile unit A	mobile unit B	mobile unit E	mobile unit E	mobile unit E	mobile unit a	3	4	3	6	18	Assumes one mobile unit per shift
		Shift 2	10-hour shift	mobile unit B	mobile unit B	mobile unit B	mobile unit C	mobile unit F	mobile unit F	mobile unit F	mobile unit b	4	3	3			Assumes a three-person mobile unit
		Shift 3	10-hour shift	mobile unit C	mobile unit C	mobile unit C	mobile unit D	mobile unit D	mobile unit D	mobile unit D	mobile unit c	4	3	3			Six clinicians, six peers, six therapists
											mobile unit d	4	3	3			
											mobile unit e	3	4	3			
											mobile unit f	3	4	3			
SCU	Phase 1	Shift 1	10-hour shift	clinical supervisor A	clinical supervisor A	clinical supervisor A	clinical supervisor B	clinical supervisor E	clinical supervisor E	clinical supervisor E	clinical supervisor A	3	4	1	6	6	
		Shift 2	10-hour shift	clinical supervisor B	clinical supervisor B	clinical supervisor B	clinical supervisor C	clinical supervisor F	clinical supervisor F	clinical supervisor F	clinical supervisor B	4	3	1			
		Shift 3	10-hour shift	clinical supervisor C	clinical supervisor C	clinical supervisor C	clinical supervisor D	clinical supervisor D	clinical supervisor D	clinical supervisor D	clinical supervisor C	4	3	1			
											clinical supervisor D	4	3	1			
											clinical supervisor E	3	4	1			
											clinical supervisor F	3	4	1			

SCU	Phase 1	shift busines	8-hour shift	progra m manag er	progra m manag er	progra m manag er	progra m manag er	progra m manag er	-	-	progra m manag er	5	n/a	1	1	1	Assumes mobile unit peers are supervised by clinical supervisor during shift; this specialist is for other professional supports for Peer Specialists
		shift busines	8-hour shift	peer supervi sor	peer supervi sor	peer supervi sor	peer supervi sor	peer supervi sor	-	-	peer supervi sor	5	n/a	1	1	1	
Alternati ve Phone Line	Phase 1	Shift 1	12-hour shift	call team A	call team A	call team A	call team B	call team D	call team D	call team D	call team a	3	4	2	4	8	Assumes two call receptionists per shift
		Shift 2	12-hour shift	call team B	call team B	call team B	call team C	call team C	call team C	call team C	call team b	4	3	2			
											call team c	4	3	2			
											call team d	3	3	2			
Dispatch	Phase 0	shift busines	8-hour shift	BH/MH triage clinicia n	BH/MH triage clinicia n	BH/MH triage clinicia n	BH/MH triage clinicia n	BH/MH triage clinicia n	-	-	BH/MH triage clinicia n	5	n/a	1	1	1	
	Phase 1	Shift 1	12-hour shift	BH/MH triage clinicia n A	BH/MH triage clinicia n A	BH/MH triage clinicia n A	BH/MH triage clinicia n A	BH/MH triage clinicia n C	BH/MH triage clinicia n C	BH/MH triage clinicia n C	BH/MH triage clinicia n A	4	3	1	4		Assumes one clinician per dispatch shift

	Shift 2	12-hour shift	BH/MH triage clinic n B	BH/MH triage clinic n B	BH/MH triage clinic n B	BH/MH triage clinic n B	BH/MH triage clinic n D	BH/MH triage clinic n D	BH/MH triage clinic n D	BH/MH triage clinic n B	4	3	1				
										BH/MH triage clinic n C	3	4	1				
										BH/MH triage clinic n D	3	4	1				

Appendix C: Budget

Salaries, wages, benefits	FTE	Salary	Cost/Year	Notes	Source
BH Licensed Clinician / Psych-NP	6	\$ 178,000.00	\$ 1,068,000.00	JobsEQ "Nurse Practitioner"	JobsEQ Mean Annual Wages for San Francisco-Oakland-Bay Area
Mental Health Peer Specialist	6	\$ 77,500.00	\$ 465,000.00	JobsEQ "Health Education Specialists"	JobsEQ Mean Annual Wages for San Francisco-Oakland-Bay Area
BH Licensed Therapist / LCSW	6	\$ 85,800.00	\$ 514,800.00	JobsEQ "Mental Health and Substance Abuse Social Worker"	JobsEQ Mean Annual Wages for San Francisco-Oakland-Bay Area
Clinical Supervisor	6	\$ 178,000.00	\$ 1,068,000.00	JobsEQ "Nurse Practitioner"; unable to find accurate salaries for a supervisory position	
Peer Specialist Supervisor	1	\$ 85,800.00	\$ 85,800.00	unable to find accurate salary range; using LCSW range	
Program Manager	1	\$ 105,000.00	\$ 105,000.00		
Phase 0 Dispatch MH/BH Clinician	1	\$ 105,782.00	\$ 105,782.00	"SUPERV PUBLIC SFTY DISP"	https://www.cityofberkeley.info/uploadedFiles/Human_Resources/Level_3_-_General/ClassificationAndSalaryListingByTitle.pdf
Subtotal			\$ 3,412,382.00	Total FTE Salary	
Subtotal			\$ 853,095.50	Fringe Benefits, 25%	
Total Salary + Benefits			\$ 4,265,477.50		
Ongoing materials and services			Cost/Year	Notes	
Evaluation			\$ 185,000.00	Used cost of RDA feasibility study as estimate	
Vehicle maintenance	4	\$ 20,000.00	\$ 80,000.00	Estimate provided by Berkeley Fire	
Advertisement & PR	12	\$ 2,000.00	\$ 24,000.00	Includes community education workshops, advertising, outreach and engagement	
Small equipment & supplies	1200	\$ 20.00	\$ 24,000.00	Wound care, hygiene, harm reduction, meals, transportation vouchers,	

				clothing, blankets, etc. Based on SF SCRT data, assumes 100 contacts with clients per month, \$20 per client contact; SF SCRT budgeted 10k and said they needed more	
Office supplies and postage	12	\$ 200.00	\$ 2,400.00		
Communications	12	\$ 600.00	\$ 7,200.00		
Printing and copying	12	\$ 100.00	\$ 1,200.00		
Travel and transportation	12	\$ 100.00	\$ 1,200.00	Local travel for care coordination & meetings	
Training and meetings	12	\$ 1,000.00	\$ 12,000.00	Equity, team dynamics, and other ongoing training	
Licenses/fees/subscriptions	12	\$ 50.00	\$ 600.00		
Insurance			\$ -		
Contract services			\$ -		
Legal services			\$ -		
Audit and consulting			\$ -		
Utilities			\$ -		
Facilities			\$ -		
Subtotal			\$ 337,600.00	ongoing materials and services	
Subtotal: Personnel and non-personnel recurring subtotal			\$ 4,603,077.50		
Administrative overhead			\$ 276,184.65	6% for all recurring costs	
Total recurring cost			\$ 4,879,262.15		
One time cost			Cost/Year	Notes	
Vehicle	5	\$ 60,000.00	\$ 300,000.00	Assume 60k per van with wheelchair capacity	
Recruitment	27	\$ 4,000.00	\$ 108,000.00	Median national average of recruiting new employee	

Training (SCU staff and Dispatch)			\$ 75,000.00	Assume training for all Dispatch, BPD, Fire, MCT, & SCU staff; both program onboarding and emerging best practices related to crisis response
Technology (computers, phones, etc.)			\$ 25,000.00	Laptop/tablets, cell phones for all staff, MiFi, portable chargers
Rapid assessment			\$ 40,000.00	Evaluation planning meetings, data request development, community-input meetings
Community outreach and education (including materials development)			\$ 25,000.00	Curriculum development, materials, advertisement, outreach (SF SCRT hired consultant to do this work)
Subtotal			\$ 573,000.00	
Administrative overhead			\$ 34,380.00	6% for all one-time costs
Total one-time cost			\$ 607,380.00	
Recommendations			Cost/Year	Notes
Signing bonus	7	\$ 5,000.00	\$ 35,000.00	Signing bonus recommended for licensed clinical staff
Technical Assistance			\$ 15,000.00	Consultation from existing similar alternative models
Total additional recommendations			\$ 50,000.00	
Total cost with recommendations			\$ 5,536,642.15	Estimated cost for program and recommendations

Appendix D: Anticipated Incident Volume

		Potential Daily Incidents for SCU (Average)	Potential Incidents per shift for SCU (Average)
Average daily BMH-Crisis incidents (FY15-19) <i>MCT, TOT, CAT</i>	10.73 incidents	19.82	6.61
Average daily BPD MH Incidents (FY14-20)	28.91 incidents		
Average time on task for transports BFD & Falck	101.48 minutes		

	Denver ³¹ 6 months, 1 team, not citywide, not 24/7	Portland ³² 6 months, 1 team, not citywide, not 24/7	CAHOOTS ³³ Annual, 1-2 teams, 24/7
Average incidents per shift	5.75	3	(Per hour) 1.81
% incidents that resulted in a transport	14.30%	6.27%	23.38%
% transports that were to the hospital	16.82%	58.33%	
Average minutes on task	24.65	19.33	
Reduction of BPD calls	2.75%	4.60%	5-8%

³¹ STAR Program Evaluation (2021, January 08). https://wp-denverite.s3.amazonaws.com/wp-content/uploads/sites/4/2021/02/STAR_Pilot_6_Month_Evaluation_FINAL-REPORT.pdf

³² City of Portland

Bureau of Fire and Rescue (2021, October). Portland street response: Six-month evaluation. <https://www.portland.gov/sites/default/files/2021/psu-portland-street-response-six-month-evaluation-final.pdf>

³³ Eugene Police Department Crim Analysis Unit (2020, August 21). CAHOOTS program analysis. <https://www.eugene-or.gov/DocumentCenter/View/56717/CAHOOTS-Program-Analysis>



Reimagining Public Safety Task Force

**REIMAGINING PUBLIC SAFETY TASK FORCE
SPECIAL MEETING**

**Wednesday, May 19, 2021
6:00 PM**

District 1 - Margaret Fine	Youth Commission - Nayo Polk
District 2 - Sarah Abigail Ejigu	Police Review Commission - Nathan Mizell
District 3 - boona cheema	Mental Health Commission - Edward Opton
District 4 - Paul Kealoha Blake	Berkeley Community Safety Coalition - Todd Walker
District 5 - Dan Lindheim	Associated Students of U. California - Alecia Harger
District 6 - La Dell Dangerfield	At-Large - Alex Diaz
District 7 - Barnali Ghosh	At-Large - Liza Lutzker
District 8 - Pamela Hyde	At-Large - Frances Ho
Mayor - Hector Malvido	

PUBLIC ADVISORY: THIS MEETING WILL BE CONDUCTED EXCLUSIVELY THROUGH VIDEOCONFERENCE AND TELECONFERENCE

Pursuant to Section 3 of Executive Order N-29-20, issued by Governor Newsom on March 17, 2020, this meeting of the Reimagining Public Safety Task Force will be conducted exclusively through teleconference and Zoom videoconference. Please be advised that pursuant to the Executive Order, and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, there will not be a physical meeting location available.

To access the meeting remotely using the internet: Join from a PC, Mac, iPad, iPhone, or Android device: Use URL <https://us02web.zoom.us/j/83826470218>. If you do not wish for your name to appear on the screen, then use the drop down menu and click on "rename" to rename yourself to be anonymous. To request to speak, use the "raise hand" icon on the screen.

To join by phone: Dial **(669) 900 9128** and Enter Meeting ID: **838 2647 0218**. If you wish to comment during the public comment portion of the agenda, press *9 and wait to be recognized by the Chair.

Please be mindful that all other rules of procedure and decorum will apply for Commission meetings conducted by teleconference or videoconference.

AGENDA

Preliminary Matters

1. Roll Call
2. Public Comment *(speakers will be limited to two minutes)*
3. Approval of Minutes
Draft minutes for the Commission's consideration and approval
 - Meeting of May 13, 2021

Discussion/Action Items

The public may comment on each item listed on the agenda for action as the item is taken up. Public comments are limited to two minutes per speaker.

- Election of Chairperson
- Fair and Impartial Policing Presentation – Fair and Impartial Policing Working Group
- Fair and Impartial Policing Implementation of Recommendations – Jennifer Louis,
Interim Police Chief
- BerkDoT Overview – Liam Garland, Director of Public Works
- Subcommittee Discussion

Subcommittee Reports

Each report should be limited to 15 minutes.

- Policing, Budget & Alternatives to Policing – Members Opton, Ghosh, cheema, Dangerfield, Lindheim, Mizell, Harger, Hyde
- Community Engagement – Members Fine, Harger, Malvido, Lutzker, Ejigu, Blake

Items for Future Agenda

Adjournment

This meeting will be conducted in accordance with the Brown Act, Government Code Section 54953. Any member of the public may attend this meeting. Questions regarding this matter may be addressed to Mark Numainville, City Clerk, (510) 981-6900.

Any writings or documents provided to a majority of the Reimagining Public Safety Task Force regarding any item on this agenda are on file and available upon request by contacting the City Manager’s Office attn: Reimagining Public Safety Task Force at rpsf@cityofberkeley.info, or may be viewed on the City of Berkeley website: <http://www.cityofberkeley.info/commissions>.

Written communications addressed to the Reimagining Public Safety Task Force and submitted to the City Manager’s Office by 5:00 p.m. the Friday before the meeting will be distributed to members of the Task Force in advance of the meeting. Communications to the Reimagining Public Safety Task Force are public record and will become part of the City’s electronic records, which are accessible through the City’s website. Please note: e-mail addresses, names, addresses, and other contact information are not required, but if included in any communication to the Reimagining Public Safety Task Force, will become part of the public record. If you do not want your e-mail address or any other contact information to be made public, you may deliver communications via U.S. Postal Service to the secretary of the task force. If you do not want your contact information included in the public record, please do not include that information in your communication. Please contact the secretary for further information.



COMMUNICATION ACCESS INFORMATION:

To request a disability-related accommodation(s) to participate in the meeting, including auxiliary aids or services, please contact the Disability Services Specialist at (510) 981-6418 (V) or (510) 981-6347(TDD) at least three business days before the meeting date.

Reimagining Public Safety Task Force Contact Information:

David White and Shamika Cole
Co-Secretaries, Reimagining Public Safety Task Force
City of Berkeley
2180 Milvia Street, 5th Floor
Berkeley, CA 94704
rpstf@cityofberkeley.info (email)

**ANNOTATED AGENDA
SPECIAL MEETING OF THE
BERKELEY CITY COUNCIL**

Tuesday, February 23, 2021

4:00 P.M.

JESSE ARREGUIN, MAYOR

Councilmembers:

DISTRICT 1 – RASHI KESARWANI
DISTRICT 2 – TERRY TAPLIN
DISTRICT 3 – BEN BARTLETT
DISTRICT 4 – KATE HARRISON

DISTRICT 5 – SOPHIE HAHN
DISTRICT 6 – SUSAN WENGRAF
DISTRICT 7 – RIGEL ROBINSON
DISTRICT 8 – LORI DROSTE

PUBLIC ADVISORY: THIS MEETING WILL BE CONDUCTED EXCLUSIVELY THROUGH VIDEOCONFERENCE AND TELECONFERENCE

Pursuant to Section 3 of Executive Order N-29-20, issued by Governor Newsom on March 17, 2020, this meeting of the City Council will be conducted exclusively through teleconference and Zoom videoconference. Please be advised that pursuant to the Executive Order and the Shelter-in-Place Order, and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, there will not be a physical meeting location available.

Live audio is available on KPFB Radio 89.3. Live captioned broadcasts of Council Meetings are available on Cable B-TV (Channel 33) and via internet accessible video stream at <http://www.cityofberkeley.info/CalendarEventWebcastMain.aspx>.

To access the meeting remotely: Join from a PC, Mac, iPad, iPhone, or Android device: Please use this URL <https://us02web.zoom.us/j/81676274736>. If you do not wish for your name to appear on the screen, then use the drop down menu and click on "rename" to rename yourself to be anonymous. To request to speak, use the "raise hand" icon by rolling over the bottom of the screen.

*To join by phone: Dial **1-669-900-9128** or **1-877-853-5257 (Toll Free)** and enter Meeting ID: **816 7627 4736**. If you wish to comment during the public comment portion of the agenda, Press *9 and wait to be recognized by the Chair.*

To submit an e-mail comment during the meeting to be read aloud during public comment, email clerk@cityofberkeley.info with the Subject Line in this format: "PUBLIC COMMENT ITEM ##." Please observe a 150 word limit. Time limits on public comments will apply. Written comments will be entered into the public record.

Please be mindful that the teleconference will be recorded as any Council meeting is recorded, and all other rules of procedure and decorum will apply for Council meetings conducted by teleconference or videoconference.

This meeting will be conducted in accordance with the Brown Act, Government Code Section 54953. Any member of the public may attend this meeting. Questions regarding this matter may be addressed to Mark Numainville, City Clerk, (510) 981-6900. The City Council may take action related to any subject listed on the Agenda. Meetings will adjourn at 11:00 p.m. - any items outstanding at that time will be carried over to a date/time to be specified.

Preliminary Matters

Roll Call: 4:06 p.m.

Present: Taplin, Bartlett, Harrison, Hahn, Wengraf, Robinson, Droste, Arreguin

Absent: Kesarwani

Councilmember Kesarwani present at 4:13 p.m.

Action: M/S/C (Arreguin/Wengraf) to adopt a special rule for this meeting to limit public comment to one minute per speaker, with the option to yield time up to a total of four minutes.

Vote: Ayes – Taplin, Bartlett, Harrison, Hahn, Wengraf, Robinson, Droste, Arreguin; Noes – None; Abstain – None; Absent - Kesarwani

Action Calendar – New Business

1. **Report and Recommendations From Mayor’s Fair and Impartial Policing Working Group**
From: Mayor Arreguin (Author), Councilmember Harrison (Author)
Recommendation:
 1. Accept and acknowledge the report from the Fair and Impartial Working Group (Attachment 1).
 2. Direct the City Manager to implement the following recommendations summarized below and detailed in full in Attachment 1, with at minimum, quarterly progress updates to the Police Accountability Board (PAB) and/or the Working Group.
 - Focus traffic stops on safety
 - Use a clear, evidence-based definition for stops of criminal suspects
 - Use race and ethnicity as determining factors in stops only when paired with clear, evidence-based criteria
 - Eliminate stops for low-level offenses
 - Implement an Early Intervention System (EIS) and a risk-management structure
 - Immediately release stop, arrest, calls for service and use of force data from 2012 to present to the Working Group
 - Limit warrantless searches of individuals on supervised release status such as Post Release Community Supervision (PRCS), probation, or parole
 - Require written consent for all consent searches
 - Address Profiling by Proxy (PAB Policy Development, Dispatcher Training)
 - Fire racist police officers identified through social media and other media screens
 - Address Profiling by Proxy (Council develop & pass CAREN policy)
 - Require regular analysis of BPD stop, search, and use of force data
 - Make resources on police-civilian encounters more publicly available such as RAHEEM.org
 - Adopt Compliance and Accountability Mechanisms; -Hire consultant to develop implementation plan
 - For any individual detained, BPD officers shall provide a business card with info on a website similar to RAHEEM and info on complaint process with PAB
 3. Refer the following recommendations summarized below and detailed in full in Attachment 1 to be included in the process to reimagine public safety:

-Create a formalized feedback system to gauge community response to ongoing reforms and ensure this constructive input system is institutionalized with the Police Review Commission or its successor and includes a basic report card and quarterly neighborhood check-ins

-Conduct a baseline community survey

4. Refer the following recommendations summarized below and detailed in full in Attachment 1 to the Police Review Commission, to be taken up by the Police Accountability Board when it is established

-Include a scenario-based training component in the existing officer training required by California Penal Code 13519.4

-Require enhanced annual implicit bias training for police

-Accelerate Crisis Intervention Team (CIT) activity

5. Acknowledge and reaffirm the following recommendations summarized below and detailed in full in Attachment 1 that are already underway:

-Fund and implement a specialized care unit for mental health crises

-Conduct a Capacity Study of police calls and responses and use of officer time outside of case work

6. Refer \$50,000 to the FY 2022 budget process for a consultant to develop an implementation plan as described in Attachment 1 and other minor costs the Department may confer

Financial Implications: See report

Contact: Jesse Arreguin, Mayor, (510) 981-7100

Action: 40 speakers. M/S/C (Arreguin/Harrison) to:

1. Accept and acknowledge the report from the Mayor's Fair and Impartial Policing Working Group;
2. Acknowledge and appreciate the work already completed or underway by the City Manager's Office and Police Department to implement policing reforms including:
 - Adoption and implementation of Policy 401, Fair and Impartial Policing
 - Public reporting of stop data on the BPD Open Data Portal
 - Initiation of the Center for Policing Equity study
 - Implementation of the Body Worn Camera Program
 - Early adoption of Racial and Identity Profiling Act (RIPA) data collection and reporting
 - Updates to the Use of Force Policy, Policy 300
 - Development and passage of Measure II to create a new Police Accountability Board
 - Launching of the Public Safety Reimagining process
3. Refer to the City Manager to implement the following recommendations summarized below, with quarterly progress updates to the City Council and Police Review Commission/Police Accountability Board (when established):

Implement a new evidence-based Traffic Enforcement Model

 - Focusing the basis for traffic stops on safety and not low-level offenses;
 - Reaffirming and clarifying that the Berkeley Police Department will use a clear, evidence-based definition for stops of criminal suspects;
 - Reaffirming and clarifying that the Berkeley Police Department will use race and ethnicity as determining factors in stops only when paired with clear, evidence-based criteria
 - Minimize or de-emphasize as a lowest priority stops for low-level offenses.

Implement Procedural Justice Reforms

- Refer amendments to existing BPD policy and the creation of an Early Intervention System (EIS) related to traffic, bike and pedestrian stops;
- Adopt a policy to require written consent for all vehicle and residence searches and update the consent search form in alignment with best practice and community feedback;
- Limit warrantless searches of individuals on supervised release status such as Post Release Community Supervision (PRCS), probation, or parole;
- Address Profiling by Proxy (PAB Policy Development, Dispatcher Training);
- Fire racist police officers identified through social media and other media screens;
- Require regular analysis of BPD stop, search, and use of force data;
- Make resources on police-civilian encounters publicly available such as through RAHEEM.org;
- For any individual detained, BPD officers shall provide a business card with info on the commendation and complaint process with PAB and Berkeley Police Department.

Request that the City Manager report back at a Council Work Session in three months with budget estimates for implementation (to be considered along with the FY 22 budget process), information on legal and operational considerations, and a short-term action plan of recommendations which can be implemented without the hiring of a consultant, and those that will require the assistance of a consultant and additional resources.

Compliance and Accountability Mechanisms

- The City Manager will create an implementation plan with the assistance of a consultant that includes a timeline to monitor, assess, and report on the implementation of the items outlined in the Working Group's policy proposal. Long-term monitoring and assessments will be the responsibility of the police oversight body (the PRC or its successor the Police Accountability Board).
 - The implementation plan will be presented to the Berkeley City Council for approval. Once the plan is approved by the City Council, the consultant's work is finished. Long-term monitoring and assessment will be the responsibility of the police oversight body (the PRC or its successor the Police Accountability Board).
4. Refer the following recommendations summarized below to the Reimagine Public Safety process:
 - Create a formalized feedback system to gauge community response to ongoing reforms and ensure this constructive input system is institutionalized with the Police Review Commission or its successor and includes a basic report card and quarterly neighborhood check-ins
 - Conduct a baseline community survey.
 5. Refer the following training recommendations summarized below to the Police Review Commission, to be taken up by the Police Accountability Board when it is established, and consider the resources required to implement this expanded training:
 - Include a scenario-based training component in the existing officer training required by California Penal Code 13519.4
 - Require enhanced annual implicit bias training for police
 - Accelerate Crisis Intervention Team (CIT) activity

- Refer to the PRC/PAB to consider a departmental policy on requiring written consent for person searches and report back in 6 months.
6. Acknowledge and reaffirm the following recommendations summarized below and detailed in full in Attachment 1 that are already underway and have been completed:
- BPD released stop, arrest, calls for service and use of force data from 2012 to present to the Working Group;
 - Fund and implement a specialized care unit for mental health crises;
 - Conduct a Capacity Study of police calls and responses and use of officer time outside of case work.
7. Refer \$50,000 to the FY 2022 budget process for a consultant to assist the City Manager/Police Department in the implementation of these recommendations and other minor costs the Department may confer; and also refer to the FY 2022 budget process a line item for police training for the new evidence-based stop program (costs to be determined by BPD).

Vote: All Ayes.

Adjournment

Action: M/S/C (Robinson/Taplin) to adjourn the meeting.

Vote: All Ayes.

Adjourned at 7:07 p.m.

Communications

- None

Supplemental Communications and Reports 1

- None

Supplemental Communications and Reports 2

Item 1: Report and Recommendations From Mayor's Fair and Impartial Policing Working Group

1. Elizabeth Ferguson

Supplemental Communications and Reports 3

Item 1: Report and Recommendations From Mayor's Fair and Impartial Policing Working Group

2. Material, submitted by Mayor Arreguin
3. Presentation, submitted by the Police Department
4. Janice Schroeder
5. Thomas Luce
6. Ben Gerhardstein, on behalf of Walk Bike Berkeley
7. Diana Bohn
8. Sivan Orr
9. Ali Lafferty

10. Allegra Mayer
11. Chimey Lee
12. Moni Law

To: Members of the City Council

From: Mayor Jesse Arreguín and Councilmember Kate Harrison

Subject: Report and Recommendations From Mayor's Fair and Impartial Policing Working Group

RECOMMENDATIONS

1. Accept and acknowledge the report from the Fair and Impartial Working Group (Attachment 1)
2. Direct the City Manager to implement the following recommendations summarized below and detailed in full in Attachment 1, with at minimum, quarterly progress updates to the Police Accountability Board (PAB) and/or the Working Group
 - Focus traffic stops on safety
 - Use a clear, evidence-based definition for stops of criminal suspects
 - Use race and ethnicity as determining factors in stops only when paired with clear, evidence-based criteria
 - Eliminate stops for low-level offenses
 - Implement an Early Intervention System (EIS) and a risk-management structure
 - Immediately release stop, arrest, calls for service and use of force data from 2012 to present to the Working Group
 - Limit warrantless searches of individuals on supervised release status such as Post Release Community Supervision (PRCS), probation, or parole
 - Require written consent for all consent searches
 - Address Profiling by Proxy (PAB Policy Development, Dispatcher Training)
 - Fire racist police officers identified through social media and other media screens
 - Address Profiling by Proxy (Council develop & pass CAREN policy)
 - Require regular analysis of BPD stop, search, and use of force data
 - Make resources on police-civilian encounters more publicly available such as RAHEEM.org

- Adopt Compliance and Accountability Mechanisms
 - Hire consultant to develop implementation plan
 - For any individual detained, BPD officers shall provide a business card with info on a website similar to RAHEEM and info on complaint process with PAB
3. Refer the following recommendations summarized below and detailed in full in Attachment 1 to be included in the process to reimagine public safety:
 - Create a formalized feedback system to gauge community response to ongoing reforms and ensure this constructive input system is institutionalized with the Police Review Commission or its successor and includes a basic report card and quarterly neighborhood check-ins
 - Conduct a baseline community survey
 4. Refer the following recommendations summarized below and detailed in full in Attachment 1 to the Police Review Commission, to be taken up by the Police Accountability Board when it is established
 - Include a scenario-based training component in the existing officer training required by California Penal Code 13519.4
 - Require enhanced annual implicit bias training for police
 - Accelerate Crisis Intervention Team (CIT) activity
 5. Acknowledge and reaffirm the following recommendations summarized below and detailed in full in Attachment 1 that are already underway:
 - Fund and implement a specialized care unit for mental health crises
 - Conduct a Capacity Study of police calls and responses and use of officer time outside of case work
 6. Refer \$50,000 to the FY 2022 budget process for a consultant to develop an implementation plan as described in Attachment 1 and other minor costs the Department may confer

RATIONALE FOR RECOMMENDATIONS

The working group organized its policy proposals into five council actions to ensure swift action on the measures directly related to reducing racial disparities, to avoid duplicating

efforts in parallel processes on public safety, and to ensure sufficient follow-up and oversight to build public trust.

Recommendation 2: Direct the City Manager to implement recommendations summarized above and detailed in full in Attachment 1, with at minimum, quarterly progress updates to the PAB and/or the Working Group (see list in recommendations above)

These recommendations received consensus support from the working group and were identified as top priorities for action. Many of these proposals are drawn from the best practices and recommendations provided by experts that spoke to the working group throughout their process. Additionally, the working group recommended quarterly progress updates on the implementation of these recommendations. These progress updates will be valuable for oversight and will allow for the department to share the efficacy of these efforts in reducing disparities, which will be easier to track and evaluate with the new RIPA data collection system.

Recommendation 3: Refer the recommendations summarized above and detailed in full in Attachment 1 to be included in the process to reimagine public safety

These proposals extend beyond the working group's focus on racial disparities in policing and are appropriate to consider in the process the City has initiated to reimagine public safety where there will be robust community engagement efforts.

Recommendation 4: Refer the following recommendations summarized above and detailed in full in Attachment 1 to the Police Review Commission, to be taken up by the Police Accountability Board when it is established

These recommendations, which relate to additional training for BPD are supported by the working group but require further consideration by the city's police oversight body. Additional training will require more resources to either coordinate with outside entities or to build internal capacity, which the Council will need to balance against other priorities.

Recommendation 5: Acknowledge and reaffirm the following recommendations summarized above and detailed in full in Attachment 1 that are already underway

The working group believes that these efforts can have an impact on reducing racial disparities. However, since the working group began formulating their recommendations, efforts to implement a specialized care unit and to conduct a

capacity study are already underway in the city. The working group supports and reaffirms these efforts.

Recommendation 6: Refer \$50,000 to the budget process for a consultant to develop an implementation plan as described in Attachment 1

The working group was clear that efficient and effective implementation of these recommendations is critical to reducing disparities and meeting the City's goal of fair and impartial policing. The working group believes the process would be more effective if facilitated by a consultant at a cost of approximately \$50,000. To that end, pages 8-9 in the The Mayor's Working Group on Fair and Impartial Policing Policy Proposals (Attachment 1) outlines a compliance and accountability mechanism that includes the hiring of an experienced consultant to draft an implementation plan. The plan should include a timeline to monitor, assess, and report on the implementation of the items outlined in the Working Group's policy proposal. Regardless of allocation, all of these recommendations have already been agreed to and can move forward without significant new resources. The working group acknowledges and expects that long-term monitoring and assessment will be the responsibility of the police oversight body.

BACKGROUND

The Mayor along with Councilmembers Harrison and Robinson convened the Fair and Impartial Policing Working Group on Thursday, November 14, 2019. The purpose of the Working Group was to analyze relevant information and develop a report and departmental action plan with short-term and long-term steps to address disparities in police stops, searches, use of force, and yield rate from stops, and to build a foundation for a subsequent community processes to build trust between Berkeley Police and the community. The working group met twice monthly from January through March 2020 when it suspended its work temporarily due to the COVID-19 pandemic. The working group resumed in May and continued meeting regularly via Zoom video conferencing through December when it finalized its recommendations via a consensus decision making process.

History of Council Action on Fair and Impartial Policing

The concept of "Fair and Impartial" policing has a long history in Berkeley, arising from anecdotal and statistical data regarding racially disparate policing outcomes.

In June 2014, the Council voted unanimously to approve a policy prohibiting racial profiling,¹ and On December 31, 2014, BPD issued General Order B-4 prohibiting racial profiling by law enforcement officers, clarifying the circumstances in which officers can consider race, ethnicity and other demographics, and to reinforcing procedures that serve to assure the public that we are providing service and enforcing laws in an equitable way.² These new policies required officers to internally report demographic and other statistical data about vehicle and pedestrian stops.

In 2015, community advocates concerned with perceived disparities in policing, analyzed police stop data acquired through a Public Records Act request and found evidence for disparate policing outcomes in Berkeley.³ BPD subsequently contracted with the Center for Policing Equity (CPE), an academic non-profit focused on providing police departments and communities with actionable stop data analysis, to better understand Berkeley's data. In June 2017, Council voted to release a draft version of the study, which BPD provided in July 2017 and detailed further statistical evidence of racially disparate outcomes across police use of force and vehicle and pedestrian stops.⁴

In response to the CPE report and community feedback, Council took various unanimous legislative actions to address disparities, including:

1. Direction to City Manager to overhaul BPD Use of Force Policy with various deadlines (10/31/17);⁵
2. Direction to City Manager to track and address racial disparities with various deadlines (11/14/17);⁶

¹ Nico Correia, "Anti-racial profiling policy passes unanimously in Berkeley City Council," The Daily Californian, June 18, 2014, <https://www.dailycal.org/2014/06/18/anti-racial-profiling-policy-passes-unanimously-berkeley-city-council/>.

² "General Order B-4." *Berkeley Police Department General Order B-4*, December 31, 2014, https://www.cityofberkeley.info/uploadedFiles/Police/Level_3_-_General/GO%20B-04_12-31-14.pdf.

³ Trevor Greenan, "Civil rights leaders say Berkeley police disproportionately stop, search underrepresented minorities" The Daily Californian, September 30, 2015, <https://www.dailycal.org/2015/09/30/civil-rights-leaders-say-berkeley-police-disproportionately-stop-search-people-of-color/>.

⁴ Draft Interim Center for Policing Equity Report, July 14, 2017, [https://www.cityofberkeley.info/uploadedFiles/Police/Level_3_-_General/CPE%20Draft%20Report%2007142017\(2\).pdf](https://www.cityofberkeley.info/uploadedFiles/Police/Level_3_-_General/CPE%20Draft%20Report%2007142017(2).pdf).

⁵ Berkeley City Council Meeting Annotated Agenda, "Direct the City Manager and the Berkeley Police Department Regarding the Berkeley Police Department's Use of Force Policy" October 31, 2017, https://www.cityofberkeley.info/Clerk/City_Council/2017/10_Oct/Documents/10-31_Annotated.aspx.

⁶ The Council voted unanimously to "[d]irect the City Manager to track yield, stop, citation, search and arrest rates by race, develop training programs to address any disparities found, and implement policy and practice reforms that reflect cooperation between the Berkeley Police Department ('BPD'), the Police Review Commission ('PRC') and the broader Berkeley community" and that the "City Manager will report findings in September 2018 and annually thereafter, using anonymized data." Council followed up with additional legislation including legislation to update the department's use of force policies. See Berkeley

3. Appropriation of \$50,000 for BPD to hire a Data Analyst (12/5/17).⁷

In response to a lack of progress towards addressing referrals to the City Manager and a related Police Review Commission report entitled *To Achieve Fairness and Impartiality*, Council unanimously adopted legislation on April 24, 2018 requiring a written Departmental Action Plan to study and address disparate policing outcomes. Council also directed that the City Manager convene a task force/working group, including representatives of the BPD, Berkeley Police Association, PRC, interested community organizations (particularly of constituencies of color), and academic experts, to ensure that the final plan was “effective and broadly accepted.”⁸ Council stipulated that the working group and action plan process would convene upon the issuance of the final CPE report, be run by a professional mediator/facilitator, and that the group would report back with an action plan within one year’s time.

Although the final CPE report was released in May 2018,⁹ the City Manager neither convened the working group nor did the Department release an action plan. Councilmember Harrison also submitted a supplemental Council informational report on October 30, 2018 noting the absence of a City Manager report on racial disparities findings as required by November 14, 2017 Council motion.¹⁰ The first report was to coincide with the 2018 Crime Report.

Ahead of the May deadline for the City Manager to present a Departmental Action Plan, the Police Chief on behalf of the City Manager submitted an April 30, 2019 referral

City Council Meeting Annotated Agenda, “Direct the City Manager to analyze and address disparate racial outcomes in policing and implement policy and practice reforms,” November 14, 2017, https://www.cityofberkeley.info/Clerk/City_Council/2017/11_Nov/Documents/11-14_Annotated_Agenda.aspx.

⁷ “Mayor’s Recommendations for Allocation of Unassigned General Fund Excess Equity,” December 5, 2017, https://www.cityofberkeley.info/Clerk/City_Council/2017/12_Dec/Documents/2017-12-05_Item_B2_Mayor%E2%80%99s_Recommendations_-_Supp.aspx.

⁸ Berkeley City Council Meeting Annotated Agenda, “Accept and Acknowledge Report from the Berkeley Police Review Commission, ‘To Achieve Fairness and Impartiality,’ and Refer Key Recommendations to the City Manager for Policy Development and Consideration in September 2018 Report to City Council,” April 24, 2018, https://www.cityofberkeley.info/Clerk/City_Council/2018/04_Apr/Documents/04-24_Annotated.aspx.

⁹ Final Center for Policing Equity Report, May 20, 2019, https://www.cityofberkeley.info/uploadedFiles/Police_Review_Commission/Commissions/2018/Berkeley%20Report%20-%20May%202018.pdf

¹⁰ “Informational Report about Absence of City Manager Report on Racial Disparities Findings as Required by November 14, 2017 Council Motion -2018 Mid-Year Crime Report,” Councilmember Harrison, October 30, 2018, https://www.cityofberkeley.info/Clerk/City_Council/2018/10_Oct/Documents/2018-10-30_Supp_1_Reports_Item_29_Supp_Harrison_pdf.aspx.

response regarding the status of various Council disparate policing referrals.¹¹ The report briefly noted that the Department was still seeking a request for proposal to “support analysis of stop data, to create tools to facilitate data analysis, to foster community, and to create a community engagement strategy.” This update was provided more than year and a half from the first Council referral to address racial disparities, and after various other missed deadlines.

Council referred the Chief’s response to the Public Safety Committee, and on June 3, 2019 the Committee voted unanimously, in recognition of a lack of progress to date and the urgency of the matter at hand that the Mayor supplant the City Manager and convene the task force in “an expeditious manner” and as outlined in the April 2018 Council referral.¹²

Fair and Impartial Working Group Development and Process

At the July 23, 2019 Council Meeting, Mayor Arreguín announced that he would independently convene a task force through his office on an ad hoc basis with assistance from the offices of Councilmember Harrison and Robinson.¹³ Building from the council referral, the Mayor convened a group with the following community representatives: Elliot Halpern (ACLU Northern California), Mansour Id-Deen (NAACP), Héctor Malvido (Latinxs Unidos de Berkeley), Izzy Ramsey and Kitty Calavita (Police Review Commission), Nathan Mizell (UC Berkeley ASUC and PRC), Perfecta Oxholm (PhD candidate at UC Berkeley¹⁴, [Moni Law \(Berkeley Community Safety Coalition\)](#)), and Jim Chanin (Civil Rights Attorney). The Mayor met multiple times with the City Manager and Chief Greenwood in developing a framework for the working group and discussing a work plan. Chief Greenwood and his Staff were invited to all meetings, and the group had consistent participation from Chief Greenwood, Captain Rolleri, Lieutenant Montgomery, Lieutenant Tate, and Officer Matt Yee. Goldman Public Policy

¹¹ “Referral Response: Update on Various Referrals and Recommendations Regarding Stop Data Collection, Data Analysis and Community Engagement,” Berkeley Police Department, April 30, 2019, https://www.cityofberkeley.info/Clerk/City_Council/2019/04_Apr/Documents/2019-04-30_Item_29_Referral_Response_Update_on_Various.aspx

¹² Berkeley City Council Public Safety Committee Meeting Annotated Agenda, “Referral Response: Update on Various Referrals and Recommendations Regarding Stop Data Collection, Data Analysis and Community Engagement,” June 3, 2019, <https://www.cityofberkeley.info/uploadedFiles/Clerk/2019-6-3%20Annotated%20Agenda%20-%20Public%20Safety.pdf>

¹³ Berkeley City Council Meeting Annotated Agenda, “Referral Response: Update on Various Referrals and Recommendations Regarding Stop Data Collection, Data Analysis and Community Engagement (Reviewed by the Public Safety Committee),” July 23, 2019, https://www.cityofberkeley.info/Clerk/City_Council/2019/07_Jul/Documents/07-23_Annotated_Agenda_pdf.aspx

¹⁴ Perfecta Oxholm, PhD Student, <https://gspp.berkeley.edu/directories/phd-students/perfecta-oxholm>

student Arlo Malmberg was brought on to the BPD team to assist with data analysis. Leadership from the Berkeley Police Association were invited to all meetings but did not attend.

At its first meetings the working group chose Izzy Ramsey as the Chair, and developed a work plan. The working group organized their work into five phases and invited relevant subject matter experts locally and nationally to speak to the group to inform their research and recommendations. Key takeaways from the working group meetings and presentations for each phase are summarized below. For a more detailed meeting by meeting account, minutes, and in some cases full meeting recordings and presentations, are in the publicly accessible google drive.¹⁵

Phase 1: Establishing Process and Information Gathering

- The working group focused on building a common understanding of past work surrounding this issue and progress that has been made in this field.
- The group reviewed the open data portal to understand how data is currently collected and presented.
- The group provided feedback on draft RFP language for BPD to hire a professional facilitator. Ultimately, it was determined that there was not a sufficient need and the money was reallocated to support Arlo Malmberg's data analysis for the department.
- Councilmember Harrison presented an overview of outstanding referrals related to fair and impartial policing.¹⁶
- The group reviewed a spreadsheet of relevant council referrals and received a progress update on each item from BPD.¹⁷

Phase 2: Quantitative Analysis

- The group discussion included analysis of possible drivers of disparities, the disparity themselves, appropriate metrics to analyze disparities, and policies that can be implemented to ensure fair and impartial policing.
- Jack Glaser, Professor at UC Berkeley, an expert in the field of bias, stereotyping, and racial profiling provided the group with an overview on the

¹⁵ Mayor's Fair and Impartial Working Group Google Drive, <https://drive.google.com/drive/folders/19xsOXIJvYtXQzaeJZzmSg2Mk3pJT6JYq?usp=sharing>

¹⁶ Kate Harrison, "Key Council Referrals" January 22, 2020, https://drive.google.com/file/d/10EjYrd7EzExXlfmA2gVsX8-LtXrr2_-O/view?usp=sharing,

¹⁷ Spreadsheet on Fair and Impartial Policing Items, January 24, 2020 <https://drive.google.com/file/d/18ofsjsFAE7r3k-3REmVYU5nncQtCrZxL/view?usp=sharing>

drivers of disparities in policing.¹⁸ Key drivers of disparity include deployment patterns, crime category priorities, officer bias, complaint bias and the possibility of higher rates of offending among certain racial groups.

- Perfecta Oxholm, working group member, and PhD candidate at UC Berkeley working with Professor Glaser presented her analysis of stop data using the open data portal.¹⁹ Her analysis reviewed all the available metrics from the time the CPE report was published to present day and found similar trends with the exception of 2018 when staffing levels were at a historic low.
- George Lippman presented his memo “Racial Disparities in Berkeley Policing” (Attachment 6).
- There was robust discussion about the challenges in using census data as a baseline measurement for analyzing disparities. Ultimately, the group acknowledged that using yield rates, the ratio between stops and arrests or contraband seized was among the key metrics to analyze disparities and bias until more refined data was available through the new RIPA system implemented in October 2020. The idea is that in the absence of discrimination or bias, officers should cite and arrest people of color at the same rates as white people.
- Arlo Malmberg and Officer Matt Yee presented BPD’s a beta version of a fair and impartial policing data dashboard, which included analysis of yield rates, a “veil of darkness test,” and a measurement of implicit bias in officer deployment. The presentation acknowledged that there are disparities according to yield rates, and there is evidence that officer decisions may be biased.²⁰

Phase 3: Qualitative Analysis

- Originally, the working group hoped to conduct surveys and listening sessions to gather qualitative input on experience with the Berkeley Police Department. With limited staff resources to support this effort, a subcommittee of working group members formed in February to do outreach through community based organizations. These efforts were complicated and ultimately postponed due to COVID-19, however some of the recommendations speak to the continued desire to gather qualitative input on the relationship of community members and the BPD.

¹⁸Jack Glaser, “Understanding Disparities in Police Stops” February 5, 2020, <https://drive.google.com/file/d/1nJp1jIBKFVYHKtw633cwJQ5rjqWdjgOL/view?usp=sharing>

¹⁹ Perfecta Oxholm, “Hit Rate Analysis, Berkeley Police Department Data February 2015-July 2019” February 2020, <https://drive.google.com/file/d/1xlg9uY7vGqAEnrjCHhzeC-wukCF6-DN9/view?usp=sharing>

²⁰ Arlo Malmberg and Matt Yee, BPD Data Dashboard Screenshots, June 2020, <https://drive.google.com/file/d/1AvUFZwLM0X6y1XksTJd0s1POCo5FPJ9R/view?usp=sharing>

Phase 4: Formulating Recommendations

- The working group held several meetings in the summer of 2020 to listen to presentations on best practices to reduce disparities in stops and searches and improve police and community relations. Expert recommendations were incorporated into a list of high-level recommendations. A subcommittee of the civilian working group members developed these into a detailed report with rationales for each recommendation.
- BPD presented on piloting a new approach, called “Problem Oriented Policing” to address disparities with a data-driven focus.²¹ The goal of this approach is to limit stops that provide low public safety value and enhance data-driven policing to deploy officers more appropriately.
- Dr. Frank Baumgartner, Professor of Political Science at University of North Carolina at Chapel Hill, author of the book *Suspect Citizen*, presented to the group. Dr. Baumgartner encouraged the group to consider whether current police policies generate enough public safety value to warrant the impact that a stop and search has on an individual and a community. He provided two concrete recommendations, which the group ultimately incorporated: (1) reduce the number of people pulled over for investigatory stops that are not safety-related, and (2) require people to sign a written consent form before officers search their vehicle.²²
- Oakland Police Captain Chris Bolton gave a presentation to the group titled “Precision-Based Approaches to More Legitimate Policing.” Captain Bolton’s presentation provided an overview of how police under his command in North Oakland reduced stops of black people from 58% to 35% in two years without a corresponding increase in crime. He emphasized the importance of clear leadership, utilization of data, and a risk-management program to review trends in officer behavior and community crime.²³²⁴
- Former Stockton Police Department Captain Scott Meadors, presented training on procedural justice, implicit bias and trust building, which he has been a leader in statewide. He emphasized teaching about the history of American policing, and that each trust-building workshop must be built on the unique community

²¹Berkeley Police Department, “Addressing Racial Disparities in Enforcement Outcomes”, July 1, 2020, https://drive.google.com/file/d/1x5NZzT9F6AZaArl_kEFyAYItB7q8Ka20/view?usp=sharing

²² Frank Baumgartner, *Suspect Citizens* Ch. 9 “Reforms that Reduce Alienation and Enhance Community Safety”, <https://drive.google.com/file/d/17I0vaDd1GOOxqV3zEvUu4eXxeWkT24Tn/view?usp=sharing>

²³ Captain Chris Bolton, “Precision Based Approaches to More Legitimate Policing” July 15, 2020, https://drive.google.com/file/d/1XuRt3Qo-_Ty5SL06Gh9rWK3s8zmlZ5XI/view?usp=sharing

²⁴ Fair and Impartial Working Group Meeting Recording, July 15, 2020 <https://drive.google.com/file/d/1sbTwwY2EAMj9pFDythECFsXPTdnXZ0Ph/view?usp=sharing>

circumstances. There is no one-size fits all approach. Mr. Meador's work has been featured in the New York Times, and Citylab.²⁵

- Brandon Anderson presented to the group about his non-profit Raheem, an independent service for reporting police conduct in the United States. When people report to Raheem, they do three things: (a) file a complaint on their behalf, (b) connect them to local advocacy groups, and (c) connect them to free legal representation. Raheem has developed a widget to allow reporting from third-party websites to have true community-centered reporting. The working group ultimately recommended the City use Raheem or something similar, and also Anderson's suggestion of requiring police to provide a business card that includes information on how to file a complaint.²⁶²⁷

Phase 5: Developing Final Report and Next Steps

- The subcommittee of the working group provided their draft recommendations to the whole group and requested written feedback by BPD. The working group spent several meetings discussing each recommendation in detail.
- After these discussions, the subcommittee developed a revised set of proposals and a full account (Appendix C) of how BPD feedback was incorporated into the recommendations. The working group meetings were extended and postponed several times to provide time for additional dialogue and feedback on revised recommendations.
- The working group finalized the report through a consensus process. They first identified the recommendations that had complete agreement. Then, they worked through the list of proposals and made revisions on the recommendation itself and/or the recommended Council action to achieve agreement.
- During this final phase, BPD implemented its new data collection system to comply with RIPA. The department provided the group a walkthrough on how the new custom data collection system will work and the group asked questions on the data categories and method of collection.²⁸²⁹

²⁵Michael Friedrich, "A Police Department's Difficult Assignment: Atonement" Citylab, October 23, 2019, <https://www.citylab.com/equity/2019/10/police-violence-history-community-trust-reconciliation/600544/>
Tina Rosenberg, "A Strategy to Build Police-Citizen Trust" New York Times Opinion, July 26, 2016, <https://www.nytimes.com/2016/07/26/opinion/a-strategy-to-build-police-citizen-trust.html>

²⁶ Fair and Impartial Working Group Meeting Minutes, August 5, 2020
<https://docs.google.com/document/d/1Yg6x32rCaWa38z427608t9tXB51oZBg9DUNEQ4U8Jo/edit>

²⁷ About Raheem, <https://www.raheem.ai/en/about>

²⁸ Berkeley Police Department, "AB 953 Racial and Identity Profiling Act of 2015 (RIPA)", September 16, 2020 <https://drive.google.com/file/d/1yZ-9n4qJZQyM80tK1yTN6o1BRexF5WLz/view?usp=sharing>

²⁹Berkeley Police Department, RIPA App Presentation Screenshots, September 16, 2020
<https://drive.google.com/file/d/1PzwJrZjXAMJCNbQqB7-lIG2wOJtZal3G/view?usp=sharing>

ENVIRONMENTAL IMPACT

There are no direct environmental impacts as a result of adopting the working group's recommendations.

FINANCIAL IMPLICATIONS

\$50,000 to hire a consultant to develop an implementation plan. Additional costs include staff time to implement the recommendations and provide updates.

CONTACT PERSON

Jesse Arreguín, Mayor, (510) 981-7100

Attachments:

1. The Mayor's Working Group on Fair and Impartial Policing Policy Proposals
2. Cover Letter, Members of Fair and Impartial Working Group, December 17 2020
3. ~~Dissent Letter~~ - "[Dissenting Opinion on the Accountability Mechanism](#)" by Nathan Mizell, Perfecta Oxholm, Héctor Malvido, and Jim Chanin, December 23, 2020
4. Center for Policing Equity Report,
5. PRC Report
6. "Racial Disparities in Berkeley Policing, Explanation of Statistical Methodology", January 30, 2020 George Lippman
7. "Key Points - BPD Stop Data", December 6, 2019, George Lippman
8. "Racial Disparities in Berkeley Policing, Update on Pandemic Period, March 15 to June 12, 2020" George Lippman, June 19, 2020
9. "Berkeley Protest Curfew Resulted in More Racialized Policing, BPD Stop Disparities: May 31 through June 2, 2020" George Lippman, July 4, 2020
10. Spreadsheet of Outstanding Referrals, January 24, 2020
11. Berkeley Police Department Stop Data March 15- June 2020
12. Berkeley Police Department Stop Data March 15--June 12, Pt. 2

The Mayor's Working Group on Fair and Impartial Policing Policy Proposals

Developing and implementing reforms that will effectively reduce existing racial disparities requires changes at several levels. The following recommendations include setting new policy, updating institutional structures, and mandating individual accountability. Their implementation and ongoing effectiveness require supportive leadership, transparency and police accountability.

Executive Summary. Mayor's Working Group on Fair and Impartial Policing (hereafter, "the working group") focused on reducing racial disparities in stops and searches and improving community relationships damaged by the racially disparate practices in stops and searches.

This report advances the following recommendations for BPD practices:

- Focus on public safety and eliminate stops for low-level offenses not directly impacting public safety.
- Use race and ethnicity as determining factors in stops only when paired with clear, evidence-based criteria.
- Institute annual implicit bias training and scenario-based training for California Penal Code 13519.4, prohibiting racial or identity profiling.
- Establish a truly effective Early Intervention System and risk management process to ensure department accountability and identify officers who are outliers in stops, searches, dispositions, and outcomes.
- Limit warrantless searches of individuals on supervised release status such as Post Release Community Supervision (PRCS), probation, or parole.
- Require written consent for consent searches.
- Include evaluations of cultural competence in hiring and promotion, and fire officers who have expressed racist attitudes and/or are identified as members of racist groups.

The report also advances these recommendations for the Berkeley City Council and/or the City of Berkeley:

- Hire a consultant to create a plan for monitoring and reporting on the implementation of these recommendations.
- Ensure the creation of a Specialized Care Unit with crisis-response field workers, as included in the recent contract for a community-process to establish an SCU.
- Ensure a robust community engagement process, including annual surveys and community forums
- Require quarterly analysis of stop, search, and use of force data by City Auditor and/or the PRC.
- Adopt and carry out the compliance and accountability system outlined in this document.

Proposed Actions

Table 1 provides a proposed action for each recommendation in the body and appendices of this draft report.

<u>Action</u>	<u>Recommendations</u>
Direct the City Manager to implement key recommendations, with at minimum, quarterly progress reports to the PAB and/or the Working Group	<ul style="list-style-type: none"> • Focus traffic stops on safety • Use a clear, evidence-based definition for stops of criminal suspects • Use race and ethnicity as determining factors in stops only when paired with clear, evidence-based criteria • Eliminate stops for low-level offenses • Implement an Early Intervention System (EIS) and a risk-management structure • Immediately release stop, arrest, calls for service and use of force data from 2012 to present to the Working Group • Limit warrantless searches of individuals on supervised release status such as Post Release Community Supervision (PRCS), probation, or parole • Require written consent for all consent searches • Address Profiling by Proxy (PAB Policy Development, Dispatcher Training) • Fire racist police officers identified through social media and other media screens • Address Profiling by Proxy (Council develop & pass CAREN policy) • Require regular analysis of BPD stop, search, and use of force data • Make resources on police-civilian encounters more publicly available such as RAHEEM.org • Adopt Compliance and Accountability Mechanisms <ul style="list-style-type: none"> a. Hire consultant to develop implementation plan • For any individual detained, BPD officers shall provide a business card with info on a website similar to RAHEEM and info on complain process with PAB
Refer to be included in the process to reimagine public safety	<ul style="list-style-type: none"> • The City should create a formalized feedback system to gauge community response to ongoing reforms and ensure this constructive input system is institutionalized and includes a basic report card and quarterly neighborhood check-ins • Conduct a baseline community survey.
Refer to the Police Accountability Board	<ul style="list-style-type: none"> • Include a scenario-based training component in the existing officer training required by California Penal Code 13519.4 • Require enhanced annual implicit bias training for police • Accelerate Crisis Intervention Team (CIT) activity
Follow-up with PAB and/or Fair and Impartial Working Group	<ul style="list-style-type: none"> • Evaluate the impact of these proposals on racial disparities in stops and searches, using regular updates to stop and search data • Conduct a regular community survey and annual community forums on Police and Public Safety
Recommendations already underway	<ul style="list-style-type: none"> • Fund and implement a specialized care unit for mental health crises • Conduct a Capacity Study of police calls and responses and use of officer time outside of case work
Outstanding - No Action Recommended	<ul style="list-style-type: none"> • Include community member participation and feedback in the hiring process • Include the following for Performance Appraisal Reports

Reducing Disparities in Vehicle, Pedestrian, and Bicycle Stops & Searches:

1. Focus traffic stops on safety

According to Dr. Frank Baumgartner's 2018 book, *Suspect Citizens*, "Safety stops are those aimed at enforcing the rules of the road to decrease the likelihood of an accident" (pg. 191). The types of stops falling into this traffic safety category may include:

- Excessive speeding¹
- Running a stop sign or stop light
- Unsafe movement
- Driving while intoxicated

2. Use a clear, evidence-based definition for stops of criminal suspects

Dr. Baumgartner's analysis² reveals that "investigatory stops" (stops that use a minor infraction as a pretext for investigating rather than to prevent or reduce dangerous behavior pgs. 53-55) allow for the most officer discretion and open the possibility of implicit bias or "reliance on cultural heuristics" (pg. 191). Based on analyses of more than 9 million stops, Baumgartner's team found that 47% were investigatory and that they added substantially to the racial disparity statistics. Thus, investigatory stops and stops of criminal suspects shall be restricted to those made because the person and/or vehicle fits a description in relation to a specific crime.^{3,4}

Since the Oakland Police Department (OPD) has implemented evidence-based methods, the number of African American civilians stopped by the OPD has declined. Since Oakland Police Department has implemented evidence-based methods, the number of African American civilians stopped has declined from 19,185 in 2017 to 7,346 in 2019, a drop of 62% and a stop disparity rate reduction of almost 60%,⁵ with no corresponding increase in crime (Captain Chris Bolton presentation, 7/15/2020).

3. Use race and ethnicity as relevant factors when determining law enforcement action only when provided as part of a description of a crime and suspect that is credible and relevant to the locality and timeframe of the crime and only in combination with other specific descriptive and physical characteristics.^{6,7}

Specific descriptive and physical characteristics may include, for example: the gender, age, height, weight, clothing, tattoos and piercings of the suspect, the make and model of the car, and the time and location of the crime. Simple race and ethnicity alone are not

¹ <https://www.idrivesafely.com/dmv/california/laws/traffic-tickets-and-violations/>, <https://www.martenslawfirm.com/blog/2015/november/what-is-excessive-speeding/>

² *Suspect Citizens*, pp. 190-192

³ Eberhardt, J. L. (2016). *Strategies for change: Research initiatives and recommendations to improve police-community relations in Oakland, Calif.* Stanford University

⁴ This definition was created by Dr. Jennifer Eberhardt in collaboration with the Oakland Police Department.

⁵ This is the percentage of African American stops within all discretionary non-intel led stops made by Police Area 2 officers fell from 76% in September 2017 to 31% in September 2018

⁶ Southern Poverty Law Center, 10 Best Practices for Writing Policies Against Racial Profiling

⁷ CA Penal Code

satisfactory as bases for reasonable suspicion under the law, and amount to racial profiling.

4. Eliminate stops for low-level offenses

According to the presentation to the Working Group by Captain Bolton of the OPD, Oakland significantly reduced stops for these low-level, non-public safety related offenses, resulting in a reduction in the number of African Americans being stopped and a reduced stop-disparity rate, with no effect on crime rates (homicides and injury shootings went down during the same period). There is often overlap between “investigatory stops” and “stops for low-level offenses,” as the latter may be used as a pretext for investigation. The types of stops falling into these categories may include:

- Equipment violations
- Not wearing a seat belt
- Improper use of high beams
- Violating a regulation (e.g. expired license tags)
- Stop purposes recorded as “other”

5. Implement an Early Intervention System (EIS) and a risk-management structure

These measures to ensure individual accountability have operated successfully in Oakland and many other localities for some time. They involve identifying officer outliers in stops, searches, and use of force and their outcomes and examining the reasons for racial disparities. Existing software programs to assist BPD in implementing an EIS could be utilized or BPD can build its own system.

These programs operate to identify officers who are a danger either to themselves or to the public. They are referred to as “risk management” systems because they help limit the financial liability of the City and hence its taxpayers. They may address a broad range of concerns, but in this document, we only consider their use with regard to racial disparities. Elements of this process include the following steps:

- a. Evaluate and assess stop incidents for legality and enforcement yield.
- b. Analyze data to determine whether racial disparities are generalized across the force or are concentrated in a smaller subset of outlier officers or squads/groups of officers. To the extent that the problem is generalized across the department, supervisors as well as line officers should be re-trained and monitored, and department recruitment, training, and structure should be reviewed. In addition, department policy should be examined for their impacts.
- c. Where disparities are concentrated in an individual or a group of officers, with no race-neutral legitimate evidence for this behavior in specific cases, initiate an investigation to determine the cause for the disparity. Evaluate whether there are identifiable causes contributing to racially disparate stop rates and high or low rates of resulting enforcement actions exhibited by outlying officers. Determine and address any trends and patterns among officers with disparate stop rates. In the risk management process, the responsible personnel in the chain of

command reviews and discusses the available information about the subject officer and the officer's current behavior.

- d. Absent a satisfactory explanation for racially disparate behavior, monitor the officer.. Options for the supervisor in these cases include reviewing additional body-worn camera footage, supervisor ride-alongs, and other forms of monitoring. Further escalation to intervention, if necessary, may include a higher form of supervision, with even closer oversight. If performance fails to improve, command should consider other options including breaking up departmental units, transfer of officers to other responsibilities, etc. The goal of this process is to achieve trust and better community relations between the department as a whole and all the people in Berkeley. Formal discipline is always a last resort unless there are violations of Department General Orders, in which case this becomes an IAB matter.
- e. Identify officers who may have problems affecting their ability to make appropriate judgments, and monitor and reduce time pressures, stress and fatigue on officers.
- f. An outside observer from the PRC shall sit in on the risk management and/or EIS program. Reports from these meetings, or other accurate statistical summary, can be given to the commission without identifying any officers' names.
- g. Report the results of this data analysis quarterly.

6. Immediately release the following data to the Working Group:

- a. All data given to the Center for Policing Equity (CPE) - This data includes:
 - i. Calls for Service (January 1, 2012 - December 2016)
 - ii. Use of Force Data (January 1, 2012 - December 31, 2016)
 - iii. Crime Report Data (January 1, 2012 - December 31, 2016)
- b. STOP DATA - this data shall include information on "call type," similar to the data used by the Center for Policing Equity. The timeframe would be January 1, 2012 to present.
- c. USE OF FORCE DATA - This data was used in the analysis presented in the CPE report. Along with the CPE data, it would be helpful to have more recent Use of Force data. The timeframe would be January 1, 2012 to present.
- d. DEIDENTIFIED STOP & ARREST DATA - To determine if there are any problematic patterns among certain officers, or perhaps pairs of officers, data that we can be attached to anonymized individuals. The timeframe for this data would be January 1, 2012 to present.
- e. ADDITIONAL ARREST DATA - Currently, the Open Data Portal posts arrest data from January 1, 2015. The timeframe for this data would be January 1, 2012 to present day.
- f. ADDITIONAL CALLS FOR SERVICE - Currently, Calls for Service data are posted for the last 180 days. The timeframe for this data would be January 1, 2012 to present.

7. Limit warrantless searches of individuals on supervised release status, including probation, Post Release Community Supervision (PRCS), and parole, absent evidence of imminent danger

California is one of a handful of states that allow high-discretion, suspicionless searches of probationers and parolees. The following was passed by the Police Review Commission on 9/23/2020 and the Working Group endorses this approach:

“In accordance with California law, individuals on probation, parole, Post Release Community Supervision, or other supervised release status may be subject to warrantless search as a condition of their probation. Officers shall only conduct probation or parole searches to further a legitimate law enforcement purpose. Searches shall not be conducted in an arbitrary, capricious, or harassing fashion. However, under Berkeley policy, officers shall not detain and search a person on probation or parole solely because the officer is aware of that person’s probation or parole status.

The decision to detain a person and conduct a probation or parole search, or otherwise enforce probation or parole conditions, should be made, at a minimum, in connection with articulable facts that create a reasonable suspicion that a person may have committed a crime, be committing a crime, or be about to commit a crime.”

8. Require written consent for all consent searches

Baumgartner (pp. 195-209) and his team found that in cities requiring written consent to perform a consent search, these searches declined by 75%. Since people of color are disproportionately the subjects of these searches, it makes sense that a significant reduction would lead to fewer consent searches for people of color.

Examining three cities in North Carolina, Baumgartner found that in cities where there was resistance by leadership to the new written-consent policy, there was a substitution effect, such that as consent searches went down, probable cause searches went up. However, the substitution effect seemed to be directly correlated with leadership priorities. The chapter concludes, “We showed that a combination of leadership directives and simple initiatives can alter the relationship a department can have with their community” (pg. 213). *This speaks to the need for clear buy-in from BPD leadership.* The Working Group recommends that the BPD adopt the written consent form used in North Carolina, a copy of which can be found [here](#).

9. For any individual detained, BPD officers shall provide a business card with the following information on the back

- a) A website similar to RAHEEM that collects information on police-civilian encounters.⁸
- b) Contact information for filing a complaint with the PRC or its successor, the Police Accountability Board.

⁸ <https://www.raheem.ai/en/>

10. Address Profiling by Proxy⁹

Police should not be dispatched to calls that are motivated by caller bias or malintent, e.g., a claim that someone is suspicious with no corroborating reason.¹⁰ These types of calls harm police-community relationships and undermine the authority of the police. To protect against profiling by proxy the police department shall:

- a. work with PRC and other appropriate agencies to formulate a policy that defines and remedies profiling by proxy.
- b. enhance Dispatcher training to evaluate calls and add implicit bias training for 911 Dispatch.

An article on profiling by proxy by the Vera Institute of Justice recommends including 911 Dispatch in implicit bias training as a method for reducing issues with profiling by proxy. Anti-bias training will also help Dispatchers become aware of their own biases. For example, when they receive calls about behavior the complainant may dislike but is not illegal—e.g., “too many” black teenagers in the public park.¹¹

Hiring & Evaluation

The successful hiring and evaluation of police officers is an important part of creating a healthy and high-functioning police department. The types of people the department hires, and the effective evaluation of police officers are important in determining police department culture. Researchers on policing have repeatedly found that organizational culture is the single most important determinant of officer behavior.¹² Human Resource Management research supports including the evaluation for cultural competency as important in improving agencies. The key components for a high degree of cultural competency are: awareness, attitude, knowledge, skills.

11. Fire racist police officers identified through social media and other media screens

A third-party agency, hired by the City of Berkeley, or agency outside the police department should screen police officers and potential new hires’ social media accounts for racist or violent comments, affiliations to racist groups whether public or private, including private groups expressing racist or violent rhetoric.

- a. BPD shall immediately fire all identified officers who have engaged in racist or violent actions or commentary online.
- b. A social media screen of officer online conduct shall be done annually.

⁹ Profiling by proxy may occur “when an individual calls the police and makes false or ill-informed claims of misconduct about persons they dislike or are biased against—e.g., ethnic and religious minorities, youth, homeless people” (retrieved from The Vera Institute of Justice).

¹⁰ Captain Bolton of the Oakland Police Department made improvements on profiling by proxy using an approach that educated citizens on focusing on criminal behavior instead of suspicion when calling police.

¹¹ “[Avoiding 'profiling by proxy'](https://www.vera.org/blog/police-perspectives/avoiding-profiling-by-proxy),” Vera Institute of Justice, March 13, 2015, <https://www.vera.org/blog/police-perspectives/avoiding-profiling-by-proxy>

¹² [Organizational Culture and Police Misconduct](#)

Recommendations for Council

Community Engagement and Feedback - When the City of Berkeley pledged to consider reducing funding for the police department by 50%, it also committed itself to shifting to new and alternative methods of community safety. To effectively understand and implement new and alternative safety practices and services, the City of Berkeley must look to its residents for ongoing insight and feedback. The City must collect and utilize regular community feedback to inform the city on community investment priorities including police department policies and practices and future direction. To that end:

12. Address Profiling by Proxy¹³

To protect against profiling by proxy City Council should:

- a. Introduce profiling by proxy legislation similar to [CAREN Act](#) in SF, which would hold residents accountable for using police in a biased manner.
- b. Issue a quarterly review of data from 911 Dispatch, for the PRC or City Auditor to help understand the extent of calls from community members presenting ‘biased’ suspicions.”

13. Require regular analysis of BPD stop, search, and use of force data

The City Auditor and/or PRC shall update the [analysis](#) of BPD data completed by the [Center for Policing Equity](#) and the PRC and publish the results on the BPD website every quarter. This report shall include stop, search, and use of force analysis. —

Ensuring Timely and Effective Implementation:

Since the fall of 2017, the police department has received 37 separate policy or legislative directives to address the racially disparate treatment of City of Berkeley residents. Those directives are the result of extensive and on-going racial disparities in police department stops, searches, and use of force. As of the drafting of this report, at least 30 of those directives remain outstanding with **no plan** for implementation.

We respectfully recognize that the role of the Mayor’s Working Group on Fair and Impartial Policing is to advise the Berkeley City Council and staff. We recognize that we are not in a position to make final decisions; rather, our role is to offer advice and recommendations to the Council. The Mayor’s Working Group is committed to ensuring that the policy recommendations outlined in this proposal are not added to the long list of unaccomplished directives. Therefore, we have included an accountability system with our policy proposal. This accountability system

¹³ When an individual calls the police and makes false or ill-informed claims of misconduct about persons they dislike or are biased against—e.g., ethnic and religious minorities, youth, homeless people; retrieved from The Vera Institute of Justice

will ensure that the changes necessary to establish fair and impartial policing and rebuild public trust occur.

Compliance and Accountability Mechanisms:

- A. Working in partnership with the Mayor's Working Group on Fair and Impartial Policing and within six months from approval of the proposal (extended for good cause), the City Manager hires an experienced consultant to help draft an implementation plan that includes a timeline to monitor, assess, and report on the implementation of the items outlined in the working group's policy proposal.
 - i. If a consultant is not hired within six months from approval of the proposal, the Council should move to item "E" below.
 - ii. If a consultant is not hired within six months (extended for good cause), the working group should remain formally organized by the Mayor until a consultant is hired and a plan is approved.
- B. The Working Group, Police Chief, and the consultant will create an implementation plan that includes a timeline to monitor, assess, and report on the implementation of the items outlined in the Working Group's policy proposal. Long-term monitoring and assessments will be the responsibility of the police oversight body (the PRC or its successor the Police Accountability Board).
- C. The implementation plan will be presented to the Berkeley City Council for approval. Once the plan is approved by the City Council, the consultant's work is finished. Long-term monitoring and assessment will be the responsibility of the police oversight body (the PRC or its successor the Police Accountability Board).
- D. The City Manager and the Berkeley Police Chief should do everything within their power to implement the items outlined in the plan and timeline set forth and approved by City Council.
- E. The City Council should set the implementation of this plan as a priority in the annual evaluation of the city manager.
- F. If the City Manager does not ensure that the Police Department implements the plan in accordance with the timeline, the City Manager should be held accountable.
 - i. In the event of a new Berkeley Police Department Chief: the Mayor's Working Group, on Fair and Impartial Policing, the new Police Chief and the City Manager shall meet and agree upon an updated timeline to monitor, assess, and report on the implementation of the items outlined in the plan approved by City Council.
 - ii. In the event of a new City Manager: the Working Group, the Berkeley Police Chief, and the new City Manager shall meet and agree upon an updated timeline to monitor, assess, and report on the implementation of the items outlined in the plan approved by City Council.

If these recommendations are adopted and implemented promptly, we expect that the disparate stop data can show significant improvement in the near future. We expect the City Manager and the Police Chief to implement these programs with enthusiasm and dedication, as they reflect the constitutional imperative of equal protection under the law.

Appendix A: Additional Recommendations

The following recommendations are also supported by the working group, which suggests referring them to the reimagining process and/or follow-up with the Police Accountability Board and the Fair and Impartial working group. See table 1 for recommended actions.

14. Include a scenario-based training component in the existing officer training required by California Penal Code 13519.4

- a. The training must include specific, relevant examples of prohibited actions and how to conduct law enforcement activities in an unbiased manner.¹⁴
- b. MILO and VIRTRA are two such scenario-based training programs¹⁵
- c. An independent observer shall review the training and report back to the PRC or its successor on the quality of the training.

15. Require enhanced annual implicit bias training for police

There is scant scientific evidence that implicit bias training works to change implicit biases over the long-term. However, agency-wide, enhanced, and well-executed training that occurs on a regular basis could have a positive effect on the cultural environment of the police department and on expectations for behavior. Regular, required implicit bias training provides an expression of institutional support for fairness, which is important in improving relationships across groups¹⁶and improving agency culture.

- a. Officers should receive intensive anti-racism and implicit bias training as part of their core instruction in the first 90 days of employment, and an annual 'refresher' course.
- b. An independent observer shall attend the training and report back to the PRC on the quality of the training.

16. Accelerate Crisis Intervention Team (CIT) activity

- a) Require 40 hours of CIT training in the first year of employment.
- b) Collect data on CIT calls to allow BPD to make informed decisions about staffing and deployment so that a CIT officer is available for all shifts in all districts to respond to every CIT call.
- c) Develop a CIT reporting system so that each deployment of a CIT officer is well documented. CIT officers should submit narrative reports of their interactions with persons in crisis so the appropriateness of the response can be evaluated in an after-action analysis.
- d) Implement an assessment program to evaluate the efficacy of the CIT program as a whole and the performance of individual CIT officers. A portion of a CIT officer's performance review should address skill and effectiveness in CIT situations.

¹⁴ [CA Penal Code](#)

¹⁵ MILO in an Oakland setting

¹⁶ Allport, G. W., Clark, K., & Pettigrew, T. (1954). The nature of prejudice.

17. The City of Berkeley should conduct annual community forums on Police and Public Safety:

- a. Identifying community-based leaders and impacted individuals for control of the envisioning process.
- b. Placing the process under the Office of the Mayor, not the City Manager. Upon establishment of the Police Accountability Board, place the process under the auspices of the Police Accountability Board.
- c. Including the creation of community-based measures of safety as part of the first round of the envisioning process.¹⁷
- d. Once community-based measures of safety are created, including these measures in the annual community survey (see item 17) and publishing the data as per item 17b.

18. The City of Berkeley should conduct an annual community survey.

Sample surveys include the [Milwaukee survey](#) and the [Dallas survey](#).

- a. Data collected should be shared publicly via the City of Berkeley website or an online community dashboard.

19. The City should create a formalized feedback system to gauge community response to ongoing reforms and ensure this constructive input system is institutionalized and includes:

- a. A basic “Report Card,” in collaboration with the PRC or its successor the Police Accountability Board, based on community feedback for each reform. This will enable the Department to take the ‘community’s temperature’ on how the implementation of the reforms are being perceived by the public.
- b. Quarterly neighborhood ‘check ins’ for relationship building .

20. Conduct a Capacity Study

- a. Release data including but not limited to 911 dispatch calls, BPD stops and interventions, written reports, and body-worn camera footage to the City Auditor and/or PRC for analysis.¹⁸
- b. Conduct an audit on officer down time to determine the percentage of police time spent outside of responding to calls for service and how police officers spend this time. Share this information with the City Auditor and/or PRC for analysis for use in the capacity study.
- c. Conduct an audit of police overtime to determine the factors that contribute to the use of overtime .

¹⁷ This process should follow or be modeled after the [Everyday Peace Indicators](#) process

¹⁸ This study could be time-limited and would not have to be a comprehensive analysis of internal data; a random sample done correctly would suffice to determine how best to restructure the response to a variety of problematic situations.

- d. Identify what percentage of calls for service require a unique police response and what percentage of calls could be better served by an alternative response with the goal to focus police response on issues that can best be responded to by police officers.
- e. These data can also assist in identifying calls suspected of profiling by proxy.

21. Fund and implement a specialized care unit for mental health crises

Fully fund and implement the specialized care unit as swiftly as possible in order to remove mental health and homeless encounters from the responsibility of BPD. Research has found that individuals with mental illness are at a higher risk of police stops, use of force,¹⁹ and a fatal police encounter.²⁰ These disparities increase for Black and Latinx individuals. Specialized mental health crisis units are a safer option for those experiencing a mental health crisis than a police response and a more cost-effective use of public resources.²¹ The Council's July 14, 2020 decision to create a Specialized Care Unit will better serve people in Berkeley experiencing a mental health crisis. The Working Group supports transitioning away from police as first responders to 911 calls related to mental health and towards trained, unarmed mental health first responders.

The Berkeley Community Safety Coalition in collaboration with Councilmember Bartlett are developing a proposal related to a pilot program transitioning away from sworn police as first responders to professional mental health first responders. The Working Group supports this effort.

22. Make resources on police-civilian encounters more publicly available, including:

- a. A website similar to RAHEEM that collects information on police-civilian encounters.²²
- b. Contact information for filing a complaint with the PRC or its successor.

23. Evaluate the impact of these proposals on racial disparities in stops and searches, using regular updates to stop and search data

¹⁹ [Mental Illness, Police Use of Force, and Citizen Injury](#)

²⁰ [Deaths of people with mental illness during interactions with law enforcement](#)

²¹ [CAHOOTS Media Guide, 2020](#)

²² <https://www.raheem.ai/en/>

Appendix B: No Action Recommended

The following recommendations were proposed and discussed at the working group but no action is recommended by the Council.

1. Include community member participation and feedback in the hiring process

For all potential sworn officer hires interviewed by BPD, Berkeley residents should be included in the hiring process. For example, citizens of Berkeley should be allowed, in an equitable manner, to participate in Berkeley Police Department orals boards for prospective police officers or some comparable interview process.

2. Include the following for Performance Appraisal Reports

As the current Performance Appraisal Reports General Order P-28 requires, objectives of the report are to provide for fair and impartial personnel decisions, and to provide an objective and fair method for the measurement and recognition of individual performance according to prescribed guidelines.²³

- a. Officers should exhibit cultural competency and anti-racist conduct, and that should be included in their City of Berkeley Performance Appraisal Report (Police Sworn-Operations Division Personnel²⁴)
- b. Add to standards 1 and 2 of the Performance Appraisal Report as follows:
 - i. Provides excellent customer service and represents the Department well as a culturally competent and anti-racist officer
 - ii. Is respectful of both the people they serve and the people they serve with, in a culturally competent and anti-racist manner
 - iii. All officers should aspire for an “Above Average” “Exceeds Expectations” or “Exemplary Performance” mark each year with “Meets Minimum Standards” as the basic floor (with expected increase in performance level in subsequent years)

3. Include community and peer input into the annual review of sworn police officers.

For all BPD sworn officers, Berkeley residents should be included in the annual review process. For example, citizens of Berkeley should be allowed, in an equitable manner, to provide feedback into the annual review of Berkeley police officers.

²³ Previous language “a. An amendment to General Order P-28 would add a reference to 'cultural competency' and reassurances by the community that the officers are evaluated on their conduct in relationship to a person's gender, race, ethnicity, religion or gender identity/orientation. B. Performance Evaluation, Section B, page 2; #1 and #2 include language of cultural competency “

²⁴ [on p. 2 of 8 under Section “B” “Professionalism.”](#)

Appendix C – Incorporation of BPD Feedback

Please note: quoted text in this section references written feedback on the working group draft proposal provided by Chief Greenwood of the Berkeley Police Department.

Focus traffic stops on safety.

The BPD are in agreement with this item. In July 2020, representatives from BPD (Officer Matthew Ye and Arlo Malmberg) presented a “problem-oriented policing” strategy to the working group. Further, Captain Bolton of the Oakland Police Department presented an intelligence-led policing strategy to the working group. According to Captain Bolton, OPD was able to significantly reduce stops for low-level and non-public safety related offenses using an intelligence-led policing strategy, resulting in a 70% reduction in the number of African Americans being stopped with no effect on crime rates. BPD stated they plan to “establish a formal strategy focusing officers’ discretionary stops on intelligence-based and traffic safety stops.”

Additional updates include: the sample list of stops falling into the category of unsafe driving behavior was updated based on BPD feedback; the working group deleted a reference made to “misdemeanor” stops as BPD pointed out that most traffic violations are “infractions” and not misdemeanors.

Use a clear, evidence-based definition for stops of criminal suspects.

BPD stated they plan to establish a formal strategy focusing officers’ discretionary stops on intelligence-based stops. Chief Greenwood stated that an “intelligence based stop strategy aligns with [use of a clear, evidence-based definition for stops of criminal suspects].”

The BPD strategy as described focuses on general “intelligence” related to crime patterns. The BPD strategy does not respond to specific descriptions of perpetrators, nor is it clear what types of intelligence BPD would be using for stops of criminal suspects. An intelligence-based stop strategy can and should be implemented in concurrence with the items outlined in the working group’s proposal. However, the working group is not convinced by Chief Greenwood’s response that the BPD strategy will effectively address this item. The Working Group is recommending a shift in stop policy to address issues with racial disparities in stops. The BPD response as well as the strategy they have offered has not provided evidence there will be any shift from the status quo.

Use race and ethnicity as relevant factors when determining law enforcement action only when provided as part of a description of a crime and suspect that is credible and

relevant to the locality and timeframe of the crime and only in combination with other specific descriptive and physical characteristics.

BPD stated “overall agreement” with this recommendation. BPD did not directly address the specific recommendation that race and ethnicity be used *only* in combination with other descriptive features of the individual or alleged offense. BPD wrote “[d]epending on circumstances, simple race and sex in a description can be sufficient for a terry [sic] stop.” It is the working group’s understanding that, absent other factors, race is insufficient to constitute the reasonable suspicion required for a Terry stop (i.e. detaining an individual based on reasonable suspicion of illegal activity, including the ability to handcuff and search the outer clothing of the individual detained). Furthermore, BPD’s feedback that “In a 1538 Motion to Suppress hearing, the court makes a determination if there [sic] factors associated with a detention are sufficient,” is inappropriate in this context. While the statement is factually accurate, the purpose of this recommendation is to establish a stop policy based on the Constitution, not to place the burden on civilians to go to court for relief.

Eliminate stops for low-level offenses

In response, BPD stated the plan to establish a formal strategy focusing officers’ discretionary stops on intelligence-based stops. Further, BPD stated, “We would support our Intelligence Based Stop Strategy through increasing our analysis capability, so that more information can be more efficiently provided to officers, Officers working in this manner would be more likely to have a higher yield even when making fewer stops, because of their focus on crime investigations.” It remains unclear to the working group how BPD plans to increase their analysis capacity or how that would impact racial disparities in stops.

In responses to items throughout the draft working group policy proposal, BPD referenced an early transition to the data collection methods required by the California Racial and Identity Profiling Act (RIPA). BPD announced an early transition to data collection methods in line with RIPA requirements at an October 2020 working group meeting. As of the writing of this report, data collected according to RIPA standards (hereafter “RIPA data”) has not been released on the BPD open data portal.

It is important to note: using the data currently available on the open data portal, a hit rate cannot be calculated. Hit rates are commonly used to measure the presence of racial bias in searches. A hit rate is calculated by dividing contraband found during a search (e.g. weapons, drugs, etc.) by the total numbers of searches, within racial categories (e.g. Black or white). The logic of the hit rate is straightforward: in the absence of discriminatory behavior, officers should find contraband on searched minorities at the same rate as on searched whites. A similar hit rate indicates a similar standard for searches is being used across different groups. If searches of racial minorities turn up contraband at lower rates than searches of whites, this suggests there is a double standard, where minorities are being stopped and searched on the basis of less evidence. BPD did not collect contraband information before the transition to RIPA. Therefore, there was no way to calculate a true hit rate during the period the working group met. Transitioning to RIPA will be helpful to determine racial bias in search decisions, but it does not

provide information on racial bias in stop decisions. Most importantly, the collection of RIPA data does not directly address or work to mitigate existing racial disparities.

In a previous draft, this item included a reference to BerkDOT, but we removed it after BPD pointed out that inclusion was an unnecessary addition.

We also deleted a recommendation that officers provide those they stop with a reason for the stop, since BPD feedback cited section 14 of the T-3 Traffic Enforcement policy which requires officers to provide “explanation of the circumstances giving rise to the enforcement contact.”

Include a scenario-based training component in the existing officer training required by California Penal Code 13519.4.

BPD responded that it “conducts all mandated training.” However, the working group item recommends including scenario-based training with relevant examples of what is prohibited, and includes an independent observer. This addition of specific scenario-based training is not currently mandated by the state, and it is this specific scenario-based training that the working group is recommending. This recommendation for specific scenario-based training comes from the Southern Poverty Law Center, “10 Best Practices for Writing Policies Against Racial Profiling.”

Require enhanced annual implicit bias training for police.

BPD agrees with the importance of implicit bias training and stated officers currently get implicit bias training while in training academy. BPD also cited budget constraints would limit the department’s ability to provide annual implicit bias training. The working group understands the constraints of budget cuts, but anticipates that some of the recommendations proposed here (e.g. eliminating stops for many low-level infractions) may free up resources for this important training that has the potential to trigger the kind of cultural shifts that are necessary.

This item also includes a policy recommendation that an independent observer attend the training and report back to the police oversight body (the PRC or its successor). Chief Greenwood stated he was open to the idea of an outside observer but had concerns that difficult conversations might be chilled by outside observers. The working group understands and appreciates these concerns.

Implement an Early Intervention System (EIS) and a risk-management structure.

Chief Greenwood's feedback expressed interest in this approach and in learning how the Oakland program works, stating “Open to learning about how Oakland does this work. Learning how the analysis works will help us understand the resources needed to do this work.” In response, a member of the working group put Chief Greenwood in touch with the OPD official in charge of that program. To date he has not taken advantage of that opportunity.

Further, BPD feedback references RIPA data, stating “With the collection of RIPA data, we will have richer data to examine. This will help us focus on data on stops, searches, and yields.” According to the National Police Foundation, in their report, *Best Practices in Early Intervention*

System Implementation and Use in Law Enforcement Agencies, an “early intervention system [EIS] is a personnel management tool designed to identify potential individual or group concerns at the earliest possible stage so that intervention and support can be offered in an effort to redirect performance and behaviors toward organizational goals. The ideal purpose of an EIS is to provide officers with resources and tools in order to prevent disciplinary action, and to promote officer safety, satisfaction and wellness.”

The collection and analysis of RIPA data could be helpful to identify *racial implications* related to identified individual or group red flag behavior. However, the collection of RIPA data does not meet two core components of an EIS system: 1) identify potential individual or group red flag behavior (as early as possible), and 2) intervene to redirect performance and behaviors toward organizational goals. In short, the collection of RIPA data does nothing to address this item.

The working group considers this recommendation for an EIS and risk management system to be among its top priorities.

Immediately release the following data to the Working Group:

All data given to the Center for Policing Equity (CPE) - This data includes:

- a. Calls for Service (January 1, 2012 - December 2016)
- b. Use of Force Data (January 1, 2012 - December 31, 2016)
- c. Crime Report Data (January 1, 2012 - December 31, 2016)

STOP DATA - this data shall include information on “call type,” similar to the data used by the Center for Policing Equity. The timeframe would be January 1, 2012 to present.

USE OF FORCE DATA - This data was used in the analysis presented in the CPE report. Along with the CPE data, it would be helpful to have more recent Use of Force data. The timeframe would be January 1, 2012 to present.

DEIDENTIFIED STOP & ARREST DATA - data that we can be attached to anonymized individuals. The timeframe for this data would be January 1, 2012 to present.

ADDITIONAL ARREST DATA - Currently, the Open Data Portal posts arrest data from January 1, 2015. The timeframe for this data would be January 1, 2012 to present day.

ADDITIONAL CALLS FOR SERVICE - Currently, Calls for Service data are posted for the last 180 days. The timeframe for this data would be January 1, 2012 to present.

The BPD responded by referring to RIPA data collection, stating “RIPA data and current BPD officers seems to be the best path forward.” BPD also states, “Approximately 50 officers have been hired since late 2016,” and, “BPD staff are working on a number of technical projects, and resources are limited, especially after recent budget deferrals.”

Based on conversations related to this item which occurred in formal working group sessions, the working group believes the BPD comment related to the hiring of 50 officers was intended to communicate that the BPD department before 2016 (reflected in the CPE data), is different from the BPD today. The working group believes this may be true. The best way to determine if this

is true is to have access to the data we have requested so we can determine if there have been any measurable shifts in the racial disparities found by CPE.

It is important to note that a member of the working group used publicly available BPD stop data to redo a portion of the CPE analysis. This publicly available stop data was from 2015 to 2019. Therefore, this data included the two years of the CPE report (2015 - 2016) and two and a half years after the CPE report (2017-2019). This analysis was presented to the working group. This analysis found persistent racial disparities in stops and searches during this time. In other words, the pattern of racial disparities found in the CPE analysis persisted through 2019, over two years after the CPE report was released. It is also important to note that this analysis only includes stops and searches. It does not include an analysis of use of force. A complete CPE redo has not been possible because **BPD has never released any data to the working group.**

The working group understands budgetary constraints are impacting BPD. Further, the working group understands that it is possible BPD does not have some of the data we request, e.g. de-identified stop and arrest data. When BPD has made it clear they do not have the data, we have updated our data requests. For example, an early draft of the working group's policy proposal included a request for weapons and contraband data. BPD has made clear they do not have weapons and contraband data, so the working group removed this data request from our final proposal.

For the remaining data requests, BPD has not provided a compelling reason for why they have not released this data. At the very least, BPD should be able to turn over all the data that was shared with CPE as this data has already been put into a format which allowed it to be shared. Moreover, BPD feedback that, "BPD staff are working on a number of technical projects," seems to indicate that BPD has staff capable of providing and perhaps already working on the data we request.

The Working Group agrees that RIPA data will be useful going forward. However, this item speaks to data from the past, beginning in 2012, and includes data given to the CPE as well as additional data. For the City Council to determine if and how the policy shifts implemented in this proposal have been effective in reducing racial disparities, it must have data from before the implementation of RIPA and this data must be more extensive than stop and search data. The data the working group has requested in this proposal would allow City Council to properly measure the impacts of the policy changes outlined in this proposal. RIPA data will help create a richer picture but in isolation it cannot tell us any information about changes to racial disparities that result from the policy changes outlined in this proposal.

Limit warrantless searches of individuals on supervised release status, including probation, Post Release Community Supervision (PRCS), and parole, absent evidence of imminent danger

BPD agrees with this recommendation which has passed the PRC with BPD collaboration.

Require written consent for all consent searches

BPD agreed with this item and cited the collection of RIPA data. Chief Greenwood's feedback states, "BPD will make it a policy that the department's existing consent search form shall be used when consent to search is sought by an officer. Existing body worn camera policy already captures the consent request interaction. RIPA data will specifically address this issue: Data will indicate when a consent search was performed, and what the outcome (yield) is providing specific data for analysis. The data will support understanding of how often it occurs, the circumstances under which it occurs, and the outcomes."

In mid-December, the Working Group received a copy of the consent form used by the BPD; however, as noted above in #8, the Working Group recommendation is that the BPD adopt the written consent used in North Carolina. It is imperative that any consent form be used consistently and include the printed name and signature of the person consenting to the search as well as clear indications of what property the person consents to search, rather than blanket statements that the consent includes all aspects of the person and their property.

Additionally, while the written feedback did not make this distinction, conversations with Chief Greenwood at Working Group meetings indicated that perhaps BPD focus for written consent was on car or traffic searches only. This policy item recommendation includes all searches-- traffic, pedestrian, bike, etc.

The Working Group acknowledges that body worn cameras may capture the consent process but does not support only the use of body worn cameras to capture this process. The intent of this item is to require written consent for any person, or their property, undergoing a consent search.

The Working Group agrees RIPA data collection will be helpful in determining if there are racial disparities in stops and searches. However, RIPA data collection is not a substitute for a written consent.

Accelerate Crisis Intervention Team (CIT) activity

BPD agrees with this response. However, Chief Greenwood states, "Class availability is limited. Budget and resource constraints may impact this as well, as overtime is restricted to backfill for officers' absence due to training." The working group considers that accelerating current CIT activity as critically important.

For any individual detained, BPD officers shall provide a business card that displays with the following information on the back:

- a. A website similar to RAHEEM that collects information on police-civilian encounters
- b. Contact information for filing a complaint with the PRC or its successor, the Police Accountability Board.

BPD feedback states, "Open to idea, but with balance: perhaps a link to an online survey, provide info on commendations as well as how to file complaints with PRC and IAB." The

working group supports the collection of both positive and negative feedback on police civilian contacts.

Address Profiling by Proxy

BPD supports this item.

Include community member participation and feedback in the hiring process

BPD provided no written feedback on this item. However, in a formal working group session Chief Greenwood expressed concerns about including community participation in the hiring process for all BPD staff. The proposal was updated to include community member participation only in the hiring process related to sworn officers.

Include the following for Performance Appraisal Reports

- a. Officers should exhibit cultural competency and anti-racist conduct, and that should be included in their City of Berkeley Performance Appraisal Report (Police Sworn-Operations Division Personnel), on p. 2 of 8 under Section “B” “Professionalism.”
- b. Add to standards 1 and 2 of the Performance Appraisal Report as follows:
 - i. Provides excellent customer service and represents the Department well as a culturally competent and anti-racist officer
 - ii. Is respectful of both the people they serve and the people they serve with, in a culturally competent and anti-racist manner
 - iii. *All officers should aspire for an “Above Average” “Exceeds Expectations” or “Exemplary Performance” mark each year with “Meets Minimum Standards” as the basic floor (with expected increase in performance level in subsequent years).*

BPD provided no written feedback to this item. This item was updated based on verbal feedback Chief Greenwood gave during a formal working group session.

Include community and peer input into the annual review of sworn police officers.

Based on BPD feedback, this item was updated. Previous language was as follows: Include a “360 Degree Review Form” completed by December 30th each year after an Annual Community Forum. The working group updated the item to account for the lack of familiarity at BPD with a 360 review process as well as to incorporate peer review into the annual review process.

Fire racist police officers identified through social media and other media screens.

- a. BPD shall immediately fire all identified officers who have engaged in racist or violent actions or commentary online.
- b. A social media screen of officer online conduct shall be done annually.

BPD agrees with this item. In response, BPD cited existing policies in place to discipline or terminate an employee. However, Chief Greenwood stated a need to check if or how these policies are related to racist behaviors. Further, Chief Greenwood pointed towards the existing

screening process and background checks for hiring. Lastly, other members of BPD expressed concerns that social media screens might violate legal protections.

The working group has not received clarification on if or how existing disciplinary policies relate to racist behavior of officers. The working group would like clarity on this process. Further, if policies are in place to discipline an officer engaged in racist behavior this still does not address the issue of identifying officers engaged in racist behavior. This item is designed to identify if BPD officers are engaged in racist online activity and states clearly any officers so identified should be terminated. The working group does not recommend that Council accept any other action than termination for any officer found to have engaged or currently engage in racist behavior.

Additionally, this item is not requesting BPD violate privacy laws of potential or existing employees. Comments made on an electronic app, chat room, social media group, etc. are not protected by privacy laws or the constitution. A screen of social media platforms is routinely done by employers today. According to a 2018 CareerBuilder survey, "70% of employers use social media to screen candidates during the hiring process, and about 43% of employers use social media to check on current employees." Regular social media screens are a routine practice today. A third party that specialized in social media screens is well aware of legalities of the screening process, which is one reason why the FIP working group suggested a third party, not BPD, conduct the screening process.

Of Note:

The working group removed one item based on BPD feedback. The original item read: Officers shall prominently display identification. This item was updated with new language that read: Officers violating penal code (CA 830.10) shall be severely disciplined. Finally, the working group removed this item completed based on feedback from BPD.

Appendix D - Unfulfilled Council Mandates to BPD

Following on the publication by the CPE and the PRC of their respective reports on BPD stop, search, and use of force data, the Berkeley City Council gave specific policy direction to staff to address racial disparities apparent in that data.

At the onset of the Fair and Impartial Working Group in the fall of 2019, mayoral staff noted the following directions that had not been carried out by the City Manager or Chief of Police. Significantly, these directions remain unfulfilled as of August 2020:

I. Council referral from Nov. 14, 2017, to be completed by September 2018 and annually thereafter.

1. Direct the City Manager to track yield, stop, citation, search and arrest rates by race, develop training programs to address any disparities found, and implement policy and practice reforms that reflect cooperation between the Berkeley Police Department (“BPD”), the Police Review Commission (“PRC”) and the broader Berkeley community. The City Manager will report findings in September 2018 and annually thereafter, using anonymized data. [NOTE: BPD responded that they are addressing this via RIPA work, but it has still not been done.]
2. Tracking Yield rates
 - a. Analyze whether officer-initiated or in response to calls for service or warrants.
 - b. Focus on reasons for disparate racial treatment and to identify any outliers. [NOTE: BPD responded that they are addressing this via RIPA work, but it has still not been done.]
3. Consider any other criteria that would contribute to a better understanding of stops, searches, citations and arrests and the reasons for such actions. [NOTE: BPD responded that they are addressing this via RIPA work, but it has still not been done.]
4. Consulting and cooperating with the broader Berkeley community, especially those communities most affected by observed racial disparities, to develop and implement policy and practice reforms that reflect these shared values. Work closely with the PRC, providing the commission all legally available information that may be helpful to designing reforms.
5. Once released, BPD should analyze the final Center for Policing Equity report and propose improvements as needed. [NOTE: CPE final report was released in May 2018.]

None of these items, which are now nearly three years old, were ever accomplished

II. Council referral from April 24, 2018

1. Create, Present and Execute a Departmental Action Plan **by April 30, 2019.**

2. Officer Identification. Develop a policy requiring officers to identify themselves by their full name, rank and command and provide it writing (e.g. a business card) to individuals they have stopped, as in Oakland, New York, Providence, and San Jose.
3. Review and Update BPD Policy Surrounding Inquiries to Parole and Probation Status.
4. Enhance Search Consent Policies.
5. Collect Data on Terry Stops/Searches and Citations [NOTE: Remains undone. BPD responded that they are addressing this via RIPA work, but it has still not been done.]
6. BPD Data Dashboard.
7. Enhance Existing “Early Warning” Systems

None of these items, which are over two years old, were ever accomplished

III. CPE recommendations from early 2018

1. We recommend that BPD monitor search and disposition outcomes across race, and arrest and disposition outcomes associated with use of force. In particular, BPD should collect and share data with respect to contraband (distinguishing among drugs, guns, non-gun weapons, and stolen property) found during vehicle or pedestrian searches, and that it analyze data about charges filed resulting from vehicle and pedestrian stops. [NOTE: BPD responded 4/2019 that they are addressing this via RIPA work but it has still not been done.]
2. We recommend that BPD more clearly track, analyze, and share data with respect to whether law enforcement actions are officer-initiated, or responses to calls for service. [NOTE: BPD responded 4/2019 that they are addressing this via RIPA work but it has still not been done.]
3. We recommend that BPD continue to affirm that the egalitarian values of the department be reflected in the work its officers and employees do. [NOTE: Chief responded in 4/2019 message, saying they address in ongoing training, but their own heavily disparate stop and force data suggests that more needs to be done and that the ongoing training may be insufficient.]
4. We recommend that BPD consult and cooperate with the broader Berkeley community, especially those communities most affected by observed racial disparities, to develop and implement policy and practice reforms that reflect these shared values. [NOTE: See Council referrals above. Also referred to Working Group and to July 14 2020 community engagement process.]
5. We recommend BPD track yield rates (of contraband found at searches). [NOTE: BPD responded 4/2019 that they are addressing this via RIPA work but it has still not been done.]
6. We recommend that BPD monitor patrol deployments, using efficient and equitable deployment as a metric of supervisory success. One way to promote equitable contact rates is to monitor racial disparities (not attributable to non-police factors such as crime) and to adjust patrol deployments accordingly.
7. We recommend that BPD track crime trends with neighborhood demographics in order to ensure that response rates are proportional to crime rates.

8. We recommend that BPD engage in scenario-based training on the importance of procedural justice and the psychological roots of disparate treatment in order to promote the adoption of procedural justice throughout the organization, and to protect officers from the negative consequences of concerns that they will appear racist. [NOTE: Chief responded in 4/2019 message to say the department completed procedural justice training, but their own heavily disparate stop and force data suggests that more needs to be done and that the procedural justice training may be insufficient.]
9. We recommend that values-based evaluations of supervisors be developed to curb the possible influence of social dominance orientation on the mission of the department. CPE research has found a significant relationship between social dominance orientation and negative policing outcomes in many police departments.
10. We recommend that BPD training include clear messaging that racial inequality and other invidious disparities are not consistent with the values of BPD. [NOTE Chief responded in 4/2019 message, said they address in ongoing training, but their own heavily disparate stop and force data suggests that more needs to be done and that the ongoing training may be insufficient.]
11. We recommend leveraging the Police Review Commission, as well as ensuring inclusion from all groups in the community, to help review relevant areas of the general orders manual and provide a more integrated set of policies with clear accountability and institutional resources. [NOTE: Chief responded in 4/2019 message, saying they address in ongoing PRC subcommittee work.]

The Fair and Impartial Policing Working Group has received three contemporaneous studies of the BPD's stops as published on the City's Open Data Portal. The following patterns emerge from this data as shown in these studies:

1. Berkeley's stop rate for African Americans is over three times greater than Oakland's. Annually, African Americans are stopped by police according to BPD records at a rate of 32.7% (3,083 stops of African Americans compared to 10,331 African American Berkeley residents). In Oakland, the corresponding stop rate is 10.4% (10,874 compared to a total of 104,310 African American Oakland residents).
2. During the first 13 weeks of the Covid-19 pandemic from March 15 to June 12, the disparity between stops of Black and White civilians in Berkeley skyrocketed. African American stops were exactly 50% of total 608 stops at 304, with White stops were 143 for 23.52% of all stops. Taking into account the low number of African Americans residing in Berkeley, the disparities are even starker: African American stops are about 42.7 per 1,000 of their population, where White stops are about 2.9 per 1,000, a disparity of 14.5 to 1, twice the disparity in 2018.
3. The discriminatory stops exploded under the Black Lives Matter curfew at the end of May. In three days from May 31 to June 2, 92 African Americans and 18 Latinx people were pulled over by Berkeley police, compared to just 18 White people. This is a disparity in raw numbers of five to one. Based on stops per 1,000 of ethnic population,

Black civilians were nearly 35 times more likely to be stopped than Whites during the curfew.

There has been no meaningful response from the BPD to either confirm and account for the disparities, convincingly explain why the critical analysis is incorrect, or give some alternative interpretation of the data. Instead the department has simply ignored the data and the evidence that it discriminates in its treatment of Black, Latinx, and White civilians. BPD representatives quibble over side issues such as whether the data is skewed by stops of Black people coming into Berkeley from outside, or a theory that police are being nice to Black people by issuing them only warnings whereas they ticket White civilians in similar circumstances. The recommendations made in this document will uncover the true cause of the stark racial disparities, and indicate a path to correct them.

The Fair and Impartial Working Group does not want its recommendations to go the way of prior recommendations and directives from the City Council, CPE, and PRC. As shown above, the City Manager and Chief of Police have failed to execute the policies set by the elected officials. The City Council must ensure that staff act promptly to bring Berkeley policing into compliance with constitutional principles, particularly equal protection under the law.



Public Works Commission

AGENDA
May 19, 2021

To: Reimagining Public Safety Task Force
 From: Liam Garland, Public Works Director
 Submitted by: Shamika Cole, Co-Secretary
 David White, Co-Secretary
 Subject: Reimagining Public Safety/BerkDOT

INTRODUCTION

The July 14, 2020 omnibus package to reimagine public safety included a referral to the City Manager to:

- a) pursue the creation of a Berkeley Department of Transportation (BerkDOT) to ensure a racial justice lens in traffic enforcement and the development of transportation policy, programs, and infrastructure, and
- b) identify and implement approaches to reduce and/or eliminate the practice of pretextual stops based on minor traffic violations.

In addition to instilling a racial justice lens in transportation programs and services, the referral's stated purpose was "to separate traffic enforcement from the police," "reduce traffic enforcement as a tool for enhancing traffic safety," and to "shift traffic enforcement, parking enforcement, crossing guards, and collision response & reporting away from policed officers—reducing the need for police interaction with civilians..."

By this report, staff seeks the Reimagining Public Safety Task Force's input and advice on a) research and analysis conducted to date, b) input solicited from the Public Works Commission, Transportation Commission, and public speakers and incorporated herein, and c) a draft phased approach to explore possible next actions. This work raises important questions about how the current Public Works department and the City's transportation functions are—and should be—organized, and how a racial justice lens can be applied across transportation-related programs and projects.

The referral component to reduce and/or eliminate stops based on minor traffic violations is at the core of the original omnibus package approved by City Council. The Mayor's Fair and Impartial Policing Working Group submitted recommendations to City

Council at a special meeting held on Tuesday, February 23, 2021.¹ The City Council unanimously adopted recommendations from the Fair and Impartial Policing Working Group that will result in a new, evidence-based traffic enforcement model that focuses traffic stops on safety, such as running a red light, rather than lower level offenses, such as minor equipment violations. The City Council also approved the implementation of procedural justice reforms including, but not limited to, the implementation of an early intervention system and requiring written consent for certain searches.² BPD is in the early stages of defining, developing, and implementing these measures.

This staff report complements the efforts of the Fair and Impartial Policing Working Group, lays out initial background and approaches to the creation of a BerkDOT, and explores opportunities to shift functions into this new department or division, as well as potential new positions or functions. In particular, staff seeks further input from the Task Force on the following questions:

- What near term actions should be prioritized?
- What areas of future research and/or due diligence should staff focus on?
- What is missing from the analysis and possible actions?
- Which of the three organizational approaches to a BerkDOT provided below align best with the City Council's referral and the City's adopted strategic and other plans (e.g., Berkeley Strategic Transportation Plan, Vision Zero, and recently-adopted Pedestrian Plan), both in the short and long term?

This staff report concludes with a list of proposed actions phased in over time. These actions support establishment of a BerkDOT that translates City Council's direction (and staff's intent) into racially just, equitable, sustainable, and accessible transportation policies, programs, services, and projects. The phased actions explored in this report are considered for inclusion in Annual Appropriation Ordinance #1 in December 2021, the two-year budget adopted by June 30, 2022, or future budget adoptions.

BACKGROUND

Public Safety Reimagining Process. On July 14, 2020, the Berkeley City Council made a historic commitment to reimagine the City's approach to public safety with the passage of an omnibus package of referrals, resolutions, and directions.³

¹ https://www.cityofberkeley.info/Clerk/City_Council/2021/02_Feb/Documents/2021-02-23_Special_Item_01_Report_and_Recommendations_pdf.aspx.

² Please see the annotated agenda for the February 23, 2021 Special Meeting of the City Council, which can be found at the following -

https://www.cityofberkeley.info/Clerk/City_Council/City_Council_Agenda_Index.aspx.

³ https://www.cityofberkeley.info/Clerk/City_Council/2020/07_Jul/Documents/07-14_Annotated_Agenda_pdf.aspx

On December 15, 2020, the City Council authorized the City Manager to enter into a contract with the National Institute of Criminal Justice Reform (NICJR) to conduct research, analysis, and use its expertise to develop reports and recommendations for community safety and police reform as well as plan, develop, and lead an inclusive and transparent community engagement process to help the City achieve a new and transformative model of positive, equitable and community-centered safety for Berkeley. NICJR's scope and contract documents are complete.⁴

On January 19, 2021, City Council amended the enabling legislation for the Reimagining Public Safety Task Force. Appointments have been made from the City Council, Mental Health Commission, Police Review Commission, and Youth Commission, and three "At-Large" appointments confirmed by City Council on March 9, 2021.⁵

The Task Force met on February 18, March 11, April 9, April 29, and May 13, and covered topics ranging from the consultants workplan; community survey; calls-for-service analysis and framework; and overviews of the Police Department, priority dispatch, new and emerging models of community safety, and specialized care unit.

Public Works and Police Departments. Today, Public Works includes 320 full time employees (FTEs) across seven divisions. The divisions of Transportation, Engineering, Zero Waste, and Administration report to the Public Works Director. The Facilities, Streets & Utilities, and Equipment Maintenance divisions report to an Operations Manager who, in turn, reports to the Director.

The Transportation Division has 43 FTEs and is responsible for the following functions: traffic engineering, planning and design of transportation-related capital improvement projects, off- and on-street parking management, and transportation planning, policies, and programs, e.g., Vision Zero. In January 2018, traffic maintenance and parking meter maintenance were shifted from the Streets and Utilities Division to the Transportation Division. This division's breadth of functions is well beyond that of transportation divisions in similarly sized cities.

Both the Transportation and Engineering Divisions currently sit on the 4th Floor of 1947 Center Street. The permanent repair of streets and sidewalks is planned and executed by the Engineering Division with 2.5 full time engineers. Smaller, temporary street and sidewalk repairs are made through our Streets and Utilities Division Operations by two separate units of 13 FTEs. These units work out of the City's Corporation Yard, as does our Facility Management Division and its nearly 7 FTEs handling streetlight maintenance and repair.

⁴ https://www.cityofberkeley.info/Clerk/City_Council/2020/12_Dec/Documents/2020-12-15_Supp_2_Reports_Item_7_Supp_CMO_pdf.aspx

⁵ https://www.cityofberkeley.info/Clerk/City_Council/2021/01_Jan/Documents/2021-01-19_Item_18_Revisions_to_Enabling_Legislation_for_Reimagining.aspx

Today, all traffic enforcement functions are housed within the Traffic Bureau of the Police Department's Investigation Division. The Traffic Bureau includes all traffic enforcement functions, parking enforcement, traffic control, serious injury collision investigations and review, collision data functions, and crossing guards. The Traffic Bureau currently sits at 841 Folger and this substation will soon move to 125 University.

Current Plans and Programs for Racial Justice and Equity. The City of Berkeley set a goal in its strategic plan to “[c]hampion and demonstrate social and racial equity,” which is an especially important goal for Public Works. The 2020 end of year workforce report showed the department was 63% African American and Latino (and 77% non-white), 92% of that year's new hires were non-white, and 78% of staff promoted were non-white. While racially diverse, that report also showed only 16% of the department was female and only 38% of management was non-white, suggesting more work was needed in our department's gender diversity and having management reflect the racial diversity of the department's staff.

In recent years, the Transportation Division sought to more explicitly incorporate racial justice into transportation policies, projects, and services. The Berkeley Strategic Transportation (BeST) Plan adopted in 2016 prioritized capital projects by whether those projects would increase transportation choices for disadvantaged communities. The Vision Zero Plan adopted in March 2020 documented racial disparities in severe and fatal traffic injuries, and it acknowledged racial and economic inequities associated with traffic enforcement. As a result, the Vision Zero Plan emphasized improvements to traffic safety through engineering solutions over enforcement, and it called for an equitable enforcement policy before making any Vision Zero-related enforcement changes.

The first set of Healthy Streets established during the COVID-19 pandemic were selected from bicycle boulevards in traditionally underserved neighborhoods. Most recently, the Pedestrian Plan adopted in January 2021 built on the work of Vision Zero to document that black pedestrians are twice as likely to be victims of traffic violence as white pedestrians. The Pedestrian Master Plan uses redlining maps to prioritize safety improvements in these historically underserved neighborhoods.

Other aspects of Public Works' services aid equity and racial justice in Berkeley, including:

- The Clean Cities Unit abates illegal dumping, trash, and debris, especially in and around encampments, and many of these locations are in historically underserved areas;
- An existing Disability Services Specialist helps ensure the accessibility of new improvements, existing infrastructure, and current Public Works services;
- Most repairs of the City's sewers, streets, streetlights, and sidewalk are completed without regard to the adjacent property owner's ability to pay; our

stormwater and sewer fees are eligible for relief under the City's Very Low Income Fund; and, in the proposed budget, Public Works has recommended extending relief from sewer charges for more low income families; and

- Public Works, Public Works Commission, and Facilities, Infrastructure, Transportation, Environment, and Sustainability Committee are proposing to City Council on June 1 revisions to the street rehabilitation policy that specifically address racial justice and equity through the creation of an Equity Zone where paving repairs are prioritized. If adopted, Public Works will explore broader applicability of this zone to our sidewalk, streetlight, and other maintenance and repair services.

The department is at an inflection point. A new director was hired in July 2020 and since that time, the department has adopted [top goals and projects](#),⁶ drafted [performance measures](#),⁷ and sought more open lines of communication with the department's Commissions. An all-staff survey has been completed, showing the department faces a significant staff morale challenge. One driver of the morale challenge is a persistent vacancy rate of 15%+. The high vacancy rate diminishes the department's ability to deliver programs, leads to delays in implementing projects, and leaves the remaining staff shouldering a larger work burden. The work burdens are only increasing. The department is leading up the effort to turn Vision 2050 into reality; accelerate conversion of our fleet and facilities to all-electric; construct a whole range of T1 and other capital projects; and develop comprehensive plans for our street lights, paving, green infrastructure, and storm drains. All while Public Works and IT are working together on the simultaneous replacement of three key internal asset management systems without which a modern Public Works or Transportation department cannot operate.

As a result of these significant opportunities and challenges, Public Works is initiating a process to adopt a strategic plan in the next fiscal year. The plan will help clarify the department's core mission, values, priorities over the next five years, including how the department's staffing, programs, and projects can advance racial justice and equity.

APPROACHES

To inform the approaches presented in this staff report, interviews were held with director-level staff of Transportation and Public Works departments in Los Angeles, Minneapolis, Oakland, Denver, Ft. Collins, and Cambridge. These cities were selected for their variety of organizational, political, and governance structures. These conversations revealed different ways to structure a department, and how some cities were applying a racial justice lens to their transportation (and other) work. The

⁶ https://www.cityofberkeley.info/uploadedFiles/Public_Works/Level_3_-_General/FY20-21%20Berkeley%20PWD%20Goals%20and%20Projects-Sep%202020.pdf

⁷ https://www.cityofberkeley.info/uploadedFiles/Public_Works/Level_3_-_General/CoB%20Performance%20Measures%20041921.pdf

interviews showed there are many different ways to organize, and pros and cons associated with each method of organization.

At a high-level, there are three approaches to a new BerkDOT. Each of these presents an opportunity to refine the mission and overall organization of functions within the Transportation Division and the Public Works Department, and to carry out any new functions assigned by the City Council or reorganized within Public Works. The three approaches are:

A. Establish the existing Public Works' Transportation Division as BerkDOT:

This option would retain the existing Public Works department and structure, revamp the current *Division* of Transportation as BerkDOT, and create a new Deputy Director for Transportation reporting to the Public Works Director. Public Works' FY 21/22 budget request includes the adjustment of a current position to Deputy Director for Transportation. This would confirm the centrality of transportation in the department.

B. Remake Public Works into the Department of Transportation & Infrastructure (BerkDOTI):

This option would create a new BerkDOTI, subsume the existing Public Works Department into it, and the department's mission would focus on stewardship of the City's transportation system and public right-of-way, as well as the safety of the public in using streets and sidewalks. The functions of the remade department would include discrete lines for Transportation, Utilities, and Administration. Within these lines, a new Deputy Director for Transportation would be created, while infrastructure services such as storm water, sewer, and Zero Waste would remain in a newly configured Utilities division. This option still allows for intra-departmental coordination between planners and engineers by retaining an overall singular department under the oversight of a unified administrative structure. It elevates the new department's transportation programs and services to the whole of the public right-of-way, consistent with Vision 2050's positioning of the right of way as the *Public Commons*. An integrated BerkDOTI department would allow for ongoing coordination between functions affecting all aspects of transportation and non-transportation services in the public right-of-way, and a single point of contact for inter-departmental coordination.

C. Create a new, stand-alone BerkDOT that subsumes the current Division of Transportation and leaves a separate, stand-alone Public Works Department:

This would shift transportation functions out of Public Works into a standalone, new department oriented around a mission inclusive of transportation services and projects. Transportation operations, safety, and maintenance functions

would be transferred to this new stand-alone BerkDOT, while non-transportation capital project delivery and utilities such as storm, sewer, and Zero Waste would remain in the Public Works department. While duplicating back-office requirements, this structure may offer a more focused mission and vision, and resolution of items at the level of City Manager, not Department Director.

Mission and Vision. Each of these options presents an opportunity to sharpen the mission of our transportation work and deliver racially just, equitable, accessible, safe, and environmentally sustainable transportation programs, services, and projects. A stand-alone BerkDOT with a new Director reporting to the City Manager may provide the opportunity to start from scratch and create a whole new vision for transportation in this City. This also may provide the Public Works' department an opportunity to sharpen and improve its mission. On the other hand, the City's transportation and infrastructure visions are evident through the City Council's adoption of existing and recent plans, such as Vision 2050 (2020), BeST (2018 and update 2021), pedestrian plan (2021), and Vision Zero (2020). There may be conflict between Vision 2050's envisioning of the right of way as a public commons, and its implementation depending on two separate, stand-alone departments. It also may be the case that these adopted plans do not sufficiently capture Berkeley's transportation and infrastructure vision. If that is the case, then a new stand-alone BerkDOT may help chart whatever that new vision may be.

Prioritization and Coordination. A new stand-alone BerkDOT reporting to the City Manager or Deputy City Manager may elevate the transportation function's importance among many other competing priorities in the City. However, two separate departments will require staff currently sitting in the same department—with direct opportunities and incentives to collaborate—to be in stand-alone separate departments with more divergent priorities and more difficulty in coordination.

Transition Costs: Each of these organizational options would have different cost implications. Creating a wholly new stand-alone DOT alongside a stand-alone Public Works department is the highest cost option. Staff's initial estimate is \$750,000, mostly based on Oakland's experience creating a new DOT from its Public Works Department. These are hard costs related to hiring a new Director; building the required HR, payroll, and finance functions; consultant support for the change effort; and ancillary costs related to the new department, such as updates to the website, municipal code, letterhead, and work clothing. The ongoing operating costs for future years are in the range of \$500,000-\$750,000 annually.

Standing up a new department will incur significant non-financial costs, especially in time and effort. Interviews with other DOTs suggest this is an intense two-year process to stand up the organization and another two to three years until it is a cohesive organization. It would involve significant need to bridge and manage the transition with staff, collaboratively build a new department culture, and reorganize career advancement pathways in the workplace. Logistics are important, too. Staff are not

aware of building space that may accommodate a new stand-alone BerkDOT. In addition, the necessary investments in time and effort may require tradeoffs that slow down or put at risk other high-priority projects, e.g., Vision 2050, Vision Zero, T1, November 2022 infrastructure-focused revenue measure, and implementation of the BeST, Bicycle, and Pedestrian Plans.

The BerkDOTI option of a remade Public Works department with transportation, utility, and administration lines is estimated to cost less than \$150,000, mostly related to one position upgrade (Deputy Director, Transportation), hard costs related to the name change, and some support for the change efforts. Given the department's intention to undergo strategic planning next year, there may be an opportunity to leverage this process to support the BerkDOTI change effort. There would be limited ongoing additional operating costs for future years.

The option of creating BerkDOT out of the existing Transportation Division, and remaining within Public Works, is likely to involve similar cost as the BerkDOTI option as it includes similar actions, e.g. position upgrade, name change costs, and change efforts.

City Council could consider covering these costs through budget reductions to the Berkeley Police Department, reductions to other departments' budgets, or with additional General Fund resources. However, the source of funds does not change the fact that these three approaches have different cost impacts. Similarly, it is possible that as the number of sworn personnel in traffic enforcement is reduced, those savings are shifted into transportation programs and/or services. However, those savings may be speculative, as costs related to the civilian traffic enforcement unit and/or automated enforcement are very likely to rise.

Under any of these structures, there will be additional costs associated with implementing new policies or programs. This could include automated enforcement programs with staffing required for citation processing and review, a new specialist staffing for public engagement and racial justice programs, etc.

Implementation Risks. Many reorganizations fail or take much longer than planned. According to a 2016 Harvard Business Review study, more than 80% of reorganizations fail to deliver the hoped for value in the time planned, and 10% can cause real damage to the organization. The creation of a separate, stand-alone BerkDOT with a separate stand-alone Public Works Department entails the most risk of failure and/or delay. A BerkDOT subsuming Public Works entails low to moderate risk. Creating the BerkDOT out of the existing Transportation Division, and keeping it within Public Works, is low risk. To mitigate these risks, the changes might be made incrementally, allowing for smaller course corrections to address issues that may arise and preserving options moving forward.

City Size. Few cities of Berkeley’s size have a stand-alone DOT. Nor do most cities of Berkeley’s size have the breadth of transportation functions already assigned to the existing Transportation Division within Public Works.

Racial justice lens. Staff’s view is that any of these organization approaches could apply an improved racial justice lens to transportation programs, and none of the approaches provide distinct benefit over the others in advancing racial justice and equity.

Shifting functions. Staff’s view is that any of these organizational approaches could facilitate shifting of functions as explored later in this staff report, and none is uniquely configured for a particular shifting of functions.

SHIFTING FUNCTIONS

The BerkDOT referral incorporated into the City Council’s omnibus package adopted on July 14, 2020 stated the following:

A Department of Transportation in the City of Berkeley could shift traffic enforcement, parking enforcement, crossing guards, and collision response & reporting away from police officers—reducing the need for police interaction with civilians—and ensure a racial justice lens in the way we approach transportation policies, programs, and infrastructure. It would also ensure a focus on transportation that is separate and apart from public works issues, fitting for the importance of transportation as an issue of concern to Berkeley and as a key component of our greenhouse reduction goals.

There are a variety of transportation-related functions within the City of Berkley which are performed by:

1. Sworn, uniformed officers (e.g., police officers assigned either to Patrol Division or the Traffic Bureau);
2. Non-sworn, uniformed personnel (e.g., parking enforcement officers);
3. Civilian personnel (e.g., crossing guards); and
4. Civil engineers, transportation engineers, transportation planners, and operations and maintenance staff.

Below, each function is assessed for possible shift into any of the three BerkDOT approaches described above.

Traffic Enforcement

The original referral suggested shifting traffic enforcement to a new BerkDOT. However, California Vehicle Code section 21100 appears to delegate authority to localities to enforce traffic laws by means of “traffic officers,” which are further defined by Penal Code Section 830, et seq., as sworn police officers. Thus, enforcement of traffic

violations set forth by non-sworn personnel could violate existing state law. Until state law changes, such a shift in function outside of BPD may be preempted.

The City Council adopted a resolution on December 15, 2020, requesting the California legislature enact legislation to give cities greater flexibility in traffic enforcement. Staff has considered prioritizing near-term action to develop a plan for standing up a civilian traffic enforcement unit. However, given the content of the state law change is likely to be important for the particulars of how such a unit is structured and organized, staff suggests the civilian traffic enforcement unit be considered a longer term action, and that this action be triggered when there is a change in state law. In the meantime, the City could engage in discussion with state legislators about potential legislation on this topic. When such a state law change does occur, staff would evaluate the legislation and prepare a plan for City Council discussion with the aim that Berkeley thoroughly evaluate and engage the community and its employees over the potential to establish a civilian traffic enforcement unit.

Other state law changes might alter the nature of traffic enforcement, as well. Current state law prohibits automated enforcement of speeding violations. Assembly Bill (AB) 550 would permit several cities to initiate pilots of automated enforcement of speeding violations⁸. On May 11, 2021, the Council took formal action to support AB 550 and urge that the City of Berkeley be included as a pilot location. Similar to red light cameras, photo speed enforcement could reduce the need for traffic stops and the associated interactions between police officers and drivers, while providing effective enforcement against speeding, which is the traffic violation most likely to contribute to several or fatal traffic injuries especially among pedestrians. The degree to which automated speed enforcement could be administered by non-sworn staff would depend on the enabling legislation. AB 550 currently calls for violators to be subject to civil penalties and the availability of diversion programs.

Given the legal hurdles to a civilian traffic enforcement unit and automated enforcement, staff suggest prioritizing advocacy for state law changes in the near-term, and, over the longer term, develop practical plans and policies to implement state law changes when they occur. As suggested in Vision Zero, the City's adoption of a Vision Zero Enforcement Policy could help explain and further detail the City's approach to enforcement as a tool of last resort, provide guidance for the implementation of automated enforcement, and ensure the lens of racial justice and equity is incorporated into enforcement efforts.

Crossing Guards

Berkeley Function Today

Crossing guards are civilian personnel within the Police Department who help ensure safe routes to school and Vision Zero functions, which are important citywide priorities.

⁸ https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB550

There are currently 15 part-time crossing guards, equivalent to 3.7 FTEs, working during school arrival and departure times. Crossing guards do not enforce the law, rather they enhance safety by stopping traffic and escorting children across an intersection.

Other Cities' Experiences

Some cities, such as Los Angeles and Cambridge, MA, employ crossing guards through the Transportation and/or Public Works department; other cities that house crossing guards in the Police Department, such as the City of Oakland, are considering moving them to OakDOT in response to similar conversations around racial justice in traffic enforcement. Another model is schools overseeing the crossing guard functions with the City providing some portion of funding, which is the case in Fort Collins, CO.

Potential Options for Berkeley

Crossing guards could move into BerkDOT with minimal disruption. Shifting that staff to a new department will require a BerkDOT staff person to take on a new supervisory role, which could require new training. Within BerkDOT, crossing guards could be assigned to school sites based on racial equity and Vision Zero priorities. Including crossing guards in BerkDOT could have the positive effect of bolstering local relationships between BerkDOT and local schools and communities.

There are some impacts to BPD's operations of moving crossing guards to BerkDOT. By removing this function, it means severing a visible tie between elementary school staff, local residents, and BPD. Otherwise, the impacts are not significant. This change could be accomplished in the budget proposed for adoption in June 2022.

Parking Enforcement

Berkeley Function Today

Parking Enforcement Officers are non-sworn, uniformed officers within the Police Department. These officers support the City's parking program, which is stewarded by Public Works and the officers are funded out of the Public Works' on-street parking fund. (Citation revenue goes to the General Fund.) There are currently 24 FTE parking enforcement officers, supervisors, and a manager within BPD's Traffic Bureau.

The City of Berkeley's current [parking program](#) offers a payment plan for low income persons, and a fee waiver for low-income citation recipients who request an appeal hearing.

Other Cities' Experiences

Other cities, both large and small, manage parking enforcement under the Transportation and Public Works departments: examples include Los Angeles, Fort Collins, CO, Cambridge, MA, and Orlando, FL. Some parking enforcement staff maintain inter-departmental connections and access to shared communication systems with Police Departments where there are concerns for staff safety. For example, the OrlandoDOT has a parking enforcement function, and parking enforcement staff share a

radio frequency with the Police Department. Some cities, such as Los Angeles, have qualified relief programs to address the burden of parking fines on low-income residents, such as the [Community Assistance Parking Program](#).

Potential Options for Berkeley

The parking enforcement function could move into BerkDOT, which would be a major shift in terms of the number of employees and their day-to-day interface with the Police Department. Parking enforcement staff currently sit within PD offices, and their trainings and career development paths are through PD.

Shifting this function to a new BerkDOT would require investment and training in the newly transitioned staff on the BerkDOT mission and career advancement paths, and new management and supervisory capacity within BerkDOT to absorb responsibility for the parking enforcement staff. Given that the Transportation Division is currently 43 FTEs, this shift would increase this organization's size by more than 50%. It poses some logistical challenges, too, as BPD Traffic Unit's staff and parking enforcement's staff currently sit with one another in the same location, and there is not an obvious solution for co-locating parking enforcement staff and existing transportation division staff given significant space constraints at the City's Corporation Yard.

Such a shift would have significant impacts on BPD and its 24 parking enforcement staff. BPD would lose important members of its team, and parking enforcement staff themselves would have a more difficult time keeping up communication with the Police Department for backup requests, which occur weekly. Nearly one-half of parking enforcement officers participated as public speakers when the Public Works Commission heard this BerkDOT item, and expressed a strong sentiment that affiliation with PD helped them feel safer in their work and strong opposition to any move outside of PD.

As suggested by several Public Works Commissioners, staff proposes further dialogue with the parking enforcement officers themselves. After that dialogue, staff would return to City Council for discussion on whether the parking enforcement function should sit within PD.

Paving

Berkeley Function Today

Public Works has 2.5 engineers who put together the paving plan, and then do the public procurement for the annual paving and sidewalk repair projects. Another engineer or inspector is involved in the construction management and inspection of the improvements. All of these staff are in the Engineering Division, and consult regularly with Transportation's planning unit to ensure coordination with the various transportation plans.

Other Cities' Experiences

Both OakDOT and Minneapolis include some paving functions. Both pothole repair and designing and bidding contracts for paving are held within OakDOT. However, the paving and capital project construction management function is still held within Oakland's separate Public Works department. In Los Angeles, the paving function is housed in Streets LA, a division of Public Works, not LADOT. Cambridge, MA also does not house paving functions in its Transportation, Parking, and Traffic Department; instead, the Community Development Department prepares the paving plan, and Public Works completes the paving.

Potential Options for Berkeley

The existing configuration results in collaboration on paving between engineers in Public Works' Engineering Division, and engineers and planners in the Transportation Division. Moving this function to the BerkDOT has the potential to realize more opportunities for Vision Zero, Bicycle Plan, and Pedestrian Plan improvements in the course of paving. However, the paving budget faces an annual funding shortfall of more than \$10 million for basic pavement maintenance, not to mention the improvements suggested by the Vision Zero, Bicycle Plan, and Pedestrian Plan. Thus, these opportunities to use our paving program to further the goals of our transportation plans may be more vision than reality. In addition, even if this function moves to Transportation, significant coordination with the Engineering Division will be required to ensure consideration of sewer, green infrastructure, storm drain, and other utility projects occurring in the streets. Staff believes that the coordination between Transportation Planning and paving engineers has improved over the past several years, but agree more improvement and coordination is needed. What is less clear is whether improvement will come from an organizational decision—either moving the paving planning function from Engineering into Transportation's planning unit or moving transportation planners into Engineering's Pavement Unit—or bringing in new revenue into paving through a November 2022 infrastructure-focused revenue measure. The latter would be the most significant action the City Council could take to ensure our paving program advanced our BeST, Vision Zero, Pedestrian, and Bike Plan's goals. Staff could return to City Council as part of the budget adopted in June 2022 with a discussion of where the paving planning function might sit.

Collision Investigation**Berkeley Function Today**

Today, BPD's Traffic Bureau sworn officers are responsible for traffic collision investigations. This includes forensic functions, determining why and how the crash occurred, data collection on victim information, and the state of existing street safety infrastructure. No Public Works or Transportation staff participate in that data collection. Collision investigation invariably requires sworn officers to collect witness statements and evidence, conduct analysis, and develop a report, all of which are governed by state vehicle code. In addition, collisions can happen at any time of day or night and police staff with assigned vehicles are on duty 24/7 in the field and enable rapid response.

Other Cities' Experiences

Collision investigation functions are conducted by police departments, and in many cities there is limited data sharing and collaboration in data collection, which can be a barrier to data-driven Vision Zero work. A few cities have built partnerships with police departments to share crash investigation functions as it pertains to transportation engineering. Director-level partnerships with the police department has allowed some cities, such as Fremont, CA, to share more Vision Zero-related traffic data.

Potential Options for Berkeley

Many of the forensic functions of crash investigation are important for the Police Department to carry out. Increased collaboration between BerkDOT and the Police Department through sharing of some collision investigation functions could improve traffic safety. Bringing BerkDOT planners and engineers into the process to assess site context and transportation infrastructure issues in the field during investigation is likely to lead to better understanding of why crashes occurred and may help identify opportunities to improve infrastructure to improve safety outcomes in the future. This also advances the City's Vision Zero focus, and encourages direct access to police reports and other disaggregated data for purposes of Vision Zero analysis and monitoring, which includes an assessment of racial disparities in traffic safety. Improved information sharing could occur within existing structures and progress is already being made. The most important near-term action to promote this information sharing and safety improvements would be the hire of a new staff member into BerkDOT to support the Vision Zero program and codify this interdepartmental coordination. A request for this FTE will be included in the budget proposed in June 2022.

Traffic Control**Berkeley Function Today**

Both sworn officers and parking enforcement officers provide special traffic control during major planned events today, such as festivals, marches and protests, and other large-scale events, and also during emergencies, such as street flooding, large structure fires, and during high wildfire-risk periods. Public Works, BPD, and parking enforcement staff frequently coordinate on traffic controls, including temporary signage and barricades often planned by Traffic Engineers and deployed by Traffic Maintenance staff.

Other Cities' Experiences

In other cities, both sworn and non-sworn uniformed officers can carry out traffic control functions. In San Francisco, parking enforcement officers have traffic control functions as part of their regular duties, which includes directing traffic during both planned events and critical incidents. In Minneapolis, the Regulatory Services department provides uniformed personnel for traffic control functions, which include rush hour traffic management, emergency response to traffic control needs via 311, and support for special events.

Potential Options for Berkeley

Event-related traffic control could be provided by non-sworn, uniformed personnel for planned events in Berkeley. Parking enforcement personnel provide this function today. Non-sworn, uniformed officers could also provide some or perhaps all emergency-related traffic control. Consideration would need to be given to time of day and week to ensure availability of appropriate staff, and ensuring proper training of non-sworn staff conducting planned and emergency related traffic control.

3. Racial Justice in Transportation Policies, Programs, and Infrastructure

Ensuring a racial justice lens in transportation policy, programs, and infrastructure would mean that all decisions, procedures, and guidelines that govern transportation in this City would affirmatively work to reduce the burdens of racial inequities and mitigate structural harm put on people of color, and create streets where people are safe, experience belonging, and can thrive.

From listening to the input received so far and considering other organizations approaches, staff see three important opportunities moving forward. First, establish a BerkDOT that uses racial and social justice and safety data to improve safe and equitable access to mobility and helps reduce traffic violence, economic violence, and risk of institutional violence experienced by the most vulnerable users of the public streets and sidewalks.

Second, embed the racial justice lens in BerkDOT through one of two potential organizational approaches:

- A. **Racial Justice and Equity Division within BerkDOT:** The Racial Justice and Equity Division could be a separate division within any of the three BerkDOT approaches, at the same organizational level as project delivery, maintenance, or administration. The division may be staffed with one or two people, and those staff working across divisions, similar to how engineers and planners already work across divisions and functions today.
- B. **Deputy Director of Transportation, Racial Justice, and Equity:** The racial justice function could move up a tier in the organizational chart to assign that function to a newly titled, Deputy Director of Transportation, Racial Justice, and Equity. This would elevate the transportation and racial justice functions and accountability in the organizational hierarchy. It might then mean that existing staff take on day-to-day responsibility for racial justice functions, with approval and strategy provided by the Deputy Director for Transportation, Racial Justice, and Equity. This position could still be supplemented with a Racial Justice Specialist position as an assistant to the Deputy Director.

The organizational structure of the racial justice function within BerkDOT might also consider the size of Berkeley's city government and BerkDOT itself. For example, the division itself might contain one FTE; however, regardless of the number of FTEs, creating a division within an organizational chart on equal footing with other departmental functions elevates its importance in the department's mission. Under either approach, it will be important to ensure that people of color, and especially African Americans, have clear and well-used career pathways.

Public Works' budget proposed for adoption in June 2021 includes an adjustment for a Deputy Director of Transportation, so Option B is readily achievable and does not preclude a change later to Option A.

Third, as suggested by various contributors in the public process to date, incorporating a racial justice lens into transportation work requires in-depth examination, discussion, training, and action. This work has an aspect that is inward-facing and focused on our staff and their experiences and career pathways. It also must focus on BerkDOT's services, programs, and projects delivered to the community. For that reason, staff propose using the assistance of an expert to lead the internal examination, discussion, training, and action that would culminate in the development of a *Racial Justice and Equity Action Plan, Part 1*. A budget request for Annual Appropriation Ordinance #1 in December 2021 would fund this third-party's work. *Part 2* would examine the department's services, programs, and projects, and identify the areas and actions where more progress is required. This work would be proposed for inclusion in the budget adopted June 2023.

INPUT RECEIVED FROM COMMISSIONS TO DATE

This report reflects input provided by the Transportation Commission, Public Works Commission, and public speakers at both commission meetings. Prior versions of this report incorporated this specific feedback from the Transportation Commission. More has been provided on the purpose and vision of the omnibus package and BerkDOT referral, and the report provides more focus on near-term actions to change transportation's mission, vision, programs, services, and projects and ensure they are imbued with a racial justice lens. There is more background and explanation on the civilian traffic enforcement unit, and City Council's direction to focus traffic stops on safety and eliminate stops for minor traffic violations. Greater detail has been provided on automated enforcement, inclusion of career pathways for people of color, and the cost implications of the three organizational approaches,.

Several Transportation Commissioners suggested crossing guards and parking enforcement were functions that should be moved to a BerkDOT sooner rather than later. Staff incorporated a suggestion to re-work the near-term and longer-term actions into a phased approach.

There was consensus at the Public Works Commission and its public speakers that the revised staff report responded to much of the Transportation Commission's feedback. There was a consensus that enforcement as a method of improving traffic safety should be a tool of last resort within the City's toolbox. There was not consensus on the organizational approach to BerkDOT or on which functions might be prioritized for shifting into BerkDOT. Some commissioners wanted to learn more about how BerkDOT might be informed by a strong, transparent public engagement process. On this latter point, staff are exploring on-the-street, intercept surveys and/or public opinion surveys to be conducted this summer in order to engage and learn from traditionally underrepresented and underserved members of the community.

PHASED APPROACH

The phased approach described below combines the direction set by Council in the original omnibus package, the input received to-date, and the constraints of our existing budget, commitments, laws, and bandwidth. The order and phasing of the approach is designed to preserve opportunities for the City to speed up or slow down along the way.

Phase 1: July 1, 2021-June 30, 2022

Ongoing	Coordinate with PD on implementation of precision policing and major v. minor stops. Monitor state legislative proposals and be prepared to engage and advocate for automated enforcement.
Jun 2021	Proposed budget includes Deputy Director of Transportation, Racial Justice, and Equity.
Jul	Opinion and/or intercept surveys to solicit input on BerkDOT.
Dec	Submit budget request in AAO#1 for expert support on <i>Racial Justice and Equity Action Plan, Part 1</i> , focused on staff and career pathways.
Jan 2022	Berkeley <u>Division</u> of Transportation stood up as BerkDOT with lead Deputy Director of Transportation, Racial Justice, and Equity.
Jun	Potential budget proposals implementing various aspects of BerkDOT and submit request for new Vision Zero staff member to coordinate with PD on data sharing and collision analysis.

Phase 2: July 1, 2022-June 30, 2023

Jul 2022	Report to City Council on results of legislative advocacy on civilian traffic enforcement and automated enforcement, and if automated enforcement on speeding enabled by change in state law, plan for implementing.
Dec	Council considers adoption of Vision Zero enforcement policy. Complete <i>Racial Justice and Equity Action Plan, Part 1</i> .

BerkDOT

- Jan 2023 City Council discusses possibility of creating civilian traffic unit. This discussion and deliverable is wholly dependent on state law changes permitting such action.
- Jun Report to Transportation Commission on equity of City’s existing parking fines and rates, and possible revisions.

Phase 3: July 1, 2023-June 30, 2025

- Dec 2023 Complete *Racial Justice and Equity Action Plan, Part 2*, focused on programs, services, and projects.
- Jun 2024 Update to Council on progress to date and seeking direction on final BerkDOT organizational structure (enhanced division, BerkDOTI, or stand-alone BerkDOT), civilian traffic enforcement unit, and equity policies.
- Jun 2025 Final report closing BerkDOT referral.

Attachment:

- 1: Budget and Position Inventory

Attachment 1: FTEs and Budget for Existing BerkDOT-related Functions

	<i>Total potential FTEs</i>	<i>99.95</i>	<i>Total Costs</i>	\$	49,627,069
PW Engineering/Streets					
Implementing capital projects to maintain 216 miles of street and 300 miles of sidewalk					
	Associate Civil Engineer	1	\$	143,157.66	
	Assistant PW Engineer	1	\$	123,956.56	
	Supervising Civil Engineer	0.5	\$	81,070.50	
	Total	2.5	\$	348,184.72	\$ 660,534
				Nonpersonnel Costs	\$ 330,267
				Capital Costs	\$ 11,010,303
				Total	\$ 12,001,104

PW Transportation

Improve traffic safety, encourage transit use, bicycling and walking, and address transportation issues. Capital projects include parking facilities; street improvements; traffic calming measures; and bicycle and pedestrian infrastructure improvements.

Management	Transportation Manager	1	\$	177,577.71	
	Administrative Secretary	1	\$	88,553.50	
	Administrative Assistant	1	\$	88,293.71	
	Assistant Management Analyst	1	\$	89,820.02	
Parking (off and on-street)	Parking Services Manager	1	\$	130,562.85	
	Senior Planner	1	\$	126,667.01	
	Assistant Management Analyst	4	\$	359,280.08	
	Accounting Office Specialist II	1	\$	69,366.54	
	Parking Meter Maint & Collection Supv	1	\$	91,188.45	
	Parking Meter Maintenance Worker	6	\$	391,547.52	
	Parking Meter Mechanic	5	\$	369,082.50	
CIP Engineering	Associate Civil Engineer	2	\$	286,315.32	
	Supervising Traffic Engineer	1	\$	165,189.86	
Traffic Engineering	Assistant Traffic Engineer	2	\$	250,942.02	
	Associate Traffic Engineer	2	\$	286,315.32	
	Engineering Inspector	1	\$	106,362.46	
	Traffic Engineering Assistant	1	\$	86,079.55	
Planning	Principal Planner	1	\$	143,078.83	
	Senior Planner	1	\$	126,667.01	
	Associate Planner	2	\$	219,506.56	
	Assistant Planner	1	\$	90,424.05	
Traffic Maintenance	Traffic Maintenance Supervisor	1	\$	91,188.45	
	Traffic Maintenance Worker I	3	\$	202,701.42	
	Traffic Maintenance Worker II	2	\$	147,742.40	
	Total	43	\$	4,184,453.14	\$ 7,938,238
				Nonpersonnel Costs	\$ 4,175,377
				Capital Costs	\$ 12,500,000
				Total	\$ 24,613,615

PW Streets/Sidewalk Operations

Performs spot repairs on the City's maintain 216 miles of street and 300 miles of sidewalk

Management	Senior PW Supervisor	1	\$	111,161.44	
Streets / Asphalt	PW Supervisor	1	\$	96,565.46	
	Skilled laborer	2	\$	143,751.72	
	Construction Equipment Operator	1	\$	81,359.20	
	Laborer	2	\$	135,228.28	
Sidewalks / Concrete	PW Supervisor	1	\$	96,565.46	
	Concrete Finisher	2	\$	86,386.35	
	Skilled Laborer	1	\$	71,875.86	
	Laborer	2	\$	135,228.28	
	Total	13	\$	958,122.05	\$ 1,817,633
				Nonpersonnel Costs	\$ 300,000
				Total	\$ 2,117,633

PW Signals and Streetlighting

Maintains signals and traffic controls at 140 intersections and 8,000 LED streetlights.

	Electrician	4	\$	411,091.20	
	Lead Electrician	2	\$	219,648.00	
	Senior Electrical Supervisor	0.75	\$	97,022.18	
	Total	6.75	\$	727,761.38	\$ 1,360,914
	Streetlights			\$	1,377,731

Signals	\$	896,755
Capital Cost	\$	1,050,000
Total	\$	4,685,399

PD-Investigations Division

The Traffic Unit's Motorcycle Officers focus on community safety through traffic law enforcement, investigation of serious injury/fatality traffic collisions; DUI enforcement, and coordinating grantfunded focused enforcement efforts. The Parking Unit's Parking Enforcement Officers enforce applicable State and Local codes which regulate parking and provide traffic control and support, e.g. Special Events or incident scene management.

Parking Enforcement	Parking Enforcement Manager	1	\$	114,869.25	
	Parking Enforcement Officer	21	\$	1,492,580.46	
	Parking Enforcement Supervisor	2	\$	84,899.98	
	Total	24	\$	1,692,349.69	\$ 1,692,350
				Nonpersonnel Costs	\$ 1,638,945
Traffic Bureau	School Crossing Guard	3.7		145987.2	
	Lieutenant	1	\$	178,231.87	
	Sergeant	1	\$	148,483.71	
	Motor Officer	4	\$	515,017.16	
	Assistant Management Analyst/OSII	1	\$	89,820.02	
	Total	10.7	\$	1,077,539.96	\$ 1,077,540
				Nonpersonnel Costs	\$ 1,800,483
				Total	\$ 6,209,318

Total potential FTEs	99.95	Total Costs	\$	49,627,069
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Survey of Adult Residents
City of Berkeley, CA
Hybrid Email-to-Web/Live Telephone Survey
Conducted September 20-28, 2021
Citywide n=550; Margin of Error \pm 4.2 percentage points
Targeted oversamples added among Latinx and Black residents
EMC Research #21-8226

*All numbers in this document represent percentage (%) values, unless otherwise noted.
 Please note that due to rounding, percentages may not add up to exactly 100%.*

GREETING: Hello, my name is _____, may I speak with **(NAME ON LIST)**?

INTERVIEWER: NOL ONLY

INTRO: Hello, my name is _____, and I'm conducting a survey for _____ to find out how people feel about issues in Berkeley. We are not trying to sell anything and are collecting this information on a scientific and completely confidential basis.

1.	Do you live in the City of Berkeley?	
	Yes	100
	No → TERMINATE	-
	(Don't know/Refused) → TERMINATE	-
2.	What is your zip code?	
	94618	0
	94702	18
	94703	16
	94704	17
	94705	13
	94706	1
	94707	10
	94708	8
	94709	10
	94710	7
	94720	1
	(Refused)	-
3.	What is your gender?	
	Male	48
	Female	50
	Non-binary	1
	Another gender identity (please specify)	0
	(Refused)	0

4.	What year were you born? (YEARS CODED INTO CATEGORIES)	
	18-29 (1992-2003)	32
	30-39 (1982-1991)	13
	40-49 (1972-1981)	14
	50-64 (1957-1971)	19
	65 or over (1956 or earlier)	22
	(Refused)	0
5A.	Do you consider yourself to be of Hispanic or Latino descent?	
	Yes	13
	No	86
	(Refused)	1
5B.	Please select the race or ethnicity you consider yourself to be. You may select more than one if needed.	
	White	68
	Chinese	8
	Asian Indian	4
	Native Hawaiian or Pacific Islander	1
	Another Asian ethnicity (Please specify: ____)	7
	Black or African American	9
	American Indian or Alaska Native	2
	Middle Eastern or Northern African	3
	Something else (Please specify: _____)	4
	(Refused)	5

6INT. Using the following scale, please rate each of the following.

SCALE:	Poor	Only fair	Good	Excellent	(No response)
(RANDOMIZE)					
6.	The ease of getting around Berkeley				
	11	29	50	10	0
7.	The safety of getting around Berkeley				
	15	34	46	5	0
8.	The pedestrian infrastructure in Berkeley, such as sidewalks, crosswalks, and street lighting				
	13	31	47	9	0
9.	The streets and roads in Berkeley				
	29	40	28	3	0

SCALE:	Poor	Only fair	Good	Excellent	(No response)
10.	The bicycle infrastructure in Berkeley, such as bike lanes and paths, bike parking, bike signals, and bicycle boulevards				
	12	29	43	13	4
11.	The street traffic safety features in Berkeley, such as traffic signals, electronic speed signs, flashing pedestrian lights, and pedestrian signals				
	12	28	49	10	0
12.	The Healthy Streets program, where some streets have been temporarily altered to encourage walking and biking over driving				
	13	26	39	15	6

(END RANDOMIZE)

13.	What are the biggest challenges you and/or your family face in getting around Berkeley? (OPEN ENDED, RESPONSES CODED INTO CATEGORIES)				
	Traffic				13
	Condition of roads/Potholes				9
	Poor bus/BART transportation				8
	Parking				8
	Drivers/Pedestrians/Bikers don't follow laws/rules				8
	Homeless/Drugs/Crime				7
	Safety for Bikers/Pedestrians				7
	Crosswalks/Intersections/Poor lighting and markings				7
	Poor public transportation options				5
	Construction/Blocked access				4
	Poor infrastructure/Narrow roads/Dangerous left hand turns/More traffic lights				4
	Poor bike lanes				4
	Sidewalk condition				2
	None/Nothing				7
	Other				6
	Not Sure/Don't Know/No Opinion				1
	Refused/N/A				2

14INT. How safe do you feel traveling around Berkeley using each of the following? Please do your best to answer even if you personally don't get around that way.

	Very unsafe						Very safe	(Don't know/ Refused)	Mean
SCALE:	1	2	3	4	5	6	7		
(RANDOMIZE)									
14.	On foot or using a mobility device such as a walker or wheelchair								
	6	7	13	16	22	20	10	4	4.49
15.	AC Transit								
	3	5	7	16	26	25	15	5	5.01
16.	BART								
	5	4	10	17	25	22	15	2	4.82
17.	Bicycle								
	7	9	13	20	27	14	5	6	4.18
18.	Car, whether you are the driver or a passenger								
	1	1	6	10	25	28	28	1	5.56

(END RANDOMIZE)

19. Thinking about places you visit or travel to in Berkeley, are there particular locations, areas, or neighborhoods that you feel unsafe in? **(OPEN ENDED, RESPONSES CODED INTO CATEGORIES)**

Downtown	18
West Berkeley	10
South Berkeley	9
Southside	8
Gilman	2
UC Berkeley	2
Berkeley Hills	1
Busy streets	5
Night time	3
More than one place	3
Homeless encampments	3
None	31
Other	7
Don't know	1
Refused	0

- 20INT. Please indicate how much you agree with each of the following statement.

	Strongly disagree				Strongly agree			(Don't know/ Refused)	Mean
SCALE:	1	2	3	4	5	6	7		
(RANDOMIZE)									
20.	I feel like I am welcomed by other members of the community when I am out and about in Berkeley.								
	4	3	7	20	24	25	16	0	4.98
21.	I worry about being harassed by other Berkeley community members when I'm out and about in Berkeley.								
	21	19	13	13	16	8	9	1	3.44
22.	I worry about being physically or verbally assaulted by other Berkeley community members when I'm out and about in Berkeley.								
	18	21	15	13	14	9	10	0	3.52
23.	People drive safely in my neighborhood.								
	13	11	16	16	19	14	9	1	3.99
24.	There are enough bus shelters, benches, and other safe places to rest or wait for the bus in my neighborhood.								
	14	9	15	21	18	13	8	3	3.88

	Strongly disagree							Strongly agree	(Don't know/ Refused)	Mean
SCALE:	1	2	3	4	5	6	7			
25.	The City of Berkeley should allocate more money for transportation improvements to lower-income neighborhoods and communities of color that have historically been underfunded.									
	6	4	3	10	12	14	50	1		5.65

(END RANDOMIZE)

26. I'm now going to read you a statement about the Berkeley Police Department.

The Berkeley Police Department currently has a wide range of responsibilities, including enforcing traffic and parking laws, investigating traffic collisions, and handling property crimes. The City of Berkeley is considering moving **some** of those responsibilities to other City departments to be handled by unarmed public employees instead of police officers.

Do you support or oppose the idea of moving **some** police responsibilities to other City departments?

1 – Strongly oppose	9
2	3
3	4
4	7
5	10
6	15
7 – Strongly support	51
(Don't Know/Refused)	1
Mean	5.58

27INT. For each of the following activities, please indicate how important you feel it is that a police officer be responsible for handling it.

	Not important at all					Very important		(Don't know/ Refused)	Mean
SCALE:	1	2	3	4	5	6	7		
(RANDOMIZE)									
27.	Enforcing parking regulations and issuing parking tickets								
	51	18	11	7	6	3	5	0	2.25
28.	Enforcing routine moving vehicle violations and issuing traffic tickets								
	24	12	15	13	14	10	12	0	3.61
29.	Responding to and investigating traffic collisions with pedestrians, bicyclists, or other drivers								
	12	7	10	8	17	18	28	0	4.78
30.	Enforcing bicycle and pedestrian regulations and issuing tickets								
	35	20	13	11	9	3	8	0	2.81
31.	Responding to and investigating property crimes, including car theft and vandalism								
	7	4	5	10	17	19	38	0	5.36

(END RANDOMIZE)

32. The City of Berkeley is considering moving traffic enforcement responsibilities away from police officers, instead assigning these responsibilities to a specialized set of city employees who would not carry weapons or have the power to detain or arrest people. These employees would be trained and uniformed, and would conduct activities like issuing parking tickets, investigating collisions, enforcing traffic regulations, and conducting routine traffic stops.

Do you think this is a good idea or a bad idea?

1 – Very bad idea	7
2	5
3	5
4	8
5	13
6	17
7 – Very good idea	45
(Don't Know/Refused)	0
Mean	5.46

33.	Why do you say that? (OPEN ENDED, RESPONSES CODED INTO CATEGORIES)	
	Cops Not Needed/Don't Require Being Armed/Decreases Chances Of Escalation	37
	More Serious Crime/Police Needed Elsewhere/Priority	19
	Safety Concerns/Potential To Escalate/Inherent Risk/Dangerous	9
	Should Be Law Enforcement/Necessary Authority	9
	Alternative Solutions/Different Qualifications	8
	(Addresses Issues) Use Of Force /Abuse of Power/Mental Health	7
	Deescalates Tensions With Community/Address Racial Disparity In Law Enforcement	6
	Won't Be Armed/Ineffective/Taken Serious	5
	Agree With Some Of The Responsibilities Being Removed/Still Need Police Presence In some Cases	5
	It Would Work/I Agree With/Help Where Needed	4
	Feel Less Safe/Miss Potential Criminal Arrest	3
	Already Qualified/Trained/Experienced	2
	Eliminates Deterrents/Criminals Will Take Advantage	2
	Need More Info/Details/Don't Know How It Would Work	2
	More Bureaucracy/Don't Trust Government	1
	Waste of Money/Unnecessary/Cost	1
	Other	6
	Not Sure/Don't Know/No Opinion	2
	None/Nothing	0
	Refused/N/A	5

34INT. Please indicate how much you agree with each of the following statements.

	Strongly disagree			Strongly agree			(Don't know/ Refused)	Mean	
SCALE:	1	2	3	4	5	6	7		
(RANDOMIZE)									
34.	Police enforcement of traffic laws makes me feel safer as I get around Berkeley.								
	17	15	11	18	16	9	14	1	3.85
35.	Fear of being stopped by the police impacts how I get around Berkeley.								
	54	18	7	6	6	4	4	0	2.21
36.	I am afraid I could be treated unfairly based on my race if I were stopped by a police officer in Berkeley.								
	48	14	9	8	8	4	9	1	2.59
37.	I am afraid I could be physically harmed if I were stopped by a police officer in Berkeley.								
	43	19	11	8	8	6	5	0	2.58
38.	Automated traffic enforcement technology like red light or speeding cameras are better and less biased than police officers making traffic stops.								
	10	3	5	14	18	16	31	2	5.05
39.	Having police officers making traffic stops can lead to unsafe or violent encounters for people of color, particularly Black people.								
	8	5	5	11	17	14	39	2	5.25
40.	People of color, particularly Black people, are more likely than others to be stopped by police at traffic stops in Berkeley.								
	6	3	6	11	17	17	37	4	5.36

(END RANDOMIZE)

Finally, I'd like to ask you a few questions for statistical purposes only. Your answers will remain anonymous.

41INT. Have you, anyone in your family, or both you and a member of family ever...

SCALE:	Yes, myself	Yes, someone else in my family	Yes, both myself and someone else in my family	No	(Don't know/ Refused)
41.	42	5	30	22	1
42.	42	4	27	26	0
43.	37	9	28	26	0
44.	23	9	9	58	1
45.	28	8	20	42	1
46.	21	10	8	61	0
47.	24	5	14	54	3
48.	6	4	1	88	1
49.	3	1	1	93	2

50INT. Please indicate how often you currently use each of the following ways to get around Berkeley. If you're not sure, please take your best guess.

SCALE:	6 or 7 days a week	4 or 5 days a week	1 to 3 days a week	At least once a month	At least once every six months	At least once a year	Less often or never	(Don't Know/Refused)
50. Walk	48	19	24	6	0	0	3	0
51. Use a mobility device such as a walker, wheelchair, or mobility scooter	3	1	1	1	0	1	91	1
52. Ride AC Transit	2	5	13	13	10	12	45	0
53. Ride BART	1	4	17	29	18	11	21	1
54. Ride a bicycle	9	9	14	10	5	4	49	0
55. Drive a vehicle	34	22	21	5	2	1	14	0
56. Ride in a vehicle driven by someone you know, like a friend or family member	8	7	37	22	7	3	16	0
57. Ride in a Lyft, Uber, or taxi	0	1	9	23	21	14	31	0
58. Use East Bay Paratransit or the City of Berkeley's Senior or Disabled Van Service	1	1	1	1	1	0	95	1

59.	Which of the following do you have or have access to? (SELECT ALL THAT APPLY)	
	A Clipper card	84
	A working vehicle	81
	A working bicycle	56
	A ride hail account, like Lyft or Uber	73
	A car share account, like Gig or ZipCar	16
	A bike share account, like BayWheels or GoBike	10
60.	Do you...	
	Own or are buying the home where you live	44
	Rent or lease	46
	Live with family	7
	Have another housing arrangement	1
	Do not have stable housing	0
	(Refused)	1
61.	Are there any individuals under the age of 18 living in your household?	
	Yes	25
	No	75
	(Refused)	1
62.	What is the last grade you completed in school?	
	Some grade school	1
	Some high school	2
	Graduated high school	6
	Technical or Vocational school	1
	Some college, including a 2-year degree or a certificate	19
	Graduated college or 4-year degree (BA, Bachelor)	34
	Graduate or Professional Degree (MA, Master's, PhD, MBA, Doctorate)	36
	(Don't Know/Refused)	1
63.	What is your sexual orientation?	
	Straight or Heterosexual	77
	Gay or lesbian	4
	Bisexual	5
	Queer	4
	Questioning or unsure	1
	Another orientation (please specify: ____)	1
	(Refused)	7

64.	Do you consider yourself to be transgender?	
	Yes	2
	No	94
	(Refused)	4
65.	What was your total household income in 2020?	
	Less than \$50,000	24
	\$50,000-84,999	19
	\$85,000-149,99	19
	\$150K+	30
	(Refused)	9

THANK YOU!

DRAFT

Survey of City of Berkeley Residents Reimagining Policing Project

Initial Review of Results – 10/15/21



- ▶ Hybrid email-to-web/live telephone survey of adult City of Berkeley residents
- ▶ Survey conducted September 20-28, 2021
- ▶ 630 total respondents
- ▶ Oversamples among Black and Latinx residents to reach 100 respondents
- ▶ Weighted n = 550; overall margin of error ± 4.2 percentage points
- ▶ Interviews were conducted in English and Spanish by trained, professional interviewers; landlines and mobile phones included

Please note that due to rounding, some percentages may not add up to exactly 100%.

Preliminary Summary of Findings

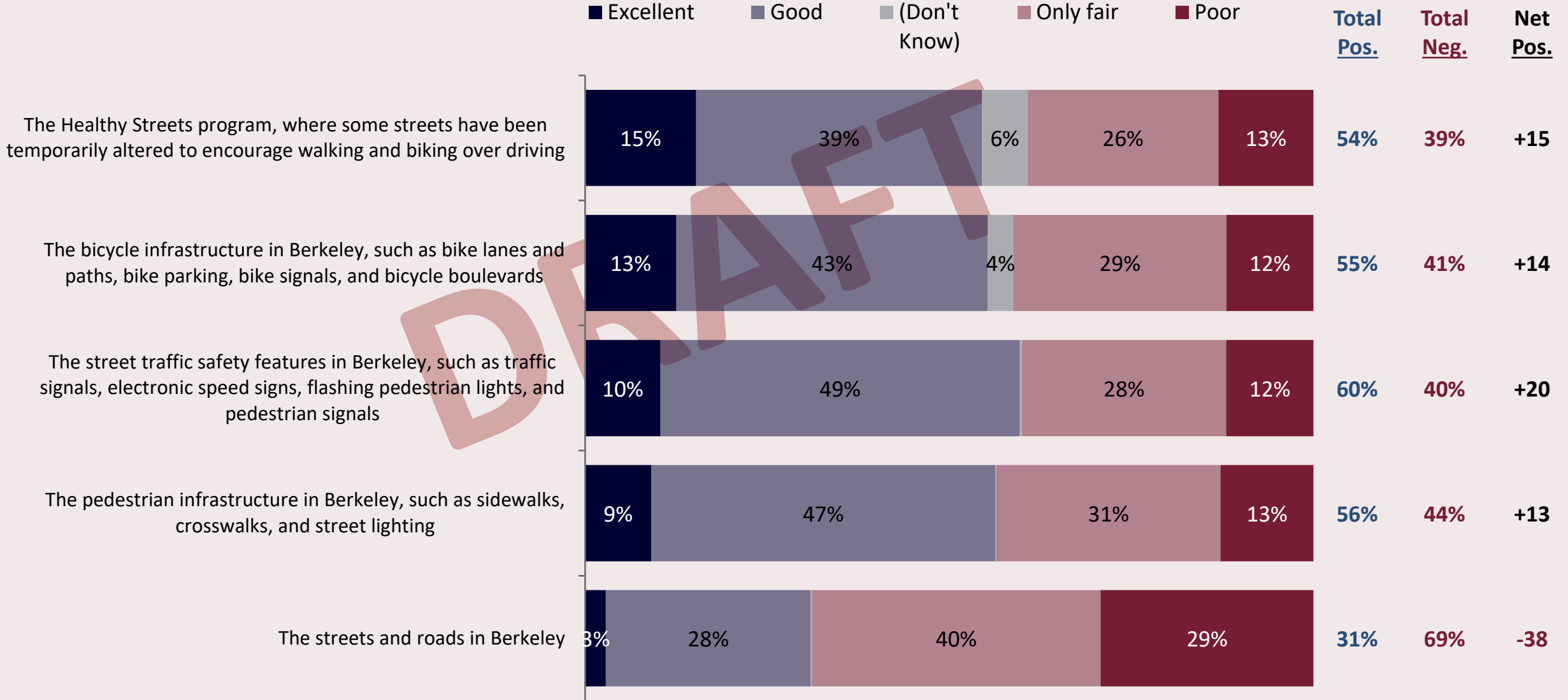
- ▶ A majority of Berkeley residents feel that getting around the City is easy, but many have concerns about safety, particularly outside of personal vehicles.
- ▶ Most feel positively about safety infrastructure for bikes and pedestrians in Berkeley, but they are less satisfied with streets and roads. There is an appetite for allocating more transportation money to historically underfunded neighborhoods.
- ▶ While most feel welcome in the Berkeley community, about one third worry about being harassed or assaulted by community members.
- ▶ A majority are open to the idea of moving some responsibilities out of the police department to other city departments, particularly parking enforcement, bike/ped enforcement, and traffic enforcement. Support is consistent across racial groupings, and particularly strong among LGBTQ populations.
- ▶ Many believe police making traffic stops can lead to unsafe encounters, and that people of color are more likely to be stopped than others. These perceptions are present across racial groups.
- ▶ One in five worry about being harmed or treated unfairly during a stop. People of color, especially Black people, are particularly concerned about potential harm by police due to their race.
- ▶ Nearly half have been impacted (themselves or their family) by mistreatment by someone in the community, but many fewer have been mistreated by police or other city employees.

Statistical Information on Subgroups

Subgroup	Weighted Frequency	Unweighted n	Margin of Error
Men	48%	293	±5.7 percentage points
Women	50%	326	±5.4 percentage points
White	68%	419	±4.8 percentage points
Hispanic	12%	100	±9.8 percentage points
Black	9%	100	±9.8 percentage points
Asian	18%	77	±11.2 percentage points
Other	9%	59	±12.8 percentage points
POC	34%	225	±6.5 percentage points
Non-POC	66%	405	±4.9 percentage points
LGBTQ	16%	92	±10.2 percentage points
Non-LGBTQ	84%	538	±4.2 percentage points

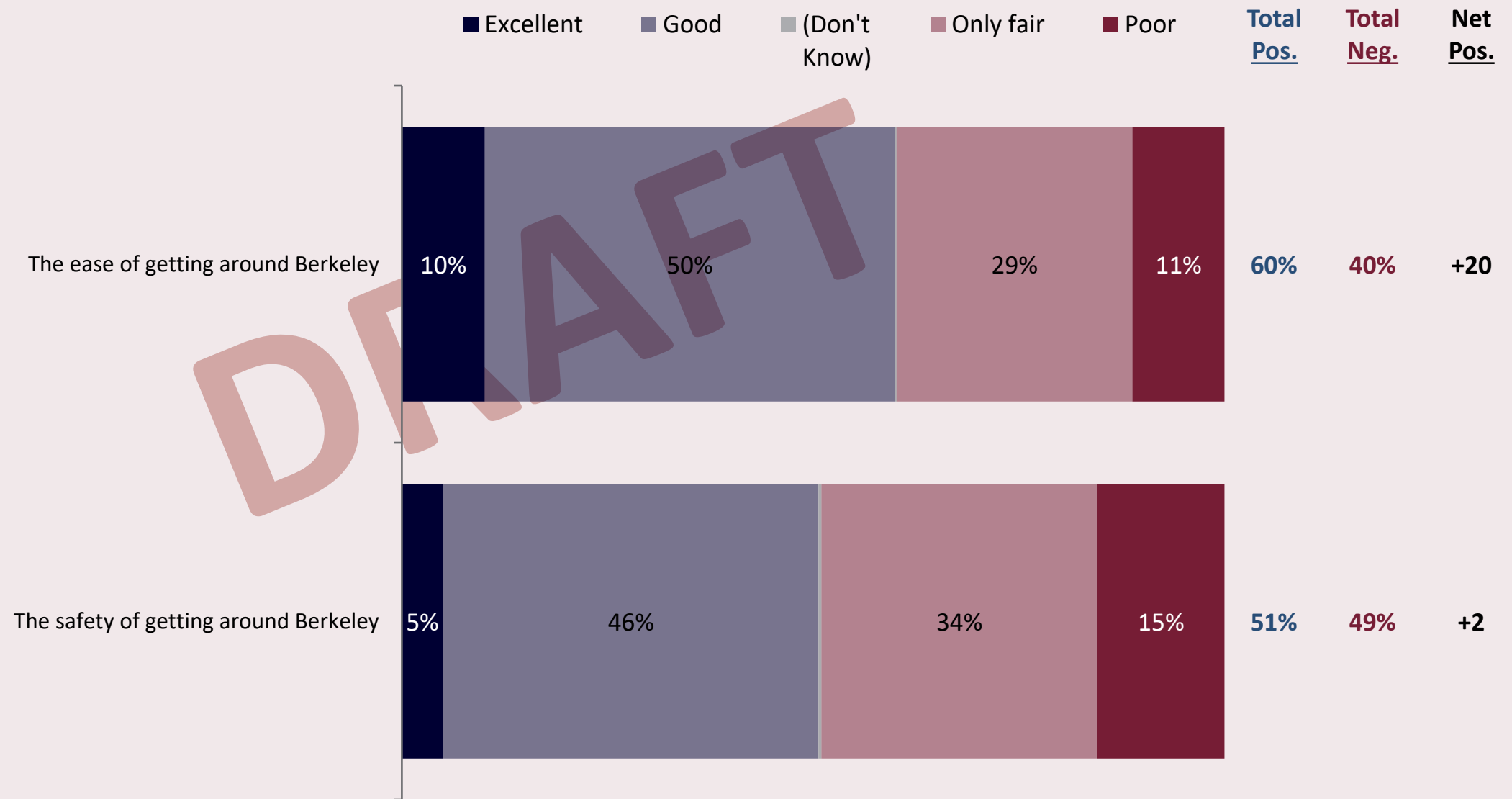
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Transportation and Infrastructure Ratings



Q6-Q12. I'm going to read you a list about different aspects of transportation around Berkeley. After each one, please tell me whether you'd rate that aspect as poor, only fair, good, or excellent.

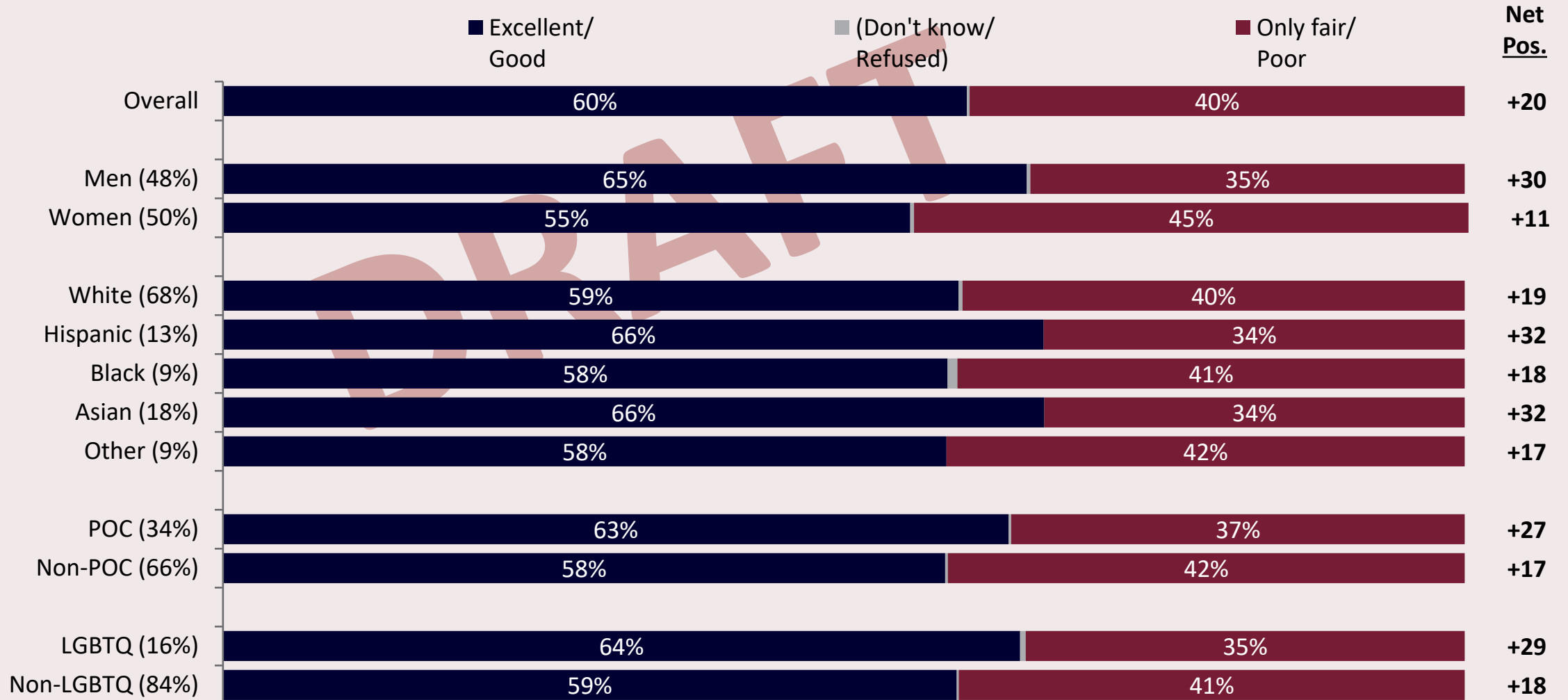
Transportation Ease and Safety Ratings



Q6-Q12. I'm going to read you a list about different aspects of transportation around Berkeley. After each one, please tell me whether you'd rate that aspect as poor, only fair, good, or excellent.

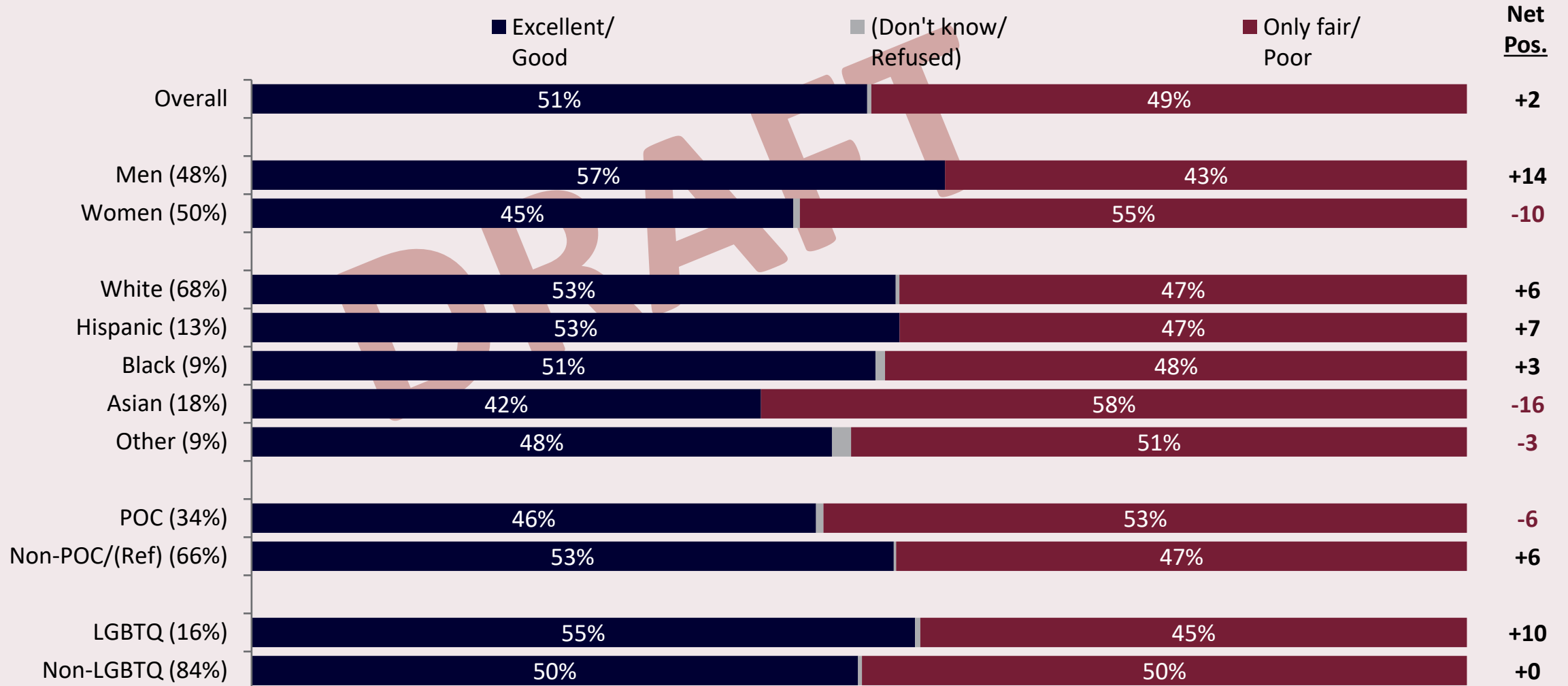
Ease of Transportation - Subgroups

How would you rate the ease of getting around Berkeley?

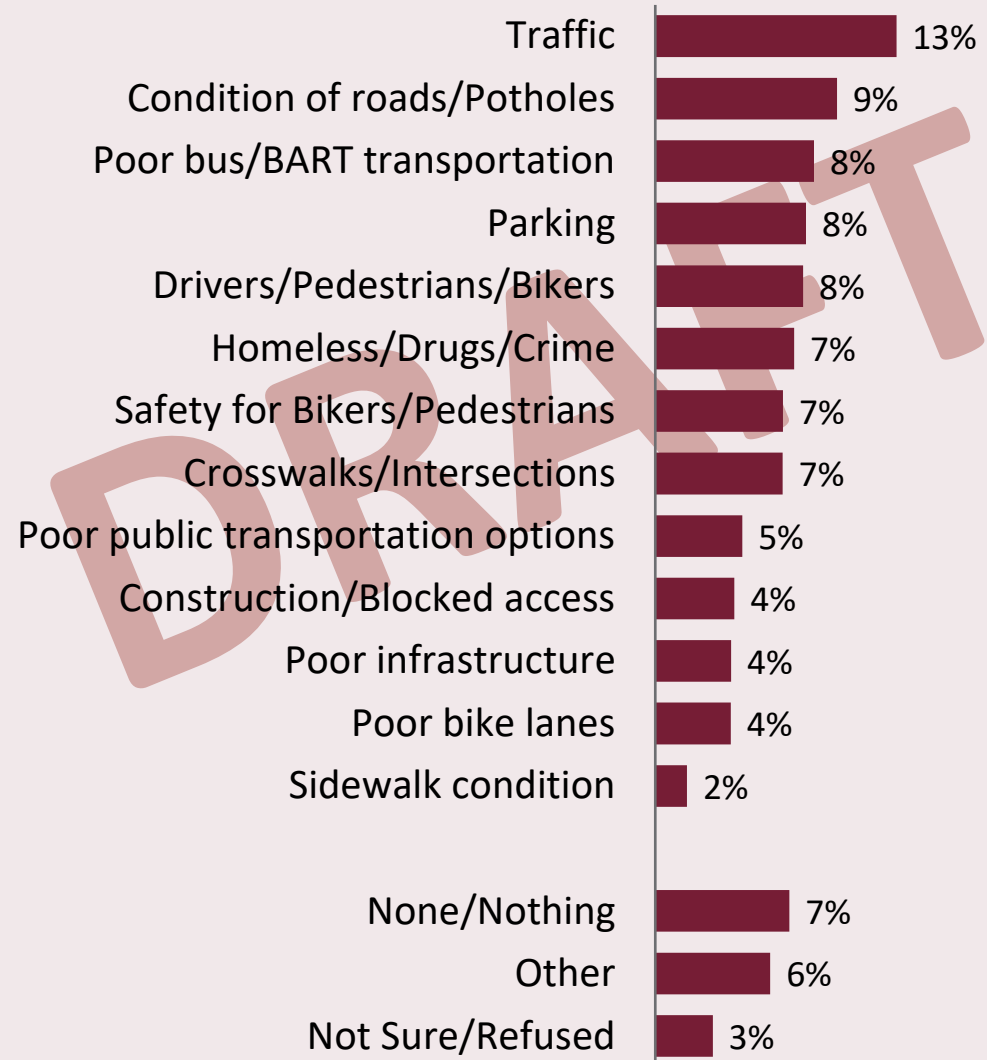


Safety of Transportation - Subgroups

How would you rate the safety of getting around Berkeley?

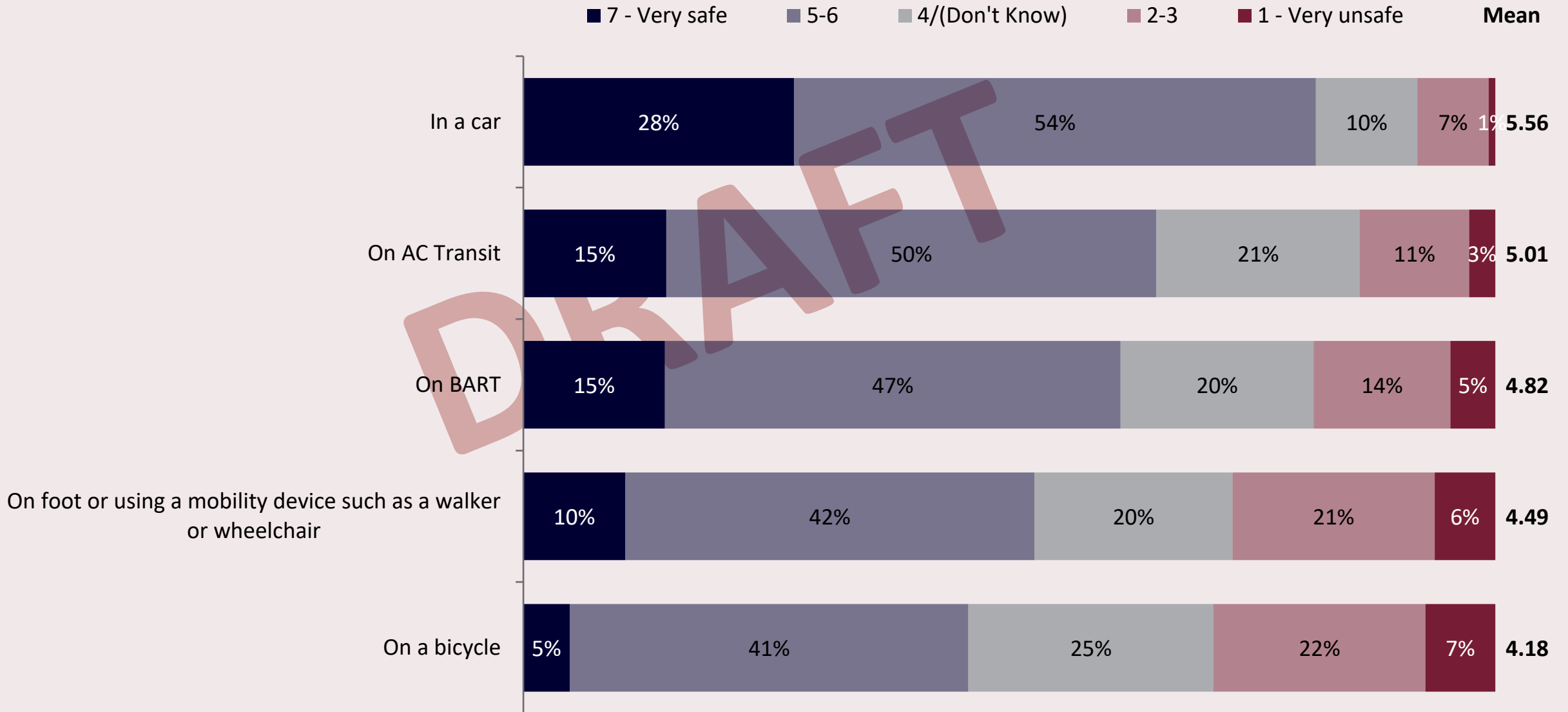


Transportation Challenges



Q13. What are the biggest challenges you and/or your family face in getting around Berkeley? (Open ended, multiple responses accepted)

Transportation Safety Perceptions



Q14-Q18. I'm going to read you a list of transportation methods to get around Berkeley. For each one, please rate how safe you feel traveling around Berkeley using that transportation method.

Areas Where You Feel Unsafe

Are there particular locations, areas, or neighborhoods that you feel unsafe in?	%
Downtown	18
West Berkeley	10
South Berkeley	9
Southside	8
Gilman	2
UC Berkeley	2
Berkeley Hills	1
Busy street	5
Night time	3
More than one place	3
Homeless encampments	3
None	31
Other	7
Don't know	1

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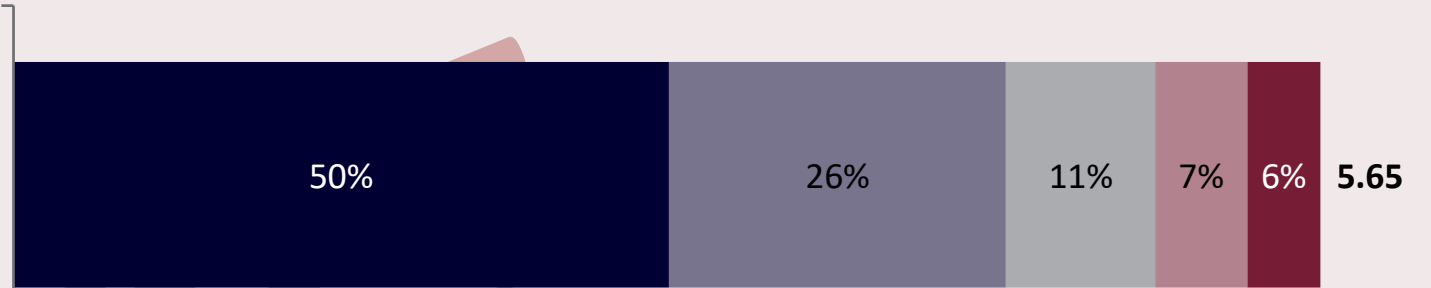
Q19. Thinking about places you visit or travel to in Berkeley, are there particular locations, areas, or neighborhoods that you feel unsafe in?
 Note: this was an open-ended question.

Perceptions of Community Accessibility and Equity

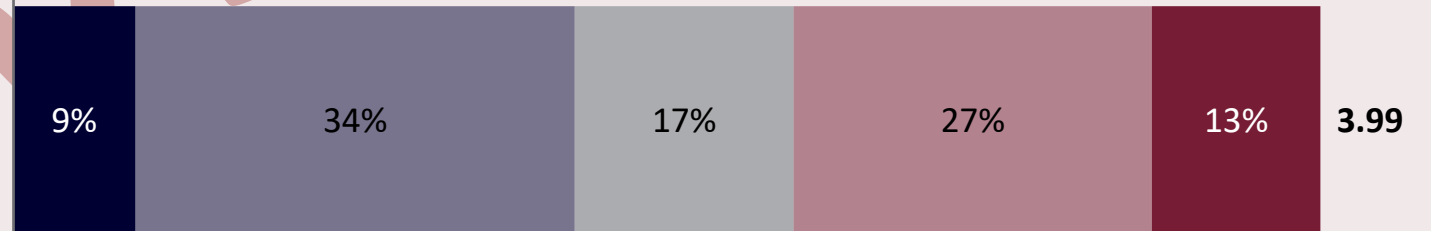


7 - Strongly agree
 5-6
 4/(Don't Know)
 2-3
 1 - Strongly disagree
 Mean

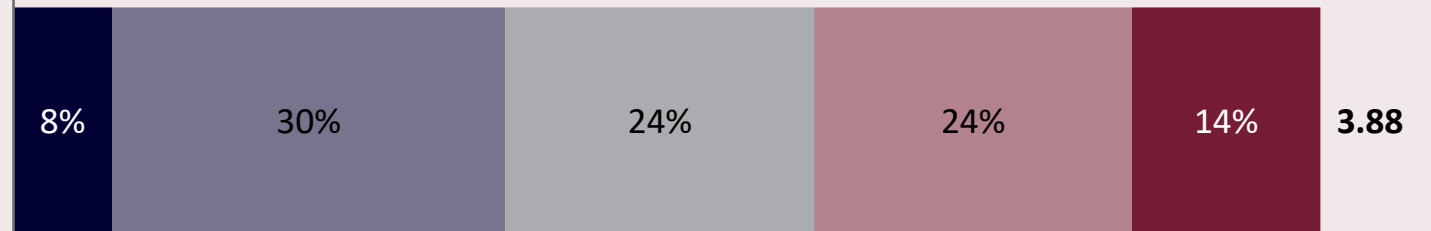
The City of Berkeley should allocate more money for transportation improvements to lower-income neighborhoods and communities of color that have historically been underfunded



People drive safely in my neighborhood

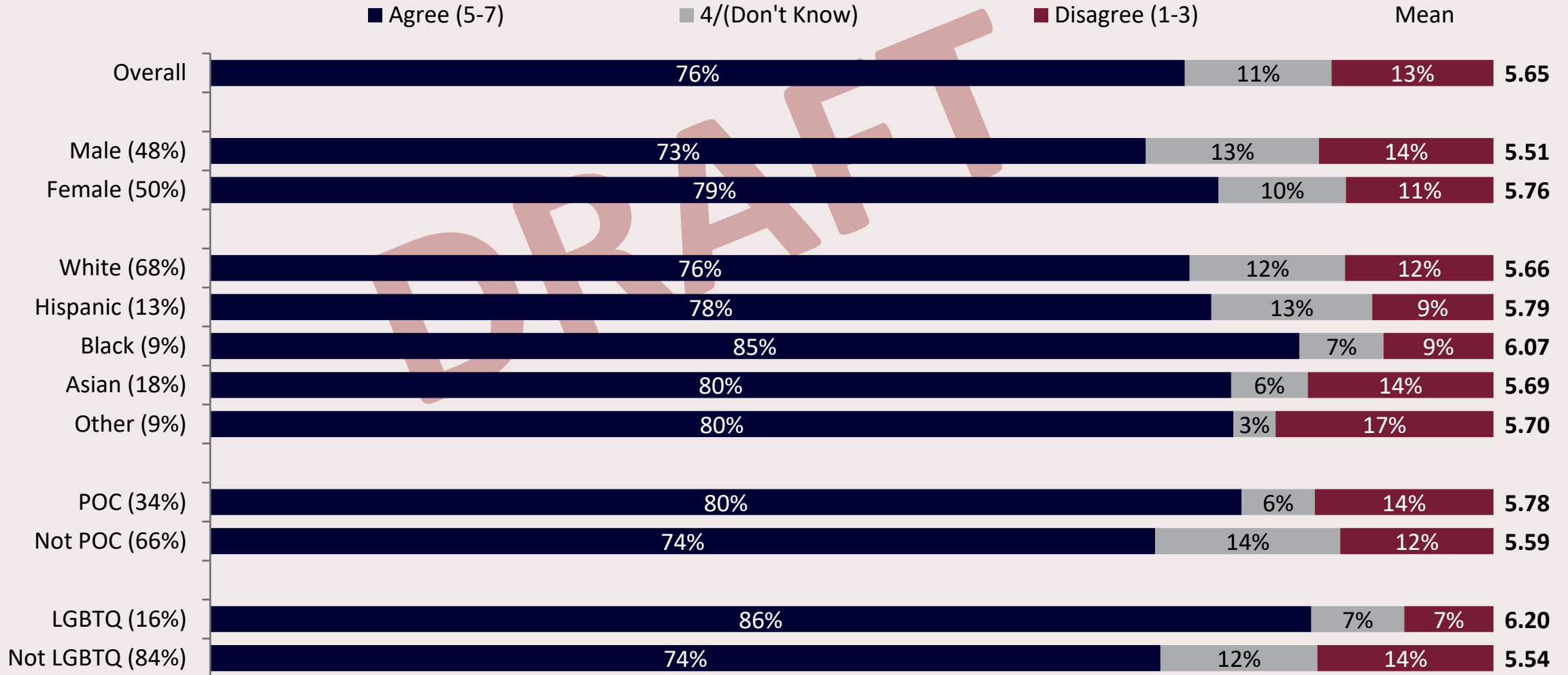


There are enough bus shelters, benches, and other safe places to rest or wait for the bus in my neighborhood



Transportation Allocation by Subgroups

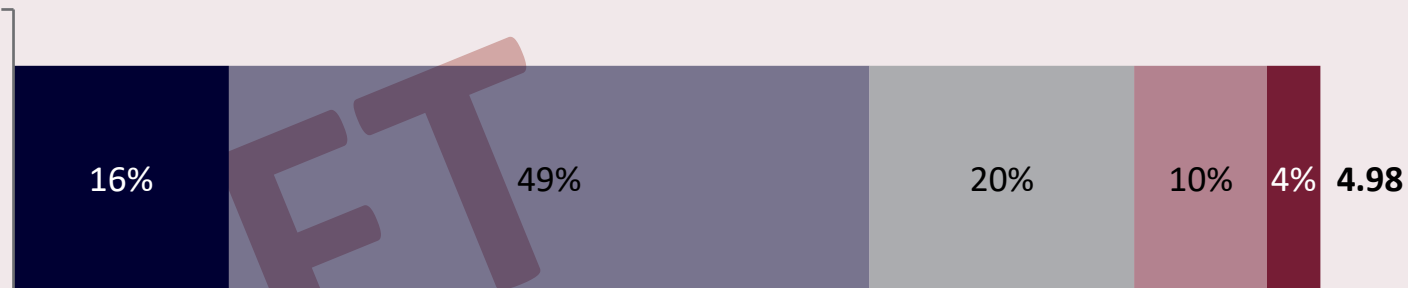
The City of Berkeley should allocate more money for transportation improvements to lower-income neighborhoods and communities of color that have historically been underfunded.



Perceptions of Community Interactions

■ 7 - Strongly agree ■ 5-6 ■ 4/(Don't Know) ■ 2-3 ■ 1 - Strongly disagree Mean

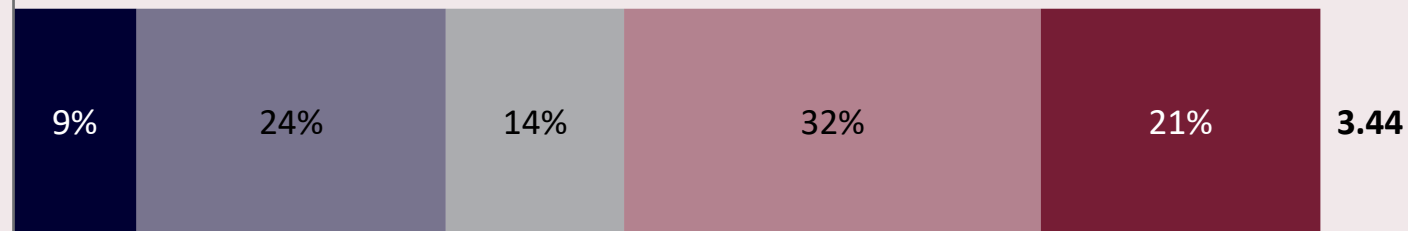
I feel like I am welcomed by other members of the community when I am out and about in Berkeley



I worry about being physically or verbally assaulted by other Berkeley community members when I'm out and about in Berkeley



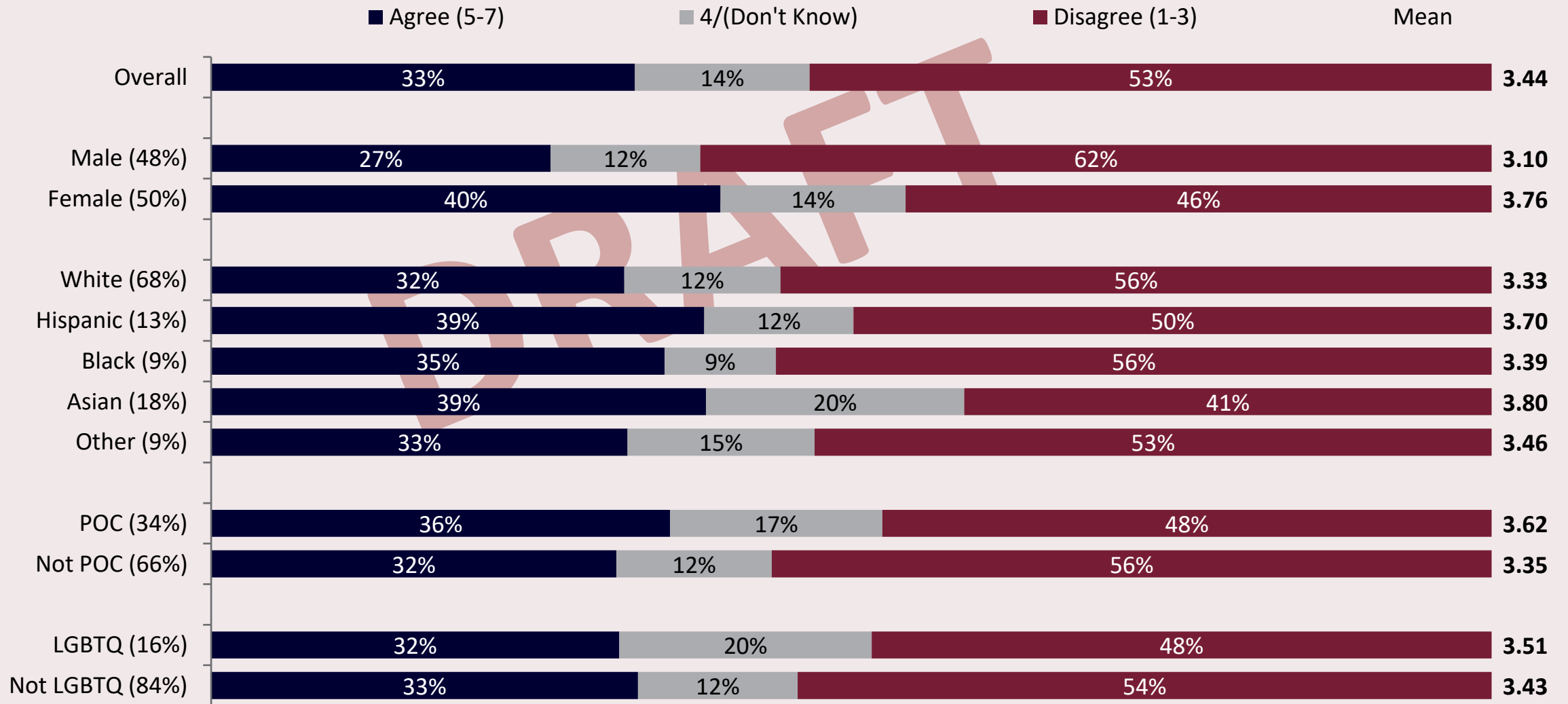
I worry about being harassed by other Berkeley community members when I'm out and about in Berkeley



Worry About Harassment by Community - Subgroups



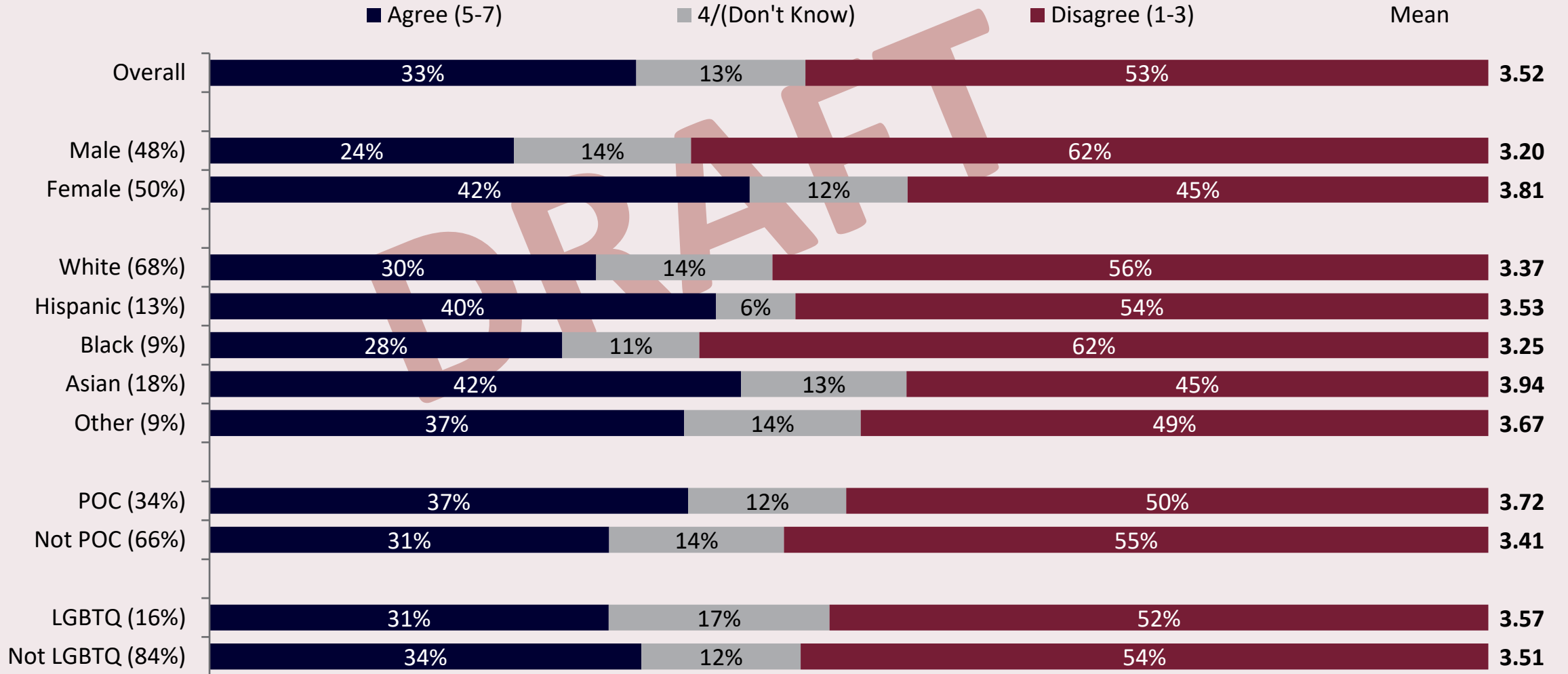
I worry about being harassed by other Berkeley community members when I'm out and about in Berkeley.



Worry About Assault by Community - Subgroups

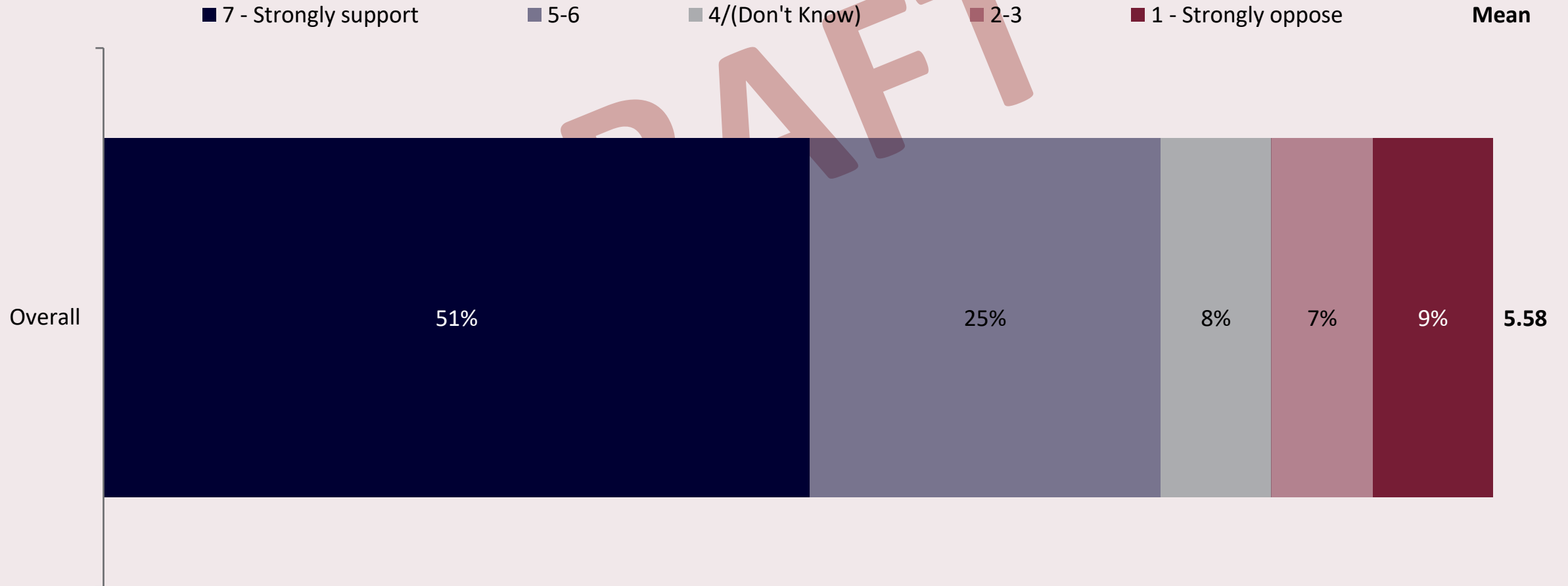


I worry about being physically or verbally assaulted by other Berkeley community members when I'm out and about in Berkeley.



Support for Moving Police Responsibilities

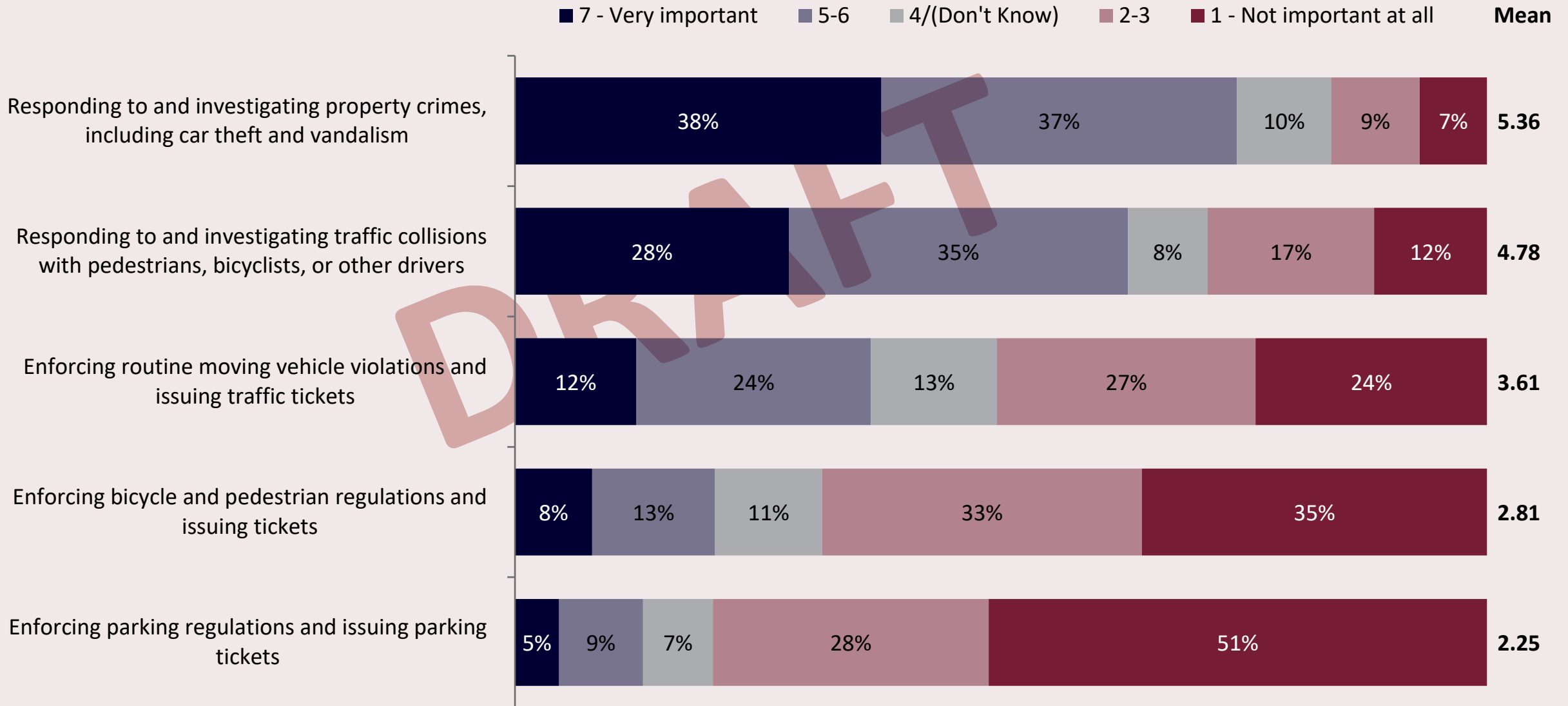
The Berkeley Police Department currently has a wide range of responsibilities, including enforcing traffic and parking laws, investigating traffic collisions, and handling property crimes. The City of Berkeley is considering moving **some** of those responsibilities to other City departments to be handled by unarmed public employees instead of police officers.



Support for Moving Police Responsibilities - Subgroups



Importance of Police Handling

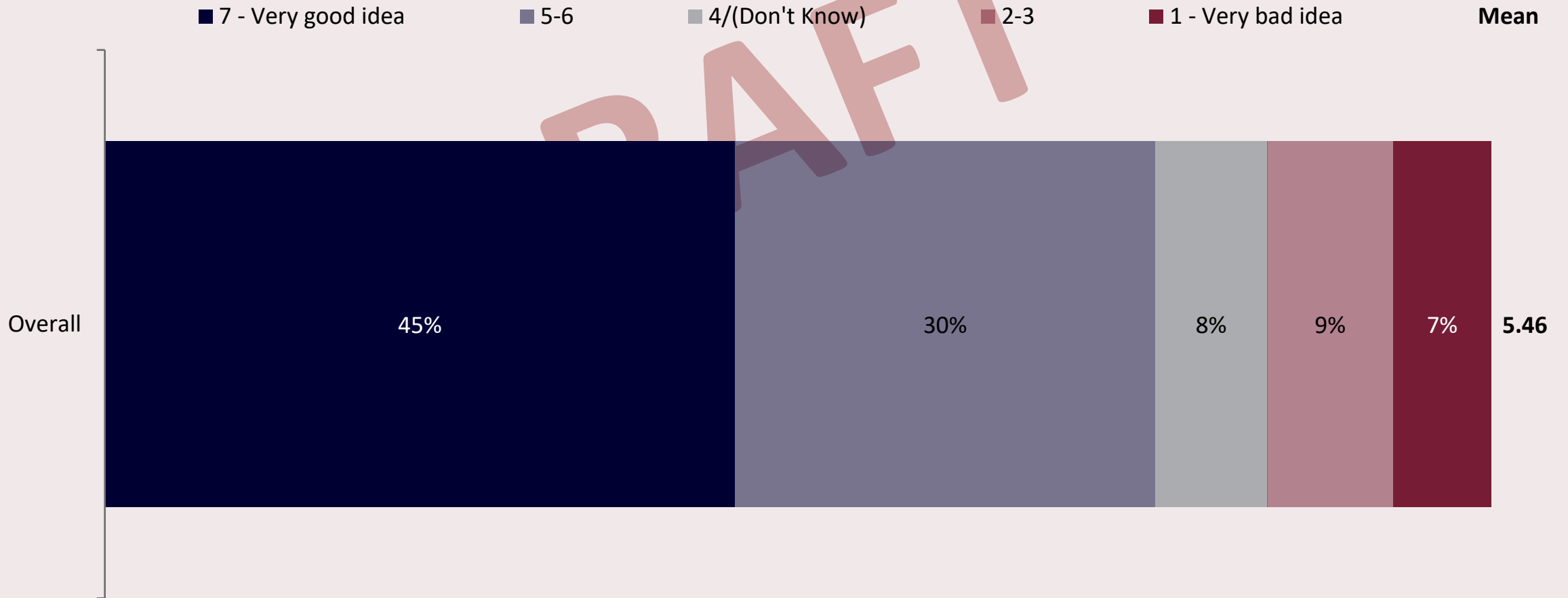


Q27-Q31. I'm going to read you a list of activities that a police officer could be responsible for handling. After each one, please tell me how important you think it is for a police officer to handle that situation.

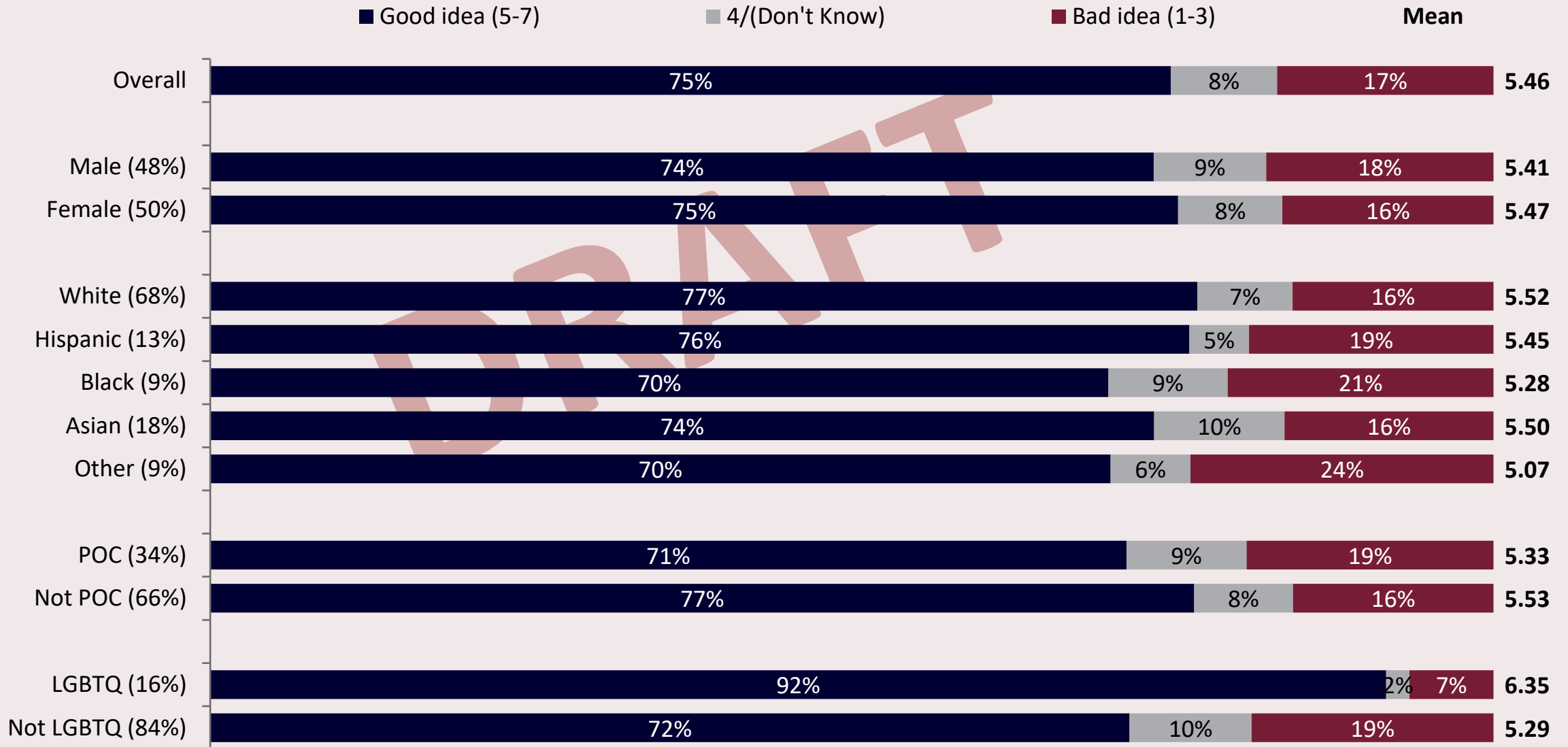
Support for Moving Traffic Enforcement Away from Police



The City of Berkeley is considering moving traffic enforcement responsibilities away from police officers, instead assigning these responsibilities to a specialized set of city employees who would not carry weapons or have the power to detain or arrest people. These employees would be trained and uniformed, and would conduct activities like issuing parking tickets, investigating collisions, enforcing traffic regulations, and conducting routine traffic stops.



Support for Moving Traffic Enforcement Away from Police - Subgroups



Reasons for Support for Moving Traffic Enforcement Away from Police

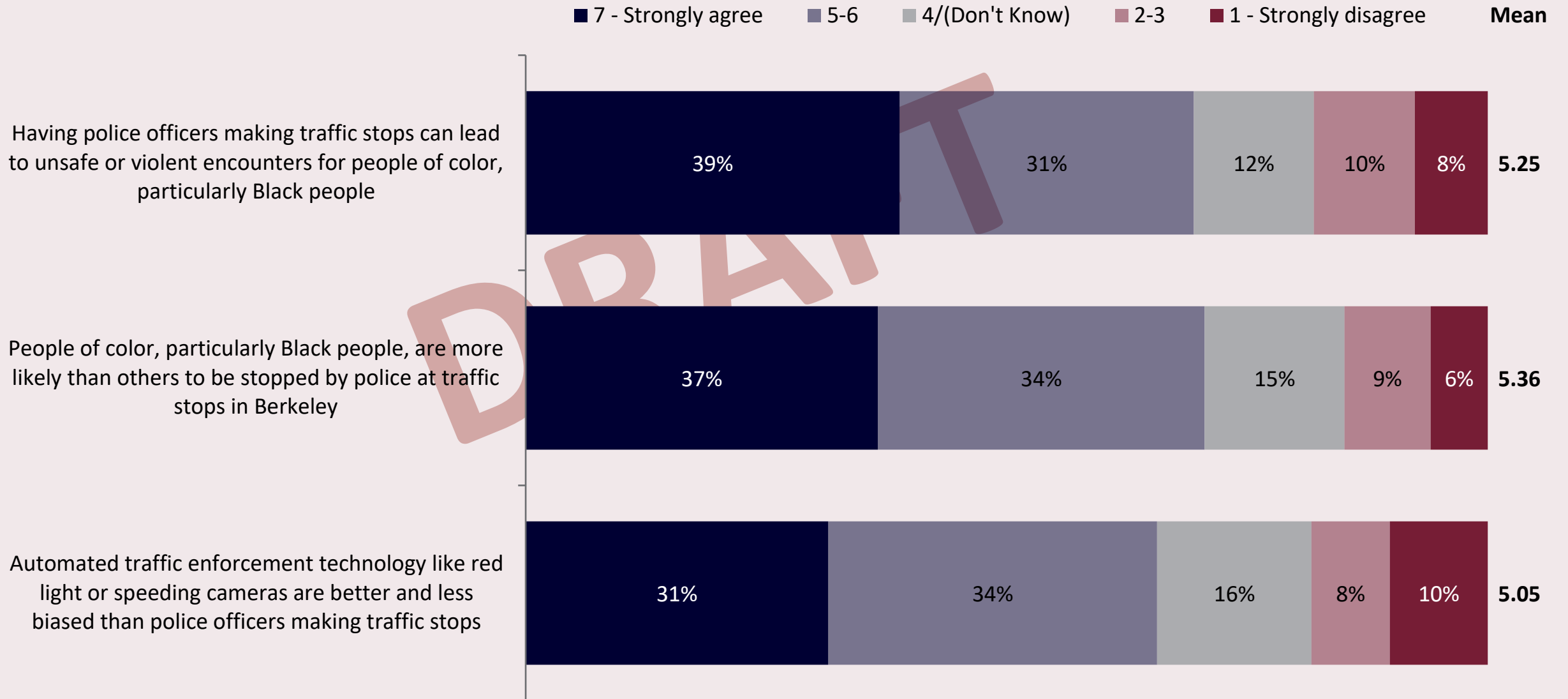


Why do you feel moving traffic enforcement responsibilities away from police officers is a good or bad idea?	%
Cops Not Needed/Don't Require Being Armed/Decreases Chances Of Escalation	37%
More Serious Crime/Police Needed Elsewhere/Priority	19%
Safety Concerns/Potential To Escalate/Inherent Risk/Dangerous	9%
Should Be Law Enforcement/Necessary Authority	9%
Alternative Solutions/Different Qualifications	8%
(Addresses Issues) Use Of Force /Abuse of Power/Mental Health	7%
Deescalates Tensions With Community/Address Racial Disparity In Law Enforcement	6%
Won't Be Armed/Ineffective/Taken Serious	5%
Agree With Some Of The Responsibilities Being Removed/Still Need Police Presence In some Cases	5%
It Would Work/I Agree With/Help Where Needed	4%
Feel Less Safe/Miss Potential Criminal Arrest	3%
Already Qualified/Trained/Experienced	2%
Eliminates Deterrents/Criminals Will Take Advantage	2%
Need More Info/Details/Don't Know How It Would Work	2%
More Bureaucracy/Don't Trust Government	1%
Waste of Money/Unnecessary/Cost	1%
Other	6%
Not Sure/None/Refused	7%

DRAFT

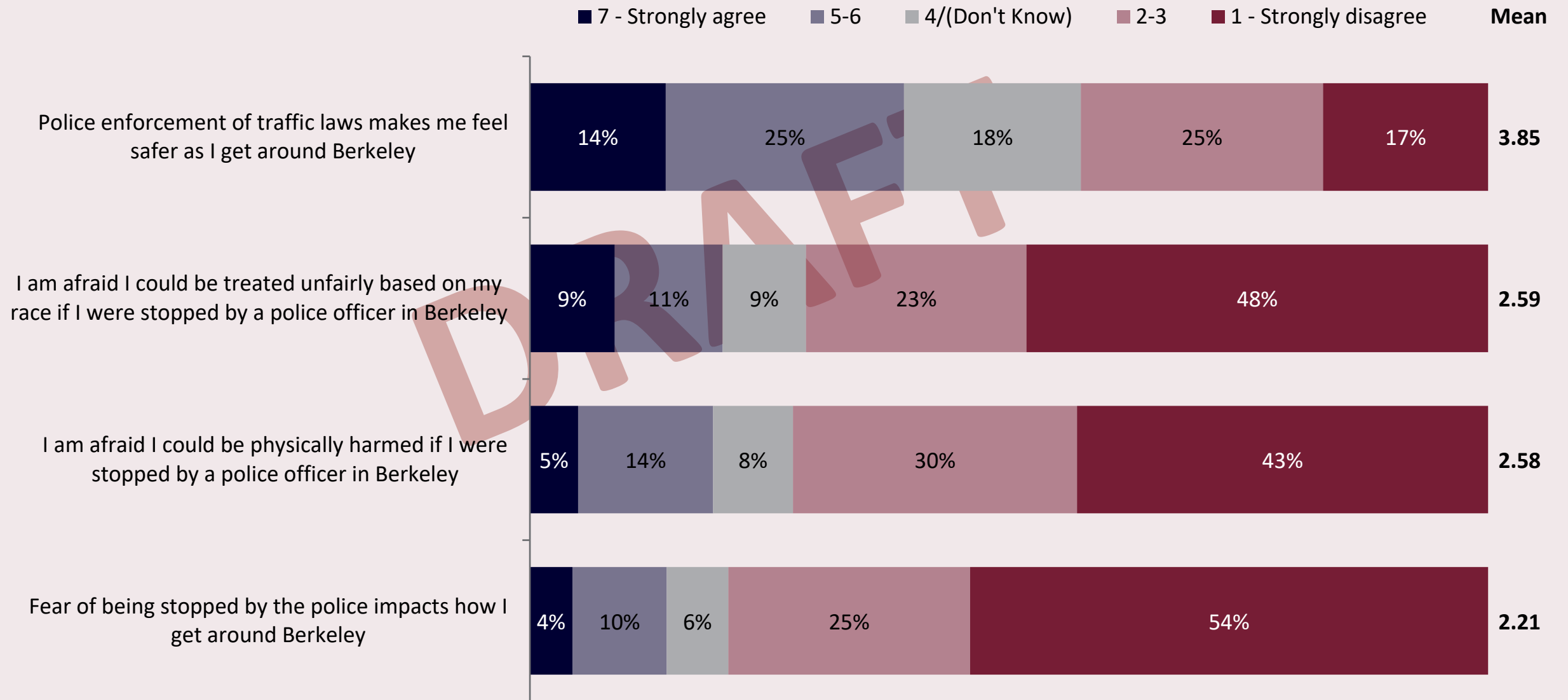
Q33. The City of Berkeley is considering moving traffic enforcement responsibilities away from police officers... Why do you say this is a good idea or a bad idea? (Open ended)

Perceptions of Policing



Q34-Q40. I'm going to read you another list of statements. For each one, please tell me whether you agree or disagree.

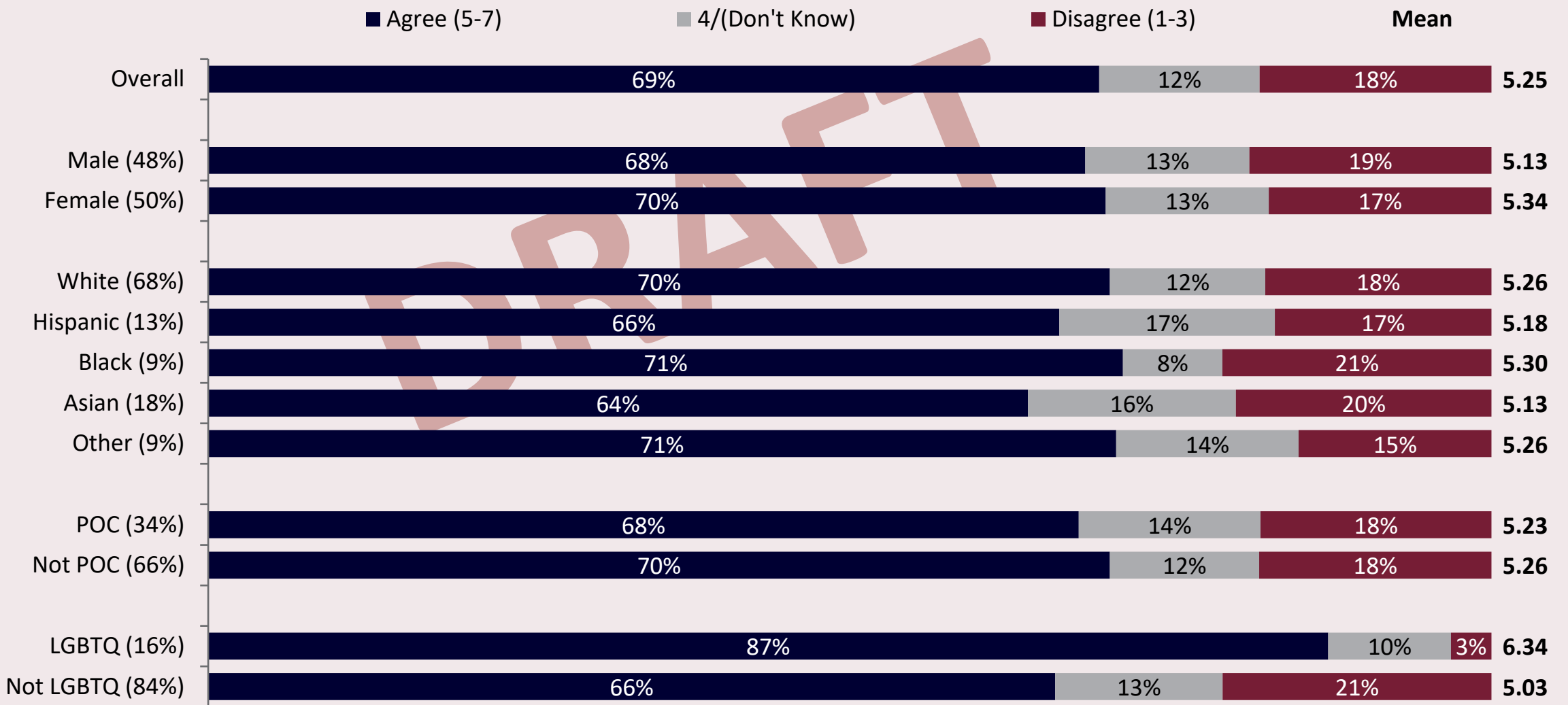
Perceptions of Policing, continued



Q34-Q40. I'm going to read you another list of statements. For each one, please tell me whether you agree or disagree.

Police Making Traffic Stops Leads to Unsafe Encounters - Subgroups

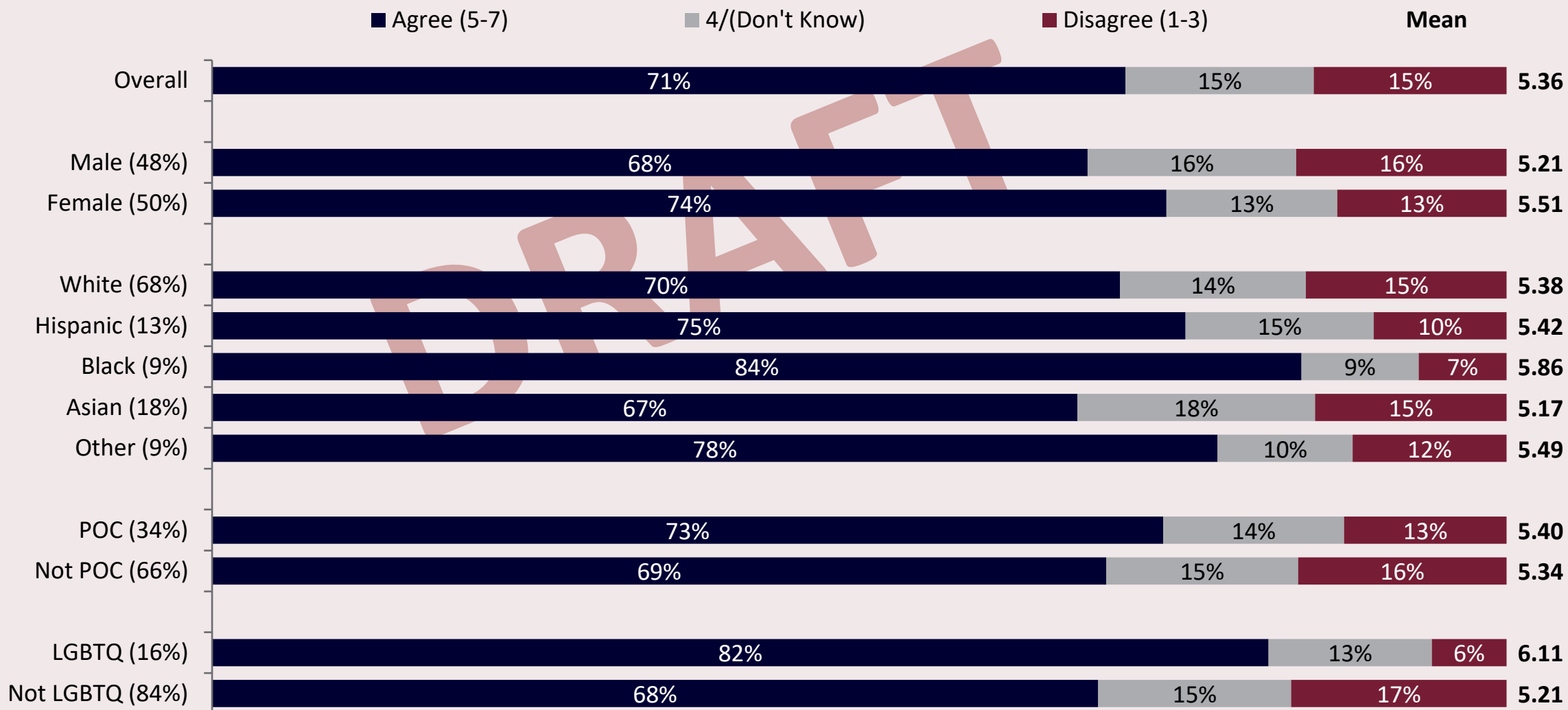
Having police officers making traffic stops can lead to unsafe or violent encounters for people of color, particularly Black people.



POC More Likely to Be Stopped - Subgroups



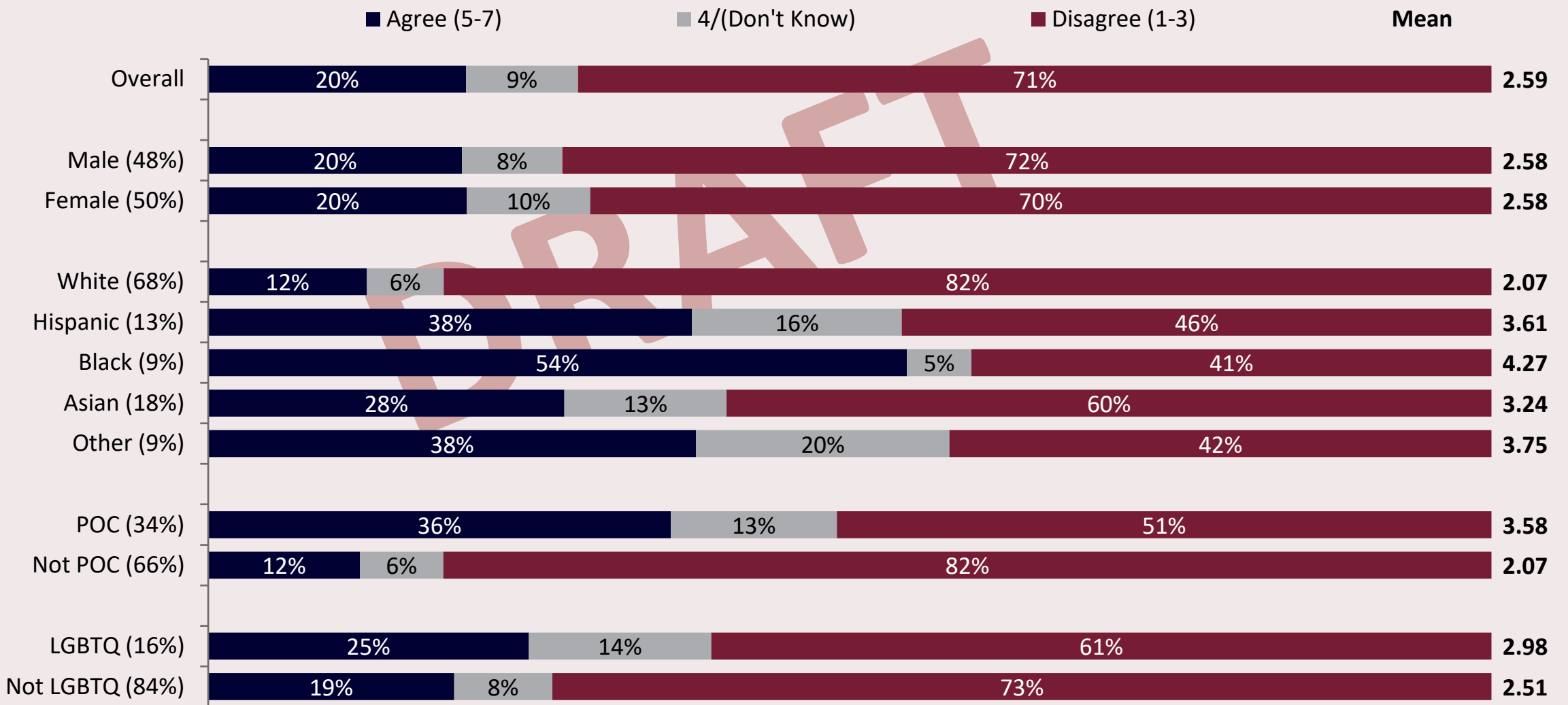
People of color, particularly Black people, are more likely than others to be stopped by police at traffic stops in Berkeley.



Fear of Unfair Treatment Based on Race - Subgroups

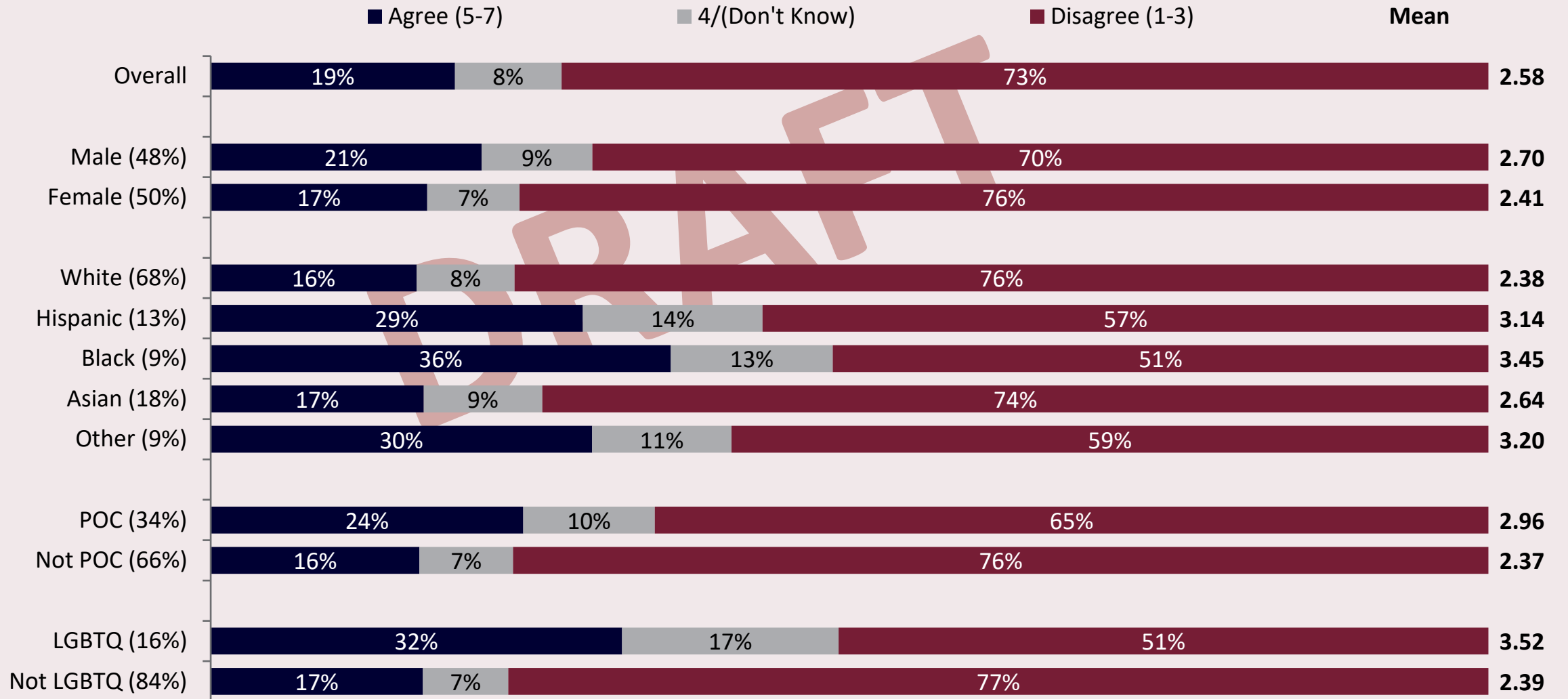


I am afraid I could be treated unfairly based on my race if I were stopped by a police officer in Berkeley.

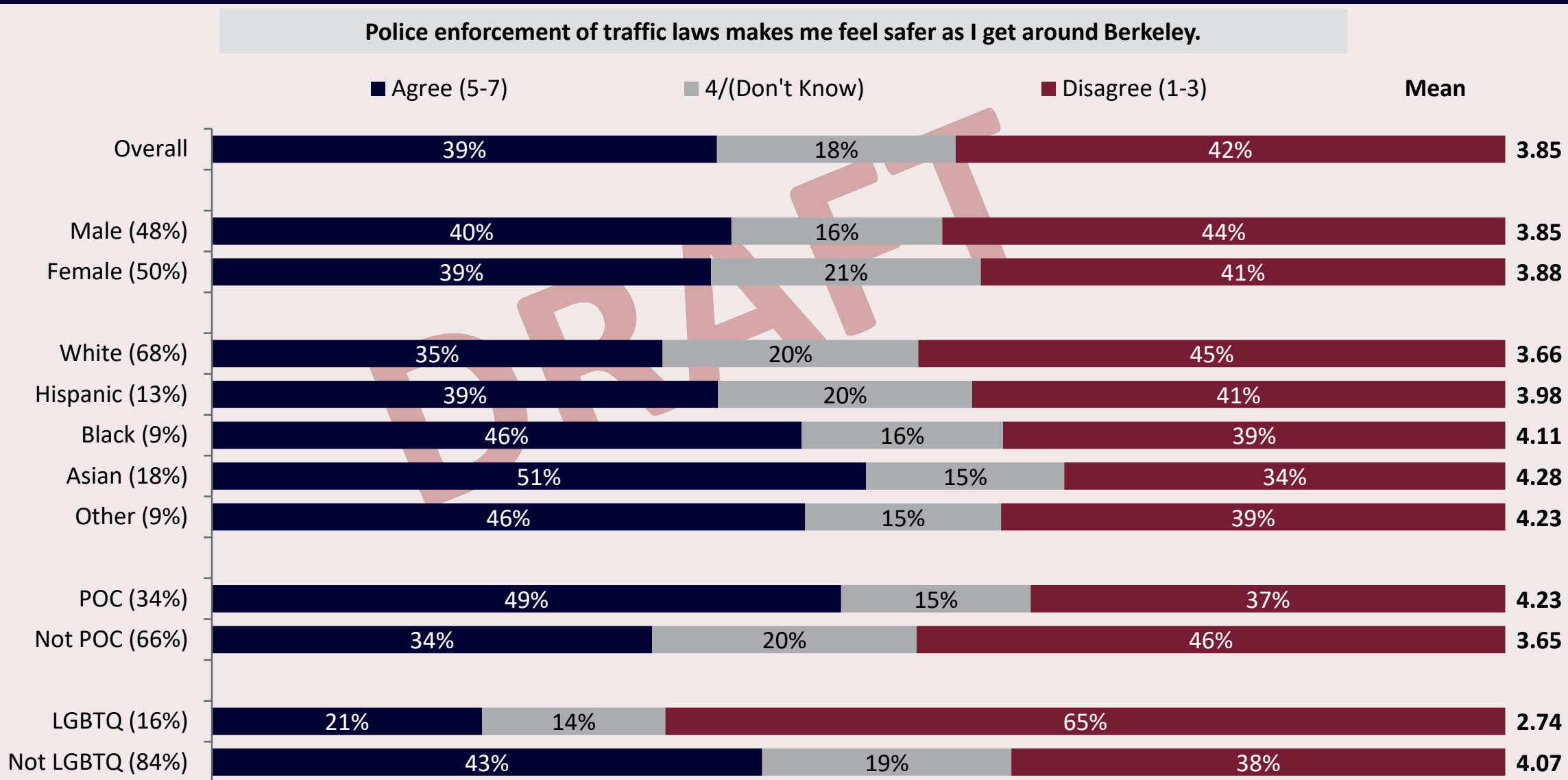


Fear of Physical Harm by Police - Subgroups

I am afraid I could be physically harmed if I were stopped by a police officer in Berkeley.

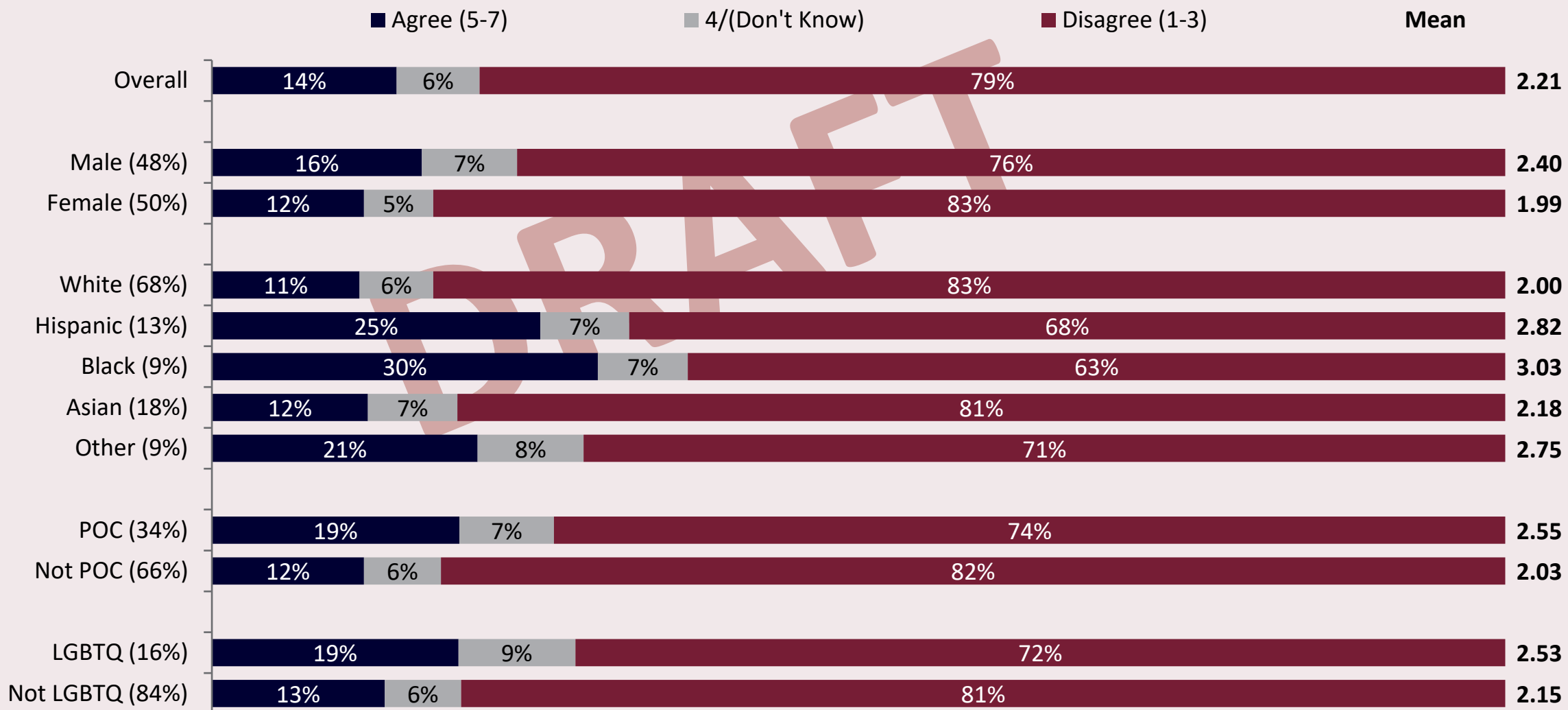


Police Enforcement of Traffic Laws - Subgroups



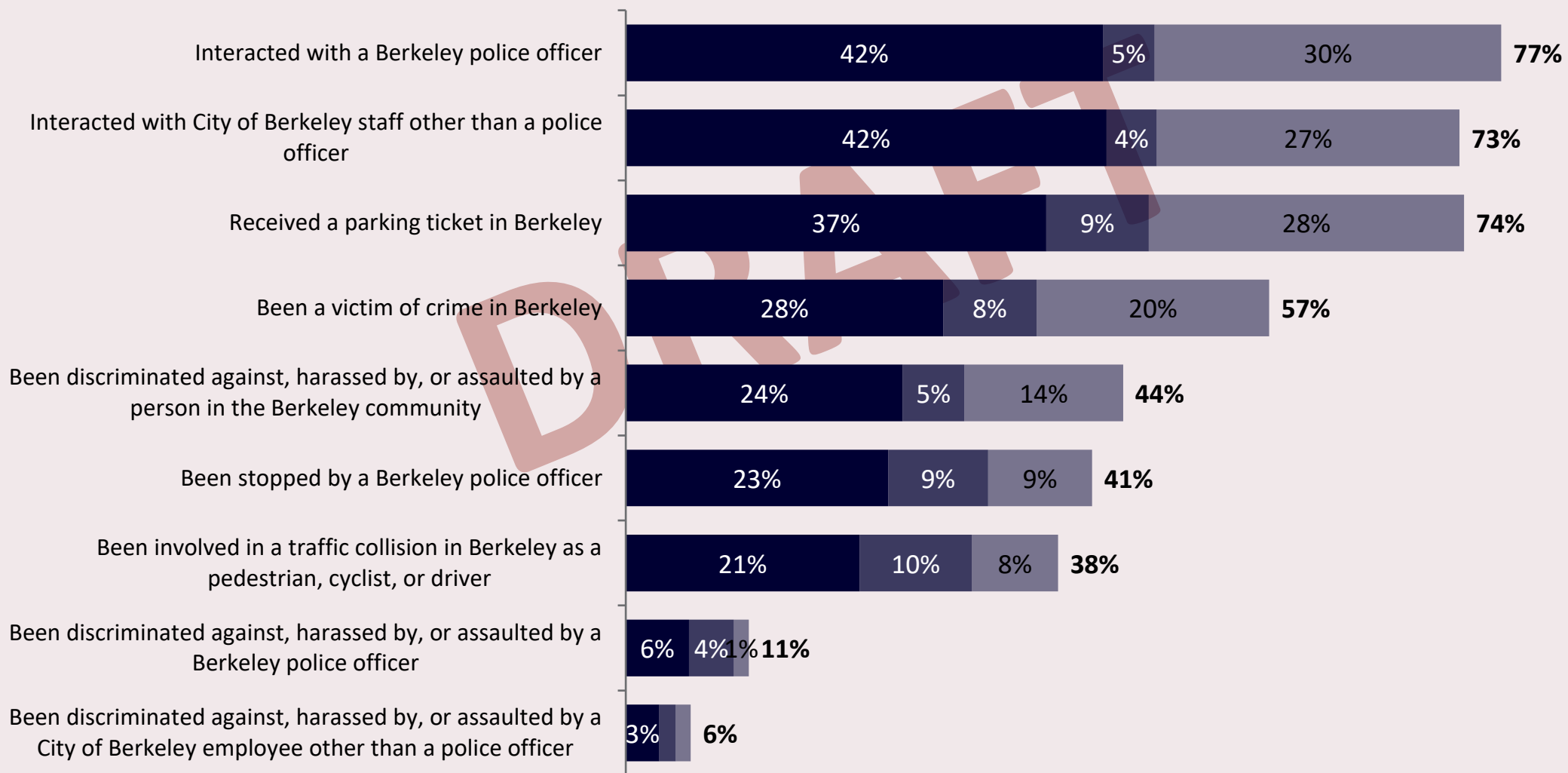
Fear of Police Impacts How I Get Around - Subgroups

Fear of being stopped by the police impacts how I get around Berkeley.



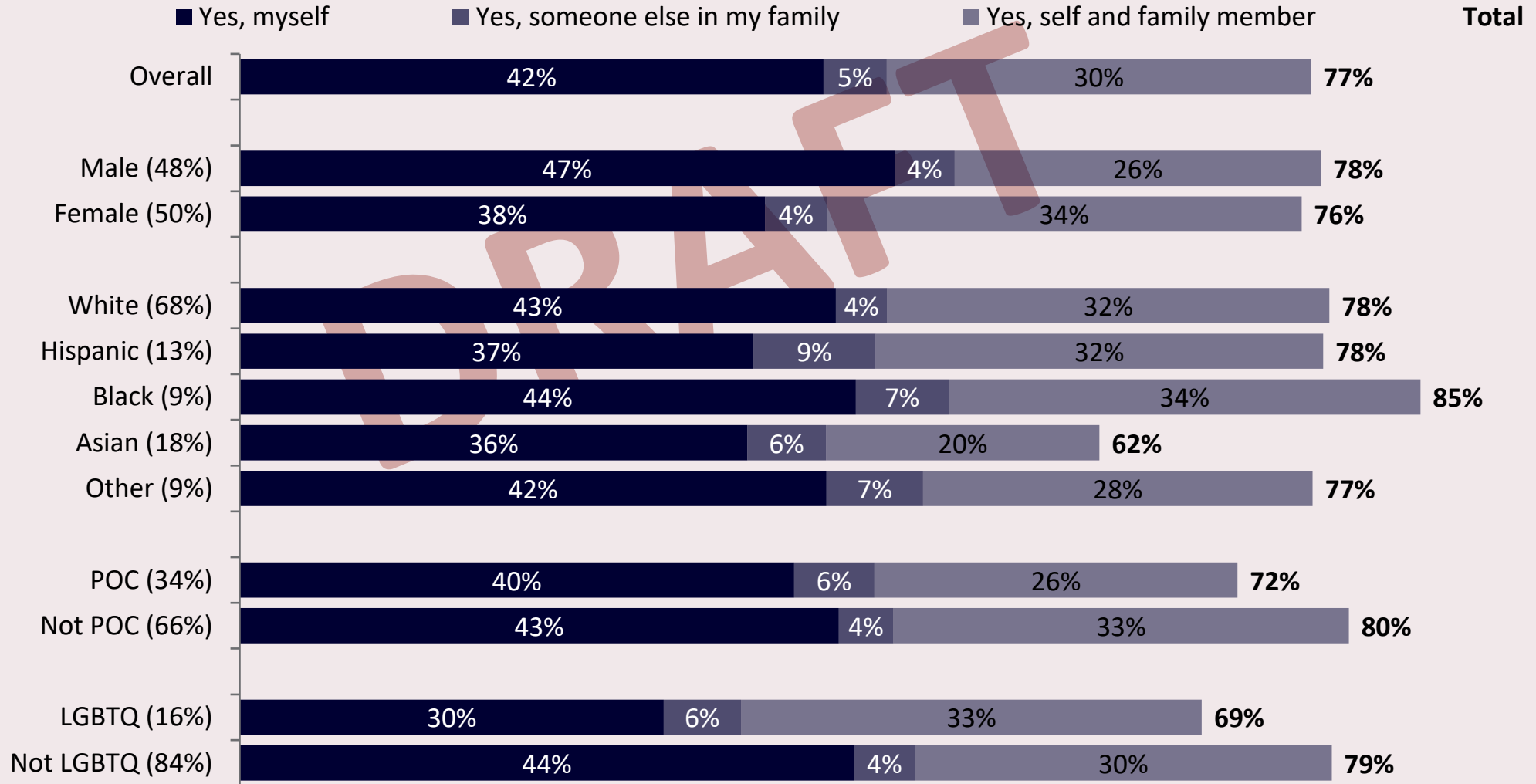
Self-Reported Interactions

Yes, myself
 Yes, someone else in my family
 Yes, self and family member
 Total



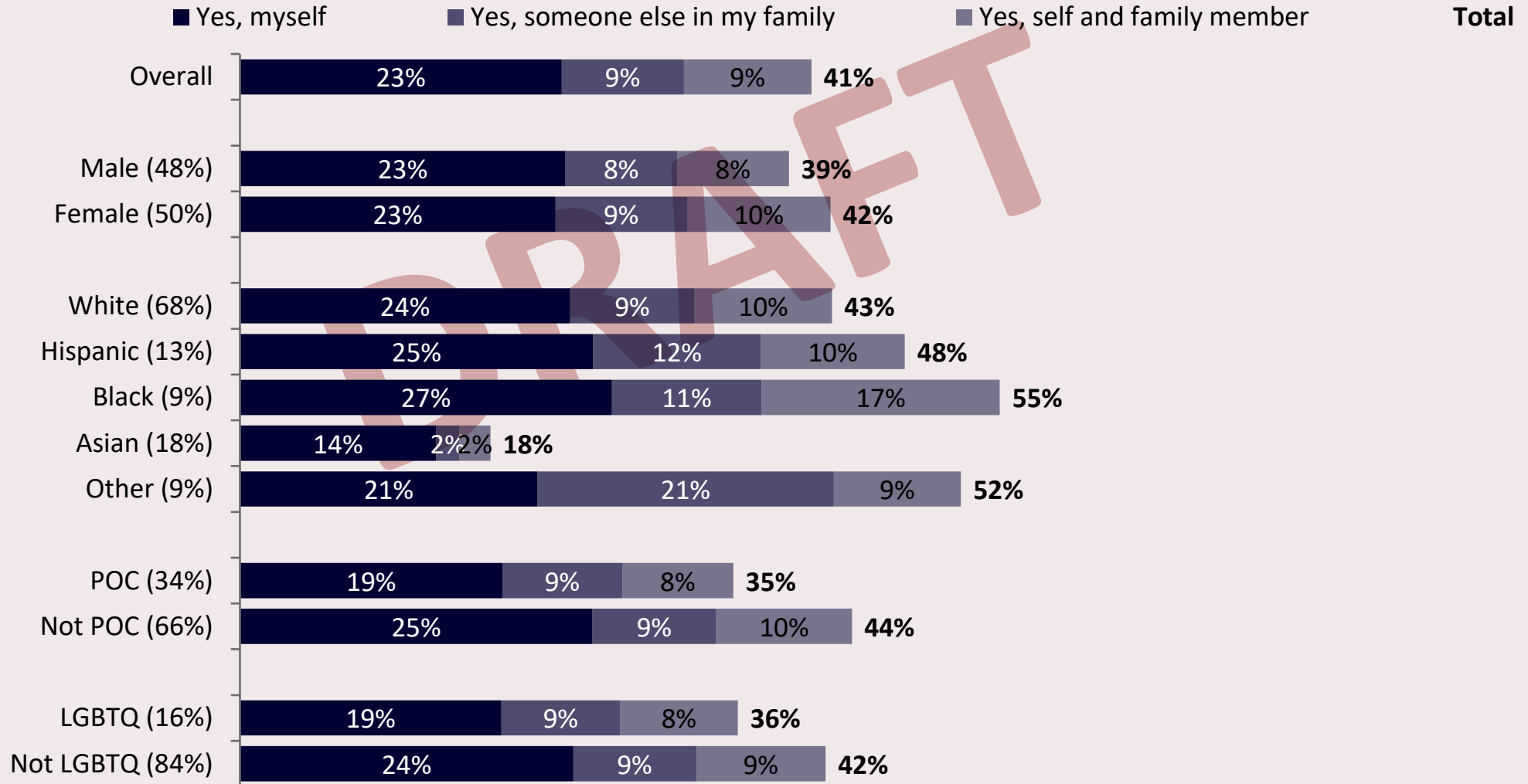
Police Interactions

Interacted with a Berkeley police officer

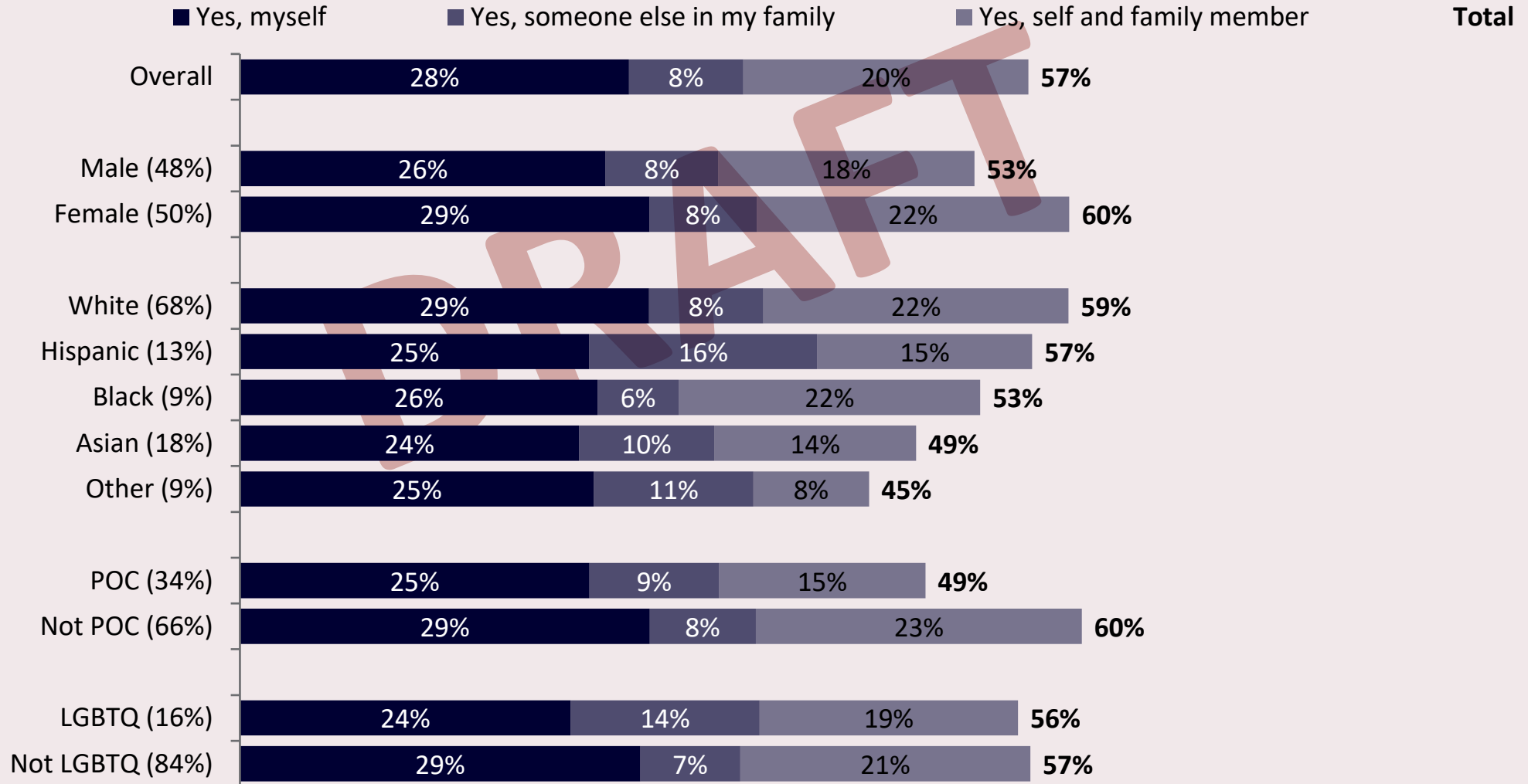


Police Stoppage

Been stopped by a Berkeley police officer

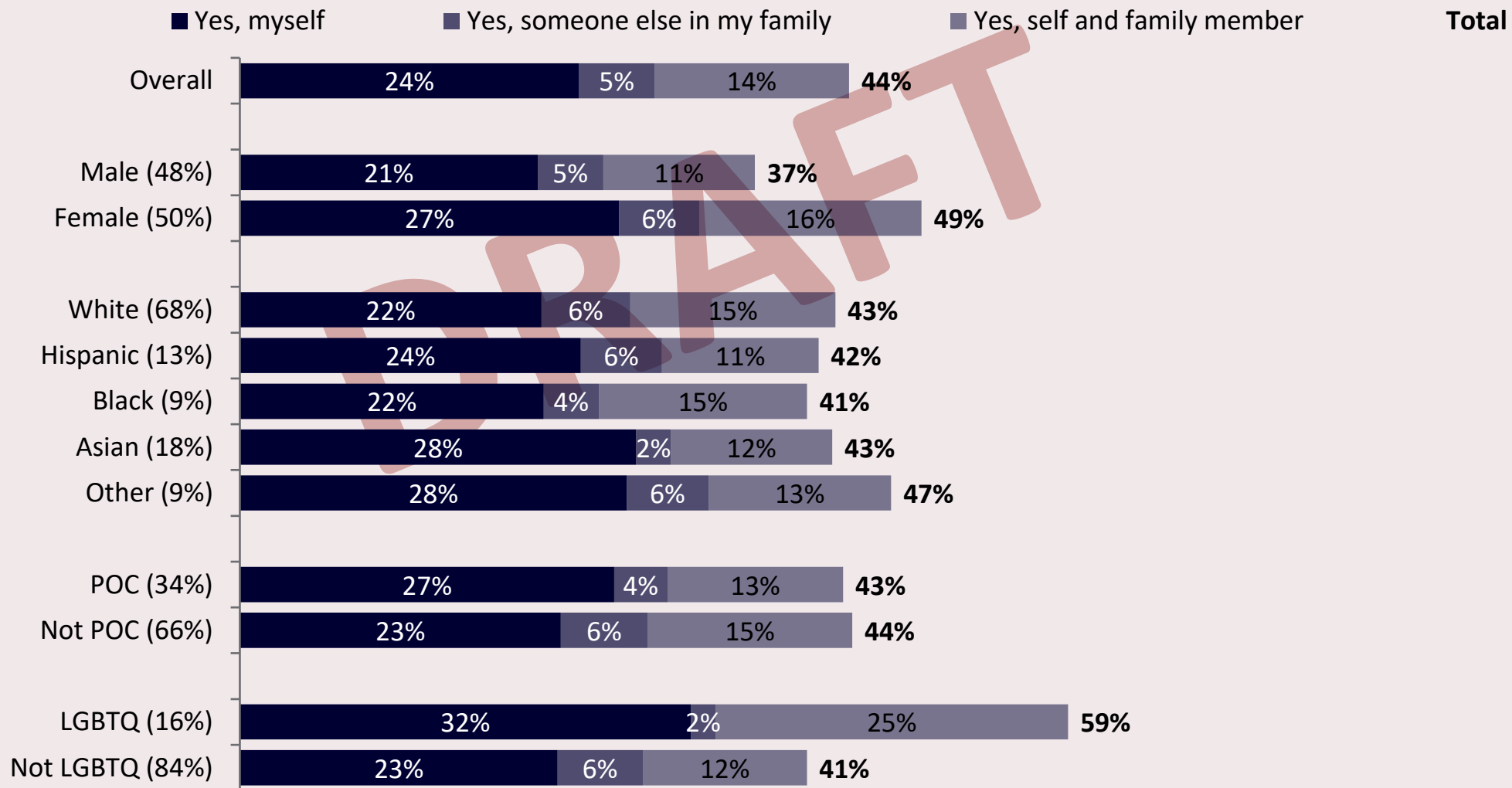


Been a victim of crime in Berkeley



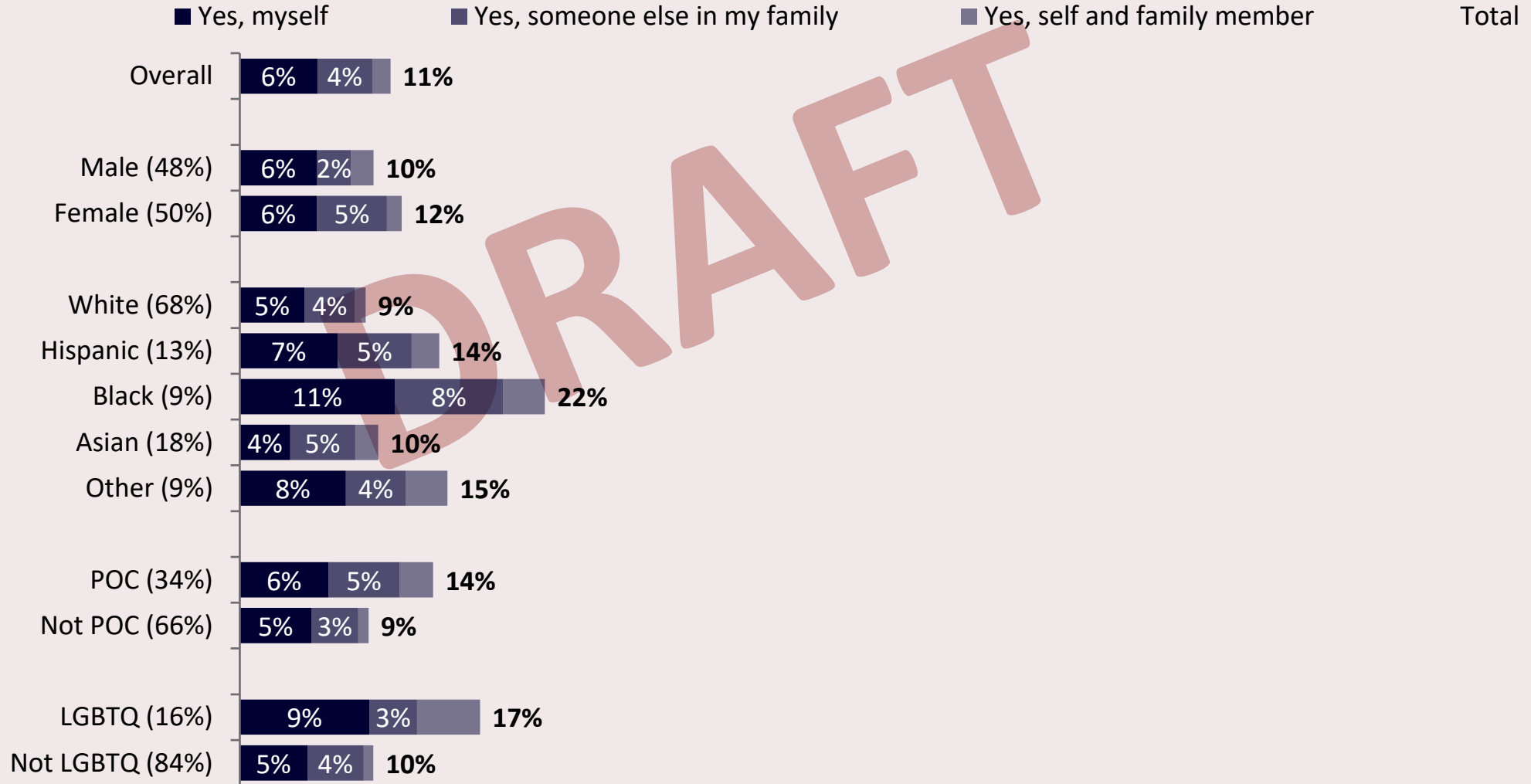
Discrimination/Assault by Community

Been discriminated against, harassed by, or assaulted by a person in the Berkeley community



Discrimination/Assault by Police

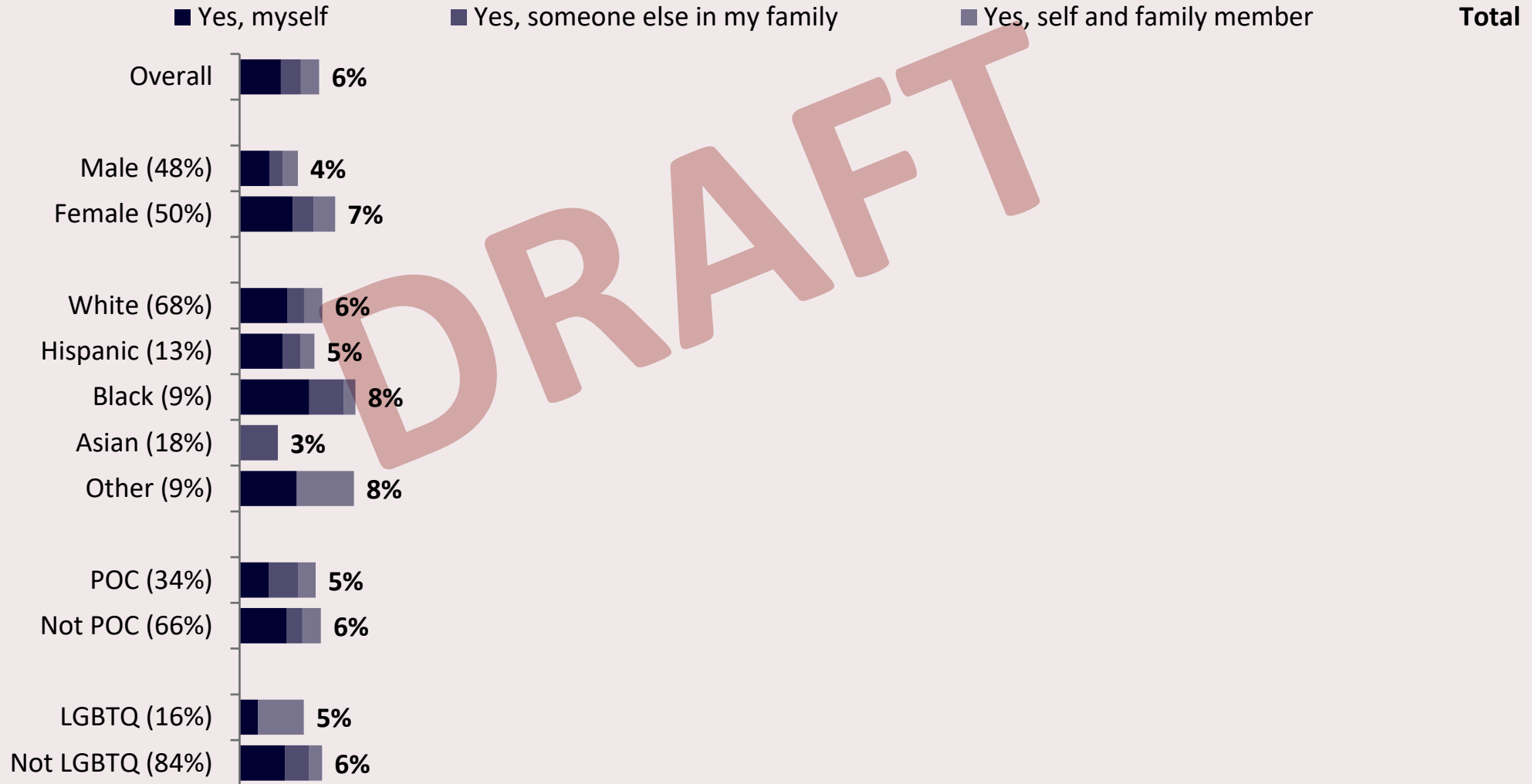
Been discriminated against, harassed by, or assaulted by a Berkeley police officer



Discrimination/Assault by City of Berkeley Employee



Been discriminated against, harassed by, or assaulted by a City of Berkeley employee other than a police officer



DRAFT



Sara LaBatt
sara@emcresearch.com
office: 510.550.8924

Kevin White
kwhite@emcresearch.com
office: 206.204.8033

Elizabeth Kaczorowski
elizabeth@emcresearch.com
office: 510.550.8934

Audit Report
July 2, 2021

**APPENDIX 10: Data
analysis of the City
of Berkeley's Police
Response**

Data Analysis of the City of Berkeley's Police Response



BERKELEY CITY AUDITOR



Data Analysis of the City of Berkeley's Police Response

Report Highlights

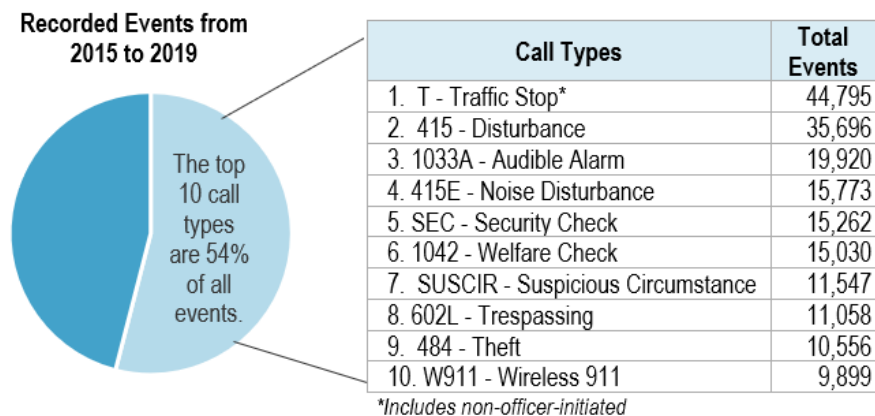
July 2, 2021



Findings

- From 2015-2019, Berkeley police responded to an average of 70,160 events per year.
- Ten call types accounted for 54 percent of all events: traffic stops, disturbance, audible alarm, noise disturbance, security check, welfare check, suspicious circumstance, trespassing, theft, and wireless 911.

Top 10 Most Common Call Types of Events, 2015-2019



Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

- Officer-initiated responses were 26 percent of event responses, while 55 percent were the result of calls to the non-emergency line and 19 percent were from 911 calls.
- The majority, 78 percent, of officer-initiated stops were vehicle stops, and most of them occurred between 8:00pm and 1:00am. The majority of vehicle stops did not lead to a search, and most stops led to a warning.
- Events with a priority level of 1 to 2, which require personnel to be dispatched within 20 minutes of the call, made up nearly 40 percent of all events. Forty-three percent were lower priority events and required personnel to be dispatched within an hour to 90 minutes after the initial call.

Objectives

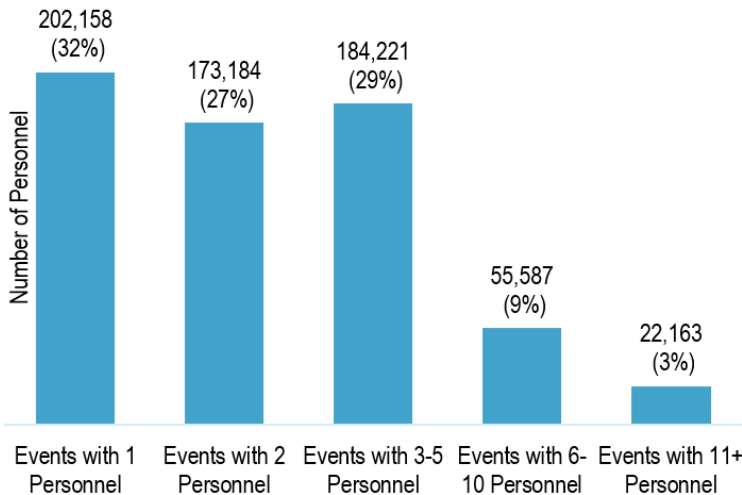
1. What are the characteristics of calls for service to which Berkeley Police respond?
2. What are the characteristics of officer-initiated stops by Berkeley Police?
3. How much time do officers spend responding to calls for service?
4. How many calls for service are related to mental health and homelessness?
5. Can the City improve the transparency of Police Department calls through the City of Berkeley's Open Data Portal?

Why This Audit Is Important

In response to the killing of George Floyd by Minneapolis police in May 2020 and subsequent protests across the nation, a national conversation ensued about policing. The Berkeley City Council initiated a robust community process to reimagine policing in Berkeley, and passed a proposal requesting analysis of Berkeley's police data. This report is intended to give decision makers and the public a broad overview of calls for service, officer-initiated stops, and police responses and to help inform the community engagement process around reimagining policing in Berkeley.

- Mirroring prior findings by Center for Policing Equity, which were based on data through 2016, data we reviewed showed that BPD stopped Black people at a significantly higher rate than their representation in the population (34 percent compared to 8 percent), while BPD was most likely to search Black and Hispanic people following a stop.
- On average, Berkeley Police Department dispatched 1.8 personnel per event. In 41 percent of personnel responses, the Communications Center dispatched three or more personnel, including officers and non-Berkeley Police Department personnel.

Number of Personnel Response per Event, 2015-2019



Source: Auditor’s analysis of Berkeley Police Department Computer Aided Dispatch data

- The number of events that involved homelessness or mental health and the amount of time police spent responding to these events are not quantifiable due to insufficient data.
- The City’s Open Data Portal provides the public with limited information about events that Berkeley Police Department responds to. There are opportunities for Berkeley Police Department to improve transparency by increasing the type and scope of data available on the portal.



Recommendations

We recommend that the Berkeley Police Department identify all calls for service that have an apparent mental health and/or homelessness component in a manner that protects the privacy rights of individuals involved. We also recommend that the Berkeley Police Department expand the current calls for service data available on the City’s Open Data Portal to include all call types and data fields for as many years as possible. City Management agreed with our recommendations.

The audit does not propose recommendations with regard to police activities or personnel allocations. There is a separate, ongoing community process for reimagining public safety and policing.



BERKELEY CITY AUDITOR

For the full report, visit:
<http://www.cityofberkeley.info/auditor>

Table of Contents

Page 2	Highlights
Page 4	Table of Contents
Page 5	I. Introduction
Page 7	II. Background
Page 13	III. Characteristics of Events
Page 27	IV. Characteristics of Officer-Initiated Stops
Page 43	V. Characteristics of Police Response
Page 53	VI. Finding 1: Berkeley Police Department can better track mental health and homelessness calls.
Page 59	VII. Finding 2: The City can improve transparency of Police Department activity data on the Open Data Portal.
Page 60	VIII. Recommendations and Management Response
Page 62	IX. Methodology and Statement of Compliance
Page 66	Appendix A. Fields Included in the CAD Data
Page 67	Appendix B. Priority Codes and Call Types According to BPD Policy
Page 69	Appendix C. Stops by Race, 2015-2019
Page 70	Appendix D. Enforcement Outcomes of Searches by Race, 2015-2019
Page 73	Appendix E. Responses by Units, 2015-2019
Page 74	Appendix F. List of Terms Applied in Narrative Search
Page 75	Appendix G. Summary Data by Call Type, 2015-2019

I. Introduction

Following the killing of George Floyd by Minneapolis police in May 2020, a national conversation ensued about policing, race, and the proper level of resources cities should devote to law enforcement in relation to other services and approaches. The Berkeley City Council held several meetings throughout the spring and summer to discuss a variety of proposals related to policing, and hundreds of community members provided input through public comment, phone calls, and emails.

Among the items discussed was a proposal by Councilmember Ben Bartlett to analyze data on police activities in the City of Berkeley and initiate a public process to discuss various potential changes to policing in the City. The City Auditor offered to conduct analysis of police data requested as part of this proposal. Mayor Jesse Arreguín incorporated the call for this analysis into the Safety for All: The George Floyd Community Safety Act, a broader item on policing that City Council passed in July 2020.

In this audit, we present the results of our analysis. It is intended to give decision makers and the public a broad overview of calls for service, officer-initiated stops, and police responses and to help inform the community engagement process around reimagining policing in Berkeley, which is currently underway. It is also intended to provide information to the broader community around events that involve police personnel. This report is the first in a series of audits on policing. Analysis of the police budget is forthcoming.

Objectives, Scope, and Methodology

We answered the following audit objectives, the first three of which were requested in the Safety for All: The George Floyd Community Safety Act:

1. What are the characteristics of calls for service to which Berkeley Police respond?
2. What are the characteristics of officer-initiated stops by Berkeley Police?
3. How much time do officers spend responding to calls for service?
4. How many calls for service are related to mental health and homelessness?
5. Can the City improve the transparency of Police Department calls through the City of Berkeley's Open Data Portal?

We analyzed Berkeley Police Department Computer Aided Dispatch (CAD) data from 2015 to 2019. The full list of CAD data fields are in Appendix A. We explored various models for categorizing and characterizing data on police activities and consulted a range of stakeholders, including the Berkeley Police Department (BPD), the National Institute for Criminal Justice Reform hired by the City to lead the reimagining policing process, other City departments, community stakeholders, and subject matter experts to inform how we characterized the data. The purpose of this process was to ensure that we presented the data in a way that is as accurate, clear, and as easy to understand as possible.

The audit does not propose recommendations with regard to police activities or personnel allocations. There is a separate, ongoing community process for reimagining public safety and policing. Given the timing of that process and the scope of this report, we did not do an in-depth analysis of alternative policies or approaches to policing. However, we do make recommendations aimed at making data more transparent and available to the public.

The following describes the scope and limitations of data included in this report:

- **Focus on 2015 to 2019 time period.** Given the anomalies in patrol team staffing and other impacts of the COVID-19 pandemic, we analyzed data from January 01, 2015 to December 31, 2019.
- **Responses that include sworn BPD officers.** We analyzed data for responses that have at least one sworn BPD officer. Some responses also include other units in addition to sworn BPD officers, such as non-sworn BPD personnel, or non-police personnel from other City departments.
- **Emphasis on patrol officers.** The CAD data source primarily documents responses by patrol officers who are usually the first and primary responders to calls for service. As such, our analysis focuses on the patrol functions of the Berkeley Police Department. There are additional activities within BPD that are not captured in the CAD data and therefore were outside the scope of this audit.
- **Partial snapshot of response from other non-patrol units.** We show data about other units involved in calls, but only if they are documented in CAD. As such, we do not include all calls by these other units, such as the Mobile Crisis Team.
- **Call types are not proof of a crime.** In CAD, dispatchers assign calls for service to a call type based on the nature of the call. In many cases, the assigned call type may reference a certain type of crime. However, assigning calls to these call types does not constitute proof of a crime. Further, any type of call may result in a crime report from the primary BPD officer assigned to the event.
- **Geography not included.** We did not conduct a geographic analysis. Patrol officers are assigned to work in a specific geographical area, called a beat, typically with up to 10 or 11 officers and two sergeants on each patrol team. A deep dive geographic analysis would have required significant additional time and was beyond the scope of our audit.
- **Caller may be from any jurisdiction.** The callers and individuals involved in events may or may not be Berkeley residents.
- **Does not include number of calls received for each event.** This report does not include the number of calls that were made to the Communications Center for each individual event. Data about individual callers is excluded from the report because we did not receive this information in the data. However, we describe the type of call source, such as whether a call came from the emergency line or was initiated by the officer.

For more information on our methodology, see [page 62](#).

II. Background

Organizational Context

Berkeley’s City Charter established the Berkeley Police Department (BPD) and its functions, which operate under the direction of the Chief of Police and the administrative direction of the City Manager. According to its website, BPD’s mission is to safeguard Berkeley’s diverse community through proactive law enforcement and problem solving, treating all people with dignity and respect.¹

BPD’s fiscal year 2020 budget includes 285.2 full-time equivalent positions including 181 who are sworn in as law enforcement officers (sworn officers) and another 104.2 professional employees, serving a city of over 120,000 people.

Figure 1. Berkeley Police Department Organization Chart



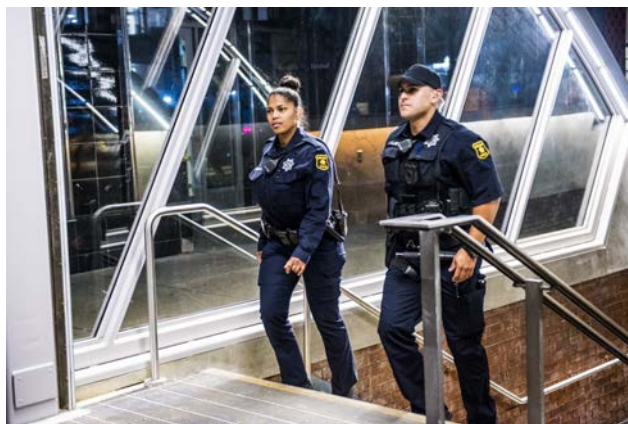
Source: Berkeley Police Department

BPD personnel that respond to calls for service may be sworn officers or professional personnel, and the latter are also referred to as “non-sworn” or “civilian.” According to BPD Policy 102, sworn officers take or affirm an oath of office expressing commitment and intent to respect constitutional rights in discharging the duties of a law enforcement officer as specified in the California Constitution. The California penal code grants sworn officers the authority to wear a badge, carry firearms, and make arrests in performing their police duties as authorized and under the terms specified by their employing agencies.

¹ Berkeley Police Department Mission, Vision, and Values: https://www.cityofberkeley.info/Police/Home/About_Our_Department.aspx

Event Response Personnel

BPD Patrol Teams. BPD patrol teams are the primary responders dispatched to events. They provide services 24 hours a day, seven days a week. BPD policy states that the function of patrol teams are to respond to calls for service and reports of criminal activity, act as deterrent to crime, enforce state and local laws, identify community needs, provide support and assistance to the community, and respond to emergencies. Patrol officers may also self-dispatch based on their geographic proximity or seriousness of the event depending on priority level.



BPD Communications Center. The call takers and dispatchers working in the BPD Communications Center have the important role of answering emergency and non-emergency calls and dispatching police officers to events. Call takers accept and process inbound 911 and administrative calls for police, fire, and medical services as well as other services such as animal control. They also input call information into the Computer Aided Dispatch (CAD) system and transfer the information to fire and police dispatcher staff. Dispatchers coordinate all police-related calls requiring a response from law enforcement and enter all officer-initiated incidents into CAD such as pedestrian and traffic stops. They also maintain radio contact with field staff.

Other Units. Other personnel may be dispatched as needed to support patrol officers responding to an event. Other units can include other BPD personnel such as Area Coordinators, Bike Unit Officers, Parking Enforcement Officers, and Crime Scene Technicians. Other personnel dispatched to support patrol teams may also include non-BPD personnel such as Animal Control, the Mobile Crisis Team, and University of California Officers.² As an example, if the Communications Center receives a call about a situation that involves a person experiencing a mental health crisis, they may dispatch BPD officers and also dispatch the Mobile Crisis Team of non-police mental health professionals from the City's Mental Health Division.

All other units are described in greater detail on [page 45](#).

Process for Responding to Calls

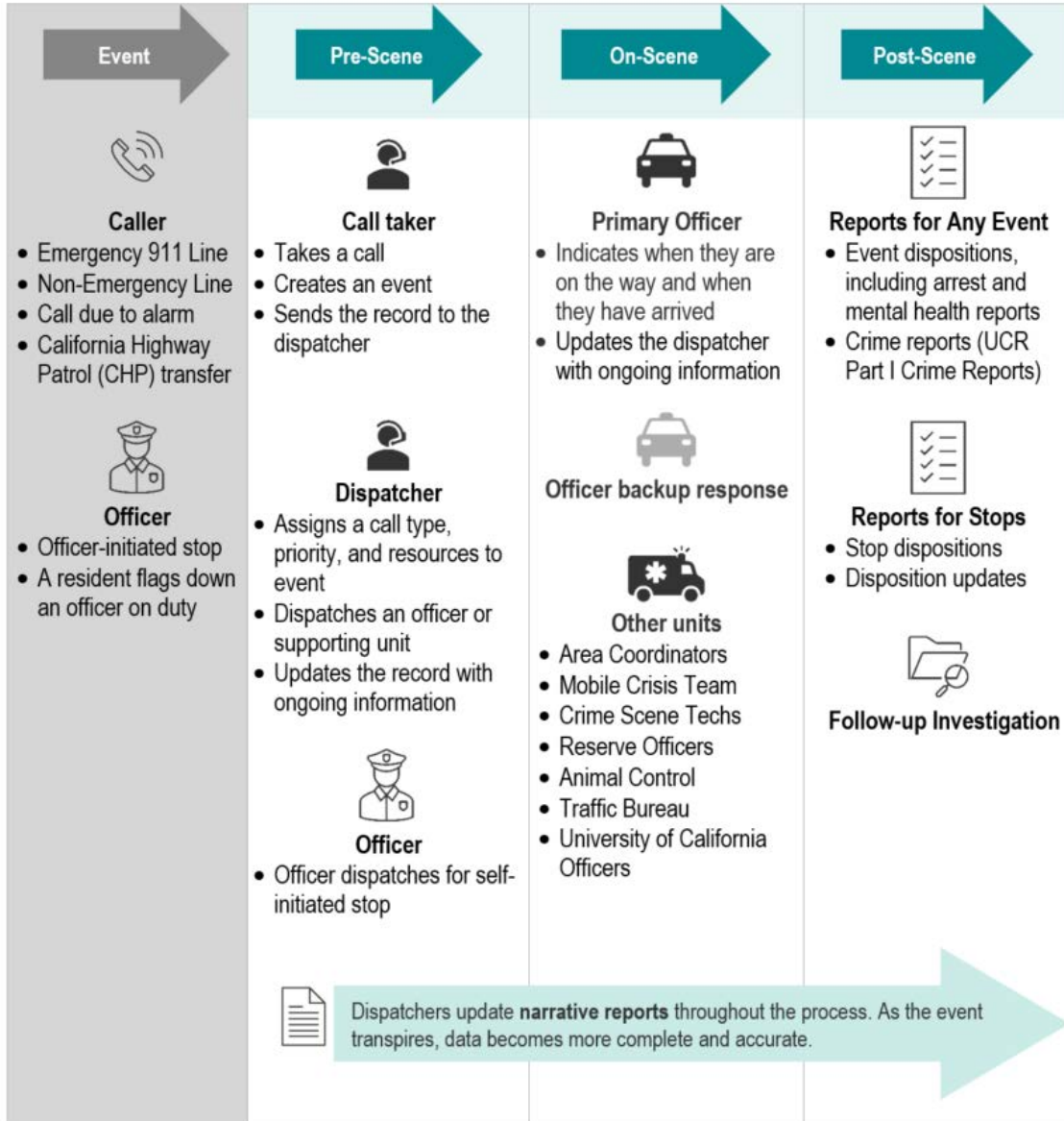
BPD's process for responding to events reflects the interactions between community members, the Communications Center, and the responding BPD officers. The response process heavily influences the integrity of the data that informs this report.³ BPD uses a CAD software system to prioritize and record events, track the status and location of officers in the field, and effectively dispatch personnel.

² While some calls may involve the Berkeley Fire Department, we do not have data on Fire personnel who responded to these BPD events.

³ We conducted this analysis based on data pulled from CAD, but we did not verify the error rate of data in CAD. We did not attempt to match up the thousands of records in the system with other internal and external documents.

It is crucial to remember that the response process involves situations that are evolving and often require fast action before all the information about the situation is known. CAD is not optimized to give responders all the information they need before arriving at the scene. There are several roles responsible for entering data into CAD throughout the response process. We detail the police department's response process in Figure 2 below.

Figure 2. Berkeley Police Department's Response Process



Note: We did not analyze responses by Berkeley Fire Department, Emergency Medical Services, or other such units that may provide support for BPD patrol officers that were not included in the dataset provided by BPD.

Source: Berkeley City Auditor

Event. In context of this report, “events” refer to situations that are entered in the CAD system that resulted in a response by at least one sworn officer. There are several ways an event is initiated. Community members initiate events by calling the 911 emergency or non-emergency lines, or by flagging down an on-duty officer. Police officers may initiate events on their own. Events are also initiated when an alarm goes off or when CHP transfers a call. It is possible to have multiple incoming calls for one event.

Pre-scene. When someone calls 911 or the non-emergency line, a dispatcher receives the call and collects specific information, such as the address of the event, the possible issue, if there is a weapon, and the people involved to begin dispatching the appropriate personnel to the scene. The initial call taker enters this information into the CAD database. Dispatchers assign a call type and priority, then dispatch officers accordingly. The dispatcher has the ability to enter narrative data at any time to provide ongoing information to the officer regarding the nature of the event.



Information entered into CAD at this stage may not always match the information entered later in the response process. By the time an officer arrives, a burglary may no longer be in progress, a noisy party may have dispersed, or, if the delay between call and response is long enough, the caller may have left the location.

On-scene. Police officers notify a dispatcher when they are on their way to the scene and when they arrive. Due to the changing nature of events, the police officer assigned as the primary unit also collects additional information on scene. The CAD event will be updated as information becomes available by either the officer or dispatcher, however, the call type is final once the officer arrives and a responding officer cannot change the call type in CAD. The evolving situation of a call may lead to a dispatcher assigning additional police or other units to the scene, or officers nearby may self-dispatch to provide backup.

Post-scene. Once the event is closed, the primary officer on scene completes an incident report if required by the severity of the event, and updates the CAD file with any new information. Those reports are submitted to the patrol shift supervisor and either approved or revised. Typical revisions include clarifying dates, police codes, or providing additional details. According to BPD, disposition codes are most often entered by an officer. However, an officer may also radio into the Communications Center about the event and a dispatcher will enter disposition information.

Quality control. Each day, a records clerk reviews the BPD Communications Center reports for clarity and completeness. This includes verifying call codes, addressing typos, confirming addresses using Global Positioning System (GPS), and identifying where there may be missing information. Once the record has met their quality control requirements, the call is uploaded into the separate Law Enforcement Records Management System (LERMS) where it is stored along with the raw CAD file from the call.

Assigned Call Types

Dispatchers at the BPD Communications Center assign each event a call type that describes important information about the events unless the event is officer-initiated. BPD uses many call types. Some describe a potential crime (e.g., robbery, assault, gambling), while others describe the location (e.g., fall on city property), people involved (e.g., missing juvenile), or a situation that may not be related to crime (e.g., welfare check, vehicle stop). In addition, the Communications Center uses call types in order to assign priorities and resources to the event, as discussed further in the section on priority levels. Call types for events are assigned prior to arrival of BPD staff, and they may differ from the actual event that took place after the event has concluded.

Call Type Classifications

According to the data, BPD used 137 unique call types. We consolidated these call types into nine descriptive categories for reporting purposes. Similar call type classifications have been used to organize call for service data for reporting purposes in similar jurisdictions such as Portland,⁴ Austin,⁵ and Oakland.⁶ Building on these efforts, we organized BPD's call types into categories through input from external subject matter experts, the BPD Communications Center, and BPD officers with relevant experience (Table 1).

The City Auditor call type classifications are descriptive. They do not, by themselves, imply a recommended policy change. Further, assigned call types under the crime classifications may not necessarily mean a crime has taken place. Specific call types within each classification are listed at the end of the report under Appendix G. For more information on the methodology used to classify call types, see [page 65](#).

⁴ City of Portland Police Bureau, "Introduction to Calls for Service," <https://www.portlandoregon.gov/police/article/676725>

⁵ AH Datalytics, "Assessment of Austin Police Department Calls for Service," <https://austinjustice.org/wp-content/uploads/2020/07/Analysis-of-Austin-Police-Department-Calls-for-Service-3.pdf>

⁶ Center for Public Safety Management. "Police Data Analysis Report," <https://cao-94612.s3.amazonaws.com/documents/CPSM-Oakland-CFS-Report-Dec-2020.pdf>

Table 1. Description of City Auditor Call Type Classifications

Classification	Description
Violent Crimes (FBI Part I Crimes)	Events that fall into the definition of Part I crimes by the Federal Bureau of Investigation (FBI) Uniform Crime Reporting (UCR) Program that are crimes against a person. The FBI UCR program defines these crimes as criminal homicide, rape, robbery, and aggravated assault. Only assaults specifically identified as aggravated are included as a Part I offense.
Property Crimes (FBI Part I Crimes)	Events that fall into the definition of Part I crimes by the FBI UCR Report that are property crimes. These include arson, burglary, motor vehicle theft, and larceny theft. This does not include theft by fraud, forgery, or embezzlement.
FBI Part II Crimes	FBI Part II crimes include all other crimes that are not included as Part I crimes. While some of these crimes are very serious, including kidnapping and child molestation, the majority of these crimes are crimes such as disturbing the peace and trespassing, which in some cases may be infractions and not actually criminal.
Community	<p>Calls that assist the community in managing events that pose a potential threat to safety or public order. They are most often not initiated by an officer. These include but are not limited to:</p> <ul style="list-style-type: none"> • Civil matters where police presence is requested to ensure the situation does not escalate (e.g., advice, extra surveillance, civil standby). • Calls related to disturbances or other problems that result in a police response to assess and resolve the situation. • Contacts with the community, such as aid to citizen.
Medical or Mental health	Events primarily related to medical assistance to the community. They may involve a dispatch from Emergency Medical Services (EMS) for added support.
Traffic	Events that typically involve enforcement of traffic and parking laws, and management of traffic flows. In addition, these calls may involve events pertaining to vehicles, such as collisions or road hazards. This classification also includes pedestrian, bike, suspicious vehicle, and vehicle stops.
Informational or Administrative	Calls that are non-investigative assistance or administrative in nature, such as property damage or information.
Investigative or Operational	Calls that require investigative or operational input, such as a wireless 911 call or outside agency assist.
Alarm	Calls initiated by the activation of an audible, silent, duress, and/or monitored alarm of a vehicle, residence, business, or other premise. Example alarms include audible alarm, GPS tracker alarm, silent alarm, Pronet (bank) alarm, or video alarm.

Note: These are the events classified by call types, not the final report or crime.

Source: Berkeley City Auditor

III. Characteristics of Events

Analysis of 350,800 events from 2015-2019

This section offers an overview of the events in the City of Berkeley that resulted in a police response from 2015 to 2019. In context of this report, “events” refer to situations that are entered into the CAD system that resulted in a response by at least one sworn officer. We present information about the characteristics of events in Berkeley, including the frequency of events over time, types of events, how events are initiated, priority level, outcomes, and events that result in crime reports. The figures in this section draw from a sample of 350,800 events within the CAD files we obtained from BPD.

The City has averaged 70,160 events per year, and more occurred during summer months and on Friday and Saturday evenings. This report classifies most of those events, 72 percent, as Traffic, Community, and FBI Part II Crimes and those events have consistently been the majority from 2015 to 2019. Community and FBI Part II Crime events were mostly initiated by calls to the non-emergency line, and the non-emergency line accounted for 55 percent of the initiated calls. These most frequent call types include traffic stop, disturbance, and audible alarms. The most frequent officer-initiated events include traffic stop, security check, and pedestrian stop. While only 6.7 percent of events resulted in a Part I UCR crime report linked to a CAD event, larceny theft was by far the most common Part I UCR crime reported to the FBI. Traffic stops were the call type that resulted in the most arrests.

The characteristics of events shape the priority and extent of BPD’s response. For instance, the number of officers that are available to respond to the call varies depending on the location, time of day and day of the week. Events vary in complexity, and can include anything from a request for a security check to a report of a serious crime. Characteristics such as the severity of the situation and number of people involved also influence the priority level and the number of officers dispatched, along with their sense of urgency about the situation. Additionally, the assigned call type for the events in this report may not necessarily be the actual event outcome since call types are assigned prior to personnel arriving on scene.

We review the following components related to events:

1. Overall Event Frequency
2. Events by Time and Day of the Week
3. Events by Call Type Classification
4. Event Initiation Source
5. Assigned Call Type
6. Priority Levels
7. Events that Result in an Arrest
8. Events that Result in a UCR Part I Report

Overall Event Frequency

Figure 3 demonstrates the total number of events in the City on a monthly basis, from January 2015 to December of 2019, in order to show seasonal changes in the frequency of events over time.

Figure 3. Events Captured in CAD by Month, 2015-2019 (n = 350,800 events)



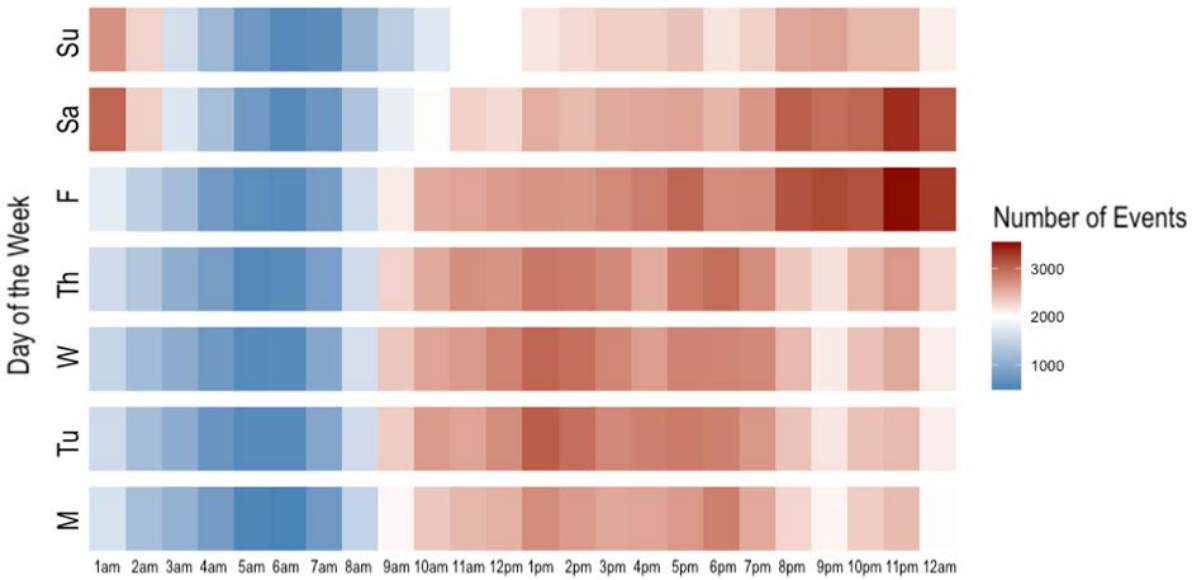
Source: Auditor’s analysis of Berkeley Police Department Computer Aided Dispatch data

The number of events for the City of Berkeley has hovered around an average of 70,160 events per year. The trend line indicates that more events occur in the summer, while events decline during the winter. In addition, the data show a notable decline in events in 2018. This drop in events is reflected in other time series throughout this report. We did not investigate the reason for the drop in the calls as this extended beyond the scope of analysis for this audit.

Events by Time and Day of the Week

Figure 4 shows all of the events from 2015 to 2019 in which the Communications Center created a CAD event to demonstrate the frequency of events by the time of day and day of week. The chart is organized by the time of day on the bottom (x axis) and the day of the week on the left side (y axis). The blue color reflects fewer events, while a deeper red reflects more events. The largest number of events occur on Friday and Saturday evenings with a spike between the hours of 8:00 pm and 1:00 am. The majority of weekday events (Monday-Thursday) with a police response occur between the hours of 9:00 am and 9:00 pm.

Figure 4. Number of Events by Time and Day of Week, 2015-2019 (n = 350,800 events)



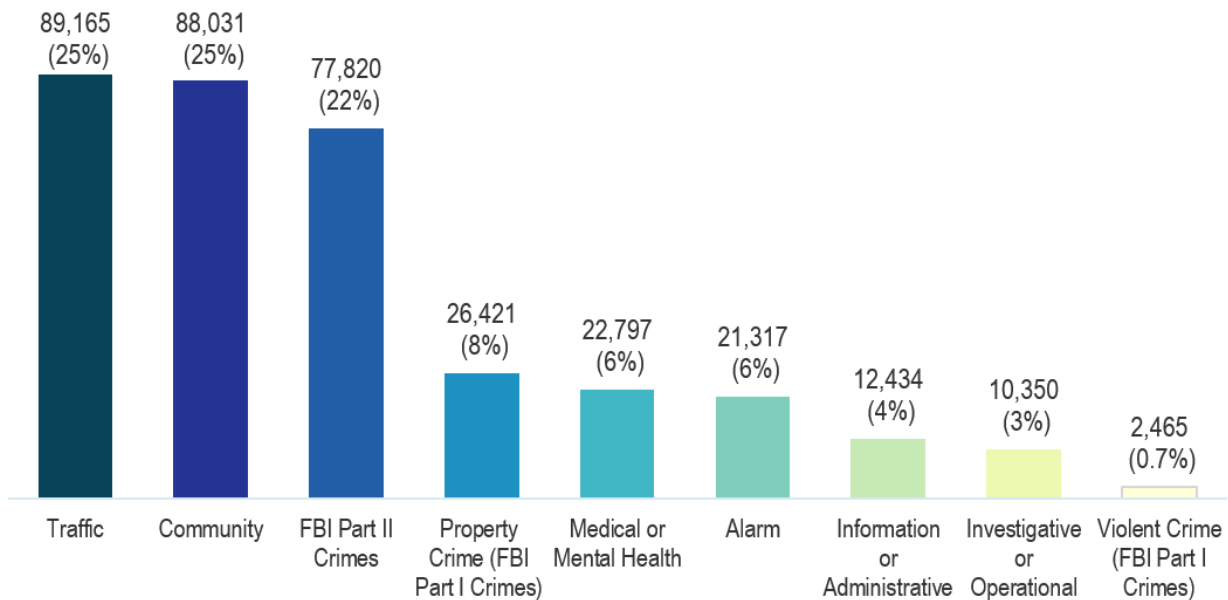
Source: Auditor’s analysis of Berkeley Police Department Computer Aided Dispatch data

Events by Call Type Classification

In this section, we present events grouped by classification. We describe call types related to mental health and homelessness in more depth in section VI. Appendix G provides the full list of call types and their corresponding classifications.

Figure 5 shows the frequency of events organized by classification as discussed on [page 12](#). Note that while many crime call types fall within Part II crimes, the majority, or 60 percent, of the events are either disturbance or trespassing.

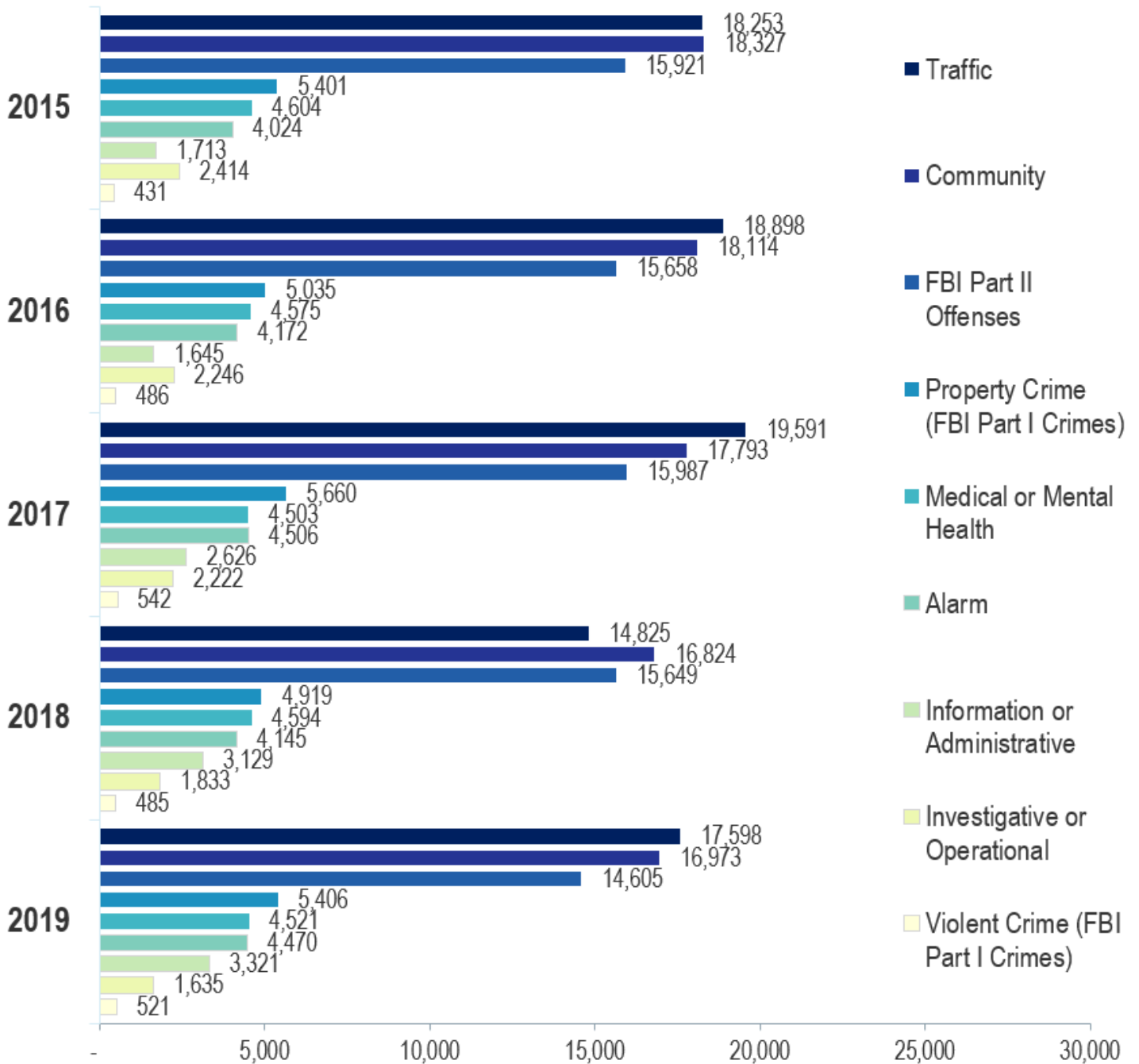
Figure 5. Events by City Auditor Classifications, 2015-2019 (n = 350,800 events)



Source: Auditor’s analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 6 shows the number of events that fall into each call type classification over the years. The figure demonstrates whether there have been changes in some of the call type classifications over the years. It is important to note that the BPD has the authority to add or eliminate call types. The removal or addition of call types can be a contributing factor in the increase or decrease of call types in the data. We did not assess the impacts of changing call types as this extended beyond the scope of analysis for this audit.

Figure 6. Events by City Auditor Classification and Year, 2015-2019 (n = 350,800 events)

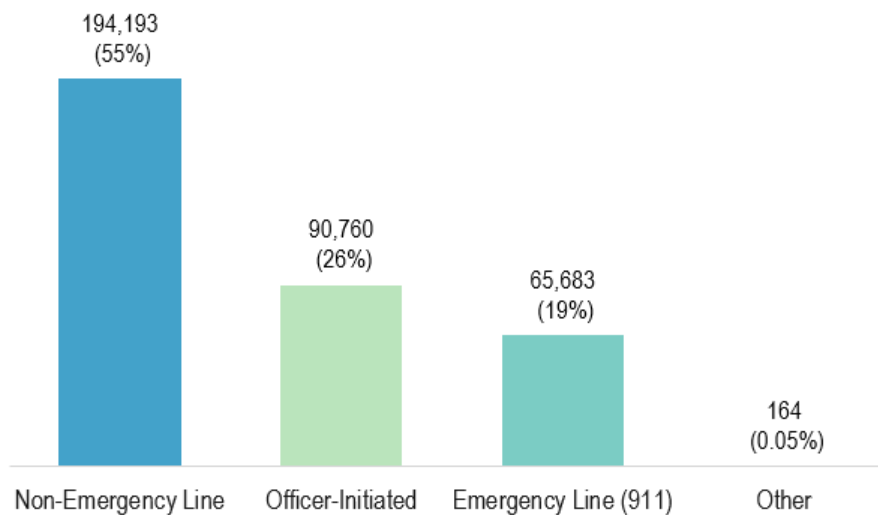


Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Event Initiation Source

As discussed in Section II, multiple callers may call in to the Communications Center to report an event. The data does not indicate the number of calls received by the Communications Center to report an event. However, according to BPD, dispatchers can add additional information from multiple callers to one CAD event record. If more than one CAD record is created for one event, the records will be merged into one record retaining all information. The CAD data we received does include the source of information that led to the event being created. Figure 7 breaks down the share of callers by three main categories: the emergency line, non-emergency line, officer- initiated, and other.

Figure 7. Initiation Source of Events, 2015-2019 (n = 350,800 events)

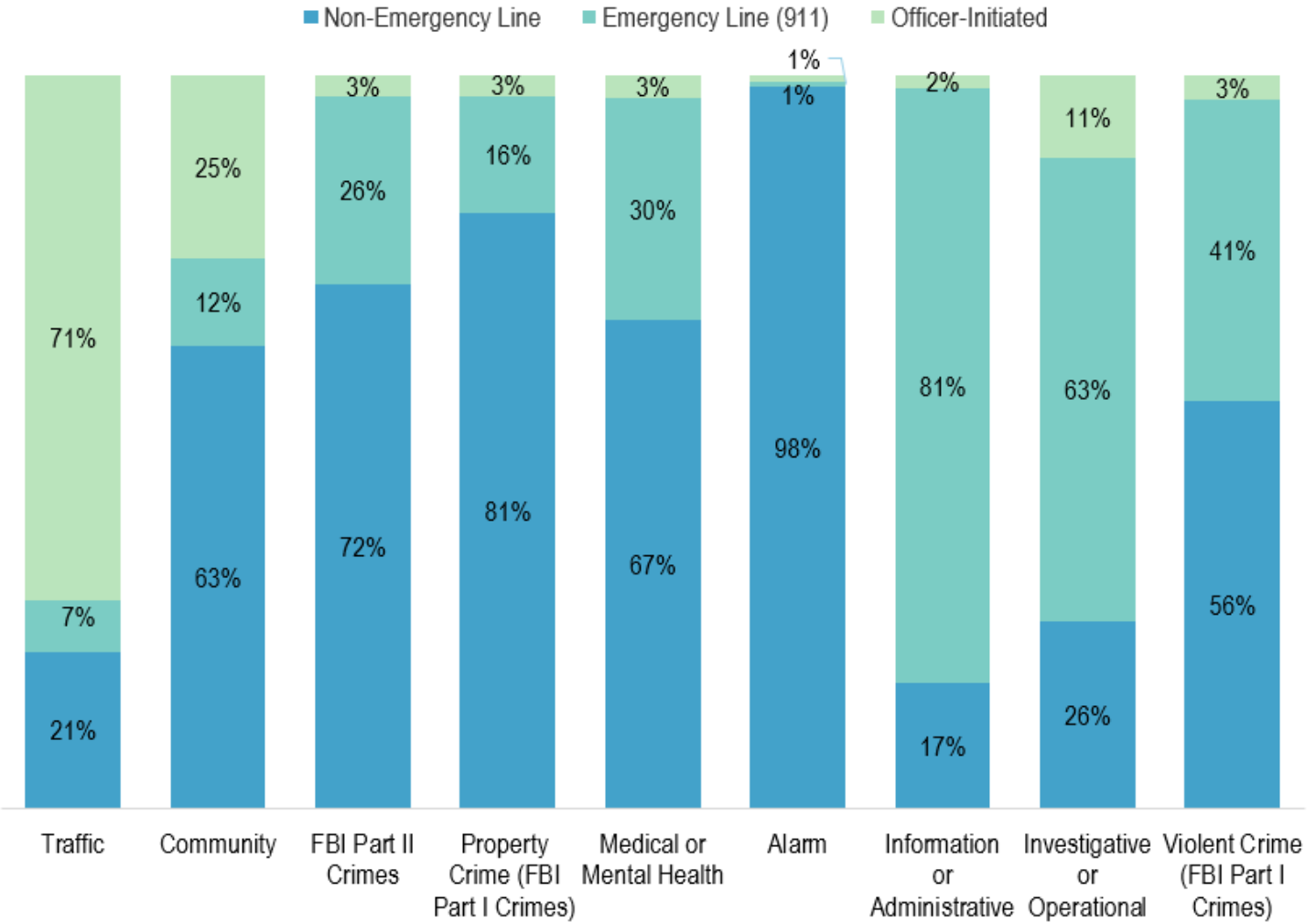


Note: "Other" includes: some alarm calls, some cell phones, California Highway Patrol, Counter, OnLine, and Voice Over Internet Protocol (VoIP). Officer-initiated includes traffic stops.

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 8 shows the initiation source for each of the call type classifications. The majority of traffic stops are officer-initiated. The Traffic classification includes call types in addition to stops, such as parking violations and traffic hazards.

Figure 8. Initiation Source of Events by City Auditor Classifications, 2015-2019 (n = 350,800 events)

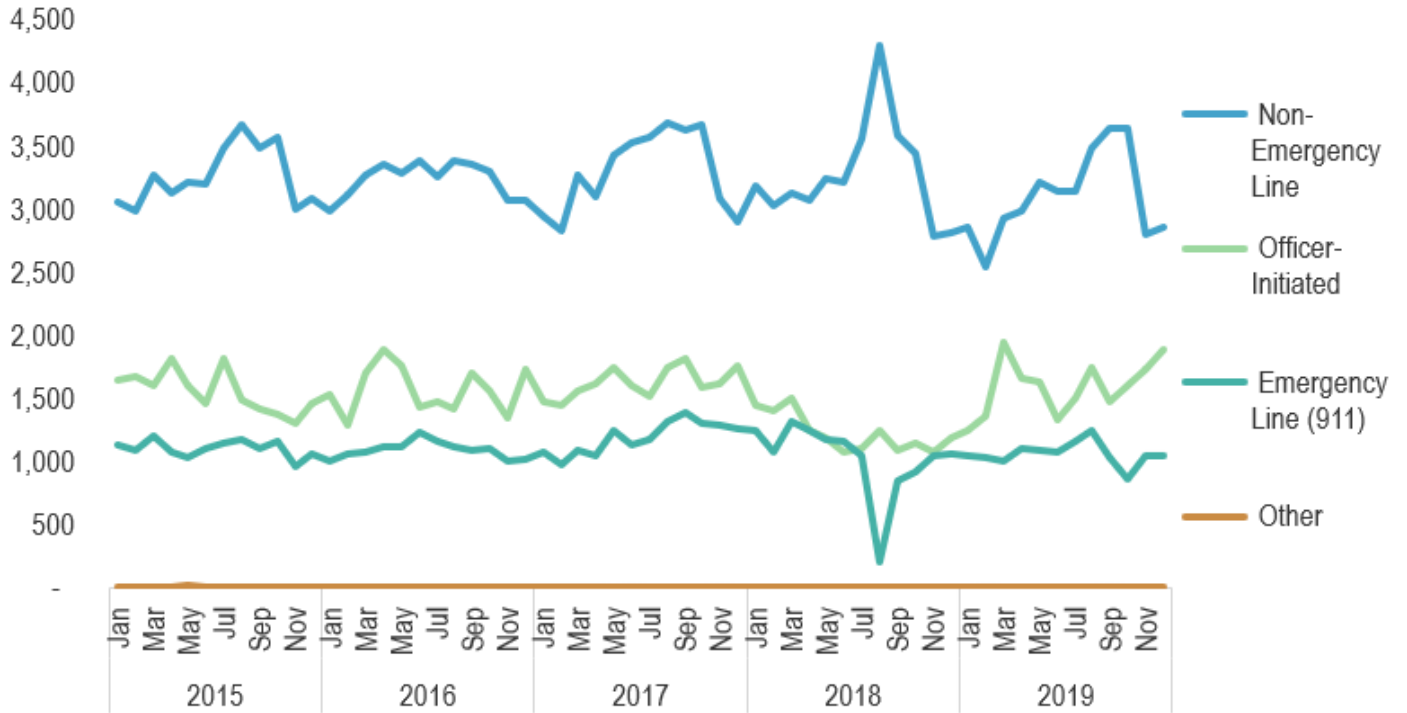


Note: Less than 1 percent of calls also come from an “other” source which includes: some alarm calls, some cell calls, California Highway Patrol, Counter, OnLine, Voice Over Internet Protocol (VoIP), and Other. Officer-initiated includes On View and Traffic stops.

Source: Auditor’s analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 9 shows the initiation source for calls over a five year period. It reflects the consistent trend that the non-emergency line is by far the top initiation source, followed by officer-initiated, emergency line, and other.

Figure 9. Initiation Source of Events by Month, 2015-2019 (n = 350,800 events)

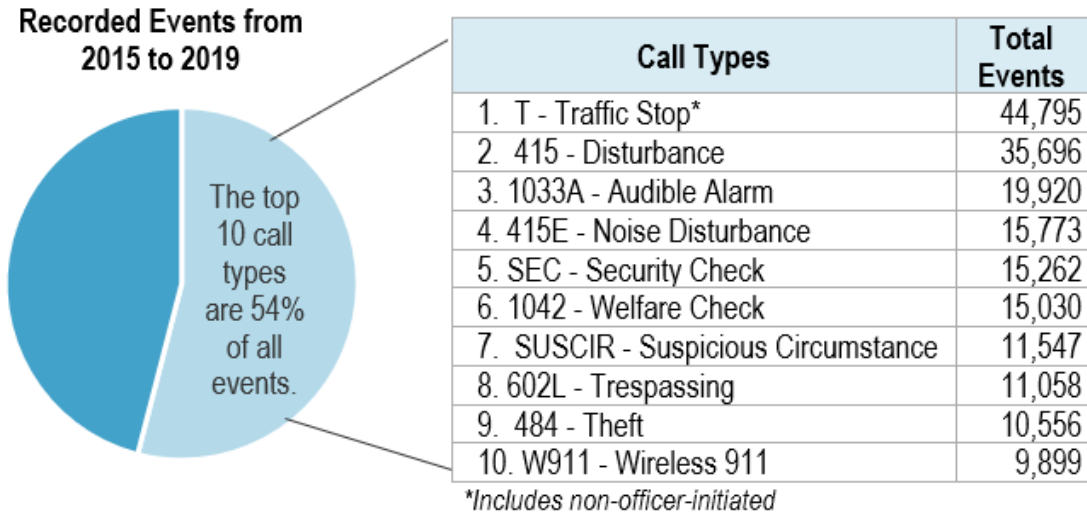


Source: Auditor’s analysis of Berkeley Police Department Computer Aided Dispatch data

Assigned Call Types

Figure 10 shows the ten most common call types, which describe about 54 percent of all events. This table includes data for both events initiated by calls to the Communications Center and officer-initiated events.

Figure 10. Top 10 Most Common Call Types of Events, 2015-2019 (n = 189,536 out of 350,800 events)



Source: Auditor’s analysis of Berkeley Police Department Computer Aided Dispatch data

Table 2 breaks out the top calls by initiation source.

Table 2. Top 10 Call Types of Events for Officer-Initiated and Phone Lines, 2015-2019

Total Emergency and Non-Emergency Events		Total Officer-Initiated Events	
1. 415 - Disturbance	35,145	1. T - Traffic Stop	44,765
2. 1033A - Audible Alarm	19,812	2. SEC - Security Check	14,927
3. 415E - Noise Disturbance	15,699	3. 1194 - Pedestrian Stop	9,135
4. 1042 - Welfare Check	14,560	4. FLAG - Officer flagged down	5,181
5. SUSCIR - Suspicious Circumstance	11,380	5. 1196 - Suspicious Vehicle	4,347
6. 602L - Trespassing	10,926	6. 1194B - Bike Stop	2,782
7. 484 - Theft	10,277	7. PRKVIO - Parking Violation	994
8. W911 - Wireless 911	9,898	8. AID - Aid to Citizen	544
9. ADVICE - Advice	8,382	9. FOUND - Found Property	530
10. SUSPER - Suspicious Person	8,177	10. 415 - Disturbance	528

Source: Auditor’s analysis of Berkeley Police Department Computer Aided Dispatch data

Priority Levels

Dispatchers are responsible for collecting adequate information in order to determine the appropriate response action based on the nature and priority of the event, and the available resources. Dispatchers assign all events a priority level which aligns with guidelines for how soon the Communications Center should dispatch police personnel to the event based on the urgency or severity of the circumstances. For an event with a priority level 1, dispatchers are expected to dispatch officers within one minute, whereas they have up to 90 minutes from the time of the initial call to dispatch an officer to a priority level 4 event.

According to BPD, priority levels are one of several factors that inform the number of personnel that are dispatched to an event. Other factors include call types, officer's proximity to the event, and officer's discretion. BPD stated that dispatchers have the authority to dispatch officers to events, but they do not play a role in reducing or diverting officers from responding to an event.

Priority levels range in urgency from Priority 1 as the most urgent to Priority 9 as the least. Priority 0 is used when officers initiate a stop and they are already on scene. Priority levels 4 through 9 each have the same time frame of 90 minutes, but the additional levels allow dispatchers to prioritize resources among lower level calls. Table 3 lists all the priority levels and corresponding dispatch times.

Table 3. Priority Level Guidelines for Time Between Initial Call and Dispatching Units⁷

Priority Level	Time
0	0 Minutes
1, 1F	Immediately
2	Within 20 minutes
3	Within 60 minutes
4	Within 90 minutes
5	Within 90 minutes
6	Within 90 minutes
9	Within 90 minutes

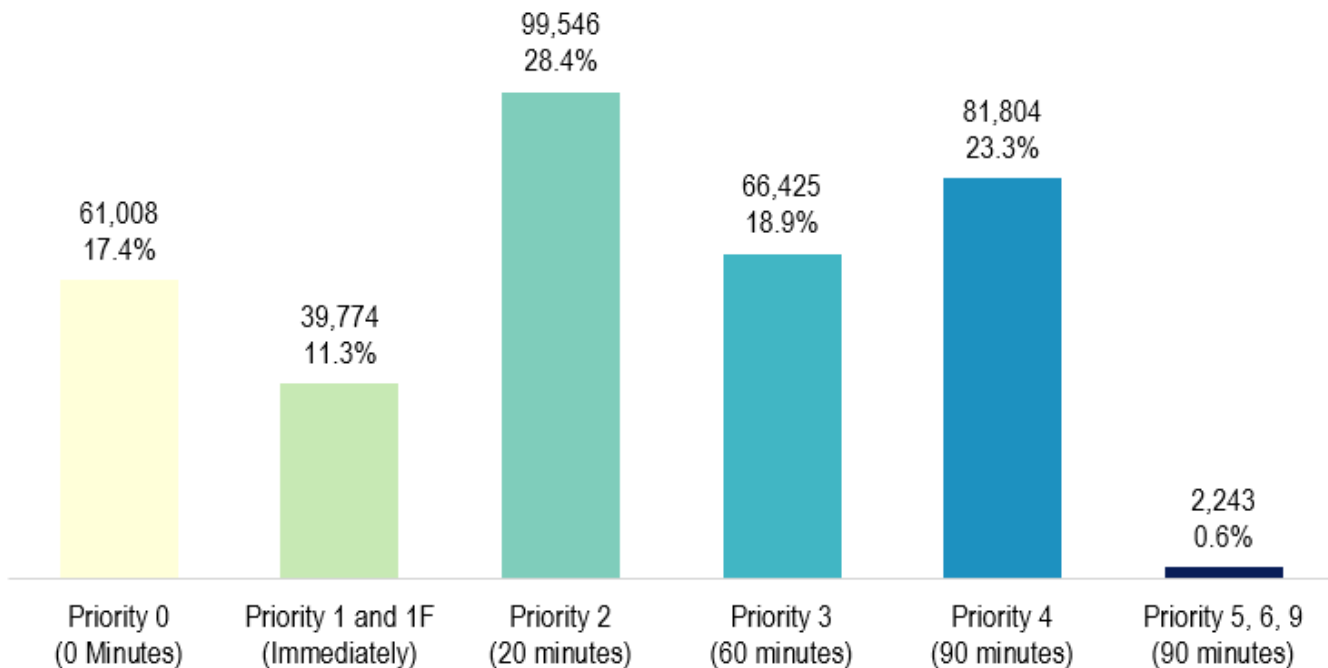
Source: Berkeley Police Department

⁷Priority level 1F indicates an event with a fire and that Berkeley Fire Department personnel were dispatched as well.

Priority level recommendations are coded into the CAD system based on call types, but a dispatcher can change the priority if there is reason to based on the information they have. For example, a dispatcher may assign a family disturbance event as a priority level 1 or 2 depending on the circumstances and their professional judgement. Additionally, dispatchers' assessment of priorities can diverge from the guidelines due to additional information gathered about the event. For instance, in their list of call types and priority codes, BPD lists disturbance with a typical assignment of priority 1 or priority 4. Nevertheless, disturbance is listed in the CAD data with call types ranging from 0, 1F, 1, 2, to 3. Appendix B provides a list of priorities for each call type as they appear in the data.

Figure 11 breaks down events by the assigned priority level.

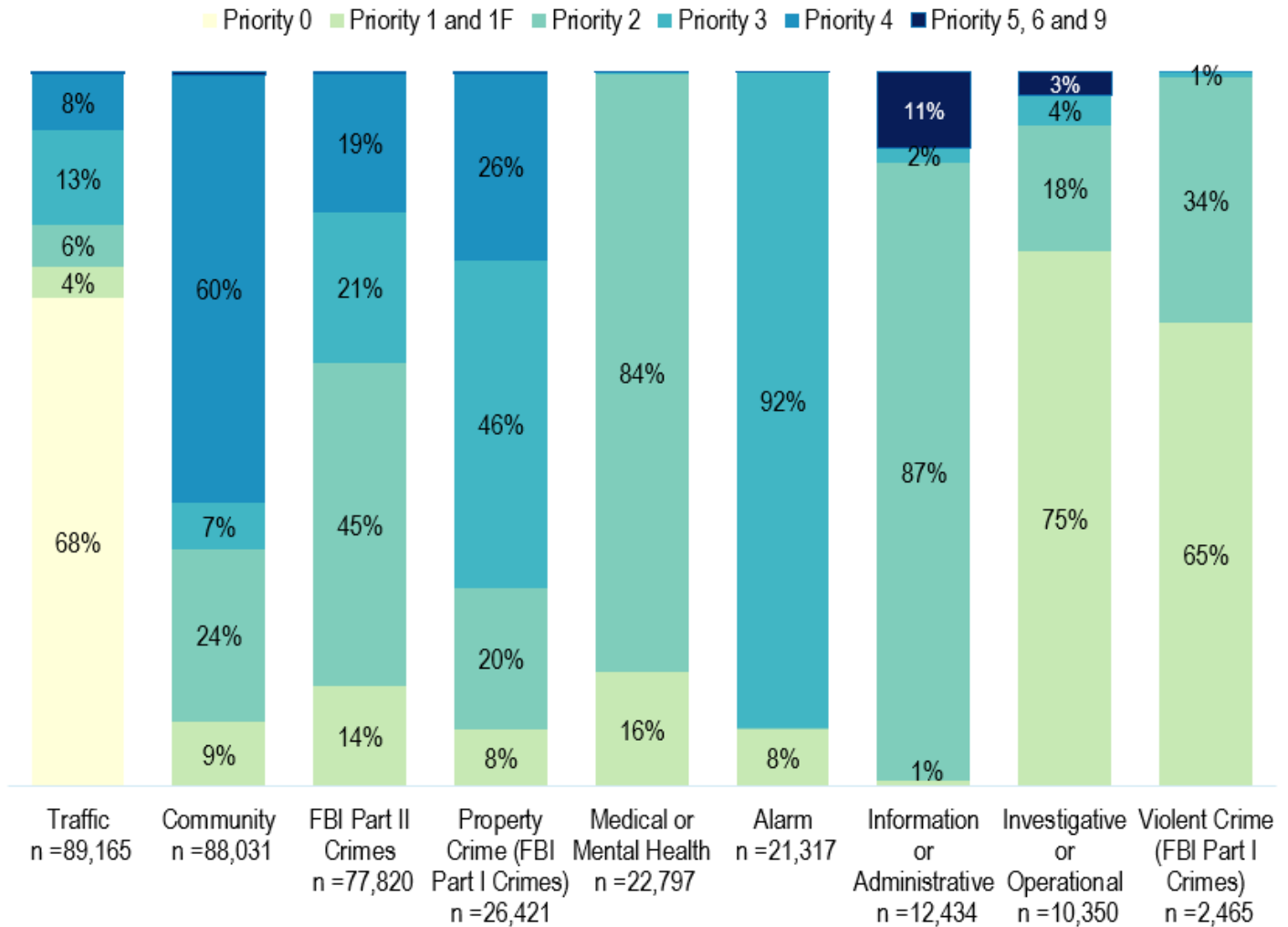
Figure 11. Events by Priority Level, 2015-2019 (n = 350,800 events)



Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 12 shows a breakdown of events by classification and priority level.

Figure 12. Events by Auditor Classifications and Priority Level, 2015-2019 (n = 350,800 events)



Note: Priorities that rounded to 0% of each category (0.4% or less) were excluded from the chart for readability.

Source: Auditor’s analysis of Berkeley Police Department Computer Aided Dispatch data

Events that Result in an Arrest

Table 4 shows the top ten call types and how many arrests were made for each of those call types from 2015 to 2019, but does not include all arrests BPD made during this time. CAD data only records arrests made during the event, but arrests can take place after dispatchers close the event. An event like a robbery, for example, could result in no arrest during the event, but lead to an arrest several days later. That arrest would be recorded in the Law Enforcement Records Management System, but is not included in the CAD data we received.

Table 4. Top 10 Call Types of Events and Arrest Outcomes, 2015-2019 (n = 189,536 out of 350,800 events)

Call Types	Arrests	Total Events	Arrests (% of Total)
1. T - Traffic Stop	1,258	44,795	2.8%
2. 415 - Disturbance	528	35,696	1.5%
3. 1033A - Audible Alarm	19	19,920	0.1%
4. 415E - Noise Disturbance	12	15,773	0.1%
5. SEC - Security Check	211	15,262	1.4%
6. 1042 - Welfare Check	122	15,030	0.8%
7. SUSCIR - Suspicious Circumstance	152	11,547	1.3%
8. 602L - Trespassing	120	11,058	1.1%
9. 484 - Theft	101	10,556	1.0%
10. W911 - Wireless 911	6	9,899	0.1%

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Events that Result in a UCR Part I Report: Violent and Property Crimes

In this section, we present data on events that result in a report of certain violent or property crimes.

BPD officers are required to file a report when events involve certain violent and property crimes. BPD tracks a set of crimes, known as Part I crimes, through the Uniform Crime Reporting (UCR) Program, which is separate from the CAD system. The Federal Bureau of Investigation developed the UCR Program to standardize how law enforcement agencies categorize and count crimes, and report crime statistics. BPD analyzes the relevant crime data and provides statistical reports to the California Department of Justice to be included in state and national crime data.

We received data on some events that resulted in a Part I crime report. UCR orders Part I crimes from most severe to least severe, with criminal homicide being the highest in the hierarchy and arson being the lowest. Part I UCR crimes are listed below:

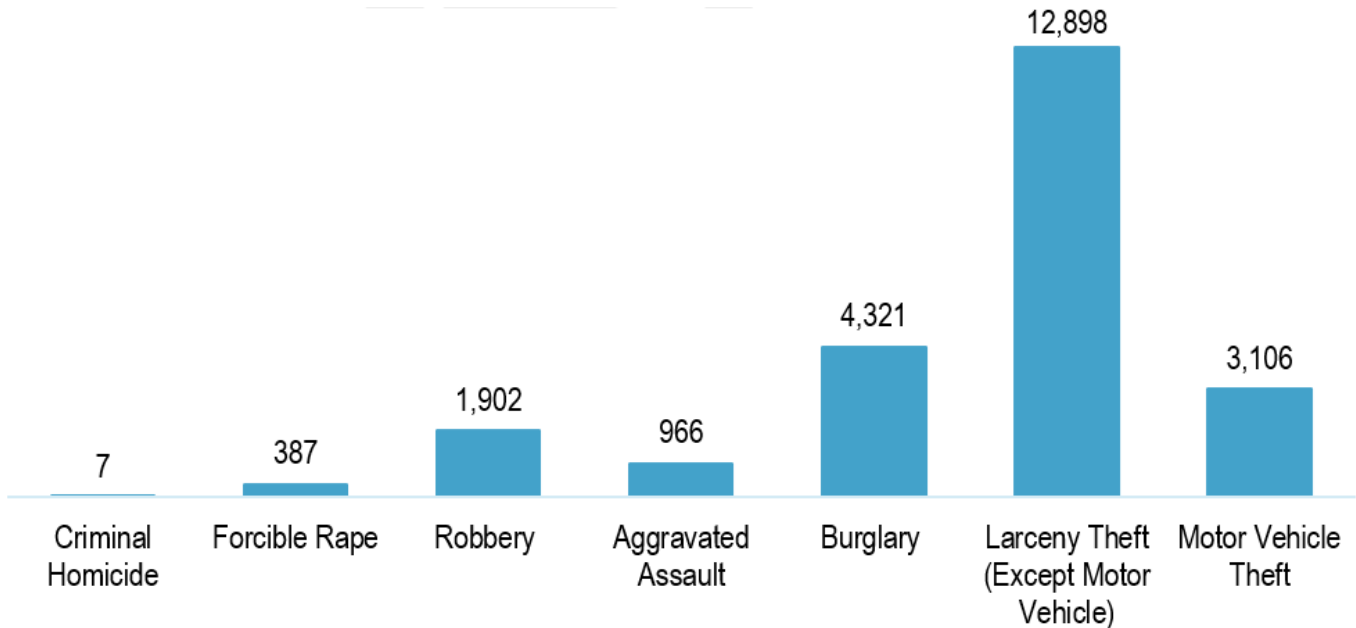
1. Criminal Homicide
2. Forcible Rape
3. Robbery
4. Aggravated Assault
5. Burglary
6. Larceny-theft (except motor vehicle theft)
7. Motor Vehicle Theft
8. Arson

Additionally, there were 38 events that resulted in the reporting of hate crimes between 2015 and 2019. UCR standards require participating law enforcement agencies to report hate crimes as separate from and additional to the crimes listed above. According to the UCR handbook, hate crimes are not distinct crimes, but are traditional crimes motivated, in whole or in part, by the offender’s bias against a race, religion, disability, sexual orientation, or ethnic or national origin group. Consequently, BPD collects hate crime data by capturing additional information about crimes they already report to the UCR program.

The CAD data does not include all the Part I UCR crime reports BPD filed because not all instances of these crimes took place during an event or involved dispatching police personnel. Further, an event classified as a Part I crime in CAD does not necessarily mean that a crime was ultimately charged or committed. Altogether, from 2015 to 2019, a total of 6.7 percent of events in CAD with a police response resulted in a Part I UCR crime report. While there could be more than one UCR crime report per event, we used the hierarchy rule to identify each event by the most severe crime. As of this writing, we do not have detailed information on Part II crime reports as this information was not available to us.

Figure 13 shows the number of events in CAD that resulted in a Part I UCR crime report from 2015 to 2019.

Figure 13. CAD Events with a Part I UCR Crime Report, 2015-2019 (n = 23,587 out of 350,800 events)



Note: There were no UCR reports of Arson in the data.

Source: Auditor’s analysis of Berkeley Police Department Computer Aided Dispatch data

Table 5 shows how events with Part I UCR crime reports from 2015 to 2019 are classified for the purposes of this report.

Table 5. Auditor Classification of Events that Resulted in a Part I UCR Crime Report, 2015-2019 (n = 350,800 events)

Auditor Classification	Events with UCR Reports Filed	Total Events	% of Total Events with UCR Reports
Property Crime (FBI Part I Crimes)	17,475	26,421	66.14%
Community	2,058	88,031	2.34%
Violent Crime (FBI Part I Crimes)	1,752	2,465	71.08%
FBI Part II Crimes	1,555	77,820	2.00%
Alarm	305	21,317	1.43%
Traffic	230	89,165	0.26%
Investigative or Operational	85	10,350	0.82%
Medical or Mental Health	64	12,434	0.51%
Information/ Administrative	63	22,797	0.28%

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Table 6 shows how many of the top ten call types in CAD resulted in a Part I UCR crime report, from 2015 to 2019.

Table 6. Top 10 Call Types of Events that Resulted in a Part I UCR Crime Report, 2015-2019 (n = 189,536 out of 350,800 events)

Call Type	Events with UCR Reports Filed	Total Events	% of Total Events with UCR Reports
1. T - Traffic Stop	49	44,795	0.11%
2. 415 - Disturbance	261	35,696	0.73%
3. 1033A - Audible Alarm	245	19,920	1.23%
4. 415E - Noise Disturbance	4	15,773	0.03%
5. SEC - Security Check	120	15,262	0.79%
6. 1042 - Welfare Check	40	15,030	0.27%
7. SUSCIR - Suspicious Circumstance	920	11,547	7.97%
8. 602L - Trespassing	32	11,058	0.29%
9. 484 - Theft	5,752	10,556	54.49%
10. W911 - Wireless 911	16	9,899	0.16%

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

IV. Characteristics of Officer-Initiated Stops

Analysis of 56,070 officer-initiated stops from 2015 to 2019

In this section, we provide an overview of the data we obtained on officer-initiated stops including the types of stops police make, stop trends over time, and stops that result in enforcement or searches.⁸ We also breakdown some of this information by race and age. In the context of this report, the number of officer-initiated stops refers to the number of individuals detained by BPD. This means that there could be more than one individual stopped per CAD event. For example, if an officer initiates a vehicle stop and detains two individuals, this is counted as one event with two stops.

We review the following components related to stops:

1. Officer-initiated stops by stop type
2. Time of day when stops occur
3. Dispositions, including:
 - a. Stops by race and age
 - b. Enforcement outcomes
 - c. Searches

State law authorizes Berkeley police officers to enforce state and local traffic laws to promote public safety. Officers enforce traffic laws by stopping drivers who may be violating traffic laws. Pedestrians and cyclists may also be stopped. Officers are required to record the results of all stops. In this report, we refer to these events as officer-initiated suspicious vehicle stops, vehicle stops, pedestrian stops, or bicycle stops.⁹ All Berkeley police officers, whether assigned to the Traffic Bureau or not, are directed to participate in traffic enforcement and to be on the lookout for speeding, pedestrian safety concerns, and drivers under the influence.

Our stop analysis is the most recent effort to analyze police stop data in the City of Berkeley, but another organization also examined police stop data.¹⁰ In 2015, BPD contracted with the Center for Policing Equity (CPE) to conduct an analysis of Berkeley's police stop data. Their analysis covered an observation period of 2012 through 2016.

⁸ The data analyzed in this section slightly differs from stop data on the City's Open Data Portal. This analysis only looks at officer initiated stops using a dataset pulled by the department, whereas the Open Data Portal provides disposition data for both officer-initiated and non-officer-initiated stops (e.g., emergency and non-emergency calls for service). The overall difference between the two is not significant.

⁹ According to BPD, vehicle stops are different from suspicious vehicle stops. Vehicle stops can include stops for traffic violation enforcement or investigation of suspected criminal activity, and are initiated by officers. A suspicious vehicle stop is similar, but is typically dispatched by the Communications Center in response to a call for service.

¹⁰ According to its website, the Center for Policing Equity is a nonprofit organization that "produces analyses identifying and reducing the causes of racial disparities in public safety and advocates for large-scale and meaningful change."

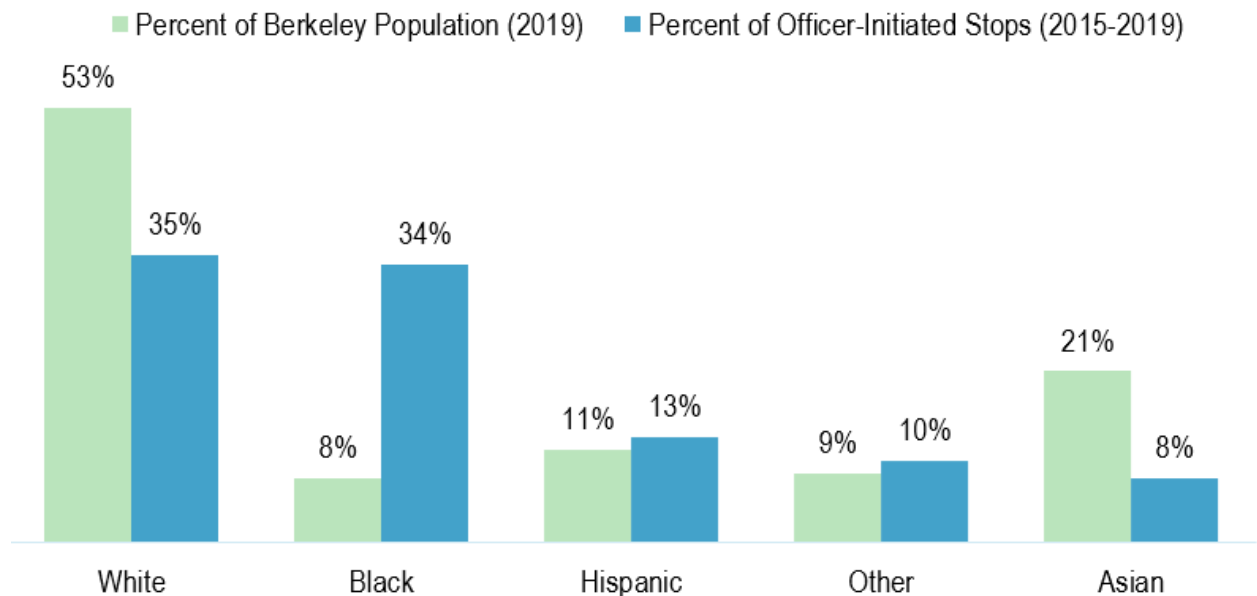
All of the charts in this section reflect officer-initiated stops for a total of 56,070 individuals from 2015 to 2019. A significant portion of information about stops draws from disposition reports submitted by officers and other traffic enforcement units. These disposition reports summarize information including race, sex, and age of the individuals involved in the event, the reason for the stop, the enforcement action, and whether or not BPD conducted a search. As such, this section does not include information for 4,961 stops that did not have accompanying disposition data. We did not determine the methods BPD typically uses to determine individuals' race, sex, or age as that was outside the scope of our audit.

While the time period we analyzed overlaps and extends beyond the time period examined by CPE, our analysis uncovered a number of the same general patterns in stops, searches, and dispositions.

We found that the majority, 78 percent, of officer-initiated stops were vehicle stops, and most of them occurred between 8:00pm and 1:00am. The majority of vehicle stops did not lead to a search, and most stops led to a warning.

With regard to race, our data mirrored data by CPE in that BPD stopped Black and Hispanic individuals at higher rates than their representation in the population, Black individuals significantly so. BPD stopped White and Asian individuals at lower rates. We did not conduct an analysis regarding how this data should be interpreted, but simply note that these patterns are consistent with what CPE found in the data they examined.

Figure 14. Race and Officer-Initiated Stops



Note: For the purposes of this figure for Berkeley populations, the U.S. Census categories of American Indian and Alaska Native alone, Native Hawaiian and Other Pacific Islander alone, and Two or More Races are summed for Other; White is White alone, not Hispanic or Latino.

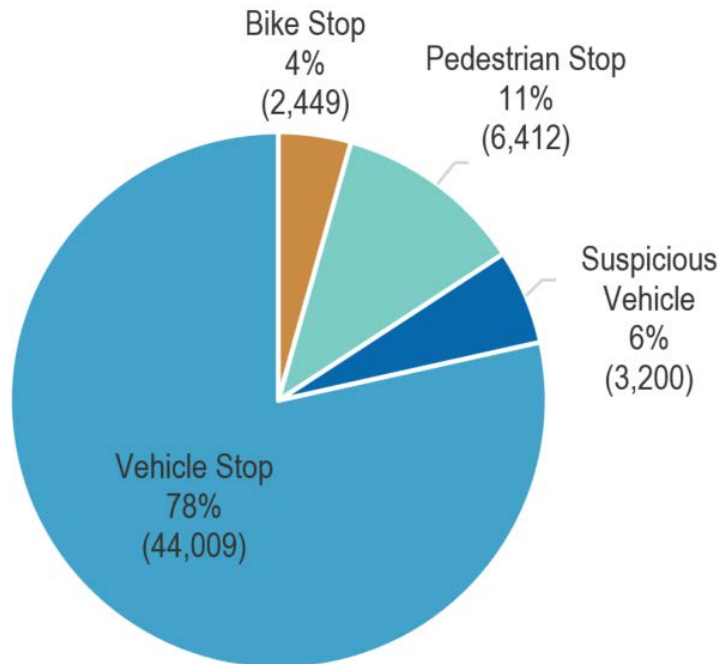
Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data and 2019 US Census data

Further, like CPE, we found that Black and Hispanic individuals are more likely to be searched after being stopped, yet searches of these groups are less likely to result in an arrest than searches of White and Asian individuals. However, we did not do a full comparative analysis between the data set that is the subject of this report and the data reviewed by CPE because it was outside the scope of this overview report. More data on stops and searches are included in the following sections and in Appendix C and D.

Overall Stops

Figure 15 shows the percentage of different types of officer-initiated stops from 2015 to 2019.¹¹

Figure 15. Officer-Initiated Stops by Type of Stop, 2015-2019 (n = 56,070 individuals stopped)



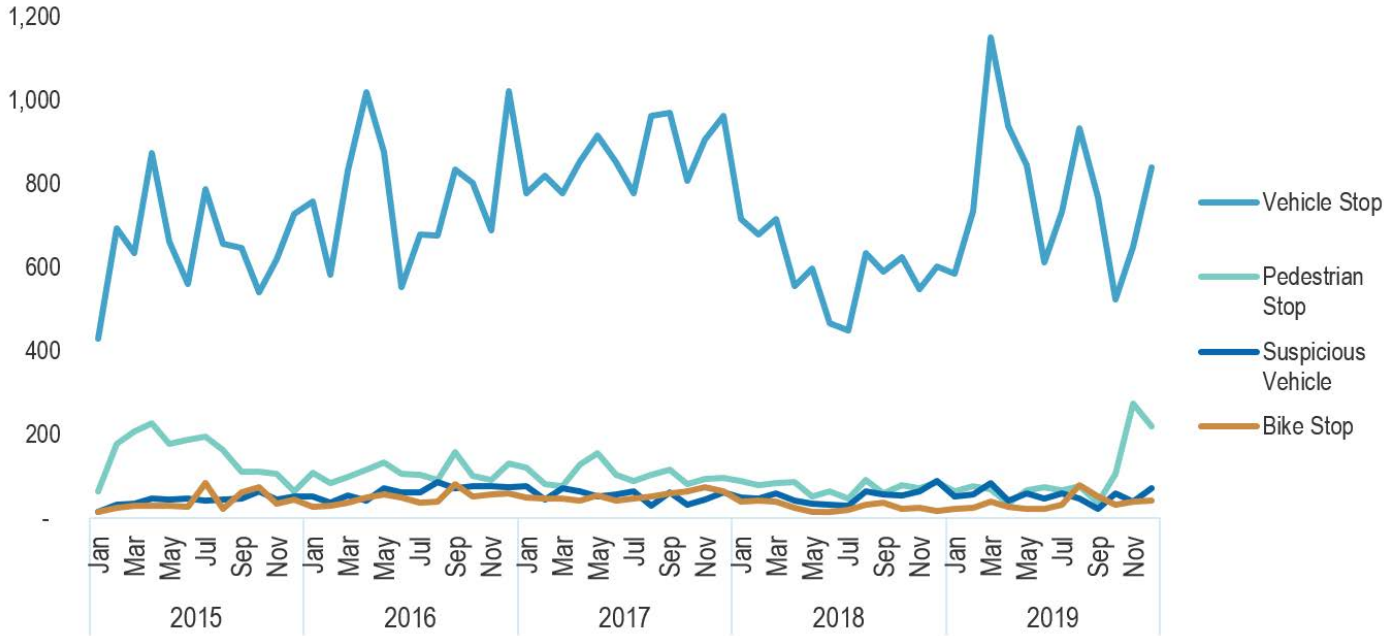
Note: Figures 15 to 29 do not include information for 4,961 stops that did not have accompanying disposition data.

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

¹¹ According to BPD, vehicle stops are different from suspicious vehicle stops. Vehicle stops can include stops for traffic violation enforcement or investigation of suspected criminal activity, and are initiated by officers. A suspicious vehicle stop is similar, but is typically dispatched by the Communications Center in response to a call for service.

Figure 16 shows the number of any type of officer-initiated stop from 2015 to 2019. Because officers initiate stops, the number of stops they make depends largely on their availability. If an officer is busy responding to a high number of community-initiated calls, they are less likely to proactively initiate stops.

Figure 16. Officer-Initiated Stops by Month, 2015-2019 (n = 56,070 individuals stopped)

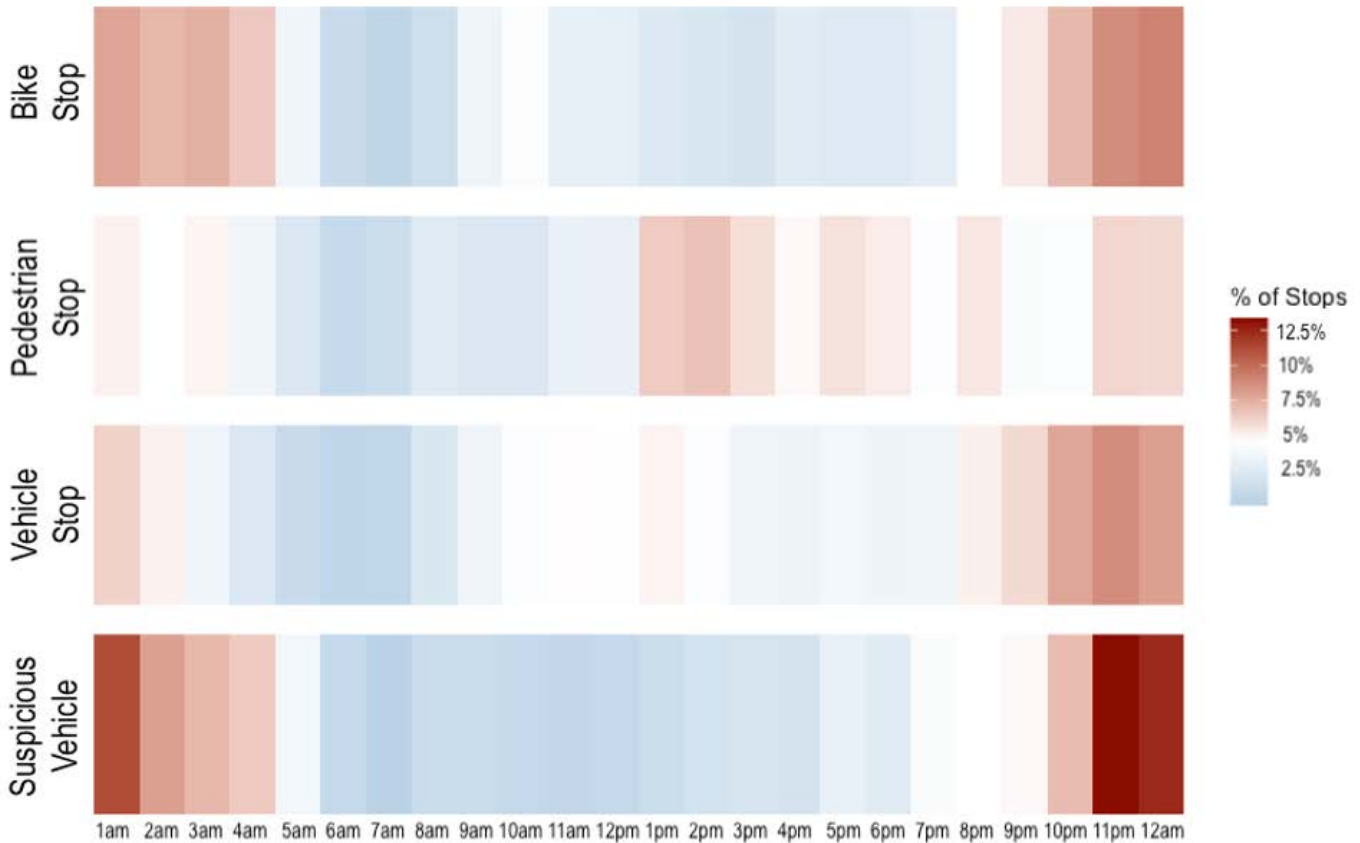


Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Stops by Time of Day

Figure 17 is a heat map that adds up all of the events from 2015 to 2019, based on the time in which an officer initiated a stop. The chart is organized by the time of day on the bottom (x axis) and the type of stop conducted on the left (y axis). The colors in each row represent the number of stops as a percentage of all stops for each category. The blue color reflects fewer events, while a deeper red reflects more events.

Figure 17. Officer-Initiated Stops by Time of Day as a Percentage of Each Stop Type, 2015-2019 (n = 56,070 individuals stopped)



Source: Auditor’s analysis of Berkeley Police Department Computer Aided Dispatch data

Stop Dispositions

BPD tracks information about stop dispositions. This information includes the officer reported race, sex, and age of the individuals involved in the event, the reason for the stop, the enforcement action, and whether or not BPD conducted a search. BPD’s General Order B-4 required officers to provide stop disposition data after making any stop during the audit period of 2015 to 2019.

In 2015, the California legislature passed the Racial and Identity Profiling Act (RIPA) which supersedes General Order B-4. The goal of RIPA is to have more robust and reliable data to understand the demographics of those stopped by the police in California. RIPA requires law enforcement agencies to collect additional information about stop dispositions including contraband or evidence recovered during the stop, basis of a search if conducted, actions taken during the stop, and officer years of experience and assignment. While BPD stated that these requirements were mandated to start in 2022, BPD started collecting the data required by RIPA in October 2020. According to BPD and the City's Department of Information Technology, officers do not collect personally identifying information as part of meeting RIPA requirements.

All the stop disposition data presented in this report was reported under the guidelines of General Order B-4 and before BPD implemented RIPA.

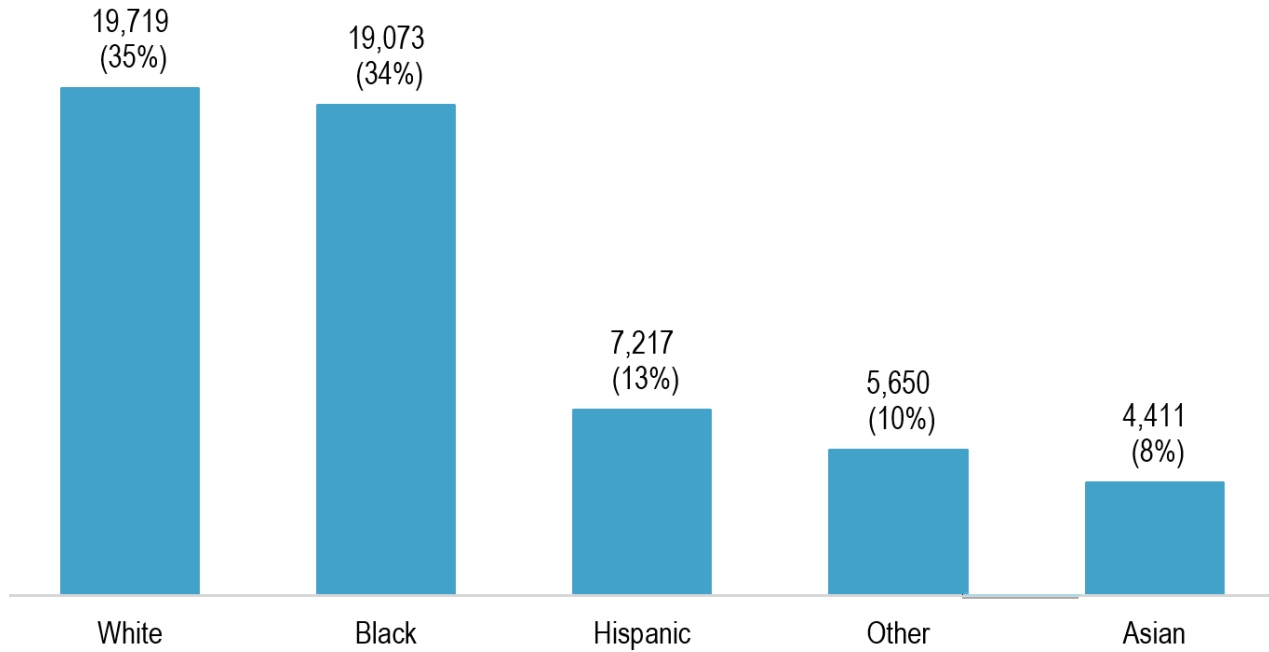
Stops by Race and Age

In this section, we present an overview of officer-initiated stops by race and age. BPD records demographic information for people stopped by the police, including their race, sex, and age. Until October 2020, officers used a six-digit disposition code to record information on the race, sex, and age of the person or people involved in stops, as well as the type of stop, the enforcement outcome, and if the officer performed a search. In October 2020, the BPD transitioned to collecting stop data in accordance with the RIPA using an app installed on each officer's City-issued smart phone.¹² Officers are now required to collect the same information as the disposition code used previously and additional information on the stop.

¹² Memo to City Council, October 13, 2020, https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_General/RIPA%20data%20101320.pdf

Figure 18 shows the percentage and number of stops by race from 2015 to 2019. BPD uses five groups to document the race of people involved in stops: Asian, Black, Hispanic, White, and Other.

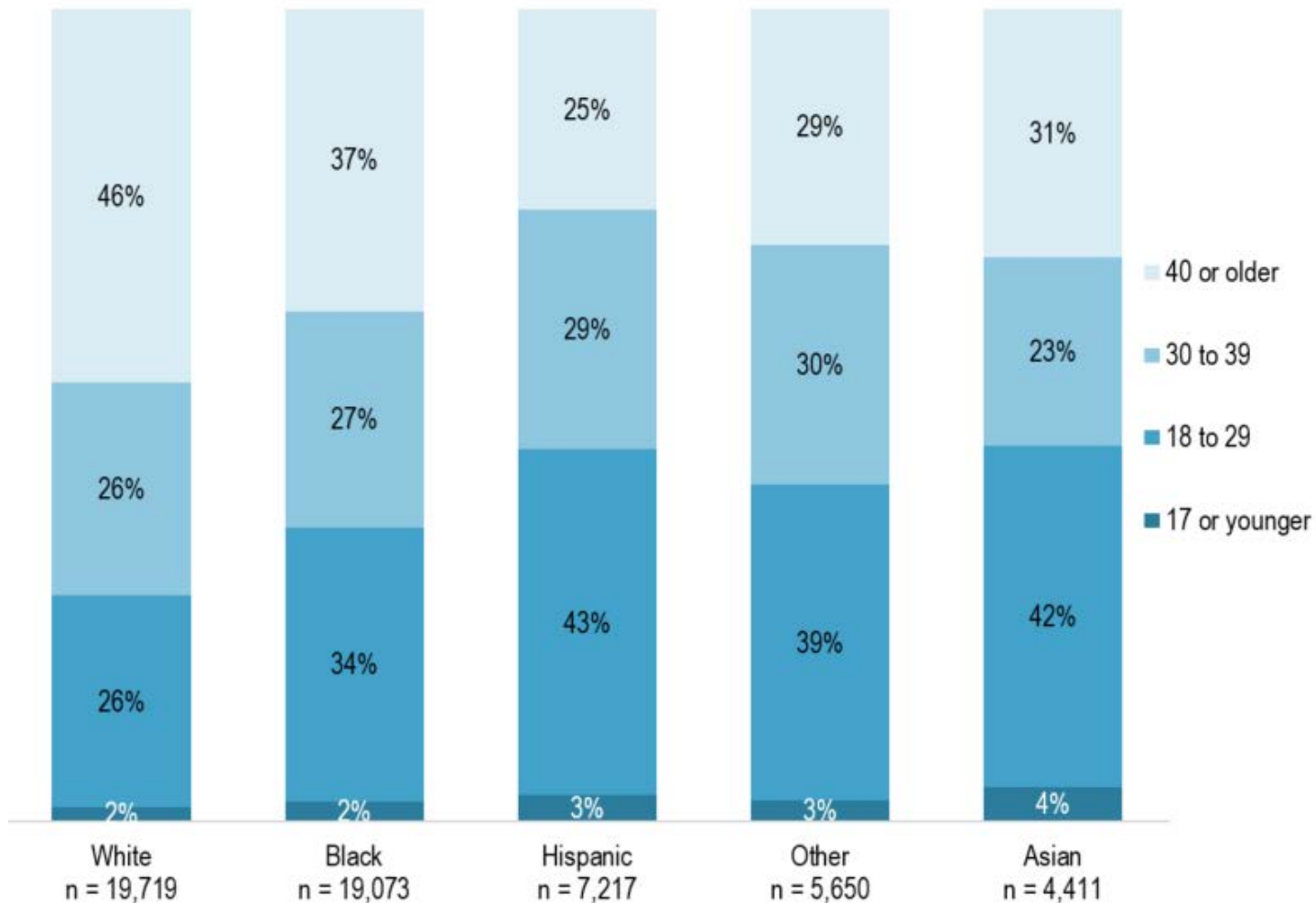
Figure 18. Officer-Initiated Stops by Race, 2015-2019 (n = 56,070 individuals stopped)



Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 19 shows stops by age and race from 2015 to 2019.

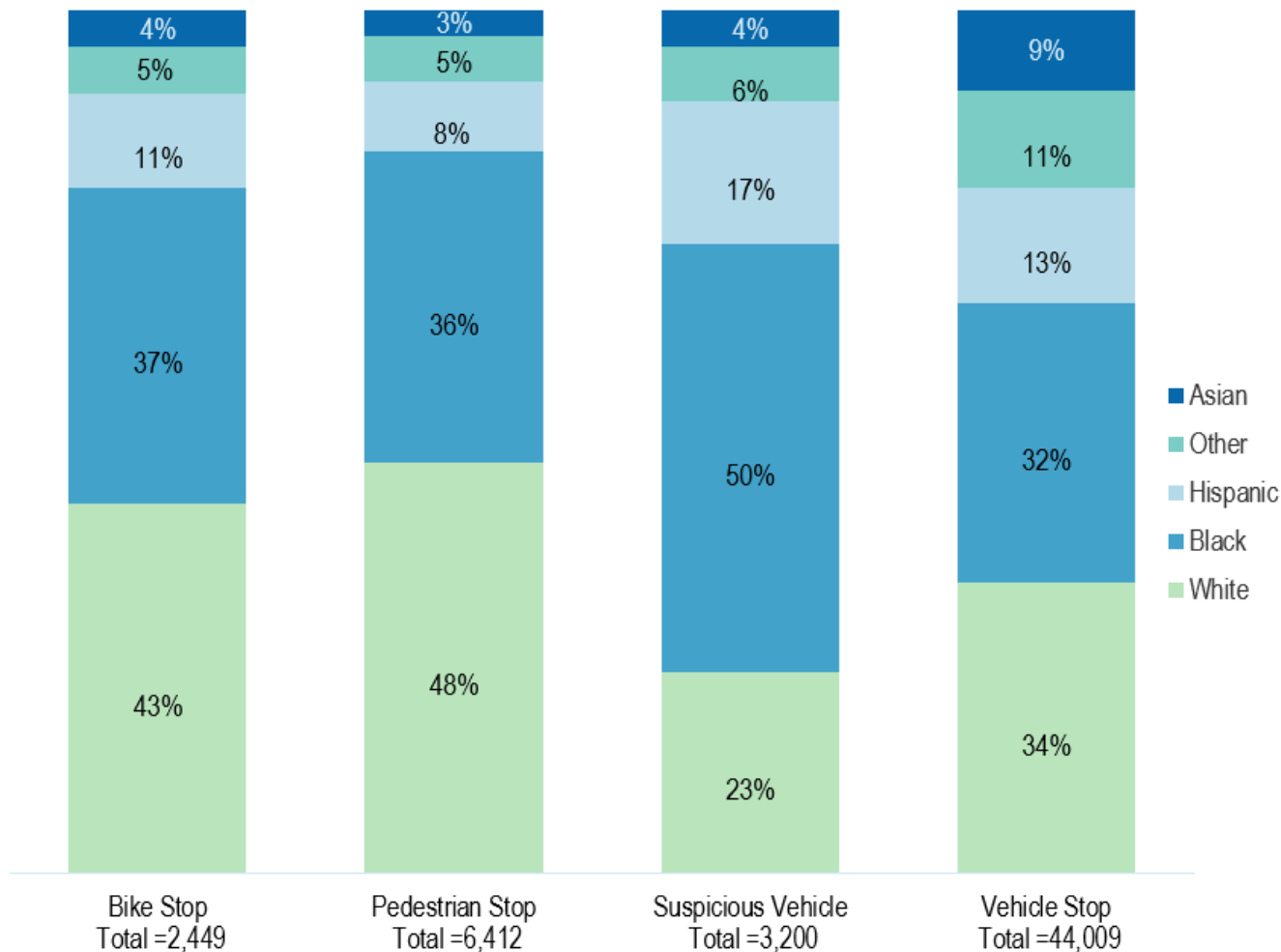
Figure 19. Officer-Initiated Stops by Race and Age, 2015-2019 (n = 56,070 individuals stopped)



Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 20 shows the distribution by race within each type of stop from 2015 to 2019.

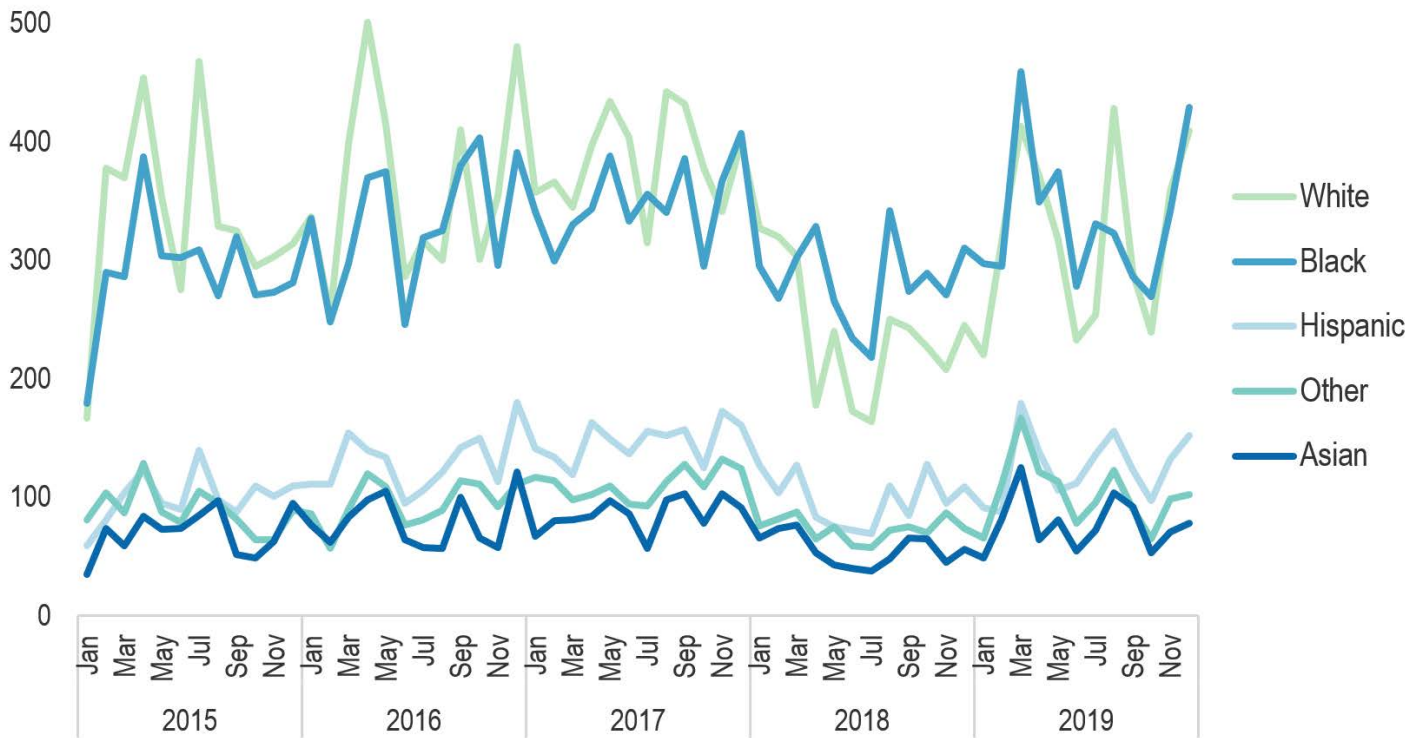
Figure 20. Type of Officer-Initiated Stops by Race, 2015-2019 (n = 56,070 individuals stopped)



Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 21 shows the monthly distribution for all types of stops by race from 2015 to 2019.

Figure 21. Officer-Initiated Stops by Race and Month, 2015-2019 (n = 56,070 individuals stopped)



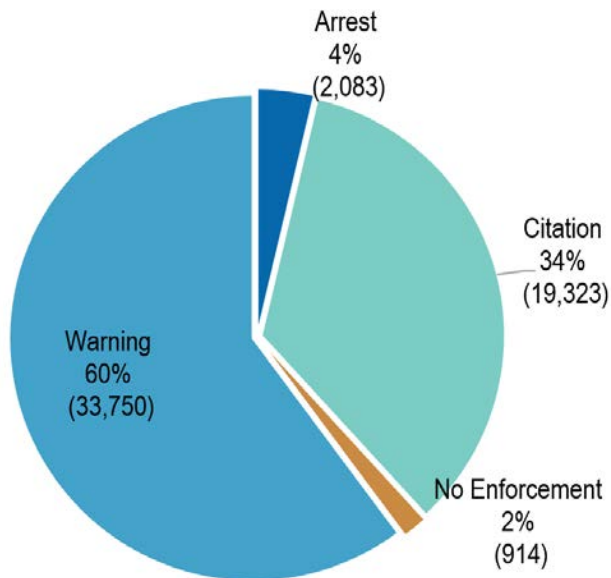
Source: Auditor’s analysis of Berkeley Police Department Computer Aided Dispatch data

Enforcement

Officer-initiated stops sometimes result in enforcement outcomes. The four possible enforcement actions are arrest, citation, warning, and no enforcement. BPD’s General Order T-03 guides how officers are expected to use enforcement, including when to provide a verbal warning or a citation, in accordance with the California Vehicle Code. The general order directs officers to use their professional judgement in deciding whether to issue a warning instead of a citation. It also directs officers to issue a correctable citation for certain violations such as equipment or registration. Additionally, the general order directs officers to interact with the individuals and observe if there are signs of intoxication, visible guns, open alcohol containers or drugs, or other indicators of a crime.

Figure 22 shows the breakdown of types of enforcement actions of stops, including arrest, citation, warning, and no enforcement.

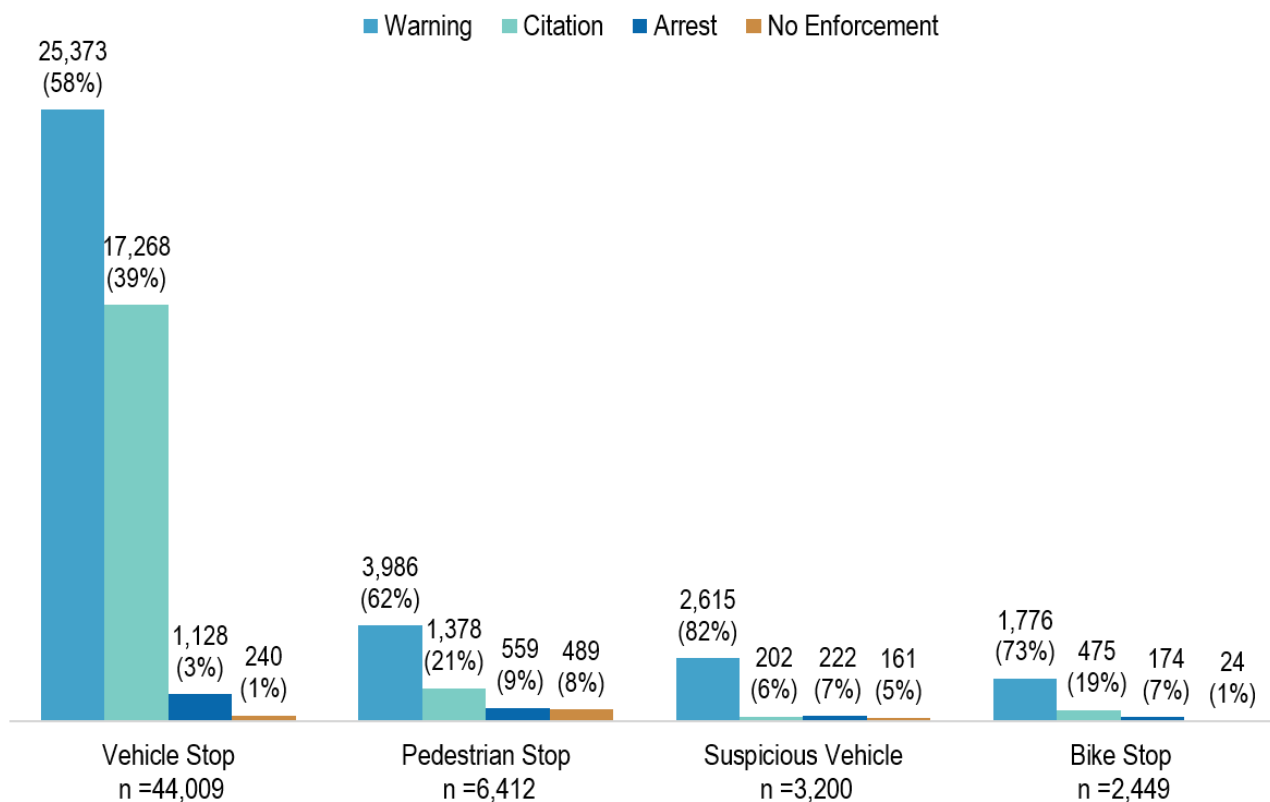
Figure 22. Enforcement Actions of Officer-Initiated Stops, 2015- 2019 (n = 56,070 individuals stopped)



Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 23 shows the number of enforcement actions, broken down by type of enforcement and stop, from 2015 to 2019.

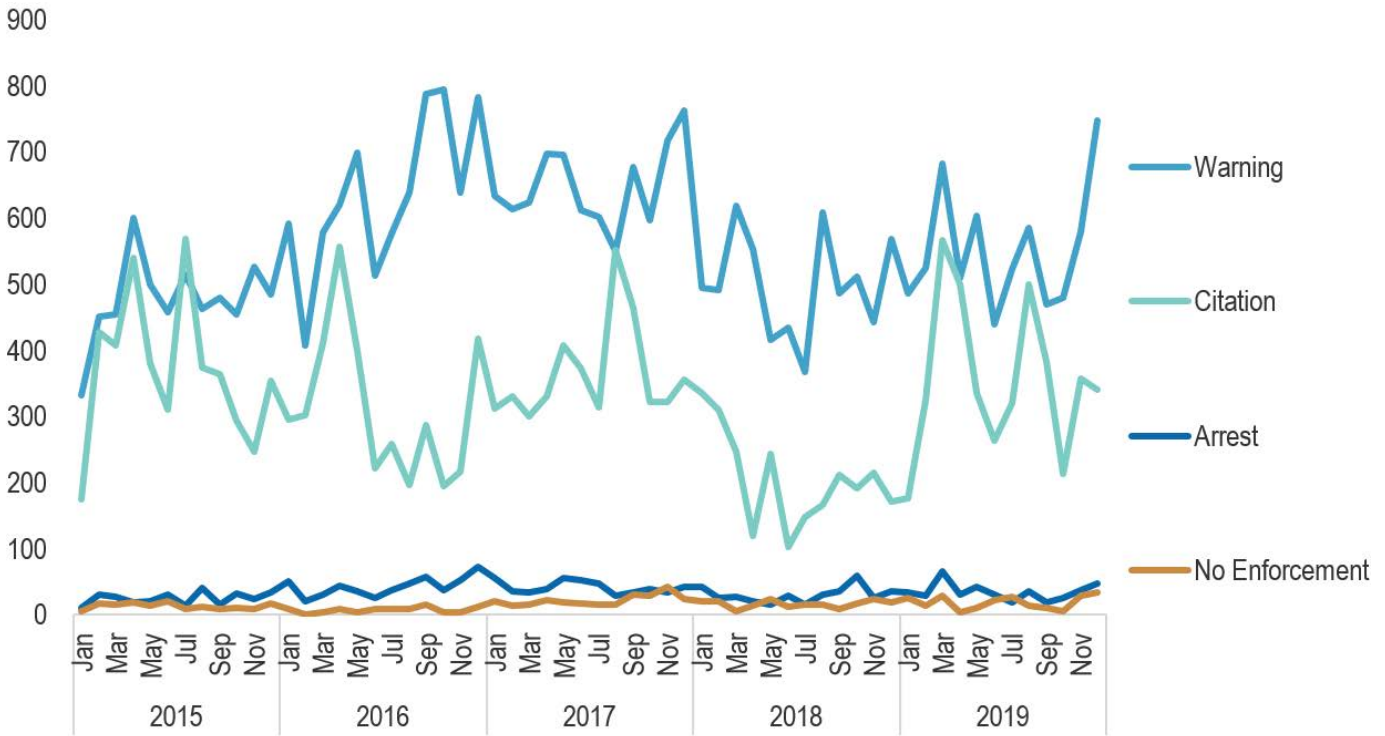
Figure 23. Enforcement Actions of Officer-Initiated Stops by Stop Type, 2015-2019 (n = 56,070 individuals stopped)



Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 24 shows the number of stops by enforcement action and month from 2015 to 2019.

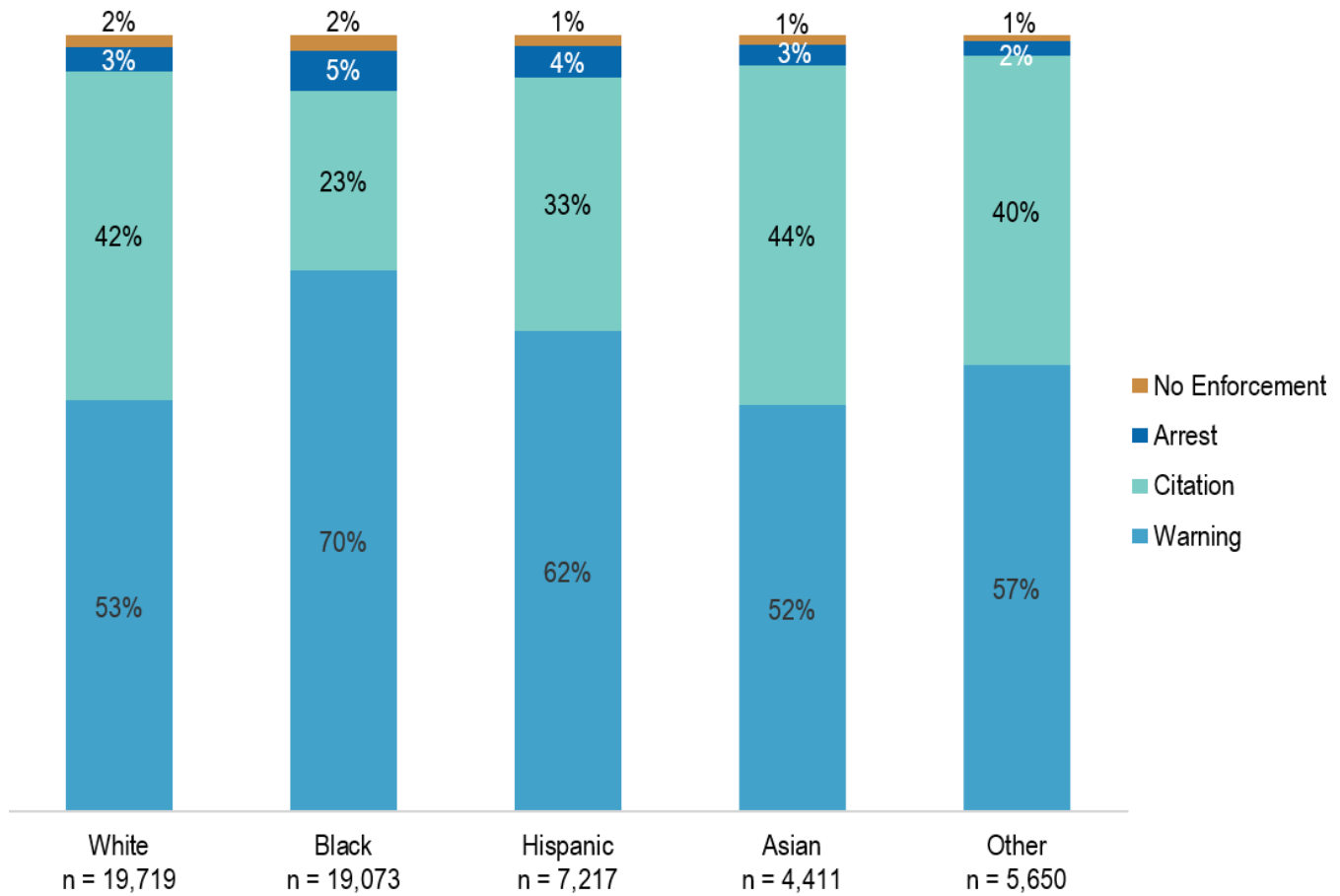
Figure 24. Enforcement Actions of Officer-Initiated Stops by Month, 2015-2019 (n= 56,070 individuals stopped)



Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 25 shows the stop enforcement actions by race from 2015 to 2019.

Figure 25. Enforcement Actions of Officer-Initiated Stops by Race, 2015-2019 (n = 56,070 individuals stopped)



Source: Auditor’s analysis of Berkeley Police Department Computer Aided Dispatch data

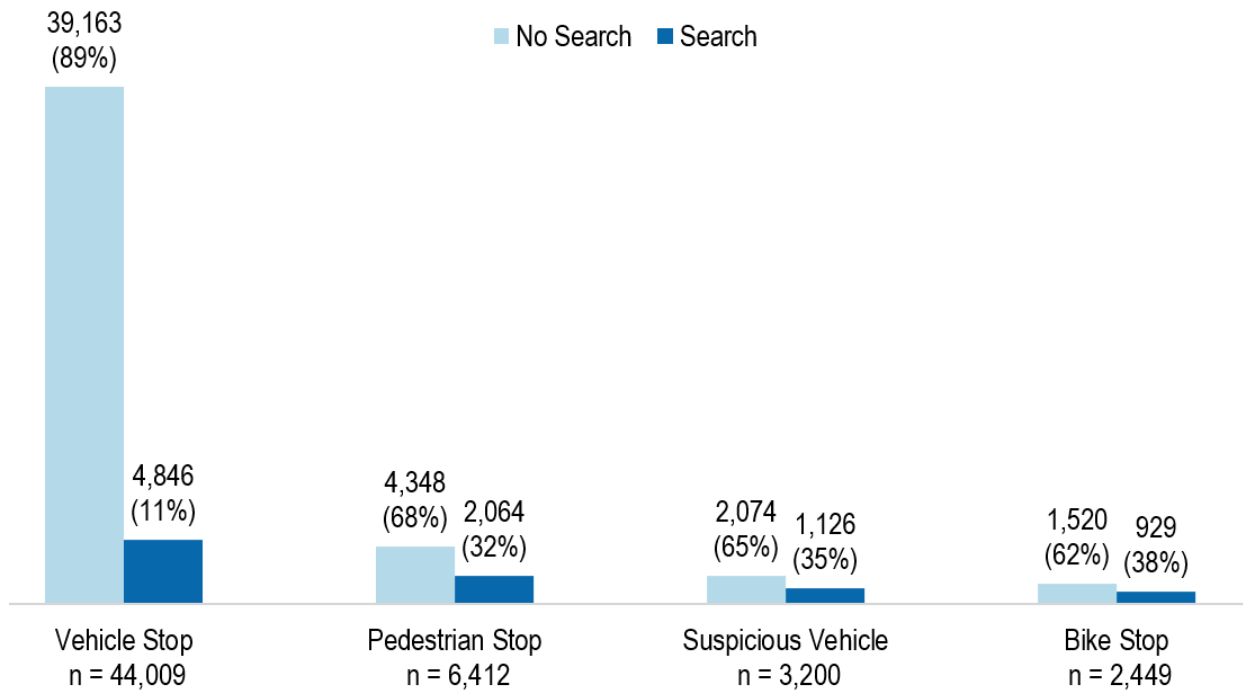
Searches

The following section provides information on whether BPD conducted a search during vehicle, bike, suspicious vehicle, or pedestrian stops. We break down all types of searches and resulting enforcement actions by race.

The stop disposition data during the 2015 to 2019 audit period did not include information on whether the officer asked for consent to search the person, and if so, whether the individual gave consent. The data also does not indicate the basis for the search, nor the type of contraband or evidence that was recovered, if any.

Figure 26 shows individuals stopped by type and search outcome from 2015 to 2019. Out of 56,070 stops, 8,965 (16 percent) result in a search.

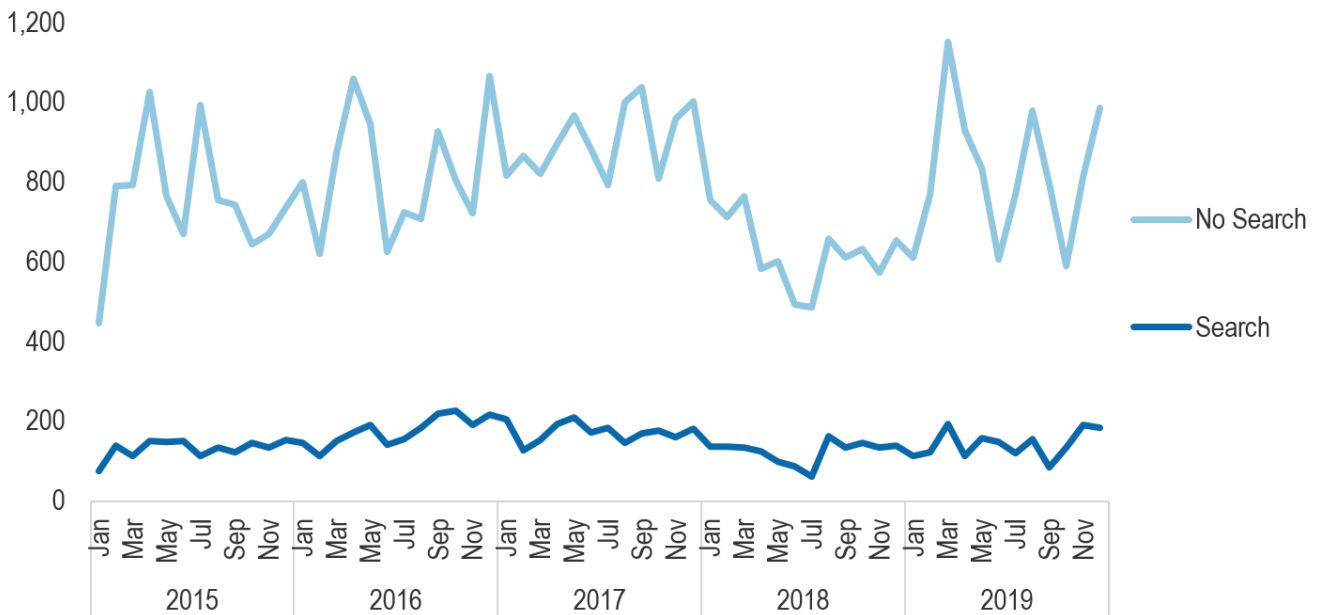
Figure 26. Searches Resulting from Officer-Initiated Stops by Stop Type, 2015-2019 (n = 56,070 individuals stopped)



Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 27 shows stops by search outcome by month from 2015-2019.

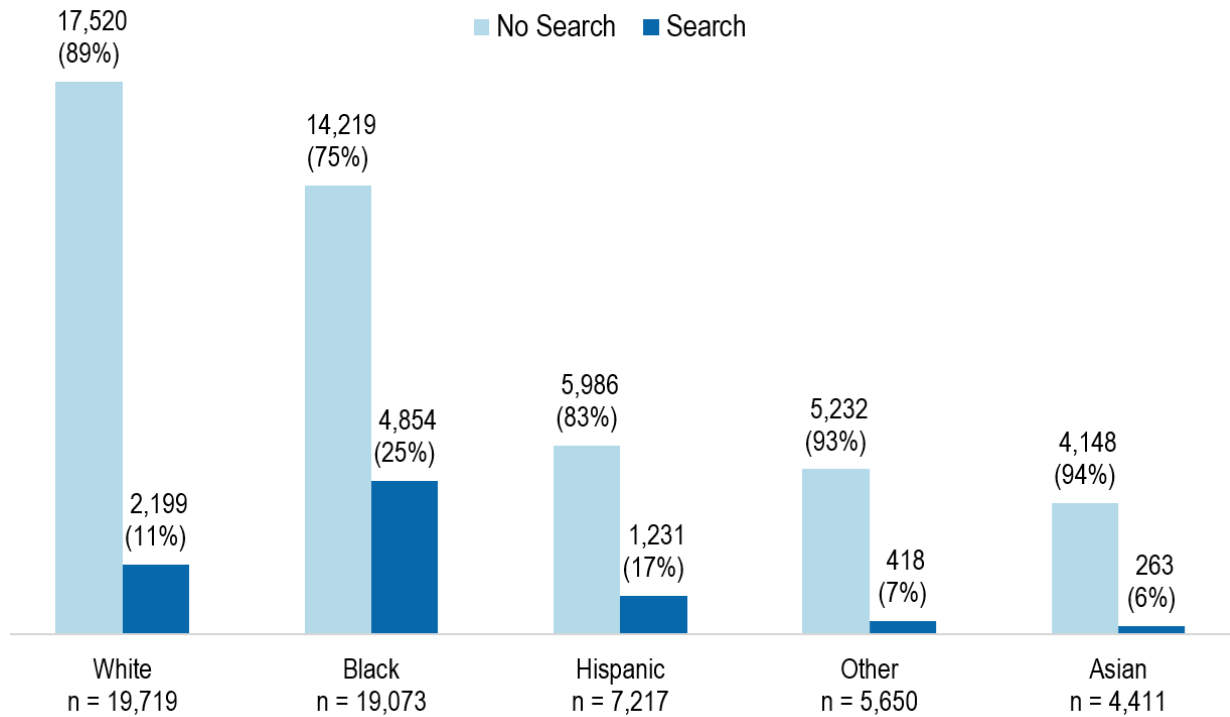
Figure 27. Searches Resulting from Officer-Initiated Stops by Month, 2015-2019 (n = 56,070 individuals stopped)



Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 28 shows stops by search outcome and race from 2015 to 2019.

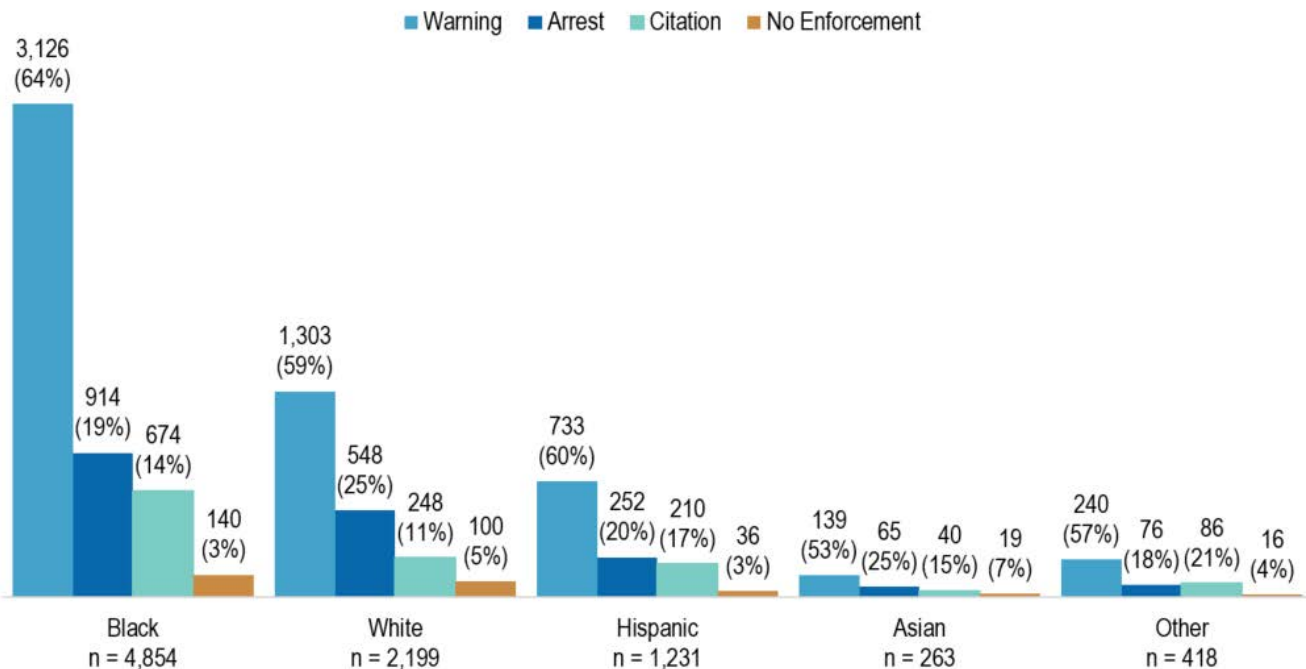
Figure 28. Searches Resulting from Officer-Initiated Stops by Race, 2015-2019 (n = 56,070 individuals stopped)



Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 29 shows searches and resulting enforcement outcomes by race from 2015 to 2019.

Figure 29. Enforcement Outcomes of Searches Resulting from Officer-Initiated Stops by Race, 2015-2019 (n = 56,070 individuals stopped)



Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

V. Characteristics of Police Response

Analysis of 637,313 responses from BPD sworn officers and other units

This section presents an overview of data about personnel that responded to events. Personnel dispatched to respond to events can include non-police personnel in addition to BPD personnel. All events in this CAD analysis include a response by at least one BPD sworn officer, though the Communications Center can also dispatch additional non-police personnel to certain events as needed. BPD Communications Center staff also play an important role in how BPD responds to events.

We review the following components related to police response:

1. Response by personnel unit type
2. Number of personnel responding to events
3. Personnel time spent responding to events

Sworn officers represented 96 percent, or most of the personnel that responded to events, and personnel from other units accounted for 4 percent of total personnel that responded to events. Parking enforcement officers and bike units accounted for over half of the personnel responses from other units. On average, BPD dispatched 1.8 personnel per event. The majority of personnel time, 69 percent, is spent responding to events classified as Community, FBI Part II Crimes, and Traffic. The data, which includes the classification or call type assigned to the event prior to BPD arriving at the event, may not reflect the actual event that takes place.

Primary BPD Response Personnel

Our analysis primarily reflects work conducted by the Communications Center and patrol teams to respond to events in the Berkeley community, with some information about additional supportive units. We provide a summary of each of these units below.

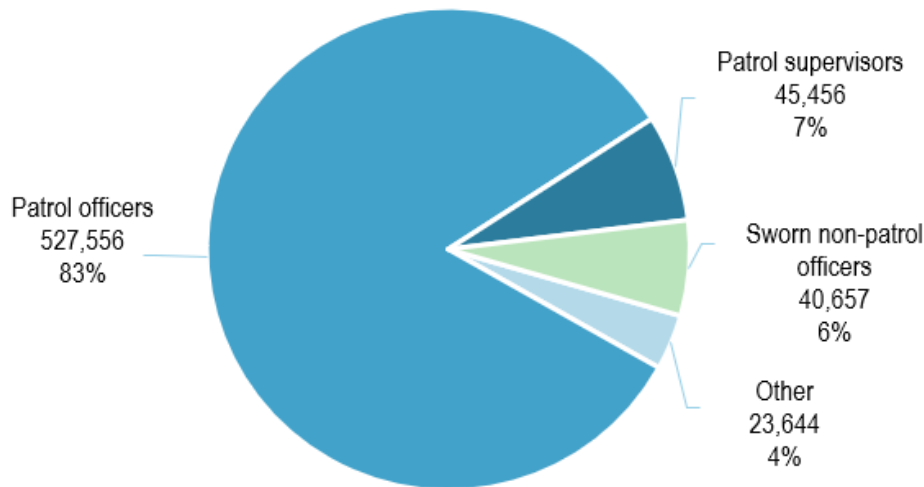
Patrol Teams. The Berkeley Police Department provides patrol services 24 hours a day, seven days a week. These teams of sworn officers are usually the first and primary responders to calls for service. According to BPD's Policy 400, the function of a patrol team is to respond to calls for assistance and reports of criminal activity, act as deterrent to crime, enforce state and local laws, identify community needs, provide support and assistance to the community, and respond to emergencies. Their duties may also include directing traffic, providing mutual aid, and responding to calls for help. The police responses tracked in the CAD data are largely from patrol teams and their supervisors.¹³

¹³ Patrol teams may include reserve officers who serve in a part-time capacity, and supplement and assist regular sworn police officers in their duties. Reserve officers can be dispatched to similar assignments as full-time patrol officers with the exception of some felonies and more serious offenses and are required to get patrol sergeant approval when making arrests.

Communications Center. The Communications Center is part of the Support Services Division of the Berkeley Police Department, overseen by a sworn police captain. The Communications Center serves as Berkeley's 911 public safety answering point, receiving all emergency and non-emergency police, fire, and medical calls in the City, and dispatching public safety personnel to respond as appropriate. The Communications Center is staffed 24 hours a day, 365 days of the year by a team of dispatchers. Dispatchers are highly trained professionals, who gather essential information from callers and dispatch the appropriate response team to the scene. They take control of situations that may be chaotic, stressful, confusing, and traumatic. Dispatchers are often described as "first responders" as they make primary contact with the person reporting the emergency. As described in Section II, the Communications Center is integral in directing and characterizing these responses. For more information about the Communications Center, see [911 Dispatchers: Understaffing Leads to Excessive Overtime and Low Morale](#), which the City Auditor's office released in 2019.

Other personnel units. A small portion of the data involves BPD personnel in units other than patrol teams that responded to events, as well as personnel from other city departments outside of BPD. Our data set did not include personnel dispatched from the Berkeley Fire Department, which may respond to an event that includes a BPD personnel. Other units may include the personnel described in the following sections.

Figure 30. Percentage of Personnel Responses by Type of Unit, 2015-2019 (n = 637,313 responses)



Note: The category with 527,556 patrol officer responses includes 3,105 reserve officer responses. Patrol supervisors include sergeants, lieutenants, and captains.

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Other BPD Response Personnel – Sworn Officers

In addition to patrol officers, BPD employs a core group of individuals who are sworn in as law enforcement officers. State law grants sworn officers the authority to enforce the law, including traffic law. According to BPD, no other personnel are granted the same authority at this time. The following sworn positions responded to events:

Area Coordinators. Area Coordinators are within the Community Services Bureau. These are officers on a special assignment in this unit. The Area Coordinators act as liaisons to the patrol officers in their assigned area and collaborate with other city departments or community organizations to solve long-term problems.

Bike Unit. Bike Unit personnel are officers on special assignment who travel by bike. They work in a focused geographical area and initiate stops related to their work, but they often self-dispatch to support patrol officers.

Special Enforcement. Special Enforcement officers are officers focused on detecting, apprehending, and prosecuting persons engaged in narcotics, vice, and organized crime. This Special Enforcement Unit was established in 2000 and most recently operated under investigations. BPD disbanded the drug taskforce within the Special Enforcement Unit in 2016.

Motor Unit. Motor unit officers operate within the Traffic Enforcement function of the Traffic Bureau. BPD staffs four motor officers who manage, investigate, and report on traffic-related events such as towed vehicles or collisions. The motor unit additionally supports the car seat education and installation program for the Berkeley Traffic Bureau.

Sworn, non-patrol officers. Some officers dispatched to events are sworn officers who are not assigned to patrol teams, such as when they are assigned to investigations or special assignments when they respond to a call.

Other BPD Response Personnel – Professional Personnel

In addition to patrol officers and other sworn personnel, BPD employs individuals who are non-sworn. The following non-sworn positions responded to events:

Community Service Officers. Community Service Officers (CSO) are specialized professionals performing a wide variety of technical support duties in the department. CSOs work most often in Berkeley City Jail, evidence, and investigations. According to BPD, while CSOs rarely appear in the CAD data, they may appear in cases when they need assistance from BPD officers in the jail.

Crime Scene Technician. Crime Scene Technicians are part of the Crime Scene Unit/Investigation, and are CSOs. The Crime Scene Supervisor oversees four Crime Scene Investigators who collect and document evidence at crime scenes. Crime Scene Technicians support patrol officers of all ranks and all detectives with searches for evidence but are ultimately responsible for managing evidence in major or complex crimes.

Parking Enforcement Officers. Parking Enforcement Officers operate within the Parking Enforcement Unit of the Traffic Bureau. Parking Enforcement Officers enforce local and state parking laws and regulations. Their functions include responding to parking issues as reported by the community, working traffic control posts during police incidents, and helping to manage traffic and parking at special events, such as the 4th of July, the Solano Stroll, and UC Football games. Berkeley Municipal Code authorizes non-sworn parking enforcement officers to issue citations for violations of state and local parking laws, but not traffic violations.

Non-BPD Response Personnel

University of California Officers. BPD dispatches these officers when they are partnered with a BPD officer as part of a special program in which BPD has the lead.

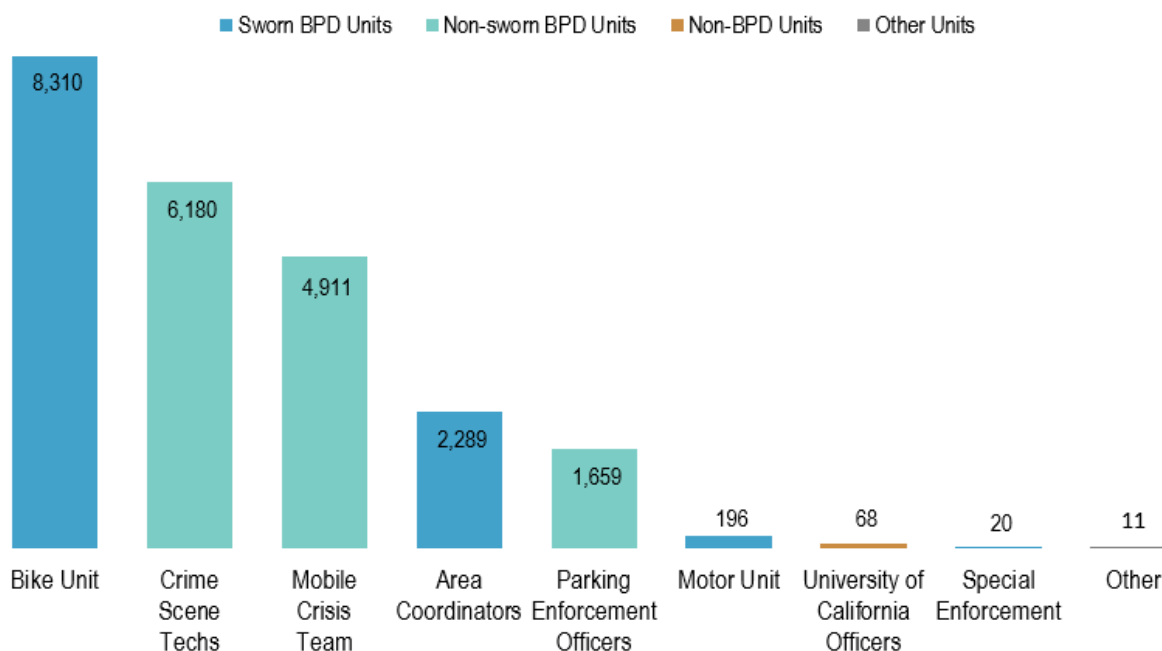
Animal Control. Animal Control are members of the City of Berkeley Animal Care Services. They are responsible for enforcement of city ordinances related to animals, removal of killed or injured animals, impoundment of stray pets, and investigation of animal-related neglect, cruelty, nuisance, and bite cases.

Mobile Crisis Team. The Mobile Crisis Team (Mobile Crisis) are staff in the City's Mental Health Division who may accompany BPD officers to calls related to individuals experiencing a mental health crisis. This team aims to reduce the impact of mental health emergencies through immediate response to crisis situations at the street-level and through coordination and consultation with local public safety organizations, hospitals, and other community groups.

Response to Events

BPD dispatched patrol officers to respond to events 527,556 times with multiple officers being dispatched to some events. Patrol officers include seven patrol teams and reserve officers. Supervisors include police sergeants, lieutenants, and captains. Other units include Animal Control, Area Coordinators, Bike Unit, Crime Scene Techs, Community Service Officers, Dispatchers, Mobile Crisis Team, Parking Enforcement Officers, Police Aides, Special Enforcement, Traffic Bureau, and University of California officers. Figure 31 shows the number of other personnel units that responded to events from 2015 to 2019.

Figure 31. Responses to Events by Other Units, 2015-2019 (n = 23,644 out of 637,313 personnel)



Note: Other includes: CSOs (non-sworn BPD unit), Police Aides (non-sworn BPD unit), and Animal Control (Non-BPD unit).

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

The number of personnel who respond to an event varies depending on the call type. Table 7 shows the average number of personnel who responded to an event by the most frequent call types. Appendix G provides the average personnel responses for all call types.

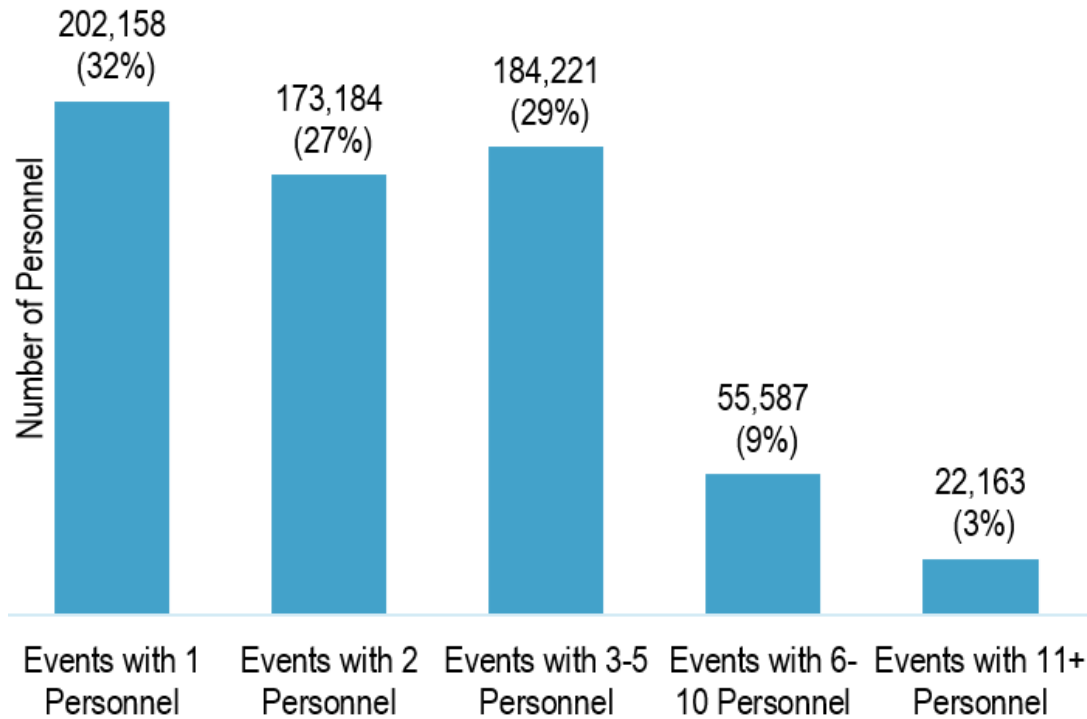
Table 7. Top Call Types by Personnel Response, 2015-2019 (n = 333,493 responses)

Call Type	Average Personnel Responses per Event	Total Number of Personnel Dispatched
415 - Disturbance	2.0	70,456
T - Traffic Stop	1.5	67,083
1033A - Audible Alarm	1.7	34,175
SUSCIR - Suspicious Circumstance	2.6	29,897
1042 - Welfare Check	1.9	29,266
SEC - Security Check	1.8	26,845
242 - Battery	3.1	21,672
SUSPER - Suspicious Person	2.3	18,654
415E - Noise Disturbance	1.1	18,009
484 - Theft	1.7	17,436

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 32 shows a breakdown of events by the number of responding personnel from 2015 to 2019.

Figure 32. Number of Personnel Responses per Event, 2015-2019 (n = 637,313 responses)



Source: Auditor’s analysis of Berkeley Police Department Computer Aided Dispatch data

BPD Patrol Teams

BPD has seven patrol teams, as shown in Figure 33. Each team is made up of 5 to 11 officers and two supervising sergeants. Four lieutenants oversee two patrol teams each. According to BPD, patrol teams often fall short of the number of assigned officers when officers are out due to sick leave, training, or injury, and officers do overtime to make the minimum staffing of 8-9 officers per team. The number of officers dispatched to an event will vary depending on the call type. On average, BPD dispatches 1.8 personnel per event. Appendix G includes the average personnel responses for each call type.

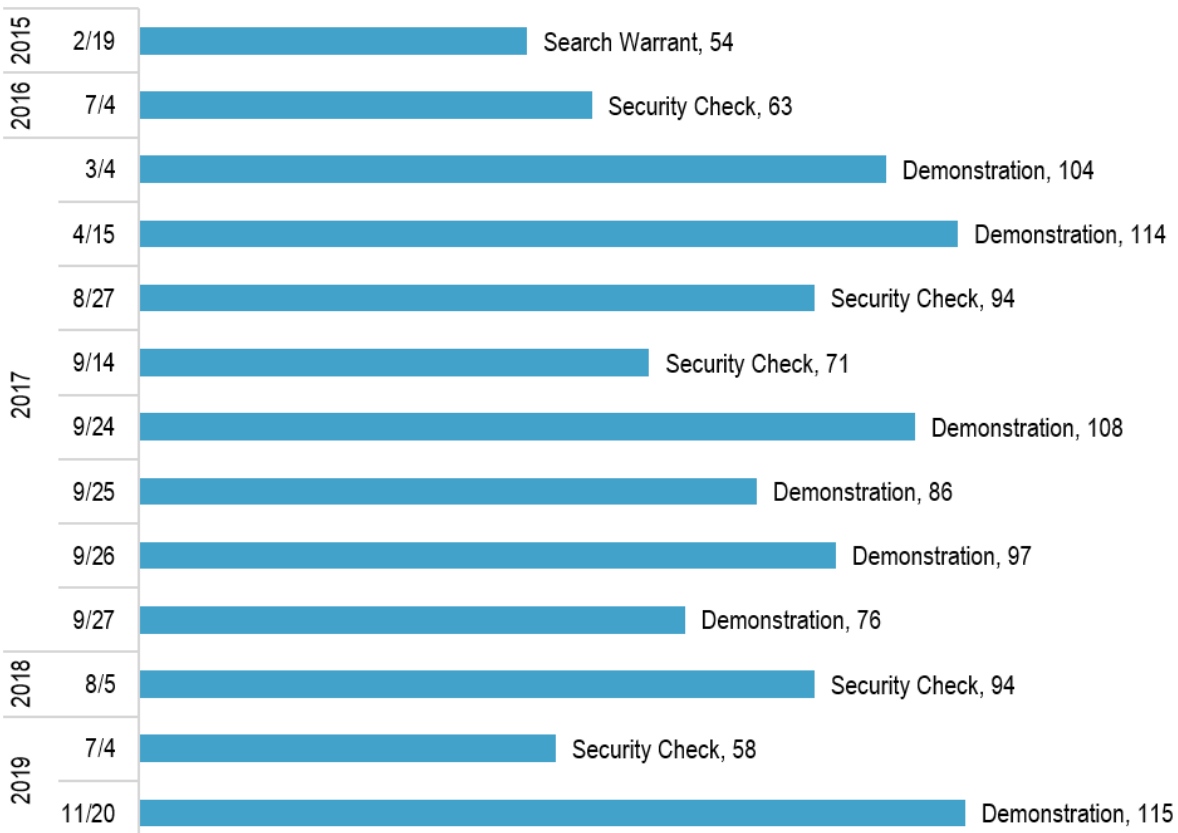
Figure 33. Example of Police Patrol Team Staffing

	Monday-Thursday				Friday-Saturday			
	Team 1	Team 2	Team 3	Team 4	Team 5	Team 6A	Team 6B	Team 7
Lieutenants	[Lieutenant Icon]		[Lieutenant Icon]		[Lieutenant Icon]		[Lieutenant Icon]	
Sergeants	[Sergeant Icon]		[Sergeant Icon]		[Sergeant Icon]		[Sergeant Icon]	
Officers	10-11	10-11	10-11	10-11	10-11	5	5	10-11
Shift Time	6:00a - 4:00p	11:00a - 9:00p	3:30p - 1:30a	8:30p - 6:30a	6:00a - 6:30p	11:30a - 12:00a	2:00p - 2:30a	6:00p - 6:30a

Source: Berkeley Police Department

Figure 34 shows the dates when more than 50 personnel were dispatched to one event during the five-year period, including the call type that was assigned to each respective event.

Figure 34. Events with Responses from More than 50 Personnel, 2015-2019 (n = 1,074 out of 637,313 responses)



Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Time Spent Responding to Calls

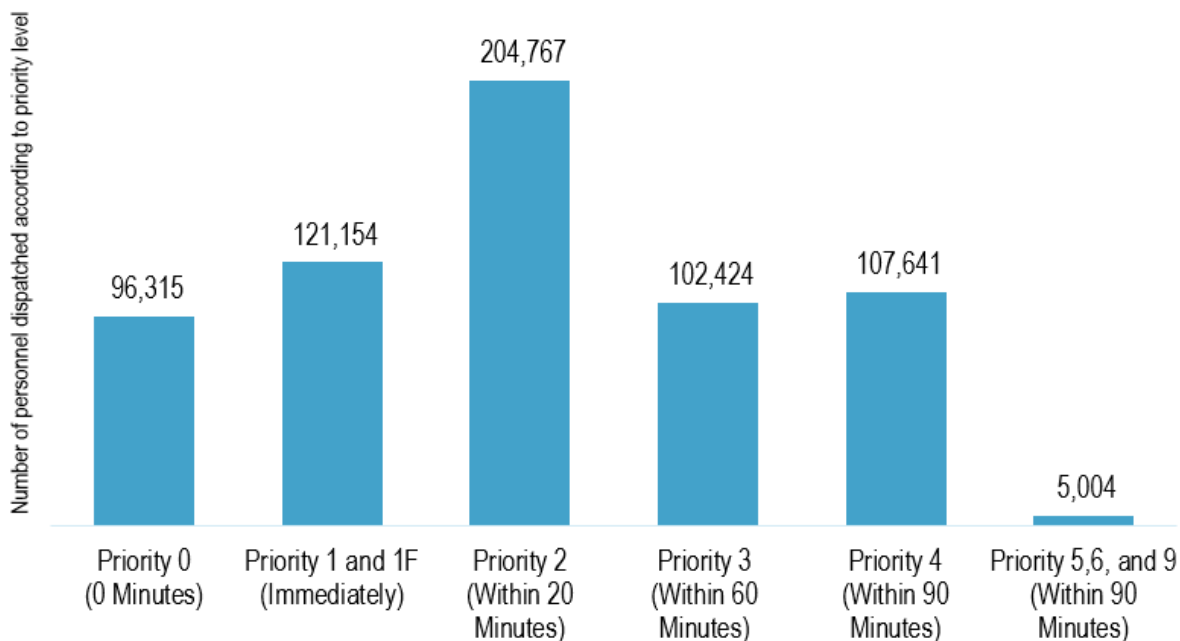
In this section we present information about the time BPD spends recording, dispatching, and responding to calls. The CAD data includes time stamps that correspond with the steps that occur throughout the call and response process. These time stamps enable an understanding of the amount of time that is dedicated to different portions of responses to events. We use the time between when a call is dispatched and cleared to indicate the amount of time that an officer or other personnel spends responding to an event. We use the time between a call being created and an officer being dispatched to denote the time in which the Communications Center assesses resources and dispatches officers.

The CAD system only records the time of a police event, which is an approximation of the time that officers and other personnel spend responding to events. Therefore, the data does not include information about how they spend their time outside of responding to events. Typical police activities that are not recorded in the CAD system include training, proactive policing activities, and report writing.

The time that BPD officers and other personnel take to respond to events can be longer than expected for several reasons. It could be because dispatchers forget to close out a call. Officers may have moved to another call, or are working on a report. Officers may also close out a call and continue to work on a report, so that they can be dispatched if needed.

Figure 35 shows the total number of BPD officers and other personnel dispatched to events by event priority level from 2015 to 2019.

Figure 35. Number of Personnel Responses by Priority Level, 2015-2019 (n = 637,305 out of 637,313 responses)



Note: Fire dispatch times are not included in this graphic.

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Table 8 shows the median time personnel spent responding to the ten most frequent call types from 2015 to 2019. Time spent responding is defined as the time between when the Communications Center dispatches personnel and closes the event in CAD, indicating that personnel are no longer on scene.

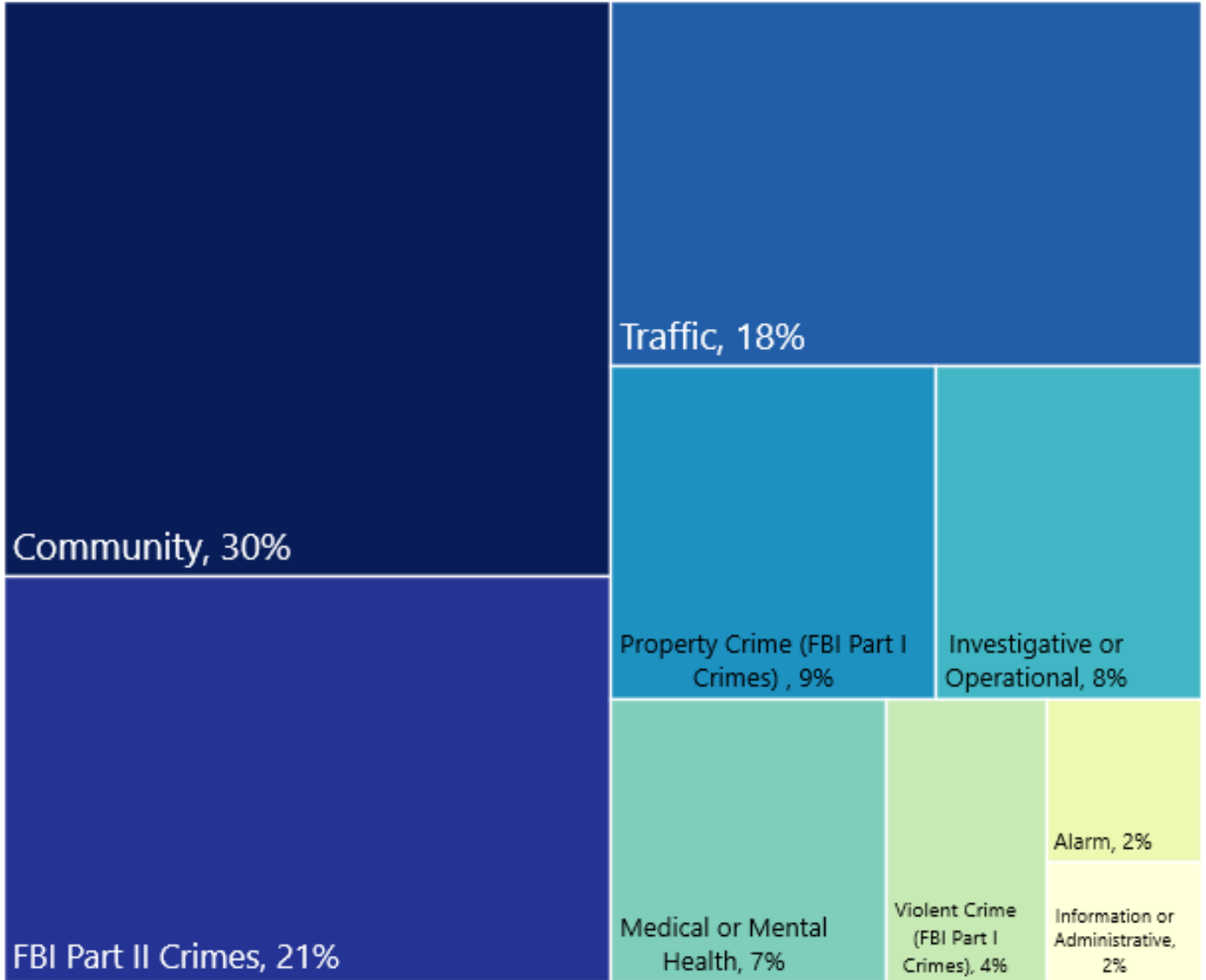
Table 8. Median Time Spent on Event after Dispatch for Top 10 Call Types, 2015-2019 (n = 321,224 out of 637,313 responses)

Call Type	Median Time Spent on Event after Dispatch (Minutes and Seconds)	Total Number of Personnel Dispatched
1. T - Traffic Stop	7:00	67,083
2. 415 - Disturbance	14:00	70,456
3. 1033A - Audible Alarm	9:00	34,175
4. 415E - Noise Disturbance	9:00	18,009
5. SEC - Security Check	29:00	26,845
6. 1042 - Welfare Check	19:00	29,266
7. SUSCIR - Suspicious Circumstance	17:00	29,897
8. 602L - Trespassing	12:00	16,911
9. 484 - Theft	28:00	17,436
10. W911 – Wireless 911	7:00	11,146

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 36 shows an overview of the time BPD officers and other personnel spent responding to events for each call type classification. This is represented as percentages of the total time that all officers and other personnel spent responding to events.

Figure 36. Percent Personnel Time Spent Responding to Events Out of Total Time Responding to All Events by Auditor Classification, 2015-2019



Note: The figure excludes 5,247 responses that were missing start or end time stamps in the data.

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

VI. Finding 1: Berkeley Police Department can better track mental health and homelessness calls.

There has been much discussion by City Council and the community around BPD resources in response to events related to mental health and homelessness. City officials have estimated that BPD dedicates significant resources to responding to calls about people experiencing mental health issues or homelessness,¹⁴ and the City Council requested data to gain a better understanding of BPD's response to these events.¹⁵ As such, we assessed the available data about the number of events and officer-initiated activities that relate to mental health and homelessness.

Currently, it is difficult to determine the full extent of BPD officers' encounters with people who are experiencing a mental health issue or homelessness from the data set. We identified as many of these events in the data as possible, but they are undercounted, likely significantly, because BPD does not identify all calls related to mental health or homelessness. Better tracking of all events where mental health or homelessness are apparent would provide more complete understanding about BPD's response and inform decisions about the appropriate resources to dedicate to these events.

Events Related to Mental Health and Homelessness are Undercounted

BPD receives many calls that involve individuals who are experiencing a mental health issue or homelessness, but there are some challenges that make it difficult to identify these events in the CAD data.

First, call types in CAD reflect the primary reason for a call which may not capture events where the individuals involved are experiencing a mental health issue or homelessness. CAD has some call types to identify when the primary reason for the call is a mental health issue, such as a suicide attempt or "5150" for someone experiencing a mental health crisis. However, if the primary reason for the call is another issue, dispatchers are trained to assign those to call types that reflect the primary reason, such as family disturbance or pedestrian stop, which do not capture an accompanying mental health issue. According to BPD, if the event involves a potential crime, dispatchers will always log it using a corresponding crime code and not a mental health call type. For example, if the Communications Center receives a call about a disturbance in progress, dispatchers will assign a call type related to a disturbance. Officers may arrive on scene and find the individual involved is experiencing a 5150 mental health crisis, but the call type would not reflect this. Similarly, there is one call type specifically for events related to homelessness, but dispatchers may assign these events to other more general call types such as welfare check or person down depending on the information they receive about the primary reason for the call.

¹⁴ Berkeleyside article, "Mental health calls #1 drain on Berkeley police resources." <https://www.berkeleyside.com/2015/04/16/mental-health-calls-are-1-drain-on-berkeley-police-resources>

¹⁵ Mayor's Omnibus Motion on Public Safety Items: https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/2020-07-14%20Mayor%20Supp%203%20Police%20Items.pdf

Second, disposition codes used to describe basic information about the event do not always capture when there is a mental health or homelessness component. For instance, out of 28,959 events with a mental health term in the narrative, only 23 percent were assigned the mental health disposition code. According to BPD, officers most often are the ones to enter disposition codes unless they call into the Communications Center and provide information for dispatchers to enter the code. BPD stated that officers do not consistently use this code for events with an apparent mental health component. Additionally, CAD does not have a disposition code that indicates whether an individual in an event is experiencing homelessness. Even if CAD did have such a disposition code, BPD stated that officers tend to only ask individuals for information that is directly relevant to the event and may not gather information about housing status if it is not relevant. BPD should only include this information if it is apparent during the event.

Third, the narrative description for an event in CAD may not identify events with a mental health or homelessness component. In addition to logging call types and dispositions, dispatchers enter narrative information about the event in a description field. In our analysis, we found that the information in the description field does not always match the call type. For instance, dispatchers assigned over 20,950 events to a mental health call type. Of those events, mental health key words were only present in about 48 percent of the narrative descriptions. Using only the narrative description to identify 5150 calls would have excluded many of those calls. For events related to mental health or homelessness that do not have a designated call type, the description field may contain the only information that may identify those events as mental health or homelessness.

Lastly, the data shows when the Mobile Crisis Team responds to events related to mental health, but this alone is not a reliable way to identify these events. The Communications Center may not dispatch the Mobile Crisis Team if the responding officer does not request assistance. There are also some events that the Mobile Crisis Team would normally respond to but cannot because they are unavailable. There is no equivalent response personnel indicator for events related to homelessness.

We developed a method to identify as many events with a mental health or homelessness component as possible, which we describe below, but it is evident that our analysis significantly undercounts these events because of the data limitations we identified.

Transparency and accessibility of information about BPD's response to calls related to mental health or homelessness is an important part of the City's public safety reimagining process. In 2020, City Council passed the Omnibus Motion on Public Safety which called for the reimagining process to consider the police response to mental health and homelessness-related calls. To increase the availability of data on BPD's response to events that relate to mental health or homelessness to the extent that it is known, it is important that these events are identified in the CAD data. While there are challenges to identifying all these events, there are opportunities for BPD to capture more complete information by identifying events where it is apparent that individuals involved are experiencing a mental health crisis or homelessness, regardless of call type. This will result in more complete information about BPD's response and the outcomes of the events. This information can also inform decisions about the most appropriate way to respond to these events.

Identifying Events Related to Mental Health

Mental health events we identified in the data do not represent the total number of events that may have had a mental health component because of the data limitations described above. We used the following components of the CAD data to identify 42,427, unduplicated events with a mental health component, or 12 percent of all events.

- **Call types.** Call types related to mental health include suicide (1056), mental illness (5150), and welfare check (1042). While dispatchers can select call types related to mental health, they can assess a situation and opt to select a different call type that reflects the nature of the event.¹⁶ Events with a call type that indicated the presence of a mental health issue accounted for 20,950 of the mental health calls identified.
- **Mental health disposition code.** According to BPD officials, the data includes a disposition code that is used to reflect events involving a mental health issue. This is a field that can be checked by BPD officers in addition to an assigned call type.
- **Narrative description.** The data includes narrative fields that dispatchers use to document details about the call that extend beyond the other CAD data entry options. These descriptions can vary depending on the dispatcher and not follow standardized language to describe mental health-related situations. In order to identify mental health-related terms within the narrative data, we consulted with officials from Berkeley Mental Health and the Mental Health Commission to create the list of search terms specific to mental health (Appendix F). We then used these terms to query and identify all the narrative reports to identify events with description fields that contained terms associated with mental health.¹⁷
- **Mobile Crisis Team response.** The data specifies the personnel who responded to each event. We queried the data for all instances in which the Mobile Crisis Team responded to an event. The data includes only Mobile Crisis Team responses that also involve a sworn BPD officer. The data does not document occasions in which the Mobile Crisis Team is unavailable to respond to a request for support. Therefore, the absence of a Mobile Crisis Team response does not necessarily mean that there was no request for their services.

¹⁶ This includes other call types that do not explicitly refer to mental health but correlate with mental health outcomes, such as welfare check, family disturbance, pedestrian stops, and suspicious person.

¹⁷ We used the terms that are more specific to mental health and excluded terms more specific to substance abuse or addiction.

Table 9 below shows the unduplicated events we were able to identify as related to mental health based on the call type, disposition, narrative description, or response by the Mobile Crisis Team. Approximately 12 percent of all events were related to mental health from 2015 to 2019.

Table 9. Results of Scan for Events Related to Mental Health, 2015-2019

		Narrative Report	Disposition Report	Call Types	Mobile Crisis	Unduplicated Count
		Mental Health-related events identified in Narrative Reports	Events with an "MH" Disposition Report	Events with Mental Health-related Call Types	Events with response by Mobile Crisis	Narrative report, disposition, call types, and/or Mobile Crisis response
Identified events	#	28,959	9,553	20,950	4,298	42,427
	%	8%	3%	6%	1%	12%
Total Events		350,800	350,800	350,800	350,800	350,800

Note: Call Types includes: 1056 – Suicide, 5150 - Mental Illness and 1042 - Welfare Check

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Table 10 shows how many events of the ten most frequent call types also had a mental health component from 2015 to 2019.

Table 10. Top 10 Call Types and Mental Health Terms in Narrative, 2015-2019

Call Types	Events with Mental Health Term in Narrative Field	Percent of Events	Total Events
1. T - Traffic Stop	70	0.2%	44,795
2. 415 - Disturbance	6792	19.0%	35,696
3. 1033A - Audible Alarm	100	0.5%	19,920
4. 415E - Noise Disturbance	221	1.4%	15,773
5. SEC - Security Check	199	1.3%	15,262
6. 1042 - Welfare Check	6032	40.1%	15,030
7. SUSCIR - Suspicious Circumstance	1244	10.8%	11,547
8. 602L - Trespassing	514	4.6%	11,058
9. 484 - Theft	395	3.7%	10,556
10. W911 - Wireless 911	123	1.2%	9,899

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Identifying Events Related to Homelessness

Similar to mental health-related events, we were not able to identify all events related to homelessness because the information tracked in CAD is limited. While mental health-related events have several call types, lodging in public is the only call type for events related to homelessness. Unlike mental health, events related to homelessness in CAD do not have a disposition identifier. We used the following components of the CAD data to identify 21,683 events involving homelessness which represent 6.2 percent of all events, but this is an undercount:

- **Call type.** The only call type that is specifically related to events that involve one or more people experiencing homelessness is lodging in public. Events with this call type accounted for 0.6 percent of police-related CAD events we could identify as related to homelessness.
- **Narrative Description.** We queried all the events to identify those with description fields that contained terms associated with homelessness. We consulted with officials from Berkeley's Health, Housing, and Community Services Department, the Mental Health Division within that department, the Homeless Commission, and Mental Health Commission to create the list of search terms specific to homelessness (see Appendix F).

Events related to homelessness may also have a mental health component. The 21,683 homelessness-related events identified may overlap with some of the events related to mental health.

Table 11 below shows the unduplicated events we were able to identify as related to homelessness based on the call type or narrative description.

Table 11. Results of Scan for Events Related to Individuals Experiencing Homelessness, 2015-2019

		Homeless-Related Events Identified in Narrative Reports	Events with Call Type Lodging in Public	Unduplicated Count (Call type and/or Narrative Terms)
Identified events	#	20,768	2,221	21,683
	%	5.9%	0.6%	6.2%
Total Events		350,800	350,800	350,800

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Table 12 shows the ten most frequent call types and events with a homelessness component from 2015 to 2019.

Table 12. Top 10 Call Types and Homelessness Terms in Narrative, 2015-2019

Call Types	Events with Homelessness Term in the Narrative Field	Percent of Events	Total Events
1. T - Traffic Stop	59	0.1%	44,795
2. 415 - Disturbance	3442	9.6%	35,696
3. 1033A - Audible Alarm	118	0.6%	19,920
4. 415E - Noise Disturbance	285	1.8%	15,773
5. SEC - Security Check	441	2.9%	15,262
6. 1042 - Welfare Check	1526	10.2%	15,030
7. SUSCIR - Suspicious Circumstance	711	6.2%	11,547
8. 602L - Trespassing	4818	43.6%	11,058
9. 484 - Theft	518	4.9%	10,556
10. W911 - Wireless 911	59	0.6%	9,899

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Recommendation

To improve access to data, we recommend the Berkeley Police Department:

- 1.1 Identify all calls for service where there is an apparent mental health issue and/or homelessness component in a manner that protects the privacy rights of the individuals involved.

VII. Finding 2: The City can improve the transparency of Police Department activity data on the Open Data Portal.

The City's Open Data Portal provides the public with limited information about events that BPD responds to. There are opportunities for BPD to improve transparency by increasing the type and scope of data available on the portal.

The City of Berkeley launched the Open Data Portal (portal) pilot on December 15, 2014 with the goal of providing non-confidential, public data for unrestricted use. BPD captures events in their calls for service data set on the portal, which was created in March 2015. BPD policy states that reports must be released to any member of the public unless the release of the report would endanger a person, interfere with an investigation, constitute an unwarranted invasion of privacy, or is otherwise prohibited by law.

However, the data BPD shares on the portal does not include all available data fields. The data fields missing would prevent people using the data from being able to identify the call source, the number of police personnel dispatched, or officer time spent on scene. Without this information, the public may not have a complete understanding of BPD's response to these events.

The calls for service data available on the portal is also limited in scope. It does not include events with certain call types, such as welfare check and noise disturbance, and is limited to data within the last 180 days. The limited date ranges make it difficult to assess trends over time.

Ensuring that all event data has more complete information about the police response, personnel dispatched, time, and call source would help give the public with a more complete understanding of calls for service that the Communications Center receives. Public access to calls for service data enables the community to engage more thoroughly with BPD, elected officials, and city staff to develop a shared understanding of crime and policing in Berkeley. In addition, increased transparency through the portal may decrease requests for BPD data through the Public Records Act.

Recommendation:

To improve access to data, we recommend the Berkeley Police Department:

- 2.1 Make calls for service data available on the City's Open Data Portal for all call types allowable by Berkeley Police Department policy and law, and update regularly to facilitate transparency. This data should be published in machine ready format, and contain as many years of data as is available.

VIII. Recommendations and Management Response

City Management agreed to our findings, conclusions, and recommendations. Below is the Police Department's initial corrective action plan and proposed implementation date. We find their plans to address our audit recommendations reasonable, however, we would like to clarify the intent of our recommendations.

With regards to the first recommendation, the goal is to collect and provide additional data on calls for service that have an apparent mental health and/or homelessness component. We do not recommend that the Police Department inquires about individuals' housing or mental health statuses, but instead collects this information in a similar way to how the department collects data on individuals' race for traffic stops. With regards to the second recommendation, the goal is to provide additional data on calls for service to the public. We understand that it may take time to coordinate with the vendor to include new datasets. We suggest that in the meantime, the Police Departments publishes the Calls For Service dataset that was provided to our office for this analysis and covers the past five years.

As part of the follow-up process, the Berkeley City Auditor will be actively engaged with the Police Department every six months to assess the progress they are making towards complete implementation.

- 1.1 To improve access to data, we recommend the Berkeley Police Department identify all calls for service where there is an apparent mental health issue and/or homelessness component in a manner that protects the privacy rights of the individuals involved.

Management Response: Agree with stated limitations which follow.

Proposed Implementation Plan: The Berkeley Police Department can implement steps to capture these issues on calls when appropriate and/or obvious. Disposition codes, which are part of every Call For Service (CFS) offer a tool for data collection. While currently disposition codes for homeless and mental health issues exist, we need to implement training that better defines when these codes should be included in CFS dispositions. We anticipate some challenges with this as we do not routinely inquire about peoples' housing or mental health statuses, especially when it is not directly related to the call for service. It will be important to identify what situations it might be appropriate to inquire about these issues to ensure that personal dignity is respected and privacy rights acknowledged. To ensure these goals are met, further discussion and clarification may be needed as to what data we are attempting to capture by indicating if mental health issues or homelessness was a component of a CFS, and setting more clearly defined definitions as to when each code should be used. Currently standard evaluation tools do not exist to extract this data in situations beyond the most obvious. Developing tools that accurately capture this information where it is more nuanced, and then implementing training that ensures these tools can be applied correctly could be affected by competing resource demands.

Proposed Implementation Date: Between 4-6 months from date of audit completion.

VIII. Recommendations and Management Response

2.1

To improve access to data, we recommend the Berkeley Police Department make calls for service data available on the City's Open Data Portal for all call types allowable by Berkeley Police Department policy and law, and update regularly to facilitate transparency. This data should be published in machine ready format, and contain as many years of data as is available.

Management Response: BPD agrees that the current dataset posted online needs to be updated or replaced.

Proposed Implementation Plan: The new dataset should be able to incorporate additional information that is not currently published. Our staff will need to explore if our current vendor can suffice to provide the requested data, or if we need to seek a new vendor for this work. Implementation timeline is also dependent on the whether this project will require a new contract and budget to accomplish the recommendation. Implementation may require assistance and resources from IT as well, which could further delay implementation.

Proposed Implementation Date: Between 4-6 months if work remains with current vendor, 9-12 months if new vendor selection required.

IX. Methodology and Statement of Compliance

The scope of our audit focused on data for calendar years 2015 to 2019. We performed a risk assessment of the department's data collection and management practices and procedures to identify internal control weaknesses, including fraud risks, within the context of our audit objectives. This included a review of selected policies and procedures, as well as interviews with subject matter experts and BPD staff.

To gain an understanding of BPD operations and internal controls and to achieve our audit objectives, we:

- Reviewed BPD policies and procedures for dispatching units to respond to an event, performing traffic stops, maintaining quality control for data systems, and how patrol officers spend their time to understand the requirements for officers in the City of Berkeley.
- Reviewed local and state laws on police operations and data collection to understand what governs police operations.
- Reviewed national media on reimagining policing, and the collection and analysis of police data to understand the information available to the public.
- Validated and analyzed CAD data from 2015 through 2019.
- Interviewed BPD patrol officers, command staff, dispatchers, police information technology staff, the crime analyst, and the police records manager to understand departmental operations.
- Interviewed mental health and housing officials from the Department of Health, Housing, and Community Services (HHCS), the Homeless Commission, and the Mental Health Commission.
- Interviewed external subject matter experts:
 - AH Datalytics
 - Portland City Auditor
 - San Jose City Auditor
 - Center for Policing Equity
 - Yale Justice Collaboratory
 - NYU School of Law Policing Project
 - Jerry Ratcliffe, Temple University
 - Austin Justice Coalition
 - Jack Glaser, UC Berkeley Goldman School of Public Policy
 - Oakland Reimagining Public Safety Task Force (Data Advisory Board)
 - National Institute for Criminal Justice Reform
 - Berkeley's Police Review Commission
 - Mayor's Fair and Impartial Policing Working Group
- Reviewed the available BPD data sets on the City's Open Data Portal.

Preparing the Data Sets

In this section, we detail the process we undertook to gather, validate, and prepare the data, in addition to the decision points that went into preparing each data set.

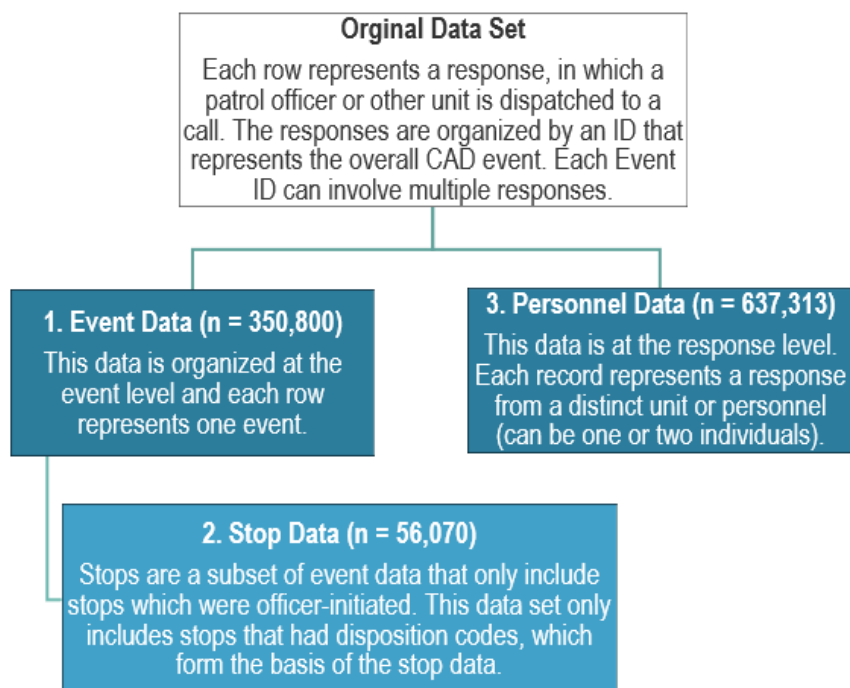
Gathered the data. We collaborated closely with BPD on an information request to ensure the data set reflected the breadth of inputs to the CAD system. The validation process resulted in multiple data pulls to resolve substantial discrepancies that we identified in the data. In February 2021, BPD delivered the final source data that forms the basis of this report.

Conducted Data Reliability Assessment. We assessed the reliability of CAD data by reviewing them for reasonableness and completeness, interviewing knowledgeable data owners, gaining an understanding of data access controls, and reviewing data system documentation from BPD and the Communications Center. We also reviewed the Department's policies and procedures, interviewed staff at all levels, interviewed an extensive and varied list of subject matter experts, and reviewed relevant California and Berkeley laws. We determined that the data was sufficiently reliable for the purposes of this report.

Processed the Data to Improve Accuracy. We took the following steps to clean the original data set to improve accuracy:

- We eliminated records for which call types included "NULL" data, as call types are a required entry for dispatchers.
- We eliminated records that represented test calls, such as unit "Mobile08" which represented a test by dispatchers.
- We eliminated events for which there is no response from a sworn officer, due to our primary focus on responses from sworn BPD officers.
- We narrowed the data to events that occurred from January 2015 to December of 2019.
- We organized the data by three separate data sets: event data, stop data, and personnel response data. These data sets reflect different components of the CAD system, and their sample sizes vary due to how they are organized in the data set.

Figure 37. Summary of Data Sets Used in the Report



Source: Berkeley City Auditor

1. Characteristics of Events (sample size 350,800 events). For the purposes of this report, events are incidents that the community calls in or police officers observe that result in a police response. Events range in complexity and the Communications Center categorizes them using call types such as suspicious circumstance, disturbance, petty theft, security check, and anything in between. Appendix G provides the full list of call types that are used to describe events in the City of Berkeley. We highlighted the trends and characteristics for all unique events in the data, including community-initiated calls and officer-initiated stops.

2. Characteristics of Officer-Initiated Stops (sample size 56,070 stops). We examined an additional subset of stops officers initiated that were unrelated to calls for service. Stops may include vehicle, pedestrian, bicycle, or suspicious vehicle stops. All of the stops that we review in this section are initiated by officers.

3. Characteristics of Police Response (sample size 637,313 individuals who responded). The Berkeley Police Department Communications Center can assign multiple officers in response to one event. As a result, there are more police responses in the data than there are events. We provide data for responses from officers and other units, including but not limited to the Mobile Crisis Team, Area Coordinators, or the Traffic Bureau.

Categorization of Data

The data contains categorized fields. These include:

Call Type Classifications. We chose to categorize the data into ten categories as illustrated in our report. We selected these categories based on research of current best practices by university researchers, interviews with subject matter experts, and a preliminary assessment of the data sets. We used the definitions for serious and property crime used by the FBI's Uniform Crime Report statistics.

When developing the categories, we took the following into consideration:

- Call types can fall into several classifications. The definitions below guide our decision to keep one call type under a specific category. For instance, vehicle stops are used to manage traffic flows, but in some instances, they may also be related to an investigation. We chose to keep vehicle stops in the traffic category because they may not necessarily result in a crime report.
- Call types under the same classification may serve different purposes. For instance, call types related to alarms may serve a variety of purposes. Some alarms involve investigation for an alarm going off (1033a), while others are more criminal in nature such as a bank alarm indicating a robbery (1033g).
- Our call type classifications present one model among various approaches for classifying call types. There are other approaches for organizing call types, such as by police functions or penal codes.
- It is possible for call types under any of the categories to result in a crime report. We grouped some events into call type classifications that refer to crimes that may be involved. However, other call types may also involve a crime report.

Mental Health and Homelessness. To capture the extent of these calls, we used components of the CAD data to identify unduplicated events related to mental health and unduplicated events related to homelessness. Components related to mental health include call types (1056 – Suicide, 5150 - Mental Illness, and 1042 - Welfare Check), the disposition code “MH,” response by Mobile Crisis Team personnel, and terms in the narrative data related to mental health. Components related to individuals experiencing homelessness include events identified in narrative reports, and the call type “lodging in public.”

Personnel. We vetted codes that indicate the type of personnel in the data with the Police IT Manager and Communications Center Manager. Through interviews with the Police Records Manager and other BPD command staff, we organized police personnel by categories according to whether they are sworn or non-sworn staff. We additionally categorized staff as patrol units, patrol supervisors, other units, and sworn, non-patrol officers.

Statement of Compliance

We conducted this performance audit in accordance with Generally Accepted Government Auditing Standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix A. Fields Included in the CAD Data

Table 13. Data Fields Included in Computer Aided Dispatch Dataset Provided by the Berkeley Police Department

Data Fields	Description
Incident Number*	Unique ID for the event.
Call Source	The origin of the call, recoded to include Emergency Line (911), Non-Emergency Line, or Officer-Initiated, or Other.
Call Type*	Call code created by dispatch to describe important information about the event.
Priority	Priority level assigned to the event to determine the urgency of the response.
Occurred Incident Type	Category selected by the officer to organize crime-related calls.
UCR Return A Code	Code selected by the officer and reported to the FBI as a DOJ requirement for all Part 1 crimes.
Unit Disposition	Patrol-reported outcomes of the call. Includes stop dispositions and incident reports.
Call Disposition	Dispatcher-reported outcomes of the call. Includes stop dispositions and incident reports.
Address*	Where the event was reported to have occurred.
Address Location Type	The type of address that is provided by dispatch; includes address, intersection, or longitude/latitude.
Latitude/Longitude	
Police Area	Beat where the event is taking place.
Create Date Time*	The time and date the call was created by either the dispatcher or the officer.
Dispatch Time	The time and date when the officer was dispatched to the incident.
Enroute Time	Time and date in which the officer changes their status to "enroute" after being dispatched.
Onscene Time	Time and date in which the officer arrived to the scene.
Clear Time	Time and date in which the incident was cleared (closed) by a dispatcher.
Primary Unit Flag	The primary officer designated to handle the call. All others are "assisting" officers or units.
Unit Number	The number that corresponds to the police officer and/or other units assigned to the event.
Narrative Data	Further documentation about details of the event used to inform dispatched officers or units.

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Note: Fields with an asterisk are required entries in Computer Aided Dispatch (CAD).

Appendix B. Priority Codes and Call Types According to BPD Policy

Table 14. Berkeley Police Department Priority Codes by Call Types

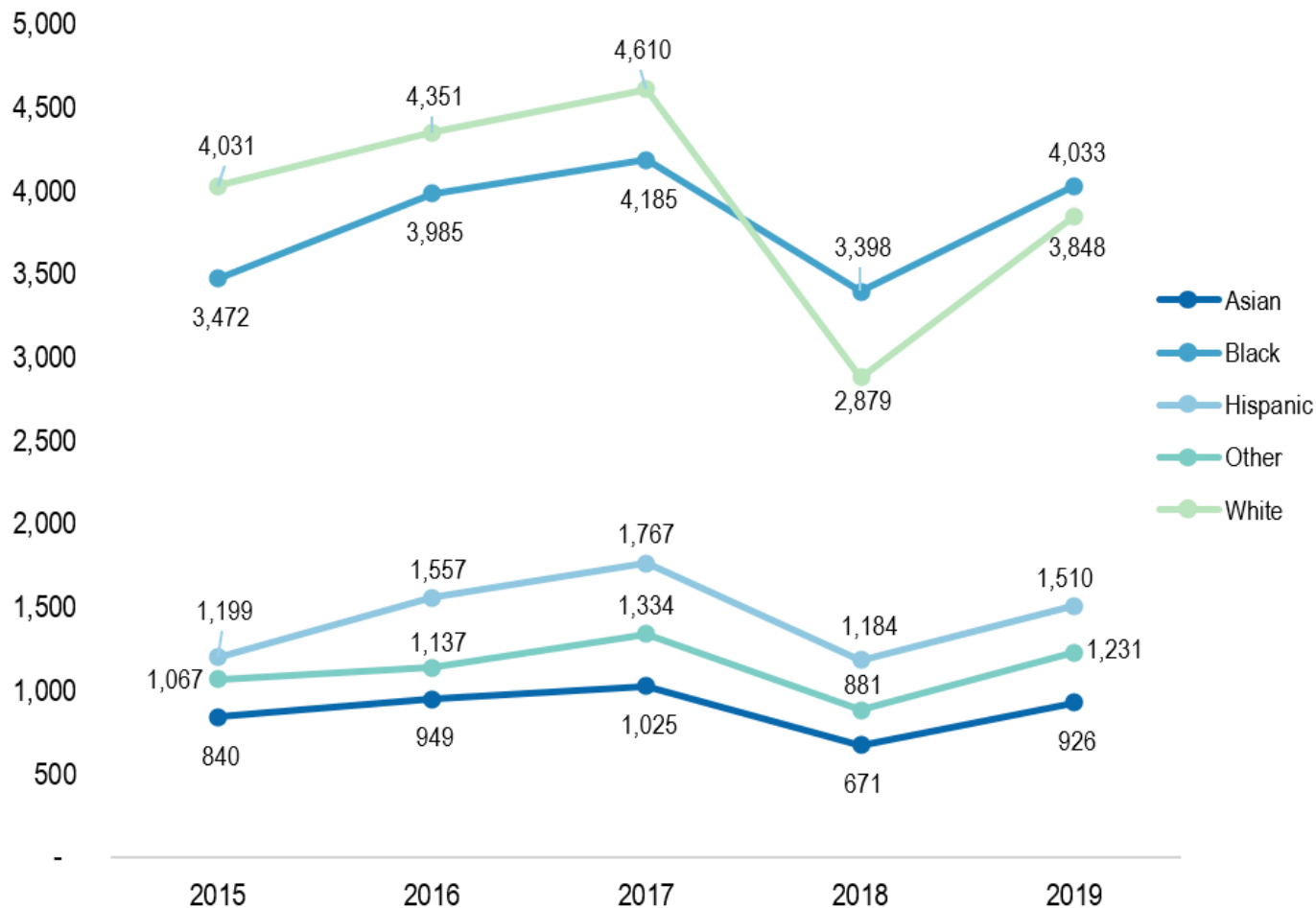
Priority Code	Call Type
1F & P1*	Boat Fire, Encampment Fire, Encampment Medical, Hazardous Material, Multiple Causality Incident, Water Rescue, Retrieval of a Patient, Structure Fire, Vegetation Fire, Medical Emergency with Gun Shot, Vehicle Accident, Vehicle vs Ped or Bike
P0	Pedestrian Stop, Suspicious Vehicle, Bike Stop, Vehicle Stop
P1	Person Down, Person Calling For Help, Explosion, Unknown Injury Accident, Priority Code Assist, Officer Needs Help, Hit & Run w/ Injuries, GPS Tracker Alarm, Silent Alarm, Pronet Alarm, Video Alarm, Threat of Suicide, Missing Person at Risk, Missing Juvenile, Injury Accident Complaint of Pain, Ascertain 911, Aid to BFD, Bomb Tech, Officer Flagged Down, Foot Chase, Person w/ a Gun, Vehicle Pursuit, Knock & Talk, Battery w/ grievous bodily harm (GBH), Assault w/ Caustic Substance, Assault w/ Deadly Weapon, Suicide w/ Ambulance, Major Injury Accident, Suicide Attempt, Dead Body Found, Shooting w/ Ambulance, Injury Accident, Injury Accident Inv Ped or Bicyclist
Priority 1/Priority 2	Kidnap, Robbery, Carjacking, Attempted Rape, Shot At Dwelling, Rape, Spousal Abuse w/o Injury, Home Invasion, Attempt Assault w/Deadly Weapon, Child Abuse, Family Disturbance, Shoplifter In-Custody
Priority 1/Priority 3	Battery, Brandishing, Arson, Burglary, Prowler, Bomb Threat, Auto Burglary, Court Order Violation, Loud Report
Priority 1/Priority 4	Temporary Restraining Order Violation
Priority 2	Welfare Check, Reckless Driver, DUI Driver, Shooting Cold Report, Dog Bite, Vicious Dog, Hit & Run w/ Injuries Report, Battery w/ grievous bodily harm (GBH) report, Assault w/ Caustic Substance Report, Assault w/ Deadly Weapon Report, Oral Copulation, Found Juvenile, Found Person, Create New Call, Outside Agency Assist, Unknown Problem, Wireless 911
Priority 2/Priority 3	Child Molest, Forgery, Grand Theft, Animal Cruelty, Mental Illness, Stolen Vehicle, Vandalism to Vehicle, Hit & Run Non-Injury, Speeding Vehicle, Throwing Object(s) at Vehicle, Peeper, Fall On City Property, Hate Crimes, LoJack Stolen Car, Suspicious Circumstance, Suspicious Person, Suspicious Vehicle
Priority 2/Priority 4	Indecent Exposure, Disturbance, Petty Theft, Defraud Hotel/Restaurant, Malicious Damage, Forged RX
Priority 3	Runaway, Missing Person, Transportation, Non-Injury Accident, Audible Alarm, Civil Standby, Injury Accident Report, Child Neglect, Under the Influence, Firearm Destruction, Stolen Vehicle Recovery, Search Warrant, Ticket Sign Off, Traffic Hazard
Priority 3/Priority 4	Possession of Stolen Property, Incurable, Trespassing, Drug Activity, Misc Penal Code Violation
Priority 3/Priority 9	Misc Vehicle Code Violation
Priority 4	Abandoned Vehicle, Stolen Rental Vehicle, Posted No Parking, Barking Dog, Vehicle Blocking Driveway, Vehicle Blocking Sidewalk, Vehicle Double Parking, 5 or More Unpaid Parking Tickets, No Vehicle Identification, Expired Vehicle Registration, Inoperable Vehicle, Noise Disturbance, Identity Fraud, Annoying Phone Calls, Red Zone Cite, Obstructing Traffic, Construction Zone, Advice, Aid to Citizen, Animal Matter, Berkeley Municipal Code (BMC) Violation, Car Alarm, Court Order Report, Found Property, Parking Violation, Security Check, VIN Verification
Priority 4/Priority 5	Gambling
Priority 4/Priority 6	Prostitution, Lodging in Public
Priority 4/Priority 9	Illegal Dumping
Priority 6	Business & Professions Violation, Warrant Arrest

Priority Code	Call Type
Priority 9	Bait Bike, City Manager Report, Property Damage, Demonstration, Extra Surveillance, Information, Lost Property, Mental Health, Repossession, Storm Log, Subpoena Service, Surveillance, Test Call, Temporary Restraining Order Log, Vehicle Release

Source: Berkeley Police Department

Appendix C. Stops by Race, 2015-2019

Figure 38. Officer-Initiated Stops by Race, 2015-2019

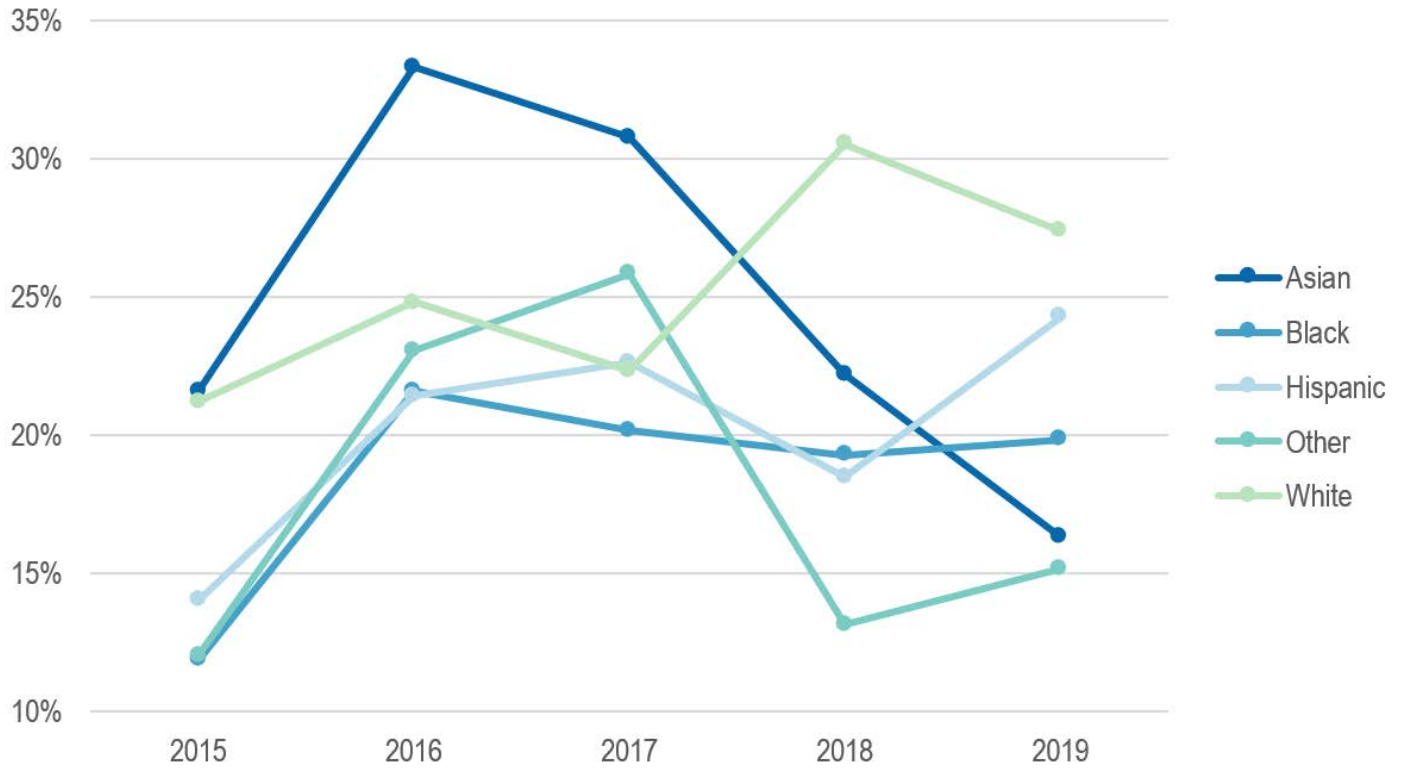


Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Appendix D. Enforcement Outcomes of Searches by Race, 2015-2019

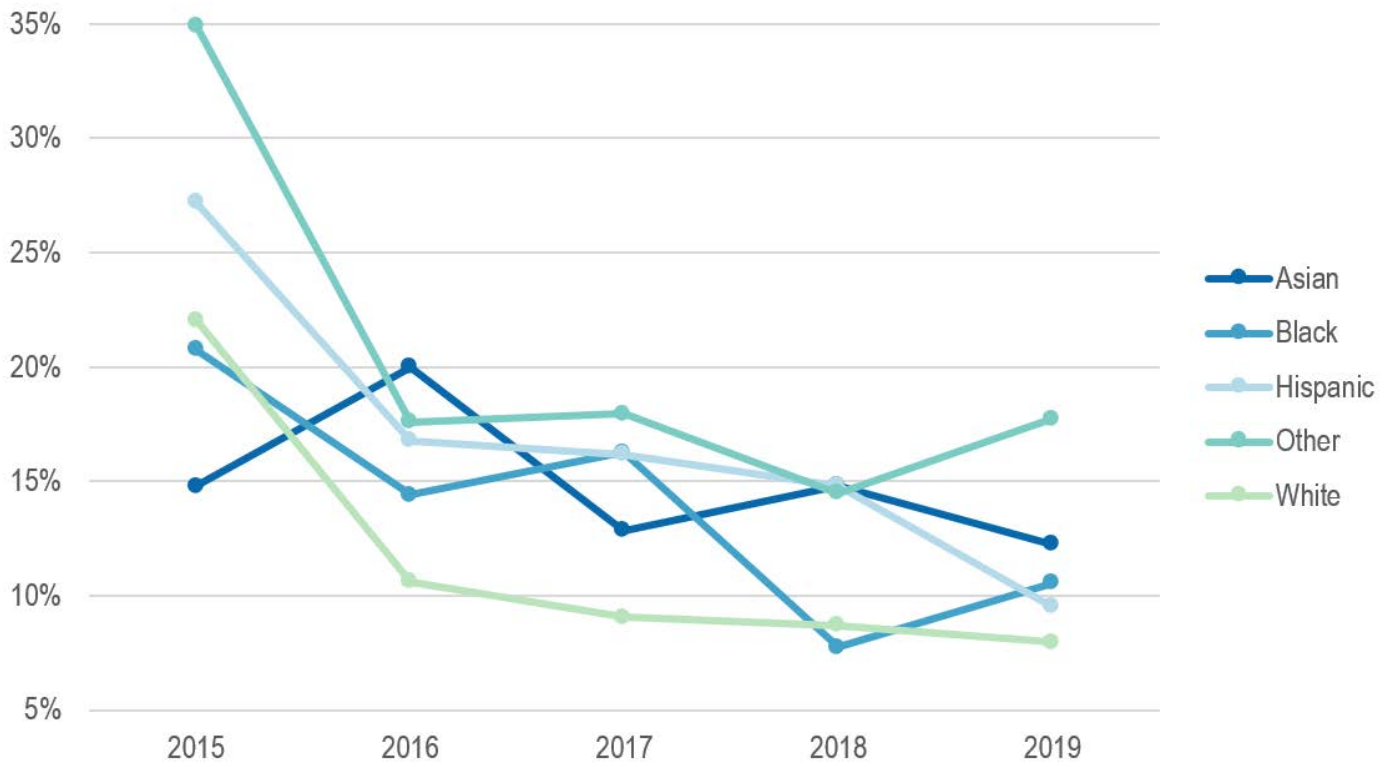
The graphs below show trends in enforcement outcomes of searches by race during the 2015 to 2019 audit period. Each data point on the trend lines represents the percentage of searches *for that race group* that resulted in the specified enforcement outcome (not the percentage of total searches for *all race groups*). Note that the graphs are intended to allow comparison between race groups, and the percentages on the left (y-axis) vary depending on the range of data in the graph.

Figure 39. Percentage of Searches that Resulted in Arrest by Race, 2015-2019



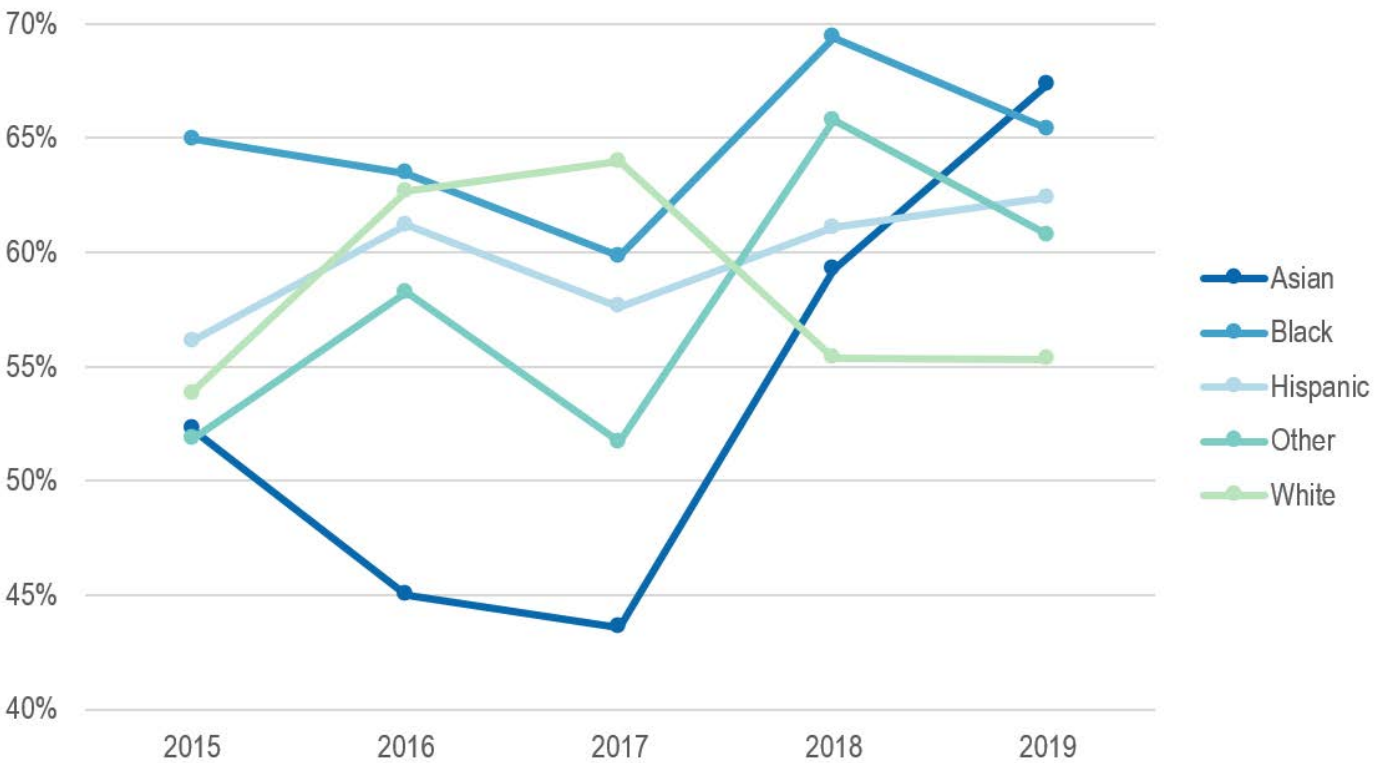
Source: Auditor’s analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 40. Percentage of Searches that Resulted in a Citation by Race, 2015-2019



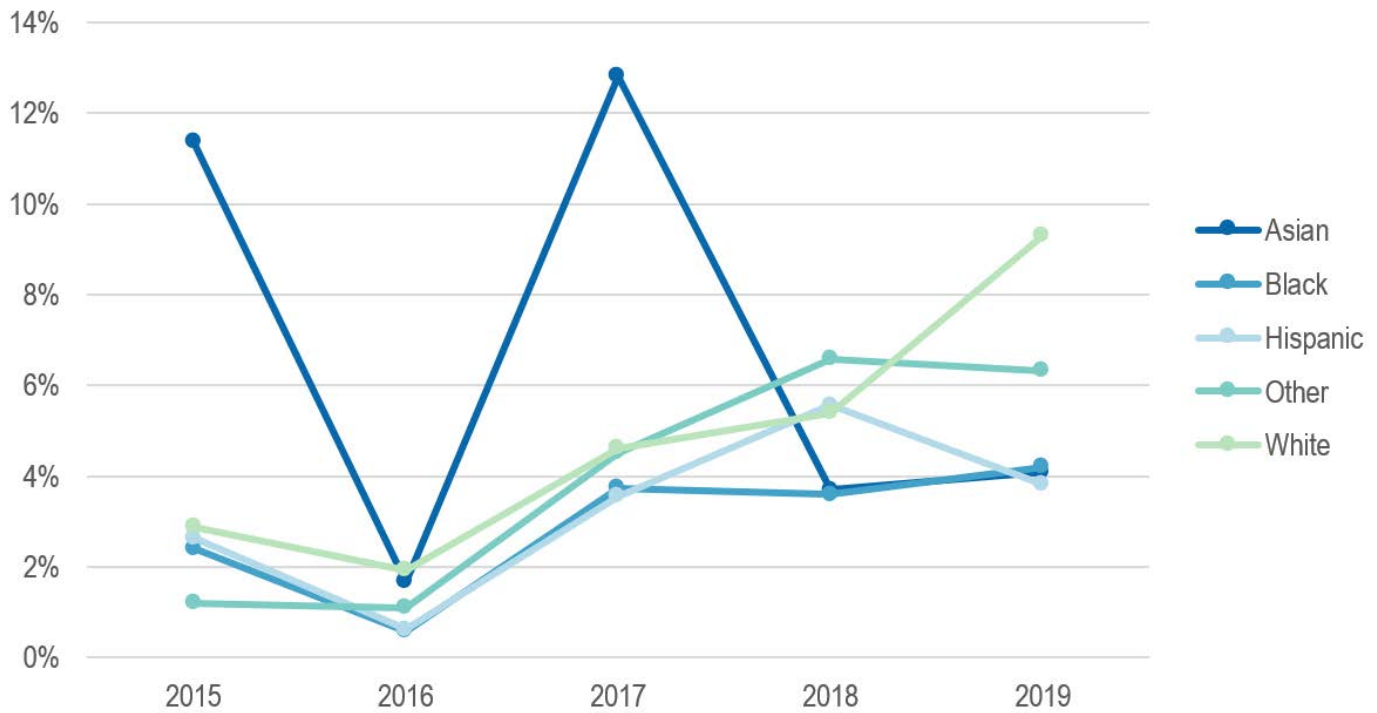
Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 41. Percentage of Searches that Resulted in a Warning by Race, 2015-2019



Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 42. Percentage of Searches that Resulted in No Enforcement by Race, 2015-2019



Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Appendix E. Responses by Units, 2015-2019

Table 15. Berkeley Police Department Personnel Responses by Unit, 2015-2019

	2015	2016	2017	2018	2019	Total
Patrol Supervisors						
Captain	38	26	34	20	17	135
Lieutenant	773	794	788	1,344	1,207	4,906
Sergeant	8,612	8,049	8,617	7,537	7,600	40,415
Patrol Officers						
Reserve Officers	993	651	615	208	638	3,105
Team 1	14,053	13,614	14,128	13,395	12,823	68,013
Team 2	11,417	12,084	12,928	12,219	12,125	60,773
Team 3	14,876	13,563	14,708	13,905	13,633	70,685
Team 4	14,136	16,764	16,452	15,240	13,975	76,567
Team 5	15,510	15,926	15,909	15,236	14,840	77,421
Team 6	14,301	16,347	15,590	12,314	13,583	72,135
Team 7	20,180	20,290	21,036	18,680	18,671	98,857
Sworn non-patrol officers	8,577	7,744	8,189	6,202	9,945	40,657
Other						
Animal Control	-	2	1	1	-	4
Mobile Crisis	967	1,156	1,185	787	816	4,911
CSOs	-	1	1	1	3	6
Crime Scene Techs	1,551	1,523	1,497	929	680	6,180
Parking Enforcement Officers	243	264	375	352	425	1,659
Police Aides	-	-	-	-	1	1
University of California Officers	22	23	12	5	6	68
Area Coordinators	386	273	357	258	1,015	2,289
Bike Unit	3,536	2,596	2,178	-	-	8,310
Motor Unit	136	57	3	-	-	196
Special Enforcement	8	2	4	-	6	20

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Appendix F. List of Terms Applied in Narrative Search

Table 16. List of Mental Health and Homeless Search Terms Applied to Narrative Search

Mental Health Search Terms		Homeless Search Terms	
1056	mania	bacs	
5150	manic	bfbp	
sees things	mct	camped out	
antipsychotic	medication	person down	
anxiety	meds	berkeley covid respite	
bacs	mental	berkeley drop in center	
bipolar	mh	berkeley community resource center	
bmh	mobile crisis	women's daytime drop-in center	
bonita house	nervous breakdown	fred finch turning point	
breakdown	paranoi	berkeley food and housing project	
case manager	peer support	dorothy day	
counsel	pharmacist	encamp	
crazy	psych	encampment	
crisis	ptsd	harrison house	
deliri	residential care	homeless	
deluded	schizo	homeless outreach	
delusion	seeing things	housing status	
dementia	self harm	living on the street	
depress	self talk	nomad	
disorder	social worker	obstructing sidewalk	
dissociat	suicid	shelter	
dual diagnosis	talking to self	sleeper	
first break	talk to self	street outreach	
hallucinat	therap	tent	
hear voices	trauma	transitional housing	
hearing voices	treatment	unhoused	
hears voices	unable to talk	pathways	
ideation	warm line	vagrant	
john george	warmline	no address	
		no residence	
		undomicilized	
		coordinated entry	

Source: Berkeley City Auditor

Appendix G. Summary Data by Call Type, 2015-2019

Table 17. Summary Data by Call Type with Auditor Classifications, 2015-2019

Call Type	2019 Events	Total Events	Average Yearly events	Priorities Assigned in CAD	Average Personnel per Event	Median Time Spent on Event after Dispatch (Minutes and Seconds)
Alarm Classification (n = 21,317)						
1033A - Audible Alarm	4,228	19,920	3,984	0,1F,2,3	1.7	9:00
1033S - Silent Alarm	234	1,314	263	0,1F	2.4	9:00
1033G - GPS Bank Alarm	8	79	16	-	7.1	21:00
1033T - ETS (Bank) Pronet alarm	-	4	1	-	1	15:30
Community Classification (n = 88,031)						
415E - Noise Disturbance	2,709	15,773	3,155	1F,4	1.1	9:00
SEC - Security Check	3,682	15,262	3,052	0,1F,2,4,9	1.8	29:00
SUSCIR - Suspicious Circumstance	2,145	11,547	2,309	0,1F,2,3,4	2.6	17:00
ADVICE - Advice	1,728	8,498	1,700	1F,2,3,4	1.1	26:00
SUSPER - Suspicious Person	1,512	8,247	1,649	0,1F,2,3	2.3	15:00
AID - Aid to Citizen	1,327	5,984	1,197	0,1F,2,3,4,9	2.1	18:00
FLAG - Officer flagged down	1,209	5,215	1,043	0,1F,2,4	1.6	12:00
FOUND - Found Property	722	4,202	840	0,2,3,4	1.1	30:00
SUSVEH - Suspicious Vehicle	596	3,351	670	0,1F,2,3,4	1.7	14:00
647J - Lodging in Public	33	2,221	444	1F,3,4,6	1.4	12:00
1057 - Missing Person	249	1,326	265	0,1F,2,3	1.5	42:00
LDRPT - Loud Report	183	1,071	214	0,1F,2,3	4.2	12:00
ANIMAL - Animal Matter	194	1,065	213	2,4	1.3	15:00
1067 - Call for Help	180	969	194	0,1F	3.4	14:00
1062B - Civil Standby	150	822	164	3	1.8	28:00
ILLDMP - Illegal Dumping	54	463	93	4,9	1.1	14:00
1091B - Barking Dog	72	454	91	4	1.1	10:00
601 - Runaway	46	372	74	0,3	1.6	47:00
1057AR - Missing At Risk	41	289	58	0,2,3	4.9	40:30
601I - Incorrigible	31	184	37	1F,2,3,4	2.5	38:00
FNDPER - Found Person	23	134	27	0,1F,2	1.7	29:00
1057J - Missing Juvenile	21	122	24	-	5.1	14:00
1091E - Dog Bite	16	101	20	1F,2	1.7	28:00
1091V - Vicious Animal	13	101	20	2	1.8	21:00
LOST - Lost Property	16	86	17	4,9	1.1	22:00

Call Type	2019 Events	Total Events	Average Yearly events	Priorities Assigned in CAD	Average Personnel per Event	Median Time Spent on Event after Dispatch (Minutes and Seconds)
FNDJUV - Found Juvenile	10	74	15	2	2.5	25:00
DEMO - Demonstration	7	52	10	9	17.7	6:19:00
FIRE - Structure Fire	-	34	7	-	1.4	2:00
1080 - Explosion	2	9	2	-	2.8	24:00
BART - Bart Tunnel Incident	2	2	-		6.5	36:00
BOAT-FR - Boat Fire	-	1	-		1	1:00
FBI Part II Crimes Classification (n = 77,820)						
415 - Disturbance	6,925	35,696	7,139	0,1F,2,3,4	2	14:00
602L - Trespassing	1,944	11,058	2,212	1F,2,3,4	1.5	12:00
242 - Battery	1,383	6,991	1,398	0,1F,2,3	3.1	22:00
BMCVIO - Berkeley Municipal Code (BMC) Violation	1,014	5,934	1,187	1F,2,4,5	1.2	10:00
415F - Family Disturbance	583	3,254	651	0,1F,2	3.4	25:00
594 - Vandalism	330	1,939	388	0,1F,2,4	1.7	28:00
PCVIO - Misc Penal Code Violation	450	1,538	308	0,1F,2,3,4	1.3	48:00
DRUGS - Drugs Inv.	184	1,440	288	0,1F,2,3,4	1.6	11:00
10852 - Vehicle Damage	303	1,392	278	1F,2,4	1.5	33:00
530 5 - Identity Theft	175	1,112	222	4	1.1	47:00
647F - Intoxicated in Public	146	1,018	204	0,1F,2,3,4	1.9	12:00
653M - Harassing Phone Calls	132	969	194	4	1.1	33:30
417 - Brandishing Weapon	187	845	169	0,1F,2,3	4.8	23:00
314 - Indecent Exposure	140	698	140	1F,2,4	2.3	18:00
TROV - Temporary Restraining Order Violation	140	601	120	0,1F,4	2.5	37:00
23152 - DUI	72	484	97	0,2,3	2	15:00
273 5 - Domestic Violence	67	314	63	0,1F,2	3.8	39:00
273A - Child Abuse	51	278	56	0,2,3	1.5	29:00
470 - Forgery	28	265	53	2,3	1.6	57:00
CRTVIO - Court Order Violation	58	262	52	0,2,3	1.7	34:30
GUN - Person with Gun	50	237	47	0,1F,2	8.3	24:00
23110 - Throwing Object(s) at Vehicle	39	210	42	2,3	1.4	11:00
243E1 - Domestic Violence	54	205	41	0,1F,2	3.5	44:30

Call Type	2019 Events	Total Events	Average Yearly events	Priorities Assigned in CADK	Average Personnel per Event	Median Time Spent on Event after Dispatch (Minutes and Seconds)
537 0 Defrauding Innkeeper (Hotel/ Restaurant)	28	179	36	2,4	2	20:00
597 - Cruelty to Animals	23	160	32	1F,2,3	1.8	14:30
1070 - Prowler	13	119	24	0,3	3.4	18:00
300WI - Child Neglect	13	109	22	2,3	1.9	27:00
330 - Gambling	10	101	20	4	1.4	8:00
BPVIO - Business & Professions Violation	18	101	20	6	1.1	8:00
CRTRPT - Court Order Violation	12	98	20	4	1.2	45:00
496 - Poss. Stolen Prop.	11	50	10	3,4	1.7	27:00
FOOT - Foot Chase	6	46	9	-	4.3	32:00
288 - Sexual molest	5	35	7	2,3	1.7	2:15:30
HATE - Hate Crime	4	34	7	2,3	1.3	48:00
647AB - Prostitution	2	15	3	4	1.5	21:00
4390 - Prescription Fraud	2	12	2	2	1.8	35:00
207 - Kidnapping	2	11	2	0,2	6.7	1:10:00
1079 - Bomb Threat	-	6	1	3	4	54:00
148 - Resisting/Obstructing	-	2	-		15.5	1:29:00
REG- Registration for certain criminal offenders	1	2	-		1	1:15:30
Information or Administrative Classification (n = 12,434)						
W911 - Wireless 911	2,830	9,899	1,980	1F,2	1.1	7:00
INFO - Information	205	1,093	219	0,2,9	2.1	16:00
FALL - Fall on City Prop.	181	965	193	1F,2,3	1.5	23:00
DAMAGE - Property Damage	60	234	47	0,1F,2,9	2	38:00
FADEST - Firearm Destruction	37	205	41	3	1.1	58:00
CM - City Manager Report	5	18	4	9	2.3	47:30
SUBP - Subpoena Service	2	14	3	9	1	26:30
REPO - Repossession	-	4	1		1.2	4:00
TROL - Temporary Restraining Order Log	1	2	-		1.5	38:00
Investigative or Operational Classification (n = 10,350)						
A911 - Ascertain 911	995	6,859	1,372	0,1F,2	1.5	9:00

Call Type	2019 Events	Total Events	Average Yearly events	Priorities Assigned in CAD	Average Personnel per Event	Median Time Spent on Event after Dispatch (Minutes and Seconds)
OUTAID- Outside Agency Assist	286	1,419	284	0,1F,2,3	1.8	22:00
KNOCK - Knock & Talk	73	463	93	-	2.1	36:00
1198- Code 1 assist	91	436	87	0,1F,2	4.4	15:00
SEARCH - Search Warrant	30	408	82	3	8.9	5:19:00
UNK - Unknown Problem	44	322	64	0,1F,2	3	14:00
WARARR - Warrant Arrest	65	269	54	0,2,3,6	2.1	47:00
LJ - LoJack Incident	36	96	19	2	3.9	16:00
SURVE - Surveillance	15	78	16	9	4.1	3:50:00
Medical or Mental Health Classification (n = 22,797)						
1042 - Welfare Check	3,065	15,030	3,006	0,1F,2	1.9	19:00
5150 - Mental Illness	827	4,807	961	0,1F,2,3	2.4	20:00
1053 - Person Down	255	1,450	290	0,1F	2.1	12:00
1056 - Suicide	277	1,113	223	0,1F,2	3.6	34:00
DBF - Dead Body	97	397	79	0,1F	3.3	1:12:00
Property Crime (FBI Part I Crimes) Classification (n = 26,421)						
484 - Theft	2,161	10,556	2,111	0,1F,2,3,4	1.7	28:00
459A - Auto Burglary	1,590	6,667	1,333	0,1F,2,3	1.5	32:00
459 - Burglary	597	3,911	782	0,1F,2,3	2.1	44:00
10851 - Stolen Vehicle	631	3,639	728	0,2,3	1.3	48:00
487 - Grand Theft	299	1,034	207	2,4	1.9	37:00
484C - Theft In-Custody	72	407	81	0,1F,2	1.9	48:00
451 - Arson	37	134	27	0,1F,3	2.9	26:00
10855 - Embezzled Vehicle	18	68	14	4	1.1	1:27:00
212 5 - Residential Robbery	1	5	1	-	7.4	37:00
Traffic Classification (n = 89,165)						
T - Traffic Stop	9,129	44,795	8,959	0,1F,2	1.5	7:00
1194 - Pedestrian Stop	1,739	9,157	1,831	0,1F,2,4	1.8	13:00
PRKVI0 - Parking Violation	1,112	6,508	1,302	0,1F,2,4	1.1	13:00
20002 - Hit & Run Prop.	917	4,562	912	0,1F,2,3	1.6	33:00
1196 - Suspicious Vehicle	859	4,360	872	0,1F,2	2	11:00
TRFHAZ - Traffic Hazard	792	3,719	744	0,1F,2,3	1.3	11:00
23103 - Reckless Vehicle	553	2,894	579	2	1.3	8:00

Call Type	2019 Events	Total Events	Average Yearly events	Priorities Assigned in CAD	Average Personnel per Event	Median Time Spent on Event after Dispatch (Minutes and Seconds)
1182 - Non Injury	496	2,819	564	0,1F,2,3,4	1.6	26:00
1194B - Bike Stop	442	2,784	557	-	1.6	9:00
1181 - Minor Injuries	478	2,635	527	0,1F,2,3	3.4	38:00
RECOVR - Stolen Vehicle Recovery	214	1,325	265	0,2,3	1.5	56:00
1183 - Unknown Injuries	200	1,261	252	0,1F,2,3	3	33:00
1148 - Transportation	255	623	125	3	1.9	2:48:00
VCVIO - Vehicle Violation	140	584	117	3,4	1.2	13:00
1124 - Abandoned Vehicle	134	459	92	3,4	1.4	13:00
20001 - Hit & Run Injuries	74	330	66	0,1F,2,3	3.3	38:00
23109 - Exhibition of Speed	49	220	44	2	1.2	8:00
VVER - VIN Verification	15	127	25	4	1.1	21:00
HOT - Vehicle Pursuit	-	2	-	-	4	40:00
VREL - Vehicle Release	-	1	-	-	2	1:14:30
Violent Crime (FBI Part I Crimes) Classification (n = 2,465)						
211 - Robbery	341	1,571	314	0,1F,2,3	5.8	29:30
245 - Assault w/Deadly Weapon	74	383	77	0,1F,2,3	5.3	39:00
261 - Rape	55	267	53	0,2	2.5	1:42:00
243 - Serious Battery	5	63	13	0,2	3	45:00
244 - Assault w/ Caustic Substance	13	47	9	0,2	3.3	21:00
246 - Shots at Dwelling	8	44	9	0,2	2.8	37:00
215 - Carjacking	14	40	8	0,1F,2	7	33:00
1071 - Shooting	8	24	5	0,2	11.4	1:32:00
220 - Sexual Assault	1	16	3	0,2	2.4	50:30
288A - Child molest	2	10	2	2	1.9	1:11:00

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Mission Statement

Promoting transparency and accountability in Berkeley government.

Audit Team

Erin Mullin, Senior Auditor
Caitlin Palmer, Senior Auditor
Tracy Yarlott-Davis, Auditor II (Former)
Alejandra Barrio Gorski, Auditor I

City Auditor

Jenny Wong

Office of the City Auditor

Phone: (510) 981-6750

Email: auditor@cityofberkeley.info

Website: www.cityofberkeley.info/auditor

Photographs provided by Berkeley Police Department

Copies of our audit reports are available at
www.cityofberkeley.info/Auditor/Home/Audit_Reports.aspx




BERKELEY CITY AUDITOR

CONSENT CALENDAR

May 11, 2021

Updated July 2, 2021

To: Honorable Mayor and Members of the City Council

From: Jenny Wong, City Auditor 

Subject: Audit Report: Data Analysis of the City of Berkeley's Police Response

RECOMMENDATION

We recommend City Council request that the City Manager report back by November 16, 2021, and every six months thereafter, regarding the status of our audit recommendations until reported fully implemented by the Police Department.

CURRENT SITUATION AND ITS EFFECTS

We analyzed the Berkeley Police Department (BPD) Computer Aided Dispatch (CAD) data from 2015 to 2019. We analyzed characteristics of events, characteristics of officer-initiated stops, and characteristics of police responses.

From 2015-2019, Berkeley police responded to a total of 350,800 events, or an average of 70,160 events per year. Ten call types accounted for 54 percent of all events—traffic stops, disturbance, audible alarm, noise disturbance, security check, welfare check, suspicious circumstance, trespassing, theft, and Wireless 911. Officer-initiated responses were 26 percent of event responses, while 55 percent were the result of calls to the non-emergency line and 19 percent were from 911 calls.

During that time, Berkeley police initiated 56,070 stops. We found 78 percent of officer-initiated stops were vehicle stops, the majority of which did not lead to a search and most led to a warning. Mirroring prior findings by the Center for Policing Equity, data we reviewed showed Black people were stopped at a significantly higher rate than their representation in the population (34 percent compared to 8 percent), and Blacks and Hispanics were more likely to be searched following a stop.

BPD dispatched an average of 1.8 personnel per event. Three or more personnel responded to 41 percent of police responses. Events designated as (high) Priority Level 1-2 accounted for 40 percent of events, which require a response time of 20 minutes or less, while 43 percent were lower priority requiring a response time of an hour or longer from a call.

We found that the number of events that involved homelessness or mental health and the amount of time police spent responding to these events are not quantifiable due to insufficient data. We also found that The City's Open Data Portal provides the public with limited information about events that BPD responds to. There are opportunities for BPD to improve transparency by increasing the type and scope of data available on the portal.

We recommend BPD identify all calls for service that have an apparent mental health and/or homelessness component. We also recommend BPD expand the current calls for service data available

on the City Open Data Portal to include all call types and data fields for as many years as possible. BPD agrees with our recommendations.

BACKGROUND

Following the killing of George Floyd by Minneapolis police in May 2020, a national conversation ensued about policing, race, and the proper level of resources cities should devote to law enforcement. The Berkeley City Council held several meetings and hundreds of community members provided. Initially proposed by Councilmember Bartlett and incorporated by Mayor Arreguín, analysis of police data was included in Safety for All: The George Floyd Community Safety Act, a broader item on policing that City Council passed in July 2020. We offered to conduct the analysis.

This audit is intended to give decision makers and the public a broad overview of calls for service, officer-initiated stops, and police responses and to help inform the community engagement process around reimagining policing in Berkeley, which is currently underway. Our report examined data from 2015 through 2019.

ENVIRONMENTAL SUSTAINABILITY

There are no identifiable environmental effects or opportunities associated with this report.

RATIONALE FOR RECOMMENDATION

Implementing our recommendations will increase transparency and build a richer data set. The audit does not propose recommendations with regard to police activities or personnel allocations. There is a separate community process for reimagining public safety and policing.

CONTACT PERSON

Jenny Wong, City Auditor, City Auditor's Office, 510-981-6750

Attachments:

1: Audit Report: Data Analysis of the City of Berkeley's Police Response

Summary of City Manager's Response

APPENDIX 11: Reimagining Public Safety Budget Analysis

New Resources

Budgeted Resources

Estimated Costs

Justification

Timeline

REIMAGINE						
Implement the Specialized Care Unit Pilot using all of the recommendations of the consultant and the SCU Steering Committee as a road map			\$5.7 million (already budgeted)	\$	5,700,000	
Continue legislative advocacy for changes in state law to grant cities the authority for non-sworn civilian traffic enforcement, enable automated enforcement for speeding, and modify red light camera enforcement. This continues the City Council's advocacy for state law changes on these issues that started in 2021, and will help ensure the City's input in changes are ultimately adopted by the state legislature	Included in FY23 proposed budget and staff costs					Reimagining Public Safety(RPS) TF Recommendation: Review Transportation Laws, Fines and Fees to Promote Safety and Equity; Fully Fund the BerkDOT Planning Process Ongoing
In the FY 2023 and FY 2024 Budget, move crossing guards from the Police Department's Traffic Unit to Public Works' Division of Transportation. This consolidates a transportation function into the Transportation Division and aligns this function with the Vision Zero Program	Included in FY23 proposed budget and staff costs					Reimagining Public Safety(RPS) TF Recommendation: Move forward with the transfer of both collision analysis and school-crossing-guard management away from BPD and over to Public Works FY2023
Continue to plan for a civilian traffic enforcement unit, both by informing the content of state law changes to enable such a unit, and by developing an implementation plan once state law does change	\$300,000			\$	300,000	Primarily for consulting support, not in proposed budget and staff costs. Reimagining Public Safety (RPS) TF Recommendation: Fully Fund the BerkDOT Planning Process FY2023-24
Review Berkeley Municipal Code for proposed changes to increase equity and racial justice in the City's existing transportation fines and fees, especially related to parking. Involve the Transportation Commission in the recommendation of such changes to City Council.	\$150,000			\$	150,000	Primarily for consulting support, not in proposed budget and staff costs. Reimagining Public Safety (RPS) TF Recommendation: Review Transportation Laws, Fines and Fees to Promote Safety and Equity
Assess progress in incorporating equity, mobility, Vision 2050, and Vision Zero in transportation functions, and determine which organizational structure best matches a new or revised mission for transportation functions: a stand-alone Berkeley Department of Transportation, Department of Transportation and Infrastructure, or Division of Transportation	Expect to include in FY25 proposed budget					Reimagining Public Safety (RPS) TF Recommendation: Fully Fund the BerkDOT Planning Process Decision in FY 2024
Develop BPD and Community-Based organization engagement and collaboration structures						Underway to 6 months
Implement formal BPD community engagement unit	(1) Community Services Officer Salary and Benefits FY23 Budget FTE = \$150,952	(1) Police Officer Salary and Benefits FY23 Budget FTE = \$293,334 (deferred)		\$	444,286	BPD Community Service Officers (CSO) proposed increase in staffing will support public safety goals and build non-sworn response to address responses where the call type or specific call factors indicate a sworn response is not necessary. The CSO's will be focused on community supports and other community based work being directed through other Departments or personnel such as code enforcement. BPD formalize a unit focused on revitalizing community engagement. This team will be made up of sworn and non-sworn personnel developing stronger relationships with CBO, faith-based organizations, youth groups and others. This unit will have the lead in partnering with community based organizations on violence interventon programs such as Ceasefire. 12-24 months
Support reimagining efforts of City Departments	(1) Project Manager postion Salary and Benefits FY23 Budget FTE - \$314,465			\$	314,465	Ongoing
BPD support and assistance implementing Vision Zero goals and BERKDOT process						Ongoing
BPD expand capacity to provide non-sworn parking enforcement and emergency traffic response	(5) Parking Enforcement Officer Salary and Benefits FY23 Budget FTE = \$132,074 + (1) Parking Enforcement Officer Supervisor Salary and Benefits FY23 Budget FTE = \$157,753			\$	818,123	Reimagining Public Safety(RPS) Recommendation: Develop additional capacity to provide non-sworn parking enforcement and traffic safety response. Anticipated annual revenue generated per employee is \$222,192 based on January 2022 actuals. Budgeted at mid-step. Expanded Preferential Parking Program Reimagining Public Safety(RPS) Recommendation: To ensure the required supervision for the additional PEO positions described above. Anticipated annual revenue generated per employee is \$222,192 based on January 2022 actuals. This position is required to supervise the additional PEO positions. Expanded Preferential Parking Program 24-30 months
BPD collaborate with City Departments on redirecting enforcement responsibilities where appropriate						Ongoing

APPENDIX 10: Data analysis of the City of Berkeley's Police Response

<p>Develop additional capabilities to address public safety goals with appropriate response level</p>	<p>(9) Community Services Officer Salary and Benefits FY23 Budget FTE = \$150,952 + (1) Supervising Community Services Officer Salary and Benefits FY23 Budget FTE = \$171,466</p>		<p>\$ 1,530,037</p>	<p>Reimagining Public Safety(RPS) Recommendation: To develop additional capabilities to address public safety goals with appropriate response level, increase capacity for community engagement. Budgeted at mid-step with 3% COLA. Reimagining Public Safety(RPS) Recommendation: To ensure the required supervision for the additional CSO positions described above. Budgeted at mid-step with 3% COLA. BPD Community Service Officers (CSO) proposed increase in staffing will support public safety goals and build non-sworn response to address responses where the call type or specific call factors indicate a sworn response is not necessary. The CSO's will be focused on community supports and other community based work being directed through other Departments or personnel such as code enforcement.</p>	<p>24-36 months</p>
<p>Explore additional or alternate responses specifically related to traffic and bicycle safety</p>					<p>24 months</p>
<p>Analyze the current dispatch center including available hardware and software, current staffing model, current level of training, existing facility, accreditation status and accreditation options, and existing quality improvement practices. Phase I includes a recommendation for a prioritized emergency fire & medical dispatch system</p>	<p>\$200,000 for consulting support</p>	<p>\$100,000 (already budgeted)</p>	<p>\$ 300,000.00</p>	<p>Reimagining Public Safety(RPS) Recommendation: The establishment of a Tiered Dispatch/CERN Pilot Program; Contracting with local Community Based Organizations (CBOs) for Tier 1 CERN response; Adopt City Auditor's Recommendations for Call Processing and Dispatching of First Responders and Others Contained in Report, and Add 'Substance Use' to 911 Recommendations; Implement Specialized Care Unit (SCU): Alternative Non-Police Responder to Meet the Needs of People Experiencing Behavioral Health Challenges; Implement A Behavioral Health General Order for the Berkeley Police Department That Emphasizes Diversion Away from Policing Whenever Possible; Include PEERS in Developing Behavioral Health Responses; Have a Reconciliation Process with People with Behavioral Health Challenges and Police; Clarify the Risk Assessment by Call Takers, Dispatchers, and Police for Behavioral Health; Improve De-Escalation Training for Police & Offer Public Education on Behavioral Health; Account for Overlapping Systems of Care for People Living with Behavioral Health Challenges</p>	<p>12-72 months</p>
<p>REIMAGINE TOTAL</p>			<p>\$ 3,756,911</p>		

Summary of City Manager's Response

New Resources

Budgeted Resources

Estimated Costs

Justification

Timeline

APPENDIX A

IMPROVE					
Evaluate the Specialized Care Unit Pilot and use quantitative and qualitative data to make identified improvements		\$50,000 (already budgeted)	\$	50,000	
Continue to partner with the SCU Steering Committee, the Mental Health Commission, and community members in implementation					
Continue the consolidation of transportation-related functions in existing Public Works' Division of Transportation. Public Works has both the					
Approve a new Vision Zero staff position in Public Works' Division of Transportation to conduct collision analysis. This will promote the City's Vision Zero approach by boosting the City's capacity to analyze collision data collected by the Police Department, and, with Police input, propose	\$175,000 (Included in FY23 proposed budget)		\$	175,000	Ongoing
Continue to address disparities in traffic and other enforcement stops					Ongoing
Continue to address disparities in Use of Force incidents					Ongoing
Support expanding dispatch responsibility and expertise	(1) Supervising Public Safety Dispatcher Salary and Benefits FY23 Budget FTE = \$206,510 + (8) Public Safety Dispatcher II Salary and Benefits FY23 Budget FTE = \$180,050		\$	1,646,910	Reimagining Public Safety (RPS) Recommendation: To address City Auditor OT Report and support expanding dispatch responsibilities (including PMD) and overall expertise. 36 months
Conduct regular analysis of data to ensure that departmental responses align with Fair and Impartial Policing concepts		1 FTE data analyst (already budgeted)			12 months
Conduct ongoing training in support of Fair and Impartial Policing concepts	Costs are ongoing and dependent on training needs - TBD estimated at \$100,000		\$	100,000	Reimagining Public Safety (RPS) Recommendation: Conduct ongoing training in support of Fair and Impartial Policing concepts, officer safety and professional development. Ongoing
Conduct staffing assessment including beat study to ensure departmental staffing levels meet public safety expectations and employee health and wellness	TBD estimated at +\$70,000		\$	70,000	Reimagining Public Safety (RPS) Recommendation: Conduct staffing assessment to ensure departmental staffing levels meet public safety expectations and employee health and wellness. Assessment will consider quality of service, overtime expenditures, administrative responsibilities and ongoing training needs of personnel. 24-30 months
Continued support of employee health and wellness	Increase annual wellness budget by \$50,000 and reassess at FY23 budget cycle to determine appropriate funding		\$	50,000	Reimagining Public Safety(RPS) Recommendation: Costs required to support Critical Incident Stress Contract, Peer Support Team, and emerging wellness needs. 6-12 months
Continued support of employee training and professional development	Increase annual training budget by \$100,000 and reassess at FY23 budget cycle to determine appropriate funding		\$	100,000	Reimagining Public Safety(RPS) Recommendation: Conduct ongoing training in support of Fair and Impartial Policing concepts, officer safety and professional development. 12-24 months
Ensure public and employee safety through recruitment efforts aligned with adequate staffing levels and technology		(7) Police Officer Salary and Benefits FY23 Budget FTE = \$293,334 (deferred)	\$	2,053,338	Lack of adequate staffing and limitations on tools and technology can negatively impact not only overall safety, but also morale and mental health of personnel. 18-24 months
Provide transparency through public facing data dashboards					6-12 months
Provide transparency and community engagement through increased information sharing					24 months
Build relationships with community groups to support best possible outcomes					18 months
Gather data around mental illness and homelessness to support overall City responses and needs assessment					6 months
Create a detailed implementation plan for Priority Dispatch including timelines and critical dependencies, a budget identifying one-time and on-					12-72 months
Support reimagining efforts including grant writing services	\$100,000 for consultant grant writing support		\$	100,000.00	12-72 months
Strengthen investigation capabilities and victim support network		(3) Police Officer Salary and Benefits FY23 Budget FTE = \$293,334 (deferred)	\$	880,002	Reimagining Public Safety(RPS) Recommendation: These additional positions will address various facets of enhanced community engagement and related services to support enhanced safety through increased criminal investigation, collaboration with Community Based Organizations, and victim support. 24-30 months
Expand problem-oriented teams to support community needs and address violent crime		(10) Police Officer Salary and Benefits FY23 Budget for 1 FTE = \$293,334 (deferred)	\$	2,933,340	Reimagining Public Safety(RPS) Recommendation: To develop flexible capabilities to support public safety goals through problem solving focused and data driven approaches. Building off of Bike Team success in both engagement capabilities and violent crime reduction. Budgeted at mid-step with 3% COLA 24-30 months
Promote traffic and pedestrian safety through data analysis, education and enforcement where appropriate		(1) Police Officer Salary and Benefits FY23 Budget FTE = \$293,334 (deferred)	\$	293,334	To support continued efforts and partnerships with Transportation to prevent, educate, reduce, assess impact of traffic violations and collisions on community safety. 24-30 months

Summary of City Manager's Response

	New Resources	Budgeted Resources	Estimated Costs	Justification	Timeline
IMPROVE TOTAL			\$ 8,401,924		
REINVEST					
Develop and implement a finance strategy for long-term sustainability of the SCU		\$50,000 (already budgeted)	\$ 50,000		
Develop and implement violence prevention programs such as Ceasefire		(1) Police Officer Salary and Benefits FY23 Budget FTE = \$293,334 (deferred)	\$ 293,334	Developing Community violence prevention and intervention programs can be effective in reducing violent crime and create meaningful opportunities for community members to give back. These community based organizations work with to interrupt cycles of violence and the department and crime data can be critical to the success of this work. Programs such as Ceasefire or Voices Against Violence could be supported through dedicated staff managing these efforts.	12-24 months
Assist the Communication Center with change management and implementation of the plan. This will include considerations for design changes to					12-72 months
REINVEST TOTAL			\$ 293,334		12-24 months
OVERALL TOTAL			\$ 12,452,169		



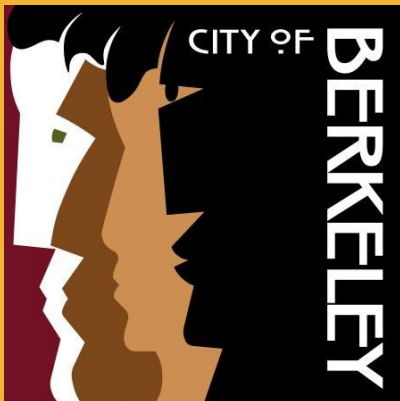
CITY MANAGER'S OFFICE

City of Berkeley
Central Administrative Offices
2180 Milvia Street
Berkeley, CA 94704

Reimagining Public Safety

A Guide for City Discussion

April 21, 2022



CITY MANAGER'S
OFFICE

Our Team



Dee Williams-Ridley
City Manager



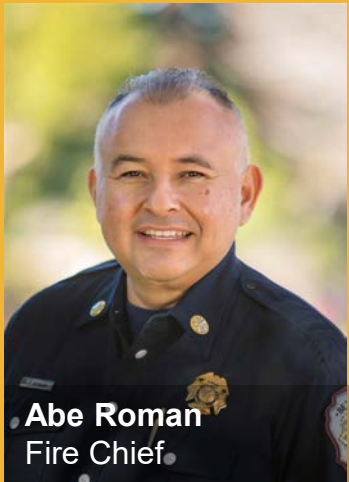
LaTanya Bellow
Deputy City Manager



Jen Louis
Interim Police Chief



Shamika Cole
Sr. Management Analyst



Abe Roman
Fire Chief



Dr. Lisa Warhuus
HHCS Director



Liam Garland
Public Works Director

Introduction



Overview

- **Reimagining Public Safety Background**
- **Guiding Principles**
(Reimagine, Improve, Reinvest)
- **Recommendations**
 - **BerkDOT**
 - **Priority Dispatch**
 - **Police**
 - **SCU**
- **Budget**
- **Closing Remarks**



Background

Reimagining Public Safety



Community Engagement and Project Coordination

City Manager's Office Coordination and Meeting Schedule

Event	# of Meetings
Internal Working Group Coordination	43
National Institute for Criminal Justice Reform Coordination	18
Reimagining Public Safety Task Force Meetings	19
Reimagining Public Safety Coordination Meetings	26
Community Engagement	12



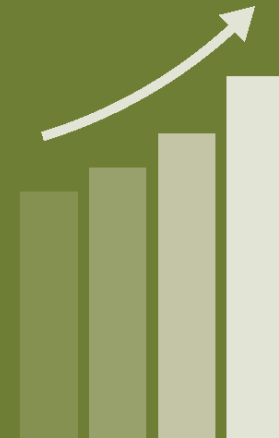
REIMAGINE

Redesign public safety from a traditional police department to one that is focused on the diverse needs of the community it serves.



IMPROVE

Improve the City of Berkeley's public safety system for residents and communities that have experienced the greatest harm from the existing public safety model.

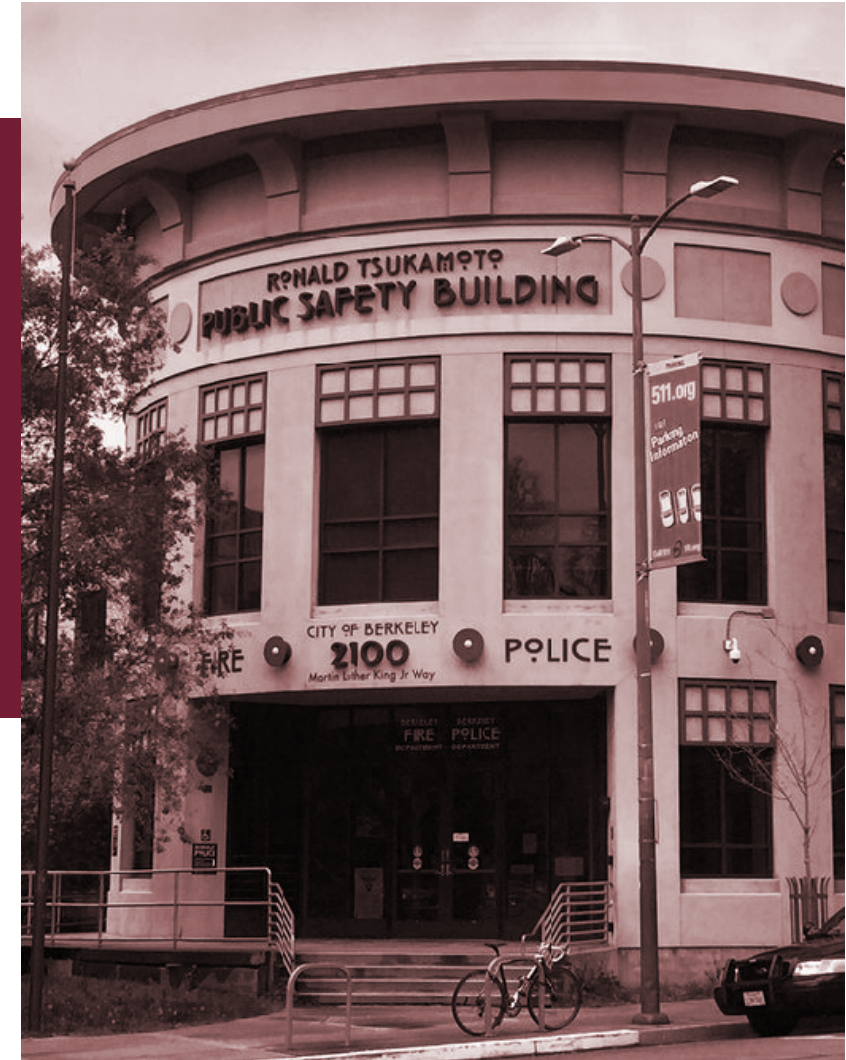


REINVEST

Increase equitable investment in vulnerable communities and for those who have been historically marginalized.

Recommendations

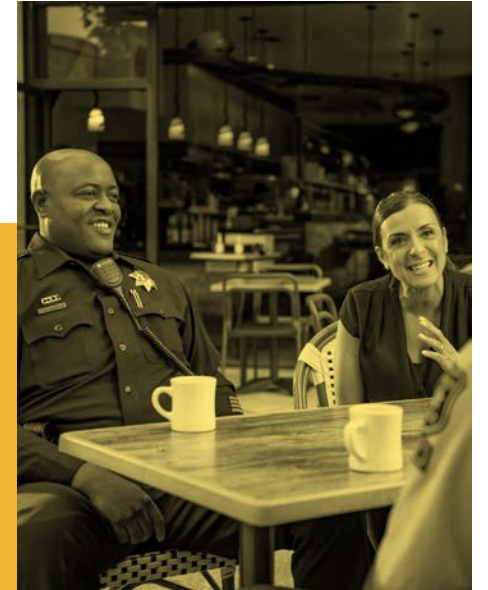
Recommendations & Implementation Plan



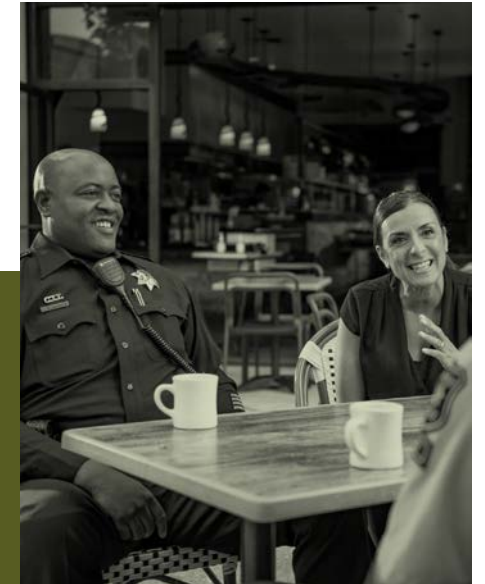
Police | Recommendations



Police



Police (continued)



Police (continued)



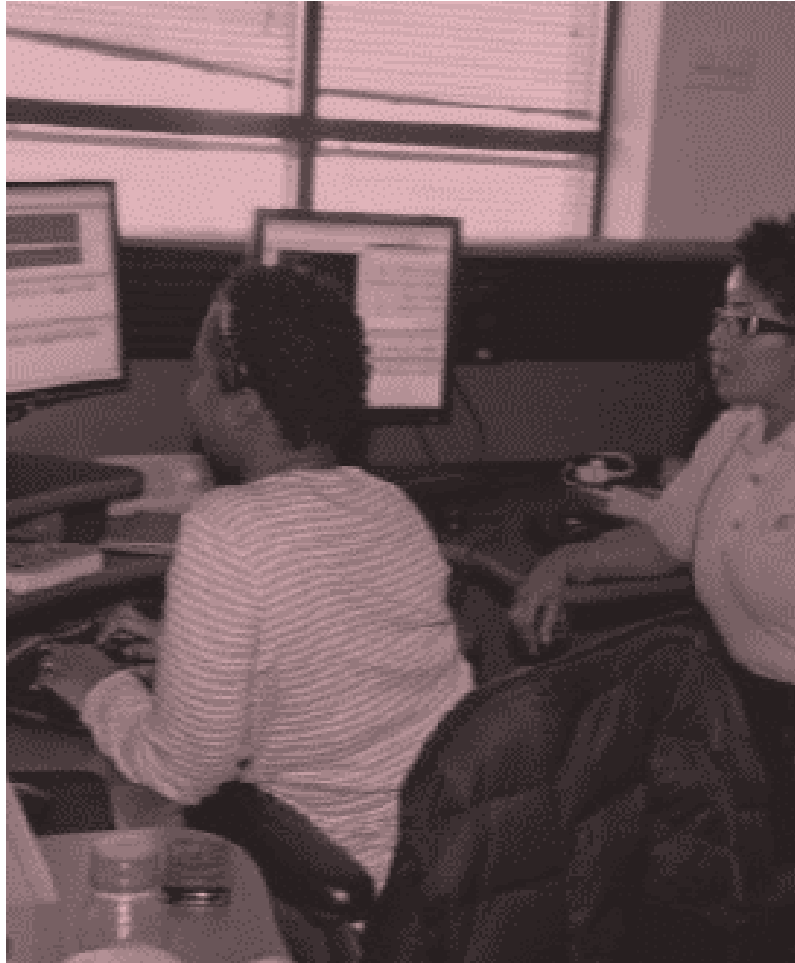
Police (continued)



Police (continued)



Priority Dispatch | Recommendations



Priority Dispatch

Possible Priority Dispatch Models		
Models Considered	Pros	Cons
Current Model	Simplicity, easier staffing	Inefficient, delays for callers, expansive resources sent to call
Criteria Based Dispatch	Affordable, flexible, trusts well-trained dispatchers	Non-standard, not used by neighboring agencies
Medical Priority Dispatch System	Standard system, used by neighboring agencies	Expensive licensing, inflexible, heavily scripted

Priority Dispatch

Federal Engineering Scope of Work	
Phase I	Analyze and Recommend Dispatch System
<ul style="list-style-type: none">• Analyze Current Operations and perform a needs assessment• Recommend a dispatch system that would best serve the City of Berkeley	
Phase II	Implementation Plan Report
<ul style="list-style-type: none">• Implementation Plan	

BerkDOT | Recommendations



Berkeley Department of Transportation (BerkDOT)

- Review of national and local context
 - Few cities of Berkeley's size have a stand-alone DOT
 - Existing *Division* of Transportation has more breadth than most cities
- Three options for BerkDOT organizational structure: stand-alone Department, Department of Transportation and Infrastructure (BerkDOTI), or consolidated Division
- A first-of-its-kind scientific survey (and listening sessions) found:
 - support for shifting traffic enforcement, including routine traffic stops, from police to specially trained staff
 - acknowledgement of the role race can play in interactions with the police, with Black residents particularly aware
 - women more likely to rate the safety of getting around Berkeley negatively

BerkDOT



Approve new Vision Zero staff member to conduct collision analysis

Continue consolidation of transportation functions

SCU | Recommendations



Specialized Care Unit (SCU)

- Comprehensive community engagement process to design the SCU
 - Engage consultant (Research Development Associates)
 - Create Steering Committee to oversee process
- 3 comprehensive reports
 - Crisis Response Models Report
 - Mental Health Crisis Response Services & Stakeholder Perspectives Report
 - Specialized Care Unit Crisis Response Recommendations

Specialized Care Unit (SCU) ctd.

- 25 recommendations for design for a 24/7 mobile crisis response for behavioral health crises by category
 - The SCU Mobile Team
 - Assessing the SCU Crisis Response: Dispatch & Alternative Phone Number
 - Implement a Comprehensive 24/7 Mental Health Crisis Response Model
 - Administration & Evaluation
 - Promoting Public Awareness
- Steering Committee adopts RDA recommendations with additional analysis
- SCU pilot with intention to implement long term

Specialized Care Unit (SCU)



Evaluate SCU Pilot



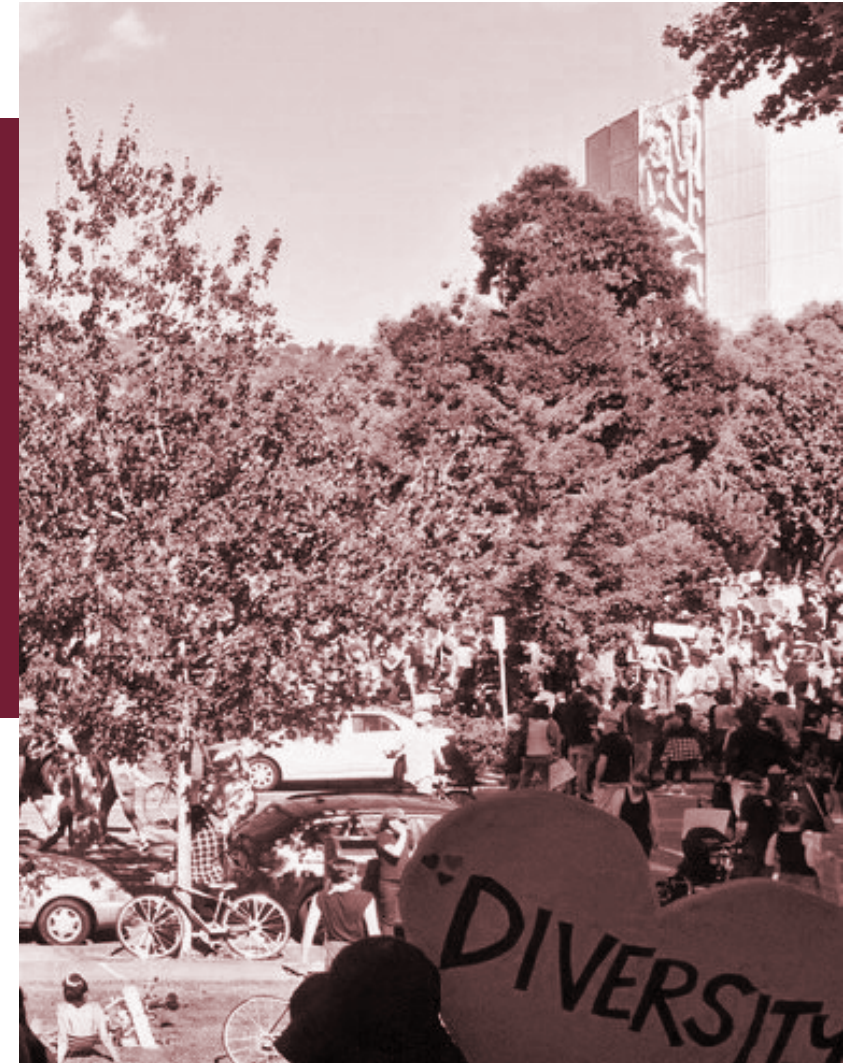
Continue to partner with SCU Steering Committee, Mental Health Commission, and community members in implementation



Develop and implement a finance strategy for SCU long-term stability

Budget

Funding Reimagining Work



FY23-24 Reimagining Public Safety Budget Analysis



REIMAGINE	REQUESTED FUNDING
Consulting Services - BerkDoT, Priority Dispatch	\$ 650,000
City Staffing/Additional Positions	\$3,106,911
Sworn Officer positions (1) *deferred	(\$ 293,334)
Community Services Officer positions (10)	
Community Services Officer Supervisor positions (1)	
Parking Enforcement Officers (5)	
Parking Enforcement Officer Supervisor positions (1)	
Assistant to the City Manager positions (1)	
Specialized Care Unit (1yr Pilot Program-already budgeted)	(\$5,700,000)
Specialized Care Unit (Ongoing)	TBD
Subtotal	\$3,756,911



IMPROVE	REQUESTED FUNDING
Consulting Services - BerkDoT, Grant Writer, PD Training, PD Wellness	\$ 170,000
City Staffing/Additional Positions	\$8,275,258
Associate Planner (1)	
Public Safety Dispatcher II positions (8)	
Supervising Public Safety Dispatcher (1)	
Sworn Officer positions (7) *deferred	(\$6,453,348)
Community Services Officer positions (1)	
Training	\$ 250,000
Subtotal	\$ 8,695,258



REINVEST	REQUESTED FUNDING
City Staffing/Additional Positions	(\$293,334)
Sworn Officer positions (1) *deferred	
Subtotal	(\$293,334)

FY 23-24 TOTAL FUNDING REQUEST*	REQUESTED FUNDING
TOTAL	\$12,452,169

Important Matters to Consider

CHALLENGES	CERN MODEL	CONSIDERATIONS
Ongoing funding	Underdeveloped and needed additional data	Honoring our MOU's as it relates to contracting
Staffing considerations	Needs more work and components may be effective to implement as we move forward with the reimagining process	Moving Dispatch to the Fire Department
State Law to changes around traffic enforcement		Labor Issues
Timeline could be 3-5 years for full implementation of all items		Community Services Officers to be housed in Neighborhood Services

Closing Remarks

If Council decide to move forward with recommendations in this report, it is necessary to:

1. **Analyze our dispatch system** to make changes to support a system with greater triage capabilities.
2. **Implement the SCU Pilot.**
3. **Implement greater BPD community engagement** to build relationships with community groups.
4. **Establish the Office of Race Equity and Diversity.**
5. Complete **Police Staffing Assessment and Beat Structure Analysis.**
6. **Seek funding opportunities** to support the reimagining public safety process for Berkeley.





CITY MANAGER'S
OFFICE



SUPPLEMENTAL AGENDA MATERIAL for Supplemental Packet 2

Meeting Date: March 10, 2022

Item Number: 1 and 2

Item Description: Consideration of the Reimagining Public Safety Task Force's Response to the National Institute for Criminal Justice Reform recommendations & Presentation and Discussion of Reports Submitted by Reimagining Public Safety Task Force and National Institute for Criminal Justice Reform

Submitted by: Mayor Arreguin, Vice-Mayor Harrison and Councilmembers Bartlett and Hahn

The attached Supplemental material includes a report: 1) recommending that the Council reflect and reaffirm its unanimous commitment to reimagining public safety in Berkeley; 2) comments on the National Institute for Criminal Justice Reform (NICJR) and Reimagining Public Safety Task Force reports ("Task Force") and where they align and do not align with the original referral (Resolution 69,501-N.S., July 14, 2020); 3) high level comments on prioritization and requested analysis of NICJR and Task Force recommendations for City Manager's forthcoming report; 4) recommendations on additional resources needed to implement next phase of reimagining work.

In addition, the Supplemental also includes two spreadsheets presenting the NICJR and Task Force recommendations with detailed comments on prioritization and recommended future action. These spreadsheets compare the NICJR recommendations with the votes and recommendations of the Task Force and are meant to assist the Council and public in its review of the various reports.

To: Honorable Members of the City Council and City Manager
From: Mayor Jesse Arreguín
Vice-Mayor Kate Harrison
Councilmember Ben Bartlett
Councilmember Sophie Hahn
Subject: Reaffirmation and Further Direction on Reimagining Public Safety
Process, NICJR and Task Force Reports

1. Reflect on and Reaffirm the City Council's vision for reimagining community safety adopted on July 14, 2020, outlined in the omnibus motion and Council Referral "Transform Community Safety and Initiate a Robust Community Engagement Process" (Attachment 1)

On July 14, 2020, after hearing from over 130 speakers, and receiving numerous written comments, the City Council adopted an omnibus motion to advance various proposals to reimagine community safety in Berkeley and launch a robust community process to develop a new approach. This action came two months after the murder of George Floyd at the hands of Minneapolis Police, and in response to a growing movement for police reform. On June 6, 2020, over 7,000 Berkeley residents marched in the streets to call for transformative change in law enforcement not just nationally, but also here in Berkeley. Berkeley, like many cities throughout the United States, is not immune from the dark history of systemic racism, including state-sponsored actions such as violence against people of color and redlining and discriminatory housing practices. To this day, there are widening inequities based on race and income, including in housing affordability, health outcomes, academic achievement, and criminal justice. At the same time due to the lack of government programs to support wealth building, in addition to rising housing costs and gentrification, the Black community has decreased from 20% in 1970 to 8% today. If Berkeley is to truly realize its reputation of being a progressive, equitable community, we must recognize and tackle systemic racism head on in every aspect of our society - law enforcement, housing, health, education and other institutions.

We also need to recognize that law enforcement as traditionally defined is not the only method of advancing public safety. How we define safety should focus on protecting property and persons today and preventing crime in the future through

violence prevention and upstream investments in our social safety net. We must provide compassionate behavioral health care and social services and create policies and resources to close racial disparities in health, education and economic access. Our goal should be creating a truly safe community - reducing crime, and investing in the health, wellness and success of *all* of our residents.

The goals of this process were to create a new paradigm for policing and public safety that is holistic and anti-racist, while making upstream investments to address social determinants and create a healthy, safe and equitable community.

In 2020, the City Council adopted a series of goals by way of Resolution No. 69,501-N.S. Two years later, as we advance to the next phase of this work, it is critical that we revisit and reaffirm these goals to guide our work.

We committed to:

- i. **A transformative approach to community-centered safety and reducing the scope of policing**, by re-defining our understanding of safety to be holistic and focus not just on crime prevention but health, wellness and economic security for *all* of our residents. While the focus has been on reducing the footprint of policing, we recognize that police play a critical role in our society, and we must determine the right size, focus and function of our Police Department to prevent and respond to crime, while exploring alternative response models and upstream investments in social services to create a healthy, safe and equitable community.
- ii. **Equitable investment in the essential conditions of a safe and healthy community, especially for those who have been historically marginalized and have experienced disinvestment, and**
- iii. **A broad, inclusive community process that will result in deep and lasting change to support safety and wellbeing for all Berkeley residents.**

In addition to these original goals, we are committed to:

- iv. **Reducing the impact of current Police expenditures on our General Fund through investment in alternative response models**

to minimize the impact on police, managing overtime expenses, and ensuring we have an adequately staffed and deployed Police force.

v. Reimagining health and safety, considering allocating resources towards a more holistic approach - one that shifts resources away from policing towards health, education and social services, and is able to meet crises with a variety of appropriate responses.

vi. Providing meaningful safety, continuing critical health and social services, and committing to, and investing in, a new, positive, equitable and community-centered approach to health and safety that is affordable and sustainable.

vii. Determining the appropriate response to community calls for help including size, scope of operation and powers and duties of a well-trained police force.

viii. Identifying alternatives to policing and enforcement to reduce conflict, harm, and institutionalization, introduce alternative and restorative justice models, and reduce or eliminate use of fines and incarceration.

Areas where these reports have been responsive to meeting original goals:*National Institute of Criminal Justice Reform (NICJR) Report*

A clear principle outlined in both Item 18d, “*Transform Community Safety and Initiate a Robust Community Engagement Process*” and the Omnibus Motion, is that any transformation of public safety must be based on analysis of our current structure and community needs. While other communities rushed ahead with big changes, Berkeley first took a step back and initiated this process to understand what we have, what we need, and to where we want to go. The research and recommendations developed by NICJR have gotten us closer to understanding those questions in several key areas.

First, the calls for service analysis completed by the City Auditor and NICJR provides an essential foundation for developing a more specialized and appropriate system of responses for non-violent requests. It is clear that by reducing BPD’s focus on non-criminal and low level calls for service, the Department can improve its response, investigation, and prevention of more serious crime.

Second, the proposed Community Emergency Response Network (CERN), provides a framework for a civilianized responder model that can complement the Specialized Care Unit (SCU) and *improve* responses and service quality to low-level calls for service. However, this model needs more refinement to align with our city before we implement a pilot. The task force raised many important points that merit staff consideration. In particular, we are not convinced that CBOs are best equipped to handle these calls and would like to see an approach to a civilian responder model that uses city staff (e.g. code enforcement, mediators, outreach specialists, etc.). Given that the SCU and priority dispatch programs are likely to move ahead while this analysis is underway, we believe the implementation of both programs should anticipate and plan for the integration of additional community responders to deal with other low level calls for service.

Last, the council action highlighted that there is “both a moral and fiscal imperative to restructure the way Berkeley envisions and supports health and safety”. Rather than abruptly cutting the budget an arbitrary amount, the Council directed analysis to discern what the appropriate scope, size and budget of the police budget should be. Unfortunately, we still do not have a definitive answer to that question. The recent City Auditor’s recent report, as well as NICJR’s demonstration of the potential for alternative responders to handle up to 50% of call types point toward a more efficient and focused public safety system.

Reimagining Public Safety Task Force Report

The Reimagining Task Force, originally described as a Steering Committee in the July 14, 2020 Item “Transforming Community Safety”, was envisioned to serve two key functions: (1) To serve as the hub of a robust community process that would inform the definition of a holistic approach to community safety, and (2) to inform the city’s process with a dedicated and diverse range of knowledge, expertise and representation.

The task force report and their meetings over the last year reflect commissioners’ deep commitment to realizing a transformed system of community safety for the City of Berkeley. Commissioners took their charge seriously, and extended their work many months beyond the timeline that they were initially presented with. The task force clearly responded to their charge through their feedback on the NICJR report and their supplemental recommendations.

Many of the task force recommendations present concrete opportunities to reinvest in programs, policies and systems that can improve community health and safety in the short-term while we figure out how to take on the larger economic programs recommended by NICJR. Some highlights include:

- The BerkDOT recommendations, which build on the work of the City Manager and City Council, and provide concrete suggestions to reduce “police contacts, stops, arrests, tickets, fines and incarceration”.
- The gender-based subcommittee spearheaded their own outreach to service providers and subject matters to develop a set of actionable recommendations to increase resources for victims, provide training to faith-based leaders, coordinate and expand prevention education work as well as many ideas to improve police responses.
- The PEERS recommendations draw heavily on both direct community input, as well as research of best practices and emerging models and respond to the goal of reducing police conflict, harm and institutionalization.
- Strong support and additional recommendations for the Office of Equity initiated by Councilmember Kesarwani and a Violence Prevention Program initiated by Councilmembers Taplin and Bartlett.

All of the task force recommendations are worthy of consideration and we look forward to working with the Council, commissioners, staff and the broader community to develop an action plan for implementation.

Areas that require additional work

In reflecting on the original vision and direction of the Council and reviewing these reports, there are several areas that require additional work and consideration. As staff and the Council move to the next phase of this work, the following areas merit additional attention:

- A more complete fiscal and operational analysis of our existing police staffing structure, and how it might change overtime with the incorporation of alternative responders.
 - As the City works to build this new network the Council may need to identify additional revenues to establish alternative responses rather than relying solely on vacancies as suggested by NICJR. It is not appropriate to bank on anticipated resignations, nor is it clear that the savings generated through attrition will be sufficient to fund additional staffing and overhead costs. In the short run, we may need to identify additional funding to ensure that we will have the necessary number of officers while we develop our SCU/Community Responder model.
 - This analysis should build on the auditor's recommendations and explore a structure that integrates civilian responders and provides greater opportunity for the deployment of current beat officers for bike, pedestrian or problem-oriented policing teams. The operational analysis should also evaluate the city's capacity to respond to surges in calls for service as well as mutual aid agreements.
- Identifying impacts on labor contracts due to shifts in roles and responsibilities and implications for timing of implementation.
- Greater emphasis on how a new system of public safety can *improve* response and service in addressing low-level non-violent issues.
 - For example, page 16 of NICJR's report identifies a list of call types for which to pilot civilian responses. Currently, some of these calls such as for an abandoned vehicle, blocked driveway, or noise complaint may not currently receive a prompt response due to their relative low-priority. With dedicated civilian responders, residents should expect improved and more rapid responses.
- Expand on the task force recommendation to review the Berkeley Municipal Code as it relates to transportation to all identify violations that currently require a police officer to enforce, but could safely be addressed by unsworn personnel. For example, the mask and smoking ordinances currently require police enforcement but the BMC could be amended to enable code enforcement.

- A strong public outreach campaign to inform the community whom to call and what type of response to expect with a new set of responders.

2. Provide feedback in the form of high-level prioritization and requested analysis for the City Manager's forthcoming report.

Attachment 2, has two matrices. The first is a table that combines NICJR's summarized recommendations, the task force votes and comments, and early thoughts and feedback on additional staff analysis, and potential phasing of recommendations. Columns A-I are copied from the NICJR and Task Force final reports. Columns K-O are added to organize thoughts on analysis, phasing and additional commentary or potential direction.

The second table is an expanded summary of the task force recommendations. Columns A and B were included on pages 36-38. The rationale statements are pulled from the body of the report and reflect the Mayor's Office's best effort to summarize each recommendation. Columns D-I provide initial thoughts, analysis, and potential phasing of recommendations. Given that all the ideas presented are aligned with the initial vision expressed by the council, these priorities are based on the recommendations that are most ready to move forward towards implementation. These suggestions could change with staff feedback, and in some cases staff input is required before any phasing can be suggested.

We request that the City Manager complete an initial evaluation of all task force supplemental recommendations to identify their potential cost and staffing and recommend phased implementation.

3. Acknowledging need for additional resources and community input

- A. Budget Referral for a Senior Project Coordinator or similar position as defined by the City Manager to ensure at least 1 FTE is available in the City Manager's Office to coordinate the implementation phase of this project.
- B. Input from Staff on the preferred approaches to continued community engagement during implementation.

Attachments:

1. Council Referral: "Transform Community Safety and Initiate a Robust Community Engagement Process" and Resolution No. 69,501-N.S. (July 14, 2020)
2. Consolidated Spreadsheet of Reimagining Public Safety Recommendations



Office of the Mayor
Jesse Arreguín

ACTION CALENDAR
July 14, 2020

To: Honorable Members of the City Council

From: Mayor Jesse Arreguín, Vice-Mayor Sophie Hahn, Councilmember Ben Bartlett, Councilmember Kate Harrison

Subject: Transform Community Safety and Initiate a Robust Community Engagement Process

RECOMMENDATIONS

1. Adopt a Resolution expressing the City Council's commitment to:
 - a. A transformative approach to community-centered safety and reducing the scope of policing,
 - b. Equitable investment in the essential conditions of a safe and healthy community, especially for those who have been historically marginalized and have experienced disinvestment, and
 - c. A broad, inclusive community process that will result in deep and lasting change to support safety and wellbeing for all Berkeley residents.
2. Direct the City Manager to track and report progress on actions to implement this initiative, and other actions that may be identified by the Coalition and referred by Council to the City Manager. Updates shall be provided by written and verbal reports to Council and posted on a regularly updated and dedicated page on the City website.
3. Direct the City Manager to collaborate with Mayor and select Councilmembers to complete the following work, to inform investments and reallocations to be incorporated into future Budget processes:
 - a. Contract with independent subject matter experts to:
 - i. Analyze the scope of work of, and community needs addressed by, the Berkeley Police Department, to identify a more limited role for law enforcement, and identify elements of police work that could be achieved through alternative programs, policies, systems, and community

investments. Analysis should include but not be limited to: calls received by dispatch by type of complaint, stops by law enforcement generated at officer discretion (as contained in the Police Department's open data portal) or on request of other city agencies, number of officers and staff from other city agencies that respond to incidents, estimated time in response to different types of calls, daily patrol activities, organizational structure, and beat staffing. Work to include broad cost estimates of police and other city agency response to different types of calls, and other information and analysis helpful to identify elements of current police work that could be transferred to other departments or programs or achieved through alternative means. Work should be completed in time for the November 2020 Annual Appropriation Ordinance revision.

- ii. Identify immediate and longer-term opportunities to shift policing resources to alternative, non-police responses and towards alternative and restorative justice models, to better meet community needs, that could be considered in the November 2020 AAO#1 budget process. Some areas to be considered include homeless outreach and services, substance abuse prevention and treatment, and mental health/crisis management, as well as alternative models for traffic and parking enforcement, "neighborhood services" and code enforcement. Provide a broad timeline and process for transitioning functions not ready for transition at this first milestone.

Deliverables should coincide with budget cycles, including the November 2020 AAO and FY 2022-2023 Budget processes, and provide a suggested timeline for transitioning functions at these and other budget opportunities, so that alternative investments may be considered for funding and launched in a timely and orderly manner.

- b. Contract with independent Change Management experts to initiate and facilitate a representative Community Safety Coalition, guided by a Steering Committee, that will begin meeting no later than January 2021. The CSC and its Steering Committee should be broadly inclusive and representative of Berkeley residents and stakeholders. The Steering Committee, with the support of Change Management professionals, shall be responsible for engaging the Coalition and the broader Berkeley community and relevant City Staff in a robust process, to achieve a new and transformative model of positive, equitable and community-centered safety for Berkeley.

The work of the Coalition should include but not be limited to:

1. Building on the work of the City Council, the City Manager, the PRC and other City commissions and other working groups addressing community health and safety.
2. Research and engagement to define a holistic, anti-racist approach to community safety, including a review and analysis of emerging models, programs and practices that could be applied in Berkeley.
3. Recommend a new, community-centered safety paradigm as a foundation for deep and lasting change, grounded in the principles of *Reduce, Improve and Reinvest* as proposed by the National Institute for Criminal Justice Reform (Attachment 3), considering, among other things:
 - a. The social determinants of health and changes required to deliver a holistic approach to community-centered safety
 - b. The appropriate response to community calls for help including size, scope of operation and powers and duties of a well-trained police force.
 - c. Limiting militarized weaponry and equipment.
 - d. Identifying alternatives to policing and enforcement to reduce conflict, harm, and institutionalization, introduce alternative and restorative justice models, and reduce or eliminate use of fines and incarceration.
 - e. Options to reduce police contacts, stops, arrests, tickets, fines and incarceration and replace these, to the greatest extent possible, with educational, community serving, restorative and other positive programs, policies and systems.
- c. The Coalition's goal/output will be a set of recommended programs, structures and initiatives to incorporate into upcoming budget processes for FY 2022-23 and, as a second phase, in the FY2024-2025 budget processes to ensure that recommended changes will be achieved. The Coalition shall return to City Council an initial plan and timeline by April 1, 2021, to ensure the first phase of changes can be incorporated into the FY2022-23 Budget Process.

SUMMARY

Local government's most fundamental role is to provide for the health and safety of its residents. Cities around the country are acknowledging that they are falling behind in this basic function, and are embarking on efforts to reimagine health and safety, and to consider reallocating resources towards a more holistic approach; one that shifts resources away from policing towards health, education and social services, and is able to meet crises with a variety of appropriate responses.

The current re-energized movement for social justice and police reform highlights a problematic expansion, over many decades, in the roles and responsibilities of the police. As other systems have been defunded, most notably mental health, education, affordable housing and other health and safety-net programs, the police have been asked to respond to more and more crises that could have been avoided with a different set of investments in community wellbeing. Rather than being the responders of last resort, focused on criminal, aggressive and violent behaviors, police are now frontline responders routinely called to address mental health crises, poverty and homelessness, substance abuse, stress in the school environment, traffic and code violations and neighborhood disputes. This is an extensive set of responsibilities that is not traditionally the purview of the police.

This item initiates a restructure and redefinition of "health and safety" for all Berkeleyans, with immediate, intermediate and longer-term steps to transform the city to a new model that is equitable and community-centered. It roots the transformative process in broad, deep and representative community engagement which empowers the community to address social determinants of health and safety and deliver transformative change, with the help of change management professionals and informed by research and analysis of current and best practices.

BACKGROUND

The recent murders of George Floyd, Breonna Taylor and Ahmaud Arbery have ignited the nation in passionate protest against police brutality and racial injustice. Across the country, community members have gathered for weeks to demand change and called out the enduring, systemic racism, white supremacy and accompanying police brutality that have defined the United States for too long. Among the more immediate demands are calls to reduce funding and the scope of police work and to invest in alternative models to achieve positive, equitable community safety.

These demands for change go beyond necessary efforts in procedural justice, implicit bias training, and improved use of force policies. Activists, organizers and their allies in our community are seeking a broader discussion about the true foundations for a safe and healthy community for all people. For too long, "public safety" has been equated

with more police, while economic and social welfare programs have been viewed as special projects unrelated to health and safety.

Responding from the epicenter of this moment, the City of Minneapolis has voted to disband their police department and engage in a deep and detailed year long process to fundamentally transform community health and safety in their city.¹ Closer to home, Mayor London Breed has announced that San Francisco will demilitarize their police force and end the use of police as a response for non-criminal activity.²

As this movement ripples across the nation, Berkeley has an opportunity to lead in transforming our approach to public health and safety. We need the right response for each crisis rather than defaulting to police. This resolution and recommendations initiate a thoughtful, thorough approach to restructuring and redefining health and safety through investment in the social determinants of health, rooted in deep community engagement and empowerment.

Community members are calling on city leaders to be creative in reimagining the city's approach to health and safety and to make clear, demonstrated commitments and timelines for this work.

In order to earn community buy-in for these important changes it is critical that the future of community health and safety be defined by the Berkeley community, centering the voices of our Black, Native American/First Peoples and other communities of color, LGBTQ+ people, victims of harm and other stakeholders that have been historically, and continue to be, marginalized and under-served by our current system. A community-wide process would ultimately inform recommended investments and approaches to achieve a higher and more equitable level of community safety for the entire community.

CURRENT SITUATION AND ITS EFFECTS

Despite strong efforts and leadership on police reform, homelessness, health, education and housing affordability in Berkeley, racial disparities remain stark across virtually every meaningful measure. According to the City of Berkeley's 2018 Health Status Summary Report, African Americans are 2.3 times more likely to die in a given year from any condition as compared to Whites. In 2013, African Americans were twice as likely to live in poverty in Berkeley. By 2018, they were eight times more likely. The Center for Policing Equity (CPE) found that Black drivers are 6.5 times as likely as white drivers to be stopped by Berkeley police officers and four times as likely to be searched. Latinx people are also searched far more often than white people. Furthermore, there is a striking disproportionality in BPD's use of force against Black community members.

¹ <https://lms.minneapolismn.gov/Download/File/3806/Transforming%20Community%20Safety%20Resolution.pdf>

² <https://sfmayor.org/article/mayor-london-breed-announces-roadmap-new-police-reforms>

Black people comprise 8% of Berkeley's population but 46% of people who are subjected to police force.³

Local government's most fundamental role is to provide for the health and safety of its residents. Cities around the country are acknowledging that they are falling behind in this basic function and are embarking on efforts to reimagine health and safety, and to consider reallocating resources towards a more holistic approach; one that shifts resources away from policing towards health, education and social services, and is able to meet crises with a variety of appropriate responses.

In addition to renewed efforts around policing in places like Minneapolis and San Francisco that were prompted by George Floyd's murder, the financial and public health impacts of COVID-19 had already required Berkeley to reimagine and innovate to meet the moment. Berkeley now faces multiple intersecting crises: the COVID-19 pandemic and its economic impacts, the effects of systemic racism and the ongoing climate emergency. There is no returning to "normal."

COVID-19 has demonstrated that we are only as healthy and safe as the most vulnerable amongst us, and we are in fact one community. There is both a moral and fiscal imperative to restructure the way Berkeley envisions and supports health and safety.

Berkeley is facing a \$40 million budget deficit, and while deferrals of projects and positions can help close the gap in the short term, the economic impacts of the pandemic will require deeper restructuring in the coming years. The current structure of the police department consumes over 44% of the City's General Fund Budget. With the increase in payments required to meet pension and benefit obligations, the police budget could overtake General Fund capacity within the next 10 years. Thus, even before the important opportunity for action created through outrage at the murder of George Floyd, the City's current investments in safety were unsustainable. To provide meaningful safety and continue critical health and social services, Berkeley must commit to, and invest in, a new, positive, equitable and community-centered approach to health and safety - this is affordable and sustainable.

³ <https://www.berkeleyside.com/wp-content/uploads/2018/05/Berkeley-Report-May-2018.pdf>

RATIONALE FOR RECOMMENDATIONS

1. Resolution expressing City Council's commitment to a new city-wide approach to public health and safety

Transforming our system of health and safety requires strong commitment from our leaders and the community. This resolution (Attachment 1) is an expression of commitment and a tool for accountability to the public.

The proposed set of principles as well as specific initiatives are the starting point for a robust and inclusive process. Some actions will require significantly more work and additional council direction prior to implementation. For example, moving traffic and parking enforcement from police is a concept that is recommended but would require a significant redesign of city operations. Other changes may be able to move forward more quickly. These ideas are submitted in a spirit of conviction and humility. The future of community health and safety must be addressed in a fundamentally different way and the Council is committed to collaborating with the community to define a new, positive and equitable model of health and safety for everyone.

2. Direct the City Manager to publicly track progress on actions that respond to the directives of the principles herein and others identified by the Coalition. Progress shall be updated regularly and available on a dedicated page on the City website.

This webpage should include a summary of the actions outlined in this item, as well as other work already underway such as the Mayor's Fair and Impartial Working group, the Use of Force policy updates, other work underway by the Police Review Commission and any other Council referrals or direction on public safety, including existing referrals addressing alternative and restorative justice, that reflect the spirit and scope of this item.

Transformative change will only be successful if processes are transparent and information widely disseminated, as the City has so successfully demonstrated in managing the COVID-19 crisis. By publicly posting this information, the public will have the capacity to keep its elected officials, city staff, and our whole community accountable for realizing a new system of community centered safety that meets the needs of all of Berkeley's residents.

3. Direct the City Manager to collaborate with Mayor and select Councilmembers to complete the following work, to inform investments and reallocations to be incorporated into future Budget processes:

(a) Begin the process of structural change including directing the analysis of the activities of the Berkeley Police Department and other related departments.

Transforming community health and safety has to start by understanding the existing system, the calls to which it responds and other activities. This recommendation seeks to build on Councilmember Bartlett's George Floyd Community Safety Act to immediately engage independent, outside experts to conduct a data-driven analysis of police calls and responses and a broader understanding of how the police actually spend their time.⁴⁵

Engaging the services of outside experts will ensure a transparent and trusted process and provide accurate data required to effectuate substantive change will be identified and that data will inform immediate change and the work throughout the community engagement process. The experts must be knowledgeable about policing, code enforcement, criminal justice and community safety and have deep experience with current and emerging theories, as well as expertise in data collection and analysis to inform recommendations for transformative change.

This analysis should commence as quickly as possible with the goal of providing some recommendations in time for the November 2020 AAO and then to more broadly inform the work of the Community Safety Coalition.

(b) Identify immediate opportunities to shift elements of current policing resources to fund more appropriate community agency responses

This re-energized movement for social justice also highlights a problematic expansion, over many decades, in the roles and responsibilities of the police. As other systems have been defunded, most notably mental health, education, affordable housing and other health and safety-net programs, the police have been asked to respond to more and more crises that could be avoided with a different set of investments in community wellbeing. Rather than being the responders of last resort, focused on criminal, aggressive and violent behaviors, police are now frontline responders routinely called to address mental health crises, poverty and homelessness, substance abuse, stress in the school environment, traffic and code violations and neighborhood disputes. This is an extensive set of responsibilities that have slowly accreted to the police.

⁴https://www.cityofberkeley.info/uploadedFiles/Clerk/Update_Budget%20Request%20to%20Hire%20a%20Consultant%20to%20Perform%20Police%20Call%20and%20Re...pdf

⁵ [New York Times- How Do the Police Actually Spend Their Time?](#)

By November 2020, with preliminary information provided by outside experts, the City Manager and Council should identify some responsibilities that can be quickly shifted to other programs, departments and agencies. Some areas to be considered include:

- Mental health and crisis management (consideration should be given to possible expansion of the Mobile Integrated Paramedic Unit (MIP) Pilot initiated by the Berkeley Fire Department during the COVID-19 pandemic), and other models for mental health outreach and crisis response, including by non-profits
- Homeless outreach and services
- Civilianizing some or all Code Enforcement + Neighborhood Services and placing these functions elsewhere
- Alternatives for traffic and parking enforcement, and
- Substance abuse prevention and treatment

The consultants should work with the City Manager to provide a specific timeline and process for transitioning functions as quickly as possible, with deliverables to coincide with timelines for budget processes.

(c) Contract with Change Management experts to initiate and facilitate a Community Safety Coalition (CSC) and Steering Committee that will begin meeting no later than January 2021.

While the Council can make some important changes and investments in the near future, a complete and enduring transformation in community safety is only possible through robust community engagement. It is critical that the future of community health and safety is defined by the Berkeley community, elevating the voices of our Black, Native American/First Peoples and other communities of color, LGBTQ+ people, victims of harm and other stakeholders that have been historically marginalized and under-served by current systems. The Community Safety Coalition, guided by a steering committee, will serve as the hub for a broad, deep and representative process, and uplift the community's input into a new positive, equitable, anti-racist system of community health and safety.

Berkeley has a history in leading transformational change to achieve a more equitable society. The robust public process that led to school desegregation is an example of our community's success in bringing about significant, transformative change (Attachment 4).

The robust public process, led by the Community Safety Coalition and its steering committee, will be guided and facilitated by outside experts.

The work of the Coalition should include but not be limited to:

- Build upon the work of the City Council, City Manager, the Fair and Impartial Policing Working Group, the Use of Force subcommittee and other efforts of the Police Review and other City Commissions, and the work of other community agencies addressing community-centered health and safety
- Research and engagement to define a holistic, anti-racist approach to community safety, including a review and analysis of emerging models, programs and practices that could be applied in Berkeley. This research should explore and propose investments in restorative justice models, gun violence intervention programs, and substance abuse support, among other things.
- Recommend a positive, equitable, community-centered safety paradigm as a foundation for deep and lasting change, grounded in the principles of *Reduce, Improve and Reinvest* as proposed by the National Institute for Criminal Justice Reform (Attachment 3), considering, among other things:
 - The social determinants of health and changes required to deliver a holistic approach to community-centered safety
 - The appropriate response to community calls for help including size, scope of operation and powers and duties of a well-trained police force.
 - Limiting militarized weaponry and equipment.
 - Identifying alternatives to policing and enforcement to reduce conflict, harm, and institutionalization, introduce alternative and restorative justice models, and reduce or eliminate use of fines and incarceration.
 - Options to reduce police contacts, stops, arrests, tickets, fines and incarceration and replace these, to the greatest extent possible, with educational, community serving, restorative and other positive programs, policies and systems.

The Coalition's goal/output will be a set of recommended programs, structures and initiatives to incorporate into upcoming budget processes for FY 2022-23 and, as a second phase, in the FY2024-2025 budget processes to ensure that recommended changes will be achieved. The Coalition shall return to City Council an initial plan and timeline by April 1, 2021, to ensure the first phase of changes can be incorporated into the FY2022-23 Budget Process.

FINANCIAL IMPLICATIONS

\$160,000 from the Auditor's budget to assess police calls and responses

\$200,000 from current budget cycle from Fund 106, Civil Asset Forfeiture, for initial subject matter expertise and engagement of outside consultants

Staff time to support the process of identifying and implementing change.

REVIEW OF EXISTING PLANS, PROGRAMS, POLICIES AND LAWS

This effort is in support of the following strategic plan goals:

- Champion and demonstrate social and racial equity
- Create a resilient, safe, connected, and prepared City
- Create affordable housing and housing support services for our most vulnerable community members
- Provide an efficient and financially-healthy City government
- Be a customer-focused organization that provides excellent, timely, easily-accessible service and information to the community

ENVIRONMENTAL SUSTAINABILITY

No Environmental Impact.

CONTACT PERSON

Mayor Jesse Arreguin 510-981-7100

Vice-Mayor Sophie Hahn

Councilmember Ben Bartlett

Councilmember Kate Harrison

Attachments:

1. Resolution
2. Safety for All: The George Floyd Community Safety Act - Budget Request to Hire a Consultant to Perform Police Call and Response Data Analysis
3. "Shrink the Beast" A Framework for Transforming Police, National Institute for Criminal Justice Reform
4. School Desegregation in Berkeley: The Superintendent Reports, Neil Sullivan 1968

RESOLUTION

Whereas, The recent murders of George Floyd, Breonna Taylor and Ahmaud Arbery have ignited the nation in passionate protest against police brutality and racial injustice; and

Whereas, Demands for change go beyond necessary efforts in procedural justice, implicit bias training, and use of force policies and seek a broader discussion about investment in the conditions for a safe and healthy community; and

Whereas, Investment in “public safety” has been equated with more police for too long while economic and social welfare programs have been viewed as special projects unrelated to health and safety; and

Whereas, This movement is highlighting the problematic expansion in the roles and responsibilities of police officers. Rather than being the responders of last resort, focused on criminal, aggressive and violent behaviors, police are now frontline responders to mental health crises, homelessness, drug addiction, sex work, school disruption, traffic and code violations and neighborhood conflicts; and

Whereas, the adopted 2020 budget allocated \$74 million to the Berkeley Police Department, which represents over 44% of the City’s General Fund of \$175 million, and is more than twice as much as the combined City budgets for Health Housing and Community Services, and Economic Development; and

Whereas, It is clear that our current system of public health and safety is not working and is not sustainable in Berkeley. Despite strong efforts and leadership on police reform, homelessness and affordable housing, racial inequity remains stark across virtually every meaningful measure of health and well-being; and

Whereas, Local government’s most fundamental role is to provide for the health and safety of its residents. Cities around the country are acknowledging that they are falling behind in this basic function and are embarking on efforts to reimagine health and safety, and to consider reallocating resources towards a more holistic approach that shifts resources away from policing towards equitable health, education and social services that promote wellbeing up front;⁶⁷⁸ and

Whereas, As this movement ripples across the nation, Berkeley has an opportunity to lead in transforming our approach to public health and safety. We need the right response for each crisis rather than defaulting to using the police; and

⁶ [Transforming Community Safety Resolution-Minneapolis](#)

⁷ [San Francisco Mayor, Supervisor announce effort to redirect some police funding to African-American community](#)

⁸ [The cities that are already defunding the police](#)

Now, Therefore, Be It Resolved by The City Council of The City of Berkeley:

That the City Council commits to the principles of reduce, improve and re-invest: reduce the scope and investment in policing, improve the response and accountability of public and community agencies, reinvest in racial equity and community-based intervention initiatives⁹;

Be It Further Resolved that the City Council will engage with every willing community member in Berkeley, centering the voices of Black people, Native American people, people of color, immigrants, LGBTQ+ people, victims of harm, and other stakeholders who have been historically marginalized or under-served by our present system. Together, we will identify what safety looks like for everyone.

Be It Further Resolved that the process will center the role of healing and reconciliation. The process will require healers, elders, youth, artists, and organizers to lead deep community engagement on race and public safety. We will work with local and national leaders on transformative justice in partnerships informed by the needs of every block in our city.

Be It Further Resolved that decades of police reform efforts have not created equitable public safety in our community, and our efforts to achieve transformative public safety will not be deterred by the inertia of existing institutions, contracts, and legislation.

Be It Further Resolved that these efforts heed the words of Angela Davis, “In a racist society, it is not enough to be non-racist. We must be anti-racist.”

Be It Further Resolved that the transformation under consideration has a citywide impact, and will be conducted by the City Council in a spirit of collaboration and transparency with all constructive stakeholder contributors including the Mayor’s Office, the City Manager, the Police Chief, and community organizations.

Be It Further Resolved that the City Council of the City of Berkeley is committed to:

1. A transformative approach to community-centered safety and reducing the scope of policing
2. Equitable investment in the essential conditions of a safe and health community especially for those who have been historically marginalized and have experienced disinvestment
3. A broad, inclusive community process that will result in deep and lasting change to support safety and wellbeing for all Berkeley residents.

⁹ [A Framework fo Transforming Police- NICJR](#)

Be it Further Resolved that the City Council supports taking the following actions to realize this transformation:

1. Direct the City Manager to track and report progress on actions to implement this initiative, and other actions that may be identified by the Coalition and referred by Council to the City Manager. Updates shall be provided by written and verbal reports to Council, and posted on a regularly updated and dedicated page on the City website.
2. Direct the City Manager to collaborate with Councilmembers later selected by the Mayor to complete the following work, to inform investments and reallocations to be incorporated into future Budget processes:
 - a. Contract with independent consultants/Change Management and subject matter experts to:
 - i. Analyze the scope of work of, and community needs addressed by, the Berkeley Police Department, to identify a more limited role for law enforcement, and identify elements of police work that could be achieved through alternative programs, policies, systems, and community investments. Analysis should include but not be limited to: calls received by dispatch by type of complaint, stops by law enforcement generated at officer discretion (as contained in the Police Department's open data portal) or on request of other city agencies, number of officers and staff from other city agencies that respond to incidents, estimated time in response to different types of calls, daily patrol activities, organizational structure, and beat staffing. Work to include broad cost estimates of police and other city agency response to different types of calls, and other information and analysis helpful to identify elements of current police work that could be transferred to other departments or programs, or achieved through alternative means. Work should be completed in time for the November 2020 Annual Appropriation Ordinance revision.
 - ii. Identify immediate and longer term opportunities to shift policing resources to alternative, non-police responses and towards alternative and restorative justice models, to better meet community needs, that could be considered in the

November 2020 AAO#1 budget process. Some areas to be considered include homeless outreach and services, substance abuse prevention and treatment, and mental health/crisis management, as well as alternative models for traffic and parking enforcement, “neighborhood services” and code enforcement. Provide a broad timeline and process for transitioning functions not ready for transition at this first milestone.

Deliverables should coincide with budget cycles, including the November 2020 AAO and FY 2022-2023 Budget processes, and provide a suggested timeline for transitioning functions at these and other budget opportunities, so that alternative investments may be considered for funding and launched in a timely and orderly manner.

- b. Contract with independent Change Management experts to create and facilitate a representative Community Safety Coalition, guided by a Steering Committee, that will begin meeting no later than January 2021. The CSC and its Steering Committee, should be broadly inclusive and representative of Berkeley residents and stakeholders. The Steering Committee, with the support of Change Management professionals, shall be responsible for engaging the Coalition and the broader Berkeley community and relevant City Staff in a robust process, to achieve a new and transformative model of positive, equitable and community-centered safety for Berkeley.

The work of the Coalition should include but not be limited to:

4. Building on the work of the City Council, the City Manager, the PRC and other City commissions and other working groups addressing community health and safety.
5. Research and engagement to define a holistic, anti-racist approach to community safety, including a review and analysis of emerging models, programs and practices that could be applied in Berkeley.
6. Recommend a new, community-centered safety paradigm as a foundation for deep and lasting change, grounded in the principles of *Reduce, Improve and Reinvest* as proposed by the National Institute for Criminal Justice Reform (Attachment 3), considering, among other things:

- a. The social determinants of health and changes required to deliver a holistic approach to community-centered safety
- b. The appropriate response to community calls for help including size, scope of operation and powers and duties of a well-trained police force.
- c. Limiting militarized weaponry and equipment.
- d. Identifying alternatives to policing and enforcement to reduce conflict, harm, and institutionalization, introduce alternative and restorative justice models, and reduce or eliminate use of fines and incarceration.
- e. Options to reduce police contacts, stops, arrests, tickets, fines and incarceration and replace these, to the greatest extent possible, with educational, community serving, restorative and other positive programs, policies and systems.

The Coalition's goal/output will be a set of recommended programs, structures and initiatives to incorporate into upcoming budget processes for FY 2022-23 and, as a second phase, in the FY2024-2025 budget processes to ensure that recommended changes will be achieved. The Coalition shall return to City Council an initial plan and timeline by April 1, 2021, to ensure the first phase of changes can be incorporated into the FY2022-23 Budget Process.

EMERGENCY ITEM AGENDA MATERIAL

Meeting date: June 16, 2020
Item Description: Safety for All: The George Floyd Community Safety Act - Budget Request to Hire a Consultant to Perform Police Call and Response Data Analysis
Submitted by: Councilmember Ben Bartlett (Author), Mayor Jesse Arreguin, and Councilmembers Kate Harrison (Co-Sponsor)

Rationale:

Pursuant to California Government Code Section 54954.2(b) (2), Councilmember Ben Bartlett submits the attached item to the City Council for placement on the June 16, 2020 meeting agenda. Gov. Code Section 54954.2(b) (2) states that “Upon a determination by a two-thirds vote of the members of a legislative body presents at the meeting, or, if less than two-thirds of the members are present, a unanimous vote of those members present, that there is a need to take immediate action and that the need for action came to the attention of the local agency subsequent to the agenda being posted as specified in subdivision (a).”

This item meets the criteria for “immediate action” as follows:

- 1) The budget is being considered and there is public outcry for Council to take action.
- 2) Racism Is a Public Health Emergency.
- 3) Council is considering numerous police items right now.

Hundreds of thousands of people in every state have marched in solidarity to call for an end to police brutality, to demand police accountability, and to reform law enforcement, bringing justice to the Black lives and people of color who have been wrongfully harmed at the hands of the criminal justice system. Police brutality has taken the lives of 46-year-old Black man George Floyd, 26-year-old Black woman Breonna Taylor, and countless other people of color. Often resorting to violent means of punishment, police officers are not trained to handle noncriminal and nonviolent situations. Unfortunately, the lack of sufficient data and reporting has allowed police misconduct to be swept under the rug, which has increased police militarization, failed to prioritize community safety, and prevented providing the civilian with the necessary treatment to resolve the situation.

To respond to urgent calls for police transparency and accountability, this item requests the City Manager to hire third-party consultants to conduct a data-driven analysis of the Berkeley Police Department’s calls, responses, budget, and expenditures to determine which calls can be serviced to non-law enforcement agencies, ensuring noncriminal and nonviolent situations are properly handled by trained community professionals.

CONSENT CALENDAR

June 16, 2020

To: Honorable Mayor and Members of the City Council
 From: Councilmember Ben Bartlett (Author), Mayor Jesse Arreguin, and
 Councilmembers Kate Harrison (Co-Sponsor)
 Subject: Safety for All: The George Floyd Community Safety Act - Budget Request to
 Hire a Consultant to Perform Police Call and Response Data Analysis

RECOMMENDATION:

1. Refer to the Thursday, 6/18/2020 Budget & Finance Policy Committee and the FY 2020-21 Budget Process the \$150,000 to
 - a. Hire a consultant to conduct a data-driven analysis of police calls and responses to determine the quantity and proportion of these calls that can be responded to by non-police services. The third-party consultant must be hired and engaged in work within three months of the item's passage.
 - b. Hire a consultant to conduct an analysis of the Berkeley Police Department's budget and its expenditures by call type. The third-party consultant must be hired and engaged in work within three months of the item's passage.
2. Direct the City Manager to:
 - a. Implement initiatives and reforms that reduce the footprint of the police department and limit the police's response to violent and criminal service calls.

CURRENT SITUATION

In all 50 states and more than 145 cities, Americans are calling to end police violence and brutality, to legitimize police accountability, and to transform the police system to protect the safety of communities and people of color. Police violence and brutality led to the death of a 46-year-old Black man George Floyd and the murders of other Black people, igniting a flame that has been brewing for a long time. These events of police violence gave rise to a wave of demonstrations and demands for change, including many in the City of Berkeley.

Due to the Coronavirus pandemic, the City of Berkeley is facing a nearly 30+ million dollar budget deficit, sharply stalling economic growth with effects that parallel the Great Depression. At the same time, the City is projected to undergo an increase in people experiencing homelessness, trauma, and mental health crises. Therefore, the City must ensure that each dollar is spent for the residents' best interest and will produce the maximum return.

In order to better respond to the needs of the Berkeley community, it is critical that the Council takes local-level action on police reform. In particular, the City must examine the types of calls and responses from the police department and analyze the agency's budgets and expenditures according to call type.

As a component of the **REDUCE, IMPROVE, RE-INVEST** framework, this item works towards the REDUCE goal: *the City should implement initiatives and reforms that reduce the footprint of the police department and limit the police's response to violent and criminal service calls*. Specifically, this item proposes to hire an outside consultant to conduct an analysis of police calls and responses as well as the department budget.

With military-style techniques and structure, police officers are trained to combat crime in a manner that exerts violence through punishments, establishing a monopoly on force in communities. While law enforcement is supposed to protect our communities and keep us safe, crime waves from the 1970s and 1980s have transformed the police community into a body for crime control, maintaining such focus until modern-day despite declines in criminal activity¹. With this focus on crime control, police officers lack the necessary training to adequately respond to noncriminal and nonviolent crimes. Non Criminal crimes refer to issues involving mental health, the unhoused community, school discipline, and neighborhood civil disputes². Nonviolent crimes are categorized as property, drug, and public order offenses where injury or force is absent³. When police respond to these types of matters, they resort to violent means of arrest or problem escalation because they are ill-equipped and not trained to resolve the underlying issues.

According to the Vera Institute of Justice's report between 1980 and 2016, more than 10.5 million arrests are made every year; only 4.83 percent of those arrests were for violent offenses⁴. Eighty percent of these arrests were for low-level offenses, such as "disorderly conduct," non-traffic offenses, civil violations, and other offenses. This criminalization may be attributed to the arrest quotas for police productivity, which promotes punishment by rewarding the number of arrests for police funding instead of finding solutions to these issues⁵. This high percentage of low-level offenses resulted in

¹ <https://www.theatlantic.com/ideas/archive/2020/06/first-step-figuring-out-what-police-are/612793/>

² <https://www.latimes.com/california/story/2020-06-12/san-francisco-police-reforms-stop-response-noncriminal-calls>

³

<https://www.bjs.gov/content/pub/ascii/pnoesp.txt#:~:text=Nonviolent%20crimes%20are%20defined%20as%20possession%2C%20burglary%2C%20and%20larceny.>

⁴

<https://arresttrends.vera.org/arrests?compare%5Boffense%5D%5Bpart1%5D=part1&compare%5Boffense%5D%5Bpart2%5D=part2#infographic>

⁵ <https://theintercept.com/2019/01/31/arrests-policing-vera-institute-of-justice/>

arrest when other nonviolent, rehabilitative methods could have occurred from the solutions of community workers with the experience to handle these situations.

It is imperative that the City of Berkeley develops, implements, and enforces a clear and effective roadmap towards making real change, ending anti-Black racism, stopping police violence, and holding police accountable for their actions. Thus, the Council should direct the City Manager to hire third party consultants to conduct a data-driven analysis of police calls and responses as well as their budget and expenditures in order to determine ways in which experienced community workers can reduce the police footprint by addressing noncriminal situations. We recommend that community workers also resolve nonviolent situations.

BACKGROUND

In order to achieve the aforementioned goals, the City must implement a series of important law enforcement reforms and take action by initiating the following:

REDUCE:

I. Hire a consultant to conduct a data driven analysis of police calls and responses.

University of Denver Political Science Professor Laurel Eckhouse stated, “One method of reducing police presence... is to separate and reassign to other authorities various problems currently delegated to the police... such as the problems of people who don’t have housing... mental health issues... and even things like traffic⁶.” Community organizations, civilian workers trained in mental health situations, or neighborhood problem-solvers would better address these specific issues due to their experience, ensuring that the police are not the only force addressing these issues and promoting community vitality⁷.

Conducting a data driven analysis of police calls and responses would signify a report of the calls and responses that police receive and would inform the city where to better allocate resources to resolve specific issues. Noncriminal and nonviolent activities can thus be properly addressed by those who are equipped to handle these situations and would relieve law enforcement from these calls to then pursue more serious criminal situations. For example, the San Francisco Police Department receives approximately 40,000 calls per year about homeless people on the streets⁸. Social workers who can help unhoused citizens and those with mental health disorders are better equipped to help these citizens receive

⁶ <https://www.stanforddaily.com/2020/06/04/police-abolition-looks-like-palo-alto/>

⁷ <https://www.theatlantic.com/ideas/archive/2020/06/first-step-figuring-out-what-police-are/612793/>

⁸ <https://www.latimes.com/california/story/2020-06-12/san-francisco-police-reforms-stop-response-noncriminal-calls>

proper treatment while also protecting the safety of our communities, which would give law enforcement time to handle other crimes.

One suggestion to reduce the costs of policing is to boost productivity by allocating a portion of the calls for service to community organizations who have the resources and training to handle such situations⁹. For example, in Mesa, Arizona from 2006 to 2008, a third of calls for service are handled by civilians; these calls are for incidents of “vehicle burglaries, unsecured buildings, accidents, loose dogs, stolen vehicles, traffic hazards, and residential burglaries¹⁰.” Approximately half of calls for service in Mesa are handled by police officers, but among those, there are ways to reduce police authority. For example, 11 percent of those calls that police officers handled were in response to burglary alarms, where 99 percent were false. Six percent of those calls included “juveniles disturbing the peace.” This situation in Mesa demonstrates the possibility of reduced police force in exchange for community based response teams who can better resolve these issues with their experience.

The City Manager should hire a third party consultant within three months of this item’s passage to conduct the data analysis, ensuring that the report is completed in an impartial and timely manner.

The third party consultant should create a report with the following information by analyzing and gathering the data from the police department, reporting their findings to the City every two years. We recommend the following data to be considered for analysis:

- a. Number of calls the police department receives per day, week, month, and year, which will be categorized into noncriminal, misdemeanor, nonviolent felony, and serious and violent felony calls.
- b. Demographics for these calls
- c. Characteristics of traffic stops
 - i. Quantity
 - ii. Type/reason
 - iii. Number of those resulting in searchings paired with the frequency at which illegal items were found
 - iv. Police response (i.e. citation, arrest, use of force)
 - v. Demographics of the civilian in the traffic stop that is broken into type of stop and whether a search occurred
- d. Number of complaints against an officer
 - i. Enumerate the officers with a high number of complaints

⁹ <https://www.ncjrs.gov/pdffiles1/nij/231096.pdf>

¹⁰ <https://www.ncjrs.gov/pdffiles1/nij/231096.pdf>

ii. Reason behind the complaints.

With the results of the data analysis, the City can determine the portion of calls that the community crisis worker pilot can properly address with the resources and experience they have.

II. Hire a consultant to conduct an analysis of the police department budget.

Using the analysis generated by a review of police call and response data, a third party consultant should be hired to analyze the police department's expenditures and budgets for various calls of service and report their findings to the City every two years.

According to the 2019 budget, the Berkeley Police Department's expenditures were approximately \$69 million, which consists of 5.6 percent of the city's net expenditures. However, for the 2020 budget, the BPD is expected to have \$74 million in expenditures, reflecting a \$5 million increase from the previous year and approximately \$8 million higher than 2017's expenditures¹¹. Unfortunately, anecdotal evidence suggests that only 20 percent of police time is spent on solving crime and the majority is spent towards addressing those experiencing homelessness and mental health crises. The City should reallocate resources to a crisis worker entity who would be tasked with responding to noncriminal calls. We recommend that nonviolent calls also be addressed by this entity. This would give police officers more time to focus on crime, leading to better outcomes for public safety, community health, and a higher quality of life.

In Canada, Police Information and Statistics Committee police services Waterloo Police Regional Service and Ontario Provincial Police collaborated with Justice Canada and Public Safety to collect data on their calls for service and determine the costs of policing¹². Their research reported that in 2013, bylaw complaints were listed as the most frequent call for service in Waterloo at 8,769 calls and non-crime policing activities were listed as the most frequent. In contrast, the only criminal activity listed in the top 10 generated calls were domestic dispute, theft under \$5000, and major violent crime in property damage. Considering the most frequent of costly calls are noncriminal activities such as selective traffic enforcement programs (\$22,212.45 in sum of total unit service time in hours) and vehicle stops (\$206,668.13), the greatest cost in calls were for noncriminal activities. As noncriminal activities result in the greatest costs, it would be more efficient for community workers to handle these situations in order to reduce

¹¹ <https://www.cityofberkeley.info/uploadedFiles/Manager/Budget/FY-2020-2021-Adopted-Budget-Book.pdf>

¹² <https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/2015-r018/index-en.aspx#c-1-i>

police department costs, allowing trained professionals to resolve the issue and giving police officers time to spend on more serious criminal offenses.

By analyzing the budget expenditures for the police for each call type, the community can divest from the police and reallocate those funds for trained community organizations who can handle noncriminal and nonviolent offenses. Considering the significantly delayed response to former requests for the police department's budget, the data analysis should be conducted by a third party consultant that is hired and engaged in active service within three months of this item's passage, ensuring that the police department's budget information is transparent to the public and reported in an impartial, timely manner.

REVIEW OF EXISTING PLANS, PROGRAMS, POLICIES, AND LAWS

The City Manager provides regular reports on crime in Berkeley and on the policies of the Berkeley Police Department¹³. The data on serious crime is collected annually by the Federal Bureau of Investigation (FBI), which consists of over 17,000 law enforcement agencies that represent over 90 percent of the United States population. The FBI's Uniform Crime Report (UCR) reports crime statistics on violent crimes (including murder, rape, robbery, and aggravated assault) and property crimes (including burglary, larceny, auto theft, and arson). This data allows the BPD to analyze national and local crime trends, determine effectiveness of response to crime, and plan for future policies and resource allocation. Additionally, the City of Berkeley implements the Daily Calls for Service Log that the community can access to see the volume and nature of police activity.

Currently, Utah requires agencies to report tactical deployment and forcible entries where such reports are summarized by the Utah Commission on Criminal and Juvenile Justice. Utah Law Enforcement Transparency reporting interface was added to Utah Criminal Justice Information System in 2014 through the use of federal grant funding. Law enforcement agencies are required to report incidents of forcible entry and the deployment of tactical groups, representing data collection of police use of force¹⁴.

However, these reports do not analyze the demographics or types of calls and responses from the BPD, which makes it difficult to hold police officers accountable for the mistreatment of individuals. Without this information, it becomes difficult to determine how to decrease the police footprint or implement safer policing practices if the analysis only pertains to the quantity and types of arrests and does not include the

¹³ https://www.cityofberkeley.info/Police/Home/Annual_Crime_Reports.aspx

¹⁴ <https://justice.utah.gov/Documents/CCJJ/LETR/2018%20LET%20Annual%20Report.html>

background, call of service, reason, demographics, complaints against the police officer, and other important factors to the BPD's response.

Despite voluntary data sharing and crime reports, data collection still remains vague and insufficient, leaving many unanswered questions regarding the number of instances of and reasons for use of force, complaint process against police officers, and other information about police actions. This lack of clarity allows police misconduct to perpetuate due to the lack of research that would hold police departments accountable.

ACTIONS/ALTERNATIVES CONSIDERED

One possible alternative to the community response teams would be to implement better training procedures so that police officers are more equipped to handle nonviolent and noncriminal activities. For example, the state of Washington requires both violence de-escalation and mental health training for police officers¹⁵. Such reform may render the data analysis on the types of calls unnecessary because the police department would be trained to handle all services regardless of the type of call.

However, training police officers to handle situations such as mental health or homelessness would signify an increase in funding for the police department to provide such training services. Not only would this type of training be difficult to maneuver when police forces are currently trained in a militarized manner, but it would be more efficient for community professionals to peacefully and properly resolve such issues since they have already engaged in this training and experience for years.

Reforming police training may be beneficial, but in this case, it would also indicate the lack of basis for reporting the police department's types of calls and responses, which is necessary to hold the police accountable and ensure safer practices. While reporting the data analysis could still occur without the community crisis workers, only having the police department manage all situations would increase their authority over the communities, which would lead to increased militarization of the police forces if other community organizations do not intervene or hold them accountable.

OUTREACH OVERVIEW AND RESULTS

The District 3 Office has consulted with David Muhammad, who is the Executive Director of the National Institute for Criminal Justice Reform; the former Chief Probation Officer in Alameda County; and the former Deputy Commissioner of Probation in New York City. David Muhammad is a leading expert on criminal justice who has helped inform our response to the current situation.

¹⁵ <https://www.theatlantic.com/ideas/archive/2020/06/how-actually-fix-americas-police/612520/>

The District 3 Office has also consulted with Marcus McKinney, the Senior Director of Government Affairs & Public Policy at the Center for Policing Equity.

The District 3 Office has also consulted with Professor Tracey L. Meares, Walton Hale Hamilton Professor and Faculty Director of the Justice Collaboratory at Yale Law School.

RATIONALE FOR RECOMMENDATION

Police departments across the country enforce policies and practices that breed a culture of violence resulting in killings--like those of Floyd and Moore, and of countless other people of color. These authoritative, militarized behaviors are often rooted in anti-Black racism, and such behavior must stop being acceptable. Transformation of police departments, their role, and relationship to our communities requires a change in culture, accountability, training, policies, and practices.

To prioritize community safety and reduce police violence, the City must hire a third party consultant to analyze police data in order to decide how to divest from the police to fund experienced community workers who can adequately resolve noncriminal and nonviolent situations. These community workers would protect the community from violence and emphasize revitalization and rehabilitation over the punishment that police officers often enforce. Implementing a data-driven analysis on police data would increase the transparency of the police department and hold them accountable, detecting the issues within the police force that community response teams can help heal. The Council must make informed legislative decisions that will reduce police footprint, improve current practices of law enforcement, and reinvest in the community for the safety of our civilians.

FISCAL IMPACTS OF RECOMMENDATION

The third party consultant/s would cost approximately \$150,000 to \$200,000. It is up to the City Manager to hire the third party consultants who will analyze the data of the police department's calls, responses, budget, and expenditures. Consultants must be hired and engaged in service within three months if this item passes. These consultants would ensure that noncriminal situations are handled by those with the necessary training, which may lead to a decrease in repeat offenses when community workers properly resolve the situation and guide civilians to helpful resources.

ENVIRONMENTAL SUSTAINABILITY

We do not expect this recommendation to have significant negative impacts on environmental sustainability.

OUTCOMES AND EVALUATION

If this item is passed, third party consultants would be hired by the City and engaged in data analysis within three months of passage. These consultants would produce biennial reports regarding the Berkeley Police Department's types of calls and responses as well as the budgets and expenditures in order to inform the City how to reallocate funds from the police into a community response team with better experience to handle noncriminal situations. We recommend that nonviolent situations also be addressed by community crisis workers.

CONTACT PERSON

Councilmember Ben Bartlett
James Chang
Kyle Tang
Kimberly Woo

510-981-7130
jchang@cityofberkeley.info
ktang@cityofberkeley.info
kimwoo1240@berkeley.edu

ATTACHMENTS

1. Cover Letter - Safety for All: George Floyd Community Safety Act
 - <https://drive.google.com/file/d/16pqqd9J6NPRzh6298Bgazo7jw1qxTK6Y/view?usp=sharing>

SHRINK THE BEAST:

A Framework for Transforming Police

NICJR ★
National Institute for
Criminal Justice Reform



The killing of George Floyd by Minneapolis police was the match that lit a fire that has been building in our communities for a long time. Nationwide demands for not just reform, but complete transformation of policing have put pressure on local jurisdictions across the country to make rapid and real change.

Since its founding, the National Institute for Criminal Justice Reform (NICJR) has worked to reform the juvenile and criminal justice systems through a process of Reduce – Improve – and Reinvest. This framework can also be effective in transforming policing. In the past 15 years, the U.S. juvenile justice system has been reduced by more than half. Youth correctional facilities have been shuttered and investment into community services has increased. While there is certainly more progress to be made, the movement to transform policing can learn a great deal from criminal justice reform.

NICJR's framework to Shrink the Beast focuses on three areas: reducing the footprint of law enforcement, significantly improving what remains of policing, and reinvesting the savings from smaller police budgets into community services.

Reduce

One of the most significant structural reforms we must advance in policing, already happening in the criminal justice arena, is shrinking its scope. Officers are asked to do too much with too few resources. The warrior mentality that police are indoctrinated with, starting as early as the first day of the police academy, does not allow them to handle many of those responsibilities well. It is time for an alternative response network for all non-violent calls for service. Similar to the community-based organizations that provide diversion programs for youth and adults who would otherwise end up in the justice system, a new infrastructure of community safety and problem-solving responders, with expertise in crisis response, mental health, and de-escalation techniques, must be developed. Such a network should be vast and well equipped, including 24-hour on-call community crisis response and outreach workers. The resulting reduced police force would then focus primarily on responding to serious violence. Small, but promising examples of this model already exist:

- › **In Oakland, CA**, non-profit organizations employ street outreach workers and crisis response specialists who respond to shooting scenes, intervene in and mediate conflicts, and sit down with young adults who have been identified as being at very high risk of violence to inform them of their risk and offer them intensive services. These City-funded efforts have been credited with a [50 percent reduction in shootings](#) and homicides in the city.
- › **In Eugene, OR**, Crisis Assistance Helping Out on the Streets ([CAHOOTS](#)) responds to more than 22,000 requests for service annually with its Crisis Intervention Workers. This represents nearly 20 percent of the total public safety call volume for the metropolitan area.
- › **In Austin, TX**, the [Expanded Mobile Crisis Outreach Team](#) is equipped to respond to 911 calls where callers indicate that a mental health response, not police, is needed.
- › **In Albuquerque, NM**, where the police have been involved in numerous unjustified killings, the Mayor has proposed creating a [new non-law enforcement public safety agency](#) that will respond to non-violent calls.

Steps To Reduction



Create a robust alternative emergency response network with mental health workers, crisis intervention specialists, and street outreach workers – the Community Emergency Response Network (CERN).



Significantly reduce police patrol divisions which are currently primarily responsible for responding to 911 calls. Police will instead focus on responding to serious and violent incidents, a small percentage of all current calls.



CERN Crisis Intervention Specialists would respond to all other calls.



Traffic policing should be replaced by technology to the maximum extent possible.



Violence reduction teams should be created or remain intact: Patrol and investigation units focused on reducing gun violence. Like all remaining police personnel, these units must be trained in and adhere to strict use of force and Procedural Justice policies.



Investigation Units should also remain intact.

Improve

The primary challenge in police agencies is culture. Many have described it as a warrior culture. Adrenaline-filled young officers want to “knock heads” during their shifts; the “us vs them,” military occupation syndrome. We must confront and transform this destructive culture. Policing should focus on protection and service to the community.

Improving the smaller police departments that remain, after taking the steps to reduction outlined above, includes three components: policy, training, and accountability. Implement new policies including restricting the use of force, mandating verbal de-escalation, community policing, and eliminating stop and frisk. Implement high quality and frequent training on these newly developed policies. And, most importantly, hold all police personnel accountable for adhering to and demonstrating these policies in action.



Steps To Improvement

- 1 Increase hiring standards to screen out candidates with any signs of racial bias, interest in the warrior culture, or those who have been fired or forced to resign from previous law enforcement positions.
- 2 Prioritize hires of those who grew up in the city and/or live in the city.
- 3 Make deliberate efforts to have the police force representative of the community it serves.
- 4 Revise use of force policies to limit any use of deadly force as a last resort in situations where a suspect is clearly armed with a firearm and is using or threatening to use the firearm.
- 5 All other force must be absolutely necessary and proportional.
- 6 Provide thorough, high quality, and intensive training in subjects including:
 - New use of force policy
 - Verbal de-escalation
 - Bias-free policing
 - Procedural Justice
- 7 Transparency: Provide regular reports to the public on stops, arrests, complaints, and uses of force, including totals, demographics, and aggregate outcomes data.
- 8 Effectively use an early intervention system that tracks various data points to identify high risk officers and implement discipline, training, and dismissal where necessary.
- 9 Use aggressive, progressive discipline to root out bad officers.
- 10 Rescind state and local laws that provide undue protection to police unions and prohibit effective and efficient disciplinary action.

Reinvest

A smaller footprint of law enforcement should result in a reduced police budget. Resources should be shifted away from the police department to the CERN and other community-based intervention initiatives, including Credible Messengers/Life Coaches, social workers, and mental health service providers.



The National Institute for Criminal Justice Reform (NICJR) is a non-profit organization providing technical assistance, consulting, research, and organizational development in the fields of juvenile and criminal justice, youth development, and violence prevention. NICJR provides consultation, program development, technical assistance, and training to an array of organizations, including government agencies, non-profit organizations, and philanthropic foundations.

[NICJR.org](https://www.nicjr.org)

R E P O R T R E S U M E S

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SCHOOL DESEGREGATION IN BERKELEY--THE SCHOOL SUPERINTENDENT REPORTS.

BY- SULLIVAN, NEIL V.

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DESCRIPTORS- *SCHOOL INTEGRATION, *BOARD OF EDUCATION POLICY, *BOARD OF EDUCATION ROLE, SCHOOL ADMINISTRATION, SCHOOL SUPERINTENDENTS, JUNIOR HIGH SCHOOLS, ELEMENTARY SCHOOLS, COMMUNITY COOPERATION, BUS TRANSPORTATION, STAFF ROLE, ELECTIONS, INTEGRATION PLANS, BERKELEY, CALIFORNIA

DESCRIBED IS THE HISTORY OF THE EFFORTS TO DESEGREGATE THE BERKELEY, CALIFORNIA, SCHOOL DISTRICT, WHICH IS SCHEDULED TO BE FULLY DESEGREGATED BY SEPTEMBER 1968. CHANGE BEGAN IN THE 1950'S WITH THE ELECTION OF A "LIBERAL" TO THE BOARD OF EDUCATION. FIRST STEPS INVOLVED IMPROVING EDUCATIONAL OPPORTUNITIES FOR MINORITY GROUP CHILDREN AND MAKING EFFORTS FOR BETTER RACE RELATIONS. DESEGREGATION BEGAN IN THE JUNIOR HIGH SCHOOLS BUT NOT WITHOUT COMMUNITY FRICTION TO THE POINT OF A DEMAND FOR A RECALL ELECTION OF THE BOARD. HOWEVER THE BOARD WAS VINDICATED ON ITS STAND FOR VOLUNTARY INITIATION OF DESEGREGATION. A NEW SCHOOL SUPERINTENDENT WAS FACED WITH THE JOB OF IMPLEMENTING THE PLAN AND BEGAN HIS EFFORTS BY DEVELOPING COMMUNITY SUPPORT AND PRODUCTIVE LIAISON WITH HIS STAFF. THE NEXT STEP INVOLVED DESEGREGATING THE ELEMENTARY SCHOOLS. THE WIDE GEOGRAPHIC SEPARATION OF IMBALANCED SCHOOLS IN THE CITY REQUIRED THE DESIGNATION OF CERTAIN WHITE SCHOOLS AS RECEIVING SCHOOLS AND THE USE OF FEDERALLY FUNDED BUSES AND ADDITIONAL STAFF FOR THE 230 INCOMING PUPILS. HOWEVER THIS WAS ONLY A "TOKEN" EFFORT. VOLUNTARY REVERSE BUSING AND A TIMETABLE FOR COMPLETE DESEGREGATION HAVE BEEN RECOMMENDED. IT IS FELT THAT THE REQUISITES FOR SUCCESSFUL SCHOOL DESEGREGATION ARE FULL COMMITMENT BY THE SCHOOL ADMINISTRATION AND THE BOARD, COMMUNITY INVOLVEMENT WITH AND FAITH IN THE BOARD AND ADMINISTRATION, AND THE DEVELOPMENT OF "WORKABLE" PLANS. THIS PAPER WAS PREPARED FOR THE NATIONAL CONFERENCE ON EQUAL EDUCATIONAL OPPORTUNITY IN AMERICA'S CITIES, SPONSORED BY THE U.S. COMMISSION ON CIVIL RIGHTS, WASHINGTON, D.C., NOVEMBER 16-18, 1967. (NH)

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**SCHOOL DESEGREGATION IN BERKELEY:
THE SCHOOL SUPERINTENDENT REPORTS**

Prepared by
Neil V. Sullivan, Ed. D., Superintendent of Schools
Berkeley Unified School District-Berkeley, California
for the
National Conference on Equal Educational Opportunity
in America's Cities
sponsored by the
U.S. Commission on Civil Rights, Washington, D.C.
November 16-18, 1967

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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In recent years Berkeley, California, has been fortunate to have a school district which recognizes its problems and works effectively toward their solution. The city schools already have completely desegregated the junior high schools, and have made a token start at the elementary level. The School Board has committed itself to completing the process in all schools by September 1968. When that goal is reached, Berkeley will be a rare example of a major city working out a solution to this problem without court orders, violence, boycotts, or compulsion, but only with the conviction of the Board of Education, the Administration, and the citizens that it was right.

This has not been achieved overnight. To place the present achievements in their proper context it is necessary to trace the development of events in the recent past.

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PRE-1964

The Liberal Renaissance - Prior to the mid-1950's Berkeley's local government -- including the Board of Education -- was typical of those found in most middle-size, middle-class communities. The orientation was pro-business, with a heavy emphasis on keeping the tax rate down. This condition was so pronounced that teachers, in order to obtain a much needed and earned salary increase, were forced to use an initiative petition to get school revenues raised; the Board had refused to do so.

There are many different versions concerning the beginning of the liberal renaissance. There is general agreement that the first concrete step was the election of one liberal to the Board in 1957, followed by another in 1959, and two more in 1961. With the 1961 election the liberals assumed control of both the Board of Education and the City Council. However, even with only one "liberal" Board member in the late 1950's, the Board began to give attention to the problems of race relations in a multi-racial city.

Preliminary Steps - A citizens committee (named the Staats Committee after its chairman) was organized to study race relations within schools. This committee did not come to grips with the question of de facto segregation but sought to deal otherwise with improving educational opportunities for minority youngsters and improving race relations in the schools. For the late 1950's this report was a forward-looking document. It led to two particularly noteworthy developments.

First, the hiring practices for minority teachers were greatly improved. The number of Negro teachers increased from 36 in 1958 to 75 in 1962. Negroes also were advanced to principalships and other high positions in the District's administrative hierarchy. And by 1962 there were about 30 Orientals on the certificated staff.*

Second was the Intergroup Education Project (IEP). This project was designed to help teachers appreciate cultural diversities and better understand youngsters from other than middle-class backgrounds. It conducted seminars for teachers, mass community meetings, and weekend conferences for this purpose. The IEP helped prepare the ground for the high staff support for later integration efforts.

Junior High School Desegregation - In 1962 a delegation from the Congress on Racial Equality visited the Superintendent of Schools -- and later the Board of Education. Complimenting the School District for progress already made, the CORE delegation suggested that it was time to get on with the task of desegregating the schools. CORE asked that a citizens committee be appointed to study this problem.

The report included a recommendation for desegregating the junior high schools by assigning some students from the predominantly Caucasian "hill" area to Burbank, the Negro junior high school; students from predominantly Negro west Berkeley would be assigned partly

* The distribution of minority teachers among the various schools did not keep pace with progress in hiring. Most of these recruits were assigned to predominantly Negro schools. In more recent years we have made a concerted effort to achieve a better racial balance on all faculties. It is important, especially to combat stereotypes, to the education of all children to see members of all races working together in such respected vocations as teaching.

to Garfield, the Caucasian junior high school. Since the third junior high school already was racially balanced, this recommendation would have eliminated de facto segregation at the junior high school level.

The report struck the community like a bombshell. Although the community was aware that the committee was functioning, most people had not taken seriously the possibility that such a concrete recommendation would be made. The reaction was intense. During the remainder of 1963 and through January of 1964 there was extensive community discussion of the proposal. Two hearings were held -- one attracting 1200 people and other drawing over 2000. PTA's and other groups set up study committees on this problem; never before had such crowds attended PTA meetings!

In the hill area affected by the recommendation many liberals faced a dilemma. Some asked: "How do we express our opposition to this particular proposal without sounding like bigots?" Our response was to ask them to develop a better plan. Many sincere critics of the citizens committee proposal set out to do just that.

One of these alternative proposals was named the "Ramsey Plan" after the junior high school English teacher who suggested it. This plan proposed desegregation of Berkeley's three junior high schools by making the predominantly Negro school into a 9th grade school and dividing the 7th and 8th graders between the two remaining junior high schools.

In February 1964 a five-member staff committee was asked to study the reactions of the Berkeley school staff to the citizens committee proposal and to other ideas that had been offered. Every school faculty was asked to consider the matter.

In March the 5-member staff committee reported to the Board that the staff as a whole was favorable toward integration, and preferred the Ramsey Plan to the original citizens committee proposal. The Board instructed the Superintendent to consider the educational pros and cons of the Ramsey Plan, and its feasibility for September 1964 implementation.

The results of this study were presented to the Board and the community on May 19, 1964, a landmark date in the history of Berkeley schools. Again there were over 2000 people in the audience. The opposition, which had formed the "Parents Association for Neighborhood Schools" (PANS) solemnly warned that if the Ramsey Plan or any such desegregation proposal were adopted, the Board would face a recall election. The Board members did vote for the Ramsey Plan -- and they did face recall.

The Recall - Through the summer months the opponents of the Board collected signatures on recall petitions. A rival group was formed to defend the Board (Berkeley Friends of Better Schools). By late July the PANS group had enough signatures to force a recall election.

There followed a series of procedural skirmishes before the City Council and the state courts. Finally, an election was called for October 6, and after an intensive and heated campaign it was held. It was a stunning triumph for the courageous incumbent Board members. This election was another landmark for Berkeley education and for the cause of desegregation across the nation. There was more at stake than indi-

vidual Board members continuing in office. The basic issue was the survival of a Board of Education which voluntarily took effective action to desegregate schools -- not because of court order or other compulsion, but simply because the Board believed desegregation was right. If such a board of Education could not be sustained the lesson would not be lost on boards of education in other cities facing the same problem. Thus, it was extremely significant that in this election the Board was vindicated by the Berkeley community.

SULLIVAN ADMINISTRATION

The New Administration - On September 1, 1964, five weeks prior to the recall election, I took office as Berkeley's Superintendent of Schools in the midst of a climate of change and uncertainty. Of the five-member Board of Education which had unanimously invited me to come to Berkeley, only two remained in office. One had resigned because his business interests led him to move from the city. Another was transferred to become minister of one of the largest churches of his denomination in New York City, and a third was appointed by the Governor to be a Superior Court judge. The two who remained were facing a recall election.

There also was a sweeping change in the school administration. Virtually every top ranking member of the central administration was either new to the District or new in his position. Over one-third of our schools had new principals.

Making the New Plan Work - The decision to desegregate the junior high schools had been made before I arrived. The role of the

new administration was to make it work.

School opened as usual and the new system was put into effect with no marked difficulties. In fact, the orderliness of the transition was an important contribution to the defeat of the recall attempt. It demonstrated clearly that desegregation could be achieved without the dire consequences that had been forecast.

Developing Community Support - Defeat of the recall election meant that courageous Board members would remain in office, and the junior high school desegregation plan would continue. My next task as Superintendent was to attempt to reunite a badly split community, to develop a sense of community understanding, and to provide a basis for school support.

I approached this problem by creating a climate of openness with the public. We immediately established the practice of recognizing and admitting our problems and inviting the community's help in seeking solutions. As a new superintendent, I was besieged by invitations to speak publicly. I accepted as many as I could and during the 1964-65 school year scheduled over 100 speaking engagements.

I issued an open invitation to citizens to visit my office and discuss their school concerns, to share their ideas and suggestions. In addition I telephoned or wrote to dozens of people who had been recommended to me as community leaders deeply interested in schools. For several months I met almost continually, often a few times a day, with citizens individually and in groups. These meetings made me familiar with the Berkeley community and established a climate that encouraged exchange of ideas.

I established a liaison channel between my office and the area-wide PTA Council. I made it a practice to convene three or four briefing sessions a year with the unit presidents and council officers of that organization, and included other groups such as the League of Women Voters. At these sessions problems and issues facing the schools, as well as hopes and plans for improvement were discussed.

The day after the recall election I recommended the formation of a broadly-based School Master Plan Committee, to examine all facets of the School District's operation and to develop guidelines for the future. I urged participation of all elements of the community, making it clear that we wanted cooperation, regardless of positions in the recall election. The response was heartwarming; over 200 highly qualified citizens were nominated or volunteered their services. The Board of Education selected 91 people from this list to serve on the committee. Also named were 47 staff members. The committee has been hard at work for two years, and presented its report in the fall of 1967.

During my first year in Berkeley, I was invited by the local newspaper to write a weekly column on local and national education matters. This column has been a valuable means of keeping the community informed and introducing some new ideas. During the past year I accepted the invitation from a local radio station to conduct a weekly program of fifteen minute sessions dealing with events in the school system and issues facing public education. Each month the final week's program is extended to one hour, and features a direct phone-in from the radio audience.

In addition to developing relationships with the general public, we have worked to maintain good liaison with the staff. We have frequent breakfast conferences with the leaders of both teacher organizations, and meet regularly with the Superintendent's Teacher Advisory Council, made up of teacher representatives chosen by each faculty.

The purpose of these communication efforts has been three-fold. First, extensive dialogue with staff and community helps to identify and define problems needing attention. Second, it serves as an excellent source of new ideas and suggestions. Third, it helps interpret our problems, goals, and programs to the community.

Our efforts have been, in short, to "mold consensus" in the community behind the school system. Although we have not achieved unanimity on any single subject (that would be impossible in Berkeley!) there have been good indications during the past three years. It seems that we have succeeded in molding community support for the schools, and in developing sufficient consensus to resolve some of the crucial problems facing urban schools today.

A START TOWARD ELEMENTARY INTEGRATION

Segregation in the Elementary Schools - The Board's adoption of the Ramsey Plan, followed by the defeat of recall election, insured desegregation at the junior high school level. Since there is only one regular senior high school, our entire secondary school program, beginning with grade 7, was desegregated. However, we still face de facto segregated elementary schools. The four elementary schools in south and west Berkeley are overwhelmingly Negro. The seven schools located in

the northern and eastern hill areas of the city are overwhelmingly Caucasian. In between, in a strip running through the middle of Berkeley, are three desegregated schools. Since the racially imbalanced Negro and Caucasian schools are on opposite sides of the city, separated by the integrated schools, boundary adjustments will not solve the problem.

When the Ramsey Plan was adopted the Board tabled a companion recommendation that would have desegregated the elementary schools by dividing the city into four east-to-west strips, each containing three or four schools. The schools within each of these strips would have been assigned students on a Princeton principle, i.e., 1-3 in some schools, grades 4-6 in others.

Educational Considerations - It is not the function of this paper to develop fully the case for school desegregation. However, the basic motivation underlying our progress in Berkeley can be stated concisely.

Many studies, in Berkeley and elsewhere, have documented the fact that segregation hurts the achievement of disadvantaged youngsters. Schools with a preponderance of these boys and girls have low prestige and generally lack an atmosphere conducive to serious study.

The emotional and psychological harm done to children through this type of isolation also has been demonstrated. Regardless of cause, racial segregation carries with it the symbol of society's traditional rejection of Negroes.

The benefit of integration extends to children of all races. We are all sharing this society, and if it is to be successful we must learn to respect each other and get along with one another. This will not happen if segregation remains.

These considerations have been taken seriously in Berkeley as we move toward total school integration.

ESEA Busing Program - The Elementary and Secondary Education Act of 1965 allowed the schools to make a beginning on the problem of elementary school segregation. Berkeley's share under Title I of that Act was approximately a half-million dollars. A major share of these funds was used to reduce pupil-teacher ratios in our four target area (Negro) schools and to provide extra specialists and services for students attending them. The reduction of pupil-teacher ratios left a surplus of 235 children. The seven predominantly Caucasian hill-area schools had spaces for these youngsters. Our proposal for the first year's use of Title I funds, then, included improved services and reduced pupil-teacher ratio in the target area schools and the purchase of buses to transport the 235 "surplus" youngsters to the hill area schools.

In the preparation of this project we again employed our principle of mass community involvement. Each school faculty was invited to submit suggestions. Their response was gratifying. These suggestions, when piled together, produced a stack of paper several inches high. When they had been sifted and evaluated, and a project developed, we submitted it to the Board. Copies were made available to the school faculties and the public for their reactions. Two major public meetings were held in different sections of the city, and the Board of Education held a workshop session at which teachers could react. Many valuable suggestions and constructive criticisms resulted and were incorporated into the final proposal.

As might have been predicted, most of the public attention was centered on the busing proposal, although it involved a relatively minor share of the funds. This time the opposition, though by no means silent, was much less severe.

Since the children in the hill area schools were not being asked to go anywhere else -- the hill schools were simply going to receive youngsters from the other areas of the city -- this provided no focal point for the development of opposition. And the proposal included employing eleven extra teachers, paid with local money, and placing them in the receiving schools to maintain the pupil-teacher ratio there. A few scattered voices were raised against the proposal, but the preponderance of community opinion was favorable. Both teacher organizations endorsed the project, and on November 30, 1965, the Board adopted the program for implementation the spring semester.

The proposal went to the State Board of Education and became one of the first fourteen ESEA projects approved in the State of California. We had approximately two months to prepare for its implementation -- the selection of youngsters (this was voluntary on the part of the parents), the employment of teachers, arrangement of transportation, and other administrative details. Parent groups in the receiving schools helped by establishing contact with the parents of the transferring students. The students in the receiving schools likewise participated, and some wrote letters of welcome to the newcomers. Dry runs were conducted with the buses so that by the time the program was implemented in February 1966, the necessary advance preparation had been accomplished.

Results to Date - Although the program has not been in effect long enough for an extensive objective evaluation, early indications are that it has been extremely successful. The children have adjusted well in their new school environment and, by their performance, have made friends for integration. One evaluation, made by an outside consultant employed by the District, found that receiving school parents whose children were in class with Negroes were more favorable to integration than parents whose children were not in class with Negroes. And parents of the bused students were so pleased with the results that many requested that their other children be included.

This limited program provided an integrated experience for the 230 youngsters being transferred, less than 10 percent of the sending schools' enrollment. It also provided token integration for the receiving schools. However, it left the four southwest Berkeley schools just as segregated as they were before, although with a somewhat improved program due to the reduced pupil-teacher ratio and added services.

COMMITMENT TO TOTAL INTEGRATION

The Problem - Although the ESEA program has provided a start in the direction of elementary school desegregation, we never regarded the busing of only 235 youngsters as the solution to the segregation problem. The problem will not be solved as long as our four south and west Berkeley schools remain overwhelmingly Negro, and the schools in the north and east overwhelmingly Caucasian. The segregation problem must be solved if minority youngsters are ever to close the achievement gap and if all youngsters, regardless of race, are to be adequately prepared for life in a multi-racial world.

Although we have integrated the schools down to the 7th grade, we strongly believe that integration must begin earlier. In too many cases attitudes already are hardened and stereotypes developed by the time the youngsters reach the 7th grade. It is, of course, politically and logistically easier to desegregate the secondary schools. In fact, a bi-racial city that has not desegregated its secondary schools is by definition not committed to integration. The problem is much more difficult at the elementary level. Buildings and attendance areas are smaller, children are younger, and community emotions are more intense. Yet, the problem must be solved at the elementary level. It is ironic that solutions come more easily at one level, but more good can be accomplished at the other.

The Commitment - The commitment of the Board of Education to desegregation of all elementary schools in Berkeley came in the spring of 1967. In early April a delegation from west Berkeley made a resen- tation to the Board, stating that it was time to get on with the job of total desegregation. The delegation had many other recommendations specifically relating to the south and west Berkeley schools and the programs available to minority youngsters. At this meeting I recommended that the Board authorize the Administration to develop a program of voluntary reverse busing from Caucasian areas to south and west Berkeley. I let it be known that this was to be regarded only as a stop-gap measure to demonstrate good faith and did not represent a solution to the desegregation problem.

At the next meeting, however, before we could develop a reverse busing plan, the issue moved ahead. Both of our certificated staff organizations made appeals to the Board for action either to erase de facto

segregation completely or at least to make a significant step in that direction. Officials of the local NAACP and other members of the audience supported these appeals. A motion was presented to the Board calling for desegregation of all Berkeley schools. The Board concurred and established September 1968 as the target date for desegregating the schools.

The next two or three Board meetings, including one workshop or "open hearing", drew crowds of several hundred spectators and many speakers. Most of the speakers and most of the crowds were supportive of the Board's action; there was a minority who disagreed with the Board's position -- some opposed desegregation altogether, and others felt that 1968 was too long to wait.

On May 16 the Board adopted a formal resolution reaffirming the September 1968 commitment and adding an interim calendar of deadlines for the various steps required to achieve desegregation. The Administration was instructed to develop plans for total integration. We were instructed to make our report by the first Board meeting in October, 1967. The timetable calls for the Board to adopt a particular program by January or February 1968. Seven or eight months would then remain for implementing the program in time for the opening of school in September 1968. This is the calendar on which we now are operating.

The Board included in its Resolution on Integration two other features: first, the assumption that desegregation is to be accomplished in the context of continued quality education, and second, that massive community involvement was to be sought in development and selection of the program. Both of these features I heartily support.

Developing the Plan - We went to work immediately. The Administration compiled information on enrollment and racial makeup of each school, school capacities and financial data. This information was distributed to each faculty. We then called a meeting of all elementary school teachers; I relayed our charge from the Board and asked each faculty to meet separately and develop suggestions. We also sent information packets to over sixty community groups and invited them to contribute their ideas. By the end of June we had received many suggestions, both from staff members and lay citizens.

Meanwhile both local and national endorsements were pouring in. The Berkeley City Council passed a resolution commending the Board on its commitment to integration. Other local organizations and individuals did the same.

During the summer months two task groups were assigned to work on the problem. One was concerned with the logistics of achieving desegregation and the other was concerned with the instructional program under the new arrangement. The Board appointed a seven-member lay citizens group to advise the Administration in development of its recommendations. Even after the Administration's recommendation has been given to the Board, this group will continue to function as an advisory body to the Board. Upon receiving the Administration's recommendation, the Board plans a series of workshop sessions to provide every opportunity for community reaction and suggestion.

As this paper is written (mid-September) we are making excellent progress toward meeting our deadline. Soon after the opening of school, a report from the Summer Task Group outlining four or five

of the most promising plans was sent to each school faculty and to each group or individual who submitted a plan during the summer. These proposals are being made available to the community as well, along with the many suggestions received earlier from staff and lay citizens. School faculties and the community-at-large are invited to react to these proposals and to make suggestions to the Administration. Procedures have been organized to facilitate a response from school and community groups. Each faculty has been asked to meet at least twice. On one afternoon, schools will be dismissed early and the district-wide staff divided into cross sectional "buzz" groups. Each of these groups will submit ideas. Following these steps we will use the task group proposals, along with the reactions and suggestions that come from the staff and community, in developing our recommendation to the Board. This recommendation will be presented to the Board on schedule, at the first meeting in October. From that point on the matter will be in the hands of the Board, which is to make its decision by January or February 1968.

As our plans develop, we have received invitations to appear before many groups, large and small. Some have been hostile at first. However, meeting with them has made possible an excellent exchange of views and an opportunity for explaining our program to people who had not been reached earlier. We anticipate that the fall months will be crowded with such speaking assignments. It is our firm commitment, and that of the Board of Education, to inform the citizens of Berkeley thoroughly about the issue and about prospective plans prior to the Board's adoption of a program in January or February.

LESSONS LEARNED

While working toward integration in the Berkeley schools over the past several years, we have learned some lessons:

1. Support by the Administration and the Board of Education for the concept of school integration is absolutely essential. The Board must give its consent before any plan of desegregation can occur. The support of the Superintendent and his administrative team is vital in helping to obtain Board support and in making a success of any program adopted. While the Board nor the Administration need broad community support, their leadership role is vital.

2. Integration has the best chance of success when a climate of openness has been established in the community. Lines of communication with Board, Administration, teachers, and the community-at-large must be kept open through frequent use. Anyone who thinks a solution to the problem of integration can be developed in a "smoke-filled room" and then rammed through to adoption while the community is kept in ignorance is simply wrong.

Our citizens are vitally interested; they are going to form opinions and express them, whether we like it or not. It is in our interest to see that these opinions are formed on the basis of correct information. Furthermore, the success of integration, once adopted, depends upon broad community support and understanding between the lay community and the schools. This can be created only through a climate of openness.

3. It can be done! A school district can move voluntarily to desegregate without a court order and without the compulsion of violence or boycotts. Berkeley has demonstrated that a school community can marshal its resources, come to grips with the issue of segregation, and develop a workable solution.

Furthermore, if the new arrangement is well planned and executed, it will gain acceptance on the part of many who opposed it at first.

Many fears and threats which arose in Berkeley were not realized. The Board was not recalled. Our teachers did not quit in droves. In fact, the reverse happened; our teacher turnover rate has been drastically reduced during the last two or three years. Integration did not lead to the kind of mass white exodus being experienced in other cities (which, interestingly enough, have not moved toward integration). In fact, last year for the first time in many years the long-standing trend toward a declining white enrollment in the Berkeley schools was reversed.

The not-so-subtle hints that direct action for integration would lead to loss of tax measures at the ballot box proved to be unfounded. In June 1966 we asked the voters for a \$1.50 increase in the ceiling of our basic school tax rate. Much smaller increase proposals were being shot down in neighboring districts and across the nation. In Berkeley we won the tax increase with over a 60 percent majority.

4. A community can grow. Berkeley did! When the citizens committee report came out in the fall of 1963 with an actual plan for desegregation of the junior high schools, the community suddenly awoke to the fact that desegregation was a real possibility. The furor that

resulted could be predicted in any city. However, as large public hearings and countless smaller meetings were held by dozens of groups, support for integration began to grow and opposition diminish. One area of the city that reacted emotionally at first later provided some of our strongest supporters.

An example in a different but related field can illustrate this point. Berkeley held a referendum election on a Fair Housing Proposal early in 1963, before the citizens committee report, and the measure was defeated by a narrow margin. A year and a half later the community, together with the rest of California, voted on the same issue -- Proposition 14. Although the statewide vote on that issue was a resounding defeat for Fair Housing, the City of Berkeley voted the direct opposite by almost a two-to-one margin. The Proposition 14 election was held only a month after the recall election, after almost a full year of intensive community involvement with the school desegregation issue. In other words, a city that voted down its own Fair Housing proposal, later voted two-to-one for Fair Housing in a statewide election. Many of us feel that this change of direction was substantially influenced by the extensive community involvement in the school integration question between the two elections. The community grew in understanding as it studied the issues.

5. Community confidence in the good faith of its school administration and school board must be maintained. Berkeley has been successful in doing this. The good faith of our Board and Administration has been demonstrated. There have been no court orders, no pickets, no boycotts, no violence. Each advance has been made, after extensive

study and community deliberation, because the staff, the Board and the community thought it was right. By moving in concert with the community we have avoided being placed in polarized positions of antagonism. The climate thus produced has enabled us, as we move step by step, to work with rather than against important segments of the community in seeking solutions. If this climate of good faith is missing, even the good deeds of school officials are suspect.

CONCLUSION

There is no greater problem facing the schools of America today than breaking down the walls of segregation. If our society is to function effectively its members must learn to live together. Schools have a vital role to play in preparing citizens for life in a multi-racial society. The Berkeley experience offers hope that integration can be successfully achieved in a good-sized city. This success can be achieved if the Board of Education, the school staff, and the citizens of the community are determined to solve the problem and work together toward this end.

RESOLUTION NO. 69,501-N.S.

TRANSFORM COMMUNITY SAFETY AND INITIATE A ROBUST COMMUNITY
ENGAGEMENT PROCESS

WHEREAS, the recent murders of George Floyd, Breonna Taylor and Ahmaud Arbery have ignited the nation in passionate protest against police brutality and racial injustice; and

WHEREAS, demands for change go beyond necessary efforts in procedural justice, implicit bias training, and use of force policies and seek a broader discussion about investment in the conditions for a safe and healthy community; and

WHEREAS, investment in “public safety” has been equated with more police for too long while economic and social welfare programs have been viewed as special projects unrelated to health and safety; and

WHEREAS, this movement is highlighting the problematic expansion in the roles and responsibilities of police officers. Rather than being the responders of last resort, focused on criminal, aggressive and violent behaviors, police are now frontline responders to mental health crises, homelessness, drug addiction, sex work, school disruption, traffic and code violations and neighborhood conflicts; and

WHEREAS, the adopted 2020 budget allocated \$74 million to the Berkeley Police Department, which represents over 44% of the City’s General Fund of \$175 million, and is more than twice as much as the combined City budgets for Health Housing and Community Services, and Economic Development; and

WHEREAS, it is clear that our current system of public health and safety is not working and is not sustainable in Berkeley. Despite strong efforts and leadership on police reform, homelessness and affordable housing, racial inequity remains stark across virtually every meaningful measure of health and well-being; and

WHEREAS, local government’s most fundamental role is to provide for the health and safety of its residents. Cities around the country are acknowledging that they are falling behind in this basic function and are embarking on efforts to reimagine health and safety, and to consider reallocating resources towards a more holistic approach that shifts resources away from policing towards equitable health, education and social services that promote wellbeing up front;¹²³ and

WHEREAS, as this movement ripples across the nation, Berkeley has an opportunity to lead in transforming our approach to public health and safety. We need the right response for each crisis rather than defaulting to using the police; and

¹ Transforming Community Safety Resolution-Minneapolis

² San Francisco Mayor, Supervisor announce effort to redirect some police funding to African-American community

³ The cities that are already defunding the police

NOW THEREFORE BE IT RESOLVED the City Council of The City of Berkeley:

That the City Council commits to the principles of reduce, improve and re-invest: reduce the scope and investment in policing, improve the response and accountability of public and community agencies, reinvest in racial equity and community-based intervention initiatives⁴;

BE IT FURTHER RESOLVED, that the City Council will engage with every willing community member in Berkeley, centering the voices of Black people, Native American people, people of color, immigrants, LGBTQ+ people, victims of harm, and other stakeholders who have been historically marginalized or under-served by our present system. Together, we will identify what safety looks like for everyone.

BE IT FURTHER RESOLVED that the process will center the role of healing and reconciliation. The process will require healers, elders, youth, artists, and organizers to lead deep community engagement on race and public safety. We will work with local and national leaders on transformative justice in partnerships informed by the needs of every block in our city.

BE IT FURTHER RESOLVED that decades of police reform efforts have not created equitable public safety in our community, and our efforts to achieve transformative public safety will not be deterred by the inertia of existing institutions, contracts, and legislation.

BE IT FURTHER RESOLVED that these efforts heed the words of Angela Davis, “In a racist society, it is not enough to be non-racist. We must be anti-racist.”

BE IT FURTHER RESOLVED that the transformation under consideration has a citywide impact, and will be conducted by the City Council in a spirit of collaboration and transparency with all constructive stakeholder contributors including the Mayor’s Office, the City Manager, the Police Chief, and community organizations.

BE IT FURTHER RESOLVED that the City Council of the City of Berkeley is committed to:

1. A transformative approach to community-centered safety and reducing the scope of policing
2. Equitable investment in the essential conditions of a safe and health community especially for those who have been historically marginalized and have experienced disinvestment
3. A broad, inclusive community process that will result in deep and lasting change to support safety and wellbeing for all Berkeley residents.

⁴ A Framework fo Transforming Police- NICJR

BE IT FURTHER RESOLVED that the City Council supports taking the following actions to realize this transformation:

1. Direct the City Manager to track and report progress on actions to implement this initiative, and other actions that may be identified by the Coalition and referred by Council to the City Manager. Updates shall be provided by written and verbal reports to Council, and posted on a regularly updated and dedicated page on the City website.
2. Direct the City Manager to collaborate with Councilmembers later selected by the Mayor to complete the following work, to inform investments and reallocations to be incorporated into future Budget processes:
 - a. Contract with independent consultants/Change Management and subject matter experts to:
 - i. Analyze the scope of work of, and community needs addressed by, the Berkeley Police Department, to identify a more limited role for law enforcement, and identify elements of police work that could be achieved through alternative programs, policies, systems, and community investments. Analysis should include but not be limited to: calls received by dispatch by type of complaint, stops by law enforcement generated at officer discretion (as contained in the Police Department's open data portal) or on request of other city agencies, number of officers and staff from other city agencies that respond to incidents, estimated time in response to different types of calls, daily patrol activities, organizational structure, and beat staffing. Work to include broad cost estimates of police and other city agency response to different types of calls, and other information and analysis helpful to identify elements of current police work that could be transferred to other departments or programs, or achieved through alternative means. Work should be completed in time for the November 2020 Annual Appropriation Ordinance revision.
 - ii. Identify immediate and longer term opportunities to shift policing resources to alternative, non-police responses and towards alternative and restorative justice models, to better meet community needs, that could be considered in the

November 2020 AAO#1 budget process. Some areas to be considered include homeless outreach and services, substance abuse prevention and treatment, and mental health/crisis management, as well as alternative models for traffic and parking enforcement, “neighborhood services” and code enforcement. Provide a broad timeline and process for transitioning functions not ready for transition at this first milestone.

Deliverables should coincide with budget cycles, including the November 2020 AAO and FY 2022-2023 Budget processes, and provide a suggested timeline for transitioning functions at these and other budget opportunities, so that alternative investments may be considered for funding and launched in a timely and orderly manner.

- b. Contract with independent Change Management experts to create and facilitate a representative Community Safety Coalition, guided by a Steering Committee that will begin meeting no later than January 2021. The CSC and its Steering Committee, and should be broadly inclusive and representative of Berkeley residents and stakeholders. The Steering Committee, with the support of Change Management professionals, shall be responsible for engaging the Coalition and the broader Berkeley community and relevant City Staff in a robust process, to achieve a new and transformative model of positive, equitable and community-centered safety for Berkeley.

The work of the Coalition should include but not be limited to:

1. Building on the work of the City Council, the City Manager, the PRC and other City commissions and other working groups addressing community health and safety.
2. Research and engagement to define a holistic, anti-racist approach to community safety, including a review and analysis of emerging models, programs and practices that could be applied in Berkeley.
3. Recommend a new, community-centered safety paradigm as a foundation for deep and lasting change, grounded in the principles of *Reduce, Improve and Reinvest* as proposed by the National Institute for Criminal Justice Reform (Attachment 3), considering, among other things:
 - a. The social determinants of health and changes required to deliver a holistic approach to community-centered safety

- b. The appropriate response to community calls for help including size, scope of operation and powers and duties of a well-trained police force.
- c. Limiting militarized weaponry and equipment.
- d. Identifying alternatives to policing and enforcement to reduce conflict, harm, and institutionalization, introduce alternative and restorative justice models, and reduce or eliminate use of fines and incarceration.
- e. Options to reduce police contacts, stops, arrests, tickets, fines and incarceration and replace these, to the greatest extent possible, with educational, community serving, restorative and other positive programs, policies and systems.

The Coalition’s goal/output will be a set of recommended programs, structures and initiatives to incorporate into upcoming budget processes for FY 2022-23 and, as a second phase, in the FY2024-2025 budget processes to ensure that recommended changes will be achieved. The Coalition shall return to City Council an initial plan and timeline by April 1, 2021, to ensure the first phase of changes can be incorporated into the FY2022-23 Budget Process.

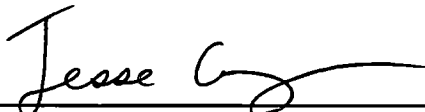
The foregoing Resolution was adopted by the Berkeley City Council on July 14, 2020 by the following vote:

Ayes: Bartlett, Droste, Hahn, Harrison, Kesarwani, Robinson, Wengraf, and Arreguin.

Noes: None.

Abstain: Davila.

Absent: None.



 Jesse Arreguin, Mayor

Attest: 

 Mark Numainville, City Clerk

NICJR Recommendation	NICJR Estimated Cost & Explanation	NICJR Identified Funding Source	NICJR Timeline	Vote by Task Force	Reason for vote	Proposed Narrative Summary for report	Request Additional staff analysis?	No Action Necessary	Phase 1? (Implementation 2022-2024)	Phase 2? (Implementation 2024-2026)	Additional Comments
u											
1	Establish tiered dispatch/CERN model (p.14)	\$2,532,000, plus some costs associated with training for Dispatch	Current BPD Vacant Positions	Issue RFP 30 days after City Council approval, select vendors 90-120 days afterward, and begin pilot six months after City Council approval.	More analysis needed	1. Who determines, and at what point in time, which calls are handled by whom (e.g., by CERN, BPD, SCU)? 2. What is the system (or multiple systems) for both receiving calls and routing the responses? 3. How does one system (e.g., CERN) mix and match with other programs under discussion (e.g., SCU, BerkDOT)? 4. Who will provide and staff these non-police responses (i.e., City staff or contractor, professional (credentialed or community responders) and if contractors, under what color of authority will they provide City service? 5. When will staffing, and at what staffing level, be available to change, if at all, the allocation of calls for service – whatever the merits of replacing police, we cannot replace something with nothing? 6. What system is in place should the nature of the call change (i.e., what is the back-up system in case seemingly benign calls turn violent and/or criminal)? 7. Is BPD involved (e.g., as co-responder, as back-up, etc.) or are they required to be separate from these non-police responses? 8. What liability issues do these new responses present to the City; (ix) what impact, if any, does reallocating some percentage of calls for service from police affect the minimum police patrol staffing necessary to perform their function of focusing on and responding to calls for service involving crimes and or violence?	Overall, the Task Force supports the idea of a community-based response as an alternative to an armed response that would decrease the footprint of the police department. As presented, commissioners are concerned that the co-responder model proposal by NICJR would not decrease the footprint of the police and could have the consequence of having the community see CBOS as an extension of the police. In addition, commissioners need more clarity on how CERN would work with other new models like SCU, BerkDOT and dispatch.	Yes, see task force inquiries on pages 69-78 of the task force report	X		Support a community responder model that takes on calls for service beyond what SCU is expected to tackle. The design of SCU and implementation of the SCU and our new dispatch should anticipate a set of community responders to deal with other low level calls for service. Additional analysis as suggested by the Task Force is necessary to further define a community responder pilot, which can evolve and expand over time. Additionally, want to ensure that our dispatch is centralized so that residents know who to call as well as providing a unique phone number for those reluctant to call the police.
2	Contracting with local CBOS for Tier 1 CERN response				More analysis needed	1. Which CBOS? (Where is the landscape analysis that was promised by NICJR?) 2. Has the City dialogued with each CBO to confirm their interest in providing responders and their timeframe to make responders available, including hiring new staff? 3. What will the pay structure to CBO responders be; does each CBO set their own rates, or will the City set rates? 4. How will all responders be trained to achieve a systematic SCU non-police response for calls for service?	The Task Force would need more analysis to understand the investment that it would take for the city to ask CBOS to take on this responsibility, including training, the infrastructure a CBO would need, and skills needed for the types of cases in the new model.	*See above			Not convinced that only CBOs are best equipped to tackle this work. Would like to see an approach to a CERN model that uses city staff e.g. code enforcement to address these calls for service
3	Evaluate CERN (p. 19-20)				(did not vote on this)						
4	Full implementation of Tiered Dispatch/CERN Pilot Program and reduction of BPD patrol division of 50%	\$7,596,000	Reduction of BPD Patrol Division by 50%	Two years after implementation of the pilot	More analysis needed		No analysis was provided by NICJR for how police department would be reduced by 50%, especially if NICJR recommends no officer layoffs, and reductions through attrition only. Is full implementation dependent on the department reducing by 50% and when would this occur?	See analysis above		X	Further analysis is required to determine appropriate staffing levels and funding sources
5	Reduce BPD budget through attrition only and no layoffs (p. 20)				Reject		This recommendation is unresponsive to the goal of reducing the police department by up to 50% to make resources available for other programs.	Yes, additional analysis is required to understand the adequate staffing structure that BPD could manage, as well as the possibility of shifting patrol officers to increase investigation capacity			Do not support any reduction of the police department through layoffs. Attrition will need to be tracked and planned to ensure minimum staffing of BPD while alternative responses are implemented and their effect on overall community needs is analyzed.
6	End pretextual stops (p. 24)				Reject		The Task Force is fully in favor of the elimination of pretextual stops by BPD - this work is already well underway and thus does not constitute a useful recommendation. In 2020 the Mayor's Fair and Impartial Policing Working Group recommended that BPD focus on "the basis for traffic stops on safety and not just low-level offenses" and that they minimize or de-emphasize as a lowest priority stops for low-level offenses." and in February 2021, Council unanimously approved the Working Group's recommendations for adoption. Plans are currently underway for implementation, with quarterly updates being provided to the Police Accountability Board. (based on analysis from Liza Lutzker's report to RPSTF, linked to in the Improve & Reinvest Subcommittee's Feedback document posted January 6, 2022)		X		Agree with Task Force comments that this work is already underway. Staff should continue to prioritize the implementation of the FIP recommendations.
7	BerkDOT (p.25)				Accept with Conditions	1. This is in NICJR Report but is not mentioned in the Implementation Plan grid. 2. This needs MUCH more analysis, much like Dispatch changes required by CERN implementation, which NICJR does not detail.	While the Task Force is glad to see that NICJR sees the value in the creation of BerkDOT as a strategy to reduce the footprint of policing in Berkeley, the description provided for BerkDOT is inadequate with respect to the components of and motivation for BerkDOT (the NICJR report describes BerkDOT as a moving of traffic enforcement away from BPD). Because the BerkDOT creation process is moving forward separately, a complete description and analysis of BerkDOT are not necessary, but at a minimum, the NICJR recommendation ought to accurately describe what a proposed BerkDOT would consist of and provide the rationale for pursuing this approach beyond simply reducing the staffing and budget of BPD. Specifically, BerkDOT needs to be described as a consolidation of all transportation-related work being done by the City and would entail combining the current Public Works Department's above-ground street and sidewalk planning, maintenance, and engineering responsibilities with the current transportation-related BPD functions of parking enforcement, traffic law enforcement, school crossing guard management, and collision response, investigation, data collection, analysis, and reporting.	See Recommendations in Task Force Report			
IMPROVE											
8	BPD Become A Highly Accountable Learning Organization (HALO) (p. 26)				Reject	1. Not credible that this change comes at "no additional cost" 2. RPSTF focused on spending less on BPD, not more 3. More training does not necessarily lead to changes in police culture 4. This process is not about re-imagining police	Overall, commissioners did not think there was enough information provided in the NICJR report that allowed an accurate assessment of the program and also disagreed with NICJR's indication that this recommendation would come at no cost. Some commissioners felt strongly that any programs that potentially increase funding to police should not be prioritized, and more training will likely not lead to changes in police culture or address the racial disparities that continue to persist in the city.				These ideas merit future consideration. However, BPD should prioritize implementing the Fair and Impartial Policing recommendations as well as its response to the City Auditors recommendations.
9	BPD join ABLE program	Joining ABLE is free of cost	N/A	Within six months of approval from City Council	(Did not vote unless this is part of the HALO program)	1. HALO, EPIC and ABLE might be good programs, but what cost to join/enact? Recordkeeping alone would be a cost.	Same analysis as item 8				See Above
10	Expand EIS to assess all Use of Force	No additional costs	N/A	Within six months of approval from City Council	Reject	1. In general recommendations limited to police reform and requiring additional funding were not seen as ideas in the spirit of re-imagining public safety 2. Side question: Is Fair & Impartial's EIS measuring new best-practice gauge of proportionality? Not relying only on officer reporting & citizen complaints through PAB. Not being "de-fanged" by Union during implementation? See Univ of Chicago/Ron Huberman work: https://polsky.uchicago.edu/2021/06/08/benchmarking-police-performance-for-early-intervention-evidence-based-solutions/	The Task Force supports an EIS. However, this work is already well underway and thus does not constitute a useful recommendation. The EIS was recommended in 2020 by the Mayor's Fair and Impartial Policing Working Group and in February 2021, Council unanimously approved the Working Group's recommendations for adoption.		X		High Priority recommendation. Support this recommendation to expand the EIS work to include all uses of force. The PAB should take this into consideration when reviewing the revised EIS policy.
11	BPD Expand current Personnel and Training Bureau OR Create Quality Assurance and Training Bureau				Reject		Rejected, similar to the reason in item 8. The Task Force did not believe that additional investment in training would create the change needed to change police culture and the racial disparities that continue to persist in the city.				This merits future consideration. Nearer term priority should be implementing FIP and auditor recommendations.
12	Transfer 5 officers and 2 civilian staff to new Quality Assurance and Training Bureau (p. 32)	No additional costs	N/A	Within six months of approval from City Council	Reject	Rejecting #12 above, so rejecting this related item, which is yet more additional training/QA cost.					
13	BPD provide semi-annual reports to public (p. 32)	internal re-organization can achieve this goal without additional costs	N/A	First Report should be issued by July 1, 2022	Accept with Conditions	1. Data should be available on a real-time basis, all the time. 2. Build a dashboard that is constantly updating.	Data should be provided to the community through a dashboard, in real-time. Reports can be helpful, and should be provided, in addition to real-time data.		X		Agree with Task Force that real time data should be available and presented in an accessible platform for the community and analysis of trends completed by the Department.

NICJR Recommendation	NICJR Estimated Cost & Explanation	NICJR Identified Funding Source	NICJR Timeline	Vote by Task Force	Reason for vote	Proposed Narrative Summary for report	Request Additional staff analysis?	No Action Necessary	Phase 1? (Implementation 2022-2024)	Phase 2? (Implementation 2024-2026)	Additional Comments
14 Develop a Bay Area Progressive Police Academy (BAPPA) (p. 35)	An analysis of police academies throughout the Bay Area found that the cost per student range is roughly \$4,300 - \$4,600 per student, with a significant proportion of costs eligible for reimbursement through the Commission on Peace Officers Standards and Training (POST). The development of the BAPPA would include certification through POST in order to satisfy State requirements. NICJR recommends that collaboration with Albany and potentially Oakland be explored.	Reduced BPD budget through eliminating patrol positions through attrition, revenue from partner law enforcement agencies	Launch two years after City Council approval	Reject	RPSTF is focused on reducing BPD spending, not increasing. 2. BAPPA is dependent on a great deal of inter-agency agreement, sharing and teamwork, which don't already exist. Would take many man-hours to get others on board, agree scope of work, convince all to start contributing. 3. Very high staff and overhead costs. 4. BPD regularly states they have top-notch training and sourcing for sworn and non-sworn personnel – it is not clear that a Berkeley-run academy would solve any hiring difficulties. 5. Instead of spending on this, RPSTF recommends spending on creating a Public Safety & Community Solutions Institute.	The Task Force recognizes that many cities are gearing up to provide a robust, expert non-police response to citizens in need, but that this type of workforce does not yet exist in a coordinated fashion. Berkeley can be in the vanguard of cities creating this workforce and expanding best-practice training beyond paid professionals and offering it to the general public, interested groups, students, and the like. The Public Safety & Community Solutions Institute can bring together crisis intervention and situation calming, triage, medical response, mental health response, peer counseling, city and county services offerings, case work, data capture, and follow up with compassionate, trauma-centered delivery. The Institute's trainings and coursework will be created by experts at Berkeley's SCU and the division of Mental Health, and tailored for other relevant audiences, e.g., BerkDOT. The Task Force feels this would be an exemplary area in which to spend time, money, and other resources to provide citizens with resources and support.					In addition to the reasons outlined in the report, the benefits of a progressive academy include the opportunity to "export" Berkeley's model to neighboring jurisdictions and ensure regional alignment on training. However, the resources and coordination for this project would be significant. Moreover, resources will be needed for training for our SCU, dispatch and any additional community responders that would be part of a new model of public safety. It is therefore prudent to prioritize those projects and try to work with the County and other regional training agencies to seek improvements in their curriculum.
15 Increase diversity of BPD leadership (p. 36)				Accept with conditions	1. What is the plan for achieving diversity? 2. What are the numerical definitions of diversity?	The Task Force agreed that diversity in leadership alone would be insufficient to change an entire police culture. However, commissioners do acknowledge the importance of diversity and having responders who are from the city and the taskforce recommends making diversity a priority for all employees, including leadership.			X		
16 Increase Standards for Field Training Officers (p. 36)				Needs more analysis	1. Need numbers about what % of officers have more than 2 complaints or 1 sustained complaint in a 12-month period? 2. How does race & gender data map with complaints data? 3. How do we assess whether implicit bias has played a role in complaint data figures?	What are steps required for implementation? Could this be integrated into the EIS policy? The threshold should be amended to focus on substantiated complaints.			X		Would not accept a 2 unsubstantiated complaint criteria. This should be considered by the PAB.
17 Revise BPD's Use of Force policies to limit any use of deadly force as a last resort to situations where a subject is clearly armed with a deadly weapon and is using a threatening to use the deadly weapon against another person	Training Costs	Savings from eliminating patrol positions through attrition	Within six months of approval from City Council	Reject	1. Use of Force policy was revised a year ago. Did NICJR read it and is this different than most recent version? 2. Use of Force policies are complex, making changes is a lengthy process. Shouldn't change what has been recently agreed upon without good reason.	This was rejected because this work has already been done and is covered by a different process and does not need to be duplicated in this process.		X			Agree with task force analysis. Use of Force policy was recently and comprehensively addressed by Council.
REINVEST											
18 Launch a guaranteed income pilot program (p. 37)	\$1,800,000	General Fund; federal funding already received or forthcoming from the Infrastructure Bill; or raised through philanthropy akin to the approach in other cities	Within six months of approval from Council	Accept with Conditions	1. Strong support for the program 2. Addresses root causes 3. Strong preference for unconditional funds that puts trust in people to use the money as they see fit 4. Unclear who is responsible for administering pilot 5. Unclear how families will be selected 6. Informed by completed/ongoing pilots in Stockton, Fremont, Richmond, etc.	Members strongly support this type of program and note that other communities have implemented these programs successfully. More information is needed to understand how families would be selected, and the city should consider whether other groups, like the AAPI or Indigenous community, should be included in this program.				X	This is an idea worth pursuing. The Council and staff should work to identify philanthropic and state grants to establish a UBI program. The focus in the near term should be the development of the alternative response system.
19 Launch a community beautification employment program (p. 39)	\$1,250,000	5% of County Criminal Justice Realignment funds allocated to community services for Berkeley residents	Launch one year after approval from City Council	Accept with Conditions	1. General support for employment programs 2. Current recommendation is specific to previously incarcerated folks, and funding source is based on that, and could be expanded to include other funding sources, and serve other communities e.g., youth, unhoused population 3. Remove the word beautification that is superficial 4. The program should be responsive to skills and talents of folks 5. Program could benefit from integrating professional development, pipeline to employment, especially folks who are generally left out of the workforce 6. Program should aim for goals and results that are transformative	Members are very interested in increasing job skills and opportunities. However, programs should be centered around the interests of the target group. The Task Force therefore rejects the idea of simply a beautification program but fully supports programs that focus on professional development, and serve as a pipeline to employment, especially for those who face additional barriers like a criminal record. Any program should have the goal of being transformative.				X	Agree with the Task Force question as to why this is limited to just beautification? What other innovative models for jobs programs exist? Perhaps we can look at increasing jobs or apprenticeships in our parks department to focus on environmental design?
20 Increase funding for CBOS in one of two ways: (1) increase grant amounts by 25%, or (2) create local government agency/ department (Department of Community Development) (p. 40)	\$25,605,492.50	Measure W funds, when the BPD's budget is gradually reduced; the infrastructure bill; and concerted efforts to increase philanthropic dollars	FY 22-23	Accept with conditions	1. Unclear where the funding is coming from, some of it is coming from Measure W 2. Recommendation is too general, and funding of CBOS should be prioritized based on RPS goals and improving social determinants of health 3. Strong disagreement with approach that proposes across the board funding for CBOS 4. Preference for a recommendation that includes a new department could play a role in visioning and tracking of CBOS and funds, and oversee increased funding	While members generally agree with increasing the capacity of community-based organizations as a way to improve public safety, funding should be targeted and focus on the goals set forth in the enabling legislation for reimagining public safety. Members also note that this recommendation does not explain where the additional funds would come from, as NICJR does not propose any layoffs to reduce the police budget. Members are very interested in creating a city division that could continue this work and focus on issues of equity.				X	Would prioritize a more targeted approach to upstream investment in community based orgs focused on the social determinants of health and safety.
21 Launch the Advance Peace Program	\$500,000	General Fund	Launch in first quarter of FY 2023, on going for at least 3 years	Recommendation was not in draft report, therefore task force did not vote	N/a	Appendix 6 provides a collection of resources on violence prevention programs. The task force informally voiced their support for these kinds of efforts repeatedly throughout their process.	Request an update on the status of the existing violence intervention referral. Are there significant differences on what the city is already working on and the advance peace model?		X		
Notes											
Grid is based on pages 39-40 of NICJR Final Report, titled Implementation Plan and the table on Pages 10-17 of the Task Force Final Report											
Recommendations highlighted in orange indicate items not listed on the grid in the NICJR Final Report											

Reimagining Public Safety Initiative Topic	Specific Task Force Recommendation	Task Force Rationale*	Budget Estimate	Request Additional staff analysis?	Phase 1? (Implementation 2022-2024)	Phase 2? (Implementation 2024-2026)	Additional Comments
Traffic Law Enforcement & Traffic Safety	Review Transportation Laws, Fines and Fees to Promote Safety and Equity	Berkeley should conduct a full review of the Berkeley Municipal Code (BMC) and our structure of fines and fees as they relate to transportation. This review should specifically identify items that serve only to criminalize and penalize poverty or serve as pretext to target at-risk populations. Once reviewed, any identified items should be brought to City Council to either eliminate or revise. In cases when these BMC laws have State law equivalents, City Council should make clear that BPD should make enforcement of these State laws their lowest priority (i.e., decriminalize these behaviors).		Staff should identify the resources required to take this on. See additional comment regarding expanding the effort to look at civilianizing the resources	X		This analysis could be expanded to review the municipal code to identify violations that currently require a police officer to enforce that could be changed to allow code enforcement. For example, our mask and smoking ordinances require police enforcement. In the spirit of reducing the need for police enforcement, we should review the B.M.C. with an eye toward civilianizing enforcement.
	Fully Fund the BerkDOT Planning Process	Given the size, scope, and ambition of the BerkDOT proposal, and given the fact that Berkeley is the first city in the nation to approach this topic, there is a substantial need to adequately fund the BerkDOT exploration and planning process. In comparison, the SCU planning process received \$185K, but SCU faces no legal challenges and has numerous models from around the country off which to build. To-date, the \$175K allocated to BerkDOT has funded some initial background research on free-standing departments of transportation and also a community engagement component around traffic safety and enforcement (a BerkDOT-specific citywide survey and listening sessions).	\$200,000	Staff confirm the budget required for the next phase.	X		
	Move forward with the transfer of both collision analysis and school-crossing-guard management away from BPD and over to Public Works				X		Would also like to consider the potential for collision investigations and breaks that are not in progress to be handled by non-sworn personnel
911 Call Processing & Alternative Calls-for-Service Systems	Adopt City Auditor's Recommendations for Call Processing and Dispatching of First Responders and Others Contained in Report, and Add 'Substance Use' to 911 Recommendations	These recommendations can provide 911 professionals with the basis for establishing systematic, consistent procedures and behavioral health call scripts that screen and divert mental health, substance use, and homelessness calls towards an alternative non-police response. In July 2022, 911 professionals will soon have the option to transfer mental health calls to a national hotline, so it is imperative to establish this process. These professionals can further avoid punitive measures resulting from policing, criminal legal, and incarcerations involvement whenever possible, particularly for diverse and marginalized groups of people who are extremely reluctant, avoid or do not use 911 for fear of a police response.		Request an update from BPD on the progress on implementing the Auditor's recommendations. Would like to better understand the steps required to add substance use to these recommendations	X		
	Implement Specialized Care Unit (SCU): Alternative Non-Police Responder to Meet the Needs of People Experiencing Behavioral Health Challenges				X		Will be addressed when SCU is presented to Council
	Establish Crisis Stabilization Center to Meet the Needs of People Experiencing Behavioral Health Challenges and Further Implement A Comprehensive 24/7 Behavioral Health Crisis Response System	From Page 65 of task force report..."Crisis Stabilization Centers can serve as an alternative to using emergency departments and moreover, criminal legal and incarceration systems as a crisis response to individuals experiencing a behavioral health and/or substance use crisis in the community. They can receive referrals, walk-ins and first responder drop-offs. (SAMHSA, 2020, 22). SAMHSA has further defined minimum expectations to operate crisis receiving and stabilization services, including accepting all referrals, not requiring medical clearance, designing services for both mental health and substance use issues, being staffed (24/7/365) with multidisciplinary team capable of meeting the needs of individuals experiencing all levels of crisis (SAMHSA, 2020, 22).		Yes, Staff should review this recommendation and provide their input as to the best approach to establishing crisis stabilization center(s) in Berkeley, as well as realistic timeframe for doing so.			Establishing crisis stabilization centers should be a priority .
	Implement A Behavioral Health General Order for the Berkeley Police Department That Emphasizes Diversion Away from Policing Whenever Possible	"...an overarching, comprehensive Berkeley Police Department Behavioral Health General Order would potentially provide for streamlining the current orders and diverting as many people as possible away from policing and towards well-being services in the community." Full rationale on pages 67-68 of Task Force report		See comment. Staff should provide feedback on this approach and a timeline that this could be implemented			Reviewing these policies for alignment makes sense. Could this be referred to a joint subcommittee of PAB and Mental Health Commission?
Gender-Violence Non-Police Response recommendations	Increase the capacity of community based organizations. Fund 3-4 organizations to provide services and resources mentioned on page 223 of NICJR Final Report Packet	Providers report that existing resources are insufficient to meet the needs of Berkeley community members, especially for those who require more care and resources including people who are unhoused and people with complex mental health issues. A person seeking to leave an abusive relationship will likely need a range of services, including advocacy/case management, legal services for child custody, restraining order or other family law issue, and other support services like housing and childcare. To provide effective intervention in domestic violence cases, the City should fund long-term solutions. Solutions should include legal services, intensive case management to individuals with high needs, advocacy services in languages other than English, restorative justice programs, healing practices, and job training.	\$500,000	Staff should connect with authors to understand their recommendation and build on their outreach to inform funding. Additionally, staff should work with county partners to clarify which services should be provided by county vs the city.	X		Refer to budget process
	Training and technical assistance for faith-based leaders	Many people turn to faith-based leaders for help. These leaders, like others, need training to understand the complexities of domestic violence, identify effective tools to create safe spaces for those seeking help, learn about existing domestic violence resources to refer people to, and help change cultural norms that perpetuate domestic violence. In California, domestic violence agencies have partnered with faith-based leaders to address domestic violence in their communities. Examples include A Safe Place[1] in Oakland, and Korean Family Services in Los Angeles[2]. The latter has trained over 1700 faith leaders in the last 10 years.	\$50,000	Staff should connect with authors to understand their recommendation and build on their outreach to inform funding.	X		
	Provide services for people who cause harm	While survivor-centered services are essential, services for the person causing harm are also crucial to stopping gender-based violence. The City should invest in programs that target people who cause harm, including men and boys, to provide services and prevention efforts.	\$150,000				Would like to connect further with authors and staff to better understand what this would look like and/or refer to a commission for further consideration
	Prevention education for K-12 to provide, and coordinate prevention work	Breaking the cycle of violence requires changing cultural norms and practices that perpetuate violence and gender inequities. In addition to the recommendations related to intervention listed above, this subcommittee recommends additional funding for education for K-12 and to create peer-based models, when appropriate. Providers report that more education is needed to teach on toxic masculinity, consent, healthy relationships, and sex education, including sexual pleasure.	\$125,000				Refer to the 2x2 commission to identify the best path for this recommendation
Gender-Violence Police Response recommendations	City Leadership to Host Regular Meetings and Coordinate Services	Having the City serve as lead will institutionalize these much-needed partnerships. These meetings would be especially important if a tiered response system is adopted by the City, as victims and survivors of crime will be captured in all tiers (e.g. domestic violence may be reported by a caller as a noise disturbance). During the first listening session, many of the providers noted that the listening session was the first time that they had been asked for their feedback. Establishing a forum would forge new and ongoing partnerships between the City and providers. For survivors of intimate partner violence, a coordinated community response serves as a protective factor against future violence.[1] Outreach should be done to ensure that BIPOC leaders are at the table.	In-kind from the City	Staff input on the resources required to lead these convenings			
	Coordinate with Court and Other Law Enforcement to Implement New Firearm and Ammunition Surrender Laws	Local courts are required to notify law enforcement when the court has found that a person is in possession of a firearm or ammunition, in violation of a domestic violence restraining order. Law enforcement must take all necessary actions to obtain the identified firearms or ammunition	In-kind from the City	Request staff coordinate with the District Attorney as well as the courts	X		
	Annually Update the Police Department's Domestic Violence Policies and Victim Resource Materials	California law frequently changes in the area of domestic violence. For example, during the 2021-2022 state legislative cycle, at least five bills passed that change the law for domestic violence restraining orders, including SB 320 noted above. Updating these procedures regularly and in coordination with providers, will ensure that policies reflect current laws and address community-based concerns.	In-kind from the City		X		This is a great suggestion, the PAB should assist in this review and consult with subject matter experts where possible and appropriate
	Implement Regular Domestic Violence and Trauma-Informed Training for Officers, Dispatch, and Responders to 911 and Non-Emergency Calls	Providers report that victims and survivors seeking help from police often feel unheard and further traumatized by the experience with police. Examples include allowing other family members to speak or translate for the victim, when family members may be related to the abuser. This recommendation is consistent with NICJR's recommendation that the department increase its use of local community members to provide training.	\$5,000 for contracted speakers, in-kind from BPD	Staff input on budget and impacts to staffing			

Reimagining Public Safety Initiative Topic	Specific Task Force Recommendation	Task Force Rationale*	Budget Estimate	Request Additional staff analysis?	Phase 1? (Implementation 2022-2024)	Phase 2? (Implementation 2024-2026)	Additional Comments
	Publish Victim Resources in Plain Language and Multiple Languages	Provides more access to people who have limited English proficiency, do not speak English, or have low literacy.	\$15,000 (one time investment with some funding needed to update resources)		X		This feels immediately actionable and urgent. Could be considered for a short-term referral
	Screen for Domestic Violence in All 911 and Non-Emergency Calls	This would lead to better data on the number of domestic violence cases the police and others respond to in the city. Noting the penal code or city ordinance section alone would not capture all domestic violence cases.	in-kind from all responding agencies	Staff input required to understand what screening protocols already exist and whether this would be a matter of training or program and curriculum development	X		
	Assign A Female Officer to Interview, Examine, or Take Pictures of Alleged Victims at Victim's Request	This policy would acknowledge that some victims and survivors will feel uncomfortable with having a male officer examine or question them. This could result in the victim giving an incomplete statement (e.g. not disclosing sexual abuse or showing an injury) and further traumatize the victim.	In-kind from police department	How many female officers exist on the force? What policies or changes in staffing structure would be required to ensure a female officer is always available? Could this be handled by non-sworn personnel in a co-response model?	X		
	Police Response to DV Calls Should be Accompanied by or Coordinated with DV Advocate	This practice is especially important in cases where there is a high risk of lethality, language or cultural barriers that could lead to miscommunication or further traumatization, and high needs cases where victim or family members require a number of services to achieve stability. Having a victim advocate present will help ensure that victims are heard and not further traumatized. Providers report that advocates sometimes must act as a safe middle person between the victim and police, to ensure that the victim is not mistreated or further traumatized by the interaction with police. This feedback is consistent with information gathered from the community engagement process where black residents spoke of the need for a safety ambassador to act as a bridge between the community and police (see page 40 of Summary of Findings report from Bright Research Group).	\$125,000 (two advocates at .5FTE)	Could this be accomplished by establishing an on-call contract with DV Advocates? Are there other places where this is done? What is staff's budget estimate for this? How can this be folded into a community responder CERN-type model?	X		
Disability & People with Behavioral Health Challenges (PEERS)	Include PEERS in Developing Behavioral Health Responses	PEERS indicated that the first and most important recommendation is outreach and inclusion of PEERS who have worked on behavioral health reforms since the 1990s, when this movement began. There are trained Peers who are invaluable to developing responses to behavioral health crises and supporting the transition to new systems of safety in Berkeley. PEERS are crucial for unpacking the scope and nature of behavioral health crises to provide a nuanced understanding, approach, and framework for responding with appropriate levels of care to people with behavioral health challenges in the community—particularly for a non-police crisis response like a Specialized Care Unit (SCU).					
	Sufficiently Fund Behavioral Health Respite Centers	Drop-in and wellness centers for people living with behavioral health challenges need sufficient funding and staff with full-time Peer Support Specialists where individuals experiencing non-threatening altered states and/or behavioral health crises can move through their crisis in a safe and supported state. It is further essential to have availability 24/7 and on holidays, and to involve PEERS in the transit from the behavioral health crisis to the Peer staffed drop-in/wellness center. Peer Navigators are also key to assisting people in navigating complex systems, including how to get appropriate services in the City of Berkeley and Alameda County.		Need to understand what sufficient funding entails to develop a clear budget request and explore outside funding to support this			
	Have a Reconciliation Process with People with Behavioral Health Challenges and Police	There is a need for a reconciliation process with police, particularly as a response to traumatic experiences with police. A reconciliation process, as well as a restorative justice process, with people living with behavioral health challenges may help build trust and rapport with police officers in the future.					Could refer to the PAB the development of a policy or policies related to management of behavioral health crises and after-incident reconciliation
	Clarify the Risk Assessment by Call Takers, Dispatchers, and Police for Behavioral Health	There is a need for clarification about how Public Dispatch Operators and the police use their discretion to make decisions about "public safety threats." It is not clear if the current protocol is designed to not only determine if someone is a "danger to themselves or others," or "gravely disabled" to meet the standard for a 5150 involuntary hold, and/or if the assessment offers a more nuanced evaluation for persons who do not meet this standard, particularly to assist with next steps in care if needed.		This feels directly tied to the SCU process, consider as part of implementation of SCU	X		This could be referred as an aspect of the priority dispatch work
	Improve De-Escalation Training for Police & Offer Public Education on Behavioral Health	There is a need for additional de-escalation training for law enforcement and public education about connecting with community members who interact with the world differently than they do—including using peers as part of training.					This could be addressed in part by having alternative responders with the SCU. Always strong support for de-escalation training
	Account for Overlapping Systems of Care for People Living with Behavioral Health Challenges	There is a need to account for overlapping systems of care, including medical, behavioral health (mental health, substance use), social services, and other systems. Participants in the Peers Listening Session, who identify with homelessness, discussed how current systems are not set up in a way that enables long-term sustainable wellness of the behavioral health community.		Discuss with staff what this might entail.			
	Further Research Recommendations (in report)						
LGBTQIA+ and Queer/Trans People	Develop Collaboration between LGBTQIA+ Liaison for Berkeley Police Department and the Pacific Center for Human Growth	Currently, the LGBTQIA+ liaison for the Berkeley Police Department has reviewed the LGBTQIA+ Listening Session Report and is working on a collaboration with the staff for the Pacific Center for Human Growth in order to address challenges in the community.		Confirm with staff what is already underway.			Support this collaboration.
	Establish Partnership between the Division of Mental Health and the Pacific Center for Human Growth	There is a need for an established partnership between the Division of Mental Health for the City of Berkeley and the Pacific Center for Human Growth in order to ensure training and service delivery to LGBTQIA+ clients that are culturally safe and responsive. There is a need for collaboration among service providers to become more well-integrated with coordinated services tailored to meet client needs, including ones that are culturally safe and responsive.		Confirm with staff what is already underway.			
	Increase Capacity for Behavioral Health Workers to Serve LGBTQIA+ Clients	There is a considerable need for behavioral health workers, such as clinicians, case managers, peer specialists, and peer navigators, who can directly guide LGBTQIA+ clients in navigating multiple systems—particularly given the shortage of case management services available from community-based organizations in Berkeley.		Confirm with staff what is already underway. Where could additional capacity be developed?			
Addressing Underlying Causes of Inequity, Violence, and Crime	Develop a Training and Community Solutions Institute	This proposal from the RPSTF intends to build on the SCU/MACRO training foundations (once finalized – currently under development) and offer training appropriate for members of the general public, law enforcement, Berkeley personnel, peers, students and those who need or want to respond constructively based on best practices. This proposal is suggested in place of the Progressive Police Academy in the NICJR final report. Training topics are listed in appendix 5 of the task force report on page 126.		Analyze at a future stage once SCU/MACRO is more developed.			
	Develop Community Violence Prevention Programs	Should the City of Berkeley decide to adopt or pilot a new Community Violence Prevention Program, we recommend it take the following steps to ensure its success: 1. Create opportunities for community members, leaders, youth and organizations to tap into this work with equitable compensation 2. Hiring of Credible & Trusted Responders 3. Transparency and Accountability 4. Allow Pilot Violence Prevention Programs to Grow			X		See Comments on Advance Peace Recommendation

Reimagining Public Safety Initiative Topic	Specific Task Force Recommendation	Task Force Rationale*	Budget Estimate	Request Additional staff analysis?	Phase 1? (Implementation 2022-2024)	Phase 2? (Implementation 2024-2026)	Additional Comments
	Support City Efforts to Establish the Office of Equity and Diversity 1. Develop the office in partnership with CBOs with listening sessions to inform office's direction/priorities 2. Integrate community oversight and community support body that works closely with the office in establishing community connections, evaluating the office's approach, and ensures ongoing success	The Re-Imagining Public Safety Task Force supports the City of Berkeley's efforts to establish an Office of Equity & Diversity. For too long, City Departments have had to independently monitor impact, disparities, and ongoing relationships with the community that have produced varying results. These inconsistencies can lead to severe impacts in services rendered, supports given to, and needs met of communities of color and additional diversity and marginalized groups. An adverse effect, especially in regard to language access, is that many Black, Immigrant, Latinx, and other voices of color will not view City Departments as a venue to air their concerns, lift up their needs, and much worse, as the valuable resource it aspires to be. This adverse impact is also true for additional diverse and vulnerable groups, including based on gender identity and expression, sexual orientation, physical and behavioral disabilities, and other diverse and marginalized groups. This proposed Office provides an opportunity to help centralize and embed equity and justice practices and frameworks into our City's infrastructure. The impacts of which would far extend beyond addressing disparities, forming partnerships with community organizations and leaders, among others. But perhaps the biggest impact will be seen as communities begin to trust and see City Departments as a resource for them – a Department that is accountable to them.		Support staff in generating a community advisory component to the development of the Office of Equity and Diversity	X		
	Implement a Pilot Guaranteed Income Project	Ultimately, UBIs are not one-size-fits all. The City should review data available from similar programs in order to determine the size and scope of its program, e.g., target recipients, selection criteria and process, appropriate cash transfer size, project duration, and data tracking/ evaluation protocols.					Agree with Task Force comments. See comments on NICJR recommendation
	Support the Police Accountability Board and Fair & Impartial Policing	We recommend that Council request PAB advice before making a policy decision to proceed toward surveillance technology acquisitions; mandate the BPD to collaborate with PAB on development of all significant General Orders or other policies; and support moves by the PAB to make it easier for people from historically marginalized communities to raise and pursue officer misconduct complaints.			X		
Addressing Community-Based Organizations' Capacity for Efficient Partnership in Reimagining Public Safety	Conduct Needs Assessment on CBO Capacity						
	Create Coordination and Communication Opportunities for CBO Staff	Specifically, provide opportunities and forums for CBO executive level staff to work more closely with each other. Coordination and common purpose help increase better use of resources. This will create opportunities to align outreach criteria, coordinate efforts, and centralize information obtained from the field.					
	Improve Referral Systems	The City and CBOS' should improve the system of referrals after intake and assessment with the intent to shepherd a consumer through the system and proactively assist in gathering all required documentation. This would lessen the load placed on the person seeking services and person of navigating through a complex and documentation-driven system while trying to survive one day at a time.					
	Remove City Funding System Inefficiencies and Duplication	Specific actions the City can take to decrease bureaucracy and increase efficiency include: a. More flexibility with funding contracts (e.g., higher threshold for requiring a contract amendment, providing administrative overhead that meets actual costs). b. Quarterly instead of monthly reporting. c. Increase baseline CBO salaries to improve their recruitment and retention.					
	Develop Additional Metrics for Community-Based Organizations	The measure of success cannot be based just on the attainment of housing or jobs – multiple factors contribute to community stability and public safety, including social relationships, connection to resources, service participation/engagement, health/behavioral, health status, mindset, behaviors, and more. Additional metrics need to be developed that better evaluate the wellbeing of individuals, families, neighborhoods, and communities.					Refer to the commission of Human Welfare and Community Action
	Help CBOS Enhance Their Funding	1. Establish a small team led by the mayor, a council member, City Manager, service provider, homeless consumer, commission member, major donor, and community member to meet with all major foundations, corporations and other entities with significant resources. 2. Create an annual citywide fundraising campaign that would benefit all CBOS. 3. Train staff. Areas identified by the CBOS include trauma informed care, motivational interviewing, cultural competence, and developing tools and skills so that our population is served with respect and staff have extensive knowledge about the availability of existing appropriate resources. Funding should be dedicated for training and require specific coursework around the aforementioned areas identified. 4. Gather feedback from Consumers					
Notes	*Rationale was not consistently provided throughout the Task Force report. The language in the column reflects the Mayor's Office best effort to pull a descriptive paragraph for each recommendation from the report. Sections highlighted in yellow did not make it into final task force report despite clear task force intention to include due to confusion in reconciling all documents and recommendations. Sections highlighted in blue indicate the recommendation is a reiteration of a similar or existing recommendation that has already been made to City Council by staff, another commission or parallel process						

**REVISED
AGENDA MATERIAL
for Supplemental Packet 2**

Meeting Date: March 10, 2022

Item Number: 1

Item Description: Consideration of the Reimagining Public Safety Task Force's Response to the National Institute for Criminal Justice Reform Recommendations

Submitted by: Reimagining Public Safety Task Force

A summary of the changes made:

- On page 2, "(current)" was added to commissioner Thompson's name to indicate that she is the current Youth Commission appointee
- On pages 33 and 34, respectively, one paragraph of text was edited/removed and a new paragraph was inserted
- On pages 79-80, the first four recommendations from the Gender Based Violence Subcommittee have been inserted
- On pages 80-83, the remaining 8 recommendations have been renumbered (from 1-8 to 5-12).
- On page 147, the word "should" was missing and has been added back in
- Finally, spacing has been adjusted throughout to make formatting work with these edits.

Response and New Recommendations
to NICJR's Report on Reimagining Public Safety
February 18, 2022



Reimagining



Public



Safety



Berkeley Task Force

Equity

Reimagining Public Safety Task Force Members

District 1 – Margaret Fine appointed by Councilmember Rashi Kesarwani

District 2 – Sarah Abigail Ejigu appointed by Councilmember Terry Taplin

District 3 – boona cheema appointed by Councilmember Ben Bartlett

District 4 – Paul Kealoha Blake appointed by Councilmember Kate Harrison

District 4 - Jamie Crook appointed by Councilmember Kate Harrison (current)

District 5 – Dan Lindheim appointed by Councilmember Sophie Hahn

District 6 – La Dell Dangerfield appointed by Councilmember Susan Wengraf

District 7 – Barnali Ghosh appointed by Councilmember Rigel Robinson

District 8 – Pamela Hyde appointed by Councilmember Lori Droste

Hector Malvido appointed by the Office of Mayor Jesse Arreguin

Youth Commission – Nayo Polk

Youth Commission - Nina Thompson ([current](#))

Police Review Commission – Nathan Mizell

Mental Health Commission – Edward Opton

Berkeley Community Safety Coalition – Todd Walker

Berkeley Community Safety Coalition - Jamaica Moon (current)

Associated Students of University California – Alecia Harger

At-large – Alex Diaz

At-large – Liza Lutzker

At-large – Frances Ho



City of Berkeley Mission Statement

Our mission is to provide quality service to our diverse community; promote an accessible, safe, healthy, environmentally sound, and culturally rich city; initiate innovative solutions; embrace respectful democratic participation; respond quickly and effectively to neighborhood and commercial concerns, and do so in a fiscally sound manner.

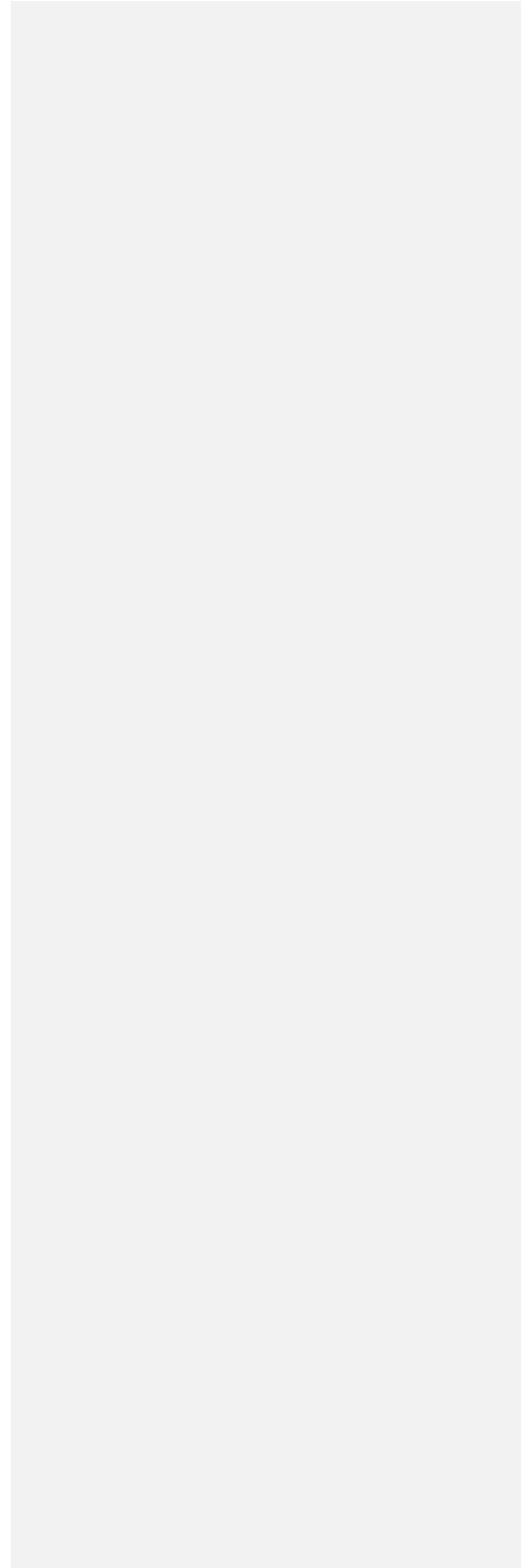
City of Berkeley Police Dept. Mission Statement

Our Mission is to safeguard our diverse community through proactive law enforcement and problem solving, treating all people with dignity and respect.

City of Berkeley Health, Housing and Community Services Mission Statement

Our mission is to improve the quality of life for individuals and families in the City of Berkeley through innovative policies, effective services, and strong community partnerships.

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Berkeley Task Force Response and New Recommendations to NICJR’s Report on Reimagining Public Safety

Table of Contents

	Page
Chart 1: Task Force Votes on the NICJR Report Recommendations	.10
NICJR Reduce, Improve, Reinvest Recommendations and Task Force Responses	..18
A. Reduce	
B. Improve	
C. Reinvest	
Task Force Letter to the Community: Repairing & Doing Less Harm	. .28
Overview: Policing & the Berkeley Police Department History	. 31
Chart 2: Task Force Recommendations	.. 36
Synopsis of Community Engagement Research Findings, 2021	..39
A. Citywide Survey for Reimagining Public Safety in Berkeley	
B. Community Focus Groups and Listening Sessions	
C. Community Members with Behavioral Health Challenges (PEERS)	
D. LGBTQIA+ Staff—The Pacific Center for Human Growth	
E. Providers of Gender-Based Violence Services	
F. Recommendations Arising Out of Community Research	
Task Force Recommendations on Traffic Law Enforcement and Traffic Safety	.47
A. Berkeley City Council’s Direction: Reduce/Eliminate Pretextual Stops and Create BerkDOT (A Berkeley Department of Transportation)	
B. Racial Disparities in Traffic Stops by Berkeley Police Department	
C. The Drain of Traffic-Related Duties on the Berkeley Police Department	
D. Task Force Recommendations	52
1. Review Transportation Laws, Fines and Fees to Promote Safety and Equity	
2. Fully Fund the BerkDOT Planning Process	
Task Force Recommendations on 911 Call Processing and Alternative Calls-for-Service Systems	57
A. The Emergence of 911 - “The Little Known, Racist History of the 911 Emergency Call System	

- B. Berkeley City Council's Direction: Have City Auditor Perform an Analysis of the City's Emergency 911 Calls for Service and Police Response
- C. Berkeley City Council's Direction: Develop Alternative Non-Police Responder Program to Reassign Non-Criminal Police Service Calls to a Specialized Care Unit (SCU)
- D. Introduction to Berkeley's Public Safety Communications Center
- E. City of Berkeley Public Communication Center & 911 Professional Duties
- F. Berkeley City Council's Direction: Equitably Reduce Policing and Improve Wellbeing Using Calls for Service Data
- G. Task Force Recommendation on Calls for Service .62**
 - 1. Adopt City Auditor's Recommendations for Call Processing and Dispatching of First Responders and Others Contained in Report, and Add 'Substance Use' to 911 Recommendations
 - 2. Implement Specialized Care Unit (SCU): Alternative Non-Police Responder to Meet the Needs of People Experiencing Behavioral Health Challenges
 - 3. Establish Crisis Stabilization Center to Meet the Needs of People Experiencing Behavioral Health Challenges and Further Implement a Comprehensive 24/7 Behavioral Health Crisis Response System
 - 4. Implement a Behavioral Health General Order for the Berkeley Police Department that Emphasizes Diversion Away from Policing Whenever Possible

Additional Information for Proposed Tiered Dispatch & CERN (Community Emergency Response Network) ..69

- A. Introduction to Tiered Dispatch
- B. General Questions on 911 Call Processing and Dispatching First Responders
- C. Inquiries .71**
 - 1. Determining what a Tier 1 call is
 - 2. Defining the relationship between CERN, SCU and BerkDOT
 - 3. The Role of Back-up by Police for Alternative Responders
 - 4. Staffing and Organizational Capacity for Piloting Programs
 - 5. Screening, Triaging, and Dispatching Calls for Service
 - 6. Effects on Patrol Staff and Potential Police Savings
 - 7. CERN and BerkDOT
 - 8. CERN Staffing and its Sufficiency

Task Force Recommendations on Gender-Equitable Response Systems..79

A. Improving Gender-Equity in Berkeley

B. Task Force Recommendations on Gender Equity ..79

1. City Leadership to Host Regular Meetings and Coordinate Services
2. Coordinate with Court and Other Law Enforcement to Implement New Firearm and Ammunition Surrender Laws
3. Annually Update the Police Department's Domestic Violence Policies and Victim Resource Materials
4. Implement Regular Domestic Violence and Trauma-Informed Training for Officers, Dispatch, and Responders to 911 or Non-Emergency Calls
5. Publish Victim Resources in Plain Language and Multiple Languages
6. Screen for Domestic Violence in All 911 and Non-Emergency Calls
7. Assign a Female Officer to Interview, Examine, or Take Pictures of Alleged Victims at Victim's Request
8. Police Response to DV Calls Should Be Accompanied by/or Coordinated with DV Advocate

Task Force Recommendations on Disability from People with Behavioral Health Challenges (PEERS) Listening Session 83

1. Include PEERS in Developing Behavioral Health Responses
2. Sufficiently Fund Behavioral Health Respite Centers
3. Have a Reconciliation Process with People Living with Behavioral Challenges and Police
4. Clarify the Risk Assessment by Call Takers, Dispatchers, and Police for Behavioral Health
5. Improve De-Escalation Training for Police & Offer Public Education on Behavioral Health
6. Account for Overlapping Systems of Care for People Living with Behavioral Health Challenges

Task Force Recommendations from LGBTQIA+ and Queer/Trans Listening Session with Pacific Center for Human Growth Staff ..85

1. Develop Collaboration between LGBTQIA+ Liaison for Berkeley Police Department and Pacific Center for Human Growth
2. Establish Partnership between Division of Mental Health and Pacific Center for Human Growth
3. Increase Capacity for Behavioral Health Workers to Serve LGBTQIA+ Clients

Task Force Recommendations on Addressing Underlying Causes of Inequity, Violence, and Crime ..87

1. Public Safety and Community Solutions
2. Community Violence Prevention Programs
3. Support City Efforts to Establish Office of Equity and Diversity
4. Implement Pilot Guaranteed Income Project
5. Support Police Accountability Board and Fair & Impartial Policing

Task Force Recommendations on Sustaining Community Based Organizations 94

- A. Why Does Berkeley Need So Many CBOS?
- B. Community Based Organizations' Overview, including Funding Summary of City of Berkeley Budget (chart)
- C. **Task Force Recommendations for CBOS** ..96
 1. Conduct Needs Assessment on CBO Capacity
 2. Create Coordination and Communication Opportunities for CBO and City Staff
 3. Improve Referral Systems
 4. Remove City Funding System Inefficiencies and Duplication
 5. Develop Additional Success Metrics for CBOS
 6. Help CBOS Enhance Their Funding
 7. Strategies to Help CBOS Leverage Additional Funds

Appendices 102

The Reimagining Public Safety Task Force has reflected on the charge laid out in the George Floyd Act to take a fresh look at public safety in Berkeley, as well as NICJR's investigation into how a transition to a reimagined system could begin. We are proud to present a Report from a Berkeley community perspective to accompany the consultant's report.

Task Force members are united in the approach to implementing the revisioning of public safety that began publicly in 2020. At the same time, our Report provides a range of views on specific points of implementation. It is our hope that readers will appreciate both the broad strokes we propose and that within the group, in the vibrant tapestry that is Berkeley, there are diverse ideas about the exact programs, mechanisms, and levels of funding that will be appropriate to implement such complex changes in our system of public safety.

Civilianizing certain roles within the police department could lead to a reduction in the police budget as well as increased efficacy of said positions. Investigations and evidence handling for example do not need to be executed by uniformed and armed officers. Moreover, it is possible that community members may feel more comfortable assisting in investigations if the investigator were not a police officer. This was not researched by NICJR so more analysis is required but it is a promising idea that should be explored further.

NICJR Recommendations and Votes by Task Force

	<i>NICJR Recommendation</i>	<i>Vote by Task Force</i>	<i>Reason for vote</i>	<i>Proposed Narrative Summary for report</i>
1	Establish tiered dispatch/CERN model (p.14)	More analysis needed	<ol style="list-style-type: none"> 1. Need separate, non-police phone # 2. How will Dispatch be organized to take in calls for service from 911, BPD non-emergency, and SCU non-police line? 3. How will Dispatch triage & direct calls to: CERN team, SCU team (are these first two categories the same or different?), BPD, MCT, EMS, BFD, BerkDOT? 4. How will CERN, SCU responders & police then prioritize themselves during call for service as it evolves? For CFS that specifically requested a non-police/SCU response, can SCU team work to see the call through to conclusion without involving police (unless certain conditions arise like a firearm appears, which naturally would require BPD)? 5. What training will all responders go through so there are clear and commonly understood protocols for all elements of a call for service? 6. Will adjacent groups like Street Ambassadors and Campus police/personnel also get the same training and use the same reporting and data management systems so Berkeley can measure results for the whole city? 	Overall, the Task Force supports the idea of a community-based response as an alternative to an armed response that would decrease the footprint of the police department. As presented, commissioners are concerned that the co-responder model proposal by NICJR would not decrease the footprint of the police and could have the consequence of having the community see CBOS as an extension of the police. In addition, commissioners need more clarity on how CERN would work with other new models like SCU, BerkDOT and dispatch.
2	Contracting with local CBOS for Tier 1 CERN response	More analysis needed	<ol style="list-style-type: none"> 1. Which CBOS? (Where is the landscape analysis that was promised by NICJR?) 2. Has the City dialogued with each CBO to confirm their interest in providing responders and their timeframe to make responders available, including hiring new staff? 3. What will the pay structure to CBO responders be; does each CBO set their own rates, or will the City set rates? 	The Task Force would need more analysis to understand the investment that it would take for the city to ask CBOS to take on this responsibility, including training, the infrastructure a CBO would need, and skills needed for the types of cases in the new model.

			4. How will all responders be trained to achieve a systematic SCU non-police response for calls for service?	
3	Evaluate CERN (p. 19-20)	(did not vote on this)		
4	Full implementation of Tiered Dispatch/CERN Pilot Program and reduction of BPD patrol division of 50%	More analysis needed		No analysis was provided by NICJR for how police department would be reduced by 50%, especially if NICJR recommends no officer layoffs, and reductions through attrition only. Is full implementation dependent on the department reducing by 50% and when would this occur?
5	Reduce BPD budget through attrition only and no layoffs (p. 20)	Reject		This recommendation is unresponsive to the goal of reducing the police department by up to 50% to make resources available for other programs.
6	End pretextual stops (p. 24)	Reject		The Task Force is fully in favor of the elimination of pretextual stops by BPD - this work is already well underway and thus does not constitute a useful recommendation. In 2020 the Mayor's Fair and Impartial Policing Working Group recommended that BPD focus on "the basis for traffic stops on safety and not just low-level offenses" and that they minimize or de-emphasize as a lowest priority stops for low-level offenses," and in February 2021, Council unanimously approved the Working Group's recommendations for adoption. Plans are currently underway for implementation, with quarterly updates being provided to the Police Accountability Board. <i>(based on analysis from Liza Lutzker's report to RPSTF, linked to in the Improve & Reinvest</i>

				<i>Subcommittee's Feedback document posted January 6, 2022)</i>
7	BerkDOT (p.25)	Accept with Conditions	<p>1. This is in NICJR Report but is not mentioned in the Implementation Plan grid.</p> <p>2. This needs MUCH more analysis, much like Dispatch changes required by CERN implementation, which NICJR does not detail.</p>	<p>While the Task Force is glad to see that NICJR sees the value in the creation of BerkDOT as a strategy to reduce the footprint of policing in Berkeley, the description provided for BerkDOT is inadequate with respect to the components of and motivation for BerkDOT (the NICJR report describes BerkDOT as a moving of traffic enforcement away from BPD). Because the BerkDOT creation process is moving forward separately, a complete description and analysis of BerkDOT are not necessary, but at a minimum, the NICJR recommendation ought to accurately describe what a proposed BerkDOT would consist of and provide the rationale for pursuing this approach beyond simply reducing the staffing and budget of BPD. Specifically, BerkDOT needs to be described as a consolidation of all transportation-related work being done by the City and would entail combining the current Public Works Department's above-ground street and sidewalk planning, maintenance, and engineering responsibilities with the current transportation-related BPD functions of parking enforcement, traffic law enforcement, school crossing guard management, and collision response, investigation, data collection, analysis, and reporting.</p>

8	BPD Become A Highly Accountable Learning Organization (HALO) (p. 26)	Reject	<ol style="list-style-type: none"> 1. Not credible that this change comes at "no additional cost" 2. RPSTF focused on spending less on BPD, not more 3. More training does not necessarily lead to changes in police culture 4. This process is not about re-imagining police 	Overall, commissioners did not think there was enough information provided in the NICJR report that allowed an accurate assessment of the program and also disagreed with NICJR's indication that this recommendation would come at no cost. Some commissioners felt strongly that any programs that potentially increase funding to police should not be prioritized, and more training will likely not lead to changes in police culture or address the racial disparities that continue to persist in the city.
9	BPD join ABLE program	(Did not vote unless this is part of the HALO program)	1. HALO, EPIC and ABLE might be good programs, but what cost to join/enact? Recordkeeping alone would be a cost.	Same analysis as item 8
10	Expand EIS to assess all Use of Force	Reject	<ol style="list-style-type: none"> 1. In general recommendations limited to police reform and requiring additional funding were not seen as ideas in the spirit of re-imagining public safety 2. Side question: Is Fair & Impartial's EIS measuring new best-practice gauge of proportionality? Not relying only on officer reporting & citizen complaints through PAB. Not being "de-fanged" by Union during implementation? See Univ of Chicago/Ron Huberman work: https://polsky.uchicago.edu/2021/06/08/benchmarking-police-performance-for-early-intervention-evidence-based-solutions/ 	The Task Force supports an EIS. However, this work is already well underway and thus does not constitute a useful recommendation. The EIS was recommended in 2020 by the Mayor's Fair and Impartial Policing Working Group and in February 2021, Council unanimously approved the Working Group's recommendations for adoption.
11	BPD Expand current Personnel and Training Bureau OR Create Quality Assurance and Training Bureau	Reject		Rejected, similar to the reason in item 8. The Task Force did not believe that additional investment in training would create the change needed to change police culture and the racial disparities that continue to persist in the city.

12	Transfer 5 officers and 2 civilian staff to new Quality Assurance and Training Bureau (p. 32)	Reject	Rejecting #12 above, so rejecting this related item, which is yet more additional training/QA cost.	
13	BPD provide semi-annual reports to public (p. 32)	Accept with Conditions	<ol style="list-style-type: none"> 1. Data should be available on a real-time basis, all the time. 2. Build a dashboard that is constantly updating. 	Data should be provided to the community through a dashboard, in real-time. Reports can be helpful, and should be provided, in addition to real-time data.
14	Develop a Bay Area Progressive Police Academy (BAPPA) (p. 35)	Reject	<p>RPSTF is focused on reducing BPD spending, not increasing.</p> <ol style="list-style-type: none"> 2. BAPPA is dependent on a great deal of inter-agency agreement, sharing and teamwork, which don't already exist. Would take many man-hours to get others on board, agree scope of work, convince all to start contributing. 3. Very high staff and overhead costs. 4. BPD regularly states they have top-notch training and sourcing for sworn and non-sworn personnel – it is not clear that a Berkeley-run academy would solve any hiring difficulties. 5. Instead of spending on this, RPSTF recommends spending on creating a Public Safety & Community Solutions Institute. 	<p>The Task Force recognizes that many cities are gearing up to provide a robust, expert non-police response to citizens in need, but that this type of workforce does not yet exist in a coordinated fashion. Berkeley can be in the vanguard of cities creating this workforce and expanding best-practice training beyond paid professionals and offering it to the general public, interested groups, students, and the like. The Public Safety & Community Solutions Institute can bring together crisis intervention and situation calming, triage, medical response, mental health response, peer counseling, city and county services offerings, case work, data capture, and follow up with compassionate, trauma-centered delivery. The Institute's trainings and coursework will be created by experts at Berkeley's SCU and the division of Mental Health, and tailored for other relevant audiences, e.g., BerkDOT. The Task Force feels this would be an exemplary area in which to spend time, money, and other</p>

				resources to provide citizens with resources and support.
15	Increase diversity of BPD leadership (p. 36)	Accept with conditions	<ol style="list-style-type: none"> 1. What is the plan for achieving diversity? 2. What are the numerical definitions of diversity? 	The Task Force agreed that diversity in leadership alone would be insufficient to change an entire police culture. However, commissioners do acknowledge the importance of diversity and having responders who are from the city and the taskforce recommends making diversity a priority for all employees, including leadership.
16	Increase Standards for Field Training Officers (p. 36)	Needs more analysis	<ol style="list-style-type: none"> 1. Need numbers about what % of officers have more than 2 complaints or 1 sustained complaint in a 12-month period? 2. How does race & gender data map with complaints data? 3. How do we assess whether implicit bias has played a role in complaint data figures? 	
17	Revise BPD's Use of Force policies to limit any use of deadly force as a last resort to situations where a subject is clearly armed with a deadly weapon and is using a threatening to use the deadly weapon against another person	Reject	<ol style="list-style-type: none"> 1. Use of Force policy was revised a year ago. Did NICJR read it and is this different than most recent version? 2. Use of Force policies are complex, making changes is a lengthy process. Shouldn't change what has been recently agreed upon without good reason. 	This was rejected because this work has already been done and is covered by a different process and does not need to be duplicated in this process.

18	Launch a guaranteed income pilot program (p. 37)	Accept with Conditions	<ol style="list-style-type: none"> 1. Strong support for the program 2. Addresses root causes 3. Strong preference for unconditional funds that puts trust in people to use the money as they see fit 4. Unclear who is responsible for administering pilot 5. Unclear how families will be selected 6. Informed by completed/ongoing pilots in Stockton, Fremont, Richmond, etc. 	Members strongly support this type of program and note that other communities have implemented these programs successfully. More information is needed to understand how families would be selected, and the city should consider whether other groups, like the AAPI or Indigenous community, should be included in this program.
19	Launch a community beautification employment program (p. 39)	Accept with Conditions	<ol style="list-style-type: none"> 1. General support for employment programs 2. Current recommendation is specific to previously incarcerated folks, and funding source is based on that, and could be expanded to include other funding sources, and serve other communities e.g., youth, unhoused population 3. Remove the word beautification that is superficial 4. The program should be responsive to skills and talents of folks 5. Program could benefit from integrating professional development, pipeline to employment, especially folks who are generally left out of the workforce 6. Program should aim for goals and results that are transformative 	Members are very interested in increasing job skills and opportunities. However, programs should be centered around the interests of the target group. The Task Force therefore rejects the idea of simply a beautification program but fully supports programs that focus on professional development, and serve as a pipeline to employment, especially for those who face additional barriers like a criminal record. Any program should have the goal of being transformative.
20	Increase funding for CBOS in one of two ways: (1) increase grant amounts by 25%, or (2) create local government agency/ department (Department of Community Development) (p. 40)	Accept with conditions	<ol style="list-style-type: none"> 1. Unclear where the funding is coming from, some of it is coming from Measure W 2. Recommendation is too general, and funding of CBOS should be prioritized based on RPS goals and improving social determinants of health 3. Strong disagreement with approach that proposes across the board funding for CBOS 4. Preference for a recommendation that includes a new department could play a role in visioning and tracking of CBOS and funds, and oversee increased funding 	While members generally agree with increasing the capacity of community-based organizations as a way to improve public safety, funding should be targeted and focus on the goals set forth in the enabling legislation for reimagining public safety. Members also note that this recommendation does not explain where the additional funds would come from, as NICJR does not propose any layoffs to reduce the police budget. Members are very

				interested in creating a city division that could continue this work and focus on issues of equity.
	Notes			
	Grid is based on Pg. 43 of NICJR Final Report, titled Implementation Plan; it's a 2-page, 4-column grid in blue.			
	Recommendations highlighted in orange indicate items not listed on the grid in the NICJR Final Report			

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Reduce, Improve, Reinvest Recommendations and Task Force Responses

A. REDUCE

To achieve the goal of a smaller law enforcement footprint and to reallocate a portion of the BPD budget towards more community supports, NICJR recommends the following measures:

NICJR recommends the establishment of a Tiered Dispatch/CERN Pilot Program, focused on a subset of the Tier 1 call types that can be used in the pilot phase in order to work out logistical and practical challenges prior to scaling up the program.

➤ **Task Force Response: More Analysis Needed.**

Overall, the Task Force supports the idea of a community-based response as an alternative to an armed response that would decrease the footprint of the police department. As presented, commissioners are concerned that the proposal by NICJR would not decrease the footprint of the police and, due to the use of the co-responder model, could have the consequence of having the community see CBOS as an extension of the police. In addition, commissioners need more clarity on how CERN would work with other new models like SCU, BerkDOT and dispatch.

Questions and Issues for Further Analysis:

1. Need for separate, non-police phone number.
2. How will Dispatch be organized to take in calls from 911, BPD non-emergency, and SCU non-police line?
3. How will Dispatch triage & direct calls to: CERN team, SCU team (are these first 2 categories the same or different?), BPD, MCU, EMS, BFD, BerkDOT?
4. How will CERN, SCU responders & police then prioritize themselves during call for service as it evolves? For CFS that specifically requested a non-police/SCU response, can SCU team work to see the call through to conclusion without involving police (unless conditions arise like a firearm appears, which would require BPD)?
5. What training will all responders go through so there are clear/commonly understood protocols for all elements of a call for service?



“...the NICJR recommendation ought to accurately describe what a proposed BerkDOT would consist of.”

6. Will adjacent groups like Street Ambassadors and Campus police/personnel also get the same training and use the same reporting and data management systems so Berkeley can measure results for the whole city?

NICJR recommends contracting with local Community Based Organizations (CBOS) who are best prepared to successfully navigate and leverage local resources, services, and supports, to respond to the pilot Tier 1 calls.

➤ **Task Force Response: More Analysis Needed.**

The Task Force would need more analysis to understand the investment that it would take for the city to ask CBOS to take on this responsibility, including training, the infrastructure a CBO would need, and skills needed for the types of cases in the new model.

Questions and Issues for Further Analysis:

1. Which CBOS? Where is the landscape analysis from NICJR?
2. Has the City dialoged with each CBO to confirm their interest in providing responders and their timeframe to make responders available, including hiring new staff?
3. What will the pay structure to CBO responders be; does each CBO set their own rates, or will the city set rates?
4. How will all responders be trained to achieve a systematic SCU non-police response for calls for service?

NICJR Recommends evaluating CERN

➤ **Task Force Response: The Task Force did not vote on this.**

NICJR recommends full implementation of Tiered Dispatch/CERN Pilot Program and reduction of BPD patrol division of 50%.

➤ **Task Force Response: More analysis needed.**

No analysis was provided by NICJR for how police department would be reduced by 50%, especially if NICJR recommends no officer layoffs, and reductions through attrition only. Is full implementation dependent on the department reducing by 50% and when would this occur?

NICJR recommends reducing BPD budget through attrition only and no layoffs.

➤ **Task Force Response: Reject.**

This recommendation is unresponsive to the goal of reducing the police department by up to 50% to make resources available for other programs.

NICJR recommends ending pretextual stops.

➤ **Task Force Response: Reject.**

The Task Force is in favor of the elimination of pretextual stops by BPD. However, this work is already underway and does not constitute a useful recommendation. In 2020 the Mayor's Fair and Impartial Policing Working Group recommended that BPD focus "the basis for traffic stops on safety and not just low-level offenses" and "minimize or de-emphasize as a lowest priority stops for low-level offenses," and in February 2021, Council unanimously approved the Working Group's recommendations for adoption. Plans are currently underway for implementation, with quarterly updates being provided to the Police Accountability Board.

NICJR recommends creating a Berkeley Department of Transportation.

➤ **Task Force Response: Accept with Conditions.**

While the Task Force is glad to see that NICJR sees the value in the creation of BerkDOT as a strategy to reduce the footprint of policing in Berkeley, the description provided for BerkDOT is inadequate with respect to the components of and motivation for BerkDOT (the NICJR report describes BerkDOT only as a move of traffic enforcement away from BPD). Because the BerkDOT creation process is moving forward separately, a complete description and analysis of BerkDOT are not necessary, but at a minimum, the NICJR recommendation ought to accurately describe what a proposed BerkDOT would consist of and provide the rationale for

pursuing this approach beyond simply reducing the staffing and budget of BPD.

Specifically, BerkDOT needs to be described as a consolidation of all transportation-related work being done by the City and would entail combining the current Public Works Department's above-ground street and sidewalk planning, maintenance, and engineering responsibilities with the current transportation-related BPD functions of parking enforcement, traffic law enforcement, school crossing guard management, and collision response, investigation, data collection, analysis, and reporting. Further, the motivations for the creation of BerkDOT need to be clearly outlined in the NICJR report. The three goals for BerkDOT are: to reduce the threat of police violence and harassment during traffic stops, to invest in road safety, and to advance Vision Zero and mobility in Berkeley.



B. IMPROVE

This section focuses on how BPD and the public safety system in Berkeley can improve its quality, increase its accountability, and become more transparent. NICJR recommends the following improvement strategies:

NICJR recommends that the Berkeley Police Department become a Highly Accountable Learning Organization (HALO).

➤ **Task Force Response: Reject.**

Overall, commissioners did not think there was enough information provided in the NICJR report that allowed an accurate assessment of the program and disagreed with NICJR's indication that this recommendation would come at no cost. HALO, EPIC and ABLE might be good programs, but what cost to join/enact? Record keeping alone would be a cost. Some commissioners felt strongly that any programs that potentially increases funding to police should not be prioritized, and more training will likely not lead to changes in police culture or address the racial disparities that continue to persist in the city.

NICJR recommends that BPD should join the ABLE program to receive training and technical assistance and use the new Quality Assurance and Training Bureau discussed below to ensure the department adheres to the training, principles, and practices of the program.

➤ **Task Force Response: Did not vote specifically on ABLE (except as falling under the HALO program).**

NICJR recommends that the EIS should be expanded to assess all Use of Force incidents, complaints, and information gleaned from the Body Worn Camera (BWC) footage reviewed by the Quality Assurance and Training Bureau.

➤ **Task Force Response: Reject.**

The Task Force supports an EIS. However, this work is already well underway and thus does not constitute a useful recommendation. The EIS was recommended in 2020 by the Mayor's Fair and Impartial Policing Working Group and in February 2021, Council unanimously approved the Working Group's recommendations for adoption

In general, recommendations limited to police reform and requiring additional funding were not seen as ideas in the spirit of re-imagining public safety.

NICJR recommends that BPD expand current Personnel and Training Bureau or create Quality Assurance and Training (QAT) Bureau.

➤ **Task Force Response: Reject.**

The Task Force did not believe that additional investment in training would create the change needed to change police culture and the racial disparities that continue to persist in the city. Again, recommendations requiring additional funding were not seen as ideas in the spirit of re-imagining public safety.

NICJR recommends BPD should transfer 5 officers and 2 civilian staff to new Quality Assurance and Training (QAT) Bureau.

➤ **Task Force Response: Reject.**

This rejection of this recommendation is related to the rejection of the creation QAT in the first place.

NICJR recommends: BPD should provide semi-annual reports to the public on stops, arrests, complaints, and uses of force, including totals, by race and gender, by area of the city, and other aggregate outcomes.

➤ **Task Force Response: Accept with Conditions.**

Data should be provided to the community through a dashboard, in real-time. Reports can be helpful, and should be provided, in addition to real-time data.

NICJR recommends that the preceding information be used to develop a Bay Area Progressive Police Academy built on adult learning concepts and focused on helping recruits develop the psychological skills and values necessary to perform their complex and stressful jobs in a manner that reflects the guardian mentality.

➤ **Task Force Response: Reject.**

The creation of a police academy would undoubtedly be very costly and would require giving large amounts of money to the police department, flying in the face of the enabling legislation's goal of decreasing the police budget. As was stated by Nikki Jones in her presentation to the taskforce, the Progressive Police Academy "is the least imaginative and transformative component of the draft report and one that is likely to be mired in political battles and a good deal of resistance on the ground. It would also have the impact of investing what is likely to be millions of taxpayer dollars into policing, instead of investing much needed funding in building up an infrastructure of care in the city."

The Task Force recognizes that many cities are gearing up to provide a robust, expert non-police response to citizens in need, but that this type of workforce does not yet exist in a coordinated fashion. Berkeley can be in the vanguard of cities creating this workforce and expanding best-practice training beyond paid professionals and offering it to the general public, interested groups, students and the like.

The Public Safety & Community Solutions Institute can bring together crisis intervention and situation calming, triage, medical response, mental health response, peer counseling, city and county services offerings, case work, data capture, and follow up with compassionate, trauma-centered delivery. The Institute trainings and coursework will be created by experts at Berkeley's SCU and Mental Health departments, and tailored for other relevant audiences, e.g. BerkDOT. The Task Force feels this would be an exemplary area in which to spend time, money and other resources to provide citizens with resources and support.

NICJR recommends increasing diversity of BPD leadership.

➤ **Task Force Response: Accept with Conditions.**

The Task Force agreed that diversity in leadership alone, would be insufficient to change an entire police culture. However, commissioners do acknowledge the importance of diversity and having responders who are from the city and recommends making diversity a priority for all employees, including leadership, and recognizing intersectionality.

NICJR recommends increasing Standards for Field Training Officers.

➤ **Task Force Response: Needs More Analysis.**

To efficiently implement this recommendation, numbers are needed on the percentage of officers who have had more than 2 complaints or 1 sustained complaint in a 12-month period, and how race and gender data map with complaints data. How will the Department assess whether implicit bias has played a role in complaint data figures?

NICJR recommends that BPD's Use of Force policies be revised to limit any use of deadly force as a last resort to situations where a suspect is clearly armed with a deadly weapon and is using or threatening to use the deadly weapon against another person. All other force must be absolutely necessary and proportional.

➤ **Task Force Response: Reject.**

This was rejected because this work has already been done and is covered by a different process and does not need to be duplicated in this process.



C. REINVEST

NICJR recommends that the City take the following measures to increase investment in vulnerable communities and fundamental cause issues:

NICJR recommends that Berkeley should launch a Guaranteed Income Pilot program similar to other cities in the region. The pilot program should select a subpopulation of 200 Black and Latinx families that have children under 10 years of age and have household incomes below \$50,000.

➤ **Task Force Response: Accept with Conditions.**

Members strongly support this type of program and notes that other communities have implemented these programs successfully. More information is needed to understand how families would be selected, whether other groups like the AAPI or Indigenous communities should be included in this program, and how the program will be administered. Members want the program to address the root causes of inequity, with a strong preference for unconditional funds that puts trust in people to use the money as they see fit.

NICJR recommends that the City launch a crew-based employment program, or expand an existing program that employs formerly incarcerated people to help beautify their own neighborhood: hire and train no less than 100 formerly incarcerated Berkeley residents to conduct Community Beautification services, including: blight abatement, tree planting, plant and maintain community gardens, make and track 311 service requests, and other community beautification projects.

➤ **Task Force Response: Accept with Conditions.**

Members are very interested in increasing job skills and opportunities. However, programs should be centered on the interests of the target group. The Task Force therefore rejects the idea of a 'beautification' program but fully supports programs that focus on professional development, and serve as a pipeline to employment, especially for those who face additional barriers like a criminal record. Any program should have the goal of being transformative.

NICJR recommends increasing Funding for Community Based Organizations: CBOS that provide services to those who are unhoused, live in poverty, have behavioral health challenges, have substance abuse challenges, are system-involved, and/or are LGBTQ

should receive an increase in funding using Reinvest dollars. CBO funding could be increased through an across-the-board increase or through local departmental decision-making.

➤ **Task Force Response: Accept with Conditions.**

While members generally agree with increasing the capacity of community-based organizations as a way to improve public safety, funding should be targeted and focus on the goals set forth in the enabling legislation for reimagining public safety. Members also note that this recommendation does not explain where the additional funds would come from, as NICJR does not propose any layoffs to reduce the police budget. Members are very interested in creating a city division that could continue this work and focus on issues of equity.



“Public Safety underlies the health and well-being of every neighborhood, every family, and every resident.”

Task Force Letter to the Community

The goal of *Reimagining Public Safety for Berkeley* is one of the highest priorities for our city: public safety underlies the health and well-being of every neighborhood, every family, and every resident. Policies and practices that protect Public Safety must recognize the equal value of every community member and must apply protections fairly and equitably – yet systemic and structural racism means this is not our current reality.

Berkeley, like so many other cities across the Country, initiated the current *Reimagining* process in response to a series of high-profile police brutality incidents that pulled the curtain back on this systemic racism and demanded a response. Police department-related issues (e.g., recruiting, training, hiring, procedures, and the mutation of the department’s role beyond public safety) are high on the list of systems that need to be reimagined and restructured. But they are not the *only* systems that impact public safety, and if this process focuses too narrowly on internal police policies and protocols – if it moves too quickly to implement highly complex new initiatives without adequate analysis and planning – if it neglects to address the multi-dimensional inequity that *creates* patterns of crime, violence, poverty, and social disconnection – then it will fail.

Across American cities, neighborhoods with high rates of poverty, health inequities, low rates of home and business ownership, unsafe/unhealthy housing conditions, food insecurity, failing schools, and inadequate job opportunity are the *same neighborhoods* that have higher rates of crime and higher concentrations of justice-involved residents: the connection is inescapable.

Moreover, those inequities are not random: they have been created by decades of disinvestment and neglect stemming from racially biased policies. And the cycle is self-perpetuating: communities with high levels of exposure to policing, criminal, legal and incarceration systems experience individual, family, and cultural trauma; they have a deep lack of trust in the police and the justice system; and they lack the resources and opportunities needed to escape and thrive.

Systemic inequity, and the uneven patterns of crime that result from it, is human-made harm created by bad policies can at least in part reversed and remedied by good policies. This is the goal of Berkeley's Reimagining Public Safety process. But for the process to succeed, the people who personally experience these inequities must be integrally and continually involved – not just through initial listening sessions but *throughout* the design, decision-making, implementation, evaluation, and follow up. This is the only way proposed solutions will truly see, understand, and address the reality of people's experiences, and the only way impacted communities will trust the changes being implemented.



We know that for many this effort feels like too little, too late: the hurdles feel insurmountable. And because of the pain experienced by communities of color and the urgent need for change, it can be tempting to move too quickly – but we must proceed with a cohesive vision at the foundation of all decisions (with equity as our guiding star), and with thorough analysis to ensure that the measures put in place are realistic, effective, and enact the long-term change we seek.

We believe this process is a beginning, and we look forward to continuing to work with all stakeholders on both short and long-term solutions that will make Berkeley a Public Safety model for other communities.

Repairing and Doing Less Harm

We recognize the harm policing has historically revealed, disproportionately negatively affecting Black, Brown, Indigenous, AAPI, LGBTQIA+, those who are differently abled, unhoused individuals, and other vulnerable groups. It is imperative that this harm be repaired to build sustaining trust and mutual respect between Berkeley residents/community, City Council, City Staff, Community Based Organizations (CBO) and the Berkeley Police Department. The safety of our people must come first and at times we must compromise and take the approach that produces the least harm.

We also acknowledge that policing is a challenging profession which can leave law enforcement officers traumatized, and we have compassion for their families.

Recommendations for accountability should look like but not be limited to these ideas:

- **Service satisfaction survey distributed after police interactions**
- **Regular evaluations of BPD from the greater community (quarterly or twice yearly)**
- **Answerability from BPD and adjustments made accordingly**

Another essential restorative measure which has not yet been discussed but may stand on its own is for offended parties (individuals and families subject to abuse by law enforcement) to be informed of the levels of discipline rendered, such as supervisor referral, written advice, written reprimand, suspension, or termination.



Overview

Policing & The Berkeley Police Department History

“The fault lines of our society have been exposed. The pressure points that we face in American society are the irrevocable products of its history. The brutality of the American experience for black people is incomparable and all efforts to curb the appetite for racist outcomes are indispensable to what comes next for our society. Policing is an anachronism precisely because it is incomplete and does not keep the entire society safe. The police have traditionally maintained the socioeconomic lines between white and non-white, rich and poor, the mainstream, countercultural and vulnerable communities. We must dismantle this system of oppression.”

– La Dell Dangerfield, *Reimagining Public Safety Task Force*

The summer of 2020 brought with it the largest wave of protests in the history of the United States. While the proximal reason for the protests was the murder of George Floyd, the unrest spoke to an underlying dissatisfaction with the place and the purpose of policing in our society. Cities across the country were lit with protests and community members packed city council meetings for weeks on end.

In response to these calls to action, the Berkeley City Council adopted Resolution NO. 69,501-N.S., to create a “Community Safety Coalition” - later renamed The Reimagining Public Safety Task Force (RPSTF). In doing so, City Council was not only responding to the George Floyd uprisings but recognizing that “decades of police reform efforts have not created equitable public safety in our community, and our efforts to achieve transformative public safety will not be deterred by the inertia of existing institutions, contracts, and legislation.” The RPSTF was given the mandate to “Recommend a new, community-centered safety paradigm as a foundation for deep and lasting change.”

To move forward, we must first consider the past. Since its inception, policing in America has been deeply instrumental in the oppression of marginalized people. In the South, policing began as Slave patrols, in the North as a force to control new immigrant populations and suppress labor organizing, and in the Southwest policing power was used to control indigenous populations and allow for the continued theft of indigenous land and resources.¹²³⁴ The use of policing as a tool for ‘law and order’ has been used

¹ Sally E Hadden, *Slave Patrols*, 2001

² <https://www.smithsonianmag.com/smithsonian-institution/long-painful-history-police-brutality-in-the-us-180964098/>

³ <https://www.loc.gov/classroom-materials/immigration/native-american/removing-native-americans-from-their-land/>

⁴ <https://ekuonline.eku.edu/blog/police-studies/the-history-of-policing-in-the-united-states-part-3/>

to justify police brutality during protests, harass unhoused and mentally ill community members, and enforce drug laws along class and race-based lines.



Since inception, policing has seen numerous reform eras, perhaps none more important than those launched by August Vollmer, the first police chief in the City of Berkeley and a champion of “progressive policing.” Vollmer, a veteran of the Spanish-American War, applied many tactics he learned from fighting in the Philippines to policing in the City of Berkeley, such as the mapping of insurgent attacks in an attempt to predict future attacks (later transmuted into hotspot policing).⁵

Vollmer also imported a racialized lens: the attempts of the “progressive policing” movement to regiment, professionalize, and reform the police were enacted to prevent crime that these ‘progressives’ felt was borne of poor people, people of color and immigrants.⁶ In Vollmer’s 1917 plan for the Berkeley School for Police he included “eugenics” and “race degeneration” in the course outline.⁷ Vollmer believed that “feeble-minded, insane, epileptic and other degenerate person[s]” should not be allowed to have children and that “Preventing the socially unfit from multiplying [is] ... vital to national welfare and would greatly reduce crime statistics.”⁸ Vollmer became a member of the American Eugenics Society in 1924.

Despite these beliefs, the City has hailed him as a shining example of positive reformism in police. The City’s website states that, “Chief Vollmer’s progressive thinking

⁵ <https://www.kqed.org/news/11847612/who-was-august-vollmer-and-is-he-responsible-for-the-modern-police-force>

⁶ <https://www.kqed.org/news/11847612/who-was-august-vollmer-and-is-he-responsible-for-the-modern-police-force>

⁷ <https://www.berkeleyside.org/wp-content/uploads/2020/09/Vollmers-plan-for-UC-Berkeley-criminology-school-in-1917.pdf>

⁸ <https://www.berkeleyside.org/2020/09/15/berkeleys-first-police-chief-supported-eugenics-prompting-calls-to-rename-vollmer-peak>

and use of new innovations in law enforcement became the foundation that BPD has been built upon”⁹ – in other words, upon the legacy of a racist eugenicist.

~~The 1960s in Berkeley were marked by political protests and demonstrations. The Free Speech Movement of 1964, the Vietnam War protests and the struggles over People’s Park were all met with violent repression at the hands of police. As a response to this violence the 1971 Community Control of Police Initiative in Berkeley was penned. The initiative called for a complete reorganization of policing in Berkeley - splitting the department into three divisions, each covering a different section of the city, and requiring that officers live within their district. Additionally, the initiative called for the creation of councils and commissions to oversee the departments - allowing for more community control. Though this initiative failed, organizers regrouped and subsequent efforts led to the establishment of the Police Review Commission in 1973. The 1960s would bring a short lived period of social investment followed by a decades long period of police expansion. In response to 1960s uprisings, President Johnson created the Kerner Commission to address the causes and find solutions. The findings (“Our nation is moving toward two societies, one black, one white—separate and unequal”) detailed the inequality in lived experience, from police brutality to inadequate housing and municipal services, yet would be largely ignored, and the 1968 Omnibus Crime Control and Safe Streets Act would formalize the transfer of military equipment to the police department¹⁰.~~

The election of President Nixon would further solidify the pivot towards greater police spending, which increased by over 300 times (\$22 million to roughly 7 billion) from 1965 to the start of the Reagan Presidency¹¹. The 1980s would mark the beginning of mass incarceration and a further expansion of police funding. Today, yearly police spending in the United States equals roughly \$115 billion dollars yet most data shows policing to be generally ineffective at preventing crime, especially violent crime. While some data show policing can have short-term, non-permanent effects, this finding rarely considers the negative systemic impacts of policing or the opportunity to accomplish the perceived gains of policing through other means.

Though not common knowledge, the Berkeley Police Department has a vast history of misconduct and violence. In 2006, Former Sgt. Cary Kent pled guilty to tampering with as many as 181 envelopes of evidence from criminal cases dating back to 1998. In 2007 Officer Steve Fleming was suspected of having stolen money and other property

⁹ https://www.cityofberkeley.info/Police/Home/History_The_Earliest_Years_1905-1925.aspx

¹⁰ Elizabeth Hinton, “A War within Our Own Boundaries”: Lyndon Johnson’s Great Society and the Rise of the Carceral State, *Journal of American History*, Volume 102, Issue 1, June 2015, Pages 100–112, <https://doi.org/10.1093/jahist/jav328>

¹¹ *Ibid*

belonging to people that he was arresting or booking into the Berkeley jail though the D.A. decided not to prosecute, citing a lack of evidence. In 2013, the Department was called to the apartment of Kayla Moore, a Black trans woman living with schizophrenia, by a friend concerned for her safety. Though Moore needed behavioral health care, the police tried to place Moore under arrest, wrestling her to the ground and asphyxiating her to death under the weight of six officers. In 2014, the Department used force against protesters to such an extreme that the City later awarded \$125,000 to seven plaintiffs in



“Improved public safety for all Berkeley citizens cannot occur when a disproportionate amount of our budget is being spent on outmoded means of community safety.”

Yet by focusing on individual cases, one risks overlooking the day-to-day interactions that make up much of BPD’s operations. The Berkeley Police Department regularly harasses, detains, and displaces unhoused people in our city and has high levels of interaction with people who have behavioral health conditions, documented in contemporaneous reports dating back to the 1990s from Copwatch, a local organization that promotes grassroots police accountability. A study from Yale and Columbia University shows that there is a connection between interaction with law enforcement and behavioral health. We know anecdotally that many community members feel less safe in the presence of police officers, as is evidenced by the Peer Listening Session Report.

Every interaction that BPD has with the public has the potential to create harm, particularly for people who are Black, unhoused, or living with behavioral health challenges.

[We also have evidence that shows that the Berkeley Police Department regularly engages in racist policing. As is detailed in the section “Recommendations on Traffic Law and Traffic Safety,” Black people make up 8% of Berkeley’s population but account for 34% of police stops. The yield rate for traffic stops also shows great racial disparity. These racist disparities are high even in comparison to neighboring cities. Traffic stops can be deadly - as is evidenced by the killing of Duante Wright and Janoah Donald - particularly for Black and Indigenous people, and this disparity in policing is unacceptable. We also have evidence that shows that the Berkeley Police Department regularly engages in racist policing. Black people make up 8% of Berkeley’s population](#)

~~but account for 34% of police stops.¹² The yield rate for traffic stops also shows great racial disparity (20% and 40% for White and Black people respectively).¹³ Traffic stops can be deadly—as is evidenced by the killing of Duante Wright and Janoah Donald—particularly for Black and Indigenous people, and this disparity in policing is unacceptable.~~

The Berkeley Police Department's numerous presentations emphasized training and professionalism without any reflections on the failures of the department. Nor were there any tangible proposed solutions. The Berkeley Police Department budget will take up a proposed 33% of Berkeley's 2022 general fund budget expenditure, and the Department has outspent its budget for at least the last three successive fiscal years. This funding does nothing to address the underlying causes of criminogenic factors such as homelessness and poverty, not to mention repairing department-caused harms.

Improved public safety for all Berkeley citizens cannot occur when a disproportionate amount of our budget is being spent on outmoded means of "community safety": crime response can create a temporary impression of crime reduction, but it is cyclical and crime rates inevitably resurge when underlying causes are not removed: we must leave behind the hamster wheel and invest in programs that apply as great a response to the *why* as to the *what* of crime.

When community members poured into our city council meetings and public comment ran for hours it was not just because of the horrifying murder of George Floyd: it was decades of misconduct, brutality, and corruption coming to a boiling point. Resolution NO. 69,501-N.S was passed because our typical paths of reform were not delivering positive outcomes and after decades of reformism, we were still seeing deaths at the hands of the police. The Reimagining Public Safety Taskforce aims to help enact true transformational change.

¹² https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/A.6_Police%20Data%20Presentation.pdf

¹³ [Fair & Impartial Policing Working Group - City of Berkeley](https://www.cityofberkeley.info/Documents/2-)<https://www.cityofberkeley.info/Documents/2->



Task Force Recommendations

Reimagining Public Safety Initiative Topic	Specific Task Force Recommendation
Traffic Law Enforcement & Traffic Safety	Review Transportation Laws, Fines and Fees to Promote Safety and Equity
	Fully Fund the BerkDOT Planning Process
911 Call Processing & Alternative Calls-for-Service Systems	Adopt City Auditor's Recommendations for Call Processing and Dispatching of First Responders and Others Contained in Report, and Add 'Substance Use' to 911 Recommendations

	Implement Specialized Care Unit (SCU): Alternative Non-Police Responder to Meet the Needs of People Experiencing Behavioral Health Challenges
	Establish Crisis Stabilization Center to Meet the Needs of People Experiencing Behavioral Health Challenges and Further Implement A Comprehensive 24/7 Behavioral Health Crisis Response System
	Implement A Behavioral Health General Order for the Berkeley Police Department That Emphasizes Diversion Away from Policing Whenever Possible
Gender-Equity Response Systems	City Leadership to Host Regular Meetings and Coordinate Services
	Coordinate with Court and Other Law Enforcement to Implement New Firearm and Ammunition Surrender Laws
	Annually Update the Police Department's Domestic Violence Policies and Victim Resource Materials
	Implement Regular Domestic Violence and Trauma-Informed Training for Officers, Dispatch, and Responders to 911 and Non- Emergency Calls
	Publish Victim Resources in Plain Language and Multiple Languages
Gender-Equity Response Systems	Screen for Domestic Violence in All 911 and Non-Emergency Calls
	Assign A Female Officer to Interview, Examine, or Take Pictures of Alleged Victims at Victim's Request
	Police Response to DV Calls Should be Accompanied by or Coordinated with DV Advocate
Disability & People with Behavioral Health Challenges (PEERS)	Include PEERS in Developing Behavioral Health Responses

	Sufficiently Fund Behavioral Health Respite Centers
	Have a Reconciliation Process with People with Behavioral Health Challenges and Police
	Clarify the Risk Assessment by Call Takers, Dispatchers, and Police for Behavioral Health
	Improve De-Escalation Training for Police & Offer Public Education on Behavioral Health
	Account for Overlapping Systems of Care for People Living with Behavioral Health Challenges
	Further Research Recommendations (in report)
LGBTQIA+ and Queer/Trans People	Develop Collaboration between LGBTQIA+ Liaison for Berkeley Police Department and the Pacific Center for Human Growth
	Establish Partnership between the Division of Mental Health and the Pacific Center for Human Growth
	Increase Capacity for Behavioral Health Workers to Serve LGBTQIA+ Clients
Addressing Underlying Causes of Inequity, Violence, and Crime	Develop a Training and Community Solutions Institute
	Develop Community Violence Prevention Programs
	Support City Efforts to Establish the Office of Equity and Diversity
	Implement a Pilot Guaranteed Income Project
	Support the Police Accountability Board and Fair & Impartial Policing

Addressing Community-Based Organizations' Capacity for Efficient Partnership in Reimaging Public Safety	Conduct Needs Assessment on CBO Capacity
	Create Coordination and Communication Opportunities for CBO Staff
	Improve Referral Systems
	Remove City Funding System Inefficiencies and Duplication
	Develop Additional Metrics for Community-Based Organizations
	Help CBOS Enhance Their Funding



Synopsis of Community Engagement Research Findings, 2021

Diverse groups had challenges interacting with Police. Some avoided or did not call 911 Emergency Services.

Citywide research conducted in 2021 by the Brightstar Research Group (BRG) and Task Force Commissioners showed broad support for: reducing the policing footprint in Berkeley; using de-escalation strategies for calls relating to homelessness and mental health or substance use crises; and prioritizing programs/funding to help vulnerable community members meet basic needs. Many individuals, particularly those who did not identify as white and/or who face housing security, reported feeling unsafe in the presence of police and said they do not look to the BPD for protection.

Research included a survey widely distributed across Berkeley, and focus groups and listening sessions with Black, Latinx, LGBTQ+, people with behavioral health challenges, those who were formerly incarcerated, people experiencing food/housing

insecurity, vulnerable youth, and BIPOC students. The Task Force's Gender-Equity and Violence Subcommittee also conducted listening sessions with service providers focused on gender-based and intimate-partner violence. NICJR conducted focus groups comprising BPD command and line staff and members of the Berkeley Merchant Association. NICJR and the Task Force, with support from the City Manager's Office, conducted several citywide community meetings.

A. Citywide Survey for Reimagining Public Safety in Berkeley

The following summary seeks to highlight trends and preferences at a high level. More detailed summaries including more comparative analysis of results disaggregated by race are included in Appendix J to the NICJR report. The results of the communitywide survey may not be adequately representative of the community as a whole given the under-representation of people who identify as Black, Asian, Latinx, male, and younger people, and the over-representation of groups including people who identify as white, women, LGBTQ+, and people over the age of 45. Several wealthier zip codes were overrepresented as well.

Across groups, there is broad support for investment in mental health services. A majority of community members rated homelessness, sexual assault, shootings, and homicides as the most important public safety concerns. Drug sales and substance use are among residents' lowest public safety priorities.

Overall, a plurality reported feeling "somewhat safe" in Berkeley. White residents were more likely to perceive Berkeley as safe or very safe, and Black and other nonwhite residents were significantly more likely to perceive Berkeley as unsafe or very unsafe.

A majority of community members are likely to call 911 in response to an emergency that does not involve mental health or substance use compared to an emergency that does relate to mental health or substance use. Across groups, a majority preferred a response to emergency calls related to mental health and substance use from "trained mental health providers with support from police when needed." A large majority similarly preferred that homeless service providers respond to calls related to homelessness, with police support available when needed.

Black, Brown, unhoused, and young people frequently reported feeling that the BPD and/or city leaders prioritize the safety of wealthy and/or white community members at the expense of their own safety. Black people and students believe gentrification is detrimental to community safety and community cohesion and negatively impacts their

sense of belonging in their own neighborhoods. These groups were more likely to report feeling unsafe.

Respondents identified themselves as other than white were more likely to believe that the BPD is not very effective or not effective at all.



B. Community Focus Groups & Listening Sessions

Black Identified Community Members, Latinx Identified Community Members, Justice-System-Impacted Students, and Low-Income Community Members Including Unhoused, Housing Challenged, and Formerly Incarcerated People

Overall, the participants in these focus groups conducted by Brightstar Research do not view the BPD as a community resource and instead rely on themselves and their communities for safety. Black men, women, and youth shared recent personal experiences of being racially profiled and stopped by the BPD and expressed feelings of anger about their experiences. Two Latinx students explained that they and their friends are often stopped on and near the campus by both the campus police and the BPD because they do not fit the profile of the average UC Berkeley student. Brightstar research conducted these focus groups with the populations above, and these are their findings and recommendations.

In addition, the youth who participated in the focus group said they had witnessed the police harassing homeless people and immigrants working as street vendors. Individuals struggling with housing insecurity reported being targeted by the police due to their race and income level. As a result of harassment and targeting, many members of the Black, housing insecure, student, and youth focus groups attempt to avoid the police whenever possible.

At the same time, members of these groups often feel overlooked by those charged with keeping Berkeley safe, sensing that safety for some (whiter, wealthier) comes at their expense. They question the city's priorities, e.g., installing speed bumps and enforcing quality-of-life issues instead of improving police response times to emergency calls and building relationships with communities who experience racial disparities in both policing and crime. Youth especially voiced a desire for the BPD to use the power it has to support their communities, to be part of and live in their communities, and to engage in activities such as youth sports and mentoring.

These groups identified homelessness and the housing crisis as among the most pressing public safety issues in Berkeley and urged the city to provide for residents' basic needs. These groups shared a vision of community public safety defined less by the absence of crime and more by equitable access to a higher quality of life for low-income, unhoused, and Black and Brown residents.



Latinx participants also emphasized a desire for increased maintenance of public spaces, increased neighborhood lighting, traffic control, and addressing homelessness.

It bears noting that Brightstar's findings and recommendations are derived from amalgamating their qualitative data from these focus groups without necessarily attributing a finding to a particular group. Because there were so few Latinx respondents, Brightstar analyzed the citywide survey research. The results indicating the views of this group in particular may not be representative of Berkeley's Latinx population overall.

C. Community Members with Behavioral Health Challenges (PEERS)

PEERS listening session participants primarily expressed their fears of interacting with police during a health crisis in the community - fears that were frequently tied to lived experiences of a policing response negatively impacting their ability to feel “safe” in Berkeley.

During the community engagement listening session, participants identified

- 1) feeling stigmatized as “public safety threats” by officers
- 2) feeling that officers felt uneasy about connecting with them during a crisis
- 3) the role of de-escalation if any
- 4) feeling traumatized or re-triggered by police during a mental health crisis.

Participants explained that police presence may exacerbate personal distress and create terror, rather than emotional “safety.”

PEERS discussed their perceptions and feelings about being seen as “public safety threats,” and generally something to be controlled rather than as human beings who need emotional “safety” to resolve their crisis. In particular, the participants expressed their fears of being met with police violence instead of with compassion and empathy for their plights.

Further one participant stated that “many people have negative feelings on police” and when they see police “it can be triggering, it can be negative, not friendly, open.” Yet another participant “witnessed police in action in Berkeley,” and said they did not want police on mental health calls, as they were traumatized to the point of seeing police in a “whole different light.”

Participants talked about how the presence of police could exacerbate the intensity of personal distress and create feelings of extreme terror and instant fear of extinction, as opposed to creating ones of emotional “safety.” While the participant did not describe the basis for officers’ arriving at the scene, he described his feelings about a police response by stating “it is multiple police cruisers, you feel like the world out to get you and annihilate you, officers are intimidating, 3-4 cruisers with multiple cops, very, very troubling and high-risk situation.” This feeling of being responded to, instead of being met with, is a sentiment people shared, especially in the context of de-escalation.

Individuals stated they did not desire to call 911 emergency services for fear of police response to a person experiencing a mental health crisis in the community. One person did not feel proud of their decision to call 911, knowing that police would arrive but did so because they did not feel like they had alternative options to provide that person with

appropriate support. She stated: “I’ve had to call the police on people with mental health issues and it broke my heart and that is something I would not like to do.”

Lastly, one participant underscored that police officers “use major tool like [a] gun and bullets; something startles them, go for the gun.” The point was further underpinned by another participant, who stated based on their experience with police, “that it is always with guns; it’s a threat, always a threat of violence out there, the police come with their guns,” and that we are “much better served with people not heavily armed, I don’t know how I think the conversation and non-violent tactics.”



“QTBIPOC people may be resistant to a police response because of trauma.”

D. LGBTQIA+ Staff The Pacific Center for Human Growth

A listening session the LGBTQIA+ Queer/Trans provider, the Pacific Center for Human Growth, which serves LGBTQIA+ Queer/Trans people with behavioral health challenges, identified hate crimes against the group they serve, as well as the need for police and other first responders to have a more nuanced understanding of the experiences of QTBIPOC (Queer, Trans, Black, Indigenous, People of Color) people, including trauma. For example, one provider noted that QTBIPOC people may be resistant to a police response because of trauma.

Specifically, a participant provider discussed how a police presence is traumatic for everyone when they show up as it creates a “huge scene for the neighborhood, flashing lights” and then as a mental health professional having to unpack the trauma with families and clients later.

Another participant, who was very explicit about their feelings about the police, said: “I stay away from the Berkeley Police Department and advise young people to do the same. The Berkeley Police Department are not my friends, they are not people who I trust as an entity, and not people I say should be called for help.” There are difficult situations in which there is a Queer Black Femme Cis Woman and warm violence, but the person does not want to call the police. Every single interaction will not lead to hot violence, but we know statistically that Queer Trans BIPOC people with mental health issues, who are disabled or developmentally challenged, are far more likely to experience violence, be harmed and be killed.”

The Pacific Center staff emphasized the need for an intersectional understanding that includes race, ethnicity, gender identity and expression, sexual orientation, disability, age, and class to fully understand the impacts of policing on diverse LGBTQIA+ and Queer/Trans people and groups, as well as their perceptions of public safety in the Berkeley

E. Providers of Gender-Based Violence Services

The Task Force’s Gender-Based Violence Subcommittee conducted two listening sessions with providers who serve domestic violence, human trafficking, and sexual abuse survivors, who reported that victims of such violence may experience barriers in accessing help and justice, including language barriers, the impact of trauma, racism, discrimination, fear of immigration consequences, and an inability to meet basic shelter and other needs. Some victims will not look to police for help, and providers offered recommendations to provide alternative services and to invest in prevention efforts.

F. Recommendations Arising Out of Community Research



The culmination of the community engagement research indicates that the following recommendations would have strong, broad community support with an emphasis on increasing the safety of Berkeley's most vulnerable residents:

1. Increase investment in community-based and peer-led violence prevention programs
2. Create Black-centered and Black-led mentorship interventions to help young BIPOC resist gang recruitment.
3. Establish programs to help economically vulnerable residents meet their basic needs and invest more money in housing, health care, youth programs, and wraparound services
4. For Berkeley's unhoused residents, establish 24-hour street teams to provide medical and mental health care; provide more safe, indoor public spaces that stay open late; provide more drop-in programs to meet basic needs; and increase access to education, job training, and healing arts
5. Employ a first-responders team with diverse crisis members
6. Increase the capacity of community-based organizations to provide services and violence prevention, including in K-12 settings
7. Provide services for people who cause harm
8. Regularly update domestic violence policies and training for officers
9. Assign female officers to interview and examine female victims of gender-based violence
10. Police responses should include, when possible, a domestic violence advocate, a homeless service provider, a mental health professional, a social worker, etc. depending on the type of situation necessitating a police call
11. Train police in relationship building, cultural competency, de-escalation, and restorative justice
12. Employ safety ambassadors to act as a bridge between victimized communities and the BPD



Task Force Recommendations on Traffic Law Enforcement and Traffic Safety

The Berkeley Police Department dedicates an enormous amount of time initiating and responding to a wide variety of traffic-related activities. This wide reach of policing into transportation is neither effective with respect to traffic safety¹⁴ nor crime

¹⁴ Sarode, AL, Ho VP, Chen L, Bachman KC, Linden PA, Lasinski AM, Moorman ML, Towe CW. Traffic Stops Do Not Prevent Traffic Deaths. *Journal of Trauma and Acute Care Surgery*, Vol. 91, No. 1, 2021, pp. 141–147. <https://doi.org/10.1097/TA.0000000000003163>.

prevention,^{15,16} and significant racial biases have been observed in Berkeley's traffic stop data, harming many in our community. To address these issues, City Council approved the creation of a Berkeley Department of Transportation (BerkDOT) to depolice transportation and called for the reduction or elimination of pretextual stops.

The Task Force recommends the following three immediate actions to improve safety and mobility:

1. Move forward with the transfer of both collision analysis and school-crossing-guard management away from BPD and over to Public Works.
2. Review Transportation Laws, Fines and Fees to Promote Safety and Equity
3. Fully Fund the BerkDOT Planning Process (at an estimated \$200,000)

Importantly, transportation and mobility tie in heavily to broader inequities, social determinants of health, and resident well-being. For greater context and a more extensive discussion of these intersections, as well as a summary of community engagement findings around police transportation work in Berkeley, see Appendix 2.

A. Berkeley City Council's Direction: Reduce/Eliminate Pretextual Stops and Create BerkDOT (A Berkeley Department of Transportation)

To address the stark racial disparities and risks of harassment and violence associated with traffic stops, as well as to enhance traffic safety, Berkeley City Council approved a measure in July 2020 to: "Pursue the creation of a Berkeley Department of Transportation to ensure a racial justice lens in traffic enforcement and the development of transportation policy, programs and infrastructure, and identify and implement approaches to reduce and/or eliminate the practice of pretextual stops based on minor traffic violations."

Council's recommendation to reduce or eliminate pretextual stops is well underway. After multiple meetings throughout 2020, the Mayor's Fair and Impartial Policing Working Group recommended that BPD focus "the basis for traffic stops on safety and not just low-level offenses" and "minimize or de-emphasize as a lowest priority stops for low-level offenses." In February 2021, Council unanimously approved the Working

¹⁵ Chohlas-Wood, Alex, Sharad Goel, Amy Shoemaker, and Ravi Shroff. An analysis of the Metropolitan Nashville Police Department's traffic stop practices. Technical report, Stanford Computational Policy Lab, 2018. http://www.law.nyu.edu/sites/default/files/upload_documents/Shroff_nashville-traffic-stops.pdf

¹⁶ Fliss, Mike Dolan, Frank Baumgartner, Paul Delamater, Steve Marshall, Charles Poole, and Whitney Robinson. "Re-prioritizing traffic stops to reduce motor vehicle crash outcomes and racial disparities." *Injury epidemiology* 7, no. 1 (2020): 1-15. <https://injejournal.biomedcentral.com/articles/10.1186/s40621-019-0227-6>

Group's recommendations for adoption.¹⁷ Plans are currently underway for implementation, with quarterly updates being provided to the Police Accountability Board.



Alongside the overall process of Re-Imagining Public Safety, the creation of a Berkeley Department of Transportation (BerkDOT) is moving forward as a parallel process. The purpose of BerkDOT is to significantly increase safety and enhance mobility in Berkeley, while reducing the potential for violence, humiliation, and harassment during traffic stops. The vision for the new civilian-staffed BerkDOT combines the current Public Works Department's above-ground street and sidewalk planning, maintenance, and engineering responsibilities and the current transportation-related BPD functions of parking enforcement, traffic law enforcement, school crossing guard management, and collision response, investigation, data collection, analysis, and reporting. We can begin



“Black persons in Berkeley were about 6.5 times more likely per capita than White persons to be stopped while driving.”

B. Racial Disparities in Traffic Stops by BPD

¹⁷ City of Berkeley, City Council Special Meeting, February 23, 2021. Motion, Item #1: “Report and Recommendations from Mayor’s Fair and Impartial Policing Working Group”
<https://www.cityofberkeley.info/uploadedFiles/Clerk/Motion%20Item%201%20Fair%20and%20Impartial%20Policing.pdf>

The Berkeley Police Department has a consistent and long-running history of racial disparities in the traffic stops it conducts. In May 2018, the Center for Policing Equity (CPE) released a report documenting these disparities by analyzing vehicle stops from 2012 to 2016 and pedestrian stops from 2015 to 2016. CPE found that “Black persons in Berkeley were about 6.5 times more likely per capita than White persons to be stopped while driving, and 4.5 times more likely to be stopped on foot.”¹⁸ The report also found that “Hispanic persons were about twice as likely, per capita, as White persons to be stopped while driving.” Notably, the CPE report found that, among both drivers and pedestrians stopped by BPD, when compared to White persons, Black persons were 4 times more likely and Hispanic persons 2 times more likely to be searched.

Despite these disparities in both stop and search rates, the CPE report found that “Black and Hispanic persons who are searched are less likely to be found committing a criminal offense than their White counterparts are. Searches of Black individuals yield arrests only half as often as searches of White individuals do; searches of Hispanic individuals yield arrests 39% less often than searches of White individuals do.” This underscores the idea that many of these stops are pretextual and biased in nature - Berkeley police are making stops in a racially disparate manner that is not backed by underlying rates of criminal offenses.

In July 2021, using updated data from 2015 to 2019, the City of Berkeley’s Auditor released a report on police response and performed similar analyses.¹⁹ The Auditor’s investigation showed similar disparities for Black persons as the CPE report: Black people in Berkeley were about 4.3 times more likely per capita than White persons to be stopped across all stop types – 4 times greater for vehicle stops, 4.5 times greater for pedestrian stops, 4.6 times greater for bicycle stops, and 6.3 times greater for “suspicious vehicle” stops. Notable disparities in stops for Hispanics were not observed.

The Auditor’s report also showed that, once stopped by BPD, there were significant disparities in search rates: Black people were more than twice as likely to be searched when compared to white people (25% vs 11%) and Hispanic people were about 50% more likely to be searched (17% vs. 11%). Yet the yield rate once searched (i.e., the percent of those searched who are then arrested) is about a quarter lower for both Black and Hispanic people compared to their white counterparts (19% for Black people and 20% for Hispanic people vs 25% for white people).

¹⁸ Buchanan JS, Pouget E, Goff PA (2018). The science of justice: Berkeley Police Department. Center for Policing Equity. https://www.cityofberkeley.info/uploadedFiles/Police_Review_Commission/Commissions/2018/Berkeley%20Report%20-%20May%202018.pdf

¹⁹ Berkeley City Auditor (2021). Data Analysis of the City of Berkeley’s Police Response. https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf

While racial bias in stop data is not a problem unique to Berkeley, Berkeley's traffic stop disparities for Black people are much higher than in many other jurisdictions in California: the stop-per-capita disparity shown in the CPE (4.5 times higher) and shown by the Berkeley Auditor (4.3 times higher) dwarfs the disparities seen in Oakland (disparity of 2.1)²⁰, San Francisco (disparity of 2.6)²¹, Fresno (disparity of 1.9)²², San Jose (disparity of 2.6)²³, San Diego (disparity of 2.4)²⁴, Sacramento (disparity of 2.9)²⁵ and Los Angeles (disparity of 3.0)²⁶.

Because the stop percentages are compared to population percentages to examine disparities, questions have been raised by BPD and others as to whether Berkeley's stark disparities could be accounted for by the presence of Black non-Berkeley residents driving through the city. Starting in October 2020, Berkeley began collecting traffic stop data in accordance with the Racial and Identity Profiling Act (RIPA), which requires the collection of data on city of residence for all persons stopped by BPD, thus allowing this hypothesis around residence to be tested. Using 2021 RIPA traffic stop data, the disparity for traffic stops remains virtually unchanged - among Black Berkeley residents only, the per capita disparity in traffic stops is 4.1 (31% of traffic stops were Black people while the Black population in Berkeley has dipped to 7.6%).^{27, 28}

C. The Drain of Traffic-Related Duties on Berkeley Police Department

Traffic stops are the single most common interaction people have with the police in the US,²⁹ and BPD performs an outsized number of traffic stops. In 2019, Berkeley police

²⁰ Hetey RC, Monin B, Maitreyi A, Eberhardt, JL (2016). Data for change: A statistical analysis of police stops, searches, handcuffings, and arrests in Oakland, Calif., 2013-2014. Stanford SPARQ. <https://stanford.app.box.com/v/Data-for-Change>

²¹ Khogali M, Graham M, Tindel J, Rau H, Mulligan K, Mebius C, Dunn K, Johnson-Ahorlu RN, Martin D, Beckles C, Weintraub SB, Goff PA (2020). The science of justice: San Francisco Police Department. Center for Policing Equity. https://www.sanfranciscopolice.org/sites/default/files/2021-03/SFPD_CPE_Report.20210304.pdf

²² Reis Thebault and Alexandria Fuller. "Justice for Who? Unequal from Birth." <https://unequalfrombirth.com/revised/justiceforwho/>

²³ Smith MR, Rojek J, Tillyer R, Lloyd C (2017). "San Jose police department traffic and pedestrian stop study." El Paso, TX: University of Texas at El Paso, Center for Law and Human Behavior. https://www2.sjpd.org/records/UTEP-SJPD_Traffic-Pedestrian_Stop_Study_2017.pdf

²⁴ Justice Navigator, San Diego City, CA 2021: Traffic Stops. <https://justicenavigator.org/report/sandiego-city-ca-2021/vs>

²⁵ Justice Navigator, Sacramento City, CA 2021: Traffic Stops. <https://justicenavigator.org/report/sacramento-city-ca-2021/summary>.

²⁶ Los Angeles Police Commission, Office of the Inspector General. Review of Stops Conducted by the Los Angeles Police Department In 2019. https://a27e0481-a3d0-44b8-8142-1376cfbb6e32.filesusr.com/ugd/b2dd23_d3e88738022547acb55f3ad9dd7a1dcb.pdf

²⁷ City of Berkeley Open Data, Berkeley PD - Stop Data (October 1, 2020 - Present). <https://data.cityofberkeley.info/Public-Safety/Berkeley-PD-Stop-Data-October-1-2020-Present-lysvs-bcge>

²⁸ 2020 Decennial Census. Table P2: Hispanic or Latino, and Not Hispanic or Latino By Race.

<https://data.census.gov/cedsci/table?q=Berkeley%20city,%20California&tid=DECENNIALPL2020.P2>

²⁹ U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Traffic Stops. <https://www.bjs.gov/index.cfm?tid=702&ty=tp>

conducted nearly 11,000 traffic stops,³⁰ while Oakland, a city 3.5 times larger, had only 14,600 stops that same year (note: Oakland once had as many 38,000 stops (in 2015), prior to implementing their principled policing strategy).³¹

According to the Berkeley City Auditor's report analyzing 2015-2019 calls for service,³² vehicle stops are the single most common type of police activity in the city, accounting for 13% of all police "events." After the 2nd most common type (disturbing the peace), vehicle stops are 2-4 times more common than any of the other top ten events. Adding in bicycle stops, the total number of stops over the 5-year period was 47,579 (for an average of 9,516 per year).³³ Vehicle and bicycle stops, in particular, stand apart from other calls for service in that the majority are officer-initiated (i.e., they are not initiated as a response to a community call to dispatch), making them attractive targets for how we might re-imagine policing. Officer-initiated responses represented 26% of police calls for service, and together, vehicle and bicycle stops represented a full 85% of these officer-initiated responses.

Beyond traffic stops, BPD dedicates a significant amount of time to multiple other traffic-related functions, including collision response, parking violations, vehicle abatement, and management of traffic flow during events. In fact, events characterized as "Traffic" in the Auditor's report account for nearly one-fifth (18%) of personnel time.³⁴ Not included in this 18% is time spent by sworn officers processing collision reports or managing the school crossing guard program, or time by non-sworn BPD employees such as parking enforcement officers or school crossing guards.

And finally, while BPD has its own Traffic Bureau, staffed with 3-4 officers, we still see that a full 25% of all events that patrol (i.e., non-traffic) officers respond to fall into the Auditor's "Traffic" category. Time spent responding to these traffic events represents patrol time not spent preventing serious crime and building community trust.

³⁰ Kate Gosselin. Traffic enforcement and collisions in Berkeley, CA from 2015 to 2019.

<https://sites.google.com/view/saferstreetsberkeley/home>

³¹ ³¹ Oakland once had as many 38,000 stops (in 2015), prior to implementing their principled policing strategy. Oakland Police Department, Office of Chief of Police. 2019 Annual Stop Data Report. <https://cao-94612.s3.amazonaws.com/documents/2019-Stop-Data-Annual-Report-6Oct20-Final-Signed-1.pdf>

³² Berkeley City Auditor (2021). Data Analysis of the City of Berkeley's Police Response.

https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf

³³ While considered in the Auditor's report, pedestrian stops were not included here, as a review of the descriptions shows that few relate to actual traffic-related violations. Instead, many "pedestrian" stops relate to "quality of life" violations such as blocking the sidewalk or having an open container in public.

³⁴ Berkeley City Auditor (2021). Data Analysis of the City of Berkeley's Police Response.

https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf



TASK FORCE RECOMMENDATIONS

1. Review Transportation Laws, Fines and Fees to Promote Safety and Equity

Numerous laws, fines and fees are in place in Berkeley that do nothing to promote public safety but instead disproportionately punish poverty and trap people in an inescapable cycle of debt. These laws, fines and fees actually undermine true public safety.

Berkeley should conduct a full review of the Berkeley Municipal Code (BMC) and our structure of fines and fees as they relate to transportation. This review should specifically identify items that serve only to criminalize and penalize poverty or serve as pretext to target at-risk populations. Once reviewed, any identified items should be brought to City Council to either eliminate or revise. In cases when these BMC laws have State law equivalents, City Council should make clear that BPD should make enforcement of these State laws their lowest priority (i.e., decriminalize these behaviors).

Several transportation regulations within the BMC criminalize behavior that exists only because inadequate transportation infrastructure exists - individuals should not be penalized in these cases, but instead, the insufficient infrastructure should be addressed. One example is BMC 14.32.050, which requires pedestrians to obey “special traffic signals installed for pedestrians” even if vehicular traffic signals indicate it is safe for them to cross. These pedestrian signals are activated by “beg buttons,” or push buttons that only give a “WALK” signal if pressed before the traffic light turns green. But if pressed even fractions of a second after the light turns green, a pedestrian must wait a full light phase before being able to cross, even when there is ample time for a pedestrian to proceed.³⁵ Here, it is clear that safety is not the issue, yet this law allows BPD discretion to stop and cite individuals in violation, opening the door to racial and other forms of bias. Instead, Berkeley could easily reset all signals to automatically give pedestrians a “WALK” signal when the vehicular traffic light turns green, without no need to press a button.³⁶

Another example of a law that should instead be addressed by changes in infrastructure is BMC 14.68.130, which bars riding bicycles on the sidewalk (except by juveniles and police officers). This law may be enforced regardless of whether safe bicycling infrastructure exists on a street, and its existence asks bicycle riders to weigh their personal safety and risks of being hit by a car driver with violation of a law that has not been shown to increase safety. Again, this law fails to address the root problem (inadequate infrastructure) and opens the door to discretionary and biased police stops.³⁷

Other BMC laws aren't easily addressed by infrastructure fixes but simply have no



“...significant further research on alternatives to armed traffic law enforcement by police is needed.”

³⁵ Charles Siegel. (2018) “Opinion: ‘Beg buttons’ make Berkeley’s pedestrians less safe” Berkeleyside.

<https://www.berkeleyside.org/2018/09/17/opinion-beg-buttons-make-berkeley-pedestrians-less-safe>

³⁶ The City did this at many intersections during the COVID-19 pandemic and could easily make those changes permanent alongside revising the code.

³⁷ A recent study in Chicago demonstrates this well - the study found that tickets for sidewalk riding were issued 8 times more often per capita in majority Black census tracts and 3 times more often in majority Latino tracts (compared to white tracts), but that across neighborhoods, tickets were issued 85% less often on streets with adequate bike infrastructure than on those without this infrastructure. Further, the issuance of tickets was not associated with increased collisions. Barajas, Jesus M. “Biking where Black: Connecting transportation planning and infrastructure to disproportionate policing.” Transportation research part D: transport and environment 99 (2021): 103027. <https://www.sciencedirect.com/science/article/pii/S1361920921003254>

presence of this absurd law in the BMC provides a pretextual reason for BPD to target some bicycle riders, while providing absolutely no benefit to public safety.³⁸

Another issue is the matter of how Berkeley approaches fines and fees for violations issued. One example relates to our penalties for parking tickets, which can be devastatingly expensive to those experiencing poverty. While the city does offer an Indigent Payment Plan for Parking Citations³⁹ where late fees are waived and payments can be spread over time, there are substantial administrative hurdles to jump through to apply to this program and there are still fees to be paid. In instances in which a vehicle is towed,⁴⁰ the spiraling fines and fees could lead to the loss of a car or license, and this loss of mobility can further lead to loss of access to employment, education, or medical care.⁴¹ Ensuring that cars are parked properly often does have an important public safety component, but not always, and punitive fines and fees certainly do not improve public safety.

Finally, Berkeley should reconsider how we issue tickets for equipment violations that do have a clear relationship to safety. Under California Vehicle Code (CVC 40303.5), certain vehicle equipment violations are eligible to be "corrected" within 30 days of the date of the notice of violation so that, with proof of correction, the penalty amount will be reduced to \$10. However, vehicle repair is very expensive, and repair of an essential safety feature may be financially out of reach of many low-income individuals.

To address this, for those equipment violations that are absolutely critical to ensuring public safety (e.g., if both headlights are non-functional), Berkeley should put in place policies and procedures directing BPD to issue such violations as "correctable" on the ticket, and further, should explore a program to provide loans or vouchers for vehicle repairs for low-income drivers. Equivalently, bicyclists should never be ticketed for lacking lights on their bike - instead BPD should hand out bike lights to anyone who doesn't have one. This approach will reduce unnecessary fines and fees while at the same time ensuring that critical safety fixes get addressed regardless of someone's ability to pay.

³⁸ In early 2021 in Perth-Amboy, NJ, a similar law provided cover for police to approach a group of Black and Latino youth on their bikes, harass and handcuff them, and ultimately confiscate their bikes. Sarah Holder. "Bike License Laws Have a Racial Profiling Problem" Bloomberg City Lab. <https://www.bloomberg.com/news/articles/2021-04-23/the-biggest-problem-with-bicycle-licensing-laws>

³⁹ City of Berkeley. Indigent Payment Plans for Parking Citations: Frequently Asked Questions. https://www.cityofberkeley.info/uploadedFiles/Customer_Service/Level_3_-_General/Indigent%20Payment%20Plan%20FAQ's.pdf

⁴⁰ If a vehicle is towed, for example, due to the 72-hour rule (BMC 14.36.050) or parking improperly during UC Berkeley football games, individuals must pay extremely expensive towing and storage charge plus an additional \$75 release fee.

⁴¹ Jorge Alvarado, Public Law Center, et al., Towed Into Debt: How Towing Practices In California Punish Poor People (2019). <https://wclp.org/wp-content/uploads/2019/03/TowedIntoDebt.Report.pdf>

2. Fully Fund the BerkDOT Planning Process

As described in detail above, widespread systemic inequities plague Berkeley's traffic laws and traffic law enforcement. The City of Berkeley is leading the country in this effort to de-police transportation, with an approach that has been heralded nationwide as a model to follow. After Berkeley City Council passed BerkDOT, cities around the

country (including, but not limited to, Oakland, San Francisco, Los Angeles, Seattle, Philadelphia, and Cambridge) have been discussing similar efforts, citing Berkeley's leadership on the issue. These cities, and others, are looking for Berkeley's leadership on this important issue. It is critical that the groundbreaking work that City Council has launched on BerkDOT continue to progress, with appropriate resources, community engagement, and clear communications about the intent of the work.

The BerkDOT exploration and planning process is moving forward in parallel with the bulk of the Re-Imagining Public Safety Process. To date, Council has allocated \$175K to this process, an initial \$75K in October 2020 allocated as a result the City Manager's evaluation of Council's July 2020 BerkDOT referral⁴² and an additional \$100K allocated in December 2021 to "continue the study of potential BerkDOT or alternate organizational structure."⁴³

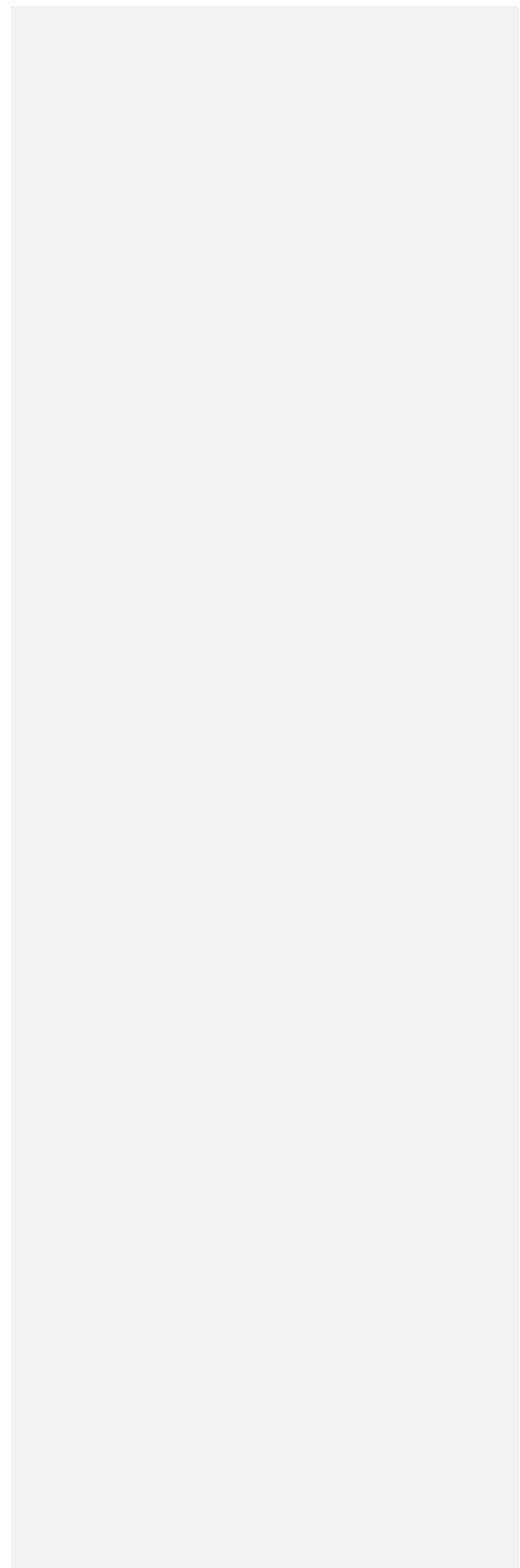
Given the size, scope, and ambition of the BerkDOT proposal, and given the fact that Berkeley is the first city in the nation to approach this topic, there is a substantial need to adequately fund the BerkDOT exploration and planning process. In comparison, the SCU planning process received \$185K, but SCU faces no legal challenges and has numerous models from around the country off which to build. To-date, the \$175K allocated to BerkDOT has funded some initial background research on free-standing departments of transportation and also a community engagement component around traffic safety and enforcement (a BerkDOT-specific citywide survey and listening sessions).

To move this important and groundbreaking work forward, significant further research on alternatives to armed traffic law enforcement by police is needed, as is additional community engagement. Currently, Public Works staff estimates that an additional \$200-250K would provide the adequate amount of funding needed to complete the BerkDOT planning process. Without this funding, the BerkDOT process cannot move

⁴² City of Berkeley, Office of the City Manager, Update on Re-Imagining Public Safety, October 14, 2020. https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_General/Reimagining%20Public%20Safety%20101420.pdf

⁴³ City of Berkeley, City Council: Supplemental Agenda Material for Supplemental Packet 2. FY 2021 Year-End and FY 2022 First Quarter Budget Update. December 14, 2021. https://www.cityofberkeley.info/Clerk/City_Council/2021/12_Dec/Documents/2021-12-14_Supp_2_Reports_Item_44_Supp_Mayor_pdf.aspx

forward with any degree of success, and the City absolutely needs to provide this funding.



**Task Force Recommendations on 911 Call Processing
and Alternative Call-for-Service Systems**

A. The Emergence of 911 - The Little Known, Racist History of the 911 Emergency Call System

Excerpts below from: Katrina Feldkamp and S. Rebecca Neusteter, "The Little Known, Racist History of the 911 Emergency Call System," In These Times, January 26, 2021. Rebecca Neusteter is a first author for the renowned Vera Institute studies on 911 call processing and dispatching. Katrina Feldkamp is a public service lawyer.

"Telephoning an emergency service was a thorny process until the late 1960s. Local jurisdictions (which often overlapped) all had their own local telephone numbers. When a person called the police, for example, first they had to figure out the relevant jurisdiction they were in, then dial the department directly and hope someone was there to answer.

President Lyndon Johnson's administration is credited with "solving" these problems of responsiveness and efficiency with the creation of the centralized 911 system we know today. But the Johnson administration's motives were less than benevolent, aimed at quickly suppressing what it saw as harmful civil disorder — namely, protests by Black communities against segregation and police brutality.

In the summer of 1967, following several years of civil rights protests (159 across the country that summer alone), Johnson appointed a National Advisory Commission on Civil Disorders, better known as the Kerner Commission. The Kerner Commission was tasked with studying 24 so-called disorders that had occurred in 23 cities that summer. The commission's 11 members (almost entirely white, male, moderate politicians) and 118 staffers and assistants issued recommendations for preventing future "riots" in the Kerner Report, released Feb. 29, 1968.

The report is most remembered for condemning white America's racism as the primary cause of civil unrest in Black communities. It demanded investment in housing and social services for Black communities, recommended federal action to challenge discrimination in employment and education, and cited numerous instances in which police, not protesters, escalated riots. The commission, however, was not a bastion of progressivism."

"Tellingly, in the report's 'Supplement on Control of Disorder' — a section left out of nearly all published copies of the report but eventually converted into a training program administered by the Department of Justice — the Commission recommends expanding police capacity to suppress protests. The section advises state and federal law

enforcement to intervene in civil disorders, recommends local police departments adopt militaristic riot control training and equipment (including tear gas) and encourages police departments to infiltrate Black communities.”

“In February 1968, Johnson argued to Congress that the 911 number would decrease emergency response times, increase arrests and provide a “more immediate” solution to crime. Though [FCC Commissioner Lee] Loevinger warned Johnson it would likely attract calls that did not involve crime nor emergent harm, Johnson moved the project forward. In the 52 years following Loevinger’s warning, countless 911 calls, dialed because of racial biases, have resulted in police violence and the murder of civilians, and funneled millions of Black, poor and oppressed individuals into the criminal justice system.”

The report is most remembered for condemning white America’s racism as the primary cause of civil unrest in Black communities. It demanded investment in housing and social services for Black communities, recommended federal action to challenge discrimination in employment and education, and cited numerous instances in which police, not protesters, escalated riots. The commission, however, was not a bastion of progressivism.”



B. Berkeley City Council’s Direction: Have City Auditor Perform an Analysis of the City’s Emergency 911 Calls for Service and Police Response

The Berkeley City Council directed the elected City Auditor to perform an analysis of the 911 (and non-911) calls for service and

police responses for Berkeley as one of the fundamental components of the Reimagining Public Safety Initiative. The City Auditor analyzed the Berkeley Police Department’s Computer Aided Dispatch system (CAD) data reflecting the City of Berkeley’s 911 and non-911 calls for service from 2015-2019 (358,000+ calls).

The City of Berkeley further directed the commissioned consultant, the National Institute for Criminal Justice Reform, to analyze these calls for service in its contract for

reimagining public safety for Berkeley. Neither the City Auditor nor the consultant provided demographic or geographic population analysis. The City Auditor analyzed the total calls data from 2015-2019 for mental health and homelessness components of total calls for service, while the consultant divided the calls between penal and non-penal codes.

C. Berkeley City Council’s Direction: Develop Alternative Non-Police Responder Program to Reassign Non-Criminal Police Service Calls to a Specialized Care Unit (SCU)

The City of Berkeley has directed analysis and initiated development of a Specialized Care Unit consisting of trained crisis response field workers who will respond to calls from the Public Safety Communications Center. The City of Berkeley contracted with a health, behavioral health, and social services nonprofit organization, Research Development Associates (RDA), for community engagement research and a feasibility study to implement the SCU.

RDA produced 3 reports, including:

- 1) USA and international non-police response models
- 2) an evaluation the current City of Berkeley’s co-responder mobile crisis unit with the Berkeley Police Department and deep community engagement research in Berkeley; and
- 3) Final Recommendations and rationales for the Specialized Care Unit.

The stakeholder perspectives reflecting the community engagement research are designed to underpin RDA’s final recommendations for the SCU program.

It is noteworthy that the commissioned consultant has proposed a separate telephone line for the SCU as this local community engagement research and scholarship show diverse and marginalized people are extremely reluctant, avoid or do not use 911 for fear of a police response. RDA further provided a thorough implementation plan for moving towards developing a comprehensive 24/7 behavioral Health crisis response model for the City of Berkeley.

D. Introduction to Berkeley’s Public Communications Center

The City of Berkeley has a Public Communications Center that is staffed by 911 professionals, managed under police leadership, and located in the Berkeley Police Department. In Berkeley, these professionals include call takers and dispatchers. In

recognizing the importance of our 911 professionals, it is noteworthy that there are national and international associations such as the National Emergency Number Association (NENA) and the Association of Public Safety Communications Officials (APCO International, est. 1935), including for providing individual certifications and organizational accreditation.

E. City of Berkeley’s Public Communication Center and 911 Professionals’ Duties

Per the City Auditor’s report, the 911 professionals—call takers/processors and dispatchers—answer emergency and non-emergency calls and dispatch police officers to events; they also accept, and process inbound 911 and administrative calls for police, fire, and medical services in the City of Berkeley (Auditor, 2021; 8). The City of Berkeley’s call takers/processors further input call information into the Computer Aided Dispatch (CAD) systems and transfer the information to fire and police dispatch staff (Ibid.). Dispatchers coordinate all police-related calls requiring a response from law enforcement and enter all officer-initiated incidents into the CAD system such as pedestrian and traffic stops; they maintain radio contact with field staff as well (Ibid.). The term “processor” is used to further encompass the range of 911 professionals’ duties, in addition to taking and answering the call.

F. Berkeley City Council Direction: Equitably Reduce Policing and Improve Wellbeing Using Calls for Service Data

For purposes of reimagining public safety, there must be an approach to analyzing 911 and non-911 and non-911 calls for service that results in reducing reliance on policing and equitably improving well-being for diverse and vulnerable communities who need emergency and nonemergency services: Black, Latinx, AAPI, immigrant, LGBTQIA+, people with disabilities, young, seniors, unhoused, formerly incarcerated and people with multiple identities. It is noted the City Auditor and the commissioned consultant did not analyze the CAD data by demographic populations or geographic areas such as zip codes or council districts.



and
ealth

However, the City Auditor's CAD data analysis assessed the available CAD data about the number of events that related to mental health and homelessness in Berkeley from 2015-2019. This 911 analysis is important for potentially reducing reliance on policing to meet the needs of diverse and vulnerable people experiencing distress in the community in an equitable manner that improves well-being, although it is recommended here to further include a substance use component.

Specifically, the City Auditor's analysis identified 42,427 unduplicated events with a mental health component, or 12 percent of all events from (Auditor, 2021, 55). This analysis also identified 21,683 events involving homelessness, which represent 6.2 percent of all events during the same time period (Auditor, 2021; 57). While the data analysis reported that these events are "significantly undercounted" as the Berkeley Police Department does not identify all calls related to mental health and homelessness (Auditor, 2021; 53-54).

The commissioned consultant, on the other hand, analyzed 911 and non-911 calls for service by dividing call types into penal and non-penal categories in order to recommend 10 call types for non-police or civilian first responders (NICJR, 2021). Eight of these 10 call types recommended by this consultant appear to include administrative duties that BerkDOT or another municipal government agency may address: abandoned vehicle, found property, inoperable vehicle, lost property, non-injury accident, vehicles blocking driveway, vehicles blocking sidewalks, vehicle double parking. Further the other call types such as disturbance and suspicious circumstance can be cross-referenced to the top 10 call types identified by the City Auditor with a mental health and homelessness component.

Further the City Auditor's Data Analysis identified areas for improvement in call taking/processing and dispatching for entering CAD data into the system. As it stands, call takers/processors are trained to assign call types for the primary reason for the call, and currently they only have call types such as "suicide attempt" and "5150" as primary call types for someone experiencing a mental health crisis in the community (Auditor, 2021; 53). Further if the event involves a potential crime, dispatchers will always log it using a corresponding crime code and not a mental health call type (Ibid.). Thus, if a police officer arrives at the scene and there is no crime in progress, then the information may not reflect a mental health issue and moreover, may be assigned to another general call type such as welfare check or person down (Auditor, 2021; 53-54).

Moreover, the narrative descriptions entered by call takers and dispatchers, and the disposition codes used to reflect the actual event, do not necessarily capture a mental health or homelessness issue (Auditor, 2021; 54). The City Auditor's research reflected

that out of 28,959 events with a mental health term, only 23 percent assigned to a mental health disposition code and showed officers further do not use disposition codes consistently (Ibid.). Additionally, the CAD system does not have a disposition code that indicates an event where an individual is experiencing homelessness (Ibid.). Moreover, the Public Safety Communications Procedures used by City of Berkeley's 911 professionals and the Berkeley Police Department are general and not specifically tailored for behavioral health call processing and dispatching.

G. TASK FORCE RECOMMENDATIONS ON CALLS FOR SERVICE

1. Adopt City Auditor's Recommendations for Call Processing and Dispatching of First Responders and Others Contained in Report, and Add Substance Use' to 911 Recommendations

At this stage the 911 call processing and dispatching research data on mental health and homelessness offers one of the most direct approaches to reducing reliance on policing and improving well-being for our most diverse and vulnerable communities and overall, for reimagining public safety. Given that alternative hotlines such as the national 988 mental health hotline (which will be live in July 2022) and alternative non-police responders such as the Specialized Care Unit will soon be options for 911 professionals in Berkeley, we can have keen foresight and effectively plan for these changes by implementing these recommendations:

1. To identify all calls for service that have an apparent mental health, substance use, and homelessness component in a manner that protects the privacy rights of individuals involved. (Auditor, 2021; 5—substance use added)
2. To create clear mechanisms for identifying mental health, substance use, and homelessness call types and to use them consistently during 911 call processing and dispatching including when they are not the primary reason for the call.
3. To consistently follow standardized language to describe mental health, substance use, and homelessness-related events in the narrative descriptions for every call.
4. To consistently use disposition codes for mental health and substance use events, and to create a disposition code for events that have a homelessness component.
5. To record any requests for a Mobile Crisis Team from the Division of Mental Health regardless of if this team responds to an event.

6. To establish quality assurance standards to create and measure clear, consistent use of call types, narrative descriptions, and disposition code for mental health, substance use, and homelessness (recommendation made in addition to Auditor's Report).
7. To expand the current calls for service data available on the City's Open Data Portal to include all call types and data fields (Auditor's Report, 2021; 5).

These recommendations can provide 911 professionals with the basis for establishing systematic, consistent procedures and behavioral health call scripts that screen and divert mental health, substance use, and homelessness calls towards an alternative non-police response. In July 2022, 911 professionals will soon have the option to transfer mental health calls to a national hotline, so it is imperative to establish this process. These professionals can further avoid punitive measures resulting from policing, criminal legal, and incarcerations involvement whenever possible, particularly for diverse and marginalized groups of people who are extremely reluctant, avoid or do not use 911 for fear of a police response.

2. Implement Specialized Care Unit (SCU): Alternative Non-Police Responder to Meet the Needs for People Experiencing Behavioral Health Challenges in Berkeley

On July 14, 2020, Councilmembers Ben Bartlett and Mayor Jesse Arreguin and Councilmember Rigel Robinson proposed allocating general municipal funding to develop a Specialized Care Unit (SCU). The Specialized Care Unit (SCU) will be a non-police crisis response program for providing mental health and substance use services to distressed people in the community.

Councilmember Bartlett is the co-author of the Safety for All: The George Floyd Community Safety Act and Mayor Arreguin and Councilmember Rigel Robinson co-sponsored the municipal legislation. In the municipal legislation, they stated the SCU would "allow the police to focus on investigating and solving crimes while reducing the problem of over-policing black communities" and further that "More residents will experience better outcomes in public safety and community health." They cited these types of crisis assistance in other areas such as Eugene, Oregon where a "program known as CAHOOTS has been in place for 30 years."

In January 2021, the City Manager designated the Director of Health, Housing, and Community Services, Dr. Lisa Warhuus, as the project manager for the Specialized Care Unit program. Dr. Warhuus further established an SCU Steering Committee to work with the commissioned consultant, Research Development Associates, on the

SCU program. The SCU Steering Committee is composed of municipal and community stakeholders: Fire, EMT, Mobile Crisis Unit for the Division of Mental Health, Mental Health Commission, and community leaders including from the Berkeley Community Safety Coalition (BCSC).

The City of Berkeley contracted with Research Development Associates to conduct three distinct reports in order to initiate the process to establish an SCU for Berkeley. For the past year, the SCU Steering Committee met bi-weekly including to work extensively with the commissioned consultant on the reports. The reports are available on the Reimagining Public Safety Task Force website.

The first report, “Crisis Response Models Report,” presents a summary of crisis response programs in the United States and internationally. The second report, “Mental Health Crisis Response Services and Stakeholder Perspectives Report,” is the result of extensive community engagement with stakeholders of the crisis system. These stakeholders include City of Berkeley and Alameda County agencies, local community-based organizations (CBOS), local community leaders, and utilizers of Berkeley’s crisis response services. The report also presents a summary of key themes to inform the Specialized Care Unit model.

The third report, “City of Berkeley Specialized Care Unit Crisis Response Recommendations,” proposes the consultant recommendations and guide implementation of the SCU model in the City of Berkeley. This report includes core components and guiding aims of the SCU model; stakeholder and best practice-driven design recommendations; considerations for planning and implementation; a phased implementation approach; system level-recommendations; and future design considerations. It is noteworthy that each recommendation put forth is deeply rooted in the stakeholder feedback of the two previous reports.

3. Establish Crisis Stabilization Center to Meet the Needs of People Experiencing Behavioral Health Challenges in Berkeley and Further Implement A Comprehensive 24/7 Behavioral Health Crisis Response System

The Substance Abuse and Mental Health Services Administration defines crisis stabilization services as:

A direct service that assists with deescalating the severity of a person's level of distress and/or need for urgent care associated with a substance use or mental disorder. Crisis stabilization services are designed to prevent or ameliorate a behavioral health crisis and/or reduce acute symptoms of mental illness by providing continuous 24-hour observation and supervision for persons who do not require inpatient services.” (SAMHSA, 2014; 9) (SAMHSA, 2020; 23).⁴⁴

Over the last two decades, crisis centers have been expanding across the country, evolving to become more comprehensive, recovery-oriented, and welcoming to individuals, first responders, and referral sources (NASMHPD, 2020; 10). Key components for crisis stabilization centers often include 24/7 staffing with a multidisciplinary team of behavioral health (mental health and substance use) specialists, including peers, clinicians, and psychiatrists or nurse practitioners (via telehealth) (NASMHPD, 2020; 10).⁴⁵

Crisis Stabilization Centers can serve as an alternative to using emergency departments and moreover, criminal legal and incarceration systems as a crisis response to individuals experiencing a behavioral health and/or substance use crisis in the community. They can receive referrals, walk-ins and first responder drop-offs. (SAMHSA, 2020; 22). SAMHSA has further defined minimum expectations to operate crisis receiving and stabilization services, including accepting all referrals, not requiring medical clearance, designing services for both mental health and substance use issues, being staffed (24/7/365) with multidisciplinary team capable of meeting the needs of individuals experiencing all levels of crisis (SAMHSA, 2020; 22).

⁴⁴ National Guidelines for Behavioral Health Crisis Care - A Best Practice Toolkit. Knowledge Informing Transformation. SAMHSA (2020). [online] Available at: <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf> and Crisis Services: Effectiveness, Cost- Effectiveness, and Funding Strategies. SAMHSA. (2014). [online] Available at: <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4848.pdf>

⁴⁵ Addressing Substance Use in Behavioral Health Crisis Care: A Companion Resource to the SAMHSA Crisis Toolkit. (2020). [online] Available at: <https://www.nasmhpd.org/sites/default/files/2020paper4.pdf>



Additionally, in areas where methamphetamine use is prevalent such as California, crisis providers have further become skilled in addressing methamphetamine induced psychosis, recognizing the need to treat the psychosis first and then connect individuals to the right level of care (NASMHPD, 2020; 10). Further crisis stabilization centers have addressed individuals who may need withdrawal management services (detoxification), including to offer services or provide immediate linkages and referrals, and to arrange transport to detoxification programs for crisis center clients who require that service (Ibid).

Crisis Stabilization Centers can thus represent a clear opportunity for improving the crisis response system to better meet the needs of distressed individuals from mental illness and/or substance use. These centers are designed to address the behavioral health crisis, reducing acute symptoms in a safe, warm, and supportive environment while observing for safety and assessing the needs of the individual (NASMHPD, 2020; 10). They can further reduce trauma and costs as a more appropriate level of care for people who do not require involuntary commitment to address their behavioral health needs (Ibid.).

4. Implement A Behavioral Health General Order for the Berkeley Police Department that Emphasizes Diversion Away from Policing Whenever Possible

For purposes of reducing policing and improving well-being, the aim of a Behavioral Health General Order is to address behavioral health—both mental health and/or substance use—for people experiencing distress in the community, to address 5150 involuntary commitments, de-escalating behavioral health crises, and divert people

towards an appropriate level of care and away from arrest, detainment, criminal case processing, and incarceration whenever possible.

An appropriate level of behavioral health care needs to be trauma- and harm-reduction informed, culturally safe, equitable and inclusive to meet the needs of Berkeley populations: Black, Latinx, AAPI, immigrants, LGBTQIA+ and Queer/Trans, people with disabilities, young, old, formerly incarcerated, historically or currently marginalized—those groups delineated in the Berkeley City Council's reimagining public safety referrals, resolutions, and directives in the omnibus packaged dated July 14, 2020.

Currently the BPD General Orders related to behavioral health are focused on: 1) CIT (Crisis Intervention Training), 2) Mentally Disordered Persons, 3) Intoxicated Persons.⁴⁶ Initially it is important to evaluate the language contained in these orders to ensure they do not use stigmatizing language. Moreover, there are a significant number of people who may experience distress resulting from the impacts of both mental illness and substance use, and the general orders need to account for this prevalent reality.

Symptoms can manifest from a mental health condition such as schizophrenia that mirror those from substance use such as methamphetamine. Symptoms of both mental illness and substance use can further manifest simultaneously and they may not be decipherable unless, for instance, the impacts from substance use diminish in intensity over time. Consequently, this reality means evaluating both mental health and substance use issues and conditions or potentially missing key considerations of critical needs for determining an appropriate level of care treatment and diverting people away from criminal case processing and incarceration.

As it stands, the Berkeley Police Department has a "Crisis Intervention Team" General Order that provides four primary objectives for their CIT Program, including de-escalating crises, reducing the necessity for use of force, reducing recidivism, and collaborating with behavioral health providers and consumers to meet these goals. However, this General Order indicates dispatching CIT officers when possible and as an ancillary duty. Thus, it is possible Berkeley police officers may respond to crisis who are not trained to de-escalate mental health crisis and potentially if CIT trained, they may not have received substance use training.

⁴⁶ The Berkeley Police Department (BPD) General Orders are located on the City of Berkeley webpage for Training and Policy. They are available at: https://www.cityofberkeley.info/BPD_General_Orders.aspx The BPD CIT General Order is C-66; the BPD Intoxication General Order is I-15; and Mentally Disordered General Order is I-16.

The "Mentally Disordered Person" General Order defines a "mentally disordered person" as a "person who is a danger to him-/herself, others, or is gravely disabled as a result of a mental disorder." This General Order is designed to define the state law language under the Welfare and Institutions Code, Sec. 5150, and the legal requirements to implement it, as opposed to providing a Behavioral Health General Order that addresses persons in crisis from the impacts of mental illness and/or substance use and when it rises to the level of a 5150 involuntary hold for purposes of diverting people away from involuntary treatment when possible and only using 5150 holds as a last resort. It is noted that the terms "mentally disordered" may be stigmatizing and that potentially using a person experiencing a mental health crisis may improve the language.

The "Intoxication" General Order defines "Intoxicated person" as any person who, by reason or his/her ingestion of an alcoholic beverage and/or drug use, loses the ability to provide for his/her immediate safety and/or welfare needs. In addition, the BPD "Intoxication" General Order states that it is designed to "permit dispositions other than incarceration for intoxicated persons to provide for the welfare of the subject and maintenance of peace."

It is noteworthy that the "Intoxication" General Order discusses "custody" and the basis for detaining a person, but also eligibility for release and non-criminal disposition, and sets forth options for police officers such as driving the "intoxicated" person home if not subject to physical arrest and booking. Generally, this "Intoxication" General Order appears to be framed more in terms of meeting safety and welfare needs and diversion from punitive measures such as criminal case processing and incarceration.

Overall, the BPD CIT General Order uses a de-escalation approach for people in a mental health crisis, while the BPD "Mentally Disordered Person" General Order for 5150 involuntary holds states that it is designed to "establish policy and procedure for the custody and transportation of mentally disordered persons to designated treatment facilities, and other processes." It does not provide for persons who do not meet the 5150 standard and diverting them to an appropriate level of care and not criminal case processing and incarceration. It is also framed in terms of people experiencing mental illness as generally dangerous, and not necessarily as vulnerable individuals deserving of treatment and services. Thus, an overarching, comprehensive Berkeley Police Department Behavioral Health General Order would potentially provide for streamlining the current orders and diverting as many people as possible away from policing and towards well-being services in the community.



Additional Information for Proposed Tiered Dispatch and CERN (Community Emergency Response Network)

A. Introduction to Tiered Dispatch

The commissioned consultant for the City of Berkeley, the National Institute for Criminal Justice Reform, has proposed alternative non-police first responder program referred to as “CERN”—Community Emergency Response Network. As previously discussed, the consultant looked at the Auditor’s calls for service analysis of 358,000 calls from 2015-2019 and re-classified those calls into penal and non-penal calls. Based on their analysis of non-penal calls, they determined 10 call types that an alternative first responder, their proposed CERN, could respond to in the community. The call types, as formerly discussed, focus primarily on traffic and property related calls, and those calls that may likely have a mental health or homelessness component such as disturbance or suspicious person.

In addition, the commissioned consultant recommends a 911-tiered dispatch program whereby the City of Berkeley’s Public Safety Communications Center would have 4 tiers for dispatching first responders to people in the community. Tier 1 would only dispatch CERN responders in response to the non-criminal calls for service. For Tier 2, CERN responders would lead, and officers would be present. The calls for service would have a low potential for violence where arrest is unnecessary or unlikely, although the consultant did not recommend specific call types for Tier 2. Tier 3 refers to officers leading and CERN present for non-violent felonies where there is a low potential for violence, and arrest is unnecessary or unlikely. Again, the consultant did not recommend specific call types for Tier 3. For Tier 4, only officers would respond as these calls for service would involve serious violent felonies.

Under their Reduce construct, the consultant NICJR states: “To achieve the goal of a smaller law enforcement footprint and to reallocate a portion of the BPD budget towards more community supports, NICJR recommends the Implementation of the Tiered Dispatch/CERN model.”

An underlying premise of the Reimagining process was that many current calls for service do not require a badge or a gun and can be better handled by non-police response. This is the view of both the Task Force and the NICJR consultant. Further, there is agreement that most mental health and homeless related calls for service, and most officer-initiated traffic stops, fit into this category, as do various other call types. There is also general agreement that there is a continuing role for police – primarily to

focus on prevention of community crime and violence and responding to calls for service involving crimes and/or violence.

B. General Questions on 911 Call Processing and Dispatching First Responders

The general agreement described above masks many complex questions that are either not, or inadequately, discussed by the consultant in their discussion of their CERN proposal.

Questions include:

1. Who determines, and at what point in time, which calls are handled by whom (e.g., by CERN, BPD, SCU)?
2. What is the system (or multiple systems) for both receiving calls and routing the responses?
3. How does one system (e.g., CERN) mix and match with other programs under discussion (e.g., SCU, BerkDOT)?
4. Who will provide and staff these non-police responses (i.e., City staff or contractor, professional credentialed or community responders) and if contractors, under what color of authority will they provide City service?
5. When will staffing, and at what staffing level, be available to change, if at all, the allocation of calls for service -- whatever the merits of replacing police, we cannot replace something with nothing?
6. What system is in place should the nature of the call change (i.e., what is the back-up system in case seemingly benign calls turn violent and/or criminal)?
7. Is BPD involved (e.g., as co-responder, as back-up, etc.) or are they required to be separate from these non-police responses?
8. What liability issues do these new responses present to the City; (ix) what impact, if any, does reallocating some percentage of calls for service from police affect the minimum police patrol staffing necessary to perform their function of focusing on and responding to calls for service involving crimes and or violence?



“It was clear to the Task Force that there had been no serious vetting of the NICJR proposal by Dispatch.”

C. Inquiries

Inquiry 1 – Determining What a Tier 1 Call Is

The basic premise of the CERN model is that the only appropriate use of police is in responding to criminal or violent calls for service and that CERN would handle 50% of “Tier 1” calls (calls for service that are neither criminal nor violent.) CERN assumes that the current 911 Dispatch would refer certain Tier 1 calls to a CERN dispatch (i.e., that meet certain criteria regarding call for service call type).

There is no clear agreement between Berkeley Dispatch and NICJR as to how to interpret or dispatch many types of calls. Many calls considered CERN-referral calls by NICJR (e.g., Disturbance) may be considered BPD calls by Dispatch. This is because very frequently the call provides insufficient information to know what is actually happening.

In Task Force meetings, and in “sit-alongs” with Dispatch, it was clear that very little was known until someone was dispatched to the scene. Moreover, Dispatch seemed reluctant to send police officers to some (apparently non-criminal) calls without available officer back-up. Whether they would refer these, and other, calls to a CERN unit is unknown. Currently the BPD uses general communications procedures that are not tailored for behavioral health call processing and dispatching, and there is a need to improve the CAD system for handling behavioral health calls at the BPD Public Safety Communications Centers. Potentially these deficits contribute to the resistance by call takers and dispatchers to support alternative responders.

While these issues might be resolvable through actual implementation, it was clear to the Task Force that there had been no serious vetting of the NICJR proposal by Dispatch. Moreover, when discussing the NICJR proposals with the Task Force, senior Dispatch officials took serious objection.

Note: It is the view of BPD that while they agree that many calls for service may ultimately not require police intervention, they argue that until the officer is dispatched to the scene to assess the situation, that this determination cannot be made.

It should be noted that various SCU type programs addressing mental health and substance use calls for service divert some calls to their SCU version without sending police to the scene. There are SCU type programs in Eugene, Portland, Olympia, Seattle, Sacramento, Oakland, San Francisco, Santa Cruz, Los Angeles, Albuquerque, Houston, Austin, Denver, Chicago, and New York City. Some 911 centers also use behavioral health call scripts to screen for low level mental health and substance use calls that can be handled by alternative non-police responders. It is also well-established that the majority of 911 calls are not police related.⁴⁷ It is important to further consider how we can move forward to ensure equitable 911 service delivery for diverse groups of people. The SCU consultant has proposed training for Dispatch in the Final Report and Recommendations, including with other cities that have these programs.



Inquiry 2: Defining the Relationship between CERN, SCU and BerkDOT

It is unclear how CERN would relate to whatever SCU dispatch system is forthcoming or whether a successful build-out of the SCU would reduce demand for CERN. While the Reimagining and SCU processes were distinct, they were occurring at the same time and the NICJR proposals did not seem informed by the SCU process or recommendations. There could be substantial confusion and complexity in piloting both SCU and CERN at the same time.

⁴⁷ See Vera Institute studies and the [Community Responder Model Report by the Center for American Progress and the Law Enforcement Action Partnership](#). The later report has further shown substantially adverse outcomes for communities of color, people with behavioral health disabilities and others from sending police unnecessarily in response to these calls for service (see report, 2020, p. 3).

The BPD Public Safety Communications Center handles 911 calls for service and will presumably continue to do so, including for CERN and other calls. The consultant, RDA, has proposed a separate line for SCU as many diverse and marginalized groups do not use 911 for fear of police response.

Also unclear is how CERN would relate to numerous future BerkDOT activities that are being proposed. Specific calls for service falling into this category include abandoned vehicles, inoperable vehicles, non-injury “accident,” vehicle blocking driveway, vehicle blocking sidewalk, and vehicle double parking. Using 2019 data in NICJR’s report, these future BerkDOT activities represent ~12% of calls for service to be covered in the CERN pilot. To include transportation calls for service as a part of CERN when they would clearly fall under the BerkDOT framework represents a problematic proposal, and inclusion of these call types within CERN requires more analysis as it relates to BerkDOT.

Overall, the proposed 10 call types for the CERN pilot can generally be divided between BerkDOT and SCU. Seven of 10 call types are either property or traffic related reporting/administrative duties. Two call types for disturbance and suspicious person may include a mental health or homelessness component. Ultimately there may be no reason for establishing a CERN if other alternative responders can take on the work.

The 911 recommendations above in this Reimagining Report include specific items to improve call processing and dispatching for mental health and substance use calls, including addressing call types, narrative descriptions, disposition codes that allow for appropriately categorizing calls.

Inquiry 3 – The Role of Back-up by Police for Alternative Responders

There was no NICJR discussion as to whether CERN (or SCU or BerkDOT) staff would have back-up from BPD should that become necessary or requested. This is important for two reasons: (i) for the security of the non-police responders; and (ii) the strongly held view of both SCU and Task Force members that it is important for callers to be assured that their call for assistance will not result in any possibility of referral to police and the criminal justice system. The future of any non-police response system depends on the continued security of non-police responders. Protecting callers for service from any police involvement for certain types of calls was considered of major importance.

Inquiry 4 – Staffing and Organizational Capacity for Piloting Programs

NICJR indicates that CERN responses would be provided under contract to local non-profits. Some non-profits were briefly identified, though there was no analysis of their capacity to handle the CERN work. Assuming for the sake of argument that a CERN system makes sense, there is an important debate as to whether this should be staffed by City staff or outside contractors. For some calls for service, particularly the behavioral health ones to be handled by the SCU, contract responders may provide excellent service. For other calls for service within the CERN Tier 1 list, there is a question as to what staffing qualifications and capabilities are required and whether responses might be better handled by City staff as opposed to non-profit contractors. In particular, there is a question whether non-City staff responders would have the legitimacy or authority to address conflicts between residents.

The NICJR report provides examples of Tier 1 CERN-related issues (e.g., a noisy party or blocked driveways). NICJR states that the mediation skills of the non-profit team would be sufficient to gain resolution. This may not be the case. Resolution may not necessitate the police, but it might require the possibility of some form of citation (e.g., by code enforcement officials).

These are not irreconcilable issues, but they need to be thought through. In both cases, a code enforcement model might be applicable using their authority to issue citations. This will not work if staffing is with non-profit employees. If staffed with City employees, it will require increasing code enforcement staffing. The issue of responder qualifications or whether color of City authority may be necessary, or how often, is not discussed or analyzed by NICJR.

It is worth noting that for the SCU, the SCU consultant, RDA, has recommended an EMT, behavioral health clinician, and peer specialist as their staffing model.

Inquiry 5 – Screening, Triage, and Dispatching Calls for Service

Dispatch issues are at the core of the implementation of any Reimagining process. Whatever changes are recommended or approved must consider the realities faced by Dispatch.

Dispatch currently has limited triage responsibilities. It essentially dispatches officers to respond to calls for service. If a call seems to be a behavioral health call, and when the

MCT is on duty (roughly 25% of the time), Dispatch also sends the MCT. Dispatch has no other triage responsibilities (other than to counsel the caller themselves). If behavioral health, homeless, or other Tier 1 calls continue to get routed through Dispatch, this will require a major change for Dispatch. Dispatch will now have to determine who to send the call to: BPD or some other responders. In addition, if dispatching to other non-BPD, to what extent will these calls require some form of back-up.

Questions requiring consideration and not analyzed by consultant:

1. How do we coordinate 911 calls for police, SCU, CERN?
2. How will the community know who to call for which services, especially if want no BPD involvement?
3. How will responses be coordinated if some calls go to Dispatch and others go to a separate dispatching phone number?
4. What is the process for resolving these issues?

The City of Berkeley has executed a contract for a public safety consultant to work with the Fire/EMS Department in order to address 911 call processing and dispatching for fire/EMS calls for service. The City's contract provides some \$100,000 for up to 3 years for this purpose. We do not know the full scope of this project, but it intends to enhance triage responsibilities outside BPD. In addition, there is a possibility of placing a behavioral health clinician outside of the BPD dispatch including at the CBO for SCU.



Inquiry 6 – Effects on Patrol Staffing and Potential Police Savings

NICJR recommends that by removing 50% of non-violent, non-criminal calls for service from BPD that BPD Patrol staffing could be reduced by 50%. NICJR explicitly maintains a BPD role to focus on crime and violence, but NICJR does no analysis of the Patrol staffing levels necessary to perform the new BPD Patrol role.

This issue merits further discussion. The belief that removing some calls for service from BPD will have a corresponding reduction in BPD Patrol staffing needs, and that these reductions can finance the build-out of the SCU and whatever form of CERN-like entity the City ultimately pursues, was not analyzed by the

consultant.

(a) Consultant Recommendation of 50% Patrol Reduction

The consultant reviewed the Auditor's report regarding calls for service (CFS) and determined that a large percentage of types of calls for service need not be handled by BPD. The consultant also stated that some types of calls for service do need to be responded to by police.

From this "analysis", the consultant asserts that half of BPD "patrol" officers could be removed from Patrol. However, there is nothing in the consultant report that would lead to this conclusion. The consultant did not study the personnel resources it takes to respond to each type of service and made no analysis of the police resources needed to respond to those calls for service the consultant states should remain with police. The consultant just assumed, not based on analysis, that all calls for service are roughly identical in terms of staffing demands.

The major question regarding the potential for reducing police patrol staffing is analyzing the number of officers on duty at any point in time (not on average across a year) that are needed to respond to that set of calls for service deemed to require BPD (calls involving crime, violence, and other requisite BPD responses). Currently, Patrol is

staffed at 22-24 officers for most shifts (1 per each of the 18 Patrol beats with some minor additional coverage) and roughly 9 officers during the “dog-watch” hours of the early morning in which each officer covering 2 of the 18 Patrol beats).

Key questions:

1. Regardless of how many Tier 1 calls for service are taken from BPD, how many fewer Patrol officers on duty at any particular time are sufficient to provide adequate coverage for those calls for service deemed to require police responses?
2. Would two-thirds of this staffing be sufficient (i.e., 14-16 officers on duty during major hours and 6 officers in the wee hours)?
3. Would half of this staffing be sufficient as stated by the consultant (i.e., 11-12 officers on duty per principal shifts and 4-5 officers for the entire city during the wee hours)?

We could imagine that BPD could adequately cover Berkeley Patrol needs with fewer beats and hence fewer officers to cover these reduced number of beats but determining the magnitude of such reductions and creating a reduced number of police beats requires analysis and this was not studied by the consultant.^[1]

The Task Force attempted to elicit information from the Acting Police Chief during her many presentations to the Task Force, but she was not forthcoming (presumably not wanting to negotiate Patrol staffing reductions in public).

Bottom line: the operational question is not the number of calls for service of different types as per the consultant approach; rather, it is the minimum police staffing, at any point in time, that is required to respond to those calls for service that the City deems should be responded to by BPD as well as any other BPD Patrol duties. This remains to be analyzed.

(b) Patrol staffing vs. BPD staffing

In analyzing potential reductions to BPD staffing, it is important to differentiate Patrol staffing (about 60%) and all other BPD sworn staffing. In Berkeley, non-Patrol staffing includes Investigations (investigating crimes), Traffic Bureau, Community Services, Administration, among other functions. Many proponents of reducing Patrol (including the consultant), believe it is important to maintain or increase Investigations. (*Note: the consultant called for an increase of 5 officers in Investigations.*)

Assuming that many Patrol functions can be better handled by non-BPD does not lead to a corresponding reduction in non-Patrol staffing. As such, the consultant recommendation to reduce Patrol by 50% (the lack of consultant analysis to support that recommendation notwithstanding) would only reduce total BPD sworn staffing by 50% of the 60% of BPD sworn or a total of 30% reduction. Moreover, the consultant recommended that 5 of those reduced from Patrol should be re-assigned to Investigations. This would lead to a reduction of 35 officers or about \$7-8M per year. These 35 officers compare with that total BPD sworn staffing of or about 22%.

(c) Potential Unintended Consequences of Reduced Patrol Staffing

BPD “de-escalation” is based on controlling situations by responding in numbers with multiple officers. It is important to note that the efficacy of this mode of de-escalation has not been proven and bringing multiple officers on scene can escalate some instances such as behavioral health crises. This compares with the Oakland approach of using fewer officers to “control” incidents, but with a more aggressive use of weapons. Reduced Patrol staffing may make current de-escalation strategy difficult.

Query: Will reductions in Patrol officers on duty lead to arguments for additional uses of force? This was not analyzed by the consultant and will bear close monitoring.

Inquiry 7: CERN and BerkDOT

Among other concerns with NICJR's recommendation to establish a CERN Pilot Program is the presence of numerous future BerkDOT activities that are being proposed. Specific calls for service falling into this category include abandoned vehicles, inoperable vehicles, non-injury “accident,” vehicle blocking driveway, vehicle blocking sidewalk, and vehicle double parking. Just taking the 2019 data presented in NICJR's report, these future BerkDOT activities represent ~12% of pilot calls for service to be covered in the CERN pilot. To move forward with these responses are part of CERN, when they should clearly fall under the BerkDOT framework, represents a problematic proposal and these suggestions were made without reference to the separate and parallel BerkDOT development process. Inclusion of these transportation-related calls for service within CERN requires more analysis as it relates to BerkDOT.

Inquiry 8: CERN Staffing and its Sufficiency

NICJR proposes staffing their CERN pilot as follows: “NICJR's recommendation is to divide the City into two CERN districts and award contracts to two CBOS to cover each district. Each CERN district should have three teams (one team per shift) of two CERN

responders or Community Intervention Specialists, plus two additional Community Intervention Specialists as floaters to cover staff who call out or are on vacation.” Whatever the merits of CERN, this staffing model seems insufficient. It claims to cover 3 shifts per day with 3 teams but seems to ignore weekends. It mentions some coverage for vacation, but there will be sickness, training, and other drains on staffing. As indicated above regarding policing, it roughly takes 5x staff to cover one full staff slot 24/7. NICJR is only indicating coverage at 3x. This is a minor concern but seems to substantially understate the requisite staffing and the consequent costs.

^[1] Technical note: To staff one shift 24/7, requires a minimum of 4.2 staff, just to cover the hours – i.e., 7 days x 24 hours = 168 hours/week; this requires 4.2 x 40 hour shifts. Taking into account vacation, sick leave, training, court time, etc., this 4.2 rises to approximately 5x.

[1] “The Police Operations Division budget, which houses costs associated with Patrol, comprised between 52 and 60 percent of the Department’s budget during the review period; Patrol is responsible for responding to CFS in the City of Berkeley.”

“This analysis suggests that under any scenario, officer time associated with responding to all calls for service result suggests that most costs are NOT

Task Force Recommendations on Gender-Equitable Response Systems

A. Improving Gender Equity in Berkeley

Investments by the City to address gender-based violence could have a profound impact not only in preventing further abuse, but in building a future in which all community members feel safe at home, and in their communities. The Task Force hosted two listening sessions for providers of gender-based violence (domestic abuse, sexual assault, human trafficking) to identify ways responses could be improved, enhanced, and reimagined. Input gathered from these sessions as well Task Force members’ expertise form the basis of the recommendations listed below. It is estimated that implementation of these recommendations would cost just under one-million dollars.

Task Force Recommendations on Gender Equity

1. Increase the capacity of community-based organizations serving Berkeley residents, students, and employees by providing additional funding.

The City should consider providing grants to various organizations. Funding should be flexible so providers can decide the best way to support victims and survivors. This would include using funds for housing, childcare, transportation, and other crucial resources.

Providers report that existing resources are insufficient to meet the needs of Berkeley community members, especially for those who require more care and resources including people who are unhoused and people with complex mental health issues. A person seeking to leave an abusive relationship will likely need a range of services, including advocacy/case management; legal services for child custody, restraining order or other family law issue; and other support services like housing and childcare. To provide effective intervention in domestic violence cases, the City should fund long-term solutions. Solutions should include legal services, intensive case management to individuals with high needs, advocacy services in languages other than English, restorative justice programs, healing practices, and job training.

2. Train and provide technical assistance to faith-based leaders on domestic and family violence issues.

Many people turn to faith-based leaders for help. These leaders, like others, need training to understand the complexities of domestic violence, identify effective tools to create safe spaces for those seeking help, learn about existing domestic violence resources to refer people to, and help change cultural norms that perpetuate domestic violence. In California, domestic violence agencies have partnered with faith-based leaders to address domestic violence in their communities. Examples include A Safe Place⁴⁸ in Oakland, and Korean Family Services in Los Angeles⁴⁹. The latter has trained over 1700 faith leaders in the last 10 years.

3. Provide services for people who cause harm.

While survivor-centered services are essential, services for the person causing harm are also crucial to stopping gender-based violence. The City should invest in programs that target people who cause harm, including men and boys, to provide services and prevention efforts.

⁴⁸ <https://www.asafeplace.org/>

⁴⁹ <https://www.kfamilia.org/upage.aspx?pageid=u06>

4. Prevention education for K-12 to provide and coordinate prevention work

Breaking the cycle of violence requires changing cultural norms and practices that perpetuate violence and gender inequities. In addition to the recommendations related to intervention listed above, this subcommittee recommends additional funding for education for K-12 and to create peer-based models, when appropriate. Providers report that more education is needed to teach on toxic masculinity, consent, healthy relationships, and sex education, including sexual pleasure.

4. 5. Provide City Leadership to Host Regular Meetings and Coordinate Services

The City should create a forum for service providers, advocates, community members and response teams (police department, behavioral health crisis) to address issues related to domestic violence, human trafficking, and sexual abuse. This group should meet regularly. City leadership should also participate in County efforts, like the Family Violence Council in Alameda County.^{50-††}

Having the City serve as lead will institutionalize these much-needed partnerships. These meetings would be especially important if a tiered response system is adopted by the City, as victims and survivors of crime will be captured in all tiers (e.g. domestic violence may be reported by a caller as a noise disturbance). During the first listening session, many providers noted that the listening session was the first time that they had been asked for their feedback. Establishing a forum would forge new and ongoing partnerships between the City and providers. For survivors of intimate partner violence, a coordinated community response serves as a protective factor against future violence.^{51†‡} Outreach should be done to ensure that BIPOC leaders are at the table.

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⁵⁰ The Family Violence Council is led by the Superior Court of Alameda County, for stakeholders to improve coordination and cooperation between the court and public and private agencies. This body meets at least four times a year. For more information:

[http://www.alameda.courts.ca.gov/Resources/Documents/2020-04%20Family%20Violence%20Council\(1\).pdf](http://www.alameda.courts.ca.gov/Resources/Documents/2020-04%20Family%20Violence%20Council(1).pdf)

⁵¹ <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/riskprotectivefactors.html>



2. 6. Coordinate with Court and Other Law Enforcement to Implement New Firearm and Ammunition Surrender Laws

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Countywide coordination will be needed to implement Senate Bill 320^{52[3]}, which would require law enforcement to act quickly to enforce firearm and ammunition restrictions for domestic violence restraining orders. Safely removing firearms in these situations is crucial, as research shows a strong association between domestic violence and mass shootings.^[4]

Local courts are now required to notify law enforcement when the court has found that a person is in possession of a firearm or ammunition, in violation of a domestic violence restraining order. Law enforcement must take all necessary actions to obtain the identified firearms/ammunition.

3. 7. Annually Update the Police Department's Domestic Violence Policies and Victim Resource Materials

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California law frequently changes in the area of domestic violence. For example, during the 2021-2022 state legislative cycle, at least five bills passed that change the law for domestic violence restraining orders, including SB 320 noted above. Updating these procedures regularly and in coordination with providers, will ensure that policies reflect current laws and address community-based concerns.

⁵² https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB320

4- 8. Implement Regular Domestic Violence and Trauma-Informed Training for Officers, Dispatch, and Responders to 911 or Non-Emergency Calls

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These trainings should be designed in partnership with community-based providers so that the information is tailored to local needs and issues. This training would be in addition to statewide training requirements through POST (Peace Officer Standards Training).

Providers report that victims and survivors seeking help from police often feel unheard and further traumatized by the experience with police. Examples include allowing other family members to speak or translate for the victim when family members may be related to the abuser. This recommendation is consistent with NICJR’s recommendation that the department increase its use of local community members to provide training.

5- 9. Publish Victim Resources in Plain Language and Multiple Languages

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Victim resources must reach the widest possible array of people, in easy-to-understand language for those with limited language proficiency or low literacy. Languages should include but not be limited to, Spanish, Chinese (simplified), Tagalog, Vietnamese and Korean.^{53[5]} Other languages that are spoken in Berkeley should also be included.

6- 10. Screen for Domestic Violence in All 911 and Non-Emergency Calls

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To reach individuals experiencing domestic violence who are unwilling or unable to come forward, domestic violence should be screened for in all 911 and non-emergency line calls and by the responding officer, including community-based officers (e.g. CERN). This would include collecting information regarding the alleged victim and alleged suspect’s relationship to one another.



“Providers report that advocates sometimes must act as a safe middle person between the victim and police.”

⁵³ [These languages represent the top five languages spoken in California, and also the Bay Area. At a minimum, victim resources should be translated into these languages.](#)

This would lead to better data on the number of domestic violence cases the police and others respond to in the city. Noting the penal code or city ordinance section alone would not capture all domestic violence cases.

7. 11. Assign a Female Officer to Interview, Examine, or Take Pictures of Alleged Victims at Victim’s Request

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This policy would acknowledge that some victims and survivors will feel uncomfortable with having a male officer examine or question them. This could result in the victim giving an incomplete statement (e.g., not disclosing sexual abuse or showing an injury) and further traumatize the victim.

8. 12. Police Response to DV Calls Should Be Accompanied by or Coordinated with DV Advocate

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This could involve a victim advocate being present at the scene or a warm handoff to a victim advocate over the phone or immediately following a police response. This practice is especially important in cases where there is a high risk of lethality, language or cultural barriers that could lead to miscommunication or further traumatization, and high needs cases where victim or family members require a number of services to achieve stability. Having a victim advocate present will help ensure that victims are heard and not further traumatized.

Providers report that advocates sometimes must act as a safe middle person between the victim and police, to ensure that the victim is not mistreated or further traumatized by the interaction with police. This feedback is consistent with information gathered from the community engagement process where black residents spoke of the need for a safety ambassador to act as a bridge between the community and police (see page 40 of Summary of Findings report from Brightstar Research).

[1] The Family Violence Council is led by the Superior Court of Alameda County, for stakeholders to improve coordination and cooperation between the court and public and private agencies. This body meets at least four times a year. For more information: <http://www.alameda.courts.ca.gov/Resources/Documents/2020-04/2020FamilyViolenceCouncil.pdf>

[;tivefactors.html](#)

[220SB320](#)

[ent/early/2020/02/05/JAAPL.003929-20](#)

and California. At a minimum, victim resources should be translated into these languages

Task Force Recommendations on Disability from People with Behavioral Health Challenges (PEERS) Listening Session

1. Include PEERS in Developing Behavioral Health Responses

PEERS indicated that the first and most important recommendation is outreach and inclusion of PEERS who have worked on behavioral health reforms since the 1990s, when this movement began. There are trained Peers who are invaluable to developing responses to behavioral health crises and supporting the transition to new systems of safety in Berkeley.

PEERS are crucial for unpacking the scope and nature of behavioral health crises to provide a nuanced understanding, approach, and framework for responding with appropriate levels of care to people with behavioral health challenges in the community—particularly for a non-police crisis response like a Specialized Care Unit (SCU).

2. Sufficiently Fund & Support Behavioral Health Respite Centers

Drop-in and wellness centers for people living with behavioral health challenges need sufficient funding and staff with full-time Peer Support Specialists where individuals experiencing non-threatening altered states and/or behavioral health crises can move through their crisis in a safe and supported state.

It is further essential to have availability 24/7 and on holidays, and to involve PEERS in the transit from the behavioral health crisis to the Peer staffed drop-in/wellness center. Peer Navigators are also key to assisting people in navigating complex systems, including how to get appropriate services in the City of Berkeley and Alameda County.

3. Have a Reconciliation Process with People Living with Behavioral Health Challenges and Police

There is a need for a reconciliation process with police, particularly as a response to traumatic experiences with police. A reconciliation process, as well as a restorative justice process, with people living with behavioral health challenges may help build trust and rapport with police officers in the future.

4. Clarify the Risk Assessment by Call Takers, Dispatchers, and Police for Behavioral Health

There is a need for clarification about how Public Dispatch Operators and the police use their discretion to make decisions about “public safety threats.” It is not clear if the current protocol is designed to not only determine if someone is a “danger to themselves or others,” or “gravely disabled” to meet the standard for a 5150 involuntary hold, and/or if the assessment offers a more nuanced evaluation for persons who do not meet this standard, particularly to assist with next steps in care if needed.


5. Improve De-Escalation Training for Police & Offer Public Education on Behavioral Health

There is a need for additional de-escalation training for law enforcement and public education about connecting with community members who interact with the world differently than they do—including using peers as part of training.

6. Account for Overlapping Systems of Care for People Living with Behavioral Health Challenges

There is a need to account for overlapping systems of care, including medical, behavioral health (mental health, substance use), social services, and other systems. Participants in the Peers Listening Session, who identify with homelessness, discussed

how current systems are not set up in a way that enables long-term sustainable wellness of the behavioral health community.



Task Force Recommendations from LGBTQIA+ and Queer/Trans Listening Session with Pacific Center for Human Growth Staff

1. Develop Collaboration between LGBTQ+ Liaison for Berkeley Police Department and Pacific Center for Human Growth

Currently, the LGBTQ+ liaison for the Berkeley Police Department has reviewed the LGBTQIA+ Listening Session Report and is working on a collaboration with the staff for the Pacific Center for Human Growth in order to address challenges in the community.




2. Establish Partnership between Division of Mental Health and Pacific Center for Human Growth

There is a need for an established partnership between the Division of Mental Health for the City of Berkeley and the Pacific Center for Human Growth in order to ensure training and service delivery to LGBTQIA+ clients that are culturally safe and responsive. There is a need for collaboration among service providers to become more well-integrated with coordinated services tailored to meet client needs, including ones that are culturally safe and responsive.

3. Increase Capacity for Behavioral Health Workers to Serve LGBTQIA+ Clients

There is a considerable need for behavioral health workers, such as clinicians, case managers, peer specialists, and peer navigators, who can directly guide LGBTQIA+ clients in navigating multiple systems—particularly given the shortage of case management services available from community-based organizations in Berkeley.



Task Force Recommendations on Addressing Underlying Causes of Inequity, Violence and Crime

Along with addressing police, communications, and city response systems and practices, the Task Force firmly believes that the goal of reimagining public safety would be incomplete and ineffective if the City does not address the root causes of inequity, violence, and crime. Following are specific recommendations to address those root cause issues.

1. Public Safety and Community Solutions

This proposal from the RPSTF intends to build on the SCU/MACRO training foundations (once finalized – currently under development) and offer training appropriate for members of the general public, law enforcement, BerkDOT personnel, peers, students and those who need or want to respond constructively based on best practices. This proposal is suggested in place of the Progressive Police Academy in the NICJR final report.

First responders have specific training by profession, but there is a wide variety of procedures among EMS, BPD, Street Ambassadors, Social Workers, CBOS and Berkeley's Mental Health professionals. The Public Safety & Community Solutions Institute can offer a streamlined curriculum that is based on Berkeley's SCU training and broadens its utility throughout our City.

A crucial element of this training will be to provide responders with tools and practices to support their own mental health and tend to vicarious trauma that occurs inevitably and regularly on the job. Many MACRO (Mobile Assistance Community Responders of Oakland) training topics are incorporated into these recommendations. The structure and content of public safety training is currently being developed by experts for Berkeley's SCU. Training topics and modules are subsequent to what will be codified by SCU. A list of training topics and other resources is available in the Appendices.



“For too long, the response to incidents of community violence have fallen on the hands of trusted community members.”

2. Community Violence Prevention Programs

The Task Force urges Berkeley City Council to research and robustly invest into programs that curb community violence through prevention, education, mentorship, trauma stewardship, and economic opportunity. Community violence is a symptom of historically resource deprived communities, intergenerational trauma, over-policing, lack of opportunity and many other factors that impact Black, Indigenous, and other communities of color, especially those that are proximally or currently experiencing poverty.

Should the City of Berkeley decide to adopt or pilot a new Community Violence Prevention Program, we recommend it take the following steps to ensure its success:

Center the families, youth, and individuals the most impacted by community violence. It is crucial to the response to any incident of community violence that there are trauma-informed resources and counseling available to support victims and their community. In what can be the most difficult moment in their lives, our City should have the tools necessary to respond and support them in their time of need.

Create opportunities for community members, leaders, youth and organizations to tap into this work with equitable compensation. For too long, the response to incidents of community violence have fallen on the hands of trusted community members and leaders who leverage their love and compassion to de-escalate further instances and

begin the process of healing. Communities have been left to fend for themselves and “new models or approaches” are met with skepticism.

Hiring of Credible & Trusted Responders: Programs must hire workers who share the same background and come from the same community as those who they intend to serve. Trust from the community is critical to the success of these programs.

Transparency and Accountability: In order to build and maintain trust with communities, it is critical that its work remains visible to the community it serves. The program should interface regularly with the community through education, listening sessions, and other means of intentionally engaging Berkeley residents.

Allow Pilot Violence Prevention Programs to Grow. New programs or approaches to community violence must be allowed a runway to adapt, evaluate, and assess their impact when launched and funding for them should not be tied to arbitrary metrics. The success of these programs comes from a long-term vision of investment, experimentation, and trust in our communities to thrive.



3. Support City Efforts to Establish Office of Equity and Diversity

Racial equity is a set of social justice practices, rooted in a solid understanding and analysis of historical and present-day oppression, aiming towards a goal of fairness for all. As an outcome, achieving racial equity would mean living in a world where race is

no longer a factor in the distribution of opportunity. As a process, we apply racial equity when those most impacted by the structural racial inequities are meaningfully involved in the creation and implementation of the institutional policies and practices that impact their lives. - adapted from Anti-Oppression Resource and Training Alliance (AORTA)

The Re-Imagining Public Safety Task Force supports the City of Berkeley's efforts to establish an Office of Equity & Diversity. For too long, City Departments have had to independently monitor impact, disparities, and ongoing relationships with the community that have produced varying results. These inconsistencies can lead to severe impacts in services rendered, supports given to, and needs met of communities of color and additional diversity and marginalized groups.

An adverse effect, especially in regard to language access, is that many Black, Immigrant, Latinx, and other voices of color will not view City Departments as a venue to air their concerns, lift up their needs, and much worse, as the valuable resource it aspires to be. This adverse impact is also true for additional diverse and vulnerable groups, including based on gender identity and expression, sexual orientation, physical and behavioral disabilities, and other diverse and marginalized groups.

This proposed Office provides an opportunity to help centralize and embed equity and justice practices and frameworks into our City's infrastructure. The impacts of which would far extend beyond addressing disparities, forming partnerships with community organizations and leaders, among others. But perhaps the biggest impact will be seen as communities begin to trust and see City Departments as a resource for them – a Department that is accountable to them.

For the formation of this Office of Equity & Diversity, the Task Force advises that the City take the following steps to ensure it is done with integrity and the community's input.

Partner with trusted Community Organizations and Leaders to lead listening sessions across all of Berkeley's Districts that inform folks of the desire to establish such an Office and solicit feedback and direction on what this Office should prioritize in its work. Listening sessions should be made available in languages other than English and at times that work for a wide variety of schedules. All printed material should also be made available in other languages as well.

Integrate a community oversight and support body that works closely with Office of Equity & Diversity staff in making connections to community members and issues, evaluating approach, and ensuring ongoing success of Office's work.

We look forward to seeing the continued development of this Office of Equity & Diversity and strongly endorse that its process is transparent, community-centered, and a vital part of the foundation of Berkeley's racial equity and social justice work.

4. Implement Pilot Guaranteed Income Project

At least 20 guaranteed income pilots (often referred to as Universal Basic Income/UBI programs) have launched in cities and counties across the U.S. since 2018, and more than 5,400 families and individuals have started receiving between \$300 and \$1,000 a month, according to a Bloomberg CityLab analysis. These cities include Stockton, Compton, Los Angeles, Marin and Santa Clara Counties, and Oakland in California; Denver, CO; Gainesville, FL; Atlanta, GA; Chicago, IL; Gary, IN; Chelsea, Lynn, and Cambridge in MA; St. Paul, MN; Jackson, MI; Newark and Paterson, NJ; Hudson, NY; Pittsburgh, PA; Columbia, SC; Richmond, VA; and Tacoma, WA.

Cities and counties have designed their programs based on similar metrics – local/regional costs of living, and income/need-based eligibility. Specific eligibility parameters were developed by each city based on locally identified priorities; factors weighed include income as a percentage of median area income, family size, legal/immigration status, former incarceration, irregular/informal employment, poverty rates in resident neighborhoods, and foster youth status. Programs durations vary between 1-3 years.

One of the few cities that has completed its pilot is Stockton (Stockton Economic Empowerment Demonstration, or SEED). The results were released in March. "According to SEED, the guaranteed income resulted in higher rates of full-time employment. It also positively impacted the mental health of recipients. Participants reported being less anxious and depressed and "saw improvements in emotional health, fatigue levels, and overall well-being." The report notes that "SEED took a series of steps, based on conversations with legal counsel, social service administrators, institutional review boards, and other cash transfer pilots, to protect against potential benefit losses." The goal was to augment benefits, not replace them.

Ultimately, UBIs are not one-size-fits all. The City should review data available from similar programs in order to determine the size and scope of its program, e.g., target recipients, selection criteria and process, appropriate cash transfer size, project duration, and data tracking/ evaluation protocols.

["Every U.S. City Testing Free Money Programs", Mashable.com
<https://mashable.com/article/cities-with-universal-basic-income-guaranteed-income-programs>

"Basic Income In Cities: A Guide to City Experiments and Pilot Projects", National League of Cities (NLC) and Stanford Basic Income Lab (BIL)

<https://www.nlc.org/resource/universal-basic-income-whos-piloting-it/>

"Exploring Universal Basic Income: A Guide to Navigating Concepts, Evidence, and Practices", The World Bank
[Exploring Universal Basic Income: A Guide to Navigating Concepts, Evidence, and Practices.](#)



5. Support Police Accountability Board and Fair & Impartial Policing

The Police Accountability Board and Fair and Impartial Policing, crucial initiatives to improve the existing Berkeley police force are already underway, and the Task Force calls for them to be strongly supported and enhanced.

As the Task Force is a temporary commission, the Police Accountability Board (PAB) must assume the continuing oversight responsibility over both policing and the implementation of re-envisioned public safety. City Council, city management, City Attorney, and the police department need to honor the community-based oversight structure by including the PAB and its Director fully in the development of public safety policy. Instead, the Council and staff have moved backward, providing the most minimal level of consultation at the latest possible stage. This trend is exemplified by the surveillance technology and Early Intervention System (anti-racial profiling) policy processes, with concern about the development of internal PAB complaint hearing regulations as well.

We recommend that Council request PAB advice before making a policy decision to proceed toward surveillance technology acquisitions; mandate the BPD to collaborate

with PAB on development of all significant General Orders or other policies; and support moves by the PAB to make it easier for people from historically marginalized communities to raise and pursue officer misconduct complaints.

The Council passed a strong anti-bias program, Fair and Impartial Policing, in February 2021; but very little of the program has been implemented. A transparent plan must be published, and a speedy implementation timeline agreed to. We recommend that, as discussed above, the PAB be brought into rather than excluded from the policy development process; the Early Intervention System be clearly defined as an investigative tool to assess and address the racial disparities that plague the BPD; and that implementation, findings and outcomes be regularly reported to the PAB and Council in the spirit of full transparency.

We finally recommend that Council resist the national trend to roll back the lessons of the Black Lives Matter movement and the heightened consciousness of racial injustice in the wake of the murder of George Floyd, in whose honor the Reimagining process was birthed. We must not return to the era of unconstitutional policing marked by the drug war, saturation/aggressive policing, stop-and-frisk, and the racial profiling that attends these processes. If the proposed Crime Suppression Unit, which openly hearkens back to programs of yesteryear, is tainted with practices that lead inevitably to mass incarceration in communities of color, we recommend it be rejected.

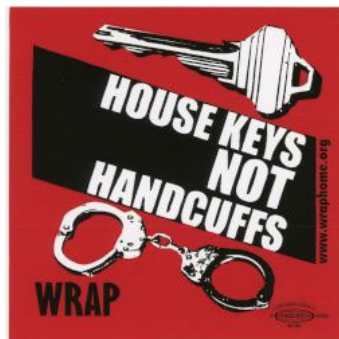
Much of the work recommended in this report, including the development of behavioral health and gender-based service responses and addressing the root causes of inequity, can only be done in partnership with or led by community-based organizations (CBOS), who carry much of our communities' expertise and experience in these areas. The Task Force therefore recommends greater investment in building the service and infrastructure capacities of local relevant CBOS, so they can be effective partners in this work.

Task Force Recommendations on Sustaining Community Based Organizations

A. Why Does Berkeley Need So Many CBOS?

CBOS mean each organization is providing more individualized attention to the issue than would be the case if there were fewer, larger entities with larger caseloads, longer wait times, and fewer locations. Larger CBOS can in time as they continue to grow become more and more bureaucratic.

More specialized smaller CBOS means they can be spread out across all neighborhoods, and are responsive to the people, institutions, needs, and cultural differences of each one. It means they can offer more specialization and responsiveness by need, methodology, and target populations.



B. Community Based Organizations' Overview including Funding Summary of City of Berkeley Budget and Recommendations

The City of Berkeley prides itself in its support of community-based organizations and the incredible extension of critical services these agencies provide Berkeley residents. On the following page is a summary of City allocations to local CBOS.

FY 2022 COMMUNITY AGENCY ALLOCATIONS BY SERVICE TYPE

	General Funds	Federal Funds	Other Funds	All Sources
Arts	\$586,652	\$0	\$0	\$586,652
Childcare	\$586,819	\$ -	\$13,275	\$600,094
Community Facilities Improvements	\$24,575	\$1,113,570	\$ -	\$1,138,145
Community Media	\$230,710	\$ -	\$ -	\$230,710
Disability Programs	\$86,122	\$159,660	\$1,432,011	\$1,677,793
Economic Development	\$422,500	\$ -	\$ -	\$422,500
Employment Training	\$295,165	\$ -	\$ -	\$295,165
Health	\$2,060,256	\$160,000	\$ -	\$2,220,256
Homeless	\$8,661,884	\$634,930	\$1,405,950	\$10,702,764
Housing Dev & Rehab	\$203,475	\$250,000	\$ -	\$453,475
Legal/ Advocacy	\$895,486	\$35,000	\$ -	\$930,486
Other	\$168,104	\$ -	\$ -	\$168,104
Recreation	\$18,573	\$ -	\$ -	\$18,573
Seniors	\$9,110	\$ -	\$ -	\$9,110
Youth	\$1,040,567	\$ -	\$ -	\$1,040,567
TOTAL	\$15,289,998	\$2,353,160	\$2,851,236	\$20,494,394

	FY 2021 All Sources	FY 2022 All Sources	Percent Change
Arts	\$573,654	\$586,652	2%
Childcare	\$643,902	\$600,094	-7%
Community Facilities Improvements	\$24,575	\$1,138,145	4531%
Community Media	\$230,710	\$230,710	0%
Disability Programs	\$1,604,926	\$1,677,793	5%
Economic Development	\$422,500	\$422,500	0%
Employment Training	\$295,165	\$295,165	0%
Health	\$2,220,256	\$2,220,256	0%
Homeless	\$13,823,569	\$10,702,764	-23%
Housing Dev & Rehab	\$453,475	\$453,475	0%
Legal/ Advocacy	\$4,757,027	\$930,486	-80%
Other	\$168,104	\$168,104	0%
Recreation	\$18,573	\$18,573	0%
Seniors	\$9,110	\$9,110	0%
Youth	\$1,065,567	\$1,040,567	-2%
TOTAL	\$26,311,113	\$20,494,394	-22%



“Funding cycles are grueling and time intensive: the process lasts many months and rarely results in any change to the funding levels.”

C. TASK FORCE RECOMMENDATIONS for CBOS

1. Conduct Assessment on CBOS’ Capacity vs the Needs of the Community.

CBOS in Berkeley have many decades of experience in the areas of work identified in this report; behavioral health-based and gender-based service responses, violence prevention, and addressing the root causes of the multi-dimensional inequity that causes violence and crime, from income and housing insecurity. Increase safety to family stability and increase the capacity of CBOS to be more responsive, efficient, accountable and be better partners with consumers, other CBOS including equity in training and salaries.

Recommendations

1. Services delivery evaluation by consumers, staff and other CBOS
2. Reduce duplication
3. Assess capacity vs need
4. Create efficiencies by sharing financial and contract management services
5. Design well thought out strategies for coordination across systems
6. Facility repair for safety and accessibility
7. Train staff
8. Service audit
9. Financial audit

The City of Berkeley has developed a comprehensive community-based landscape with over 100 contracts for services ranging from childcare to senior care. CBOS do their work in a service environment that has very limited access to housing, employment, and treatment: they have developed innovative and effective strategies for supporting personal, family and community transformation despite these gaps. Coordinated services need to incorporate and enhance the expertise they have gained over the years.

In Berkeley, there are youth, LGBTQ, seniors, disabled, and other people ready and wanting to work and engage in recovery from drugs and alcohol or mental illness – there are families, survivors of domestic violence, people experiencing undiagnosed mental illness or serious health problems, veterans, and people who are economically poor. In all of these situations, there is trauma.

Before new initiatives are introduced into CBOS, current capacity needs to be assessed and programs evaluated. Too often emergency or stop-gap responses are implemented before conducting detailed assessment and evaluation.

Data needed:

- a. Ongoing feedback from the communities being served
- b. Ensure that staff has assisted the consumer correctly and fully completing paperwork and applications
- c. Map all services provided by CBOS, develop a map of where they are located and make every effort to spread them around town
- d. Understanding the challenges CBOS are facing
- e. Evaluation of the efficacy of our CBOS and the potential for capacity building, coordination, and networking using each other's best practices

2. Create Coordination and Communication Opportunities for CBO staff

Specifically, provide opportunities and forums for CBO executive level staff to work more closely with each other. Coordination and common purpose help increase better use of resources. This will create opportunities to align outreach criteria, coordinate efforts, and centralize information obtained from the field.

3. Improve Referral Systems

The City and CBOS' should improve the system of referrals after intake and assessment with the intent to shepherd a consumer through the system and proactively assist in gathering all required documentation. This would lessen the load placed on the person seeking services and person of navigating through a complex and documentation-driven system while trying to survive one day at a time.

4. Remove City Funding System Inefficiencies and Duplication

Funding cycles are grueling and time intensive: the process lasts many months and rarely results in any change to the funding levels. Cost of living increases are rare, and the work of the providers keeps growing. Funding decisions often require that they end up "robbing Peter to pay Paul" to balance the budgets. The City of Berkeley process takes 5 months which includes the Homeless Commission, Staff and City Manager recommendations and then Council approval. At each level the CBOS and their consumers and board members hours in lobbying, presentations, and public hearings.

Specific actions the City can take to decrease bureaucracy and increase efficiency include:

- a. More flexibility with funding contracts (e.g., higher threshold for requiring a contract amendment, providing administrative overhead that meets actual costs).
- b. Quarterly instead of monthly reporting.
- c. Increase baseline CBO salaries to improve their recruitment and retention.

5. Develop Additional Success Metrics for CBOS

The measure of success cannot be based just on the attainment of housing or jobs – multiple factors contribute to community stability and public safety, including social relationships, connection to resources, service participation/engagement, health/behavioral, health status, mindset, behaviors, and more. Additional metrics need to be developed that better evaluate the wellbeing of individuals, families, neighborhoods, and communities.



6. Help CBOS Enhance Their Funding

All CBOS have multiple funding sources from diverse funders, but many funds are restricted to a specific segment of our populations. There are great funding gaps that exist in providing services – especially for a person not designated as “chronically homeless” This results in those consumers getting minimal, if any, help.

The funding sources beyond the City of Berkeley include foundations, corporations, faith-based institutions, Alameda County Behavioral Health Care Services, Alameda County Social Services Agency, State of California, HUD, Veterans Affairs, private donors, billing and other fees, events and sale of products produced by clients. Larger CBOS have development directors who are extremely sophisticated in applying to every RFP for which they qualify, producing highly competitive proposals at all levels. With the smaller CBOS this effort falls on the Executive Director. The biggest challenge for CBOS is raising funds from foundations and corporations.



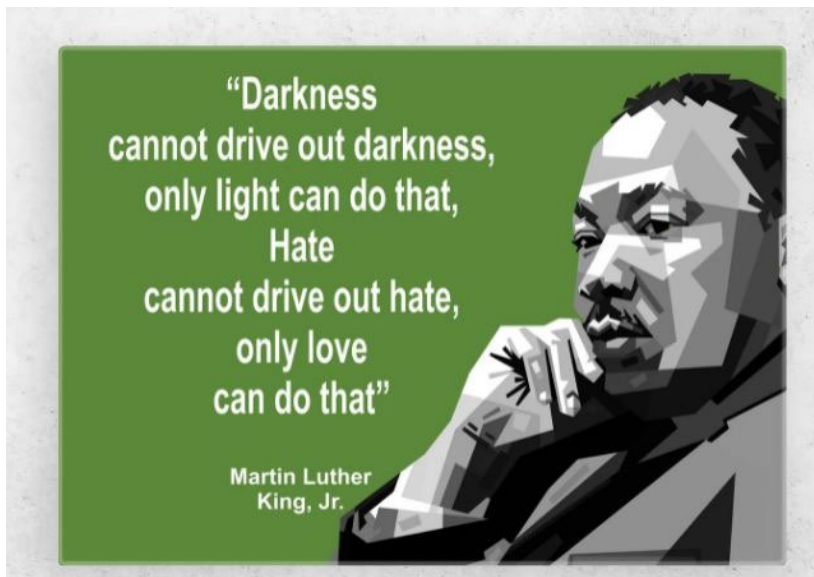
D. Strategies to Help CBOS Leverage Additional Funds Include:

1. Establish a small team led by the mayor, a council member, City Manager, service provider, homeless consumer, commission member, major donor, and community member to meet with all major foundations, corporations and other entities with significant resources. Such a meeting would “sell” the coordinated entry model and would demonstrate the large spectrum of options. that inhibit CBOS ability to leverage funds.
2. Create an annual citywide fundraising campaign that would benefit all CBOS. In partnership with consumers, CBOS, including donors, faith-based organizations and using interns from UCB, a public education campaign can present a powerful and accurate narrative about how CBOS approach problems through a participant or need-centered lens: What unmet need is this individual/family/ neighborhood/community experiencing, and what is the solution?

This is different than the way public entities and public systems approach problems, which is to look at issues with a trifocal lens: need, budget, and political ramifications or public reaction. CBOS, being privately operated and mission-driven, are freer to pursue innovation and creative solutions. They are able to pivot with new strategies more quickly than public systems (a speedboat or a sailboat versus an ocean liner). They are freer to engage individuals with lived experience and non-traditional resumes (and cultivate greater trust from those they serve as a result). They are geographically decentralized, with deeper connections to the neighborhoods they both operate and provide services in.

3. Train staff. The need for training is a high priority among our CBOS especially in organizations that hire people with lived experience of poverty, violence, homelessness, and other personal trauma. Areas identified by the CBOS include trauma informed care, motivational interviewing, cultural competence, and developing tools and skills so that our population is served with respect and staff have extensive knowledge about the availability of existing appropriate resources. Funding should be dedicated for training and require specific coursework around the aforementioned areas identified.

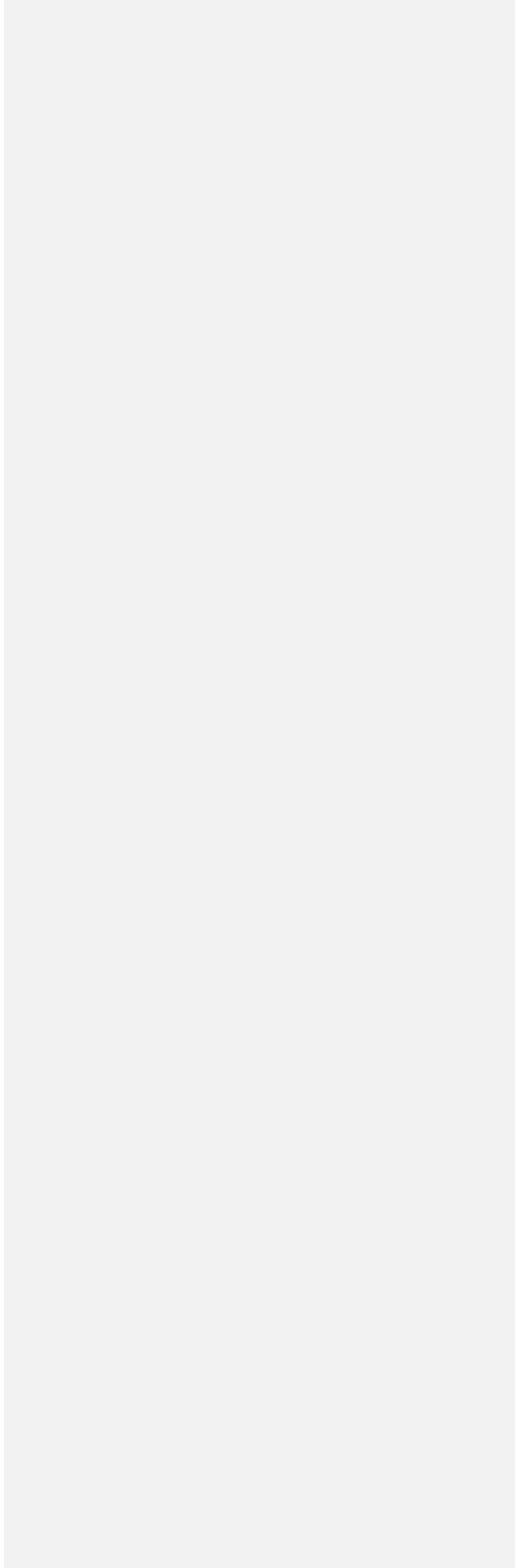
4. Gather feedback from consumers. While there is intention in all CBOS to gather feedback from those who use services, there is no consistent effort made to do so. It is critical in any system of care to create a feedback loop from consumers through resolution and integrate that feedback into improved service delivery. A few CBOS excel at this effort and their and Mayor's staff, existing feedback models can be reviewed, and feedback tools recommended for implementation.





Appendices

1. Glossary of Acronyms.....	102
2. Inequities, Social Determinants of Health, and Well-Being as they related to Transportation in Berkeley and Community Engagement Summary on BerkDOT.....	104
3. LGBTQIA+ and Queer/Trans Listening Session.....	113
4. PEERS Listening Session for People Living with Behavioral Health Challenges.....	119
5. Training and Community Solutions (TCS) Institute Training Topics.....	126
6. Community Violence and Prevention Programs.....	129
7. Strategy for Employment Programs.....	131
8. SOS Program (Richmond Model)	133
9. Police Accountability and Civilian Oversight.....	142



Appendix 1. Glossary of Acronyms

AAPI	Asian American and Pacific Islander
ABLE	Active Bystandership for Law Enforcement
AMI	Area Median Income
BAPPA	Bay Area Progressive Policing Academy
BCSC	Berkeley Community Safety Coalition
BerkDOT	Berkeley Department of Transportation
BFD	Berkeley Fire Department
BIPOC	Black, Indigenous and People of Color
BMC	Berkeley Municipal Code
BPD	Berkeley Police Department
BRG	Bright Research Group
BWC	Body Worn Camera
CAD	Computer Aided Dispatch
CAHOOTS	Crisis Assistance Helping Out on the Streets
CBO	Community Based Organization
CERN	Community Emergency Response Network
CFS	Calls for Service
CIT	Crisis Intervention Training
CPE	Center for Policing Equity
CVC	California Vehicle Code
DV	Domestic Violence
EIS	Early Intervention System
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
EPIC	Ethical Policing is Courageous
HALO	Highly Accountable Learning Organization
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual plus
MACRO	Mobile Assistance Community Responders of Oakland
MCT	Mobile Crisis Team

NICJR	National Institute of Criminal Justice Reform
PAB	Police Accountability Board
PEERS	People with Behavioral Health Challenges
PEO	Parking Enforcement Officer
POST	Peace Officer Standards Training
QA	Quality Assurance
QAT	Quality Assurance and Training
QTBIPOC	Queer and Trans Black, Indigenous and People of Color
RDA	Research Development Associates
RFP	Request for Proposals
RIPA	Racial and Identity Profiling Act
RPS	Reimagining Public Safety
RPSTF	Reimagining Public Safety Task Force
RTEBN	Rebuilding Together East Bay-North
SAMHSA	Substance Abuse and Mental Health Services Administration
SCU	Specialized Care Unit
SEED	Stockton Economic Empowerment Demonstration
SOS Program	Safe Organized Spaces Program
TCS	Training and Community Solutions
SUD	Substance Use Disorder
UBI	Universal Basic Income

Appendix 2: Inequities, Social Determinants of Health, and Well-Being as they related to Transportation in Berkeley and Community Engagement Summary on BerkDOT

The transportation system in Berkeley and beyond imposes significant and unequal burdens across members the population, with the negative externalities of transportation system differing most significantly by income/wealth, race/ethnicity, ability, age, gender, sexual orientation, mode of transportation, housing status, and immigration status. Not only do these negative externalities manifest as limits on people's mobility, but also limit people's access to opportunities, including employment, education, health care, recreation and goods and services.

Inequities in Access to and Affordability of Transportation

People spend an enormous amount of their income on transportation costs - in the US, transportation is generally the 2nd largest expenditure for households after housing, accounting for about 13% of expenditures each year. However, the proportion of income dedicated to transportation costs is not even across income groups - in 2016, the lowest earning 20% of households spent 29% of their household income on transportation compared to the highest earning 20% who spent only 9% of their income on transportation.⁵⁴ This inequity has been exacerbated by the COVID pandemic, where higher income workers have often had the luxury of working from home (and avoiding commute costs) while lower income "essential" workers have had to continue their daily commutes.

There are multiple reasons that lower income households are burdened with such high transportation costs. One is that, for the most part, the cost of car ownership holds mostly constant across income levels. AAA estimates that the average annual cost of new vehicle ownership is \$9,666, or \$805.50 per month.⁵⁵ For those with older cars, costs may still be nearly as high due to poorer fuel efficiency and more frequent need for high-cost repairs. Another reason for the high burden of transportation costs on lower income households relates to the high cost and low availability of housing in job centers. Many people traveling to Berkeley for work cannot afford to live here, but instead are pushed into outlying areas with more abundant, cheaper housing but poor access to public transportation. These workers coming into Berkeley are spending huge portions of their income on fuel and repairs related to their super-commutes. Even lower

⁵⁴ Institute for Transportation & Development Policy. "The High Cost of Transportation in the United States." Transport Matters. May 23, 2019. <https://www.itdp.org/2019/05/23/high-cost-transportation-united-states/>

⁵⁵ Ellen Edmonds. "Sticker Shock: Owning a New Vehicle Costs Nearly \$10,000 Annually." AAA. August 19, 2021. <https://newsroom.aaa.com/2021/08/sticker-shock-owning-a-new-vehicle-costs-nearly-10000-annually/>

income households who might not be dealing with long commutes may be forced into the expensive cycle of car ownership and its associated costs when public transit options feel neither convenient nor safe enough, or when travel by bicycle is not possible because of a lack of safe routes or when residents lack adequate safe and secure bicycle storage options, especially those living in apartment buildings.

It is also critical to examine disparities in who does and does not drive a car. In particular, the youngest and oldest segments of our population don't drive, many people with disabilities cannot drive, and car ownership is prohibitively expensive for many with low incomes. In total, 40% of the US population cannot drive.⁵⁶ No one under the age of 16 in California can drive. Across the US, one in five people over age 65 don't drive and by age 80, 65% are no longer driving, while only 40% have difficulty walking.⁵⁷ In the Berkeley/Albany Public Use Microdata Area, 25% of households with no car are occupied by someone with a disability, compared to 14% of car-free households where no one has a disability, and 24% of households with no car are occupied by Black residents compared to 14% of car-free households with non-Black residents.⁵⁸

Several cities have worked to develop policies and programs to try to address some of the inequities in access to and affordability of transportation. In November 2021, Oakland launched a Universal Basic Mobility Pilot⁵⁹ to give 500 East Oaklanders up to \$300 for transit and shared mobility on a prepaid debit card. These funds can be used to pay for transportation services such as AC Transit buses, BART trains, WETA ferries, BayWheels bike share, and electric scooter share. The goals of this program are both to boost equity and reduce dependence on cars. In July 2021, Pittsburgh, PA launched a similar program and will be providing up to 100 low-income residents with monthly transit subscriptions and shared mobility services for six months.⁶⁰ In Albuquerque, a 1-year pilot has been launched to make transit completely free to all residents.⁶¹ And in January 2022, Boston launched a 2-year pilot program to make transit free on 3 MBTA bus lines that service low-income communities of color.⁶²

Unequal Investments in Transportation Infrastructure Led to Inequities in Adverse Outcomes

⁵⁶ Kit Krankel McCullough. "Aging population needs walkable, bikeable cities." Public Square: A CNU Journal. March 5, 2020.

⁵⁷ Kit Krankel McCullough. "Aging population needs walkable, bikeable cities." Public Square: A CNU Journal. March 5, 2020. <https://www.cnu.org/publicsquare/2020/03/05/aging-population-needs-walkable-bikeable-cities>

⁵⁸ 2018 American Community Survey PUMS data: <https://www.census.gov/programs-surveys/acs/microdata.html>

⁵⁹ City of Oakland. Universal Basic Mobility Pilot. <https://www.oaklandca.gov/topics/universal-basic-mobility>

⁶⁰ City of Pittsburgh. Press release: Pittsburgh Launches Innovative Mobility and Equity Initiatives Move PGH and Universal Basic Mobility. July 9, 2021. <https://pittsburghpa.gov/press-releases/press-releases/5084>

⁶¹ City of Albuquerque. Zero Fares Pilot Program. <https://www.cabq.gov/transit/tickets-passes>

⁶² City of Boston. Mayor Wu Takes Steps To Expand Fare-Free Bus Service. January 19, 2022. <https://www.boston.gov/news/mayor-wu-takes-steps-expand-fare-free-bus-service>

While some inequities in transportation outcomes relate to individual characteristics (e.g., race, ability, income, etc), others stem from historical and ongoing disinvestment in low-income communities of color. The racial and economic “redlining” of certain communities in south and west Berkeley resulted in highly segregated neighborhoods that, over time, received very different levels of infrastructure investment in items such as tree canopy, traffic calming, sidewalk and roadway maintenance, and stormwater management. This disinvestment, once a deliberate policy decision, has been perpetuated even in recent years by advocacy from well-organized, wealthy residents with political savvy and time to spare who advocate for further neighborhood improvements, while Berkeley’s lowest income residents are less able to advocate for investment in their neighborhoods given their more limited time, possible language barriers, and other barriers that often preclude full involvement in planning process.

These historic disinvestments have created a transportation system in Berkeley that is, by design, unequal in terms of safety. On top of BPDs over policing of low-income communities of color, the infrastructural elements of many of south and west Berkeley’s roads are built with high operating speeds, which is speed at which most drivers feel comfortable driving on a given roadway. For example, while 9th Street between Dwight and Bancroft is a 2-lane street that is bicycle boulevard and designated as a local street that should “discourage vehicular speeds above 15 or 20 miles per hour,”⁶³ it is actually a quarter mile long, 48-foot wide roadway with only one stop sign, virtually no roadway markings, and street trees only between Dwight and Channing. Contrast this with Ashby Avenue between Claremont Crescent and Ashby Place, also a 2-lane, quarter-mile long stretch, but one that, while designated as an “major street” designed to “discourage speeds above 25 miles an hour” is only 32-foot wide, exhibits numerous street markings, and has ample, mature street trees. While drivers routinely exhibit vehicle speeds well over 35 MPH on 9th Street, most traffic on Ashby hovers around 25 MPH. This shows that infrastructural elements can influence operating speed much more than simple “speed limits.”

These sorts of infrastructural inequities actually translate into further inequities in traffic stops, even when officer racial bias is removed. In Chicago, a recent study found that, despite being evenly spread across the city’s neighborhoods, automated speed and red-light enforcement cameras still issued a disproportionate share of tickets to individuals in majority-Black zip codes (the ticketing rate for Black neighborhoods was three times higher than for majority white neighborhoods).⁶⁴ Underlying these disparities was road design: all of the ten speed cameras that issued the most speeding tickets (for

⁶³ City of Berkeley. Transportation Element. https://www.cityofberkeley.info/Planning_and_Development/Home/General_Plan_-_Transportation_Element.aspx

⁶⁴ Emily Hopkins and Melissa Sanchez. “Chicago’s “Race-Neutral” Traffic Cameras Ticket Black and Latino Drivers the Most.” ProPublica. January 11, 2022. <https://www.propublica.org/article/chicagos-race-neutral-traffic-cameras-ticket-black-and-latino-drivers-the-most>

going >10 MPH over the posted limit) were on 4-lane roads, and 6 of these were in majority Black census tracts. At the same time, 8 of the 10 cameras that issued the least tickets were on 2-lane streets, but just 2 of these were in majority Black census tracts. Similar findings also came out of an analysis in Washington DC, where automated traffic enforcement resulted in “drivers in black-segregated neighborhoods receiving] double the average number of moving violations per capita, while drivers within white-segregated areas receive[d] just one eighth the average.”⁶⁵

Systematic disinvestment in infrastructure also plays a role in who suffers most from the severe and fatal collisions that we continue to see on our streets. There is an epidemic of traffic violence on US streets - in 2020, an estimated 38,680 people were killed in traffic collisions in the US, with a fatality rate higher than has been seen since 2007⁶⁶. This is similar to the number of deaths in the US annually from gun violence⁶⁷. Motor vehicle crashes are the number one killer of children and teenagers in the US, representing 20% of all death of children ages 1-19⁶⁸. In Berkeley, between 2010 and 2019 an average of three people died and at least 32 people were severely injured due to traffic violence every year⁶⁹. These numbers have increased in recent years - in 2019, 6 people were killed and 69 were severely injured in traffic collisions in Berkeley⁷⁰, and while 2021 data have not yet been analyzed for Berkeley, we do know that at least 7 traffic fatalities occurred⁷¹.

The burden of this traffic violence does not fall equally across all groups. Historic disinvestment of infrastructure in low-income communities of color means that traffic fatalities are overwhelmingly suffered by Black and Brown people - Black and American Indian/Alaska Native people suffered the highest rates of traffic deaths in the US between 2015 and 2019⁷². And in 2020, while there was a 7% increase overall in traffic deaths in the US compared to 2019, the increase was 23% for Black people and 11%

⁶⁵ William Farrell. “Predominantly black neighborhoods in D.C. bear the brunt of automated traffic enforcement.” DC Policy Center. June 28, 2018. <https://www.dcpolicycenter.org/publications/predominately-black-neighborhoods-in-d-c-bear-the-brunt-of-automated-traffic-enforcement/>

⁶⁶ National Highway Traffic Safety Administration. “Early Estimate of Motor Vehicle Traffic Fatalities in 2020.” Publication DOT HS 813 (2021): 115. <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/813115>

⁶⁷ Centers for Disease Control and Prevention. “All Injuries.” Accessed January 13, 2022. <https://www.cdc.gov/nchs/fastats/injury.htm>

⁶⁸ Cunningham RM, Walton MA, Carter PM. “The major causes of death in children and adolescents in the United States.” *New England Journal of Medicine* 379, no. 25 (2018): 2468-2475. <https://www.nejm.org/doi/full/10.1056/nejmsr1804754>

⁶⁹ City Of Berkeley, Vision Zero Annual Report 2020-2021. March 2021.

https://www.cityofberkeley.info/uploadedFiles/Public_Works/Level_3_-_Transportation/Vision_Zero_Annual_Report_April_2021%20-%20REVISED.pdf

⁷⁰ City Of Berkeley, Vision Zero Annual Report 2020-2021. March 2021.

https://www.cityofberkeley.info/uploadedFiles/Public_Works/Level_3_-_Transportation/Vision_Zero_Annual_Report_April_2021%20-%20REVISED.pdf

⁷¹ Emile Raguso. “Update: Man who died in marina crash ID’d as James Israel of San Anselmo.” *Berkeleyside*. November 3, 2021. <https://www.berkeleyside.org/2021/11/03/fatal-crash-berkeley-marina-at-least-1-person-dead>

⁷² R. Retting, M. Richardson, H. Smith, S. Turner, An Analysis of Traffic Fatalities by Race and Ethnicity | GHSA, Governors Highway Safety Association, (2021). <https://www.ghsa.org/resources/Analysis-of-Traffic-Fatalities-by-Race-and-Ethnicity21>

for American Indian/Alaska Native people⁷³. In Berkeley, we see similar disparities, and the collision injury rate is highest for Black people - 2.6 times higher than for white people across all injury collisions and 1.7 times higher for severe and fatal collisions. For severe and fatal injuries of pedestrians in Berkeley, the rate is over twice as high for Black pedestrians compared to white pedestrians (2.2 times higher).⁷⁴

The City's Vision Zero Annual Report 2020-2021 acknowledges that "[w]e know that people of color, people with no or low income, people with no or limited English proficiency, people experiencing homelessness, youth, seniors, and people with disabilities are over-represented in fatal and severe injury collisions."⁷⁵ The City has also designated much of south and west Berkeley an Equity Priority Area for prioritizing infrastructure improvements to remedy systemic and inequitable underinvestment (the Equity Priority Area considers historic Home Owners' Loan Corporation (HOLC) "redlining," racial/ethnic composition, property value, and cultural centers)⁷⁶. While 37% of Berkeley's streets (by mile) can be found in the Equity Priority Area, almost half (42%) of Berkeley's severe and fatal collisions occur on streets in the Equity Priority Area.

The Overarching Impacts of Transportation on Well-Being

As discussed, how we plan, build, and enforce our transportation system has a profound effect on the well-being of Berkeley's residents. Berkeley has historically leaned heavily on police enforcement purportedly to achieve transportation and public safety goals. This ongoing reliance on enforcement has dubious efficacy yet profound negative effects on the well-being of many Berkeleyans. The humiliation, stress, trauma and fear of violence that many in our community experience during traffic stops is harmful and these negative experiences are overwhelming burdened by those in our community who are already the most vulnerable by virtue of their race/ethnicity, income, gender, sexual orientation, housing status, or immigration status. Accompanying this are the negative impacts of fines and fees associated with traffic stops and parking enforcement - once again, these are most detrimental to those in our community who are already the most vulnerable, and for whom a costly ticket could mean an inability to pay for life-saving prescription medications, bus fare to get to work, heating, or rent. Our most vulnerable communities, who live in fear of police surveillance on our streets and

⁷³ National Highway Traffic Safety Administration. "Early Estimates of Motor Vehicle Traffic Fatalities and Fatality Rate by Sub-Categories in 2020." Publication DOT HS 813 (2021): 118. <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/813118>

⁷⁴ From a forthcoming analysis from Walk Bike Berkeley using 2006-2020 collision data from SWITRS (<https://iswitrs.chp.ca.gov/Reports/isp/RawData.jsp>). Analyses exclude collisions with parked cars or other objects and also exclude collisions on interstates (but include state highways like Ashby and San Pablo).

⁷⁵ City Of Berkeley, Vision Zero Annual Report 2020-2021. March 2021.

https://www.cityofberkeley.info/uploadedFiles/Public_Works/Level_3_-_Transportation/Vision_Zero_Annual_Report_April_2021%20-%20REVISED.pdf

⁷⁶ City of Berkeley. 2020 Pedestrian Plan. January 2021. https://www.cityofberkeley.info/uploadedFiles/Public_Works/Level_3_-_Transportation/2020%20Pedestrian%20Plan%20FULL%20adopted.pdf

spiraling fines and fees, become limited in their freedom of mobility, thus reducing their access to jobs, school, health care, recreation, and goods and services, and other essential opportunities. These same communities also live under the constant threat of traffic violence on streets that are designed for high speeds following years of structural disinvestment. Taken together, Berkeley's transportation system is failing many of its residents, sacrificing the comfort and convenience of some at the expense of the well-being of others. There are steps Berkeley can and should take to improve our transportation system, but we must do so in a thoughtful, equitable way that achieves safety and mobility justice for all.

Community Engagement Findings relating to BPD Vehicle, Bicycle, and Pedestrian Law Enforcement

Philando Castile, Sandra Bland, Walter Scott, Duante Wright, Sam DuBose. As we tragically have seen across the country, traffic stops present a significant threat to Black and other people of color, with about a quarter of US police shootings beginning with a traffic stop.⁷⁷ Thankfully, in Berkeley, there have not yet been any instances of police shootings stemming from traffic stops (likely because of the size of the city, not because of any specific BPD practices), but fatal encounters are not the only outcome of concern with racially-biased police stops. Constant over-surveillance and the underlying threat of police violence while driving, walking or biking is stressful, humiliating, and often traumatic. If stopped, analysis from the US Department of Justice shows that Black and Hispanic people are more than twice as likely to experience threats or use of force during police stops with the police⁷⁸, and reviews of body camera footage have shown that police officers speak significantly less respectfully to Black people than white people during traffic stops, even after controlling for a wide variety of factors.⁷⁹ It is therefore critical that we listen closely to the voices of Berkeley's most affected residents to better understand their lived experiences being in public spaces and in the presence of BPD.

As part of a separate, but parallel, process to create a Berkeley Department of Transportation (BerkDOT), the City commissioned a citywide, representative survey⁸⁰ to better understand the transportation needs of Berkeley residents and their perceptions

⁷⁷ Cheryl W. Thompson. "Fatal Police Shootings Of Unarmed Black People Reveal Troubling Patterns." January 25, 2021. NPR. <https://www.npr.org/2021/01/25/956177021/fatal-police-shootings-of-unarmed-black-people-reveal-troubling-patterns>

⁷⁸ Davis E, Whyde A, Langton L. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. "Contacts Between Police and the Public, 2015." <https://bjs.ojp.gov/content/pub/pdf/cpp15.pdf>

⁷⁹ Voigt R, Camp NP, Prabhakaran V, Hamilton WL, Hetey RC, Griffiths CM, Jurgens D, Jurafsky D, Eberhardt JL. "Language from police body camera footage shows racial disparities in officer respect." *Proceedings of the National Academy of Sciences* 114, no. 25 (2017): 6521-6526. <https://www.pnas.org/content/114/25/6521>

⁸⁰ The survey was a hybrid email-to-web/live telephone survey of 630 adult City of Berkeley residents in September 2021, sampled to be representative of Berkeley's population. Black and Latinx residents were oversampled to reach 100 respondents so that robust inference could be made for these groups. Interviews were conducted in English and Spanish by trained, professional interviewers, and both landlines and mobile phones included.

of policing as it relates to transportation. The survey found that only 39% of people in Berkeley actually feel that police enforcement of traffic laws makes them feel safer as they get around Berkeley, and a full 69% feel that having "police officers making traffic stops can lead to unsafe or violent encounters for people of color, particularly Black people."⁸¹ Adding to this, while only 20% indicated fear of being treated unfairly based on their race if stopped by a police officer in Berkeley, this number skyrocketed to 54% among Black respondents. Also, while an overall small percentage of Berkeleyans (14%) expressed that a fear of being stopped by the police impacts how they get around Berkeley, 30% of Black respondents described having their mobility limited for this reason. This phenomenon, dubbed "Arrested Mobility" by mobility justice scholar Charles T. Brown,⁸² is "the assertion that Black people and other minorities have been historically and presently denied by legal and illegal authority, the inalienable right to move, to be moved, to simply exist in public space. Unfortunately, this has resulted — and continues to result — in adverse social, political, economic, environmental and health effects that are widespread and intergenerational."

While no questions on the overall Reimagining Public Safety Survey specifically addressed community perceptions of vehicle, bicycle, and pedestrian law enforcement, qualitative findings gleaned from the numerous Listening Sessions with impacted residents (conducted by NICJR and Task Force members) provide some insight into how community members feel about BPD's role in this arena. Sessions in which these topics were discussed included those with Black residents, housing/food-insecure residents, Black and Latin youth, justice-system-impacted students, and LGBTQIA+ service providers.

Across focus groups, there was agreement that BPD dedicates an outsized amount of time to vehicle stops, and that these stops are performed in a manner that disproportionately impacts Black residents. Comments were also made about a rippling harmful effect of police presence, including traffic stops, on people within neighborhoods, even when these people are themselves not the subject of a stop - the presence of police cars, flashing lights, and multiple armed officers in one's community can trigger trauma for those simply observing traffic stops.

Another common theme expressed by impacted residents during these sessions is that of feeling surveilled, hyper-visible, and viewed with suspicion when in public space. This includes experiences shared by Black and Latin residents of feeling like outsiders in their own city and Latin UC students being racially profiled by both BPD and UCPD

⁸¹ City of Berkeley. Initial Review of Results: Survey of City of Berkeley Residents, Reimagining Policing Project. October 15, 2021. https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/21-8226%20Report%20of%20Preliminary%20Findings%20-%20Draft.pdf

⁸² Brown, C.T. "Arrested Mobility: Exploring the Adverse Social, Political, Economic & Health Outcomes of Over-Policing Black Mobility in the U.S." National Association of Chronic Disease Directors. Sep 18, 2020. <https://vimeo.com/460197268>

when on campus. These experiences were described as being both stressful and hurtful. Listening group participants described how these encounters can also effectively limit their mobility and ability to access work, school, essential places and recreation. We heard one example of this from former Task Force Commissioner Diaz, describing that he couldn't even get to high school without being surveilled and harassed by BPD for as he traveled to Berkeley High, having to go well out of his way to navigate around neighborhoods that he was told were off-limits under the terms of his probation.⁸³

Community Engagement Findings regarding the Creation of BerkDOT

To date, there have been several opportunities for community members to weigh in on the creation of BerkDOT and the transfer of traffic enforcement duties to unarmed civilians. Overall, the community is supportive of this approach, but feedback indicates that Berkeley must be thoughtful in its approach as it moves forward with this new initiative.

During the listening sessions with Black residents, housing/food-insecure residents, Black and Latin youth, justice-system-impacted students, there was a general openness to the idea of unarmed civilians taking over traffic enforcement, but there were concerns voiced about the safety of the civilian responders, as well as skepticism expressed by Black residents that a switch to civilian responders would reduce the racism and disparities currently associated with traffic stops. And during a listening session that included Parking Enforcement Officers (PEOs), unsworn staff who currently sit under BPD, there was concern expressed that being moved out of BPD would be problematic. Specifically, the PEOs indicated that sitting organizationally within BPD “produces a more professional and respected workforce.”

While central to the re-imagining process, the development of BerkDOT is primarily being handled in a separate, parallel process with Public Works staff taking the lead. This has included community engagement through the representative survey the City commissioned to better understand the transportation needs of Berkeley residents and to gauge their support for the transfer of traffic enforcement and other transportation-related duties out of the BPD. Respondents of this survey overwhelmingly supported moving at least some transportation duties out of BPD (76% supported this idea), and 75% specifically supported the idea of moving traffic enforcement out of BPD.⁸⁴ These findings held across a wide range of demographic groups (including gender, race/ethnicity, and identification as LGBTQ). Also of note, only 36% felt it was important

⁸³ Reimagining Public Safety Task Force Meeting, July 8, 2022. https://www.youtube.com/watch?v=mHj8FPDp_BE Minute mark 1:58

⁸⁴ City of Berkeley. Initial Review of Results: Survey of City of Berkeley Residents, Reimagining Policing Project. October 15, 2021. https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/21-8226%20Report%20of%20Preliminary%20Findings%20-%20Draft.pdf

to have police enforcing routine moving vehicle violations and issuing traffic tickets, only 21% felt it was important for police to be tasked with enforcing bicycle and pedestrian regulations and issuing tickets, and only 14% felt it was important for police to oversee the enforcement of parking regulations and issuing of parking tickets.

In addition to the citywide, representative survey, Public Works also worked with consultants at Equitable Cities and Fehr & Peers to conduct three separate listening sessions with high school students of color, college and university students of color, and religious minority groups of color in the City of Berkeley during the months of October and November 2021 (n=20 total participants). Every participant in all three of these listening sessions felt it was a good idea to remove traffic enforcement from the police and transfer it over to unarmed civilians.⁸⁵ Participants in the college student listening session expressed a belief that this move will “make marginalized communities feel safer overall,” and that if this civilian workforce could be well-trained in anti-racism, it would “really ease some of the disproportionate burdens that may be placed on low-income folks or people of color.”

⁸⁵ Citation forthcoming when BerkDOT listening session data are posted publicly.

Appendix 3: LGBTQIA+ and Queer/Trans Listening Session

The Pacific Center for Human Growth, a LGBTQIA+ and Queer/Trans Behavioral Health Provider located in Berkeley⁸⁶

The Pacific Center for Human Growth, or namely the Pacific Center, is the largest regional LGBTQIA+ behavioral health provider serving LGBTQIA+ people, Queer and Trans people including QTBIPOC, with individual, peer support, and community behavioral health programs and services. Located in Berkeley, the Center is designed to serve LGBTQIA+ people with mild to moderate behavioral health needs from Berkeley and other cities in Alameda County. Currently, the Pacific Center operates remotely due to COVID.

The findings below reflect conversations with five Berkeley behavioral health provider staff, all of whom work with the LGBTQIA+ and Queer/Trans community. Of the five providers, two identify as genderqueer, and two identify as BIPOC. Two of the individuals expressed that as QTBIPOC folx, they have more lived experience with police interactions as individuals than as clinicians but did their best to only speak of experiences encountered as service providers.

Listening Session Findings

- LGBTQIA+ members define and explore their lived experiences in terms of race, ethnicity, gender identity and expression, sexual orientation, disability, age, and other identity markers to convey understanding about the impacts of policing on their public safety—which is different from solely racial, ethnic, and heterosexual norms.
- On the topic of intersectionality, one staff member explained the importance of factoring in additional identity markers by saying “if you do not have lived experience, it is hard to conceptualize how positionality—how you present to the world— changes everything.”
- The types of violence happening for LGBTQIA+ people are defined by one provider in terms of hot and cold violence, and it is noted that they commented Trans Femme Black and Brown people as most susceptible.
 - Hot violence is “immediate, active, perceptible violence that touches you. It can be physical or verbal, very loud, aggressive, and immediately unsafe. Hot violence can change the dynamic in the situation instantly.”
 - “Cold violence is a more underlying source of violence than hot violence, and is more than a microaggression, like an intentional microaggression. An example is a Queer Trans BIPOC looking for an appropriate bathroom

⁸⁶ By Margaret Fine and Janavi Dhyani. Margaret is the Chair of the Mental Health Commission for the City of Berkeley. Janavi is the Director of Operations for the Alameda County Network of Mental Health Clients

and being surveilled by police. Cold violence reflects the way in which systems are set up by police to surveil and monitor human behavior where it does not feel safe to move around fear freely.”

- This LGBTQIA+ provider further highlighted the critical need to have a nuanced understanding of how Queer and Trans people, particularly QTBIPOC people, describe their lived experiences with policing and crisis response. There is a need to understand their levels of distress and how crisis first responders met their needs for “safety” or do not meet them.
 - This provider discussed the role of police and how there may be psychological impacts as a result of the mere presence of police, and/or further escalation of a crisis due to the presence or role of the police. She discussed the trauma as: “I think of families, [a police presence is] traumatic for everyone, police show up, it makes a huge scene for the neighborhood, flashing lights, and then having to unpack it with families, clients....”
 - One provider, who was very explicit about their feelings about the police, said: “I stay away from the Berkeley Police Department and advise young people to do the same. The Berkeley Police Department are not my friends, they are not people who I trust as an entity, and not people I say should be called for help.

There are difficult situations in which there is a Queer Black Femme Cis Woman and warm violence, but the person does not want to call the police. Every single interaction will not lead to hot violence, but we know statistically that Queer Trans BIPOC people with mental health issues, who are disabled or developmentally challenged, are far more likely to experience violence, be harmed, and be killed.”

- The Pacific Center, as an LGBTQIA+ space, can challenge notions of “safe” space for Queer and Trans people who are seeking a sense of belonging because of violence to the physical building and to people at the Pacific Center.
- More than one provider talked about the lack of Queer and Trans “safe” spaces in the community-at-large, especially for transgender women of color, unhoused, youth, and BIPOC.
- The LGBTQIA+ provider also discussed the conceptualization of “public safety” or “community safety” as not related to the police but rather to people having sufficient resources and support in order to have their basic human needs met and stable life existence.

Discussion

This LGBTQIA+ provider brought up the importance of intersectionality when talking about the police response, and additional identity markers that statistically place QTBIPOC people at risk—which is different from factors based solely on race and ethnicity and reflects non-binary gender identity and expression and non-heterosexual orientation. This provider indicated that the role of police would be that they support services to the community, especially LGBTQIA+ police officers supporting LGBTQIA+ community members. There have been hate crimes by people outside of the community that can be perceived as violently challenging the legitimacy of LGBTQIA+ people, as well as a negative incident from a person within the community who did not feel as though they were served.

Recommendations

- Currently, the LGBTQ+ liaison for the Berkeley Police Department has reviewed the LGBTQIA+ Listening Session Report and is working on a collaboration with the staff for the Pacific Center for Human Growth in order to address challenges in the community.
- There is a need for an established partnership between the Division of Mental Health for the City of Berkeley and the Pacific Center for Human Growth in order to ensure training and service delivery to LGBTQIA+ clients that are culturally safe and responsive. There is also a need for collaboration among service providers to become more well-integrated with coordinated services tailored to meet client needs, including ones that are culturally safe and responsive.
- There is a considerable need for behavioral health workers, such as clinicians, case managers, peer specialists, and peer navigators, who can directly guide LGBTQIA+ clients in navigating multiple systems—particularly given the shortage of case management services available from community-based organizations in Berkeley.

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Appendix 4: PEERS Listening Session for People Living with Behavioral Health Challenges⁸⁷

The PEERS listening session included 12 participants who shared their lived experiences with behavioral health challenges and policing in Berkeley. Before this listening session, there was extensive outreach by the Associate Director for the Alameda County Network of Mental Health Clients [describe methodology].

- Generally, the participants spoke about their interactions and perceptions of Berkeley police, and how that impacts their feelings of “safety” in their community as Peers. Primarily they expressed their fears, based on lived experiences, interacting with police during a mental health crisis in the community, and how a policing response generally had a negative impact on their ability to feel “safe” in Berkeley.
- Peers offered several recommendations about how they would like to experience “safety” including increasing their involvement as responders to mental health crises. It is noteworthy that additional research with peers would be highly useful to account for the role of race, ethnicity, gender identity and expression, sexual orientation, disability, age, class, and other factors, and their impact on a policing response to a mental health crisis.

Findings:

- Individuals stated they did not desire to call 911 emergency services for fear of police response to a person experiencing a mental health crisis in the community. One person did not feel proud of their decision to call 911, knowing that police would arrive but did so because they did not feel like they had alternative options to provide that person with appropriate support. She stated: “I’ve had to call the police on people with mental health issues and it broke my heart and that is something I would not like to do.”
- The main emerging themes from the PEERS Listening Session focused on their perceptions and experiences about 1) feeling stigmatized as “public safety threats” and regarded so by officers; 2) officers unease connecting with people experiencing a mental health crisis; 3) the role of de-escalation if any; and 4) feeling traumatized or re-traumatized by police during mental health crises.

⁸⁷ By Janavi Dhyani and Margaret Fine. Janavi is the Director of Operations for the Alameda County Network of Mental Health Clients. Margaret is the Chair of the Mental Health Commission for the City of Berkeley.

- **PEERS felt perceived as public safety threats by police.**
 - PEERS discussed their perceptions and feelings about being seen as “public safety threats;” and generally as something to be controlled rather than human beings who need emotional “safety” to resolve their crisis. In particular, the participants expressed their fears of being met with police violence instead of with compassion and empathy for their plights.
 - The notion of “safety” ranged from people feeling exceedingly vulnerable and “unsafe” while experiencing a mental health crisis in the community to a wide variety of crisis responses (based on actions, words, physical harm, and/or lack of response/over response) by police to them. Overall participants mentioned that most people experiencing a mental health crisis are not violent.
- **PEERS perceived officers as uneasy about connecting with people experiencing a mental health crisis and potentially escalating a crisis**
 - Participants discussed their experiences interacting with officers. One participant commented that Berkeley police are “not ready to deal with people who are upset with emotional disturbances,” and that people in crisis “don’t need violence when people are angry” to resolve their crisis. Another participant felt the police “get scared of mental health” and said they “need to not be afraid of people, people who are eccentric.”
 - In addition, another participant expressed concern that “some cops [do] not feel safe...don’t speak a whole lot.” She commented about feeling “really uneasy” when you need “someone to talk more, like hostage negotiator, convey sort of friendship and comradery.” She discussed seeing someone “high energy, manic, talking real fast, as an opportunity for a person in the crisis to grow rather than shut down with drugs, incarceration, hospitalization,” and stated, “we need to learn, develop a field of knowledge of people in altered states.”
 - This participant further underscored that police officer “use major tool like [a] gun and bullets; something startles them, go for the gun.” The point was further underscored by another participant, who stated based on their experience with police, “that it is always with guns; it’s a threat, always a threat of violence out there, the police come with their guns,” and that we are “much better served with people not heavily armed, I don’t know how I think the conversation and non-violent tactics.”

- **PEERS feeling traumatized or re-traumatized by police during mental health crises**

- One participant stated that “many people have negative feelings on police” and when they see police “it can be triggering, it can be negative, not friendly, open.” Another participant “witnessed police in action in Berkeley,” and said they did not want police on mental health calls, as they were traumatized to the point of seeing police in a “whole different light.” Yet another participant stated, “So many of us have been harmed when we are treated when we are in crisis.”
- Participants further talked about how the presence of police could exacerbate the intensity of personal distress and create feelings of extreme terror and instant fear of extinction, as opposed to creating ones of emotional “safety.” While the participant did not describe the basis for officers’ arriving at the scene, he described his feelings about a police response by stating “it is multiple police cruisers, you feel like the world out to get you and annihilate you, officers are intimidating, 3-4 cruisers with multiple cops, very, very troubling and high-risk situation.” This feeling of being responded to, instead of being met with, is a sentiment 61 Appendix J people shared.

Behavioral Health Recommendations:

- **Include PEERS in Developing Behavioral Health Responses**

PEERS indicated that the first and most important recommendation is outreach and inclusion of PEERS who have worked on behavioral health reforms since the 1990s, when this movement began. There are trained Peers who are invaluable to developing responses to behavioral health crises and supporting the transition to new systems of safety in Berkeley.

PEERS are crucial for unpacking the scope and nature of mental health crises to provide a nuanced understanding, approach, and framework for responding with appropriate levels of care to people with behavioral health challenges in the community--particularly for a non-police crisis response such as a Specialized Care Unit (SCU).

- **Sufficiently Fund & Support Behavioral Health Respite Centers**

Drop-in and wellness centers for people living with behavioral health challenges need sufficient funding and staff with full-time Peer Support Specialists where individuals experiencing non-threatening altered states and/or behavioral health crises can move through their crisis in a safe and supported state.

It is further essential to have availability 24/7 and on holidays, and to involve PEERS in the transit from the behavioral health crisis to the Peer staffed drop-

in/wellness center. Peer Navigators are also key to assisting people in navigating complex systems, including how to get appropriate services in the City of Berkeley and Alameda County.

- **Have a Reconciliation Process with People Living with Behavioral Health Challenges and Police**

There is a need for a reconciliation process with police, particularly as a response to traumatic experiences with police. A reconciliation process, as well as a restorative justice process, with people living with behavioral health challenges may help build trust and rapport with police officers in the future.

- **Clarify the Risk Assessment by Call Takers, Dispatchers, and Police for Behavioral Health**

There is a need for clarification about how Public Dispatch Operators and the police use their discretion to make decisions about “public safety threats.” It is not clear if the current protocol is designed to not only determine if someone is a “danger to themselves or others,” or “gravely disabled” to meet the standard for a 5150 involuntary hold, and/or if the assessment offers a more nuanced evaluation for persons who do not meet this standard, particularly to assist with next steps in care if needed.

- **Improve De-Escalation Training for Police & Offer Public Education on Behavioral Health**

There is a need for additional de-escalation training for law enforcement and public education about connecting with community members who interact with the world differently than they do—including using peers as part of training.

- **Account for Overlapping Systems of Care for People Living with Mental Health Challenges**

There is a need to account for overlapping systems of care, including medical, behavioral health (mental health, substance use), social services, and other systems. Participants in the Peers Listening Session, who identify with homelessness, discussed how current systems are not set up in a way that enables long-term sustainable wellness of the behavioral health community.

- **Further Research Recommendations**

- Peers indicated the need to explore the types of human behaviors that meet the 5150 standards and/or constitute criminal behavior, as opposed to other behaviors that may not fall within social norms but do not pose a threat to the public to inform mental health crisis response.
- There is a specific critical need to explore the degree to which police approach a distressed person and defuse the situation versus using coercion, particularly during 5150 assessments—both alone and co-responding with the mobile crisis unit.
- It is further important to clarify the levels and types of personal distress, and how they impact functioning according to Peers who are living with behavioral health challenges, and the types of crisis response that work for them in the community.
- There is an essential need to explore how a Peer can feel “safe” transitioning from experiencing a crisis in the community to a respite space with the support of a Peer specialist and/or other responders, as opposed to feeling treated as dangerous and in need of social control and being subdued.
- There is a need to explore perceptions and experiences of people living with behavioral health challenges to better understand the nature of stigmatization, and how it impacts a policing and mobile crisis response, especially when addressing intersecting identities of Peers based on race, ethnicity, gender identity, and expression, sexual orientation, disability, age, class, and other factors.
- **Homelessness:** Research with people living with behavioral health and housing challenges could further inform how homelessness impacts the nature of people’s mental health challenges, and the type of services needed. Participants generally described the grinding efforts needed to survive, including constantly dealing with lack of necessities and fear of having their household belongings abruptly discarded and the accumulation of additional impacts on their mental health.
- **Homelessness:** It is important to indicate that further research is needed with the unhoused population to understand the intersecting nature of mental health and substance use challenges and homelessness, particularly to explore the nature of policing and crisis response and whether the systemic responses are service-oriented and/or designed to stigmatize and criminal human behavior or both.

- **Substance Use:** There is a further need to conduct research with people who use alcohol and drugs and have lived experiences with policing and mobile crisis response, as this qualitative research focused almost solely on people living with behavioral health challenges.

It is crucial to consider the nature of trauma-informed, de-escalation, and harm reduction approaches for people who use alcohol and drugs during crisis response in order to discern how service-oriented practices may reduce harms from alcohol and drug use and avoid punitive measures resulting from criminal legal, and incarcerations involvement due to alcohol and drug use.

Specifically, there is a need to assess how systemic responses to people who use alcohol and drugs may result in fluctuating among multiple systems without well-integrated coordination of care.

- **Overall** crisis response to people experiencing behavioral health challenges in the community requires a commitment to conducting empirical research that is nuanced so we understand the complexities required to properly serve and protect individuals. The role of police during a mental health crisis is a turning point for people with behavioral health challenges in the community and there is a need to thoroughly understand police behavior.

For more information regarding the effectiveness of Peer Support work in behavioral health care services, the following literature review has been provided:

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Appendix 5: Training and Community Solutions (TCS) Institute Training Topics

- Mental Health First Aid
- Principles of trauma-informed care, response, and practices
- Supporting residents experiencing symptoms.
- Considerations and tools when supporting youth and elders.
- Safety planning and advanced directives for mental health episodes
- Suicide identification, risk screening, and intervention skills
- Potential Providers: Cypress Resiliency Project, Alameda County Community Mental Health Trainings
- Responding to Substance Use Crises
- Principles of harm reduction
- Managing possible overdose situations
- Harm reduction resources
- Substance abuse & misuse: symptoms, understanding pharmacology and negative interactions
- Symptoms and types of mental illness, brain injury, or dementia
- Potential Provider: Substance Abuse Mental Health Services Administration

- Conflict Resolution, Mediation, Communication & De-escalation Training
- Peer support - principles of practice and effectiveness
- De-escalation, disengagement, and conflict mediation
- Communication principles and methods
- Implicit Bias - recognizing, overcoming
- Identifying behavior impacted by trauma and support mechanisms
- Identifying and overcoming communication barriers
- Potential Provider: CIT Trainings with NAMI

- Basic Training
- CPR
- Stop the Bleed
- First Aid
- Blood-borne Pathogens Training

- Team Safety and Logistics
- Planning and Positioning for Safety
- Scene Assessment and Situational Awareness
- Interacting with BPD, BFD & EMS and understanding protocols of each
- Transport of Service Recipients

- Documentation and Reporting
- Privacy, Confidentiality, HIPAA Compliance

Self-Awareness

ACES (Adverse Childhood Experiences) training (Potential Provider: ACEs Aware)

Mindfulness based Resilience Training & Meditation

Know Your Conflict Style ~ Thomas Kilmann Conflict Mode Instrument

Community-specific Competency – cultural humility in serving: LGBTQIA+, BIPOC, immigrants, veterans, formerly incarcerated, unhoused, youth, elders

Kingian Nonviolence Training

A philosophy and methodology that provides the knowledge, skills, and motivation necessary for people to pursue peaceful strategies for solving personal and community problems. Nonviolence is a systematic framework of both conceptual principles and pragmatic strategies to reduce violence and promote positive peace.

Potential Provider: East Point Peace Academy

Community Health Worker/Peer Counseling Skills

What services exist, what they do, who is eligible, and how they are accessed

Referral process

- City and county emergency response programs
- City and county resources
- Community-based and mutual aid services
- Motivational Interviewing

Trauma Training

- Navigating mental health crisis, substance crisis, DV crisis,
- Human Trafficking, Victims of Sexual Assault Awareness
- Historical and Intergenerational Trauma - A Public Health Crisis (90 minutes offered by Cypress Resiliency Project)
- Vicarious Trauma, Toxic Stress and Burn-out (90 minutes offered by Cypress Resiliency Project)
- Case Scenario & Role Play Work
- Recreate Mental Health Crises to test trainees in real time
- Simulations/manufactured spaces to test readiness and appropriate disposition of trainees
- Ride Alongs

- BPD
- BFD Paramedics
- City of Berkeley Dispatch
- Paul Kealoha Blake of Consider the Homeless

- Self-Care Plan Established
- Each first responder has a mentor/preceptor for X period of time for support
- Identify tangible practices first responder will employ to maintain their ongoing mental & emotional well being
- Create an actual plan

What metrics determine a successful completion of the training?

1. Successfully complete all modules with certificate
2. Successfully engage in simulations by responding appropriately in simulated crisis scenarios
3. Determine a way to gauge service recipients' experience, modify training to improve overall service delivery

For police officers:

1. EPIC (Ethical Policing is Courageous)

Resources:

Peace Education by Ian Harris of University of Wisconsin
Alameda County Citizen Programs & Crime Prevention
CA Peace Officer Standards & Training Basic Courses

Appendix 6: Community Violence & Prevention Programs

1. San Francisco Violence Prevention Services:
<https://violenceprevention.sfgov.org/>
2. Street Violence Intervention Team: Annual Report 2018
3. Street Violence Response Team:
<https://violenceprevention.sfgov.org/coordination.html>
4. Youth Employment/Growth Opportunities:
<https://violenceprevention.sfgov.org/employment.html>
5. Roadmap to Peace Initiative - SF
6. PDF Pamphlet:
<https://sfgov.org/juvprobation/sites/default/files/Roadmap%20To%20Peace%20Initiative.pdf>
7. Website: <https://www.ifrsf.org/rtp?locale=en>
8. United Playaz - SF
9. Program Lists: <https://unitedplayaz.org/our-work/>
10. Notably, leads SF's Gun Buyback program
11. Annual event
12. Employs formerly incarcerated individuals and community members
13. Anywhere between 200-300 weapons taken off the streets per event
14. Cash paid for pistols and long-firearms
15. No questions asked of participants dropping off firearms
16. Weapons are taken in for inspection and destroyed shortly after unless reported stolen or used in a crime and kept as evidence
17. Deep partnership with community organizations and San Francisco City Departments to ensure success
18. Oakland Violence Prevention Coalition (VPC), Oakland
19. <https://www.oaklandvpc.org/>
20. Multiple community-based initiatives working collaboratively including street/neighborhood outreach, violence prevention/mediation and post-shooting response, community healing/restorative justice, Neighborhood Impact Hubs, health services, shelter/housing responses
21. Cure Violence - New York, Baltimore, Chicago, Philadelphia
22. Report: <https://cvq.org/wp-content/uploads/2021/09/Cure-Violence-Evidence-Summary.pdf>
23. Reductions of
24. 45% violent crime (Trinidad)
25. 63% shootings (New York City)
26. 30% shootings (Philadelphia)
27. 45% shooting in first week of program (Chicago)

28. Advance Peace - Sacramento
29. Report: <https://www.advancepeace.org/wp-content/uploads/2020/04/Corburn-and-F-Lopez-Advance-Peace-Sacramento-2-Year-Evaluation-03-2020.pdf>
30. Data:
31. Reduced homicide and nonfatal injury shootings by 20% from January 2018 and 2019
32. Every \$1 spent saved between \$18 and \$41 dollars in emergency response, health care, and law enforcement - saving the city money!
33. Group Violence Intervention Strategies - Boston, Chicago, Indianapolis, New Orleans, Oakland, Stockton
34. Reduced shootings that result in injustice by 30%
35. Report: <https://nnscommunities.org/impact/impact/>

Appendix 7: Strategy for Employment Programs

Employment Programs that Work for High Barrier Job Seekers including Those At Risk of Justice System Involvement or Homelessness

A Transitional Jobs strategy lowers barriers to unemployment for persons with complex challenges including homelessness. Offering whole person case management services with solid referrals into safety net services increases the chance of success. It is also important that participating in the program leads to permanent employment opportunities with livable wages and benefits.

- Examples of Transitional Job Training Careers
- Culinary and Food Preparation
- CNA – Certified Nursing Assistant
- Home Care Aide
- Administrative
- Customer Service
- Solar Installation
- Auto Mechanic
- Gardening and Landscaping
- Maintenance and Janitorial
- Construction
- Violence Prevention / Peer to Peer Role Models
- Clean City Programs / Street Ambassadors
- Youth mentor
- Security Guard
- Shelter Assistant

Example of Local Employment and Training Programs

- [Rising Sun Center for Opportunity \(risingsunopp.org\)](http://risingsunopp.org)
- [Kitchen on Fire](#)
- [The Bread Project](#)
- [Sprouts Cooking Club | Cooking Classes | Chef-In-Training Program \(sproutscheftraining.org\)](#)
- [Home | West Oakland Job Resource Center \(wojrc.org\)](http://wojrc.org)
- <https://www.oaklandca.gov/services/assets> (employment for seniors)
- [Building Opportunities for Self-Sufficiency \(BOSS\) Career Training and Employment Center](#) for justice involved individuals

- City of Berkeley Adult School [CTE Program Pathways - Google Docs](#)
- [Employment Programs – Goodwill Industries of the Greater East Bay \(eastbaygoodwill.org\)](#)
- [Environmental Training Center | Berkeley Youth Alternatives \(byaonline.org\)](#)
Environmental Training Center for ages 16-24
- Inter-City Services [Home \(icsworks.com\)](#)
- Multicultural Institute [Multicultural Institute \(mionline.org\)](#) support day laborers find economic security and housing

[North Cities One Stop Career Center](#) – inside of Berkeley Adult School

Complementary Educational Classes

- English As a Second Language
- English and Math Literacy
- Adult Basic Education and GED classes
- [Computer Technologies Program - Berkeley, CA \(ctpberk.org\)](#)
- [DigitalLearn](#) Digital Learning – basic computer skills to navigate word processing programs, the Internet for job search and resume creation

Appendix 8: SOS Program (Richmond Model)

SOS Richmond and Rebuilding Together: A Model STREETS TEAM for homeless encampment engagement

Safe Organized Spaces Richmond (SOS), a program of Rebuilding Together East Bay-North (RTEBN), will collaborate with project partners/subcontractors, the City of Richmond departments, other public agencies, and private entities to provide outreach and support unsheltered people who reside in homeless encampments across the City of Richmond.

RTEBN is a local 501c3 nonprofit that has been serving the community since 1992 with a focus on community revitalization. RTEBN will host this effort by providing its management and administrative services and will charge a 10% administration fee as well as provide the services of its Executive Director to oversee all administrative aspects of the SOS programs. RTEBN will provide the organizational infrastructure and capacity needed to ensure the smooth and efficient functioning of the programs. It will also provide leadership for fund and programs development and facilitate SOS Richmond's growth to become a fully functioning stand-alone organization.

SOS Richmond has been operational since 2019 and uniquely focuses its mission on improving safety and providing essential care for homeless encampment dwellers in informal structures and unhoused vehicle-dwelling households on city streets and other unsupported locations. The Area Director will direct the development and operation of the Streets Team for daytime encampment and neighborhood engagement and provision of basic amenities, and for nighttime neighborhood responses related to public safety and quality of life issues. He will also coordinate activities to support forthcoming interim sheltering programs.

Program partners are other Richmond organizations that will be subcontracted to provide services such as: staff training for workforce readiness, professional skills, and personal development; food and water distribution; community and leadership development; toilets, hand washing stations, and other amenities and infrastructure; and other essential encampment-based and interim sheltering supports.

SOS Richmond's programs address situations in which homeless people are living in conditions that are unacceptable for all concerned by providing resources to address immediate situations, and providing the support needed for people to take responsibility for their surroundings and ultimately obtain safe transitional shelter and a pathway to permanent housing.

The Streets Team is a workforce development program that employs homeless individuals to fill a critical gap for improvement of unsafe conditions for the health and security of unhoused populations and neighbors impacted by homelessness. Employees participate in life skills and employment-related sessions to promote mainstream behaviors for the purpose of enabling them to build on skills and develop a work history for eventual employment elsewhere.

The Streets Team responds to homelessness at parks, freeways, train tracks, creeks and on neighborhood streets at key locations throughout Richmond.

Fifteen paid unhoused individuals currently serve as neighborhood stewards and role models who lead essential safety and health efforts in encampments. They are afforded access to more hours, responsibilities, and opportunities for advancement. The additional resources afforded by this contract will enable SOS! Richmond to scale up to as many as 60 paid employees and interns.

The Streets Team will provide outreach through the provision of trash cleanup, sanitation and hygiene interventions, empowerment processes, and community liaison services that lead to improved encampment and neighborhood conditions. Community-integrated efforts will engage public, nonprofit, community-based and business sectors to leverage basic amenities for encampment residents, address individual and community needs at encampments, and improve relationships between encampment communities and the neighborhoods where encampments are located.

The Streets Team will be supervised by two Field Supervisors. The daytime Field Supervisor will lead, model, oversee, and hold personal and team accountability with supervision of the Streets Team's staff and intern "Safety Guardians" to conduct mobile and localized encampment and neighborhood engagement services, with a focus on delivery of basic amenities according to a predictable daytime schedule.

The Field Supervisor will oversee the Streets Team's second shift as an assertive community liaison for improving neighborhood quality of life. The mobile team will support and lead a homeless engagement team of local safety guardians who respond to neighborhood complaints and steward street and encampment hotspots.

The program will utilize equipment, supplies and materials such as sanitation, hygiene and water supplies, trash bags, gloves, masks, vests, materials to maintain vehicles and equipment, safety PPE, fuel, food/beverages, office materials, printing, trash disposal trailer, etc. It will accommodate debris disposal costs for Republic Services tipping fees.

The organizations will work at a Central Richmond office space and meeting space, and costs may also include storage of supplies and donated materials, and storage of heavy equipment and vehicles.

Streets Team service activities will include:

Cleanup of trash and dumping. SOS will expand and deepen its debris removal to locations throughout Richmond, including existing and abandoned encampments, public spaces such as parks, creeks, streets, and anywhere that trash accumulates. Since receiving its first city grant in 2019, SOS! Richmond has had a significant positive impact on encampments and their surrounding neighborhoods. The Streets Team currently removes five tons per week from dumped locations. It is anticipated that the team will remove and dispose of 8-10 tons of trash per week.

Encampment residents are encouraged and motivated to steward their surroundings and keep them clean and safe. SOS! Richmond's approach is to recruit and train encampment residents to self-manage their spaces and prepare trash for removal and disposal by the Streets Team's mobile engagement team. Encampment dwellers will benefit from improved living conditions, a healthier environment, and safer and more organized camp communities. This is made possible by cultivating trusting relationships, and Streets Team members use their unique knowledge of localized cultures, dynamics, and nuanced encampment experiences to gain trust and model leadership. Team members can relate to their unsheltered peers on a level that is not possible with institutional service providers, enabling them to foster empowerment and positive behavior.

Improvements in collaboration and shared protocols among these unhoused leaders, and public agencies and neighborhood groups, will provide their eyes on the ground for the Streets Team to be responsive to new needs each day, thus benefitting the City and relieving the overwhelming problem of illegal dumping. Through this process, stakeholders improve the perception of public parks, streets, and other prominent places as safe spaces, inform perceptions about homelessness, and increase cross-sector cooperation.

The Streets Team models this cleanup activity for local encampment residents and neighbors alike and raises public awareness about neighborhood safety. As the Streets Team conducts its sanitation and outreach efforts, SOS! Richmond communicates with neighborhood partners and community leaders, public agency representatives, attends neighborhood council and civic group meetings, and shows up on neighborhood streets ready to engage in conversations with housed and unhoused neighbors and respond to

their concerns and needs. It organizes for greater levels of communication and cooperation about the problems of homelessness. Such public awareness efforts will ultimately result in the introduction of interim sheltering, and eventually permanent housing, solutions in Richmond neighborhoods.

Deliver mobile showers to locations near unhoused neighbors. The Streets Team will operate the Shower Power program, a collaborative, coordinated effort that includes a mobile shower trailer that travels to homeless encampments and locations where clusters of people reside in vehicles. SOS Richmond partners with other community organizations to deliver a constellation of essential services for unsheltered residents of Richmond with the Shower Power program as its cornerstone. Services include hot showers, delivery of food, water and supplies, and other services as described below.

The mobile shower will visit at least five locations per week for 3-4 hours per day, serving 100 or more homeless people each week. Masking, social distancing and sanitation protocols are strictly enforced by trained workers. The team will continue to secure public and private hosts to provide water, electricity, and greywater effluent drainage at locations near encampments. In addition to a hot shower, the unhoused individuals receive food and drinking water; new socks and underwear, and access to clean clothing; personal protective equipment such as face masks, gloves, and sanitizer; hygiene supplies, sanitation supplies and trash bags; tents, tarps, sleeping bags and blankets for those without them; assistance navigating the Coordinated Entry System of homeless services, including health care and information about housing.

Shower Power serves as a draw to engage people with additional services, bringing in people who might not otherwise seek the help they need. The showers are a point of convergence of people and resources in partnership with community-based, nonprofit, and public agency partners, including active relationships with the County's CORE mobile homeless outreach, Health Care for the Homeless, Free Meals on Wheels, and other collaborative partners. Brothers of International Faith will host food distribution alongside Shower Power at shower service locations.

A driver and at least two staff members are required to deliver and set up the mobile shower unit, welcome and survey shower program participants, distribute supplies, engage with participants to discuss their needs, and clean and disinfect the units after each use. The budget presented in this contract assumes an aligned delivery of Streets Team sanitation and Shower Power hygiene services.

Deploy additional amenities that provide for trash storage, portable toilets, drinking water, wastewater disposal, and power at encampment and street locations, scattered

sites for off-street parking, and future transitional villages. Currently unsupported encampments will be gradually supported with the introduction of amenities. Managed encampments will be maintained with more robust service and leadership-building, and interim sheltering locations will be similarly supported with these basic amenities. Many of these resources will be provided by community-based efforts of in-kind supporters – people who live in Richmond and want to see the problems of homelessness addressed for an improved civil society with safety net supports.

The infrastructural improvements will be delivered and managed by the Streets Team in collaboration with public/private partners who invest in the safety of encampment residents and their impacted neighborhoods. These actions demonstrate to encampment residents that they have a responsibility to utilize and secure the infrastructure and steward their surroundings, in addition to addressing their most dire and basic needs. Program partners will work with SOS/RTEBN to lease, site, secure, manage and service any debris, toilet, water, and wastewater systems that are contracted for interim use to improve public health.

Leader-building and workforce development activities so that unhoused residents are more responsive to their peers' and neighborhood's needs. The Streets Team identifies, recruits and trains unhoused residents who demonstrate competencies, enthusiasm, and reliability to provide outreach and basic amenities to encampments, engage in trash removal, and support peers and adjacent housed neighbors. Outreach efforts identify volunteers who demonstrate their leadership and motivation to make changes in encampment and neighborhood quality of life. Interns receive a modest stipend while they train for potential employment. Employees receive a decent wage and the support needed to sustain their jobs and become productive members of society. Workforce training by program partners will support the efficacious employment of unhoused individuals so that they provide their services to Richmond's neighborhoods in response to public health and safety concerns and needs.

Each day in the field, unhoused individuals are encouraged to demonstrate their personal initiative and leadership qualities as volunteers and are invited to join the Streets Team in its fulfillment of a predictable schedule of field activities. The volunteer is encouraged to regularly communicate with the Field Supervisor to begin and sustain the volunteer status.

Volunteers join staff to participate in staff meetings to brainstorm about problems and receive group in-field training to learn basic tasks and responsibilities. Program partners will be sub-contracted to increase the training that employees receive, who will be paid to attend in-class training sessions to learn basic soft skills, handling hazardous materials,

conflict de-escalation and motivational interviewing, problem-solving skills and education about trauma-informed care, and peer engagement, leadership, and empowerment.

Each employee applicant is required to complete volunteer and employment paperwork, obtain a CA ID, Social Security card, phone, and bank account for direct deposit, and demonstrate eligibility to work. They are assisted in this process by the Director, Field Supervisor, and SOS volunteers. Interns and employees are supported to secure transportation and conduct legal vehicle registration and operation. Each applicant will be assisted with developing a professional resume.

Streets Team members are expected to be the models for others, not only in their work performance but also in their personal living arrangements and relationships. Interns and employees are continually encouraged and supported to make personal improvements in their lives to obtain more stable dwellings and living conditions, and improve their personal health, emotional stability, and overall satisfaction and wellbeing. Employees are prioritized to participate in the interim sheltering opportunities as they are developed by SOS! Richmond and the City. Each employee is expected to benefit from obtaining permanent housing and the means to sustain it with employment and an active “personal program” that keeps people working on their personal health.

Workforce development focuses on practicing teamwork according to a daily communication system and clear performance standards that are modeled by the Field Supervisor. Employees demonstrate their accessibility and dependability. They learn to model a positive outlook and the motivation for improving neighborhood quality-of-life and encampment living conditions. They are supportive of their peers to help them be healthy and engaged in Safety Guardian activities. Each Streets Team member recommends new volunteers to become Streets Team members. As an employee begins to excel in job performance, the hours increase and become more regular, responsibilities are nuanced and shaped to that individual’s aptitudes and strengths, and the employee advances in hourly and then salaried pay rates.

Local engagement focuses on safety, problem-solving and personal welfare to improve public safety. One of the most pressing issues at unsupported and managed encampments is the need for improved security to support public safety. It has thus far been difficult to implement successful security measures, even at managed encampments. The Streets Team will engage local stewards to work during late afternoons and evening hours to target three activities: trash collection, problem-solving, and advocating for people’s welfare. These activities together will bring more attention

and care to situations that otherwise might result in problems with safety. Such activities may increase self-management practices among encampment dwellers.

The Streets Team is composed of local stewards and a mobile team. A local steward will be present at larger encampment locations to provide for “traditional” Streets Team activities such as trash cleanup. An additional task for select employees will involve talking with individuals to focus on welfare checks. By casually offering to support people’s needs, staff will seek to address what is not working and problem-solve in the moment or at the earliest next opportunity. With clipboard in-hand and by asking one or two simple questions, the Streets Team can respond to people’s expressed needs. In response, the Streets Team’s mobile team, Area Director, SOS volunteers, and program partners, including Housing Consortium of the Easy Bay (HCEB), will be responsive to these needs. The local steward will also lead in the empowerment of unsheltered residents to steward their locations to improve personal and public health, safety, and neighborhood order. Improving safety and security will thus involve proactive steps that can be taken by working with the residents who are receptive to support and are willing to participate.

Individually focused engagement will lead to community development at locations where people lack access to caring, trusted, and sustained relationships. The activity of securing and managing shared public spaces will lead to safer, more organized environments which will improve conditions and relationships in neighborhoods impacted by homelessness. The health and safety-focused engagement and empowerment activities will help to provide stewardship that supports the security of public spaces.

Mobile team to act as assertive community liaisons and problem solvers at problematic neighborhood locations. The mobile team will operate two shifts during the day and into the night to provide responses to neighborhood complaints or concerns related to homelessness and address these in a sustained and proactive manner. The team’s expansion of its capacity as assertive community liaison will improve neighborhood quality of life with its presence at problematic encampment and curbside locations and increase civility at public spaces. The mobile team will function as field supervision for the local stewards and Streets Team members as they work in the field. They will also provide observation and responses for the Secure Scattered Sites to ensure that host properties and the households residing on-site are safe and acting in accordance with contractual agreements.

The mobile team fulfills a basic function of picking up trash bags and debris that is dumped at specified locations. As the mobile team travels across Richmond and fulfills

the Streets Team's work at specific locations according to a predictable schedule, the team will also be responsive to requests for support from local guardians, concerned neighbors, public agencies, including CORE's mobile outreach (CORE ceases its work at 4PM), and other public and private groups and institutions that express their neighborhood's needs.

The team will answer these basic needs at encampments, streets, and other locations where unhoused individuals otherwise lack support, especially in the evenings when problems most often arise. It will regularly check in on individuals, especially vulnerable ones, and will keep track of where they are, how their needs are being met, and assist them in obtaining support and access to services in collaboration with program partners and mainstream providers. The mobile team will pass out bags, collect filled bags, and use their clipboards to keep track of promises for support.

The mobile team will provide a presence to deter illegal dumping and provide prompt responses when these calls are dispatched. It will also practice a light touch to address those concerns of quality-of-life and civility that can be safely responded to and which may mitigate public agency responses.

When practicable and safe, the mobile team can respond to concerns related to homelessness during evenings and nights until 3AM. It is during these late hours when a presence might make the difference in preventing crime and disorderly behaviors, especially at locations where local stewards request support and supervision by the mobile team for problem-solving.

The mobile homeless engagement team will address neighborhood complaints. Collaboration with city and county agencies will expand for assertive public safety responses, improve communication lines with neighborhood housed residents, leaders, and groups, and potentially integrate with real-time dispatch call systems.

Manage and support Safe Parking Host program locations for vehicle dwellers. Interim sheltering solutions will offer safety, stability, and a cleaner, healthier environment, as well as a pathway to permanent housing. As tent and vehicle-dwelling households are disbursed from encampment locations, SOS Richmond will recruit the support of public and private property owners (churches, nonprofits and eventually businesses) to temporarily utilize vacant lots and parking lots to provide stable and secure transitions for select households. Secure sites are contracted for one to four households with private hosts. In its role as liaison and resource provider, SOS Richmond facilitates a successful relationship between household, host and immediate neighbors. The Streets Team will support the host and the households residing at each scattered site, manage

the provision of on-site amenities, and provide centralized services that bring households to convergent resources. The mobile team will support the security of these sites in the evenings and ensure that households adhere to contractual agreements.

The Safe Parking Host program will support the provision of basic needs such as safe and stable shelter, food, water, and hygiene, as well as a sense of community, purpose, dignity, and hope. For each resident, a personalized service plan will be developed based on individual need, and focused on procurement of housing, may include medical and dental care, housing assistance, help applying for benefits and health insurance, employment counseling, job training or job placement, financial literacy counseling. The scattered site program will be for those who are not in need of mental health and substance abuse services.

Hosts will be interviewed by the SOS Director to establish what amenities are already present on the site and what types of situations they can accommodate (such as disability, children, etc.), and to gather information that will assist in selecting one or more households that are likely to be compatible with the host and the immediate surroundings. Interested vehicle dwellers will be interviewed by the SOS Field Supervisor and the Case Manager to determine their needs in terms of resources, supportive services, and the functionality of their vehicles.

Once the host's permit is approved, contractual agreements will outline the responsibilities of Host, SOS, and Guest. The Streets Team will assist the hosts with preparing their sites for the arrival of the guests. Depending on the site, this may include arranging for installation of a portable toilet and handwashing station, procurement of a drinking water storage tank, and any other assistance deemed necessary by the host. They will assist the guests with meeting any compliance requirements related to the vehicle. The Field Supervisor will provide coaching for each household to prepare them for the responsibility and to promote accountability in their role as steward of the host's property. Once the guests have been settled at the site, a Streets Team member will visit on a regular basis to assist with any needs the guests may have, and to ensure that the arrangement is working out for both parties.

Appendix 9. Police Accountability and Civilian Oversight

The scope of this appendix focuses on three subject areas:

1. Fair and Impartial Policing
2. Strengthening the Police Accountability Board
3. Saturation policing versus evidence-based constitutional policing

NICJR makes a brief mention of the PAB. Neither discuss policing strategies especially the Crime Suppression Unit, other than to affirm the move of low-risk and non-criminal matters away from the BPD sphere.

1. **Fair and Impartial Policing:** In February 2021, the City Council adopted the Fair and Impartial Policing platform recommended by the mayor's working group, and referred it to the City Manager for implementation, with a consultative/oversight role given to the PAB, which came into existence on July 1, 2021.

The platform had significant overlap with the Reimagining initiative in areas such as reducing the police footprint, BerkDOT, and de-emphasizing stops for low-level, non-criminal, and especially non-safety related vehicle infractions.

Racial disparities in police stops, searches, outcomes (enforcement yield) and use of force were the impetus for the formation of the working group in 2018-2019. This is also the area where the F&I platform made its distinctive contribution.

The core element of the platform addressing discriminatory stops is the Early Intervention System (EIS), which has been shown in neighboring cities to reduce racial disparities in police encounters.

While the BPD has a provision for an Early Warning System (EWS), the EIS will be an important departure in two ways. Firstly, it may be triggered by a statistical indication of racially disparate policing. Secondly, the goal is not only to locate, assist, and correct individual outlier officers, but to investigate, understand and address patterns and departmental problems giving rise to systemic disparities.

The program was mandated almost a year ago, and the elements of the EIS were elaborated over three years ago, in late 2017, by the Police Review Commission. The BPD has drafted an amended EWS/EIS policy but has not shared it with the PAB oversight body, the F&I working group, or members of the

City Council, though it has shared it with the police association, which represents the officers conducting the disparate stops.

Important elements of the EIS program passed by Council include, among others:

- b. Analyze data to determine whether racial disparities are generalized across the force or are concentrated in a smaller subset of outlier officers or squads/groups of officers.
- c. Where disparities are concentrated in an individual or a group of officers, with no race-neutral legitimate evidence for this behavior in specific cases, initiate an investigation to determine the cause for the disparity.
- c. The goal of this process is to achieve trust and better community relations between the department as a whole and all the people in Berkeley. Formal discipline is a last resort unless there are violations of Department General Orders, in which case this becomes an IAB matter.
- f. An outside observer from the PAB shall sit in on the risk management and/or EIS program.

The Task Force strongly recommends that the *city administration take stronger steps to ensure the rapid implementation of the Council's F&I platform.* Notwithstanding the explanations by the authorities for their delay, including the pandemic, staff vacancies, and a rise in some categories of crime, in the six plus years since BPD's racial disparities came to light the disparities in stops remain as high as ever.

The raw numbers of Black and white civilians stopped by police are roughly equivalent and given the wide demographic disparity between the two groups, there is over a six to one disparity in a Black person's odds of being stopped by Berkeley police compared to a white person's, with the attendant legal, physical, psychological, and financial costs that entails. And the chances of a Black civilian who is stopped receiving no enforcement is about 25% higher than for a white civilian, indicating that many more Black people are stopped for no legitimate reason.⁸⁸

⁸⁸ See charts in Fair and Impartial Working Group presentation to RIPSTF, May 19, 2021, https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/Fair%20and%20Impartial%20WG%20-%20Task%20Force.pptx-1.pdf

Fairness and impartiality are not simply an option for the police, one among many priorities, or something they can do when they get around to it. The issue of racial disparities is clearly documented and demand immediate change. The methods to address it have been laid out. The government has mandated implementation. After years of delay, the legitimacy of the public safety system is being undermined at a cost to the whole city.

Specific recommendations:

- Bring PAB representation into the EIS planning sessions.
- Clarify the plan for establishing and operating the EIS, including its use as a tool to investigate the reasons for the stubborn, systemic persistence of racial disparities in Berkeley policing.
- Set a near-term timeline for implementation.
- Report on implementation, findings, and outcomes to the PAB and the Council.

2. Police Accountability Board and Director:

The passage of Measure ii a year ago was a big step forward for police accountability. But the PAB can only succeed if it has maximum support from both city administration and City Council. The Task Force strongly recommends the following steps as examples of support for the PAB:

- The Surveillance Ordinance imposes specific responsibilities on the City Manager when acquiring new surveillance technologies, including presenting a Surveillance Use Policy for PAB review before the Council may vote to acquire, use, or pay for such technologies.⁸⁹ A similar process is required by the Police Equipment and Community Safety Ordinance with regard to each Controlled Equipment Impact Report and Use Policy.⁹⁰ *Council should go beyond these minimum requirements to request PAB advice prior to making even a policy decision to proceed toward such acquisitions.*
- Council placed a provision in Measure ii stating that BPD must share General Orders with the PAB within 30 days of implementation. This was a step back from the past practice of the BPD and PRC working together to develop such policies. Yet this charter provision represents only a minimal requirement. *Council and city management should establish a higher standard of practice that emulates the past practice with the PRC.*

⁸⁹ Specific triggers requiring presentation of the Use Policy to the PRC, now the PAB, include seeking, soliciting, or accepting grant funds for, acquiring, using, or entering into an agreement to share or use another party's surveillance technology. "ACQUISITION AND USE OF SURVEILLANCE TECHNOLOGY,"

<https://berkeley.municipal.codes/BMC/2.99.030>

⁹⁰ <https://berkeley.municipal.codes/BMC/2.100>

The BPD and city management need to see the PAB as a partner in making policing policy. It should never be the case that the BPD says they cannot share a proposed policy with PAB because they are sharing it first with the police association.

- Measure ii gives the City Council the power to review and override the PAB regulations governing the civilian complaint review process. *When PAB proposes a provision that will make it easier for people from historically marginalized communities to raise and pursue complaints of police misconduct, such a provision should carry a strong presumption of support from the Council.*

3. Saturation Policing versus Constitutional or Evidence-Based Policing: Key to the proposals from the Fair and Impartial Working Group, later approved by the City Council, was this understanding of evidence-based policing:

Dr. Frank Baumgartner's analysis reveals that "investigatory stops" (stops that use a minor infraction as a pretext for investigating rather than to prevent or reduce dangerous behavior) allow for the most officer discretion and open the possibility of implicit bias.⁹¹

Based on analyses of more than 9 million stops, Baumgartner's team found that 47% were investigatory and that they added substantially to the racial disparity statistics. Thus, investigatory stops and stops of criminal suspects shall be restricted to those made because the person and/or vehicle fits a description in relation to a specific crime.⁹²

Such investigatory or pretextual stops were demonstrated in the extreme by the New York PD's massive stop-and-frisk practice that was ended by federal court order in 2013. Judge Shira Sheindlin ruled that the tactic violated the U.S. Constitution's Fourth Amendment's prohibition of unreasonable searches and seizures.⁹³

A related concern is the strategy of zero tolerance and aggressive policing, which "has been found to produce statistically insignificant changes in crime, on average. It also runs the risk of damaging police-community relations, both locally and even at the national level."⁹⁴

⁹¹ *Suspect Citizens*, Dr. Frank Baumgartner, 53-55 and 190-192

⁹² Eberhardt, J. L. (2016). *Strategies for change: Research initiatives and recommendations to improve police-community relations in Oakland, Calif.* Stanford University

⁹³ <https://civilrights.org/edfund/resource/nypds-infamous-stop-and-frisk-policy-found-unconstitutional/>

⁹⁴ <https://www.rand.org/pubs/tools/TL261/better-policing-toolkit/all-strategies/zero-tolerance.html>

Also related is the practice of “saturation policing.” A 2017 Georgetown study shows:

The saturation of certain neighborhoods suggested extremely tight surveillance and disruption of everyday movements primarily of young Black males. In the *Floyd v. City of New York* trial on constitutional violations in the conduct of stop and frisk activity, one of the litigated facts was that police stops were concentrated in neighborhoods with high percentages of Black and Latino residents, net of the influence of local crime rates.⁹⁵

Saturating communities of color with police is counter-productive in two ways. It is a very inefficient way to locate and apprehend violent actors, as police attention is spread throughout an entire community rather than focused on the small number of perpetrators. It also leads inexorably to racial profiling, excessive force, and mass incarceration.

A proposal has been introduced for the Berkeley City Council to create a Crime Suppression Unit within the police department. Little information on this Unit has been released, but sponsors refer to the Drug Task Force that operated in the historically African American district of South Berkeley for many years. The DTF incorporated many of the worst elements of saturation policing, aggressive policing, stop-and-frisk, and the national “drug war.” It had a reputation in the Black community for abusive tactics, racial profiling, and the targeting of an entire population regardless of any evidence of criminal conduct.

No policing unit [should](#) be developed that uses these discredited policing tactics. They are unfair and damaging to Black and Brown communities, reinvigorating the regime of mass incarceration, called “the New Jim Crow,” that has not yet been dismantled.⁹⁶ And they do not work, because they waste police resources that should be used to solve violent crime by instead focusing on low-level offenders or simply on community members who may fit a racial profile. Instead, Berkeley must put our moral, organizational, and financial resources behind a new vision of “holistic, equitable and community-centered safety” as discussed elsewhere in this report.

⁹⁵ https://www.law.georgetown.edu/georgetown-law-journal/wp-content/uploads/sites/26/2019/10/fagan-new-policing-new-segregation_ACCESSIBLE.pdf

⁹⁶ <https://newjimcrow.com/>



Reimagining Public Safety Task Force

ACTION CALENDAR

March 10, 2022

To: Honorable Mayor and Members of the City Council

From: Reimagining Public Safety Task Force

Submitted by: Nathan Mizell, Chairperson, boona cheema, Vice Chairperson

Subject: Consideration of the Reimagining Public Safety Task Force's Response to the National Institute for Criminal Justice Reform Recommendations

RECOMMENDATION

Discuss the Recommendations of the Reimagining Public Safety Task Force in response to the National Institute of Criminal Justice Reform (NICJR). Accept the report and refer to the City Manager.

SUMMARY

The Reimagining Public Safety Task Force, facilitated by NICJR was called upon to provide input to and make recommendations to NICJR and city staff on a set of recommended programs, structures and initiatives to outline a new, community-centered safety paradigm as a foundation for deep and lasting change, grounded in the principles of Reduce, Improve and Reinvest as proposed by the National Institute for Criminal Justice Reform

The Response to NICJR's Report is comprised of several recommendations including:

- Further Analysis of CERN dispatch model
- Rejecting "Attrition Only" BPD budget reductions
- Rejecting the development of a Progressive Police Academy
- Conditional Approval of a Guaranteed Income Pilot Program
- Conditional Approval of increased Sustainability of Community Based Organizations

In addition to direct responses to NICJR Recommendations, the response includes historical information relating to public safety and steps to address and repair harm in the Berkeley Community.

FISCAL IMPACTS OF RECOMMENDATION

Unknown

CURRENT SITUATION AND ITS EFFECTS

Reimagining Public Safety is a Strategic Plan Priority Project, advancing our goal to transform public safety, provide state-of-the-art new and innovative solutions to increase the safety of all including:

Reducing the footprint of the Berkeley Police Department in providing services which can be provided by local Community Based Organizations.

BACKGROUND

On July 14, 2020, the Berkeley City Council passed Resolution 69,501-N.S to launch a “robust community engagement process” to “transform Community Safety” in the City of Berkeley.

Following the adoption of the resolution, the council adopted Resolution 69,695-N.S, establishing the Reimagining Public Safety Task Force and its responsibility to “recommend a new, community-centered public safety paradigm.”

The membership of the Task Force includes:

- One (1) representative appointed by each member of the City Council and Mayor,
- One (1) representative appointed from the Mental Health Commission, Youth Commission and Police Review Commission, and
- one (1) representative appointed by the Associated Students of the University of California (ASUC) External Affairs Vice President
- one (1) representative appointed by the Berkeley Community Safety Coalition (BCSC) Steering Committee, and three (3) additional members to be appointed “At-Large” by the Task Force

Fulfilling its responsibility, the Reimagining Public Safety Task Force submitted this report.

ENVIRONMENTAL SUSTAINABILITY AND CLIMATE IMPACTS

None.

RATIONALE FOR RECOMMENDATION

To improve public safety and meet the obligations under Resolution 69,695-N.S.

ALTERNATIVE ACTIONS CONSIDERED

None.

CONTACT PERSON

Co-Secretary, Shamika Cole, Senior Management Analyst
Co-Secretary, LaTanya Bellow, Deputy City Manager
City Manager's Office
(510) 981-7000

Response and New Recommendations
to NICJR's Report on Reimagining Public Safety

February 18, 2022



Reimagining



Public



Safety



Berkeley Task Force

Equity

Reimagining Public Safety Task Force Members

District 1 – Margaret Fine appointed by Councilmember Rashi Kesarwani

District 2 – Sarah Abigail Ejigu appointed by Councilmember Terry Taplin

District 3 – boona cheema appointed by Councilmember Ben Bartlett

District 4 – Paul Kealoha Blake appointed by Councilmember Kate Harrison

District 4 - Jamie Crook appointed by Councilmember Kate Harrison (current)

District 5 – Dan Lindheim appointed by Councilmember Sophie Hahn

District 6 – La Dell Dangerfield appointed by Councilmember Susan Wengraf

District 7 – Barnali Ghosh appointed by Councilmember Rigel Robinson

District 8 – Pamela Hyde appointed by Councilmember Lori Droste

Hector Malvido appointed by the Office of Mayor Jesse Arreguin

Youth Commission – Nayo Polk

Youth Commission - Nina Thompson

Police Review Commission – Nathan Mizell

Mental Health Commission – Edward Opton

Berkeley Community Safety Coalition – Todd Walker

Berkeley Community Safety Coalition - Jamaica Moon (current)

Associated Students of University California – Alecia Harger

At-large – Alex Diaz

At-large – Liza Lutzker

At-large – Frances Ho



City of Berkeley Mission Statement

Our mission is to provide quality service to our diverse community; promote an accessible, safe, healthy, environmentally sound, and culturally rich city; initiate innovative solutions; embrace respectful democratic participation; respond quickly and effectively to neighborhood and commercial concerns, and do so in a fiscally sound manner.

City of Berkeley Police Dept. Mission Statement

Our Mission is to safeguard our diverse community through proactive law enforcement and problem solving, treating all people with dignity and respect.

City of Berkeley Health, Housing and Community Services Mission Statement

Our mission is to improve the quality of life for individuals and families in the City of Berkeley through innovative policies, effective services, and strong community partnerships.

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Berkeley Task Force Response and New Recommendations to NICJR’s Report on Reimagining Public Safety

Table of Contents

	Page
Chart 1: Task Force Votes on the NICJR Report Recommendations	.10
NICJR Reduce, Improve, Reinvest Recommendations and Task Force Responses	..18
A. Reduce	
B. Improve	
C. Reinvest	
Task Force Letter to the Community: Repairing & Doing Less Harm	. .28
Overview: Policing & the Berkeley Police Department History	. 31
Chart 2: Task Force Recommendations	.. 36
Synopsis of Community Engagement Research Findings, 2021	..39
A. Citywide Survey for Reimagining Public Safety in Berkeley	
B. Community Focus Groups and Listening Sessions	
C. Community Members with Behavioral Health Challenges (PEERS)	
D. LGBTQIA+ Staff—The Pacific Center for Human Growth	
E. Providers of Gender-Based Violence Services	
F. Recommendations Arising Out of Community Research	
Task Force Recommendations on Traffic Law Enforcement and Traffic Safety	.47
A. Berkeley City Council’s Direction: Reduce/Eliminate Pretextual Stops and Create BerkDOT (A Berkeley Department of Transportation)	
B. Racial Disparities in Traffic Stops by Berkeley Police Department	
C. The Drain of Traffic-Related Duties on the Berkeley Police Department	
D. Task Force Recommendations	52
1. Review Transportation Laws, Fines and Fees to Promote Safety and Equity	
2. Fully Fund the BerkDOT Planning Process	
Task Force Recommendations on 911 Call Processing and Alternative Calls-for-Service Systems	57
A. The Emergence of 911 - “The Little Known, Racist History of the 911 Emergency Call System	

B. Berkeley City Council's Direction: Have City Auditor Perform an Analysis of the City's Emergency 911 Calls for Service and Police Response	
C. Berkeley City Council's Direction: Develop Alternative Non-Police Responder Program to Reassign Non-Criminal Police Service Calls to a Specialized Care Unit (SCU)	
D. Introduction to Berkeley's Public Safety Communications Center	
E. City of Berkeley Public Communication Center & 911 Professional Duties	
F. Berkeley City Council's Direction: Equitably Reduce Policing and Improve Wellbeing Using Calls for Service Data	
G. Task Force Recommendation on Calls for Service	.62
1. Adopt City Auditor's Recommendations for Call Processing and Dispatching of First Responders and Others Contained in Report, and Add 'Substance Use' to 911 Recommendations	
2. Implement Specialized Care Unit (SCU): Alternative Non-Police Responder to Meet the Needs of People Experiencing Behavioral Health Challenges	
3. Establish Crisis Stabilization Center to Meet the Needs of People Experiencing Behavioral Health Challenges and Further Implement a Comprehensive 24/7 Behavioral Health Crisis Response System	
4. Implement a Behavioral Health General Order for the Berkeley Police Department that Emphasizes Diversion Away from Policing Whenever Possible	
Additional Information for Proposed Tiered Dispatch & CERN (Community Emergency Response Network)	..69
A. Introduction to Tiered Dispatch	
B. General Questions on 911 Call Processing and Dispatching First Responders	
C. Inquiries	.71
1. Determining what a Tier 1 call is	
2. Defining the relationship between CERN, SCU and BerkDOT	
3. The Role of Back-up by Police for Alternative Responders	
4. Staffing and Organizational Capacity for Piloting Programs	
5. Screening, Triaging, and Dispatching Calls for Service	
6. Effects on Patrol Staff and Potential Police Savings	
7. CERN and BerkDOT	
8. CERN Staffing and its Sufficiency	

Task Force Recommendations on Gender-Equitable Response Systems..79**A. Improving Gender-Equity in Berkeley****B. Task Force Recommendations on Gender Equity ..79**

1. City Leadership to Host Regular Meetings and Coordinate Services
2. Coordinate with Court and Other Law Enforcement to Implement New Firearm and Ammunition Surrender Laws
3. Annually Update the Police Department's Domestic Violence Policies and Victim Resource Materials
4. Implement Regular Domestic Violence and Trauma-Informed Training for Officers, Dispatch, and Responders to 911 or Non-Emergency Calls
5. Publish Victim Resources in Plain Language and Multiple Languages
6. Screen for Domestic Violence in All 911 and Non-Emergency Calls
7. Assign a Female Officer to Interview, Examine, or Take Pictures of Alleged Victims at Victim's Request
8. Police Response to DV Calls Should Be Accompanied by/or Coordinated with DV Advocate

Task Force Recommendations on Disability from People with Behavioral Health Challenges (PEERS) Listening Session 83

1. Include PEERS in Developing Behavioral Health Responses
2. Sufficiently Fund Behavioral Health Respite Centers
3. Have a Reconciliation Process with People Living with Behavioral Challenges and Police
4. Clarify the Risk Assessment by Call Takers, Dispatchers, and Police for Behavioral Health
5. Improve De-Escalation Training for Police & Offer Public Education on Behavioral Health
6. Account for Overlapping Systems of Care for People Living with Behavioral Health Challenges

Task Force Recommendations from LGBTQIA+ and Queer/Trans Listening Session with Pacific Center for Human Growth Staff	..85
<ul style="list-style-type: none"> 1. Develop Collaboration between LGBTQIA+ Liaison for Berkeley Police Department and Pacific Center for Human Growth 2. Establish Partnership between Division of Mental Health and Pacific Center for Human Growth 3. Increase Capacity for Behavioral Health Workers to Serve LGBTQIA+ Clients 	
Task Force Recommendations on Addressing Underlying Causes of Inequity, Violence, and Crime	..87
<ul style="list-style-type: none"> 1. Public Safety and Community Solutions 2. Community Violence Prevention Programs 3. Support City Efforts to Establish Office of Equity and Diversity 4. Implement Pilot Guaranteed Income Project 5. Support Police Accountability Board and Fair & Impartial Policing 	
Task Force Recommendations on Sustaining Community Based Organizations	94
A. Why Does Berkeley Need So Many CBOS?	
B. Community Based Organizations' Overview, including Funding Summary of City of Berkeley Budget (chart)	
C. Task Force Recommendations for CBOS	..96
<ul style="list-style-type: none"> 1. Conduct Needs Assessment on CBO Capacity 2. Create Coordination and Communication Opportunities for CBO and City Staff 3. Improve Referral Systems 4. Remove City Funding System Inefficiencies and Duplication 5. Develop Additional Success Metrics for CBOS 6. Help CBOS Enhance Their Funding 7. Strategies to Help CBOS Leverage Additional Funds 	
Appendices	102

The Reimagining Public Safety Task Force has reflected on the charge laid out in the George Floyd Act to take a fresh look at public safety in Berkeley, as well as NICJR's investigation into how a transition to a reimagined system could begin. We are proud to present a Report from a Berkeley community perspective to accompany the consultant's report.

Task Force members are united in the approach to implementing the revisioning of public safety that began publicly in 2020. At the same time, our Report provides a range of views on specific points of implementation. It is our hope that readers will appreciate both the broad strokes we propose and that within the group, in the vibrant tapestry that is Berkeley, there are diverse ideas about the exact programs, mechanisms, and levels of funding that will be appropriate to implement such complex changes in our system of public safety.

Civilianizing certain roles within the police department could lead to a reduction in the police budget as well as increased efficacy of said positions. Investigations and evidence handling for example do not need to be executed by uniformed and armed officers. Moreover, it is possible that community members may feel more comfortable assisting in investigations if the investigator were not a police officer. This was not researched by NICJR so more analysis is required but it is a promising idea that should be explored further.

NICJR Recommendations and Votes by Task Force

	<i>NICJR Recommendation</i>	<i>Vote by Task Force</i>	<i>Reason for vote</i>	<i>Proposed Narrative Summary for report</i>
1	Establish tiered dispatch/CERN model (p.14)	More analysis needed	<ol style="list-style-type: none"> 1. Need separate, non-police phone # 2. How will Dispatch be organized to take in calls for service from 911, BPD non-emergency, and SCU non-police line? 3. How will Dispatch triage & direct calls to: CERN team, SCU team (are these first two categories the same or different?), BPD, MCT, EMS, BFD, BerkDOT? 4. How will CERN, SCU responders & police then prioritize themselves during call for service as it evolves? For CFS that specifically requested a non-police/SCU response, can SCU team work to see the call through to conclusion without involving police (unless certain conditions arise like a firearm appears, which naturally would require BPD)? 5. What training will all responders go through so there are clear and commonly understood protocols for all elements of a call for service? 6. Will adjacent groups like Street Ambassadors and Campus police/personnel also get the same training and use the same reporting and data management systems so Berkeley can measure results for the whole city? 	Overall, the Task Force supports the idea of a community-based response as an alternative to an armed response that would decrease the footprint of the police department. As presented, commissioners are concerned that the co-responder model proposal by NICJR would not decrease the footprint of the police and could have the consequence of having the community see CBOS as an extension of the police. In addition, commissioners need more clarity on how CERN would work with other new models like SCU, BerkDOT and dispatch.
2	Contracting with local CBOS for Tier 1 CERN response	More analysis needed	<ol style="list-style-type: none"> 1. Which CBOS? (Where is the landscape analysis that was promised by NICJR?) 2. Has the City dialogued with each CBO to confirm their interest in providing responders and their timeframe to make responders available, including hiring new staff? 3. What will the pay structure to CBO responders be; does each CBO set their own rates, or will the City set rates? 	The Task Force would need more analysis to understand the investment that it would take for the city to ask CBOS to take on this responsibility, including training, the infrastructure a CBO would need, and skills needed for the types of cases in the new model.

			4. How will all responders be trained to achieve a systematic SCU non-police response for calls for service?	
3	Evaluate CERN (p. 19-20)	(did not vote on this)		
4	Full implementation of Tiered Dispatch/CERN Pilot Program and reduction of BPD patrol division of 50%	More analysis needed		No analysis was provided by NICJR for how police department would be reduced by 50%, especially if NICJR recommends no officer layoffs, and reductions through attrition only. Is full implementation dependent on the department reducing by 50% and when would this occur?
5	Reduce BPD budget through attrition only and no layoffs (p. 20)	Reject		This recommendation is unresponsive to the goal of reducing the police department by up to 50% to make resources available for other programs.
6	End pretextual stops (p. 24)	Reject		The Task Force is fully in favor of the elimination of pretextual stops by BPD - this work is already well underway and thus does not constitute a useful recommendation. In 2020 the Mayor's Fair and Impartial Policing Working Group recommended that BPD focus on "the basis for traffic stops on safety and not just low-level offenses" and that they minimize or de-emphasize as a lowest priority stops for low-level offenses," and in February 2021, Council unanimously approved the Working Group's recommendations for adoption. Plans are currently underway for implementation, with quarterly updates being provided to the Police Accountability Board. <i>(based on analysis from Liza Lutzker's report to RPSTF, linked to in the Improve & Reinvest</i>

				<p><i>Subcommittee's Feedback document posted January 6, 2022)</i></p>
<p>7</p>	<p>BerkDOT (p.25)</p>	<p>Accept with Conditions</p>	<p>1. This is in NICJR Report but is not mentioned in the Implementation Plan grid. 2. This needs MUCH more analysis, much like Dispatch changes required by CERN implementation, which NICJR does not detail.</p>	<p>While the Task Force is glad to see that NICJR sees the value in the creation of BerkDOT as a strategy to reduce the footprint of policing in Berkeley, the description provided for BerkDOT is inadequate with respect to the components of and motivation for BerkDOT (the NICJR report describes BerkDOT as a moving of traffic enforcement away from BPD). Because the BerkDOT creation process is moving forward separately, a complete description and analysis of BerkDOT are not necessary, but at a minimum, the NICJR recommendation ought to accurately describe what a proposed BerkDOT would consist of and provide the rationale for pursuing this approach beyond simply reducing the staffing and budget of BPD. Specifically, BerkDOT needs to be described as a consolidation of all transportation-related work being done by the City and would entail combining the current Public Works Department's above-ground street and sidewalk planning, maintenance, and engineering responsibilities with the current transportation-related BPD functions of parking enforcement, traffic law enforcement, school crossing guard management, and collision response, investigation, data collection, analysis, and reporting.</p>

8	BPD Become A Highly Accountable Learning Organization (HALO) (p. 26)	Reject	<ol style="list-style-type: none"> 1. Not credible that this change comes at "no additional cost" 2. RPSTF focused on spending less on BPD, not more 3. More training does not necessarily lead to changes in police culture 4. This process is not about re-imagining police 	Overall, commissioners did not think there was enough information provided in the NICJR report that allowed an accurate assessment of the program and also disagreed with NICJR's indication that this recommendation would come at no cost. Some commissioners felt strongly that any programs that potentially increase funding to police should not be prioritized, and more training will likely not lead to changes in police culture or address the racial disparities that continue to persist in the city.
9	BPD join ABLE program	(Did not vote unless this is part of the HALO program)	1. HALO, EPIC and ABLE might be good programs, but what cost to join/enact? Recordkeeping alone would be a cost.	Same analysis as item 8
10	Expand EIS to assess all Use of Force	Reject	<ol style="list-style-type: none"> 1. In general recommendations limited to police reform and requiring additional funding were not seen as ideas in the spirit of re-imagining public safety 2. Side question: Is Fair & Impartial's EIS measuring new best-practice gauge of proportionality? Not relying only on officer reporting & citizen complaints through PAB. Not being "de-fanged" by Union during implementation? See Univ of Chicago/Ron Huberman work: https://polsky.uchicago.edu/2021/06/08/benchmarking-police-performance-for-early-intervention-evidence-based-solutions/ 	The Task Force supports an EIS. However, this work is already well underway and thus does not constitute a useful recommendation. The EIS was recommended in 2020 by the Mayor's Fair and Impartial Policing Working Group and in February 2021, Council unanimously approved the Working Group's recommendations for adoption.
11	BPD Expand current Personnel and Training Bureau OR Create Quality Assurance and Training Bureau	Reject		Rejected, similar to the reason in item 8. The Task Force did not believe that additional investment in training would create the change needed to change police culture and the racial disparities that continue to persist in the city.

12	Transfer 5 officers and 2 civilian staff to new Quality Assurance and Training Bureau (p. 32)	Reject	Rejecting #12 above, so rejecting this related item, which is yet more additional training/QA cost.	
13	BPD provide semi-annual reports to public (p. 32)	Accept with Conditions	<ol style="list-style-type: none"> 1. Data should be available on a real-time basis, all the time. 2. Build a dashboard that is constantly updating. 	Data should be provided to the community through a dashboard, in real-time. Reports can be helpful, and should be provided, in addition to real-time data.
14	Develop a Bay Area Progressive Police Academy (BAPPA) (p. 35)	Reject	<p>RPSTF is focused on reducing BPD spending, not increasing.</p> <p>2. BAPPA is dependent on a great deal of inter-agency agreement, sharing and teamwork, which don't already exist. Would take many man-hours to get others on board, agree scope of work, convince all to start contributing.</p> <p>3. Very high staff and overhead costs.</p> <p>4. BPD regularly states they have top-notch training and sourcing for sworn and non-sworn personnel – it is not clear that a Berkeley-run academy would solve any hiring difficulties.</p> <p>5. Instead of spending on this, RPSTF recommends spending on creating a Public Safety & Community Solutions Institute.</p>	<p>The Task Force recognizes that many cities are gearing up to provide a robust, expert non-police response to citizens in need, but that this type of workforce does not yet exist in a coordinated fashion. Berkeley can be in the vanguard of cities creating this workforce and expanding best-practice training beyond paid professionals and offering it to the general public, interested groups, students, and the like. The Public Safety & Community Solutions Institute can bring together crisis intervention and situation calming, triage, medical response, mental health response, peer counseling, city and county services offerings, case work, data capture, and follow up with compassionate, trauma-centered delivery. The Institute's trainings and coursework will be created by experts at Berkeley's SCU and the division of Mental Health, and tailored for other relevant audiences, e.g., BerkDOT. The Task Force feels this would be an exemplary area in which to spend time, money, and other</p>

				resources to provide citizens with resources and support.
15	Increase diversity of BPD leadership (p. 36)	Accept with conditions	<ol style="list-style-type: none"> 1. What is the plan for achieving diversity? 2. What are the numerical definitions of diversity? 	The Task Force agreed that diversity in leadership alone would be insufficient to change an entire police culture. However, commissioners do acknowledge the importance of diversity and having responders who are from the city and the taskforce recommends making diversity a priority for all employees, including leadership.
16	Increase Standards for Field Training Officers (p. 36)	Needs more analysis	<ol style="list-style-type: none"> 1. Need numbers about what % of officers have more than 2 complaints or 1 sustained complaint in a 12-month period? 2. How does race & gender data map with complaints data? 3. How do we assess whether implicit bias has played a role in complaint data figures? 	
17	Revise BPD's Use of Force policies to limit any use of deadly force as a last resort to situations where a subject is clearly armed with a deadly weapon and is using a threatening to use the deadly weapon against another person	Reject	<ol style="list-style-type: none"> 1. Use of Force policy was revised a year ago. Did NICJR read it and is this different than most recent version? 2. Use of Force policies are complex, making changes is a lengthy process. Shouldn't change what has been recently agreed upon without good reason. 	This was rejected because this work has already been done and is covered by a different process and does not need to be duplicated in this process.

18	Launch a guaranteed income pilot program (p. 37)	Accept with Conditions	<ol style="list-style-type: none"> 1. Strong support for the program 2. Addresses root causes 3. Strong preference for unconditional funds that puts trust in people to use the money as they see fit 4. Unclear who is responsible for administering pilot 5. Unclear how families will be selected 6. Informed by completed/ongoing pilots in Stockton, Fremont, Richmond, etc. 	Members strongly support this type of program and note that other communities have implemented these programs successfully. More information is needed to understand how families would be selected, and the city should consider whether other groups, like the AAPI or Indigenous community, should be included in this program.
19	Launch a community beautification employment program (p. 39)	Accept with Conditions	<ol style="list-style-type: none"> 1. General support for employment programs 2. Current recommendation is specific to previously incarcerated folks, and funding source is based on that, and could be expanded to include other funding sources, and serve other communities e.g., youth, unhoused population 3. Remove the word beautification that is superficial 4. The program should be responsive to skills and talents of folks 5. Program could benefit from integrating professional development, pipeline to employment, especially folks who are generally left out of the workforce 6. Program should aim for goals and results that are transformative 	Members are very interested in increasing job skills and opportunities. However, programs should be centered around the interests of the target group. The Task Force therefore rejects the idea of simply a beautification program but fully supports programs that focus on professional development, and serve as a pipeline to employment, especially for those who face additional barriers like a criminal record. Any program should have the goal of being transformative.
20	Increase funding for CBOS in one of two ways: (1) increase grant amounts by 25%, or (2) create local government agency/ department (Department of Community Development) (p. 40)	Accept with conditions	<ol style="list-style-type: none"> 1. Unclear where the funding is coming from, some of it is coming from Measure W 2. Recommendation is too general, and funding of CBOS should be prioritized based on RPS goals and improving social determinants of health 3. Strong disagreement with approach that proposes across the board funding for CBOS 4. Preference for a recommendation that includes a new department could play a role in visioning and tracking of CBOS and funds, and oversee increased funding 	While members generally agree with increasing the capacity of community-based organizations as a way to improve public safety, funding should be targeted and focus on the goals set forth in the enabling legislation for reimagining public safety. Members also note that this recommendation does not explain where the additional funds would come from, as NICJR does not propose any layoffs to reduce the police budget. Members are very

				interested in creating a city division that could continue this work and focus on issues of equity.
	Notes			
	Grid is based on Pg. 43 of NICJR Final Report, titled Implementation Plan; it's a 2-page, 4-column grid in blue.			
	Recommendations highlighted in orange indicate items not listed on the grid in the NICJR Final Report			

Reduce, Improve, Reinvest Recommendations and Task Force Responses

A. REDUCE

To achieve the goal of a smaller law enforcement footprint and to reallocate a portion of the BPD budget towards more community supports, NICJR recommends the following measures:

NICJR recommends the establishment of a Tiered Dispatch/CERN Pilot Program, focused on a subset of the Tier 1 call types that can be used in the pilot phase in order to work out logistical and practical challenges prior to scaling up the program.

➤ **Task Force Response: More Analysis Needed.**

Overall, the Task Force supports the idea of a community-based response as an alternative to an armed response that would decrease the footprint of the police department. As presented, commissioners are concerned that the proposal by NICJR would not decrease the footprint of the police and, due to the use of the co-responder model, could have the consequence of having the community see CBOS as an extension of the police. In addition, commissioners need more clarity on how CERN would work with other new models like SCU, BerkDOT and dispatch.

Questions and Issues for Further Analysis:

1. Need for separate, non-police phone number.
2. How will Dispatch be organized to take in calls from 911, BPD non-emergency, and SCU non-police line?
3. How will Dispatch triage & direct calls to: CERN team, SCU team (are these first 2 categories the same or different?), BPD, MCU, EMS, BFD, BerkDOT?
4. How will CERN, SCU responders & police then prioritize themselves during call for service as it evolves? For CFS that specifically requested a non-police/SCU response, can SCU team work to see the call through to conclusion without involving police (unless conditions arise like a firearm appears, which would require BPD)?
5. What training will all responders go through so there are clear/commonly understood protocols for all elements of a call for service?



“...the NICJR recommendation ought to accurately describe what a proposed BerkDOT would consist of.”

6. Will adjacent groups like Street Ambassadors and Campus police/personnel also get the same training and use the same reporting and data management systems so Berkeley can measure results for the whole city?

NICJR recommends contracting with local Community Based Organizations (CBOS) who are best prepared to successfully navigate and leverage local resources, services, and supports, to respond to the pilot Tier 1 calls.

➤ **Task Force Response: More Analysis Needed.**

The Task Force would need more analysis to understand the investment that it would take for the city to ask CBOS to take on this responsibility, including training, the infrastructure a CBO would need, and skills needed for the types of cases in the new model.

Questions and Issues for Further Analysis:

1. Which CBOS? Where is the landscape analysis from NICJR?
2. Has the City dialoged with each CBO to confirm their interest in providing responders and their timeframe to make responders available, including hiring new staff?
3. What will the pay structure to CBO responders be; does each CBO set their own rates, or will the city set rates?
4. How will all responders be trained to achieve a systematic SCU non-police response for calls for service?

NICJR Recommends evaluating CERN

➤ **Task Force Response: The Task Force did not vote on this.**

NICJR recommends full implementation of Tiered Dispatch/CERN Pilot Program and reduction of BPD patrol division of 50%.

➤ **Task Force Response: More analysis needed.**

No analysis was provided by NICJR for how police department would be reduced by 50%, especially if NICJR recommends no officer layoffs, and reductions through attrition only. Is full implementation dependent on the department reducing by 50% and when would this occur?

NICJR recommends reducing BPD budget through attrition only and no layoffs.

➤ **Task Force Response: Reject.**

This recommendation is unresponsive to the goal of reducing the police department by up to 50% to make resources available for other programs.

NICJR recommends ending pretextual stops.

➤ **Task Force Response: Reject.**

The Task Force is in favor of the elimination of pretextual stops by BPD. However, this work is already underway and does not constitute a useful recommendation. In 2020 the Mayor's Fair and Impartial Policing Working Group recommended that BPD focus "the basis for traffic stops on safety and not just low-level offenses" and "minimize or de-emphasize as a lowest priority stops for low-level offenses," and in February 2021, Council unanimously approved the Working Group's recommendations for adoption. Plans are currently underway for implementation, with quarterly updates being provided to the Police Accountability Board.

NICJR recommends creating a Berkeley Department of Transportation.

➤ **Task Force Response: Accept with Conditions.**

While the Task Force is glad to see that NICJR sees the value in the creation of BerkDOT as a strategy to reduce the footprint of policing in Berkeley, the description provided for BerkDOT is inadequate with respect to the components of and motivation for BerkDOT (the NICJR report describes BerkDOT only as a move of traffic enforcement away from BPD). Because the BerkDOT creation process is moving forward separately, a complete description and analysis of BerkDOT are not necessary, but at a minimum, the NICJR recommendation ought to accurately describe what a proposed BerkDOT would consist of and provide the rationale for

pursuing this approach beyond simply reducing the staffing and budget of BPD.

Specifically, BerkDOT needs to be described as a consolidation of all transportation-related work being done by the City and would entail combining the current Public Works Department's above-ground street and sidewalk planning, maintenance, and engineering responsibilities with the current transportation-related BPD functions of parking enforcement, traffic law enforcement, school crossing guard management, and collision response, investigation, data collection, analysis, and reporting. Further, the motivations for the creation of BerkDOT need to be clearly outlined in the NICJR report. The three goals for BerkDOT are: to reduce the threat of police violence and harassment during traffic stops, to invest in road safety, and to advance Vision Zero and mobility in Berkeley.



B. IMPROVE

This section focuses on how BPD and the public safety system in Berkeley can improve its quality, increase its accountability, and become more transparent. NICJR recommends the following improvement strategies:

NICJR recommends that the Berkeley Police Department become a Highly Accountable Learning Organization (HALO).

➤ **Task Force Response: Reject.**

Overall, commissioners did not think there was enough information provided in the NICJR report that allowed an accurate assessment of the program and disagreed with NICJR's indication that this recommendation would come at no cost. HALO, EPIC and ABLE might be good programs, but what cost to join/enact? Record keeping alone would be a cost. Some commissioners felt strongly that any programs that potentially increases funding to police should not be prioritized, and more training will likely not lead to changes in police culture or address the racial disparities that continue to persist in the city.

NICJR recommends that BPD should join the ABLE program to receive training and technical assistance and use the new Quality Assurance and Training Bureau discussed below to ensure the department adheres to the training, principles, and practices of the program.

➤ **Task Force Response: Did not vote specifically on ABLE (except as falling under the HALO program).**

NICJR recommends that the EIS should be expanded to assess all Use of Force incidents, complaints, and information gleaned from the Body Worn Camera (BWC) footage reviewed by the Quality Assurance and Training Bureau.

➤ **Task Force Response: Reject.**

The Task Force supports an EIS. However, this work is already well underway and thus does not constitute a useful recommendation. The EIS was recommended in 2020 by the Mayor's Fair and Impartial Policing Working Group and in February 2021, Council unanimously approved the Working Group's recommendations for adoption

In general, recommendations limited to police reform and requiring additional funding were not seen as ideas in the spirit of re-imagining public safety.

NICJR recommends that BPD expand current Personnel and Training Bureau or create Quality Assurance and Training (QAT) Bureau.

➤ **Task Force Response: Reject.**

The Task Force did not believe that additional investment in training would create the change needed to change police culture and the racial disparities that continue to persist in the city. Again, recommendations requiring additional funding were not seen as ideas in the spirit of re-imagining public safety.

NICJR recommends BPD should transfer 5 officers and 2 civilian staff to new Quality Assurance and Training (QAT) Bureau.

➤ **Task Force Response: Reject.**

This rejection of this recommendation is related to the rejection of the creation QAT in the first place.

NICJR recommends: BPD should provide semi-annual reports to the public on stops, arrests, complaints, and uses of force, including totals, by race and gender, by area of the city, and other aggregate outcomes.

➤ **Task Force Response: Accept with Conditions.**

Data should be provided to the community through a dashboard, in real-time. Reports can be helpful, and should be provided, in addition to real-time data.

NICJR recommends that the preceding information be used to develop a Bay Area Progressive Police Academy built on adult learning concepts and focused on helping recruits develop the psychological skills and values necessary to perform their complex and stressful jobs in a manner that reflects the guardian mentality.

➤ **Task Force Response: Reject.**

The creation of a police academy would undoubtedly be very costly and would require giving large amounts of money to the police department, flying in the face of the enabling legislation's goal of decreasing the police budget. As was stated by Nikki Jones in her presentation to the taskforce, the Progressive Police Academy "is the least imaginative and transformative component of the draft report and one that is likely to be mired in political battles and a good deal of resistance on the ground. It would also have the impact of investing what is likely to be millions of taxpayer dollars into policing, instead of investing much needed funding in building up an infrastructure of care in the city."

The Task Force recognizes that many cities are gearing up to provide a robust, expert non-police response to citizens in need, but that this type of workforce does not yet exist in a coordinated fashion. Berkeley can be in the vanguard of cities creating this workforce and expanding best-practice training beyond paid professionals and offering it to the general public, interested groups, students and the like.

The Public Safety & Community Solutions Institute can bring together crisis intervention and situation calming, triage, medical response, mental health response, peer counseling, city and county services offerings, case work, data capture, and follow up with compassionate, trauma-centered delivery. The Institute trainings and coursework will be created by experts at Berkeley's SCU and Mental Health departments, and tailored for other relevant audiences, e.g. BerkDOT. The Task Force feels this would be an exemplary area in which to spend time, money and other resources to provide citizens with resources and support.

NICJR recommends increasing diversity of BPD leadership.

➤ **Task Force Response: Accept with Conditions.**

The Task Force agreed that diversity in leadership alone, would be insufficient to change an entire police culture. However, commissioners do acknowledge the importance of diversity and having responders who are from the city and recommends making diversity a priority for all employees, including leadership, and recognizing intersectionality.

NICJR recommends increasing Standards for Field Training Officers.

➤ **Task Force Response: Needs More Analysis.**

To efficiently implement this recommendation, numbers are needed on the percentage of officers who have had more than 2 complaints or 1 sustained complaint in a 12-month period, and how race and gender data map with complaints data. How will the Department assess whether implicit bias has played a role in complaint data figures?

NICJR recommends that BPD's Use of Force policies be revised to limit any use of deadly force as a last resort to situations where a suspect is clearly armed with a deadly weapon and is using or threatening to use the deadly weapon against another person. All other force must be absolutely necessary and proportional.

➤ **Task Force Response: Reject.**

This was rejected because this work has already been done and is covered by a different process and does not need to be duplicated in this process.



C. REINVEST

NICJR recommends that the City take the following measures to increase investment in vulnerable communities and fundamental cause issues:

NICJR recommends that Berkeley should launch a Guaranteed Income Pilot program similar to other cities in the region. The pilot program should select a subpopulation of 200 Black and Latinx families that have children under 10 years of age and have household incomes below \$50,000.

➤ **Task Force Response: Accept with Conditions.**

Members strongly support this type of program and notes that other communities have implemented these programs successfully. More information is needed to understand how families would be selected, whether other groups like the AAPI or Indigenous communities should be included in this program, and how the program will be administered. Members want the program to address the root causes of inequity, with a strong preference for unconditional funds that puts trust in people to use the money as they see fit.

NICJR recommends that the City launch a crew-based employment program, or expand an existing program that employs formerly incarcerated people to help beautify their own neighborhood: hire and train no less than 100 formerly incarcerated Berkeley residents to conduct Community Beautification services, including: blight abatement, tree planting, plant and maintain community gardens, make and track 311 service requests, and other community beautification projects.

➤ **Task Force Response: Accept with Conditions.**

Members are very interested in increasing job skills and opportunities. However, programs should be centered on the interests of the target group. The Task Force therefore rejects the idea of a 'beautification' program but fully supports programs that focus on professional development, and serve as a pipeline to employment, especially for those who face additional barriers like a criminal record. Any program should have the goal of being transformative.

NICJR recommends increasing Funding for Community Based Organizations: CBOS that provide services to those who are unhoused, live in poverty, have behavioral health challenges, have substance abuse challenges, are system-involved, and/or are LGBTQ

should receive an increase in funding using Reinvest dollars. CBO funding could be increased through an across-the-board increase or through local departmental decision-making.

➤ **Task Force Response: Accept with Conditions.**

While members generally agree with increasing the capacity of community-based organizations as a way to improve public safety, funding should be targeted and focus on the goals set forth in the enabling legislation for reimagining public safety. Members also note that this recommendation does not explain where the additional funds would come from, as NICJR does not propose any layoffs to reduce the police budget. Members are very interested in creating a city division that could continue this work and focus on issues of equity.



“Public Safety underlies the health and well-being of every neighborhood, every family, and every resident.”

Task Force Letter to the Community

The goal of *Reimagining Public Safety for Berkeley* is one of the highest priorities for our city: public safety underlies the health and well-being of every neighborhood, every family, and every resident. Policies and practices that protect Public Safety must recognize the equal value of every community member and must apply protections fairly and equitably – yet systemic and structural racism means this is not our current reality.

Berkeley, like so many other cities across the Country, initiated the current *Reimagining* process in response to a series of high-profile police brutality incidents that pulled the curtain back on this systemic racism and demanded a response. Police department-related issues (e.g., recruiting, training, hiring, procedures, and the mutation of the department’s role beyond public safety) are high on the list of systems that need to be reimagined and restructured. But they are not the *only* systems that impact public safety, and if this process focuses too narrowly on internal police policies and protocols – if it moves too quickly to implement highly complex new initiatives without adequate analysis and planning – if it neglects to address the multi-dimensional inequity that *creates* patterns of crime, violence, poverty, and social disconnection – then it will fail.

Across American cities, neighborhoods with high rates of poverty, health inequities, low rates of home and business ownership, unsafe/unhealthy housing conditions, food insecurity, failing schools, and inadequate job opportunity are the *same neighborhoods* that have higher rates of crime and higher concentrations of justice-involved residents: the connection is inescapable.

Moreover, those inequities are not random: they have been created by decades of disinvestment and neglect stemming from racially biased policies. And the cycle is self-perpetuating: communities with high levels of exposure to policing, criminal, legal and incarceration systems experience individual, family, and cultural trauma; they have a deep lack of trust in the police and the justice system; and they lack the resources and opportunities needed to escape and thrive.

Systemic inequity, and the uneven patterns of crime that result from it, is human-made harm created by bad policies can at least in part reversed and remedied by good policies. This is the goal of Berkeley's Reimagining Public Safety process. But for the process to succeed, the people who personally experience these inequities must be integrally and continually involved – not just through initial listening sessions but *throughout* the design, decision-making, implementation, evaluation, and follow up. This is the only way proposed solutions will truly see, understand, and address the reality of people's experiences, and the only way impacted communities will trust the changes being implemented.



We know that for many this effort feels like too little, too late: the hurdles feel insurmountable. And because of the pain experienced by communities of color and the urgent need for change, it can be tempting to move too quickly – but we must proceed with a cohesive vision at the foundation of all decisions (with equity as our guiding star), and with thorough analysis to ensure that the measures put in place are realistic, effective, and enact the long-term change we seek.

We believe this process is a beginning, and we look forward to continuing to work with all stakeholders on both short and long-term solutions that will make Berkeley a Public Safety model for other communities.

Repairing and Doing Less Harm

We recognize the harm policing has historically revealed, disproportionately negatively affecting Black, Brown, Indigenous, AAPI, LGBTQIA+, those who are differently abled, unhoused individuals, and other vulnerable groups. It is imperative that this harm be repaired to build sustaining trust and mutual respect between Berkeley residents/community, City Council, City Staff, Community Based Organizations (CBO) and the Berkeley Police Department. The safety of our people must come first and at times we must compromise and take the approach that produces the least harm.

We also acknowledge that policing is a challenging profession which can leave law enforcement officers traumatized, and we have compassion for their families.

Recommendations for accountability should look like but not be limited to these ideas:

- **Service satisfaction survey distributed after police interactions**
- **Regular evaluations of BPD from the greater community (quarterly or twice yearly)**
- **Answerability from BPD and adjustments made accordingly**

Another essential restorative measure which has not yet been discussed but may stand on its own is for offended parties (individuals and families subject to abuse by law enforcement) to be informed of the levels of discipline rendered, such as supervisor referral, written advice, written reprimand, suspension, or termination.

Overview

Policing & The Berkeley Police Department History

“The fault lines of our society have been exposed. The pressure points that we face in American society are the irrevocable products of its history. The brutality of the American experience for black people is incomparable and all efforts to curb the appetite for racist outcomes are indispensable to what comes next for our society. Policing is an anachronism precisely because it is incomplete and does not keep the entire society safe. The police have traditionally maintained the socioeconomic lines between white and non-white, rich and poor, the mainstream, countercultural and vulnerable communities. We must dismantle this system of oppression.”

– La Dell Dangerfield, *Reimagining Public Safety Task Force*

The summer of 2020 brought with it the largest wave of protests in the history of the United States. While the proximal reason for the protests was the murder of George Floyd, the unrest spoke to an underlying dissatisfaction with the place and the purpose of policing in our society. Cities across the country were lit with protests and community members packed city council meetings for weeks on end.

In response to these calls to action, the Berkeley City Council adopted Resolution NO. 69,501-N.S., to create a “Community Safety Coalition” - later renamed The Reimagining Public Safety Task Force (RPSTF). In doing so, City Council was not only responding to the George Floyd uprisings but recognizing that “decades of police reform efforts have not created equitable public safety in our community, and our efforts to achieve transformative public safety will not be deterred by the inertia of existing institutions, contracts, and legislation.” The RPSTF was given the mandate to “Recommend a new, community-centered safety paradigm as a foundation for deep and lasting change.”

To move forward, we must first consider the past. Since its inception, policing in America has been deeply instrumental in the oppression of marginalized people. In the South, policing began as Slave patrols, in the North as a force to control new immigrant populations and suppress labor organizing, and in the Southwest policing power was used to control indigenous populations and allow for the continued theft of indigenous land and resources.¹²³⁴ The use of policing as a tool for ‘law and order’ has been used

¹ Sally E Hadden, *Slave Patrols*, 2001

² <https://www.smithsonianmag.com/smithsonian-institution/long-painful-history-police-brutality-in-the-us-180964098/>

³ <https://www.loc.gov/classroom-materials/immigration/native-american/removing-native-americans-from-their-land/>

⁴ <https://ekuonline.eku.edu/blog/police-studies/the-history-of-policing-in-the-united-states-part-3/>

to justify police brutality during protests, harass unhoused and mentally ill community members, and enforce drug laws along class and race-based lines.



Since inception, policing has seen numerous reform eras, perhaps none more important than those launched by August Vollmer, the first police chief in the City of Berkeley and a champion of “progressive policing.” Vollmer, a veteran of the Spanish-American War, applied many tactics he learned from fighting in the Philippines to policing in the City of Berkeley, such as the mapping of insurgent attacks in an attempt to predict future attacks (later transmuted into hotspot policing).⁵

Vollmer also imported a racialized lens: the attempts of the “progressive policing” movement to regiment, professionalize, and reform the police were enacted to prevent crime that these ‘progressives’ felt was borne of poor people, people of color and immigrants.⁶ In Vollmer’s 1917 plan for the Berkeley School for Police he included “eugenics” and “race degeneration” in the course outline.⁷ Vollmer believed that “feeble-minded, insane, epileptic and other degenerate person[s]” should not be allowed to have children and that “Preventing the socially unfit from multiplying [is] ... vital to national welfare and would greatly reduce crime statistics.”⁸ Vollmer became a member of the American Eugenics Society in 1924.

Despite these beliefs, the City has hailed him as a shining example of positive reformism in police. The City’s website states that, “Chief Vollmer’s progressive thinking

⁵ <https://www.kqed.org/news/11847612/who-was-august-vollmer-and-is-he-responsible-for-the-modern-police-force>

⁶ <https://www.kqed.org/news/11847612/who-was-august-vollmer-and-is-he-responsible-for-the-modern-police-force>

⁷ <https://www.berkeleyside.org/wp-content/uploads/2020/09/Vollmers-plan-for-UC-Berkeley-criminology-school-in-1917.pdf>

⁸ <https://www.berkeleyside.org/2020/09/15/berkeley-first-police-chief-supported-eugenics-prompting-calls-to-rename-vollmer-peak>

and use of new innovations in law enforcement became the foundation that BPD has been built upon”⁹ – in other words, upon the legacy of a racist eugenicist.

The 1960s would bring a short-lived period of social investment followed by a decades-long period of police expansion. In response to 1960s uprisings, President Johnson created the Kerner Commission to address the causes and find solutions. The findings (“Our nation is moving toward two societies, one black, one white—separate and unequal”) detailed the inequality in lived experience, from police brutality to inadequate housing and municipal services, yet would be largely ignored, and the 1968 Omnibus Crime Control and Safe Streets Act would formalize the transfer of military equipment to the police department¹⁰.

The election of President Nixon would further solidify the pivot towards greater police spending, which increased by over 300 times (\$22 million to roughly 7 billion) from 1965 to the start of the Reagan Presidency¹¹. The 1980s would mark the beginning of mass incarceration and a further expansion of police funding. Today, yearly police spending in the United States equals roughly \$115 billion dollars yet most data shows policing to be generally ineffective at preventing crime, especially violent crime. While some data show policing can have short-term, non-permanent effects, this finding rarely considers the negative systemic impacts of policing or the opportunity to accomplish the perceived gains of policing through other means.

Though not common knowledge, the Berkeley Police Department has a vast history of misconduct and violence. In 2006, Former Sgt. Cary Kent pled guilty to tampering with as many as 181 envelopes of evidence from criminal cases dating back to 1998. In 2007 Officer Steve Fleming was suspected of having stolen money and other property belonging to people that he was arresting or booking into the Berkeley jail though the D.A. decided not to prosecute, citing a lack of evidence. In 2013, the Department was called to the apartment of Kayla Moore, a Black trans woman living with schizophrenia, by a friend concerned for her safety. Though Moore needed behavioral health care, the police tried to place Moore under arrest, wrestling her to the ground and asphyxiating her to death under the weight of six officers. In 2014, the Department used force against protesters to such an extreme that the City later awarded \$125,000 to seven plaintiffs in conjunction with an agreement from BPD that they reform their use of force policy.

⁹ https://www.cityofberkeley.info/Police/Home/History_The_Earliest_Years_1905-1925.aspx

¹⁰ Elizabeth Hinton, “A War within Our Own Boundaries”: Lyndon Johnson’s Great Society and the Rise of the Carceral State, *Journal of American History*, Volume 102, Issue 1, June 2015, Pages 100–112, <https://doi.org/10.1093/jahist/jav328>

¹¹ *Ibid*



“Improved public safety for all Berkeley citizens cannot occur when a disproportionate amount of our budget is being spent on outmoded means of community safety.”

Yet by focusing on individual cases, one risks overlooking the day-to-day interactions that make up much of BPD’s operations. The Berkeley Police Department regularly harasses, detains, and displaces unhoused people in our city and has high levels of interaction with people who have behavioral health conditions, documented in contemporaneous reports dating back to the 1990s from Copwatch, a local organization that promotes grassroots police accountability. A study from Yale and Columbia University shows that there is a connection between interaction with law enforcement and behavioral health. We know anecdotally that many community members feel less safe in the presence of police officers, as is evidenced by the Peer Listening Session Report.

Every interaction that BPD has with the public has the potential to create harm, particularly for people who are Black, unhoused, or living with behavioral health challenges.

We also have evidence that shows that the Berkeley Police Department regularly engages in racist policing. Black people make up 8% of Berkeley’s population but account for 34% of police stops.¹² The yield rate for traffic stops also shows great racial disparity (20% and 40% for White and Black people respectively).¹³ Traffic stops can be deadly - as is evidenced by the killing of Duante Wright and Janoah Donald - particularly for Black and Indigenous people, and this disparity in policing is unacceptable.

The Berkeley Police Department’s numerous presentations emphasized training and professionalism without any reflections on the failures of the department. Nor were there any tangible proposed solutions. The Berkeley Police Department budget will take up a proposed 33% of Berkeley’s 2022 general fund budget expenditure, and the Department has outspent its budget for at least the last three successive fiscal years. This funding does nothing to address the underlying causes of criminogenic factors such as homelessness and poverty, not to mention repairing department-caused harms.

Improved public safety for all Berkeley citizens cannot occur when a disproportionate amount of our budget is being spent on outmoded means of “community safety”: crime response can create a temporary impression of crime reduction, but it is cyclical and crime rates inevitably resurge when underlying causes are not removed: we must leave

¹² https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/A.6_Police%20Data%20Presentation.pdf

¹³ [Fair & Impartial Policing Working Group - City of Berkeleyhttps://www.cityofberkeley.info > Documents > 2...](https://www.cityofberkeley.info/Documents/2...)

behind the hamster wheel and invest in programs that apply as great a response to the *why* as to the *what* of crime.

When community members poured into our city council meetings and public comment ran for hours it was not just because of the horrifying murder of George Floyd: it was decades of misconduct, brutality, and corruption coming to a boiling point. Resolution NO. 69,501-N.S was passed because our typical paths of reform were not delivering positive outcomes and after decades of reformism, we were still seeing deaths at the hands of the police. The Reimagining Public Safety Taskforce aims to help enact true transformational change.

Task Force Recommendations

Reimagining Public Safety Initiative Topic	Specific Task Force Recommendation
Traffic Law Enforcement & Traffic Safety	Review Transportation Laws, Fines and Fees to Promote Safety and Equity
	Fully Fund the BerkDOT Planning Process
911 Call Processing & Alternative Calls-for-Service Systems	Adopt City Auditor's Recommendations for Call Processing and Dispatching of First Responders and Others Contained in Report, and Add 'Substance Use' to 911 Recommendations
	Implement Specialized Care Unit (SCU): Alternative Non-Police Responder to Meet the Needs of People Experiencing Behavioral Health Challenges
	Establish Crisis Stabilization Center to Meet the Needs of People Experiencing Behavioral Health Challenges and Further Implement A Comprehensive 24/7 Behavioral Health Crisis Response System
	Implement A Behavioral Health General Order for the Berkeley Police Department That Emphasizes Diversion Away from Policing Whenever Possible
Gender-Equity Response Systems	City Leadership to Host Regular Meetings and Coordinate Services
	Coordinate with Court and Other Law Enforcement to Implement New Firearm and Ammunition Surrender Laws
	Annually Update the Police Department's Domestic Violence Policies and Victim Resource Materials
	Implement Regular Domestic Violence and Trauma-Informed Training for Officers,

	Dispatch, and Responders to 911 and Non-Emergency Calls
	Publish Victim Resources in Plain Language and Multiple Languages
Gender-Equity Response Systems	Screen for Domestic Violence in All 911 and Non-Emergency Calls
	Assign A Female Officer to Interview, Examine, or Take Pictures of Alleged Victims at Victim's Request
	Police Response to DV Calls Should be Accompanied by or Coordinated with DV Advocate
Disability & People with Behavioral Health Challenges (PEERS)	Include PEERS in Developing Behavioral Health Responses
	Sufficiently Fund Behavioral Health Respite Centers
	Have a Reconciliation Process with People with Behavioral Health Challenges and Police
	Clarify the Risk Assessment by Call Takers, Dispatchers, and Police for Behavioral Health
	Improve De-Escalation Training for Police & Offer Public Education on Behavioral Health
	Account for Overlapping Systems of Care for People Living with Behavioral Health Challenges
	Further Research Recommendations (in report)
LGBTQIA+ and Queer/Trans People	Develop Collaboration between LGBTQ+ Liaison for Berkeley Police Department and the Pacific Center for Human Growth
	Establish Partnership between the Division of Mental Health and the Pacific Center for Human Growth

	Increase Capacity for Behavioral Health Workers to Serve LGBTQIA+ Clients
Addressing Underlying Causes of Inequity, Violence, and Crime	Develop a Training and Community Solutions Institute
	Develop Community Violence Prevention Programs
	Support City Efforts to Establish the Office of Equity and Diversity
	Implement a Pilot Guaranteed Income Project
	Support the Police Accountability Board and Fair & Impartial Policing
Addressing Community-Based Organizations' Capacity for Efficient Partnership in Reimagining Public Safety	Conduct Needs Assessment on CBO Capacity
	Create Coordination and Communication Opportunities for CBO Staff
	Improve Referral Systems
	Remove City Funding System Inefficiencies and Duplication
	Develop Additional Metrics for Community-Based Organizations
	Help CBOS Enhance Their Funding

Synopsis of Community Engagement Research Findings, 2021

Diverse groups had challenges interacting with Police. Some avoided or did not call 911 Emergency Services.

Citywide research conducted in 2021 by the Brightstar Research Group (BRG) and Task Force Commissioners showed broad support for: reducing the policing footprint in Berkeley; using de-escalation strategies for calls relating to homelessness and mental health or substance use crises; and prioritizing programs/funding to help vulnerable community members meet basic needs. Many individuals, particularly those who did not identify as white and/or who face housing security, reported feeling unsafe in the presence of police and said they do not look to the BPD for protection.

Research included a survey widely distributed across Berkeley, and focus groups and listening sessions with Black, Latinx, LGBTQ+, people with behavioral health challenges, those who were formerly incarcerated, people experiencing food/housing insecurity, vulnerable youth, and BIPOC students. The Task Force's Gender-Equity and Violence Subcommittee also conducted listening sessions with service providers focused on gender-based and intimate-partner violence. NICJR conducted focus groups comprising BPD command and line staff and members of the Berkeley Merchant Association. NICJR and the Task Force, with support from the City Manager's Office, conducted several citywide community meetings.

A. Citywide Survey for Reimagining Public Safety in Berkeley

The following summary seeks to highlight trends and preferences at a high level. More detailed summaries including more comparative analysis of results disaggregated by race are included in Appendix J to the NICJR report. The results of the communitywide survey may not be adequately representative of the community as a whole given the under-representation of people who identify as Black, Asian, Latinx, male, and younger people, and the over-representation of groups including people who identify as white, women, LGBTQ+, and people over the age of 45. Several wealthier zip codes were overrepresented as well.

Across groups, there is broad support for investment in mental health services. A majority of community members rated homelessness, sexual assault, shootings, and homicides as the most important public safety concerns. Drug sales and substance use are among residents' lowest public safety priorities.

Overall, a plurality reported feeling “somewhat safe” in Berkeley. White residents were more likely to perceive Berkeley as safe or very safe, and Black and other nonwhite residents were significantly more likely to perceive Berkeley as unsafe or very unsafe.

A majority of community members are likely to call 911 in response to an emergency that does not involve mental health or substance use compared to an emergency that does relate to mental health or substance use. Across groups, a majority preferred a response to emergency calls related to mental health and substance use from “trained mental health providers with support from police when needed.” A large majority similarly preferred that homeless service providers respond to calls related to homelessness, with police support available when needed.

Black, Brown, unhoused, and young people frequently reported feeling that the BPD and/or city leaders prioritize the safety of wealthy and/or white community members at the expense of their own safety. Black people and students believe gentrification is detrimental to community safety and community cohesion and negatively impacts their sense of belonging in their own neighborhoods. These groups were more likely to report feeling unsafe.

Respondents identified themselves as other than white were more likely to believe that the BPD is not very effective or not effective at all.



B. Community Focus Groups & Listening Sessions

Black Identified Community Members, Latinx Identified Community Members, Justice-System-Impacted Students, and Low-Income Community Members Including Unhoused, Housing Challenged, and Formerly Incarcerated People

Overall, the participants in these focus groups conducted by Brightstar Research do not view the BPD as a community resource and instead rely on themselves and their communities for safety. Black men, women, and youth shared recent personal experiences of being racially profiled and stopped by the BPD and expressed feelings of anger about their experiences. Two Latinx students explained that they and their friends are often stopped on and near the campus by both the campus police and the BPD because they do not fit the profile of the average UC Berkeley student. Brightstar research conducted these focus groups with the populations above, and these are their findings and recommendations.

In addition, the youth who participated in the focus group said they had witnessed the police harassing homeless people and immigrants working as street vendors. Individuals struggling with housing insecurity reported being targeted by the police due to their race and income level. As a result of harassment and targeting, many members of the Black, housing insecure, student, and youth focus groups attempt to avoid the police whenever possible.

At the same time, members of these groups often feel overlooked by those charged with keeping Berkeley safe, sensing that safety for some (whiter, wealthier) comes at their expense. They question the city's priorities, e.g., installing speed bumps and enforcing quality-of-life issues instead of improving police response times to emergency calls and building relationships with communities who experience racial disparities in both policing and crime. Youth especially voiced a desire for the BPD to use the power it has to support their communities, to be part of and live in their communities, and to engage in activities such as youth sports and mentoring.

These groups identified homelessness and the housing crisis as among the most pressing public safety issues in Berkeley and urged the city to provide for residents' basic needs. These groups shared a vision of community public safety defined less by the absence of crime and more by equitable access to a higher quality of life for low-income, unhoused, and Black and Brown residents.



Latinx participants also emphasized a desire for increased maintenance of public spaces, increased neighborhood lighting, traffic control, and addressing homelessness.

It bears noting that Brightstar’s findings and recommendations are derived from amalgamating their qualitative data from these focus groups without necessarily attributing a finding to a particular group. Because there were so few Latinx respondents, Brightstar analyzed the citywide survey research. The results indicating the views of this group in particular may not be representative of Berkeley’s Latinx population overall.

C. Community Members with Behavioral Health Challenges (PEERS)

PEERS listening session participants primarily expressed their fears of interacting with police during a health crisis in the community - fears that were frequently tied to lived experiences of a policing response negatively impacting their ability to feel “safe” in Berkeley.

During the community engagement listening session, participants identified

- 1) feeling stigmatized as “public safety threats” by officers
- 2) feeling that officers felt uneasy about connecting with them during a crisis
- 3) the role of de-escalation if any
- 4) feeling traumatized or re-triggered by police during a mental health crisis.

Participants explained that police presence may exacerbate personal distress and create terror, rather than emotional “safety.”

PEERS discussed their perceptions and feelings about being seen as “public safety threats,” and generally something to be controlled rather than as human beings who need emotional “safety” to resolve their crisis. In particular, the participants expressed their fears of being met with police violence instead of with compassion and empathy for their plights.

Further one participant stated that “many people have negative feelings on police” and when they see police “it can be triggering, it can be negative, not friendly, open.” Yet another participant “witnessed police in action in Berkeley,” and said they did not want police on mental health calls, as they were traumatized to the point of seeing police in a “whole different light.”

Participants talked about how the presence of police could exacerbate the intensity of personal distress and create feelings of extreme terror and instant fear of extinction, as opposed to creating ones of emotional “safety.” While the participant did not describe the basis for officers’ arriving at the scene, he described his feelings about a police response by stating “it is multiple police cruisers, you feel like the world out to get you and annihilate you, officers are intimidating, 3-4 cruisers with multiple cops, very, very troubling and high-risk situation.” This feeling of being responded to, instead of being met with, is a sentiment people shared, especially in the context of de-escalation.

Individuals stated they did not desire to call 911 emergency services for fear of police response to a person experiencing a mental health crisis in the community. One person did not feel proud of their decision to call 911, knowing that police would arrive but did so because they did not feel like they had alternative options to provide that person with appropriate support. She stated: “I’ve had to call the police on people with mental health issues and it broke my heart and that is something I would not like to do.”

Lastly, one participant underscored that police officers “use major tool like [a] gun and bullets; something startles them, go for the gun.” The point was further underpinned by another participant, who stated based on their experience with police, “that it is always with guns; it’s a threat, always a threat of violence out there, the police come with their guns,” and that we are “much better served with people not heavily armed, I don’t know how I think the conversation and non-violent tactics.”



“QTBIPOC people may be resistant to a police response because of trauma.”

D. LGBTQIA+ Staff The Pacific Center for Human Growth

A listening session the LGBTQIA+ Queer/Trans provider, the Pacific Center for Human Growth, which serves LGBTQIA+ Queer/Trans people with behavioral health challenges, identified hate crimes against the group they serve, as well as the need for police and other first responders to have a more nuanced understanding of the experiences of QTBIPOC (Queer, Trans, Black, Indigenous, People of Color) people, including trauma. For example, one provider noted that QTBIPOC people may be resistant to a police response because of trauma.

Specifically, a participant provider discussed how a police presence is traumatic for everyone when they show up as it creates a “huge scene for the neighborhood, flashing lights” and then as a mental health professional having to unpack the trauma with families and clients later.

Another participant, who was very explicit about their feelings about the police, said: “I stay away from the Berkeley Police Department and advise young people to do the same. The Berkeley Police Department are not my friends, they are not people who I trust as an entity, and not people I say should be called for help.” There are difficult situations in which there is a Queer Black Femme Cis Woman and warm violence, but the person does not want to call the police. Every single interaction will not lead to hot violence, but we know statistically that Queer Trans BIPOC people with mental health issues, who are disabled or developmentally challenged, are far more likely to experience violence, be harmed and be killed.”

The Pacific Center staff emphasized the need for an intersectional understanding that includes race, ethnicity, gender identity and expression, sexual orientation, disability, age, and class to fully understand the impacts of policing on diverse LGBTQIA+ and Queer/Trans people and groups, as well as their perceptions of public safety in the Berkeley

E. Providers of Gender-Based Violence Services

The Task Force's Gender-Based Violence Subcommittee conducted two listening sessions with providers who serve domestic violence, human trafficking, and sexual abuse survivors, who reported that victims of such violence may experience barriers in accessing help and justice, including language barriers, the impact of trauma, racism, discrimination, fear of immigration consequences, and an inability to meet basic shelter and other needs. Some victims will not look to police for help, and providers offered recommendations to provide alternative services and to invest in prevention efforts.

F. Recommendations Arising Out of Community Research



The culmination of the community engagement research indicates that the following recommendations would have strong, broad community support with an emphasis on increasing the safety of Berkeley's most vulnerable residents:

1. Increase investment in community-based and peer-led violence prevention programs
2. Create Black-centered and Black-led mentorship interventions to help young BIPOC resist gang recruitment.
3. Establish programs to help economically vulnerable residents meet their basic needs and invest more money in housing, health care, youth programs, and wraparound services
4. For Berkeley's unhoused residents, establish 24-hour street teams to provide medical and mental health care; provide more safe, indoor public spaces that stay open late; provide more drop-in programs to meet basic needs; and increase access to education, job training, and healing arts
5. Employ a first-responders team with diverse crisis members
6. Increase the capacity of community-based organizations to provide services and violence prevention, including in K-12 settings
7. Provide services for people who cause harm

8. Regularly update domestic violence policies and training for officers
9. Assign female officers to interview and examine female victims of gender-based violence
10. Police responses should include, when possible, a domestic violence advocate, a homeless service provider, a mental health professional, a social worker, etc. depending on the type of situation necessitating a police call
11. Train policy in relationship building, cultural competency, de-escalation, and restorative justice
12. Employ safety ambassadors to act as a bridge between victimized communities and the BPD

Task Force Recommendations on Traffic Law Enforcement and Traffic Safety

The Berkeley Police Department dedicates an enormous amount of time initiating and responding to a wide variety of traffic-related activities. This wide reach of policing into transportation is neither effective with respect to traffic safety¹⁴ nor crime prevention,^{15,16} and significant racial biases have been observed in Berkeley's traffic stop data, harming many in our community. To address these issues, City Council approved the creation of a Berkeley Department of Transportation (BerkDOT) to de-police transportation and called for the reduction or elimination of pretextual stops.

The Task Force recommends the following three immediate actions to improve safety and mobility:

1. Move forward with the transfer of both collision analysis and school-crossing-guard management away from BPD and over to Public Works.
2. Review Transportation Laws, Fines and Fees to Promote Safety and Equity
3. Fully Fund the BerkDOT Planning Process (at an estimated \$200,000)

Importantly, transportation and mobility tie in heavily to broader inequities, social determinants of health, and resident well-being. For greater context and a more extensive discussion of these intersections, as well as a summary of community engagement findings around police transportation work in Berkeley, see Appendix 2.

A. Berkeley City Council's Direction: Reduce/Eliminate Pretextual Stops and Create BerkDOT (A Berkeley Department of Transportation)

To address the stark racial disparities and risks of harassment and violence associated with traffic stops, as well as to enhance traffic safety, Berkeley City Council approved a measure in July 2020 to: "Pursue the creation of a Berkeley Department of Transportation to ensure a racial justice lens in traffic enforcement and the development of transportation policy, programs and infrastructure, and identify and implement

¹⁴ Sarode, AL, Ho VP, Chen L, Bachman KC, Linden PA, Lasinski AM, Moorman ML, Towe CW. Traffic Stops Do Not Prevent Traffic Deaths. *Journal of Trauma and Acute Care Surgery*, Vol. 91, No. 1, 2021, pp. 141–147. <https://doi.org/10.1097/TA.0000000000003163>.

¹⁵ Chohlas-Wood, Alex, Sharad Goel, Amy Shoemaker, and Ravi Shroff. An analysis of the Metropolitan Nashville Police Department's traffic stop practices. Technical report, Stanford Computational Policy Lab, 2018. http://www.law.nyu.edu/sites/default/files/upload_documents/Shroff_nashville-traffic-stops.pdf

¹⁶ Fliss, Mike Dolan, Frank Baumgartner, Paul Delamater, Steve Marshall, Charles Poole, and Whitney Robinson. "Re-prioritizing traffic stops to reduce motor vehicle crash outcomes and racial disparities." *Injury epidemiology* 7, no. 1 (2020): 1-15. <https://injejournal.biomedcentral.com/articles/10.1186/s40621-019-0227-6>

approaches to reduce and/or eliminate the practice of pretextual stops based on minor traffic violations.”

Council’s recommendation to reduce or eliminate pretextual stops is well underway. After multiple meetings throughout 2020, the Mayor’s Fair and Impartial Policing Working Group recommended that BPD focus “the basis for traffic stops on safety and not just low-level offenses” and “minimize or de-emphasize as a lowest priority stops for low-level offenses.” In February 2021, Council unanimously approved the Working Group’s recommendations for adoption.¹⁷ Plans are currently underway for implementation, with quarterly updates being provided to the Police Accountability Board.



Alongside the overall process of Re-Imagining Public Safety, the creation of a Berkeley Department of Transportation (BerkDOT) is moving forward as a parallel process. The purpose of BerkDOT is to significantly increase safety and enhance mobility in Berkeley, while reducing the potential for violence, humiliation, and harassment during traffic stops. The vision for the new civilian-staffed BerkDOT combines the current Public Works Department’s above-ground street and sidewalk planning, maintenance, and engineering responsibilities and the current transportation-related BPD functions of parking enforcement, traffic law enforcement, school crossing guard management, and collision response, investigation, data collection, analysis, and reporting. We can begin to move forward on our vision for BerkDOT in the very near term, starting with the transfer of both collision analysis and school-crossing-guard management away from BPD and over to Public Works.

¹⁷ City of Berkeley, City Council Special Meeting, February 23, 2021. Motion, Item #1: “Report and Recommendations from Mayor’s Fair and Impartial Policing Working Group”
<https://www.cityofberkeley.info/uploadedFiles/Clerk/Motion%20Item%201%20Fair%20and%20Impartial%20Policing.pdf>



“Black persons in Berkeley were about 6.5 times more likely per capita than White persons to be stopped while driving.”

B. Racial Disparities in Traffic Stops by BPD

The Berkeley Police Department has a consistent and long-running history of racial disparities in the traffic stops it conducts. In May 2018, the Center for Policing Equity (CPE) released a report documenting these disparities by analyzing vehicle stops from 2012 to 2016 and pedestrian stops from 2015 to 2016. CPE found that “Black persons in Berkeley were about 6.5 times more likely per capita than White persons to be stopped while driving, and 4.5 times more likely to be stopped on foot.”¹⁸ The report also found that “Hispanic persons were about twice as likely, per capita, as White persons to be stopped while driving.” Notably, the CPE report found that, among both drivers and pedestrians stopped by BPD, when compared to White persons, Black persons were 4 times more likely and Hispanic persons 2 times more likely to be searched.

Despite these disparities in both stop and search rates, the CPE report found that “Black and Hispanic persons who are searched are less likely to be found committing a criminal offense than their White counterparts are. Searches of Black individuals yield arrests only half as often as searches of White individuals do; searches of Hispanic individuals yield arrests 39% less often than searches of White individuals do.” This underscores the idea that many of these stops are pretextual and biased in nature - Berkeley police are making stops in a racially disparate manner that is not backed by underlying rates of criminal offenses.

In July 2021, using updated data from 2015 to 2019, the City of Berkeley’s Auditor released a report on police response and performed similar analyses.¹⁹ The Auditor’s investigation showed similar disparities for Black persons as the CPE report: Black people in Berkeley were about 4.3 times more likely per capita than White persons to be stopped across all stop types – 4 times greater for vehicle stops, 4.5 times greater for pedestrian stops, 4.6 times greater for bicycle stops, and 6.3 times greater for “suspicious vehicle” stops. Notable disparities in stops for Hispanics were not observed.

¹⁸ Buchanan JS, Pouget E, Goff PA (2018). The science of justice: Berkeley Police Department. Center for Policing Equity. https://www.cityofberkeley.info/uploadedFiles/Police_Review_Commission/Commissions/2018/Berkeley%20Report%20-%20May%202018.pdf

¹⁹ Berkeley City Auditor (2021). Data Analysis of the City of Berkeley’s Police Response.

https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf

The Auditor's report also showed that, once stopped by BPD, there were significant disparities in search rates: Black people were more than twice as likely to be searched when compared to white people (25% vs 11%) and Hispanic people were about 50% more likely to be searched (17% vs. 11%). Yet the yield rate once searched (i.e., the percent of those searched who are then arrested) is about a quarter lower for both Black and Hispanic people compared to their white counterparts (19% for Black people and 20% for Hispanic people vs 25% for white people).

While racial bias in stop data is not a problem unique to Berkeley, Berkeley's traffic stop disparities for Black people are much higher than in many other jurisdictions in California: the stop-per-capita disparity shown in the CPE (4.5 times higher) and shown by the Berkeley Auditor (4.3 times higher) dwarfs the disparities seen in Oakland (disparity of 2.1)²⁰, San Francisco (disparity of 2.6)²¹, Fresno (disparity of 1.9)²², San Jose (disparity of 2.6)²³, San Diego (disparity of 2.4)²⁴, Sacramento (disparity of 2.9)²⁵ and Los Angeles (disparity of 3.0)²⁶.

Because the stop percentages are compared to population percentages to examine disparities, questions have been raised by BPD and others as to whether Berkeley's stark disparities could be accounted for by the presence of Black non-Berkeley residents driving through the city. Starting in October 2020, Berkeley began collecting traffic stop data in accordance with the Racial and Identity Profiling Act (RIPA), which requires the collection of data on city of residence for all persons stopped by BPD, thus allowing this hypothesis around residence to be tested. Using 2021 RIPA traffic stop data, the disparity for traffic stops remains virtually unchanged - among Black Berkeley residents only, the per capita disparity in traffic stops is 4.1 (31% of traffic stops were Black people while the Black population in Berkeley has dipped to 7.6%).^{27,28}

²⁰ Hetey RC, Monin B, Maitreyi A, Eberhardt, JL (2016). Data for change: A statistical analysis of police stops, searches, handcuffings, and arrests in Oakland, Calif., 2013-2014. Stanford SPARQ. <https://stanford.app.box.com/v/Data-for-Change>

²¹ Khogali M, Graham M, Tindel J, Rau H, Mulligan K, Mebius C, Dunn K, Johnson-Ahorlu RN, Martin D, Beckles C, Weintraub SB, Goff PA (2020). The science of justice: San Francisco Police Department. Center for Policing Equity. https://www.sanfranciscopolice.org/sites/default/files/2021-03/SFPD.CPE_Report.20210304.pdf

²² Reis Thebault and Alexandria Fuller. "Justice for Who?" Unequal from Birth. <https://unequalfrombirth.com/revised/justiceforwho/>

²³ Smith MR, Rojek J, Tillyer R, Lloyd C (2017). "San Jose police department traffic and pedestrian stop study." El Paso, TX: University of Texas at El Paso, Center for Law and Human Behavior. https://www2.sjpd.org/records/UTEP-SJPD_Traffic-Pedestrian_Stop_Study_2017.pdf

²⁴ Justice Navigator, San Diego City, CA 2021: Traffic Stops. <https://justicenavigator.org/report/sandiego-city-ca-2021/vs>

²⁵ Justice Navigator, Sacramento City, CA 2021: Traffic Stops. <https://justicenavigator.org/report/sacramento-city-ca-2021/summary>.

²⁶ Los Angeles Police Commission, Office of the Inspector General. Review of Stops Conducted by the Los Angeles Police Department In 2019. https://a27e0481-a3d0-44b8-8142-1376cfbb6e32.filesusr.com/ugd/b2dd23_d3e88738022547acb55f3ad9dd7a1dcb.pdf

²⁷ City of Berkeley Open Data, Berkeley PD - Stop Data (October 1, 2020 - Present). <https://data.cityofberkeley.info/Public-Safety/Berkeley-PD-Stop-Data-October-1-2020-Present-lysvs-bcge>

²⁸ 2020 Decennial Census. Table P2: Hispanic or Latino, and Not Hispanic or Latino By Race. <https://data.census.gov/cedsci/table?q=Berkeley%20city,%20California&tid=DECENNIALPL2020.P2>

C. The Drain of Traffic-Related Duties on Berkeley Police Department

Traffic stops are the single most common interaction people have with the police in the US,²⁹ and BPD performs an outsized number of traffic stops. In 2019, Berkeley police conducted nearly 11,000 traffic stops,³⁰ while Oakland, a city 3.5 times larger, had only 14,600 stops that same year (note: Oakland once had as many 38,000 stops (in 2015), prior to implementing their principled policing strategy).³¹

According to the Berkeley City Auditor's report analyzing 2015-2019 calls for service,³² vehicle stops are the single most common type of police activity in the city, accounting for 13% of all police "events." After the 2nd most common type (disturbing the peace), vehicle stops are 2-4 times more common than any of the other top ten events. Adding in bicycle stops, the total number of stops over the 5-year period was 47,579 (for an average of 9,516 per year).³³ Vehicle and bicycle stops, in particular, stand apart from other calls for service in that the majority are officer-initiated (i.e., they are not initiated as a response to a community call to dispatch), making them attractive targets for how we might re-imagine policing. Officer-initiated responses represented 26% of police calls for service, and together, vehicle and bicycle stops represented a full 85% of these officer-initiated responses.

Beyond traffic stops, BPD dedicates a significant amount of time to multiple other traffic-related functions, including collision response, parking violations, vehicle abatement, and management of traffic flow during events. In fact, events characterized as "Traffic" in the Auditor's report account for nearly one-fifth (18%) of personnel time.³⁴ Not included in this 18% is time spent by sworn officers processing collision reports or managing the school crossing guard program, or time by non-sworn BPD employees such as parking enforcement officers or school crossing guards.

²⁹ U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Traffic Stops. <https://www.bjs.gov/index.cfm?tid=702&ty=tp>

³⁰ Kate Gosselin. Traffic enforcement and collisions in Berkeley, CA from 2015 to 2019. <https://sites.google.com/view/saferstreetsberkeley/home>

³¹ ³¹ Oakland once had as many 38,000 stops (in 2015), prior to implementing their principled policing strategy. Oakland Police Department, Office of Chief of Police. 2019 Annual Stop Data Report. <https://cao-94612.s3.amazonaws.com/documents/2019-Stop-Data-Annual-Report-6Oct20-Final-Signed-1.pdf>

³² Berkeley City Auditor (2021). Data Analysis of the City of Berkeley's Police Response. https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf

³³ While considered in the Auditor's report, pedestrian stops were not included here, as a review of the descriptions shows that few relate to actual traffic-related violations. Instead, many "pedestrian" stops relate to "quality of life" violations such as blocking the sidewalk or having an open container in public.

³⁴ Berkeley City Auditor (2021). Data Analysis of the City of Berkeley's Police Response. https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf

And finally, while BPD has its own Traffic Bureau, staffed with 3-4 officers, we still see that a full 25% of all events that patrol (i.e., non-traffic) officers respond to fall into the Auditor's "Traffic" category. Time spent responding to these traffic events represents patrol time not spent preventing serious crime and building community trust.



TASK FORCE RECOMMENDATIONS

1. Review Transportation Laws, Fines and Fees to Promote Safety and Equity

Numerous laws, fines and fees are in place in Berkeley that do nothing to promote public safety but instead disproportionately punish poverty and trap people in an inescapable cycle of debt. These laws, fines and fees actually undermine true public safety.

Berkeley should conduct a full review of the Berkeley Municipal Code (BMC) and our structure of fines and fees as they relate to transportation. This review should specifically identify items that serve only to criminalize and penalize poverty or serve as pretext to target at-risk populations. Once reviewed, any identified items should be brought to City Council to either eliminate or revise. In cases when these BMC laws

have State law equivalents, City Council should make clear that BPD should make enforcement of these State laws their lowest priority (i.e., decriminalize these behaviors).

Several transportation regulations within the BMC criminalize behavior that exists only because inadequate transportation infrastructure exists - individuals should not be penalized in these cases, but instead, the insufficient infrastructure should be addressed. One example is BMC 14.32.050, which requires pedestrians to obey “special traffic signals installed for pedestrians” even if vehicular traffic signals indicate it is safe for them to cross. These pedestrian signals are activated by “beg buttons,” or push buttons that only give a “WALK” signal if pressed before the traffic light turns green. But if pressed even fractions of a second after the light turns green, a pedestrian must wait a full light phase before being able to cross, even when there is ample time for a pedestrian to proceed.³⁵ Here, it is clear that safety is not the issue, yet this law allows BPD discretion to stop and cite individuals in violation, opening the door to racial and other forms of bias. Instead, Berkeley could easily reset all signals to automatically give pedestrians a “WALK” signal when the vehicular traffic light turns green, without no need to press a button.³⁶

Another example of a law that should instead be addressed by changes in infrastructure is BMC 14.68.130, which bars riding bicycles on the sidewalk (except by juveniles and police officers). This law may be enforced regardless of whether safe bicycling infrastructure exists on a street, and its existence asks bicycle riders to weigh their personal safety and risks of being hit by a car driver with violation of a law that has not been shown to increase safety. Again, this law fails to address the root problem (inadequate infrastructure) and opens the door to discretionary and biased police stops.³⁷

Other BMC laws aren’t easily addressed by infrastructure fixes but simply have no reason to be maintained in our code. One example is the bicycle licensing requirements laid out in BMC 14.68.0, requiring that all bicycle riders must have a license that gets renewed annually. Though the fees for the license are not excessive, the simple

³⁵ Charles Siegel. (2018) “Opinion: ‘Beg buttons’ make Berkeley’s pedestrians less safe” Berkeleyside. <https://www.berkeleyside.org/2018/09/17/opinion-beg-buttons-make-berkeley-pedestrians-less-safe>

³⁶ The City did this at many intersections during the COVID-19 pandemic and could easily make those changes permanent alongside revising the code.

³⁷ A recent study in Chicago demonstrates this well - the study found that tickets for sidewalk riding were issued 8 times more often per capita in majority Black census tracts and 3 times more often in majority Latino tracts (compared to white tracts), but that across neighborhoods, tickets were issued 85% less often on streets with adequate bike infrastructure than on those without this infrastructure. Further, the issuance of tickets was not associated with increased collisions. Barajas, Jesus M. “Biking where Black: Connecting transportation planning and infrastructure to disproportionate policing.” Transportation research part D: transport and environment 99 (2021): 103027. <https://www.sciencedirect.com/science/article/pii/S1361920921003254>



“...significant further research on alternatives to armed traffic law enforcement by police is needed.”

presence of this absurd law in the BMC provides a pretextual reason for BPD to target some bicycle riders, while providing absolutely no benefit to public safety.³⁸

Another issue is the matter of how Berkeley approaches fines and fees for violations issued. One example relates to our penalties for parking tickets, which can be devastatingly expensive to those experiencing poverty. While the city does offer an Indigent Payment Plan for Parking Citations³⁹ where late fees are waived and payments can be spread over time, there are substantial administrative hurdles to jump through to apply to this program and there are still fees to be paid. In instances in which a vehicle is towed,⁴⁰ the spiraling fines and fees could lead to the loss of a car or license, and this loss of mobility can further lead to loss of access to employment, education, or medical care.⁴¹ Ensuring that cars are parked properly often does have an important public safety component, but not always, and punitive fines and fees certainly do not improve public safety.

Finally, Berkeley should reconsider how we issue tickets for equipment violations that do have a clear relationship to safety. Under California Vehicle Code (CVC 40303.5), certain vehicle equipment violations are eligible to be "corrected" within 30 days of the date of the notice of violation so that, with proof of correction, the penalty amount will be reduced to \$10. However, vehicle repair is very expensive, and repair of an essential safety feature may be financially out of reach of many low-income individuals.

To address this, for those equipment violations that are absolutely critical to ensuring public safety (e.g., if both headlights are non-functional), Berkeley should put in place policies and procedures directing BPD to issue such violations as "correctable" on the ticket, and further, should explore a program to provide loans or vouchers for vehicle repairs for low-income drivers. Equivalently, bicyclists should never be ticketed for lacking lights on their bike - instead BPD should hand out bike lights to anyone who

³⁸ In early 2021 in Perth-Amboy, NJ, a similar law provided cover for police to approach a group of Black and Latino youth on their bikes, harass and handcuff them, and ultimately confiscate their bikes. Sarah Holder. "Bike License Laws Have a Racial Profiling Problem" Bloomberg City Lab. <https://www.bloomberg.com/news/articles/2021-04-23/the-biggest-problem-with-bicycle-licensing-laws>

³⁹ City of Berkeley. Indigent Payment Plans for Parking Citations: Frequently Asked Questions. https://www.cityofberkeley.info/uploadedFiles/Customer_Service/Level_3_-_General/Indigent%20Payment%20Plan%20FAQ's.pdf

⁴⁰ If a vehicle is towed, for example, due to the 72-hour rule (BMC 14.36.050) or parking improperly during UC Berkeley football games, individuals must pay extremely expensive towing and storage charge plus an additional \$75 release fee.

⁴¹ Jorge Alvarado, Public Law Center, et al., Towed Into Debt: How Towing Practices In California Punish Poor People (2019). <https://wclp.org/wp-content/uploads/2019/03/TowedIntoDebt.Report.pdf>

doesn't have one. This approach will reduce unnecessary fines and fees while at the same time ensuring that critical safety fixes get addressed regardless of someone's ability to pay.

2. Fully Fund the BerkDOT Planning Process

As described in detail above, widespread systemic inequities plague Berkeley's traffic laws and traffic law enforcement. The City of Berkeley is leading the country in this effort to de-police transportation, with an approach that has been heralded nationwide as a model to follow. After Berkeley City Council passed BerkDOT, cities around the

country (including, but not limited to, Oakland, San Francisco, Los Angeles, Seattle, Philadelphia, and Cambridge) have been discussing similar efforts, citing Berkeley's leadership on the issue. These cities, and others, are looking for Berkeley's leadership on this important issue. It is critical that the groundbreaking work that City Council has launched on BerkDOT continue to progress, with appropriate resources, community engagement, and clear communications about the intent of the work.

The BerkDOT exploration and planning process is moving forward in parallel with the bulk of the Re-Imagining Public Safety Process. To date, Council has allocated \$175K to this process, an initial \$75K in October 2020 allocated as a result the City Manager's evaluation of Council's July 2020 BerkDOT referral⁴² and an additional \$100K allocated in December 2021 to "continue the study of potential BerkDOT or alternate organizational structure."⁴³

Given the size, scope, and ambition of the BerkDOT proposal, and given the fact that Berkeley is the first city in the nation to approach this topic, there is a substantial need to adequately fund the BerkDOT exploration and planning process. In comparison, the SCU planning process received \$185K, but SCU faces no legal challenges and has numerous models from around the country off which to build. To-date, the \$175K allocated to BerkDOT has funded some initial background research on free-standing departments of transportation and also a community engagement component around traffic safety and enforcement (a BerkDOT-specific citywide survey and listening sessions).

⁴² City of Berkeley, Office of the City Manager, Update on Re-Imagining Public Safety, October 14, 2020.

https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_General/Reimagining%20Public%20Safety%20101420.pdf

⁴³ City of Berkeley, City Council: Supplemental Agenda Material for Supplemental Packet 2. FY 2021 Year-End and FY 2022 First Quarter Budget Update. December 14, 2021.

https://www.cityofberkeley.info/Clerk/City_Council/2021/12_Documents/2021-12-14_Supp_2_Reports_Item_44_Supp_Mayor_pdf.aspx

To move this important and groundbreaking work forward, significant further research on alternatives to armed traffic law enforcement by police is needed, as is additional community engagement. Currently, Public Works staff estimates that an additional \$200-250K would provide the adequate amount of funding needed to complete the BerkDOT planning process. Without this funding, the BerkDOT process cannot move forward with any degree of success, and the City absolutely needs to provide this funding.

Task Force Recommendations on 911 Call Processing and Alternative Call-for-Service Systems

A. The Emergence of 911 - The Little Known, Racist History of the 911 Emergency Call System

Excerpts below from: Katrina Feldkamp and S. Rebecca Neusteter, "The Little Known, Racist History of the 911 Emergency Call System," In These Times, January 26, 2021. Rebecca Neusteter is a first author for the renowned Vera Institute studies on 911 call processing and dispatching. Katrina Feldkamp is a public service lawyer.

"Telephoning an emergency service was a thorny process until the late 1960s. Local jurisdictions (which often overlapped) all had their own local telephone numbers. When a person called the police, for example, first they had to figure out the relevant jurisdiction they were in, then dial the department directly and hope someone was there to answer.

President Lyndon Johnson's administration is credited with "solving" these problems of responsiveness and efficiency with the creation of the centralized 911 system we know today. But the Johnson administration's motives were less than benevolent, aimed at quickly suppressing what it saw as harmful civil disorder — namely, protests by Black communities against segregation and police brutality.

In the summer of 1967, following several years of civil rights protests (159 across the country that summer alone), Johnson appointed a National Advisory Commission on Civil Disorders, better known as the Kerner Commission. The Kerner Commission was tasked with studying 24 so-called disorders that had occurred in 23 cities that summer. The commission's 11 members (almost entirely white, male, moderate politicians) and 118 staffers and assistants issued recommendations for preventing future "riots" in the Kerner Report, released Feb. 29, 1968.

The report is most remembered for condemning white America's racism as the primary cause of civil unrest in Black communities. It demanded investment in housing and social services for Black communities, recommended federal action to challenge discrimination in employment and education, and cited numerous instances in which police, not protesters, escalated riots. The commission, however, was not a bastion of progressivism."

“Tellingly, in the report’s ‘Supplement on Control of Disorder’ — a section left out of nearly all published copies of the report but eventually converted into a training program administered by the Department of Justice — the Commission recommends expanding police capacity to suppress protests. The section advises state and federal law enforcement to intervene in civil disorders, recommends local police departments adopt militaristic riot control training and equipment (including tear gas) and encourages police departments to infiltrate Black communities.”

“In February 1968, Johnson argued to Congress that the 911 number would decrease emergency response times, increase arrests and provide a “more immediate” solution to crime. Though [FCC Commissioner Lee] Loevinger warned Johnson it would likely attract calls that did not involve crime nor emergent harm, Johnson moved the project forward. In the 52 years following Loevinger’s warning, countless 911 calls, dialed because of racial biases, have resulted in police violence and the murder of civilians, and funneled millions of Black, poor and oppressed individuals into the criminal justice system.”

The report is most remembered for condemning white America’s racism as the primary cause of civil unrest in Black communities. It demanded investment in housing and social services for Black communities, recommended federal action to challenge discrimination in employment and education, and cited numerous instances in which police, not protesters, escalated riots. The commission, however, was not a bastion of progressivism.”



B. Berkeley City Council’s Direction: Have City Auditor Perform an Analysis of the City’s Emergency 911 Calls for Service and Police Response

The Berkeley City Council directed the elected City Auditor to perform an analysis of the 911 (and non-911) calls for service and

police responses for Berkeley as one of the fundamental components of the Reimagining Public Safety Initiative. The City Auditor analyzed the Berkeley Police

Department's Computer Aided Dispatch system (CAD) data reflecting the City of Berkeley's 911 and non-911 calls for service from 2015-2019 (358,000+ calls).

The City of Berkeley further directed the commissioned consultant, the National Institute for Criminal Justice Reform, to analyze these calls for service in its contract for reimagining public safety for Berkeley. Neither the City Auditor nor the consultant provided demographic or geographic population analysis. The City Auditor analyzed the total calls data from 2015-2019 for mental health and homelessness components of total calls for service, while the consultant divided the calls between penal and non-penal codes.

C. Berkeley City Council's Direction: Develop Alternative Non-Police Responder Program to Reassign Non-Criminal Police Service Calls to a Specialized Care Unit (SCU)

The City of Berkeley has directed analysis and initiated development of a Specialized Care Unit consisting of trained crisis response field workers who will respond to calls from the Public Safety Communications Center. The City of Berkeley contracted with a health, behavioral health, and social services nonprofit organization, Research Development Associates (RDA), for community engagement research and a feasibility study to implement the SCU.

RDA produced 3 reports, including:

- 1) USA and international non-police response models
- 2) an evaluation the current City of Berkeley's co-responder mobile crisis unit with the Berkeley Police Department and deep community engagement research in Berkeley; and
- 3) Final Recommendations and rationales for the Specialized Care Unit.

The stakeholder perspectives reflecting the community engagement research are designed to underpin RDA's final recommendations for the SCU program.

It is noteworthy that the commissioned consultant has proposed a separate telephone line for the SCU as this local community engagement research and scholarship show diverse and marginalized people are extremely reluctant, avoid or do not use 911 for fear of a police response. RDA further provided a thorough implementation plan for moving towards developing a comprehensive 24/7 behavioral Health crisis response model for the City of Berkeley.

D. Introduction to Berkeley’s Public Communications Center

The City of Berkeley has a Public Communications Center that is staffed by 911 professionals, managed under police leadership, and located in the Berkeley Police Department. In Berkeley, these professionals include call takers and dispatchers. In recognizing the importance of our 911 professionals, it is noteworthy that there are national and international associations such as the National Emergency Number Association (NENA) and the Association of Public Safety Communications Officials (APCO International, est. 1935), including for providing individual certifications and organizational accreditation.

E. City of Berkeley’s Public Communication Center and 911 Professionals’ Duties

Per the City Auditor’s report, the 911 professionals—call takers/processors and dispatchers—answer emergency and non-emergency calls and dispatch police officers to events; they also accept, and process inbound 911 and administrative calls for police, fire, and medical services in the City of Berkeley (Auditor, 2021; 8). The City of Berkeley’s call takers/processors further input call information into the Computer Aided Dispatch (CAD) systems and transfer the information to fire and police dispatch staff (Ibid.). Dispatchers coordinate all police-related calls requiring a response from law enforcement and enter all officer-initiated incidents into the CAD system such as pedestrian and traffic stops; they maintain radio contact with field staff as well (Ibid.). The term “processor” is used to further encompass the range of 911 professionals’ duties, in addition to taking and answering the call.

F. Berkeley City Council Direction: Equitably Reduce Policing and Improve Wellbeing Using Calls for Service Data

For purposes of reimagining public safety, there must be an approach to analyzing 911 and non-911 and non-911 calls for service that results in reducing reliance on policing and equitably improving well-being for diverse and vulnerable communities who need emergency and nonemergency services: Black, Latinx, AAPI, immigrant, LGBTQIA+, people with disabilities, young, seniors, unhoused, formerly incarcerated and people with multiple identities. It is noted the City Auditor and the commissioned consultant did not analyze the CAD data by demographic populations or geographic areas such as zip codes or council districts.



“...They (Dispatch) only have call types such as “suicide attempt” and “5150” as primary call types for someone experiencing a mental health crisis in the community.”

However, the City Auditor’s CAD data analysis assessed the available CAD data about the number of events that related to mental health and homelessness in Berkeley from 2015-2019. This 911 analysis is important for potentially reducing reliance on policing to meet the needs of diverse and vulnerable people experiencing distress in the community in an equitable manner that improves well-being, although it is recommended here to further include a substance use component.

Specifically, the City Auditor’s analysis identified 42,427 unduplicated events with a mental health component, or 12 percent of all events from (Auditor, 2021, 55). This analysis also identified 21,683 events involving homelessness, which represent 6.2 percent of all events during the same time period (Auditor, 2021; 57). While the data analysis reported that these events are “significantly undercounted” as the Berkeley Police Department does not identify all calls related to mental health and homelessness (Auditor, 2021; 53-54).

The commissioned consultant, on the other hand, analyzed 911 and non-911 calls for service by dividing call types into penal and non-penal categories in order to recommend 10 call types for non-police or civilian first responders (NICJR, 2021). Eight of these 10 call types recommended by this consultant appear to include administrative duties that BerkDOT or another municipal government agency may address: abandoned vehicle, found property, inoperable vehicle, lost property, non-injury accident, vehicles blocking driveway, vehicles blocking sidewalks, vehicle double parking. Further the other call types such as disturbance and suspicious circumstance can be cross-referenced to the top 10 call types identified by the City Auditor with a mental health and homelessness component.

Further the City Auditor’s Data Analysis identified areas for improvement in call taking/processing and dispatching for entering CAD data into the system. As it stands, call takers/processors are trained to assign call types for the primary reason for the call, and currently they only have call types such as “suicide attempt” and “5150” as primary call types for someone experiencing a mental health crisis in the community (Auditor, 2021; 53). Further if the event involves a potential crime, dispatchers will always log it using a corresponding crime code and not a mental health call type (Ibid.). Thus, if a police officer arrives at the scene and there is no crime in progress, then the information may not reflect a mental health issue and moreover, may be assigned to another general call type such as welfare check or person down (Auditor, 2021; 53-54).

Moreover, the narrative descriptions entered by call takers and dispatchers, and the disposition codes used to reflect the actual event, do not necessarily capture a mental health or homelessness issue (Auditor, 2021; 54). The City Auditor's research reflected that out of 28,959 events with a mental health term, only 23 percent assigned to a mental health disposition code and showed officers further do not use disposition codes consistently (Ibid.). Additionally, the CAD system does not have a disposition code that indicates an event where an individual is experiencing homelessness (Ibid.). Moreover, the Public Safety Communications Procedures used by City of Berkeley's 911 professionals and the Berkeley Police Department are general and not specifically tailored for behavioral health call processing and dispatching.

G. TASK FORCE RECOMMENDATIONS ON CALLS FOR SERVICE

1. Adopt City Auditor's Recommendations for Call Processing and Dispatching of First Responders and Others Contained in Report, and Add Substance Use' to 911 Recommendations

At this stage the 911 call processing and dispatching research data on mental health and homelessness offers one of the most direct approaches to reducing reliance on policing and improving well-being for our most diverse and vulnerable communities and overall, for reimagining public safety. Given that alternative hotlines such as the national 988 mental health hotline (which will be live in July 2022) and alternative non-police responders such as the Specialized Care Unit will soon be options for 911 professionals in Berkeley, we can have keen foresight and effectively plan for these changes by implementing these recommendations:

1. To identify all calls for service that have an apparent mental health, substance use, and homelessness component in a manner that protects the privacy rights of individuals involved. (Auditor, 2021; 5—substance use added)
2. To create clear mechanisms for identifying mental health, substance use, and homelessness call types and to use them consistently during 911 call processing and dispatching including when they are not the primary reason for the call.
3. To consistently follow standardized language to describe mental health, substance use, and homelessness-related events in the narrative descriptions for every call.

4. To consistently use disposition codes for mental health and substance use events, and to create a disposition code for events that have a homelessness component.
5. To record any requests for a Mobile Crisis Team from the Division of Mental Health regardless of if this team responds to an event.
6. To establish quality assurance standards to create and measure clear, consistent use of call types, narrative descriptions, and disposition code for mental health, substance use, and homelessness (recommendation made in addition to Auditor's Report).
7. To expand the current calls for service data available on the City's Open Data Portal to include all call types and data fields (Auditor's Report, 2021; 5).

These recommendations can provide 911 professionals with the basis for establishing systematic, consistent procedures and behavioral health call scripts that screen and divert mental health, substance use, and homelessness calls towards an alternative non-police response. In July 2022, 911 professionals will soon have the option to transfer mental health calls to a national hotline, so it is imperative to establish this process. These professionals can further avoid punitive measures resulting from policing, criminal legal, and incarcerations involvement whenever possible, particularly for diverse and marginalized groups of people who are extremely reluctant, avoid or do not use 911 for fear of a police response.

2. Implement Specialized Care Unit (SCU): Alternative Non-Police Responder to Meet the Needs for People Experiencing Behavioral Health Challenges in Berkeley

On July 14, 2020, Councilmembers Ben Bartlett and Mayor Jesse Arreguin and Councilmember Rigel Robinson proposed allocating general municipal funding to develop a Specialized Care Unit (SCU). The Specialized Care Unit (SCU) will be a non-police crisis response program for providing mental health and substance use services to distressed people in the community.

Councilmember Bartlett is the co-author of the Safety for All: The George Floyd Community Safety Act and Mayor Arreguin and Councilmember Rigel Robinson co-sponsored the municipal legislation. In the municipal legislation, they stated the SCU would "allow the police to focus on investigating and solving crimes while reducing the problem of over-policing black communities" and further that "More residents will experience better outcomes in public safety and community health." They cited these types of crisis assistance in other areas such as Eugene, Oregon where a "program known as CAHOOTS has been in place for 30 years."

In January 2021, the City Manager designated the Director of Health, Housing, and Community Services, Dr. Lisa Warhuus, as the project manager for the Specialized Care Unit program. Dr. Warhuus further established an SCU Steering Committee to work with the commissioned consultant, Research Development Associates, on the SCU program. The SCU Steering Committee is composed of municipal and community stakeholders: Fire, EMT, Mobile Crisis Unit for the Division of Mental Health, Mental Health Commission, and community leaders including from the Berkeley Community Safety Coalition (BCSC).

The City of Berkeley contracted with Research Development Associates to conduct three distinct reports in order to initiate the process to establish an SCU for Berkeley. For the past year, the SCU Steering Committee met bi-weekly including to work extensively with the commissioned consultant on the reports. The reports are available on the Reimagining Public Safety Task Force website.

The first report, "Crisis Response Models Report," presents a summary of crisis response programs in the United States and internationally. The second report, "Mental Health Crisis Response Services and Stakeholder Perspectives Report," is the result of extensive community engagement with stakeholders of the crisis system. These stakeholders include City of Berkeley and Alameda County agencies, local community-based organizations (CBOS), local community leaders, and utilizers of Berkeley's crisis response services. The report also presents a summary of key themes to inform the Specialized Care Unit model.

The third report, "City of Berkeley Specialized Care Unit Crisis Response Recommendations," proposes the consultant recommendations and guide implementation of the SCU model in the City of Berkeley. This report includes core components and guiding aims of the SCU model; stakeholder and best practice-driven design recommendations; considerations for planning and implementation; a phased implementation approach; system level-recommendations; and future design considerations. It is noteworthy that each recommendation put forth is deeply rooted in the stakeholder feedback of the two previous reports.

3. Establish Crisis Stabilization Center to Meet the Needs of People Experiencing Behavioral Health Challenges in Berkeley and Further Implement A Comprehensive 24/7 Behavioral Health Crisis Response System

The Substance Abuse and Mental Health Services Administration defines crisis stabilization services as:

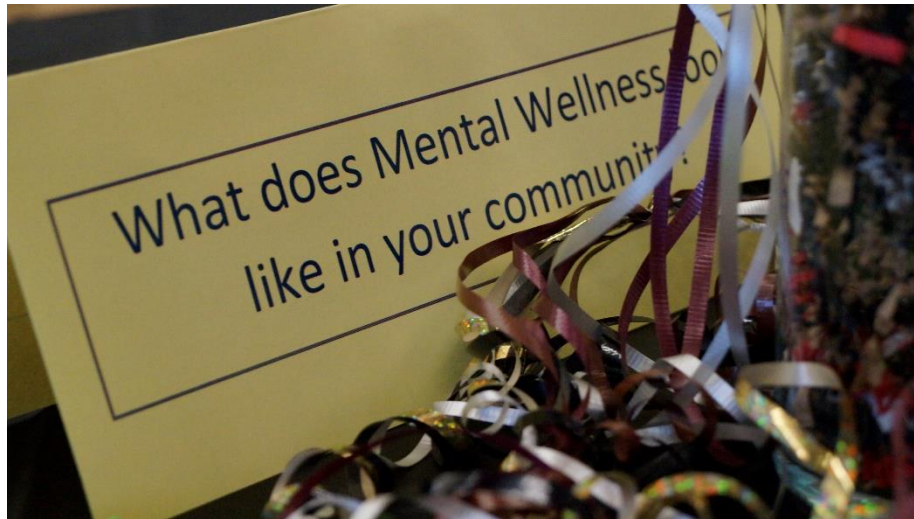
A direct service that assists with deescalating the severity of a person's level of distress and/or need for urgent care associated with a substance use or mental disorder. Crisis stabilization services are designed to prevent or ameliorate a behavioral health crisis and/or reduce acute symptoms of mental illness by providing continuous 24-hour observation and supervision for persons who do not require inpatient services." (SAMHSA, 2014; 9) (SAMHSA, 2020; 23).⁴⁴

Over the last two decades, crisis centers have been expanding across the country, evolving to become more comprehensive, recovery-oriented, and welcoming to individuals, first responders, and referral sources (NASMHPD, 2020; 10). Key components for crisis stabilization centers often include 24/7 staffing with a multidisciplinary team of behavioral health (mental health and substance use) specialists, including peers, clinicians, and psychiatrists or nurse practitioners (via telehealth) (NASMHPD, 2020; 10).⁴⁵

Crisis Stabilization Centers can serve as an alternative to using emergency departments and moreover, criminal legal and incarceration systems as a crisis response to individuals experiencing a behavioral health and/or substance use crisis in the community. They can receive referrals, walk-ins and first responder drop-offs. (SAMHSA, 2020; 22). SAMHSA has further defined minimum expectations to operate crisis receiving and stabilization services, including accepting all referrals, not requiring medical clearance, designing services for both mental health and substance use issues, being staffed (24/7/365) with multidisciplinary team capable of meeting the needs of individuals experiencing all levels of crisis (SAMHSA, 2020; 22).

⁴⁴ National Guidelines for Behavioral Health Crisis Care - A Best Practice Toolkit. Knowledge Informing Transformation. SAMHSA (2020). [online] Available at: <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf> and Crisis Services: Effectiveness, Cost- Effectiveness, and Funding Strategies. SAMHSA. (2014). [online] Available at: <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4848.pdf>

⁴⁵ Addressing Substance Use in Behavioral Health Crisis Care: A Companion Resource to the SAMHSA Crisis Toolkit. (2020). [online] Available at: <https://www.nasmhpd.org/sites/default/files/2020paper4.pdf>



Additionally, in areas where methamphetamine use is prevalent such as California, crisis providers have further become skilled in addressing methamphetamine induced psychosis, recognizing the need to treat the psychosis first and then connect individuals to the right level of care (NASMHPD, 2020; 10). Further crisis stabilization centers have addressed individuals who may need withdrawal management services (detoxification), including to offer services or provide immediate linkages and referrals, and to arrange transport to detoxification programs for crisis center clients who require that service (Ibid).

Crisis Stabilization Centers can thus represent a clear opportunity for improving the crisis response system to better meet the needs of distressed individuals from mental illness and/or substance use. These centers are designed to address the behavioral health crisis, reducing acute symptoms in a safe, warm, and supportive environment while observing for safety and assessing the needs of the individual (NASMHPD, 2020; 10). They can further reduce trauma and costs as a more appropriate level of care for people who do not require involuntary commitment to address their behavioral health needs (Ibid.).

4. Implement A Behavioral Health General Order for the Berkeley Police Department that Emphasizes Diversion Away from Policing Whenever Possible

For purposes of reducing policing and improving well-being, the aim of a Behavioral Health General Order is to addresses behavioral health— both mental health and/or substance use—for people experiencing distress in the community, to address 5150 involuntary commitments, de-escalating behavioral health crises, and divert people

towards an appropriate level of care and away from arrest, detainment, criminal case processing, and incarceration whenever possible.

An appropriate level of behavioral health care needs to be trauma- and harm-reduction informed, culturally safe, equitable and inclusive to meet the needs of Berkeley populations: Black, Latinx, AAPI, immigrants, LGBTQIA+ and Queer/Trans, people with disabilities, young, old, formerly incarcerated, historically or currently marginalized—those groups delineated in the Berkeley City Council’s reimagining public safety referrals, resolutions, and directives in the omnibus packaged dated July 14, 2020.

Currently the BPD General Orders related to behavioral health are focused on: 1) CIT (Crisis Intervention Training), 2) Mentally Disordered Persons, 3) Intoxicated Persons.⁴⁶ Initially it is important to evaluate the language contained in these orders to ensure they do not use stigmatizing language. Moreover, there are a significant number of people who may experience distress resulting from the impacts of both mental illness and substance use, and the general orders need to account for this prevalent reality.

Symptoms can manifest from a mental health condition such as schizophrenia that mirror those from substance use such as methamphetamine. Symptoms of both mental illness and substance use can further manifest simultaneously and they may not be decipherable unless, for instance, the impacts from substance use diminish in intensity over time. Consequently, this reality means evaluating both mental health and substance use issues and conditions or potentially missing key considerations of critical needs for determining an appropriate level of care treatment and diverting people away from criminal case processing and incarceration.

As it stands, the Berkeley Police Department has a "Crisis Intervention Team" General Order that provides four primary objectives for their CIT Program, including de-escalating crises, reducing the necessity for use of force, reducing recidivism, and collaborating with behavioral health providers and consumers to meet these goals. However, this General Order indicates dispatching CIT officers when possible and as an ancillary duty. Thus, it is possible Berkeley police officers may respond to crisis who are not trained to de-escalate mental health crisis and potentially if CIT trained, they may not have received substance use training.

⁴⁶ The Berkeley Police Department (BPD) General Orders are located on the City of Berkeley webpage for Training and Policy. They are available at: https://www.cityofberkeley.info/BPD_General_Orders.aspx The BPD CIT General Order is C-66; the BPD Intoxication General Order is I-15; and Mentally Disordered General Order is I-16.

The "Mentally Disordered Person" General Order defines a "mentally disordered person" as a "person who is a danger to him-/herself, others, or is gravely disabled as a result of a mental disorder." This General Order is designed to define the state law language under the Welfare and Institutions Code, Sec. 5150, and the legal requirements to implement it, as opposed to providing a Behavioral Health General Order that addresses persons in crisis from the impacts of mental illness and/or substance use and when it rises to the level of a 5150 involuntary hold for purposes of diverting people away from involuntary treatment when possible and only using 5150 holds as a last resort. It is noted that the terms "mentally disordered" may be stigmatizing and that potentially using a person experiencing a mental health crisis may improve the language.

The "Intoxication" General Order defines "Intoxicated person" as any person who, by reason or his/her ingestion of an alcoholic beverage and/or drug use, loses the ability to provide for his/her immediate safety and/or welfare needs. In addition, the BPD "Intoxication" General Order states that it is designed to "permit dispositions other than incarceration for intoxicated persons to provide for the welfare of the subject and maintenance of peace."

It is noteworthy that the "Intoxication" General Order discusses "custody" and the basis for detaining a person, but also eligibility for release and non-criminal disposition, and sets forth options for police officers such as driving the "intoxicated" person home if not subject to physical arrest and booking. Generally, this "Intoxication" General Order appears to be framed more in terms of meeting safety and welfare needs and diversion from punitive measures such as criminal case processing and incarceration.

Overall, the BPD CIT General Order uses a de-escalation approach for people in a mental health crisis, while the BPD "Mentally Disordered Person" General Order for 5150 involuntary holds states that it is designed to "establish policy and procedure for the custody and transportation of mentally disordered persons to designated treatment facilities, and other processes." It does not provide for persons who do not meet the 5150 standard and diverting them to an appropriate level of care and not criminal case processing and incarceration. It is also framed in terms of people experiencing mental illness as generally dangerous, and not necessarily as vulnerable individuals deserving of treatment and services. Thus, an overarching, comprehensive Berkeley Police Department Behavioral Health General Order would potentially provide for streamlining the current orders and diverting as many people as possible away from policing and towards well-being services in the community.

Additional Information for Proposed Tiered Dispatch and CERN (Community Emergency Response Network)

A. Introduction to Tiered Dispatch

The commissioned consultant for the City of Berkeley, the National Institute for Criminal Justice Reform, has proposed alternative non-police first responder program referred to as “CERN”–Community Emergency Response Network. As previously discussed, the consultant looked at the Auditor’s calls for service analysis of 358,000 calls from 2015-2019 and re-classified those calls into penal and non-penal calls. Based on their analysis of non-penal calls, they determined 10 call types that an alternative first responder, their proposed CERN, could respond to in the community. The call types, as formerly discussed, focus primarily on traffic and property related calls, and those calls that may likely have a mental health or homelessness component such as disturbance or suspicious person.

In addition, the commissioned consultant recommends a 911-tiered dispatch program whereby the City of Berkeley’s Public Safety Communications Center would have 4 tiers for dispatching first responders to people in the community. Tier 1 would only dispatch CERN responders in response to the non-criminal calls for service. For Tier 2, CERN responders would lead, and officers would be present. The calls for service would have a low potential for violence where arrest is unnecessary or unlikely, although the consultant did not recommend specific call types for Tier 2. Tier 3 refers to officers leading and CERN present for non-violent felonies where there is a low potential for violence, and arrest is unnecessary or unlikely. Again, the consultant did not recommend specific call types for Tier 3. For Tier 4, only officers would respond as these calls for service would involve serious violent felonies.

Under their Reduce construct, the consultant NICJR states: “To achieve the goal of a smaller law enforcement footprint and to reallocate a portion of the BPD budget towards more community supports, NICJR recommends the Implementation of the Tiered Dispatch/CERN model.”

An underlying premise of the Reimagining process was that many current calls for service do not require a badge or a gun and can be better handled by non-police response. This is the view of both the Task Force and the NICJR consultant. Further, there is agreement that most mental health and homeless related calls for service, and most officer-initiated traffic stops, fit into this category, as do various other call types. There is also general agreement that there is a continuing role for police – primarily to

focus on prevention of community crime and violence and responding to calls for service involving crimes and/or violence.

B. General Questions on 911 Call Processing and Dispatching First Responders

The general agreement described above masks many complex questions that are either not, or inadequately, discussed by the consultant in their discussion of their CERN proposal.

Questions include:

1. Who determines, and at what point in time, which calls are handled by whom (e.g., by CERN, BPD, SCU)?
2. What is the system (or multiple systems) for both receiving calls and routing the responses?
3. How does one system (e.g., CERN) mix and match with other programs under discussion (e.g., SCU, BerkDOT)?
4. Who will provide and staff these non-police responses (i.e., City staff or contractor, professional credentialed or community responders) and if contractors, under what color of authority will they provide City service?
5. When will staffing, and at what staffing level, be available to change, if at all, the allocation of calls for service -- whatever the merits of replacing police, we cannot replace something with nothing?
6. What system is in place should the nature of the call change (i.e., what is the back-up system in case seemingly benign calls turn violent and/or criminal)?
7. Is BPD involved (e.g., as co-responder, as back-up, etc.) or are they required to be separate from these non-police responses?
8. What liability issues do these new responses present to the City; (ix) what impact, if any, does reallocating some percentage of calls for service from police affect the minimum police patrol staffing necessary to perform their function of focusing on and responding to calls for service involving crimes and or violence?



“It was clear to the Task Force that there had been no serious vetting of the NICJR proposal by Dispatch.”

C. Inquiries

Inquiry 1 – Determining What a Tier 1 Call Is

The basic premise of the CERN model is that the only appropriate use of police is in responding to criminal or violent calls for service and that CERN would handle 50% of “Tier 1” calls (calls for service that are neither criminal nor violent.) CERN assumes that the current 911 Dispatch would refer certain Tier 1 calls to a CERN dispatch (i.e., that meet certain criteria regarding call for service call type).

There is no clear agreement between Berkeley Dispatch and NICJR as to how to interpret or dispatch many types of calls. Many calls considered CERN-referral calls by NICJR (e.g., Disturbance) may be considered BPD calls by Dispatch. This is because very frequently the call provides insufficient information to know what is actually happening.

In Task Force meetings, and in “sit-alongs” with Dispatch, it was clear that very little was known until someone was dispatched to the scene. Moreover, Dispatch seemed reluctant to send police officers to some (apparently non-criminal) calls without available officer back-up. Whether they would refer these, and other, calls to a CERN unit is unknown. Currently the BPD uses general communications procedures that are not tailored for behavioral health call processing and dispatching, and there is a need to improve the CAD system for handling behavioral health calls at the BPD Public Safety Communications Centers. Potentially these deficits contribute to the resistance by call takers and dispatchers to support alternative responders.

While these issues might be resolvable through actual implementation, it was clear to the Task Force that there had been no serious vetting of the NICJR proposal by Dispatch. Moreover, when discussing the NICJR proposals with the Task Force, senior Dispatch officials took serious objection.

Note: It is the view of BPD that while they agree that many calls for service may ultimately not require police intervention, they argue that until the officer is dispatched to the scene to assess the situation, that this determination cannot be made.

It should be noted that various SCU type programs addressing mental health and substance use calls for service divert some calls to their SCU version without sending police to the scene. There are SCU type programs in Eugene, Portland, Olympia, Seattle, Sacramento, Oakland, San Francisco, Santa Cruz, Los Angeles, Albuquerque, Houston, Austin, Denver, Chicago, and New York City. Some 911 centers also use behavioral health call scripts to screen for low level mental health and substance use calls that can be handled by alternative non-police responders. It is also well-established that the majority of 911 calls are not police related.⁴⁷ It is important to further consider how we can move forward to ensure equitable 911 service delivery for diverse groups of people. The SCU consultant has proposed training for Dispatch in the Final Report and Recommendations, including with other cities that have these programs.



Inquiry 2: Defining the Relationship between CERN, SCU and BerkDOT

It is unclear how CERN would relate to whatever SCU dispatch system is forthcoming or whether a successful build-out of the SCU would reduce demand for CERN. While the Reimagining and SCU processes were distinct, they were occurring at the same time and the NICJR proposals did not seem informed by the SCU process or recommendations. There could be substantial confusion and complexity in piloting both SCU and CERN at the same time.

⁴⁷ See Vera Institute studies and the [Community Responder Model Report by the Center for American Progress and the Law Enforcement Action Partnership](#). The later report has further shown substantially adverse outcomes for communities of color, people with behavioral health disabilities and others from sending police unnecessarily in response to these calls for service (see report, 2020, p. 3).

The BPD Public Safety Communications Center handles 911 calls for service and will presumably continue to do so, including for CERN and other calls. The consultant, RDA, has proposed a separate line for SCU as many diverse and marginalized groups do not use 911 for fear of police response.

Also unclear is how CERN would relate to numerous future BerkDOT activities that are being proposed. Specific calls for service falling into this category include abandoned vehicles, inoperable vehicles, non-injury “accident,” vehicle blocking driveway, vehicle blocking sidewalk, and vehicle double parking. Using 2019 data in NICJR’s report, these future BerkDOT activities represent ~12% of calls for service to be covered in the CERN pilot. To include transportation calls for service as a part of CERN when they would clearly fall under the BerkDOT framework represents a problematic proposal, and inclusion of these call types within CERN requires more analysis as it relates to BerkDOT.

Overall, the proposed 10 call types for the CERN pilot can generally be divided between BerkDOT and SCU. Seven of 10 call types are either property or traffic related reporting/administrative duties. Two call types for disturbance and suspicious person may include a mental health or homelessness component. Ultimately there may be no reason for establishing a CERN if other alternative responders can take on the work.

The 911 recommendations above in this Reimagining Report include specific items to improve call processing and dispatching for mental health and substance use calls, including addressing call types, narrative descriptions, disposition codes that allow for appropriately categorizing calls.

Inquiry 3 – The Role of Back-up by Police for Alternative Responders

There was no NICJR discussion as to whether CERN (or SCU or BerkDOT) staff would have back-up from BPD should that become necessary or requested. This is important for two reasons: (i) for the security of the non-police responders; and (ii) the strongly held view of both SCU and Task Force members that it is important for callers to be assured that their call for assistance will not result in any possibility of referral to police and the criminal justice system. The future of any non-police response system depends on the continued security of non-police responders. Protecting callers for service from any police involvement for certain types of calls was considered of major importance.

Inquiry 4 – Staffing and Organizational Capacity for Piloting Programs

NICJR indicates that CERN responses would be provided under contract to local non-profits. Some non-profits were briefly identified, though there was no analysis of their capacity to handle the CERN work. Assuming for the sake of argument that a CERN system makes sense, there is an important debate as to whether this should be staffed by City staff or outside contractors. For some calls for service, particularly the behavioral health ones to be handled by the SCU, contract responders may provide excellent service. For other calls for service within the CERN Tier 1 list, there is a question as to what staffing qualifications and capabilities are required and whether responses might be better handled by City staff as opposed to non-profit contractors. In particular, there is a question whether non-City staff responders would have the legitimacy or authority to address conflicts between residents.

The NICJR report provides examples of Tier 1 CERN-related issues (e.g., a noisy party or blocked driveways). NICJR states that the mediation skills of the non-profit team would be sufficient to gain resolution. This may not be the case. Resolution may not necessitate the police, but it might require the possibility of some form of citation (e.g., by code enforcement officials).

These are not irreconcilable issues, but they need to be thought through. In both cases, a code enforcement model might be applicable using their authority to issue citations. This will not work if staffing is with non-profit employees. If staffed with City employees, it will require increasing code enforcement staffing. The issue of responder qualifications or whether color of City authority may be necessary, or how often, is not discussed or analyzed by NICJR.

It is worth noting that for the SCU, the SCU consultant, RDA, has recommended an EMT, behavioral health clinician, and peer specialist as their staffing model.

Inquiry 5 – Screening, Triage, and Dispatching Calls for Service

Dispatch issues are at the core of the implementation of any Reimagining process. Whatever changes are recommended or approved must consider the realities faced by Dispatch.

Dispatch currently has limited triage responsibilities. It essentially dispatches officers to respond to calls for service. If a call seems to be a behavioral health call, and when the MCT is on duty (roughly 25% of the time), Dispatch also sends the MCT. Dispatch has no other triage responsibilities (other than to counsel the caller themselves).

If behavioral health, homeless, or other Tier 1 calls continue to get routed through Dispatch, this will require a major change for Dispatch. Dispatch will now have to determine who to send the call to: BPD or some other responders. In addition, if dispatching to other non-BPD, to what extent will these calls require some form of back-up.

Questions requiring consideration and not analyzed by consultant:

1. How do we coordinate 911 calls for police, SCU, CERN?
2. How will the community know who to call for which services, especially if want no BPD involvement?
3. How will responses be coordinated if some calls go to Dispatch and others go to a separate dispatching phone number?
4. What is the process for resolving these issues?

The City of Berkeley has executed a contract for a public safety consultant to work with the Fire/EMS Department in order to address 911 call processing and dispatching for fire/EMS calls for service. The City's contract provides some \$100,000 for up to 3 years for this purpose. We do not know the full scope of this project, but it intends to enhance triage responsibilities outside BPD. In addition, there is a possibility of placing a behavioral health clinician outside of the BPD dispatch including at the CBO for SCU.



Inquiry 6 – Effects on Patrol Staffing and Potential Police Savings

NICJR recommends that by removing 50% of non-violent, non-criminal calls for service from BPD that BPD Patrol staffing could be reduced by 50%. NICJR explicitly maintains a BPD role to focus on crime and violence, but NICJR does no analysis of the Patrol staffing levels necessary to perform the new BPD Patrol role.

This issue merits further discussion. The belief that removing some calls for service from BPD will have a corresponding reduction in BPD Patrol staffing needs, and that these reductions can finance the build-out of the SCU and whatever form of CERN-like entity the City

ultimately pursues, was not analyzed by the consultant.

(a) Consultant Recommendation of 50% Patrol Reduction

The consultant reviewed the Auditor's report regarding calls for service (CFS) and determined that a large percentage of types of calls for service need not be handled by BPD. The consultant also stated that some types of calls for service do need to be responded to by police.

From this "analysis", the consultant asserts that half of BPD "patrol" officers could be removed from Patrol. However, there is nothing in the consultant report that would lead to this conclusion. The consultant did not study the personnel resources it takes to respond to each type of service and made no analysis of the police resources needed to respond to those calls for service the consultant states should remain with police. The consultant just assumed, not based on analysis, that all calls for service are roughly identical in terms of staffing demands.

The major question regarding the potential for reducing police patrol staffing is analyzing the number of officers on duty at any point in time (not on average across a year) that are needed to respond to that set of calls for service deemed to require BPD (calls involving crime, violence, and other requisite BPD responses). Currently, Patrol is staffed at 22-24 officers for most shifts (1 per each of the 18 Patrol beats with some minor additional coverage) and roughly 9 officers during the "dog-watch" hours of the early morning in which each officer covering 2 of the 18 Patrol beats).

Key questions:

1. Regardless of how many Tier 1 calls for service are taken from BPD, how many fewer Patrol officers on duty at any particular time are sufficient to provide adequate coverage for those calls for service deemed to require police responses?
2. Would two-thirds of this staffing be sufficient (i.e., 14-16 officers on duty during major hours and 6 officers in the wee hours)?
3. Would half of this staffing be sufficient as stated by the consultant (i.e., 11-12 officers on duty per principal shifts and 4-5 officers for the entire city during the wee hours)?

We could imagine that BPD could adequately cover Berkeley Patrol needs with fewer beats and hence fewer officers to cover these reduced number of beats but determining

the magnitude of such reductions and creating a reduced number of police beats requires analysis and this was not studied by the consultant.^[1]

The Task Force attempted to elicit information from the Acting Police Chief during her many presentations to the Task Force, but she was not forthcoming (presumably not wanting to negotiate Patrol staffing reductions in public).

Bottom line: the operational question is not the number of calls for service of different types as per the consultant approach; rather, it is the minimum police staffing, at any point in time, that is required to respond to those calls for service that the City deems should be responded to by BPD as well as any other BPD Patrol duties. This remains to be analyzed.

(b) Patrol staffing vs. BPD staffing

In analyzing potential reductions to BPD staffing, it is important to differentiate Patrol staffing (about 60%) and all other BPD sworn staffing. In Berkeley, non-Patrol staffing includes Investigations (investigating crimes), Traffic Bureau, Community Services, Administration, among other functions. Many proponents of reducing Patrol (including the consultant), believe it is important to maintain or increase Investigations. (*Note: the consultant called for an increase of 5 officers in Investigations.*)

Assuming that many Patrol functions can be better handled by non-BPD does not lead to a corresponding reduction in non-Patrol staffing. As such, the consultant recommendation to reduce Patrol by 50% (the lack of consultant analysis to support that recommendation notwithstanding) would only reduce total BPD sworn staffing by 50% of the 60% of BPD sworn or a total of 30% reduction. Moreover, the consultant recommended that 5 of those reduced from Patrol should be re-assigned to Investigations. This would lead to a reduction of 35 officers or about \$7-8M per year. These 35 officers compare with that total BPD sworn staffing of or about 22%.

(c) Potential Unintended Consequences of Reduced Patrol Staffing

BPD “de-escalation” is based on controlling situations by responding in numbers with multiple officers. It is important to note that the efficacy of this mode of de-escalation has not been proven and bringing multiple officers on scene can escalate some instances such as behavioral health crises. This compares with the Oakland approach of using fewer officers to “control” incidents, but with a more aggressive use of weapons. Reduced Patrol staffing may make current de-escalation strategy difficult.

Query: Will reductions in Patrol officers on duty lead to arguments for additional uses of force? This was not analyzed by the consultant and will bear close monitoring.

Inquiry 7: CERN and BerkDOT

Among other concerns with NICJR's recommendation to establish a CERN Pilot Program is the presence of numerous future BerkDOT activities that are being proposed. Specific calls for service falling into this category include abandoned vehicles, inoperable vehicles, non-injury "accident," vehicle blocking driveway, vehicle blocking sidewalk, and vehicle double parking. Just taking the 2019 data presented in NICJR's report, these future BerkDOT activities represent ~12% of pilot calls for service to be covered in the CERN pilot. To move forward with these responses are part of CERN, when they should clearly fall under the BerkDOT framework, represents a problematic proposal and these suggestions were made without reference to the separate and parallel BerkDOT development process. Inclusion of these transportation-related calls for service within CERN requires more analysis as it relates to BerkDOT.

Inquiry 8: CERN Staffing and its Sufficiency

NICJR proposes staffing their CERN pilot as follows: "NICJR's recommendation is to divide the City into two CERN districts and award contracts to two CBOS to cover each district. Each CERN district should have three teams (one team per shift) of two CERN responders or Community Intervention Specialists, plus two additional Community Intervention Specialists as floaters to cover staff who call out or are on vacation." Whatever the merits of CERN, this staffing model seems insufficient. It claims to cover 3 shifts per day with 3 teams but seems to ignore weekends. It mentions some coverage for vacation, but there will be sickness, training, and other drains on staffing. As indicated above regarding policing, it roughly takes 5x staff to cover one full staff slot 24/7. NICJR is only indicating coverage at 3x. This is a minor concern but seems to substantially understate the requisite staffing and the consequent costs.

^[1] Technical note: To staff one shift 24/7, requires a minimum of 4.2 staff, just to cover the hours – i.e., 7 days x 24 hours = 168 hours/week; this requires 4.2 x 40 hour shifts. Taking into account vacation, sick leave, training, court time, etc., this 4.2 rises to approximately 5x.

[1] "The Police Operations Division budget, which houses costs associated with Patrol, comprised between 52 and 60 percent of the Department's budget during the review period; Patrol is responsible for responding to CFS in the City of Berkeley."

"This analysis suggests that under any scenario, officer time associated with responding to all calls for service accounts for less than half of the Police Operations Division budget. . . This result suggests that most costs are NOT associated with on-scene response." (p. 11)

Task Force Recommendations on Gender-Equitable Response Systems

A. Improving Gender Equity in Berkeley

Investments by the City to address gender-based violence could have a profound impact not only in preventing further abuse, but in building a future in which all community members feel safe at home, and in their communities. The Task Force hosted two listening sessions for providers of gender-based violence (domestic abuse, sexual assault, human trafficking) to identify ways responses could be improved, enhanced, and reimagined. Input gathered from these sessions as well Task Force members' expertise form the basis of the recommendations listed below. It is estimated that implementation of these recommendations would cost just under one-million dollars.

Task Force Recommendations on Gender Equity

1. Provide City Leadership to Host Regular Meetings and Coordinate Services

The City should create a forum for service providers, advocates, community members and response teams (police department, behavioral health crisis) to address issues related to domestic violence, human trafficking, and sexual abuse. This group should meet regularly. City leadership should also participate in County efforts, like the Family Violence Council in Alameda County^[1]

Having the City serve as lead will institutionalize these much-needed partnerships. These meetings would be especially important if a tiered response system is adopted by the City, as victims and survivors of crime will be captured in all tiers (e.g. domestic violence may be reported by a caller as a noise disturbance). During the first listening session, many providers noted that the listening session was the first time that they had been asked for their feedback. Establishing a forum would forge new and ongoing partnerships between the City and providers. For survivors of intimate partner violence, a coordinated community response serves as a protective factor against future violence.^[2] Outreach should be done to ensure that BIPOC leaders are at the table.



2. Coordinate with Court and Other Law Enforcement to Implement New Firearm and Ammunition Surrender Laws

Countywide coordination will be needed to implement Senate Bill 320[3], which would require law enforcement to act quickly to enforce firearm and ammunition restrictions for domestic violence restraining orders. Safely removing firearms in these situations is crucial, as research shows a strong association between domestic violence and mass shootings.[4]

Local courts are now required to notify law enforcement when the court has found that a person is in possession of a firearm or ammunition, in violation of a domestic violence restraining order. Law enforcement must take all necessary actions to obtain the identified firearms/ammunition.

3. Annually Update the Police Department’s Domestic Violence Policies and Victim Resource Materials

California law frequently changes in the area of domestic violence. For example, during the 2021-2022 state legislative cycle, at least five bills passed that change the law for domestic violence restraining orders, including SB 320 noted above. Updating these procedures regularly and in coordination with providers, will ensure that policies reflect current laws and address community-based concerns.

4. Implement Regular Domestic Violence and Trauma-Informed Training for Officers, Dispatch, and Responders to 911 or Non-Emergency Calls

These trainings should be designed in partnership with community-based providers so that the information is tailored to local needs and issues. This training would be in addition to statewide training requirements through POST (Peace Officer Standards Training).

Providers report that victims and survivors seeking help from police often feel unheard and further traumatized by the experience with police. Examples include allowing other family members to speak or translate for the victim when family members may be related to the abuser. This recommendation is consistent with NICJR's recommendation that the department increase its use of local community members to provide training.

5. Publish Victim Resources in Plain Language and Multiple Languages

Victim resources must reach the widest possible array of people, in easy-to-understand language for those with limited language proficiency or low literacy. Languages should include but not be limited to, Spanish, Chinese (simplified), Tagalog, Vietnamese and Korean.[5] Other languages that are spoken in Berkeley should also be included.

6. Screen for Domestic Violence in All 911 and Non-Emergency Calls

To reach individuals experiencing domestic violence who are unwilling or unable to come forward, domestic violence should be screened for in all 911 and non-emergency line calls and by the responding officer, including community-based officers (e.g. CERN). This would include collecting information regarding the alleged victim and alleged suspect's relationship to one another.

This would lead to better data on the number of domestic violence cases the police and others respond to in the city. Noting the penal code or city ordinance section alone would not capture all domestic violence cases.



“Providers report that advocates sometimes must act as a safe middle person between the victim and police.”

7. Assign a Female Officer to Interview, Examine, or Take Pictures of Alleged Victims at Victim’s Request

This policy would acknowledge that some victims and survivors will feel uncomfortable with having a male officer examine or question them. This could result in the victim giving an incomplete statement (e.g., not disclosing sexual abuse or showing an injury) and further traumatize the victim.

8. Police Response to DV Calls Should Be Accompanied by or Coordinated with DV Advocate

This could involve a victim advocate being present at the scene or a warm handoff to a victim advocate over the phone or immediately following a police response. This practice is especially important in cases where there is a high risk of lethality, language or cultural barriers that could lead to miscommunication or further traumatization, and high needs cases where victim or family members require a number of services to achieve stability. Having a victim advocate present will help ensure that victims are heard and not further traumatized.

Providers report that advocates sometimes must act as a safe middle person between the victim and police, to ensure that the victim is not mistreated or further traumatized by the interaction with police. This feedback is consistent with information gathered from the community engagement process where black residents spoke of the need for a safety ambassador to act as a bridge between the community and police (see page 40 of Summary of Findings report from Brightstar Research).

[1] The Family Violence Council is led by the Superior Court of Alameda County, for stakeholders to improve coordination and cooperation between the court and public and private agencies. This body meets at least four times a year. For more information: [http://www.alameda.courts.ca.gov/Resources/Documents/2020-04%20Family%20Violence%20Council\(1\).pdf](http://www.alameda.courts.ca.gov/Resources/Documents/2020-04%20Family%20Violence%20Council(1).pdf)

[2] <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/riskprotectivefactors.html>

[3] https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB320

[4] “Domestic Violence, Firearms, and Mass Shootings,” <http://jaapl.org/content/early/2020/02/05/JAAPL.003929-20>

[5] These languages represent the top five languages spoken in the Bay Area and California. At a minimum, victim resources should be translated into these languages

Task Force Recommendations on Disability from People with Behavioral Health Challenges (PEERS) Listening Session

1. Include PEERS in Developing Behavioral Health Responses

PEERS indicated that the first and most important recommendation is outreach and inclusion of PEERS who have worked on behavioral health reforms since the 1990s, when this movement began. There are trained Peers who are invaluable to developing responses to behavioral health crises and supporting the transition to new systems of safety in Berkeley.

PEERS are crucial for unpacking the scope and nature of behavioral health crises to provide a nuanced understanding, approach, and framework for responding with appropriate levels of care to people with behavioral health challenges in the community-particularly for a non-police crisis response like a Specialized Care Unit (SCU).

2. Sufficiently Fund & Support Behavioral Health Respite Centers

Drop-in and wellness centers for people living with behavioral health challenges need sufficient funding and staff with full-time Peer Support Specialists where individuals experiencing non-threatening altered states and/or behavioral health crises can move through their crisis in a safe and supported state.

It is further essential to have availability 24/7 and on holidays, and to involve PEERS in the transit from the behavioral health crisis to the Peer staffed drop-in/wellness center. Peer Navigators are also key to assisting people in navigating complex systems, including how to get appropriate services in the City of Berkeley and Alameda County.

3. Have a Reconciliation Process with People Living with Behavioral Health Challenges and Police

There is a need for a reconciliation process with police, particularly as a response to traumatic experiences with police. A reconciliation process, as well as a restorative justice process, with people living with behavioral health challenges may help build trust and rapport with police officers in the future.

4. Clarify the Risk Assessment by Call Takers, Dispatchers, and Police for Behavioral Health

There is a need for clarification about how Public Dispatch Operators and the police use their discretion to make decisions about “public safety threats.” It is not clear if the current protocol is designed to not only determine if someone is a “danger to themselves or others,” or “gravely disabled” to meet the standard for a 5150 involuntary hold, and/or if the assessment offers a more nuanced evaluation for persons who do not meet this standard, particularly to assist with next steps in care if needed.

5. Improve De-Escalation Training for Police & Offer Public Education on Behavioral Health

There is a need for additional de-escalation training for law enforcement and public education about connecting with community members who interact with the world differently than they do—including using peers as part of training.

6. Account for Overlapping Systems of Care for People Living with Behavioral Health Challenges

There is a need to account for overlapping systems of care, including medical, behavioral health (mental health, substance use), social services, and other systems. Participants in the Peers Listening Session, who identify with homelessness, discussed how current systems are not set up in a way that enables long-term sustainable wellness of the behavioral health community.

Task Force Recommendations from LGBTQIA+ and Queer/Trans Listening Session with Pacific Center for Human Growth Staff

1. Develop Collaboration between LGBTQ+ Liaison for Berkeley Police Department and Pacific Center for Human Growth

Currently, the LGBTQ+ liaison for the Berkeley Police Department has reviewed the LGBTQIA+ Listening Session Report and is working on a collaboration with the staff for the Pacific Center for Human Growth in order to address challenges in the community.



2. Establish Partnership between Division of Mental Health and Pacific Center for Human Growth

There is a need for an established partnership between the Division of Mental Health for the City of Berkeley and the Pacific Center for Human Growth in order to ensure training and service delivery to LGBTQIA+ clients that are culturally safe and responsive. There is a need for collaboration among service providers to become more well-integrated with coordinated services tailored to meet client needs, including ones that are culturally safe and responsive.

3. Increase Capacity for Behavioral Health Workers to Serve LGBTQIA+ Clients

There is a considerable need for behavioral health workers, such as clinicians, case managers, peer specialists, and peer navigators, who can directly guide LGBTQIA+ clients in navigating multiple systems—particularly given the shortage of case management services available from community-based organizations in Berkeley.

Task Force Recommendations on Addressing Underlying Causes of Inequity, Violence and Crime

Along with addressing police, communications, and city response systems and practices, the Task Force firmly believes that the goal of reimagining public safety would be incomplete and ineffective if the City does not address the root causes of inequity, violence, and crime. Following are specific recommendations to address those root cause issues.

1. Public Safety and Community Solutions

This proposal from the RPSTF intends to build on the SCU/MACRO training foundations (once finalized – currently under development) and offer training appropriate for members of the general public, law enforcement, BerkDOT personnel, peers, students and those who need or want to respond constructively based on best practices. This proposal is suggested in place of the Progressive Police Academy in the NICJR final report.

First responders have specific training by profession, but there is a wide variety of procedures among EMS, BPD, Street Ambassadors, Social Workers, CBOS and Berkeley's Mental Health professionals. The Public Safety & Community Solutions Institute can offer a streamlined curriculum that is based on Berkeley's SCU training and broadens its utility throughout our City.

A crucial element of this training will be to provide responders with tools and practices to support their own mental health and tend to vicarious trauma that occurs inevitably and regularly on the job. Many MACRO (Mobile Assistance Community Responders of Oakland) training topics are incorporated into these recommendations. The structure and content of public safety training is currently being developed by experts for Berkeley's SCU. Training topics and modules are subsequent to what will be codified by SCU. A list of training topics and other resources is available in the Appendices.



“For too long, the response to incidents of community violence have fallen on the hands of trusted community members.”

2. Community Violence Prevention Programs

The Task Force urges Berkeley City Council to research and robustly invest into programs that curb community violence through prevention, education, mentorship, trauma stewardship, and economic opportunity. Community violence is a symptom of historically resource deprived communities, intergenerational trauma, over-policing, lack of opportunity and many other factors that impact Black, Indigenous, and other communities of color, especially those that are proximally or currently experiencing poverty.

Should the City of Berkeley decide to adopt or pilot a new Community Violence Prevention Program, we recommend it take the following steps to ensure its success:

Center the families, youth, and individuals the most impacted by community violence. It is crucial to the response to any incident of community violence that there are trauma-informed resources and counseling available to support victims and their community. In what can be the most difficult moment in their lives, our City should have the tools necessary to respond and support them in their time of need.

Create opportunities for community members, leaders, youth and organizations to tap into this work with equitable compensation. For too long, the response to incidents of community violence have fallen on the hands of trusted community members and leaders who leverage their love and compassion to de-escalate further instances and begin the process of healing. Communities have been left to fend for themselves and “new models or approaches” are met with skepticism.

Hiring of Credible & Trusted Responders: Programs must hire workers who share the same background and come from the same community as those who they intend to serve. Trust from the community is critical to the success of these programs.

Transparency and Accountability: In order to build and maintain trust with communities, it is critical that its work remains visible to the community it serves. The program should interface regularly with the community through education, listening sessions, and other means of intentionally engaging Berkeley residents.

Allow Pilot Violence Prevention Programs to Grow. New programs or approaches to community violence must be allowed a runway to adapt, evaluate, and assess their

impact when launched and funding for them should not be tied to arbitrary metrics. The success of these programs comes from a long-term vision of investment, experimentation, and trust in our communities to thrive.



3. Support City Efforts to Establish Office of Equity and Diversity

Racial equity is a set of social justice practices, rooted in a solid understanding and analysis of historical and present-day oppression, aiming towards a goal of fairness for all. As an outcome, achieving racial equity would mean living in a world where race is no longer a factor in the distribution of opportunity. As a process, we apply racial equity when those most impacted by the structural racial inequities are meaningfully involved in the creation and implementation of the institutional policies and practices that impact their lives. - adapted from Anti-Oppression Resource and Training Alliance (AORTA)

The Re-Imagining Public Safety Task Force supports the City of Berkeley's efforts to establish an Office of Equity & Diversity. For too long, City Departments have had to independently monitor impact, disparities, and ongoing relationships with the community that have produced varying results. These inconsistencies can lead to severe impacts in services rendered, supports given to, and needs met of communities of color and additional diversity and marginalized groups.

An adverse effect, especially in regard to language access, is that many Black, Immigrant, Latinx, and other voices of color will not view City Departments as a venue

to air their concerns, lift up their needs, and much worse, as the valuable resource it aspires to be. This adverse impact is also true for additional diverse and vulnerable groups, including based on gender identity and expression, sexual orientation, physical and behavioral disabilities, and other diverse and marginalized groups.

This proposed Office provides an opportunity to help centralize and embed equity and justice practices and frameworks into our City's infrastructure. The impacts of which would far extend beyond addressing disparities, forming partnerships with community organizations and leaders, among others. But perhaps the biggest impact will be seen as communities begin to trust and see City Departments as a resource for them – a Department that is accountable to them.

For the formation of this Office of Equity & Diversity, the Task Force advises that the City take the following steps to ensure it is done with integrity and the community's input.

Partner with trusted Community Organizations and Leaders to lead listening sessions across all of Berkeley's Districts that inform folks of the desire to establish such an Office and solicit feedback and direction on what this Office should prioritize in its work. Listening sessions should be made available in languages other than English and at times that work for a wide variety of schedules. All printed material should also be made available in other languages as well.

Integrate a community oversight and support body that works closely with Office of Equity & Diversity staff in making connections to community members and issues, evaluating approach, and ensuring ongoing success of Office's work.

We look forward to seeing the continued development of this Office of Equity & Diversity and strongly endorse that its process is transparent, community-centered, and a vital part of the foundation of Berkeley's racial equity and social justice work.

4. Implement Pilot Guaranteed Income Project

At least 20 guaranteed income pilots (often referred to as Universal Basic Income/UBI programs) have launched in cities and counties across the U.S. since 2018, and more than 5,400 families and individuals have started receiving between \$300 and \$1,000 a month, according to a Bloomberg CityLab analysis. These cities include Stockton, Compton, Los Angeles, Marin and Santa Clara Counties, and Oakland in California; Denver, CO; Gainesville, FL; Atlanta, GA; Chicago, IL; Gary, IN; Chelsea, Lynn, and

Cambridge in MA; St. Paul, MN; Jackson, MI; Newark and Paterson, NJ; Hudson, NY; Pittsburgh, PA; Columbia, SC; Richmond, VA; and Tacoma, WA.

Cities and counties have designed their programs based on similar metrics – local/regional costs of living, and income/need-based eligibility. Specific eligibility parameters were developed by each city based on locally identified priorities; factors weighed include income as a percentage of median area income, family size, legal/immigration status, former incarceration, irregular/informal employment, poverty rates in resident neighborhoods, and foster youth status. Programs durations vary between 1-3 years.

One of the few cities that has completed its pilot is Stockton (Stockton Economic Empowerment Demonstration, or SEED). The results were released in March. “According to SEED, the guaranteed income resulted in higher rates of full-time employment. It also positively impacted the mental health of recipients. Participants reported being less anxious and depressed and “saw improvements in emotional health, fatigue levels, and overall well-being.” The report notes that “SEED took a series of steps, based on conversations with legal counsel, social service administrators, institutional review boards, and other cash transfer pilots, to protect against potential benefit losses.” The goal was to augment benefits, not replace them.

Ultimately, UBIs are not one-size-fits all. The City should review data available from similar programs in order to determine the size and scope of its program, e.g., target recipients, selection criteria and process, appropriate cash transfer size, project duration, and data tracking/ evaluation protocols.

[“Every U.S. City Testing Free Money Programs”, Mashable.com

<https://mashable.com/article/cities-with-universal-basic-income-guaranteed-income-programs>

“Basic Income In Cities: A Guide to City Experiments and Pilot Projects”, National League of Cities (NLC) and Stanford Basic Income Lab (BIL)

<https://www.nlc.org/resource/universal-basic-income-whos-piloting-it/>

“Exploring Universal Basic Income: A Guide to Navigating Concepts, Evidence, and Practices”, The World Bank
[Exploring Universal Basic Income: A Guide to Navigating Concepts, Evidence, and Practices.](#)



5. Support Police Accountability Board and Fair & Impartial Policing

The Police Accountability Board and Fair and Impartial Policing, crucial initiatives to improve the existing Berkeley police force are already underway, and the Task Force calls for them to be strongly supported and enhanced.

As the Task Force is a temporary commission, the Police Accountability Board (PAB) must assume the continuing oversight responsibility over both policing and the implementation of re-envisioned public safety. City Council, city management, City Attorney, and the police department need to honor the community-based oversight structure by including the PAB and its Director fully in the development of public safety policy. Instead, the Council and staff have moved backward, providing the most minimal level of consultation at the latest possible stage. This trend is exemplified by the surveillance technology and Early Intervention System (anti-racial profiling) policy processes, with concern about the development of internal PAB complaint hearing regulations as well.

We recommend that Council request PAB advice before making a policy decision to proceed toward surveillance technology acquisitions; mandate the BPD to collaborate with PAB on development of all significant General Orders or other policies; and support moves by the PAB to make it easier for people from historically marginalized communities to raise and pursue officer misconduct complaints.

The Council passed a strong anti-bias program, Fair and Impartial Policing, in February 2021; but very little of the program has been implemented. A transparent plan must be published, and a speedy implementation timeline agreed to. We recommend that, as discussed above, the PAB be brought into rather than excluded from the policy development process; the Early Intervention System be clearly defined as an investigative tool to assess and address the racial disparities that plague the BPD; and that implementation, findings and outcomes be regularly reported to the PAB and Council in the spirit of full transparency.

We finally recommend that Council resist the national trend to roll back the lessons of the Black Lives Matter movement and the heightened consciousness of racial injustice in the wake of the murder of George Floyd, in whose honor the Reimagining process was birthed. We must not return to the era of unconstitutional policing marked by the drug war, saturation/aggressive policing, stop-and-frisk, and the racial profiling that attends these processes. If the proposed Crime Suppression Unit, which openly hearkens back to programs of yesteryear, is tainted with practices that lead inevitably to mass incarceration in communities of color, we recommend it be rejected.

Much of the work recommended in this report, including the development of behavioral health and gender-based service responses and addressing the root causes of inequity, can only be done in partnership with or led by community-based organizations (CBOS), who carry much of our communities' expertise and experience in these areas. The Task Force therefore recommends greater investment in building the service and infrastructure capacities of local relevant CBOS, so they can be effective partners in this work.

Task Force Recommendations on Sustaining Community Based Organizations

A. Why Does Berkeley Need So Many CBOS?

CBOS mean each organization is providing more individualized attention to the issue than would be the case if there were fewer, larger entities with larger caseloads, longer wait times, and fewer locations. Larger CBOS can in time as they continue to grow become more and more bureaucratic.

More specialized smaller CBOS means they can be spread out across all neighborhoods, and are responsive to the people, institutions, needs, and cultural differences of each one. It means they can offer more specialization and responsiveness by need, methodology, and target populations.



B. Community Based Organizations' Overview including Funding Summary of City of Berkeley Budget and Recommendations

The City of Berkeley prides itself in its support of community-based organizations and the incredible extension of critical services these agencies provide Berkeley residents. On the following page is a summary of City allocations to local CBOS.

FY 2022 COMMUNITY AGENCY ALLOCATIONS BY SERVICE TYPE

	General Funds	Federal Funds	Other Funds	All Sources
Arts	\$586,652	\$0	\$0	\$586,652
Childcare	\$586,819	\$ -	\$13,275	\$600,094
Community Facilities Improvements	\$24,575	\$1,113,570	\$ -	\$1,138,145
Community Media	\$230,710	\$ -	\$ -	\$230,710
Disability Programs	\$86,122	\$159,660	\$1,432,011	\$1,677,793
Economic Development	\$422,500	\$ -	\$ -	\$422,500
Employment Training	\$295,165	\$ -	\$ -	\$295,165
Health	\$2,060,256	\$160,000	\$ -	\$2,220,256
Homeless	\$8,661,884	\$634,930	\$1,405,950	\$10,702,764
Housing Dev & Rehab	\$203,475	\$250,000	\$ -	\$453,475
Legal/ Advocacy	\$895,486	\$35,000	\$ -	\$930,486
Other	\$168,104	\$ -	\$ -	\$168,104
Recreation	\$18,573	\$ -	\$ -	\$18,573
Seniors	\$9,110	\$ -	\$ -	\$9,110
Youth	\$1,040,567	\$ -	\$ -	\$1,040,567
TOTAL	\$15,289,998	\$2,353,160	\$2,851,236	\$20,494,394

	FY 2021 All Sources	FY 2022 All Sources	Percent Change
Arts	\$573,654	\$586,652	2%
Childcare	\$643,902	\$600,094	-7%
Community Facilities Improvements	\$24,575	\$1,138,145	4531%
Community Media	\$230,710	\$230,710	0%
Disability Programs	\$1,604,926	\$1,677,793	5%
Economic Development	\$422,500	\$422,500	0%
Employment Training	\$295,165	\$295,165	0%
Health	\$2,220,256	\$2,220,256	0%
Homeless	\$13,823,569	\$10,702,764	-23%
Housing Dev & Rehab	\$453,475	\$453,475	0%
Legal/ Advocacy	\$4,757,027	\$930,486	-80%
Other	\$168,104	\$168,104	0%
Recreation	\$18,573	\$18,573	0%
Seniors	\$9,110	\$9,110	0%
Youth	\$1,065,567	\$1,040,567	-2%
TOTAL	\$26,311,113	\$20,494,394	-22%

A deficit of 22% is shown above. Funding sources will have to be identified to fill this deficit and fund the recommendations in this report.



“Funding cycles are grueling and time intensive: the process lasts many months and rarely results in any change to the funding levels.”

C. TASK FORCE RECOMMENDATIONS for CBOS

1. Conduct Assessment on CBOS' Capacity vs the Needs of the Community.

CBOS in Berkeley have many decades of experience in the areas of work identified in this report; behavioral health-based and gender-based service responses, violence prevention, and addressing the root causes of the multi-dimensional inequity that causes violence and crime, from income and housing insecurity. Increase safety to family stability and increase the capacity of CBOS to be more responsive, efficient, accountable and be better partners with consumers, other CBOS including equity in training and salaries.

Recommendations

1. Services delivery evaluation by consumers, staff and other CBOS
2. Reduce duplication
3. Assess capacity vs need
4. Create efficiencies by sharing financial and contract management services
5. Design well thought out strategies for coordination across systems
6. Facility repair for safety and accessibility
7. Train staff
8. Service audit
9. Financial audit

The City of Berkeley has developed a comprehensive community-based landscape with over 100 contracts for services ranging from childcare to senior care. CBOS do their work in a service environment that has very limited access to housing, employment, and treatment: they have developed innovative and effective strategies for supporting personal, family and community transformation despite these gaps. Coordinated services need to incorporate and enhance the expertise they have gained over the years.

In Berkeley, there are youth, LGBTQ, seniors, disabled, and other people ready and wanting to work and engage in recovery from drugs and alcohol or mental illness – there are families, survivors of domestic violence, people experiencing undiagnosed mental illness or serious health problems, veterans, and people who are economically poor. In all of these situations, there is trauma.

Before new initiatives are introduced into CBOS, current capacity needs to be assessed and programs evaluated. Too often emergency or stop-gap responses are implemented before conducting detailed assessment and evaluation.

Data needed:

- a. Ongoing feedback from the communities being served
- b. Ensure that staff has assisted the consumer correctly and fully completing paperwork and applications
- c. Map all services provided by CBOS, develop a map of where they are located and make every effort to spread them around town
- d. Understanding the challenges CBOS are facing
- e. Evaluation of the efficacy of our CBOS and the potential for capacity building, coordination, and networking using each other's best practices

2. Create Coordination and Communication Opportunities for CBO staff

Specifically, provide opportunities and forums for CBO executive level staff to work more closely with each other. Coordination and common purpose help increase better use of resources. This will create opportunities to align outreach criteria, coordinate efforts, and centralize information obtained from the field.

3. Improve Referral Systems

The City and CBOS' should improve the system of referrals after intake and assessment with the intent to shepherd a consumer through the system and proactively assist in gathering all required documentation. This would lessen the load placed on the person seeking services and person of navigating through a complex and documentation-driven system while trying to survive one day at a time.

4. Remove City Funding System Inefficiencies and Duplication

Funding cycles are grueling and time intensive: the process lasts many months and rarely results in any change to the funding levels. Cost of living increases are rare, and the work of the providers keeps growing. Funding decisions often require that they end up "robbing Peter to pay Paul" to balance the budgets. The City of Berkeley process takes 5 months which includes the Homeless Commission, Staff and City Manager recommendations and then Council approval. At each level the CBOS and their consumers and board members hours in lobbying, presentations, and public hearings.

Specific actions the City can take to decrease bureaucracy and increase efficiency include:

- a. More flexibility with funding contracts (e.g., higher threshold for requiring a contract amendment, providing administrative overhead that meets actual costs).
- b. Quarterly instead of monthly reporting.
- c. Increase baseline CBO salaries to improve their recruitment and retention.

5. Develop Additional Success Metrics for CBOS

The measure of success cannot be based just on the attainment of housing or jobs – multiple factors contribute to community stability and public safety, including social relationships, connection to resources, service participation/engagement, health/behavioral, health status, mindset, behaviors, and more. Additional metrics need to be developed that better evaluate the wellbeing of individuals, families, neighborhoods, and communities.



6. Help CBOS Enhance Their Funding

All CBOS have multiple funding sources from diverse funders, but many funds are restricted to a specific segment of our populations. There are great funding gaps that exist in providing services – especially for a person not designated as “chronically homeless” This results in those consumers getting minimal, if any, help.

The funding sources beyond the City of Berkeley include foundations, corporations, faith-based institutions, Alameda County Behavioral Health Care Services, Alameda County Social Services Agency, State of California, HUD, Veterans Affairs, private donors, billing and other fees, events and sale of products produced by clients. Larger CBOS have development directors who are extremely sophisticated in applying to every RFP for which they qualify, producing highly competitive proposals at all levels. With the smaller CBOS this effort falls on the Executive Director. The biggest challenge for CBOS is raising funds from foundations and corporations.



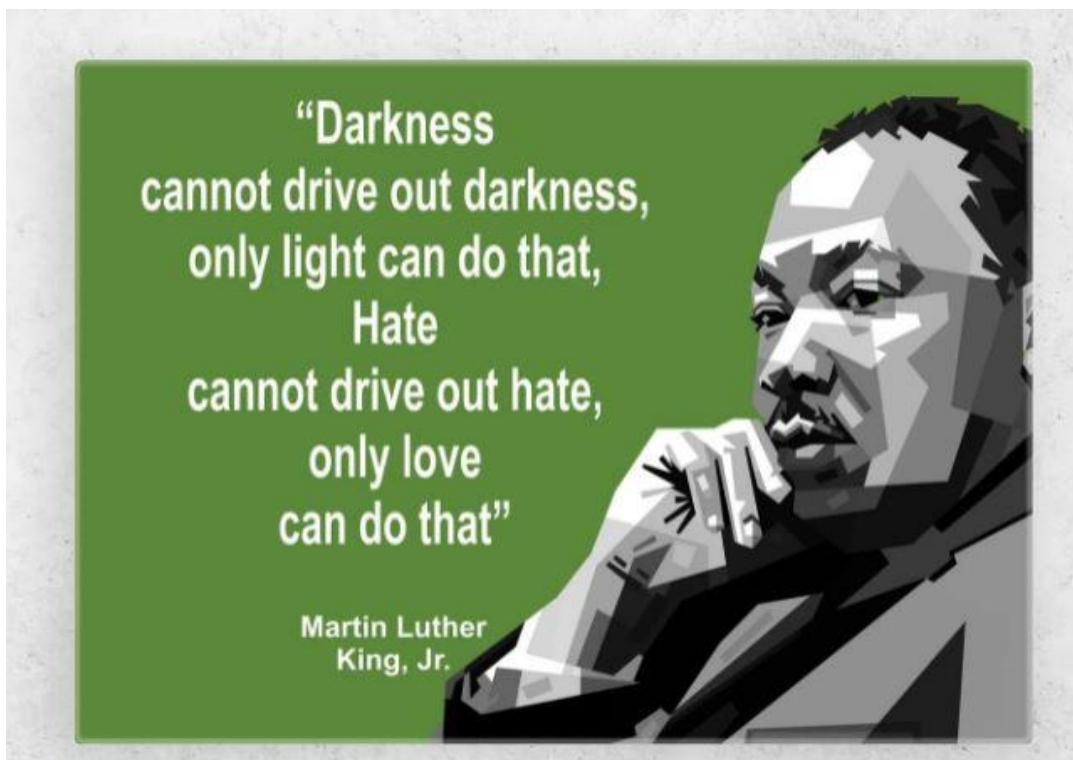
D. Strategies to Help CBOS Leverage Additional Funds Include:

1. Establish a small team led by the mayor, a council member, City Manager, service provider, homeless consumer, commission member, major donor, and community member to meet with all major foundations, corporations and other entities with significant resources. Such a meeting would “sell” the coordinated entry model and would demonstrate the large spectrum of options. that inhibit CBOS ability to leverage funds.

2. Create an annual citywide fundraising campaign that would benefit all CBOS. In partnership with consumers. CBOS, including donors, faith-based organizations and using interns from UCB, a public education campaign can present a powerful and accurate narrative about how CBOS approach problems through a participant or need-centered lens: What unmet need is this individual/family/ neighborhood/community experiencing, and what is the solution?

This is different than the way public entities and public systems approach problems, which is to look at issues with a trifocal lens: need, budget, and political ramifications or public reaction. CBOS, being privately operated and mission-driven, are freer to pursue innovation and creative solutions. They are able to pivot with new strategies more quickly than public systems (a speedboat or a sailboat versus an ocean liner). They are freer to engage individuals with lived experience and non-traditional resumes (and cultivate greater trust from those they serve as a result). They are geographically decentralized, with deeper connections to the neighborhoods they both operate and provide services in.

3. Train staff. The need for training is a high priority among our CBOS especially in organizations that hire people with lived experience of poverty, violence, homelessness, and other personal trauma. Areas identified by the CBOS include trauma informed care, motivational interviewing, cultural competence, and developing tools and skills so that our population is served with respect and staff have extensive knowledge about the availability of existing appropriate resources. Funding should be dedicated for training and require specific coursework around the aforementioned areas identified.
4. Gather feedback from consumers. While there is intention in all CBOS to gather feedback from those who use services, there is no consistent effort made to do so. It is critical in any system of care to create a feedback loop from consumers through resolution and integrate that feedback into improved service delivery. A few CBOS excel at this effort and their and Mayor's staff, existing feedback models can be reviewed, and feedback tools recommended for implementation.



Appendices

- 1. Glossary of Acronyms.....102
- 2. Inequities, Social Determinants of Health, and Well-Being as they related to Transportation in Berkeley and Community Engagement Summary on BerkDOT.....104
- 3. LGBTQIA+ and Queer/Trans Listening Session.....113
- 4. PEERS Listening Session for People Living with Behavioral Health Challenges.....119
- 5. Training and Community Solutions (TCS) Institute Training Topics.....126
- 6. Community Violence and Prevention Programs.....129
- 7. Strategy for Employment Programs.....131
- 8. SOS Program (Richmond Model)133
- 9. Police Accountability and Civilian Oversight.....142

Appendix 1. Glossary of Acronyms

AAPI	Asian American and Pacific Islander
ABLE	Active Bystandership for Law Enforcement
AMI	Area Median Income
BAPPA	Bay Area Progressive Policing Academy
BCSC	Berkeley Community Safety Coalition
BerkDOT	Berkeley Department of Transportation
BFD	Berkeley Fire Department
BIPOC	Black, Indigenous and People of Color
BMC	Berkeley Municipal Code
BPD	Berkeley Police Department
BRG	Bright Research Group
BWC	Body Worn Camera
CAD	Computer Aided Dispatch
CAHOOTS	Crisis Assistance Helping Out on the Streets
CBO	Community Based Organization
CERN	Community Emergency Response Network
CFS	Calls for Service
CIT	Crisis Intervention Training
CPE	Center for Policing Equity
CVC	California Vehicle Code
DV	Domestic Violence
EIS	Early Intervention System
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
EPIC	Ethical Policing is Courageous
HALO	Highly Accountable Learning Organization
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual plus
MACRO	Mobile Assistance Community Responders of Oakland
MCT	Mobile Crisis Team

NICJR	National Institute of Criminal Justice Reform
PAB	Police Accountability Board
PEERS	People with Behavioral Health Challenges
PEO	Parking Enforcement Officer
POST	Peace Officer Standards Training
QA	Quality Assurance
QAT	Quality Assurance and Training
QTBIPOC	Queer and Trans Black, Indigenous and People of Color
RDA	Research Development Associates
RFP	Request for Proposals
RIPA	Racial and Identity Profiling Act
RPS	Reimagining Public Safety
RPSTF	Reimagining Public Safety Task Force
RTEBN	Rebuilding Together East Bay-North
SAMHSA	Substance Abuse and Mental Health Services Administration
SCU	Specialized Care Unit
SEED	Stockton Economic Empowerment Demonstration
SOS Program	Safe Organized Spaces Program
TCS	Training and Community Solutions
SUD	Substance Use Disorder
UBI	Universal Basic Income

Appendix 2: Inequities, Social Determinants of Health, and Well-Being as they related to Transportation in Berkeley and Community Engagement Summary on BerkDOT

The transportation system in Berkeley and beyond imposes significant and unequal burdens across members the population, with the negative externalities of transportation system differing most significantly by income/wealth, race/ethnicity, ability, age, gender, sexual orientation, mode of transportation, housing status, and immigration status. Not only do these negative externalities manifest as limits on people's mobility, but also limit people's access to opportunities, including employment, education, health care, recreation and goods and services.

Inequities in Access to and Affordability of Transportation

People spend an enormous amount of their income on transportation costs - in the US, transportation is generally the 2nd largest expenditure for households after housing, accounting for about 13% of expenditures each year. However, the proportion of income dedicated to transportation costs is not even across income groups - in 2016, the lowest earning 20% of households spent 29% of their household income on transportation compared to the highest earning 20% who spent only 9% of their income on transportation.⁴⁸ This inequity has been exacerbated by the COVID pandemic, where higher income workers have often had the luxury of working from home (and avoiding commute costs) while lower income "essential" workers have had to continue their daily commutes.

There are multiple reasons that lower income households are burdened with such high transportation costs. One is that, for the most part, the cost of car ownership holds mostly constant across income levels. AAA estimates that the average annual cost of new vehicle ownership is \$9,666, or \$805.50 per month.⁴⁹ For those with older cars, costs may still be nearly as high due to poorer fuel efficiency and more frequent need for high-cost repairs. Another reason for the high burden of transportation costs on lower income households relates to the high cost and low availability of housing in job centers. Many people traveling to Berkeley for work cannot afford to live here, but instead are pushed into outlying areas with more abundant, cheaper housing but poor access to public transportation. These workers coming into Berkeley are spending huge portions of their income on fuel and repairs related to their super-commutes. Even lower

⁴⁸ Institute for Transportation & Development Policy. "The High Cost of Transportation in the United States." Transport Matters. May 23, 2019. <https://www.itdp.org/2019/05/23/high-cost-transportation-united-states/>

⁴⁹ Ellen Edmonds. "Sticker Shock: Owning a New Vehicle Costs Nearly \$10,000 Annually." AAA. August 19, 2021. <https://newsroom.aaa.com/2021/08/sticker-shock-owning-a-new-vehicle-costs-nearly-10000-annually/>

income households who might not be dealing with long commutes may be forced into the expensive cycle of car ownership and its associated costs when public transit options feel neither convenient nor safe enough, or when travel by bicycle is not possible because of a lack of safe routes or when residents lack adequate safe and secure bicycle storage options, especially those living in apartment buildings.

It is also critical to examine disparities in who does and does not drive a car. In particular, the youngest and oldest segments of our population don't drive, many people with disabilities cannot drive, and car ownership is prohibitively expensive for many with low incomes. In total, 40% of the US population cannot drive.⁵⁰ No one under the age of 16 in California can drive. Across the US, one in five people over age 65 don't drive and by age 80, 65% are no longer driving, while only 40% have difficulty walking.⁵¹ In the Berkeley/Albany Public Use Microdata Area, 25% of households with no car are occupied by someone with a disability, compared to 14% of car-free households where no one has a disability, and 24% of households with no car are occupied by Black residents compared to 14% of car-free households with non-Black residents.⁵²

Several cities have worked to develop policies and programs to try to address some of the inequities in access to and affordability of transportation. In November 2021, Oakland launched a Universal Basic Mobility Pilot⁵³ to give 500 East Oaklanders up to \$300 for transit and shared mobility on a prepaid debit card. These funds can be used to pay for transportation services such as AC Transit buses, BART trains, WETA ferries, BayWheels bike share, and electric scooter share. The goals of this program are both to boost equity and reduce dependence on cars. In July 2021, Pittsburgh, PA launched a similar program and will be providing up to 100 low-income residents with monthly transit subscriptions and shared mobility services for six months.⁵⁴ In Albuquerque, a 1-year pilot has been launched to make transit completely free to all residents.⁵⁵ And in January 2022, Boston launched a 2-year pilot program to make transit free on 3 MBTA bus lines that service low-income communities of color.⁵⁶

Unequal Investments in Transportation Infrastructure Led to Inequities in Adverse Outcomes

⁵⁰ Kit Krankel McCullough. "Aging population needs walkable, bikeable cities." Public Square: A CNU Journal. March 5, 2020.

⁵¹ Kit Krankel McCullough. "Aging population needs walkable, bikeable cities." Public Square: A CNU Journal. March 5, 2020. <https://www.cnu.org/publicsquare/2020/03/05/aging-population-needs-walkable-bikeable-cities>

⁵² 2018 American Community Survey PUMS data: <https://www.census.gov/programs-surveys/acs/microdata.html>

⁵³ City of Oakland. Universal Basic Mobility Pilot. <https://www.oaklandca.gov/topics/universal-basic-mobility>

⁵⁴ City of Pittsburgh. Press release: Pittsburgh Launches Innovative Mobility and Equity Initiatives Move PGH and Universal Basic Mobility. July 9, 2021. <https://pittsburghpa.gov/press-releases/press-releases/5084>

⁵⁵ City of Albuquerque. Zero Fares Pilot Program. <https://www.cabq.gov/transit/tickets-passes>

⁵⁶ City of Boston. Mayor Wu Takes Steps To Expand Fare-Free Bus Service. January 19, 2022. <https://www.boston.gov/news/mayor-wu-takes-steps-expand-fare-free-bus-service>

While some inequities in transportation outcomes relate to individual characteristics (e.g., race, ability, income, etc), others stem from historical and ongoing disinvestment in low-income communities of color. The racial and economic “redlining” of certain communities in south and west Berkeley resulted in highly segregated neighborhoods that, over time, received very different levels of infrastructure investment in items such as tree canopy, traffic calming, sidewalk and roadway maintenance, and stormwater management. This disinvestment, once a deliberate policy decision, has been perpetuated even in recent years by advocacy from well-organized, wealthy residents with political savvy and time to spare who advocate for further neighborhood improvements, while Berkeley’s lowest income residents are less able to advocate for investment in their neighborhoods given their more limited time, possible language barriers, and other barriers that often preclude full involvement in planning process.

These historic disinvestments have created a transportation system in Berkeley that is, by design, unequal in terms of safety. On top of BPDs over policing of low-income communities of color, the infrastructural elements of many of south and west Berkeley’s roads are built with high operating speeds, which is speed at which most drivers feel comfortable driving on a given roadway. For example, while 9th Street between Dwight and Bancroft is a 2-lane street that is bicycle boulevard and designated as a local street that should “discourage vehicular speeds above 15 or 20 miles per hour,”⁵⁷ it is actually a quarter mile long, 48-foot wide roadway with only one stop sign, virtually no roadway markings, and street trees only between Dwight and Channing. Contrast this with Ashby Avenue between Claremont Crescent and Ashby Place, also a 2-lane, quarter-mile long stretch, but one that, while designated as an “major street” designed to “discourage speeds above 25 miles an hour” is only 32-foot wide, exhibits numerous street markings, and has ample, mature street trees. While drivers routinely exhibit vehicle speeds well over 35 MPH on 9th Street, most traffic on Ashby hovers around 25 MPH. This shows that infrastructural elements can influence operating speed much more than simple “speed limits.”

These sorts of infrastructural inequities actually translate into further inequities in traffic stops, even when officer racial bias is removed. In Chicago, a recent study found that, despite being evenly spread across the city’s neighborhoods, automated speed and red-light enforcement cameras still issued a disproportionate share of tickets to individuals in majority-Black zip codes (the ticketing rate for Black neighborhoods was three times higher than for majority white neighborhoods).⁵⁸ Underlying these disparities was road design: all of the ten speed cameras that issued the most speeding tickets (for

⁵⁷ City of Berkeley. Transportation Element. https://www.cityofberkeley.info/Planning_and_Development/Home/General_Plan_-_Transportation_Element.aspx

⁵⁸ Emily Hopkins and Meilssa Sanchez. “Chicago’s “Race-Neutral” Traffic Cameras Ticket Black and Latino Drivers the Most.” ProPublica. January 11, 2022. <https://www.propublica.org/article/chicagos-race-neutral-traffic-cameras-ticket-black-and-latino-drivers-the-most>

going >10 MPH over the posted limit) were on 4-lane roads, and 6 of these were in majority Black census tracts. At the same time, 8 of the 10 cameras that issued the least tickets were on 2-lane streets, but just 2 of these were in majority Black census tracts. Similar findings also came out of an analysis in Washington DC, where automated traffic enforcement resulted in “drivers in black-segregated neighborhoods receiving] double the average number of moving violations per capita, while drivers within white-segregated areas receive[d] just one eighth the average.”⁵⁹

Systematic disinvestment in infrastructure also plays a role in who suffers most from the severe and fatal collisions that we continue to see on our streets. There is an epidemic of traffic violence on US streets - in 2020, an estimated 38,680 people were killed in traffic collisions in the US, with a fatality rate higher than has been seen since 2007⁶⁰. This is similar to the number of deaths in the US annually from gun violence⁶¹. Motor vehicle crashes are the number one killer of children and teenagers in the US, representing 20% of all death of children ages 1-19⁶². In Berkeley, between 2010 and 2019 an average of three people died and at least 32 people were severely injured due to traffic violence every year⁶³. These numbers have increased in recent years - in 2019, 6 people were killed and 69 were severely injured in traffic collisions in Berkeley⁶⁴, and while 2021 data have not yet been analyzed for Berkeley, we do know that at least 7 traffic fatalities occurred⁶⁵.

The burden of this traffic violence does not fall equally across all groups. Historic disinvestment of infrastructure in low-income communities of color means that traffic fatalities are overwhelmingly suffered by Black and Brown people - Black and American Indian/Alaska Native people suffered the highest rates of traffic deaths in the US between 2015 and 2019⁶⁶. And in 2020, while there was a 7% increase overall in traffic deaths in the US compared to 2019, the increase was 23% for Black people and 11%

⁵⁹ William Farrell. “Predominantly black neighborhoods in D.C. bear the brunt of automated traffic enforcement.” DC Policy Center. June 28, 2018. <https://www.dcpolicycenter.org/publications/predominately-black-neighborhoods-in-d-c-bear-the-brunt-of-automated-traffic-enforcement/>

⁶⁰ National Highway Traffic Safety Administration. “Early Estimate of Motor Vehicle Traffic Fatalities in 2020.” Publication DOT HS 813 (2021): 115. <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/813115>

⁶¹ Centers for Disease Control and Prevention. “All Injuries.” Accessed January 13, 2022. <https://www.cdc.gov/nchs/fastats/injury.htm>

⁶² Cunningham RM, Walton MA, Carter PM. “The major causes of death in children and adolescents in the United States.” *New England Journal of Medicine* 379, no. 25 (2018): 2468-2475. <https://www.nejm.org/doi/full/10.1056/nejmsr1804754>

⁶³ City Of Berkeley, Vision Zero Annual Report 2020-2021. March 2021. https://www.cityofberkeley.info/uploadedFiles/Public_Works/Level_3_-_Transportation/Vision_Zero_Annual_Report_April_2021%20-%20REVISED.pdf

⁶⁴ City Of Berkeley, Vision Zero Annual Report 2020-2021. March 2021.

https://www.cityofberkeley.info/uploadedFiles/Public_Works/Level_3_-_Transportation/Vision_Zero_Annual_Report_April_2021%20-%20REVISED.pdf

⁶⁵ Emile Raguso. “Update: Man who died in marina crash ID’d as James Israel of San Anselmo.” *Berkeleyside*. November 3, 2021. <https://www.berkeleyside.org/2021/11/03/fatal-crash-berkeley-marina-at-least-1-person-dead>

⁶⁶ R. Retting, M. Richardson, H. Smith, S. Turner, An Analysis of Traffic Fatalities by Race and Ethnicity | GHSA, Governors Highway Safety Association, (2021). <https://www.ghsa.org/resources/Analysis-of-Traffic-Fatalities-by-Race-and-Ethnicity21>

for American Indian/Alaska Native people⁶⁷. In Berkeley, we see similar disparities, and the collision injury rate is highest for Black people - 2.6 times higher than for white people across all injury collisions and 1.7 times higher for severe and fatal collisions. For severe and fatal injuries of pedestrians in Berkeley, the rate is over twice as high for Black pedestrians compared to white pedestrians (2.2 times higher).⁶⁸

The City's Vision Zero Annual Report 2020-2021 acknowledges that "[w]e know that people of color, people with no or low income, people with no or limited English proficiency, people experiencing homelessness, youth, seniors, and people with disabilities are over-represented in fatal and severe injury collisions."⁶⁹ The City has also designated much of south and west Berkeley an Equity Priority Area for prioritizing infrastructure improvements to remedy systemic and inequitable underinvestment (the Equity Priority Area considers historic Home Owners' Loan Corporation (HOLC) "redlining," racial/ethnic composition, property value, and cultural centers)⁷⁰. While 37% of Berkeley's streets (by mile) can be found in the Equity Priority Area, almost half (42%) of Berkeley's severe and fatal collisions occur on streets in the Equity Priority Area.

The Overarching Impacts of Transportation on Well-Being

As discussed, how we plan, build, and enforce our transportation system has a profound effect on the well-being of Berkeley's residents. Berkeley has historically leaned heavily on police enforcement purportedly to achieve transportation and public safety goals. This ongoing reliance on enforcement has dubious efficacy yet profound negative effects on the well-being of many Berkeleyans. The humiliation, stress, trauma and fear of violence that many in our community experience during traffic stops is harmful and these negative experiences are overwhelming burdened by those in our community who are already the most vulnerable by virtue of their race/ethnicity, income, gender, sexual orientation, housing status, or immigration status. Accompanying this are the negative impacts of fines and fees associated with traffic stops and parking enforcement - once again, these are most detrimental to those in our community who are already the most vulnerable, and for whom a costly ticket could mean an inability to pay for life-saving prescription medications, bus fare to get to work, heating, or rent. Our most vulnerable communities, who live in fear of police surveillance on our streets and

⁶⁷ National Highway Traffic Safety Administration. "Early Estimates of Motor Vehicle Traffic Fatalities and Fatality Rate by Sub-Categories in 2020." Publication DOT HS 813 (2021): 118. <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/813118>

⁶⁸ From a forthcoming analysis from Walk Bike Berkeley using 2006-2020 collision data from SWITRS

(<https://iswitrs.chp.ca.gov/Reports/jsp/RawData.jsp>). Analyses exclude collisions with parked cars or other objects and also exclude collisions on interstates (but include state highways like Ashby and San Pablo).

⁶⁹ City Of Berkeley, Vision Zero Annual Report 2020-2021. March 2021.

https://www.cityofberkeley.info/uploadedFiles/Public_Works/Level_3_-_Transportation/Vision_Zero_Annual_Report_April_2021%20-%20REVISED.pdf

⁷⁰ City of Berkley. 2020 Pedestrian Plan. January 2021. https://www.cityofberkeley.info/uploadedFiles/Public_Works/Level_3_-_Transportation/2020%20Pedestrian%20Plan%20FULL%20adopted.pdf

spiraling fines and fees, become limited in their freedom of mobility, thus reducing their access to jobs, school, health care, recreation, and goods and services, and other essential opportunities. These same communities also live under the constant threat of traffic violence on streets that are designed for high speeds following years of structural disinvestment. Taken together, Berkeley's transportation system is failing many of its residents, sacrificing the comfort and convenience of some at the expense of the well-being of others. There are steps Berkeley can and should take to improve our transportation system, but we must do so in a thoughtful, equitable way that achieves safety and mobility justice for all.

Community Engagement Findings relating to BPD Vehicle, Bicycle, and Pedestrian Law Enforcement

Philando Castile, Sandra Bland, Walter Scott, Duante Wright, Sam DuBose. As we tragically have seen across the country, traffic stops present a significant threat to Black and other people of color, with about a quarter of US police shootings beginning with a traffic stop.⁷¹ Thankfully, in Berkeley, there have not yet been any instances of police shootings stemming from traffic stops (likely because of the size of the city, not because of any specific BPD practices), but fatal encounters are not the only outcome of concern with racially-biased police stops. Constant over-surveillance and the underlying threat of police violence while driving, walking or biking is stressful, humiliating, and often traumatic. If stopped, analysis from the US Department of Justice shows that Black and Hispanic people are more than twice as likely to experience threats or use of force during police stops with the police⁷², and reviews of body camera footage have shown that police officers speak significantly less respectfully to Black people than white people during traffic stops, even after controlling for a wide variety of factors.⁷³ It is therefore critical that we listen closely to the voices of Berkeley's most affected residents to better understand their lived experiences being in public spaces and in the presence of BPD.

As part of a separate, but parallel, process to create a Berkeley Department of Transportation (BerKDOT), the City commissioned a citywide, representative survey⁷⁴ to better understand the transportation needs of Berkeley residents and their perceptions

⁷¹ Cheryl W. Thompson. "Fatal Police Shootings Of Unarmed Black People Reveal Troubling Patterns." January 25, 2021. NPR. <https://www.npr.org/2021/01/25/956177021/fatal-police-shootings-of-unarmed-black-people-reveal-troubling-patterns>

⁷² Davis E, Whyde A, Langton L. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. "Contacts Between Police and the Public, 2015." <https://bjs.ojp.gov/content/pub/pdf/cpp15.pdf>

⁷³ Voigt R, Camp NP, Prabhakaran V, Hamilton WL, Hetey RC, Griffiths CM, Jurgens D, Jurafsky D, Eberhardt JL. "Language from police body camera footage shows racial disparities in officer respect." *Proceedings of the National Academy of Sciences* 114, no. 25 (2017): 6521-6526. <https://www.pnas.org/content/114/25/6521>

⁷⁴ The survey was a hybrid email-to-web/live telephone survey of 630 adult City of Berkeley residents in September 2021, sampled to be representative of Berkeley's population. Black and Latinx residents were oversampled to reach 100 respondents so that robust inference could be made for these groups. Interviews were conducted in English and Spanish by trained, professional interviewers, and both landlines and mobile phones included.

of policing as it relates to transportation. The survey found that only 39% of people in Berkeley actually feel that police enforcement of traffic laws makes them feel safer as they get around Berkeley, and a full 69% feel that having "police officers making traffic stops can lead to unsafe or violent encounters for people of color, particularly Black people."⁷⁵ Adding to this, while only 20% indicated fear of being treated unfairly based on their race if stopped by a police officer in Berkeley, this number skyrocketed to 54% among Black respondents. Also, while an overall small percentage of Berkeleyans (14%) expressed that a fear of being stopped by the police impacts how they get around Berkeley, 30% of Black respondents described having their mobility limited for this reason. This phenomenon, dubbed "Arrested Mobility" by mobility justice scholar Charles T. Brown,⁷⁶ is "the assertion that Black people and other minorities have been historically and presently denied by legal and illegal authority, the inalienable right to move, to be moved, to simply exist in public space. Unfortunately, this has resulted — and continues to result — in adverse social, political, economic, environmental and health effects that are widespread and intergenerational."

While no questions on the overall Reimagining Public Safety Survey specifically addressed community perceptions of vehicle, bicycle, and pedestrian law enforcement, qualitative findings gleaned from the numerous Listening Sessions with impacted residents (conducted by NICJR and Task Force members) provide some insight into how community members feel about BPD's role in this arena. Sessions in which these topics were discussed included those with Black residents, housing/food-insecure residents, Black and Latin youth, justice-system-impacted students, and LGBTQIA+ service providers.

Across focus groups, there was agreement that BPD dedicates an outsized amount of time to vehicle stops, and that these stops are performed in a manner that disproportionately impacts Black residents. Comments were also made about a rippling harmful effect of police presence, including traffic stops, on people within neighborhoods, even when these people are themselves not the subject of a stop - the presence of police cars, flashing lights, and multiple armed officers in one's community can trigger trauma for those simply observing traffic stops.

Another common theme expressed by impacted residents during these sessions is that of feeling surveilled, hyper-visible, and viewed with suspicion when in public space. This includes experiences shared by Black and Latin residents of feeling like outsiders in their own city and Latin UC students being racially profiled by both BPD and UCPD

⁷⁵ City of Berkeley. Initial Review of Results: Survey of City of Berkeley Residents, Reimagining Policing Project. October 15, 2021. https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/21-8226%20Report%20of%20Preliminary%20Findings%20-%20Draft.pdf

⁷⁶ Brown, CT. "Arrested Mobility: Exploring the Adverse Social, Political, Economic & Health Outcomes of Over-Policing Black Mobility in the U.S." National Association of Chronic Disease Directors. Sep 18, 2020. <https://vimeo.com/460197268>

when on campus. These experiences were described as being both stressful and hurtful. Listening group participants described how these encounters can also effectively limit their mobility and ability to access work, school, essential places and recreation. We heard one example of this from former Task Force Commissioner Diaz, describing that he couldn't even get to high school without being surveilled and harassed by BPD for as he traveled to Berkeley High, having to go well out of his way to navigate around neighborhoods that he was told were off-limits under the terms of his probation.⁷⁷

Community Engagement Findings regarding the Creation of BerkDOT

To date, there have been several opportunities for community members to weigh in on the creation of BerkDOT and the transfer of traffic enforcement duties to unarmed civilians. Overall, the community is supportive of this approach, but feedback indicates that Berkeley must be thoughtful in its approach as it moves forward with this new initiative.

During the listening sessions with Black residents, housing/food-insecure residents, Black and Latin youth, justice-system-impacted students, there was a general openness to the idea of unarmed civilians taking over traffic enforcement, but there were concerns voiced about the safety of the civilian responders, as well as skepticism expressed by Black residents that a switch to civilian responders would reduce the racism and disparities currently associated with traffic stops. And during a listening session that included Parking Enforcement Officers (PEOs), unsworn staff who currently sit under BPD, there was concern expressed that being moved out of BPD would be problematic. Specifically, the PEOs indicated that sitting organizationally within BPD “produces a more professional and respected workforce.”

While central to the re-imagining process, the development of BerkDOT is primarily being handled in a separate, parallel process with Public Works staff taking the lead. This has included community engagement through the representative survey the City commissioned to better understand the transportation needs of Berkeley residents and to gauge their support for the transfer of traffic enforcement and other transportation-related duties out of the BPD. Respondents of this survey overwhelmingly supported moving at least some transportation duties out of BPD (76% supported this idea), and 75% specifically supported the idea of moving traffic enforcement out of BPD.⁷⁸ These findings held across a wide range of demographic groups (including gender, race/ethnicity, and identification as LGBTQ). Also of note, only 36% felt it was important

⁷⁷ Reimagining Public Safety Task Force Meeting, July 8, 2022. https://www.youtube.com/watch?v=mHj8FPDp_BE Minute mark 1:58

⁷⁸ City of Berkeley. Initial Review of Results: Survey of City of Berkeley Residents, Reimagining Policing Project. October 15, 2021. https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/21-8226%20Report%20of%20Preliminary%20Findings%20-%20Draft.pdf

to have police enforcing routine moving vehicle violations and issuing traffic tickets, only 21% felt it was important for police to be tasked with enforcing bicycle and pedestrian regulations and issuing tickets, and only 14% felt it was important for police to oversee the enforcement of parking regulations and issuing of parking tickets.

In addition to the citywide, representative survey, Public Works also worked with consultants at Equitable Cities and Fehr & Peers to conduct three separate listening sessions with high school students of color, college and university students of color, and religious minority groups of color in the City of Berkeley during the months of October and November 2021 (n=20 total participants). Every participant in all three of these listening sessions felt it was a good idea to remove traffic enforcement from the police and transfer it over to unarmed civilians.⁷⁹ Participants in the college student listening session expressed a belief that this move will “make marginalized communities feel safer overall,” and that if this civilian workforce could be well-trained in anti-racism, it would “really ease some of the disproportionate burdens that may be placed on low-income folks or people of color.”

⁷⁹ Citation forthcoming when BerkDOT listening session data are posted publicly.

Appendix 3: LGBTQIA+ and Queer/Trans Listening Session

The Pacific Center for Human Growth, a LGBTQIA+ and Queer/Trans Behavioral Health Provider located in Berkeley⁸⁰

The Pacific Center for Human Growth, or namely the Pacific Center, is the largest regional LGBTQIA+ behavioral health provider serving LGBTQIA+ people, Queer and Trans people including QTBIPOC, with individual, peer support, and community behavioral health programs and services. Located in Berkeley, the Center is designed to serve LGBTQIA+ people with mild to moderate behavioral health needs from Berkeley and other cities in Alameda County. Currently, the Pacific Center operates remotely due to COVID.

The findings below reflect conversations with five Berkeley behavioral health provider staff, all of whom work with the LGBTQIA+ and Queer/Trans community. Of the five providers, two identify as genderqueer, and two identify as BIPOC. Two of the individuals expressed that as QTBIPOC folx, they have more lived experience with police interactions as individuals than as clinicians but did their best to only speak of experiences encountered as service providers.

Listening Session Findings

- LGBTQIA+ members define and explore their lived experiences in terms of race, ethnicity, gender identity and expression, sexual orientation, disability, age, and other identity markers to convey understanding about the impacts of policing on their public safety—which is different from solely racial, ethnic, and heterosexual norms.
- On the topic of intersectionality, one staff member explained the importance of factoring in additional identity markers by saying “if you do not have lived experience, it is hard to conceptualize how positionality—how you present to the world— changes everything.”
- The types of violence happening for LGBTQIA+ people are defined by one provider in terms of hot and cold violence, and it is noted that they commented Trans Femme Black and Brown people as most susceptible.
 - Hot violence is “immediate, active, perceptible violence that touches you. It can be physical or verbal, very loud, aggressive, and immediately unsafe. Hot violence can change the dynamic in the situation instantly.”
 - “Cold violence is a more underlying source of violence than hot violence, and is more than a microaggression, like an intentional microaggression. An example is a Queer Trans BIPOC looking for an appropriate bathroom

⁸⁰ By Margaret Fine and Janavi Dhyani. Margaret is the Chair of the Mental Health Commission for the City of Berkeley. Janavi is the Director of Operations for the Alameda County Network of Mental Health Clients

and being surveilled by police. Cold violence reflects the way in which systems are set up by police to surveil and monitor human behavior where it does not feel safe to move around fear freely.”

- This LGBTQIA+ provider further highlighted the critical need to have a nuanced understanding of how Queer and Trans people, particularly QTBIPOC people, describe their lived experiences with policing and crisis response. There is a need to understand their levels of distress and how crisis first responders met their needs for “safety” or do not meet them.
 - This provider discussed the role of police and how there may be psychological impacts as a result of the mere presence of police, and/or further escalation of a crisis due to the presence or role of the police. She discussed the trauma as: “I think of families, [a police presence is] traumatic for everyone, police show up, it makes a huge scene for the neighborhood, flashing lights, and then having to unpack it with families, clients....”
 - One provider, who was very explicit about their feelings about the police, said: “I stay away from the Berkeley Police Department and advise young people to do the same. The Berkeley Police Department are not my friends, they are not people who I trust as an entity, and not people I say should be called for help.

There are difficult situations in which there is a Queer Black Femme Cis Woman and warm violence, but the person does not want to call the police. Every single interaction will not lead to hot violence, but we know statistically that Queer Trans BIPOC people with mental health issues, who are disabled or developmentally challenged, are far more likely to experience violence, be harmed, and be killed.”

- The Pacific Center, as an LGBTQIA+ space, can challenge notions of “safe” space for Queer and Trans people who are seeking a sense of belonging because of violence to the physical building and to people at the Pacific Center.
- More than one provider talked about the lack of Queer and Trans “safe” spaces in the community-at-large, especially for transgender women of color, unhoused, youth, and BIPOC.
- The LGBTQIA+ provider also discussed the conceptualization of “public safety” or “community safety” as not related to the police but rather to people having sufficient resources and support in order to have their basic human needs met and stable life existence.

Discussion

This LGBTQIA+ provider brought up the importance of intersectionality when talking about the police response, and additional identity markers that statistically place QTBIPOC people at risk—which is different from factors based solely on race and ethnicity and reflects non-binary gender identity and expression and non-heterosexual orientation. This provider indicated that the role of police would be that they support services to the community, especially LGBTQIA+ police officers supporting LGBTQIA+ community members. There have been hate crimes by people outside of the community that can be perceived as violently challenging the legitimacy of LGBTQIA+ people, as well as a negative incident from a person within the community who did not feel as though they were served.

Recommendations

- Currently, the LGBTQ+ liaison for the Berkeley Police Department has reviewed the LGBTQIA+ Listening Session Report and is working on a collaboration with the staff for the Pacific Center for Human Growth in order to address challenges in the community.
- There is a need for an established partnership between the Division of Mental Health for the City of Berkeley and the Pacific Center for Human Growth in order to ensure training and service delivery to LGBTQIA+ clients that are culturally safe and responsive. There is also a need for collaboration among service providers to become more well-integrated with coordinated services tailored to meet client needs, including ones that are culturally safe and responsive.
- There is a considerable need for behavioral health workers, such as clinicians, case managers, peer specialists, and peer navigators, who can directly guide LGBTQIA+ clients in navigating multiple systems—particularly given the shortage of case management services available from community-based organizations in Berkeley.

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Appendix 4: PEERS Listening Session for People Living with Behavioral Health Challenges⁸¹

The PEERS listening session included 12 participants who shared their lived experiences with behavioral health challenges and policing in Berkeley. Before this listening session, there was extensive outreach by the Associate Director for the Alameda County Network of Mental Health Clients [describe methodology].

- Generally, the participants spoke about their interactions and perceptions of Berkeley police, and how that impacts their feelings of “safety” in their community as Peers. Primarily they expressed their fears, based on lived experiences, interacting with police during a mental health crisis in the community, and how a policing response generally had a negative impact on their ability to feel “safe” in Berkeley.
- Peers offered several recommendations about how they would like to experience “safety” including increasing their involvement as responders to mental health crises. It is noteworthy that additional research with peers would be highly useful to account for the role of race, ethnicity, gender identity and expression, sexual orientation, disability, age, class, and other factors, and their impact on a policing response to a mental health crisis.

Findings:

- Individuals stated they did not desire to call 911 emergency services for fear of police response to a person experiencing a mental health crisis in the community. One person did not feel proud of their decision to call 911, knowing that police would arrive but did so because they did not feel like they had alternative options to provide that person with appropriate support. She stated: “I’ve had to call the police on people with mental health issues and it broke my heart and that is something I would not like to do.”
- The main emerging themes from the PEERS Listening Session focused on their perceptions and experiences about 1) feeling stigmatized as “public safety threats” and regarded so by officers; 2) officers unease connecting with people experiencing a mental health crisis; 3) the role of de-escalation if any; and 4) feeling traumatized or re-traumatized by police during mental health crises.

⁸¹ By Janavi Dhyani and Margaret Fine. Janavi is the Director of Operations for the Alameda County Network of Mental Health Clients. Margaret is the Chair of the Mental Health Commission for the City of Berkeley.

- **PEERS felt perceived as public safety threats by police.**
 - PEERS discussed their perceptions and feelings about being seen as “public safety threats;” and generally as something to be controlled rather than human beings who need emotional “safety” to resolve their crisis. In particular, the participants expressed their fears of being met with police violence instead of with compassion and empathy for their plights.
 - The notion of “safety” ranged from people feeling exceedingly vulnerable and “unsafe” while experiencing a mental health crisis in the community to a wide variety of crisis responses (based on actions, words, physical harm, and/or lack of response/over response) by police to them. Overall participants mentioned that most people experiencing a mental health crisis are not violent.
- **PEERS perceived officers as uneasy about connecting with people experiencing a mental health crisis and potentially escalating a crisis**
 - Participants discussed their experiences interacting with officers. One participant commented that Berkeley police are “not ready to deal with people who are upset with emotional disturbances,” and that people in crisis “don’t need violence when people are angry” to resolve their crisis. Another participant felt the police “get scared of mental health” and said they “need to not be afraid of people, people who are eccentric.”
 - In addition, another participant expressed concern that “some cops [do] not feel safe...don’t speak a whole lot.” She commented about feeling “really uneasy” when you need “someone to talk more, like hostage negotiator, convey sort of friendship and comradery.” She discussed seeing someone “high energy, manic, talking real fast, as an opportunity for a person in the crisis to grow rather than shut down with drugs, incarceration, hospitalization,” and stated, “we need to learn, develop a field of knowledge of people in altered states.”
 - This participant further underscored that police officer “use major tool like [a] gun and bullets; something startles them, go for the gun.” The point was further underscored by another participant, who stated based on their experience with police, “that it is always with guns; it’s a threat, always a threat of violence out there, the police come with their guns,” and that we are “much better served with people not heavily armed, I don’t know how I think the conversation and non-violent tactics.”

- **PEERS feeling traumatized or re-traumatized by police during mental health crises**
 - One participant stated that “many people have negative feelings on police” and when they see police “it can be triggering, it can be negative, not friendly, open.” Another participant “witnessed police in action in Berkeley,” and said they did not want police on mental health calls, as they were traumatized to the point of seeing police in a “whole different light.” Yet another participant stated, “So many of us have been harmed when we are treated when we are in crisis.”
 - Participants further talked about how the presence of police could exacerbate the intensity of personal distress and create feelings of extreme terror and instant fear of extinction, as opposed to creating ones of emotional “safety.” While the participant did not describe the basis for officers’ arriving at the scene, he described his feelings about a police response by stating “it is multiple police cruisers, you feel like the world out to get you and annihilate you, officers are intimidating, 3-4 cruisers with multiple cops, very, very troubling and high-risk situation.” This feeling of being responded to, instead of being met with, is a sentiment 61 Appendix J people shared.

Behavioral Health Recommendations:

- **Include PEERS in Developing Behavioral Health Responses**

PEERS indicated that the first and most important recommendation is outreach and inclusion of PEERS who have worked on behavioral health reforms since the 1990s, when this movement began. There are trained Peers who are invaluable to developing responses to behavioral health crises and supporting the transition to new systems of safety in Berkeley.

PEERS are crucial for unpacking the scope and nature of mental health crises to provide a nuanced understanding, approach, and framework for responding with appropriate levels of care to people with behavioral health challenges in the community--particularly for a non-police crisis response such as a Specialized Care Unit (SCU).

- **Sufficiently Fund & Support Behavioral Health Respite Centers**

Drop-in and wellness centers for people living with behavioral health challenges need sufficient funding and staff with full-time Peer Support Specialists where individuals experiencing non-threatening altered states and/or behavioral health crises can move through their crisis in a safe and supported state.

It is further essential to have availability 24/7 and on holidays, and to involve PEERS in the transit from the behavioral health crisis to the Peer staffed drop-

in/wellness center. Peer Navigators are also key to assisting people in navigating complex systems, including how to get appropriate services in the City of Berkeley and Alameda County.

- **Have a Reconciliation Process with People Living with Behavioral Health Challenges and Police**

There is a need for a reconciliation process with police, particularly as a response to traumatic experiences with police. A reconciliation process, as well as a restorative justice process, with people living with behavioral health challenges may help build trust and rapport with police officers in the future.

- **Clarify the Risk Assessment by Call Takers, Dispatchers, and Police for Behavioral Health**

There is a need for clarification about how Public Dispatch Operators and the police use their discretion to make decisions about “public safety threats.” It is not clear if the current protocol is designed to not only determine if someone is a “danger to themselves or others,” or “gravely disabled” to meet the standard for a 5150 involuntary hold, and/or if the assessment offers a more nuanced evaluation for persons who do not meet this standard, particularly to assist with next steps in care if needed.

- **Improve De-Escalation Training for Police & Offer Public Education on Behavioral Health**

There is a need for additional de-escalation training for law enforcement and public education about connecting with community members who interact with the world differently than they do—including using peers as part of training.

- **Account for Overlapping Systems of Care for People Living with Mental Health Challenges**

There is a need to account for overlapping systems of care, including medical, behavioral health (mental health, substance use), social services, and other systems. Participants in the Peers Listening Session, who identify with homelessness, discussed how current systems are not set up in a way that enables long-term sustainable wellness of the behavioral health community.

- **Further Research Recommendations**

- Peers indicated the need to explore the types of human behaviors that meet the 5150 standards and/or constitute criminal behavior, as opposed to other behaviors that may not fall within social norms but do not pose a threat to the public to inform mental health crisis response.
- There is a specific critical need to explore the degree to which police approach a distressed person and defuse the situation versus using coercion, particularly during 5150 assessments—both alone and co-responding with the mobile crisis unit.
- It is further important to clarify the levels and types of personal distress, and how they impact functioning according to Peers who are living with behavioral health challenges, and the types of crisis response that work for them in the community.
- There is an essential need to explore how a Peer can feel “safe” transitioning from experiencing a crisis in the community to a respite space with the support of a Peer specialist and/or other responders, as opposed to feeling treated as dangerous and in need of social control and being subdued.
- There is a need to explore perceptions and experiences of people living with behavioral health challenges to better understand the nature of stigmatization, and how it impacts a policing and mobile crisis response, especially when addressing intersecting identities of Peers based on race, ethnicity, gender identity, and expression, sexual orientation, disability, age, class, and other factors.
- **Homelessness:** Research with people living with behavioral health and housing challenges could further inform how homelessness impacts the nature of people’s mental health challenges, and the type of services needed. Participants generally described the grinding efforts needed to survive, including constantly dealing with lack of necessities and fear of having their household belongings abruptly discarded and the accumulation of additional impacts on their mental health.
- **Homelessness:** It is important to indicate that further research is needed with the unhoused population to understand the intersecting nature of mental health and substance use challenges and homelessness, particularly to explore the nature of policing and crisis response and whether the systemic responses are service-oriented and/or designed to stigmatize and criminal human behavior or both.

- **Substance Use:** There is a further need to conduct research with people who use alcohol and drugs and have lived experiences with policing and mobile crisis response, as this qualitative research focused almost solely on people living with behavioral health challenges.

It is crucial to consider the nature of trauma-informed, de-escalation, and harm reduction approaches for people who use alcohol and drugs during crisis response in order to discern how service-oriented practices may reduce harms from alcohol and drug use and avoid punitive measures resulting from criminal legal, and incarcerations involvement due to alcohol and drug use.

Specifically, there is a need to assess how systemic responses to people who use alcohol and drugs may result in fluctuating among multiple systems without well-integrated coordination of care.

- **Overall** crisis response to people experiencing behavioral health challenges in the community requires a commitment to conducting empirical research that is nuanced so we understand the complexities required to properly serve and protect individuals. The role of police during a mental health crisis is a turning point for people with behavioral health challenges in the community and there is a need to thoroughly understand police behavior.

For more information regarding the effectiveness of Peer Support work in behavioral health care services, the following literature review has been provided:

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Appendix 5: Training and Community Solutions (TCS) Institute Training Topics

- Mental Health First Aid
 - Principles of trauma-informed care, response, and practices
 - Supporting residents experiencing symptoms.
 - Considerations and tools when supporting youth and elders.
 - Safety planning and advanced directives for mental health episodes
 - Suicide identification, risk screening, and intervention skills
 - Potential Providers: Cypress Resiliency Project, Alameda County Community Mental Health Trainings
 - Responding to Substance Use Crises
 - Principles of harm reduction
 - Managing possible overdose situations
 - Harm reduction resources
 - Substance abuse & misuse: symptoms, understanding pharmacology and negative interactions
 - Symptoms and types of mental illness, brain injury, or dementia
 - Potential Provider: Substance Abuse Mental Health Services Administration
-
- Conflict Resolution, Mediation, Communication & De-escalation Training
 - Peer support - principles of practice and effectiveness
 - De-escalation, disengagement, and conflict mediation
 - Communication principles and methods
 - Implicit Bias - recognizing, overcoming
 - Identifying behavior impacted by trauma and support mechanisms
 - Identifying and overcoming communication barriers
 - Potential Provider: CIT Trainings with NAMI
-
- Basic Training
 - CPR
 - Stop the Bleed
 - First Aid
 - Blood-borne Pathogens Training
-
- Team Safety and Logistics
 - Planning and Positioning for Safety
 - Scene Assessment and Situational Awareness
 - Interacting with BPD, BFD & EMS and understanding protocols of each
 - Transport of Service Recipients

- Documentation and Reporting
- Privacy, Confidentiality, HIPAA Compliance

Self-Awareness

ACES (Adverse Childhood Experiences) training (Potential Provider: ACEs Aware)

Mindfulness based Resilience Training & Meditation

Know Your Conflict Style ~ Thomas Kilmann Conflict Mode Instrument

Community-specific Competency – cultural humility in serving: LGBTQIA+, BIPOC, immigrants, veterans, formerly incarcerated, unhoused, youth, elders

Kingian Nonviolence Training

A philosophy and methodology that provides the knowledge, skills, and motivation necessary for people to pursue peaceful strategies for solving personal and community problems. Nonviolence is a systematic framework of both conceptual principles and pragmatic strategies to reduce violence and promote positive peace.

Potential Provider: East Point Peace Academy

Community Health Worker/Peer Counseling Skills

What services exist, what they do, who is eligible, and how they are accessed

Referral process

- City and county emergency response programs
- City and county resources
- Community-based and mutual aid services
- Motivational Interviewing

Trauma Training

- Navigating mental health crisis, substance crisis, DV crisis,
- Human Trafficking, Victims of Sexual Assault Awareness
- Historical and Intergenerational Trauma - A Public Health Crisis (90 minutes offered by Cypress Resiliency Project)
- Vicarious Trauma, Toxic Stress and Burn-out (90 minutes offered by Cypress Resiliency Project)
- Case Scenario & Role Play Work
- Recreate Mental Health Crises to test trainees in real time
- Simulations/manufactured spaces to test readiness and appropriate disposition of trainees
- Ride Alongs

- BPD
 - BFD Paramedics
 - City of Berkeley Dispatch
 - Paul Kealoha Blake of Consider the Homeless
-
- Self-Care Plan Established
 - Each first responder has a mentor/preceptor for X period of time for support
 - Identify tangible practices first responder will employ to maintain their ongoing mental & emotional well being
 - Create an actual plan

What metrics determine a successful completion of the training?

1. Successfully complete all modules with certificate
2. Successfully engage in simulations by responding appropriately in simulated crisis scenarios
3. Determine a way to gauge service recipients' experience, modify training to improve overall service delivery

For police officers:

1. EPIC (Ethical Policing is Courageous)

Resources:

Peace Education by Ian Harris of University of Wisconsin
Alameda County Citizen Programs & Crime Prevention
CA Peace Officer Standards & Training Basic Courses

Appendix 6: Community Violence & Prevention Programs

1. San Francisco Violence Prevention Services:
<https://violenceprevention.sfgov.org/>
2. Street Violence Intervention Team: Annual Report 2018
3. Street Violence Response Team:
<https://violenceprevention.sfgov.org/coordination.html>
4. Youth Employment/Growth Opportunities:
<https://violenceprevention.sfgov.org/employment.html>
5. Roadmap to Peace Initiative - SF
6. PDF Pamphlet:
<https://sfgov.org/juvprobation/sites/default/files/Roadmap%20To%20Peace%20Initiative.pdf>
7. Website: <https://www.ifrsf.org/rtp?locale=en>
8. United Playaz - SF
9. Program Lists: <https://unitedplayaz.org/our-work/>
10. Notably, leads SF's Gun Buyback program
11. Annual event
12. Employs formerly incarcerated individuals and community members
13. Anywhere between 200-300 weapons taken off the streets per event
14. Cash paid for pistols and long-firearms
15. No questions asked of participants dropping off firearms
16. Weapons are taken in for inspection and destroyed shortly after unless reported stolen or used in a crime and kept as evidence
17. Deep partnership with community organizations and San Francisco City Departments to ensure success
18. Oakland Violence Prevention Coalition (VPC), Oakland
19. <https://www.oaklandvpc.org/>
20. Multiple community-based initiatives working collaboratively including street/neighborhood outreach, violence prevention/mediation and post-shooting response, community healing/restorative justice, Neighborhood Impact Hubs, health services, shelter/housing responses
21. Cure Violence - New York, Baltimore, Chicago, Philadelphia
22. Report: <https://cvq.org/wp-content/uploads/2021/09/Cure-Violence-Evidence-Summary.pdf>
23. Reductions of
24. 45% violent crime (Trinidad)
25. 63% shootings (New York City)
26. 30% shootings (Philadelphia)
27. 45% shooting in first week of program (Chicago)

28. Advance Peace - Sacramento

29. Report: <https://www.advancepeace.org/wp-content/uploads/2020/04/Corburn-and-F-Lopez-Advance-Peace-Sacramento-2-Year-Evaluation-03-2020.pdf>

30. Data:

31. Reduced homicide and nonfatal injury shootings by 20% from January 2018 and 2019

32. Every \$1 spent saved between \$18 and \$41 dollars in emergency response, health care, and law enforcement - saving the city money!

33. Group Violence Intervention Strategies - Boston, Chicago, Indianapolis, New Orleans, Oakland, Stockton

34. Reduced shootings that result in injustice by 30%

35. Report: <https://nnscommunities.org/impact/impact/>

Appendix 7: Strategy for Employment Programs

Employment Programs that Work for High Barrier Job Seekers including Those At Risk of Justice System Involvement or Homelessness

A Transitional Jobs strategy lowers barriers to unemployment for persons with complex challenges including homelessness. Offering whole person case management services with solid referrals into safety net services increases the chance of success. It is also important that participating in the program leads to permanent employment opportunities with livable wages and benefits.

- Examples of Transitional Job Training Careers
- Culinary and Food Preparation
- CNA – Certified Nursing Assistant
- Home Care Aide
- Administrative
- Customer Service
- Solar Installation
- Auto Mechanic
- Gardening and Landscaping
- Maintenance and Janitorial
- Construction
- Violence Prevention / Peer to Peer Role Models
- Clean City Programs / Street Ambassadors
- Youth mentor
- Security Guard
- Shelter Assistant

Example of Local Employment and Training Programs

- [Rising Sun Center for Opportunity \(risingsunopp.org\)](http://risingsunopp.org)
- [Kitchen on Fire](#)
- [The Bread Project](#)
- [Sprouts Cooking Club | Cooking Classes | Chef-In-Training Program \(sproutscheftraining.org\)](http://sproutscheftraining.org)
- [Home | West Oakland Job Resource Center \(wojrc.org\)](http://wojrc.org)
- <https://www.oaklandca.gov/services/assets> (employment for seniors)
- [Building Opportunities for Self-Sufficiency \(BOSS\) Career Training and Employment Center](#) for justice involved individuals

- City of Berkeley Adult School [CTE Program Pathways - Google Docs](#)
- [Employment Programs – Goodwill Industries of the Greater East Bay \(eastbaygoodwill.org\)](#)
- [Environmental Training Center | Berkeley Youth Alternatives \(byaonline.org\)](#)
Environmental Training Center for ages 16-24
- Inter-City Services [Home \(icsworks.com\)](#)
- Multicultural Institute [Multicultural Institute \(mionline.org\)](#) support day laborers find economic security and housing

[North Cities One Stop Career Center](#) – inside of Berkeley Adult School

Complementary Educational Classes

- English As a Second Language
- English and Math Literacy
- Adult Basic Education and GED classes
- [Computer Technologies Program - Berkeley, CA \(ctpberk.org\)](#)
- [DigitalLearn](#) Digital Learning – basic computer skills to navigate word processing programs, the Internet for job search and resume creation

Appendix 8: SOS Program (Richmond Model)

SOS Richmond and Rebuilding Together: A Model STREETS TEAM for homeless encampment engagement

Safe Organized Spaces Richmond (SOS), a program of Rebuilding Together East Bay-North (RTEBN), will collaborate with project partners/subcontractors, the City of Richmond departments, other public agencies, and private entities to provide outreach and support unsheltered people who reside in homeless encampments across the City of Richmond.

RTEBN is a local 501c3 nonprofit that has been serving the community since 1992 with a focus on community revitalization. RTEBN will host this effort by providing its management and administrative services and will charge a 10% administration fee as well as provide the services of its Executive Director to oversee all administrative aspects of the SOS programs. RTEBN will provide the organizational infrastructure and capacity needed to ensure the smooth and efficient functioning of the programs. It will also provide leadership for fund and programs development and facilitate SOS Richmond's growth to become a fully functioning stand-alone organization.

SOS Richmond has been operational since 2019 and uniquely focuses its mission on improving safety and providing essential care for homeless encampment dwellers in informal structures and unhoused vehicle-dwelling households on city streets and other unsupported locations. The Area Director will direct the development and operation of the Streets Team for daytime encampment and neighborhood engagement and provision of basic amenities, and for nighttime neighborhood responses related to public safety and quality of life issues. He will also coordinate activities to support forthcoming interim sheltering programs.

Program partners are other Richmond organizations that will be subcontracted to provide services such as: staff training for workforce readiness, professional skills, and personal development; food and water distribution; community and leadership development; toilets, hand washing stations, and other amenities and infrastructure; and other essential encampment-based and interim sheltering supports.

SOS Richmond's programs address situations in which homeless people are living in conditions that are unacceptable for all concerned by providing resources to address immediate situations, and providing the support needed for people to take responsibility for their surroundings and ultimately obtain safe transitional shelter and a pathway to permanent housing.

The Streets Team is a workforce development program that employs homeless individuals to fill a critical gap for improvement of unsafe conditions for the health and security of unhoused populations and neighbors impacted by homelessness. Employees participate in life skills and employment-related sessions to promote mainstream behaviors for the purpose of enabling them to build on skills and develop a work history for eventual employment elsewhere.

The Streets Team responds to homelessness at parks, freeways, train tracks, creeks and on neighborhood streets at key locations throughout Richmond.

Fifteen paid unhoused individuals currently serve as neighborhood stewards and role models who lead essential safety and health efforts in encampments. They are afforded access to more hours, responsibilities, and opportunities for advancement. The additional resources afforded by this contract will enable SOS! Richmond to scale up to as many as 60 paid employees and interns.

The Streets Team will provide outreach through the provision of trash cleanup, sanitation and hygiene interventions, empowerment processes, and community liaison services that lead to improved encampment and neighborhood conditions. Community-integrated efforts will engage public, nonprofit, community-based and business sectors to leverage basic amenities for encampment residents, address individual and community needs at encampments, and improve relationships between encampment communities and the neighborhoods where encampments are located.

The Streets Team will be supervised by two Field Supervisors. The daytime Field Supervisor will lead, model, oversee, and hold personal and team accountability with supervision of the Streets Team's staff and intern "Safety Guardians" to conduct mobile and localized encampment and neighborhood engagement services, with a focus on delivery of basic amenities according to a predictable daytime schedule.

The Field Supervisor will oversee the Streets Team's second shift as an assertive community liaison for improving neighborhood quality of life. The mobile team will support and lead a homeless engagement team of local safety guardians who respond to neighborhood complaints and steward street and encampment hotspots.

The program will utilize equipment, supplies and materials such as sanitation, hygiene and water supplies, trash bags, gloves, masks, vests, materials to maintain vehicles and equipment, safety PPE, fuel, food/beverages, office materials, printing, trash disposal trailer, etc. It will accommodate debris disposal costs for Republic Services tipping fees.

The organizations will work at a Central Richmond office space and meeting space, and costs may also include storage of supplies and donated materials, and storage of heavy equipment and vehicles.

Streets Team service activities will include:

Cleanup of trash and dumping. SOS will expand and deepen its debris removal to locations throughout Richmond, including existing and abandoned encampments, public spaces such as parks, creeks, streets, and anywhere that trash accumulates. Since receiving its first city grant in 2019, SOS! Richmond has had a significant positive impact on encampments and their surrounding neighborhoods. The Streets Team currently removes five tons per week from dumped locations. It is anticipated that the team will remove and dispose of 8-10 tons of trash per week.

Encampment residents are encouraged and motivated to steward their surroundings and keep them clean and safe. SOS! Richmond's approach is to recruit and train encampment residents to self-manage their spaces and prepare trash for removal and disposal by the Streets Team's mobile engagement team. Encampment dwellers will benefit from improved living conditions, a healthier environment, and safer and more organized camp communities. This is made possible by cultivating trusting relationships, and Streets Team members use their unique knowledge of localized cultures, dynamics, and nuanced encampment experiences to gain trust and model leadership. Team members can relate to their unsheltered peers on a level that is not possible with institutional service providers, enabling them to foster empowerment and positive behavior.

Improvements in collaboration and shared protocols among these unhoused leaders, and public agencies and neighborhood groups, will provide their eyes on the ground for the Streets Team to be responsive to new needs each day, thus benefitting the City and relieving the overwhelming problem of illegal dumping. Through this process, stakeholders improve the perception of public parks, streets, and other prominent places as safe spaces, inform perceptions about homelessness, and increase cross-sector cooperation.

The Streets Team models this cleanup activity for local encampment residents and neighbors alike and raises public awareness about neighborhood safety. As the Streets Team conducts its sanitation and outreach efforts, SOS! Richmond communicates with neighborhood partners and community leaders, public agency representatives, attends neighborhood council and civic group meetings, and shows up on neighborhood streets ready to engage in conversations with housed and unhoused neighbors and respond to

their concerns and needs. It organizes for greater levels of communication and cooperation about the problems of homelessness. Such public awareness efforts will ultimately result in the introduction of interim sheltering, and eventually permanent housing, solutions in Richmond neighborhoods.

Deliver mobile showers to locations near unhoused neighbors. The Streets Team will operate the Shower Power program, a collaborative, coordinated effort that includes a mobile shower trailer that travels to homeless encampments and locations where clusters of people reside in vehicles. SOS Richmond partners with other community organizations to deliver a constellation of essential services for unsheltered residents of Richmond with the Shower Power program as its cornerstone. Services include hot showers, delivery of food, water and supplies, and other services as described below.

The mobile shower will visit at least five locations per week for 3-4 hours per day, serving 100 or more homeless people each week. Masking, social distancing and sanitation protocols are strictly enforced by trained workers. The team will continue to secure public and private hosts to provide water, electricity, and greywater effluent drainage at locations near encampments. In addition to a hot shower, the unhoused individuals receive food and drinking water; new socks and underwear, and access to clean clothing; personal protective equipment such as face masks, gloves, and sanitizer; hygiene supplies, sanitation supplies and trash bags; tents, tarps, sleeping bags and blankets for those without them; assistance navigating the Coordinated Entry System of homeless services, including health care and information about housing.

Shower Power serves as a draw to engage people with additional services, bringing in people who might not otherwise seek the help they need. The showers are a point of convergence of people and resources in partnership with community-based, nonprofit, and public agency partners, including active relationships with the County's CORE mobile homeless outreach, Health Care for the Homeless, Free Meals on Wheels, and other collaborative partners. Brothers of International Faith will host food distribution alongside Shower Power at shower service locations.

A driver and at least two staff members are required to deliver and set up the mobile shower unit, welcome and survey shower program participants, distribute supplies, engage with participants to discuss their needs, and clean and disinfect the units after each use. The budget presented in this contract assumes an aligned delivery of Streets Team sanitation and Shower Power hygiene services.

Deploy additional amenities that provide for trash storage, portable toilets, drinking water, wastewater disposal, and power at encampment and street locations, scattered

sites for off-street parking, and future transitional villages. Currently unsupported encampments will be gradually supported with the introduction of amenities. Managed encampments will be maintained with more robust service and leadership-building, and interim sheltering locations will be similarly supported with these basic amenities. Many of these resources will be provided by community-based efforts of in-kind supporters – people who live in Richmond and want to see the problems of homelessness addressed for an improved civil society with safety net supports.

The infrastructural improvements will be delivered and managed by the Streets Team in collaboration with public/private partners who invest in the safety of encampment residents and their impacted neighborhoods. These actions demonstrate to encampment residents that they have a responsibility to utilize and secure the infrastructure and steward their surroundings, in addition to addressing their most dire and basic needs. Program partners will work with SOS/RTEBN to lease, site, secure, manage and service any debris, toilet, water, and wastewater systems that are contracted for interim use to improve public health.

Leader-building and workforce development activities so that unhoused residents are more responsive to their peers' and neighborhood's needs. The Streets Team identifies, recruits and trains unhoused residents who demonstrate competencies, enthusiasm, and reliability to provide outreach and basic amenities to encampments, engage in trash removal, and support peers and adjacent housed neighbors. Outreach efforts identify volunteers who demonstrate their leadership and motivation to make changes in encampment and neighborhood quality of life. Interns receive a modest stipend while they train for potential employment. Employees receive a decent wage and the support needed to sustain their jobs and become productive members of society. Workforce training by program partners will support the efficacious employment of unhoused individuals so that they provide their services to Richmond's neighborhoods in response to public health and safety concerns and needs.

Each day in the field, unhoused individuals are encouraged to demonstrate their personal initiative and leadership qualities as volunteers and are invited to join the Streets Team in its fulfillment of a predictable schedule of field activities. The volunteer is encouraged to regularly communicate with the Field Supervisor to begin and sustain the volunteer status.

Volunteers join staff to participate in staff meetings to brainstorm about problems and receive group in-field training to learn basic tasks and responsibilities. Program partners will be sub-contracted to increase the training that employees receive, who will be paid to attend in-class training sessions to learn basic soft skills, handling hazardous materials,

conflict de-escalation and motivational interviewing, problem-solving skills and education about trauma-informed care, and peer engagement, leadership, and empowerment.

Each employee applicant is required to complete volunteer and employment paperwork, obtain a CA ID, Social Security card, phone, and bank account for direct deposit, and demonstrate eligibility to work. They are assisted in this process by the Director, Field Supervisor, and SOS volunteers. Interns and employees are supported to secure transportation and conduct legal vehicle registration and operation. Each applicant will be assisted with developing a professional resume.

Streets Team members are expected to be the models for others, not only in their work performance but also in their personal living arrangements and relationships. Interns and employees are continually encouraged and supported to make personal improvements in their lives to obtain more stable dwellings and living conditions, and improve their personal health, emotional stability, and overall satisfaction and wellbeing. Employees are prioritized to participate in the interim sheltering opportunities as they are developed by SOS! Richmond and the City. Each employee is expected to benefit from obtaining permanent housing and the means to sustain it with employment and an active “personal program” that keeps people working on their personal health.

Workforce development focuses on practicing teamwork according to a daily communication system and clear performance standards that are modeled by the Field Supervisor. Employees demonstrate their accessibility and dependability. They learn to model a positive outlook and the motivation for improving neighborhood quality-of-life and encampment living conditions. They are supportive of their peers to help them be healthy and engaged in Safety Guardian activities. Each Streets Team member recommends new volunteers to become Streets Team members. As an employee begins to excel in job performance, the hours increase and become more regular, responsibilities are nuanced and shaped to that individual’s aptitudes and strengths, and the employee advances in hourly and then salaried pay rates.

Local engagement focuses on safety, problem-solving and personal welfare to improve public safety. One of the most pressing issues at unsupported and managed encampments is the need for improved security to support public safety. It has thus far been difficult to implement successful security measures, even at managed encampments. The Streets Team will engage local stewards to work during late afternoons and evening hours to target three activities: trash collection, problem-solving, and advocating for people’s welfare. These activities together will bring more attention

and care to situations that otherwise might result in problems with safety. Such activities may increase self-management practices among encampment dwellers.

The Streets Team is composed of local stewards and a mobile team. A local steward will be present at larger encampment locations to provide for “traditional” Streets Team activities such as trash cleanup. An additional task for select employees will involve talking with individuals to focus on welfare checks. By casually offering to support people’s needs, staff will seek to address what is not working and problem-solve in the moment or at the earliest next opportunity. With clipboard in-hand and by asking one or two simple questions, the Streets Team can respond to people’s expressed needs. In response, the Streets Team’s mobile team, Area Director, SOS volunteers, and program partners, including Housing Consortium of the Easy Bay (HCEB), will be responsive to these needs. The local steward will also lead in the empowerment of unsheltered residents to steward their locations to improve personal and public health, safety, and neighborhood order. Improving safety and security will thus involve proactive steps that can be taken by working with the residents who are receptive to support and are willing to participate.

Individually focused engagement will lead to community development at locations where people lack access to caring, trusted, and sustained relationships. The activity of securing and managing shared public spaces will lead to safer, more organized environments which will improve conditions and relationships in neighborhoods impacted by homelessness. The health and safety-focused engagement and empowerment activities will help to provide stewardship that supports the security of public spaces.

Mobile team to act as assertive community liaisons and problem solvers at problematic neighborhood locations. The mobile team will operate two shifts during the day and into the night to provide responses to neighborhood complaints or concerns related to homelessness and address these in a sustained and proactive manner. The team’s expansion of its capacity as assertive community liaison will improve neighborhood quality of life with its presence at problematic encampment and curbside locations and increase civility at public spaces. The mobile team will function as field supervision for the local stewards and Streets Team members as they work in the field. They will also provide observation and responses for the Secure Scattered Sites to ensure that host properties and the households residing on-site are safe and acting in accordance with contractual agreements.

The mobile team fulfills a basic function of picking up trash bags and debris that is dumped at specified locations. As the mobile team travels across Richmond and fulfills

the Streets Team's work at specific locations according to a predictable schedule, the team will also be responsive to requests for support from local guardians, concerned neighbors, public agencies, including CORE's mobile outreach (CORE ceases its work at 4PM), and other public and private groups and institutions that express their neighborhood's needs.

The team will answer these basic needs at encampments, streets, and other locations where unhoused individuals otherwise lack support, especially in the evenings when problems most often arise. It will regularly check in on individuals, especially vulnerable ones, and will keep track of where they are, how their needs are being met, and assist them in obtaining support and access to services in collaboration with program partners and mainstream providers. The mobile team will pass out bags, collect filled bags, and use their clipboards to keep track of promises for support.

The mobile team will provide a presence to deter illegal dumping and provide prompt responses when these calls are dispatched. It will also practice a light touch to address those concerns of quality-of-life and civility that can be safely responded to and which may mitigate public agency responses.

When practicable and safe, the mobile team can respond to concerns related to homelessness during evenings and nights until 3AM. It is during these late hours when a presence might make the difference in preventing crime and disorderly behaviors, especially at locations where local stewards request support and supervision by the mobile team for problem-solving.

The mobile homeless engagement team will address neighborhood complaints. Collaboration with city and county agencies will expand for assertive public safety responses, improve communication lines with neighborhood housed residents, leaders, and groups, and potentially integrate with real-time dispatch call systems.

Manage and support Safe Parking Host program locations for vehicle dwellers. Interim sheltering solutions will offer safety, stability, and a cleaner, healthier environment, as well as a pathway to permanent housing. As tent and vehicle-dwelling households are disbursed from encampment locations, SOS Richmond will recruit the support of public and private property owners (churches, nonprofits and eventually businesses) to temporarily utilize vacant lots and parking lots to provide stable and secure transitions for select households. Secure sites are contracted for one to four households with private hosts. In its role as liaison and resource provider, SOS Richmond facilitates a successful relationship between household, host and immediate neighbors. The Streets Team will support the host and the households residing at each scattered site, manage

the provision of on-site amenities, and provide centralized services that bring households to convergent resources. The mobile team will support the security of these sites in the evenings and ensure that households adhere to contractual agreements.

The Safe Parking Host program will support the provision of basic needs such as safe and stable shelter, food, water, and hygiene, as well as a sense of community, purpose, dignity, and hope. For each resident, a personalized service plan will be developed based on individual need, and focused on procurement of housing, may include medical and dental care, housing assistance, help applying for benefits and health insurance, employment counseling, job training or job placement, financial literacy counseling. The scattered site program will be for those who are not in need of mental health and substance abuse services.

Hosts will be interviewed by the SOS Director to establish what amenities are already present on the site and what types of situations they can accommodate (such as disability, children, etc.), and to gather information that will assist in selecting one or more households that are likely to be compatible with the host and the immediate surroundings. Interested vehicle dwellers will be interviewed by the SOS Field Supervisor and the Case Manager to determine their needs in terms of resources, supportive services, and the functionality of their vehicles.

Once the host's permit is approved, contractual agreements will outline the responsibilities of Host, SOS, and Guest. The Streets Team will assist the hosts with preparing their sites for the arrival of the guests. Depending on the site, this may include arranging for installation of a portable toilet and handwashing station, procurement of a drinking water storage tank, and any other assistance deemed necessary by the host. They will assist the guests with meeting any compliance requirements related to the vehicle. The Field Supervisor will provide coaching for each household to prepare them for the responsibility and to promote accountability in their role as steward of the host's property. Once the guests have been settled at the site, a Streets Team member will visit on a regular basis to assist with any needs the guests may have, and to ensure that the arrangement is working out for both parties.

Appendix 9. Police Accountability and Civilian Oversight

The scope of this appendix focuses on three subject areas:

1. Fair and Impartial Policing
2. Strengthening the Police Accountability Board
3. Saturation policing versus evidence-based constitutional policing

NICJR makes a brief mention of the PAB. Neither discuss policing strategies especially the Crime Suppression Unit, other than to affirm the move of low-risk and non-criminal matters away from the BPD sphere.

1. **Fair and Impartial Policing:** In February 2021, the City Council adopted the Fair and Impartial Policing platform recommended by the mayor's working group, and referred it to the City Manager for implementation, with a consultative/oversight role given to the PAB, which came into existence on July 1, 2021.

The platform had significant overlap with the Reimagining initiative in areas such as reducing the police footprint, BerkDOT, and de-emphasizing stops for low-level, non-criminal, and especially non-safety related vehicle infractions.

Racial disparities in police stops, searches, outcomes (enforcement yield) and use of force were the impetus for the formation of the working group in 2018-2019. This is also the area where the F&I platform made its distinctive contribution.

The core element of the platform addressing discriminatory stops is the Early Intervention System (EIS), which has been shown in neighboring cities to reduce racial disparities in police encounters.

While the BPD has a provision for an Early Warning System (EWS), the EIS will be an important departure in two ways. Firstly, it may be triggered by a statistical indication of racially disparate policing. Secondly, the goal is not only to locate, assist, and correct individual outlier officers, but to investigate, understand and address patterns and departmental problems giving rise to systemic disparities.

The program was mandated almost a year ago, and the elements of the EIS were elaborated over three years ago, in late 2017, by the Police Review Commission. The BPD has drafted an amended EWS/EIS policy but has not shared it with the PAB oversight body, the F&I working group, or members of the

City Council, though it has shared it with the police association, which represents the officers conducting the disparate stops.

Important elements of the EIS program passed by Council include, among others:

- b. Analyze data to determine whether racial disparities are generalized across the force or are concentrated in a smaller subset of outlier officers or squads/groups of officers.
- c. Where disparities are concentrated in an individual or a group of officers, with no race-neutral legitimate evidence for this behavior in specific cases, initiate an investigation to determine the cause for the disparity.
- c. The goal of this process is to achieve trust and better community relations between the department as a whole and all the people in Berkeley. Formal discipline is a last resort unless there are violations of Department General Orders, in which case this becomes an IAB matter.
- f. An outside observer from the PAB shall sit in on the risk management and/or EIS program.

The Task Force strongly recommends that the *city administration take stronger steps to ensure the rapid implementation of the Council's F&I platform.* Notwithstanding the explanations by the authorities for their delay, including the pandemic, staff vacancies, and a rise in some categories of crime, in the six plus years since BPD's racial disparities came to light the disparities in stops remain as high as ever.

The raw numbers of Black and white civilians stopped by police are roughly equivalent and given the wide demographic disparity between the two groups, there is over a six to one disparity in a Black person's odds of being stopped by Berkeley police compared to a white person's, with the attendant legal, physical, psychological, and financial costs that entails. And the chances of a Black civilian who is stopped receiving no enforcement is about 25% higher than for a white civilian, indicating that many more Black people are stopped for no legitimate reason.⁸²

⁸² See charts in Fair and Impartial Working Group presentation to RIPSTF, May 19, 2021, https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/Fair%20and%20Impartial%20WG%20-%20Task%20Force.pptx-1.pdf

Fairness and impartiality are not simply an option for the police, one among many priorities, or something they can do when they get around to it. The issue of racial disparities is clearly documented and demand immediate change. The methods to address it have been laid out. The government has mandated implementation. After years of delay, the legitimacy of the public safety system is being undermined at a cost to the whole city.

Specific recommendations:

- Bring PAB representation into the EIS planning sessions.
- Clarify the plan for establishing and operating the EIS, including its use as a tool to investigate the reasons for the stubborn, systemic persistence of racial disparities in Berkeley policing.
- Set a near-term timeline for implementation.
- Report on implementation, findings, and outcomes to the PAB and the Council.

2. Police Accountability Board and Director:

The passage of Measure ii a year ago was a big step forward for police accountability. But the PAB can only succeed if it has maximum support from both city administration and City Council. The Task Force strongly recommends the following steps as examples of support for the PAB:

- The Surveillance Ordinance imposes specific responsibilities on the City Manager when acquiring new surveillance technologies, including presenting a Surveillance Use Policy for PAB review before the Council may vote to acquire, use, or pay for such technologies.⁸³ A similar process is required by the Police Equipment and Community Safety Ordinance with regard to each Controlled Equipment Impact Report and Use Policy.⁸⁴ *Council should go beyond these minimum requirements to request PAB advice prior to making even a policy decision to proceed toward such acquisitions.*
- Council placed a provision in Measure ii stating that BPD must share General Orders with the PAB within 30 days of implementation. This was a step back from the past practice of the BPD and PRC working together to develop such policies. Yet this charter provision represents only a minimal requirement. *Council and city management should establish a higher standard of practice that emulates the past practice with the PRC.*

⁸³ Specific triggers requiring presentation of the Use Policy to the PRC, now the PAB, include seeking, soliciting, or accepting grant funds for, acquiring, using, or entering into an agreement to share or use another party's surveillance technology. "ACQUISITION AND USE OF SURVEILLANCE TECHNOLOGY,"

<https://berkeley.municipal.codes/BMC/2.99.030>

⁸⁴ <https://berkeley.municipal.codes/BMC/2.100>

The BPD and city management need to see the PAB as a partner in making policing policy. It should never be the case that the BPD says they cannot share a proposed policy with PAB because they are sharing it first with the police association.

- Measure ii gives the City Council the power to review and override the PAB regulations governing the civilian complaint review process. *When PAB proposes a provision that will make it easier for people from historically marginalized communities to raise and pursue complaints of police misconduct, such a provision should carry a strong presumption of support from the Council.*

3. Saturation Policing versus Constitutional or Evidence-Based Policing: Key to the proposals from the Fair and Impartial Working Group, later approved by the City Council, was this understanding of evidence-based policing:

Dr. Frank Baumgartner’s analysis reveals that “investigatory stops” (stops that use a minor infraction as a pretext for investigating rather than to prevent or reduce dangerous behavior) allow for the most officer discretion and open the possibility of implicit bias.⁸⁵

Based on analyses of more than 9 million stops, Baumgartner’s team found that 47% were investigatory and that they added substantially to the racial disparity statistics. Thus, investigatory stops and stops of criminal suspects shall be restricted to those made because the person and/or vehicle fits a description in relation to a specific crime.⁸⁶

Such investigatory or pretextual stops were demonstrated in the extreme by the New York PD’s massive stop-and-frisk practice that was ended by federal court order in 2013. Judge Shira Sheindlin ruled that the tactic violated the U.S. Constitution’s Fourth Amendment’s prohibition of unreasonable searches and seizures.⁸⁷

A related concern is the strategy of zero tolerance and aggressive policing, which “has been found to produce statistically insignificant changes in crime, on average. It also runs the risk of damaging police-community relations, both locally and even at the national level.”⁸⁸

⁸⁵ *Suspect Citizens*, Dr. Frank Baumgartner, 53-55 and 190-192

⁸⁶ Eberhardt, J. L. (2016). *Strategies for change: Research initiatives and recommendations to improve police-community relations in Oakland, Calif.* Stanford University

⁸⁷ <https://civilrights.org/edfund/resource/nypds-infamous-stop-and-frisk-policy-found-unconstitutional/>

⁸⁸ <https://www.rand.org/pubs/tools/TL261/better-policing-toolkit/all-strategies/zero-tolerance.html>

Also related is the practice of “saturation policing.” A 2017 Georgetown study shows:

The saturation of certain neighborhoods suggested extremely tight surveillance and disruption of everyday movements primarily of young Black males. In the *Floyd v. City of New York* trial on constitutional violations in the conduct of stop and frisk activity, one of the litigated facts was that police stops were concentrated in neighborhoods with high percentages of Black and Latino residents, net of the influence of local crime rates.⁸⁹

Saturating communities of color with police is counter-productive in two ways. It is a very inefficient way to locate and apprehend violent actors, as police attention is spread throughout an entire community rather than focused on the small number of perpetrators. It also leads inexorably to racial profiling, excessive force, and mass incarceration.

A proposal has been introduced for the Berkeley City Council to create a Crime Suppression Unit within the police department. Little information on this Unit has been released, but sponsors refer to the Drug Task Force that operated in the historically African American district of South Berkeley for many years. The DTF incorporated many of the worst elements of saturation policing, aggressive policing, stop-and-frisk, and the national “drug war.” It had a reputation in the Black community for abusive tactics, racial profiling, and the targeting of an entire population regardless of any evidence of criminal conduct.

No policing unit be developed that uses these discredited policing tactics. They are unfair and damaging to Black and Brown communities, reinvigorating the regime of mass incarceration, called “the New Jim Crow,” that has not yet been dismantled.⁹⁰ And they do not work, because they waste police resources that should be used to solve violent crime by instead focusing on low-level offenders or simply on community members who may fit a racial profile. Instead, Berkeley must put our moral, organizational, and financial resources behind a new vision of “holistic, equitable and community-centered safety” as discussed elsewhere in this report.

⁸⁹ https://www.law.georgetown.edu/georgetown-law-journal/wp-content/uploads/sites/26/2019/10/fagan-new-policing-new-segregation_ACCESSIBLE.pdf

⁹⁰ <https://newjimcrow.com/>

**REVISED
AGENDA MATERIAL
for Supplemental Packet 2**

Meeting Date: March 10, 2022

Item Number: 2

Item Description: Presentation and Discussion of Reports Submitted by Reimaging Public Safety Task Force and National Institute for Criminal Justice Reform

Submitted by: National Institute for Criminal Justice Reform

A summary of the changes:

- Removed photo on the bottom of page 12
- Changed the diagrams on page 18 to run horizontal as opposed to vertical
- Replaced HALO graphic on page 24

- Corrected the page numbers in the Table of Contents on page 155
- The language regarding the incident with Vincent Bryant on page 8 has been corrected.



Reimagining Public Safety in Berkeley:

FINAL REPORT AND IMPLEMENTATION PLAN



TABLE OF CONTENTS

Introduction3

Report Infographic Summary4

Background5

NICJR Reports 10

Implementation Plan..... 13

Conclusion..... 38

Appendices..... 39





INTRODUCTION

On July 14, 2020, the Berkeley City Council (Council) made a historic commitment to reimagine the City's approach to public safety with the passage of an omnibus package of referrals, resolutions, and directives known as The George Floyd Community Safety Act. Central to the proposal was a commitment to achieve a "new and transformative model of positive, equitable, and community centered safety for Berkeley."¹

Direction was given to the City Manager to collaborate with the Mayor and select Councilmembers to inform City of Berkeley (City) investments and reallocations to be incorporated into future Budget processes and to contract with independent subject matter experts to analyze the scope of work and community needs addressed by the Berkeley Police Department (BPD), to identify a more limited role for law enforcement, and to identify elements of police work that could be achieved through alternative programs, policies, systems, and community investments.

The National Institute for Criminal Justice Reform (NICJR) was selected through a Request for Proposal process to conduct this work in partnership with Bright Research Group, which led the community engagement; Renne Public Law Group, who has provided guidance on policy recommendations; Pastor Michael Smith, who supported the community engagement and outreach; and Jorge Camacho, the Policy Director of the Justice Collaboratory at Yale Law School.

This Final Report and Implementation Plan is the culmination of NICJR efforts over the past 10 months, a body of work reflected in the following deliverables:

1. **New and Emerging Models of Community Safety and Policing** report;
2. **Berkeley Calls for Service Analysis**;
3. **Alternative Responses** report;
4. **Community Engagement** report; and
5. A project **website**.

¹ <https://www.cityofberkeley.info/RIPST.aspx>

REPORT INFOGRAPHIC SUMMARY



The City of Berkeley's George Floyd Act referenced NICJR's reform model of Reduce – Improve – Reinvest. This report is also primarily organized in those sections: Reduce the footprint of law enforcement; Improve the quality of law enforcement and public safety; and Reinvest into community and services. Some of the recommendations in this report are programs or policies that have been tried in other jurisdictions and have a track record of effectiveness or promise, other recommendations are new ideas, aligned with the goal of Reimagining!

The body of this report is already 40 pages for a total of 272 pages, including the appendices, therefore the below graphic provides a quick overview of the detailed recommendations included in this report instead of repeating the narrative.

Reduce

- › Implement Tiered Dispatch & CERN model, thereby reducing BPD patrol duties
- › End pre-text stops
- › Eliminate BPD vacant positions through attrition
- › Creation of BerkDOT

Improve

- › Implement Highly Accountable Learning Organization (HALO)
- › Launch new Progressive Police Academy
- › New Police Accountability Board
- › Implement BPD improvement measures

Reinvest

- › Launch Guaranteed Income program
- › Launch Community Beautification Employment Program
- › Increase funding to CBOs for “fundamental cause” services:
 - › Poverty
 - › Homelessness
 - › Education
 - › Substance abuse
 - › Unemployment and underemployment



BACKGROUND

Berkeley City Council George Floyd Act

In response to the national outcry for police reform, and in line with the City's long history of progressive policy making, the Berkeley City Council formally adopted the George Floyd Community Safety Act which included the following package of referrals, resolutions, and directions:

1. Have the City's elected Auditor perform an analysis of the City's emergency 9-1-1 calls-for-service and responses, as well as analysis of the Berkeley Police Department's (BPD) budget.
2. Create plans and protocols for calls for service to be routed and assigned to alternative preferred responding entities and consider placing dispatch in the Fire Department or elsewhere outside the Police Department.
3. Analyze and develop a pilot program to re-assign non-criminal police service calls to a Specialized Care Unit. This Specialized Care Unit (SCU) consists of trained crisis-response field workers who would respond to calls that the Public Safety Communications Center operator evaluated as non-criminal and that posed no imminent threat to the safety of community members and/or Police Department or Fire Department personnel.
4. Evaluate initiatives and reforms that reduce the footprint of the Berkeley Police Department and limit the Police Department's scope of work primarily to violent and criminal matters. This work should include an evaluation of programs and services currently provided by the Police Department that could be better served by trained non-sworn city staff or community partners.
5. Aspire to reduce the Police Department's budget by 50% to generate resources to fund the following priorities:
 - Youth programs;
 - Violence prevention and restorative justice programs;
 - Domestic violence prevention;
 - Housing and homeless services;
 - Food Security;
 - Public health and Mental Health services including a specialized care unit;
 - Healthcare;
 - New city jobs;
 - Expanded partnerships with community organizations, and
 - Establishing a new Department of Transportation to administer parking regulations and traffic laws
6. Engaging a qualified firm(s) or individual(s) to lead a robust, inclusive, and transparent community engagement process with the goal of achieving a new and transformative model of positive, equitable and community-centered safety for Berkeley.
7. Pursue the creation of a Berkeley Department of Transportation to ensure a racial justice lens in traffic enforcement and the development of transportation policy, programs and infrastructure, and identify and

implement approaches to reduce and/or eliminate the practice of pretextual stops based on minor traffic violations.

8. Analysis of litigation outcomes and exposure for city departments in order to guide the creation of city policy to reduce the impact of settlements on the General Fund.

Recent History of Problems with Policing in Berkeley

Although immediately inspired by the events of 2020, the Council's George Floyd Act came on the heels of a period of challenges with the BPD:

February 12, 2013: Death of Kayla Moore, Black transgender woman in mental health distress

Kayla Moore, a Black transgender woman with schizophrenia, died in her apartment on Allston Way while BPD officers were responding to a call for a "wellness check." During the incident, half a dozen police officers forcibly held her down. The family of Kayla Moore filed a lawsuit in 2014 against the City of Berkeley, however, the City contended that minimal and appropriate force was used and sought a dismissal of the lawsuit in federal court, which was ultimately granted.



of the lawsuit in federal court, which was ultimately granted.

December 6, 2015: Use of Force at Black Lives Matter protests

During a Black Lives Matter protest in Berkeley on December 6, BPD was accused of beating peaceful protesters and journalists, and using excessive amounts of teargas without justification.²

In 2017, the City of Berkeley reached a settlement with several plaintiffs who sued the City and BPD for the attack. Seven plaintiffs received \$125,000 and BPD agreed to amend its use of force policy.³

March 26, 2018: Black child falsely accused, chased, and run over by car

On March 26, 2018, on Telegraph and Stuart, a Black child in the 7th grade was chased and grabbed by a white man, who mistook the Black child roughhousing with a white female classmate on the sidewalk as an assault. The boy was then struck with a car by another man as he ran in fear of his safety. The family was told by a white police sergeant that nothing unlawful actually happened, and determined that the man chasing the child did not commit any crime, rather he was lawfully attempting to make a citizen's arrest. In addition, the child's grandmother, who is his legal guardian, reported that she was told by BPD that she had no right to any written reports or documentation of the incident without a court order.⁴

² <https://www.kqed.org/news/10402266/berkeleys-police-chief-on-protests-tear-gas-use>

³ <https://www.dailycal.org/2017/02/05/city-berkeley-reaches-conditional-settlement-lawsuit-regarding-police-use-force/>

⁴ <https://www.berkeleyside.org/2018/05/18/opinion-the-willard-school-community-wants-answers-fromberkeley-police-about-a-troubling-incident>

May 2018: Report Reveals Racial Disparities in BPD Stops and Searches

An **analysis** by the nationally renowned Center for Police Equity published in May 2018 found the stops and searches conducted by BPD were racially disproportionate. The report states:

“Our analysis of BPD vehicle and pedestrian stops found that Black and Hispanic persons were more likely than White persons to be stopped by BPD. Black persons in Berkeley were about 6.5 times more likely per capita than White persons to be stopped while driving, and 4.5 times more likely to be stopped on foot. Hispanic persons were about twice as likely, per capita, as White persons to be stopped while driving, and slightly less likely to be stopped on foot. In addition to their much higher stop rates, Black and Hispanic drivers (and pedestrians) were also searched at much higher rates. Once stopped, Black drivers were searched at a rate four times higher than their White counterparts (20% compared to 5%), while Hispanic drivers were searched at three times the White rate (15%).”

March 14, 2020: Less-lethal shooting of unarmed Black man, Ashby & Sacramento St.,

A BPD officer used a less-lethal weapon to shoot William Dean Brown, a Black man kneeling on the ground with his empty hands in the air. He was shot within a distance of 12 feet and was hit in the torso, and quickly handcuffed and tackled by three officers as soon as he hit the ground.

June 9, 2020: BPD Chief mentions shooting protesters at City Council Meeting

Just after a march organized by The Way church protesting the killing of George Floyd, then BPD Chief Andrew Greenwood made a comment during a Council meeting to discuss whether to permanently ban the use of tear gas as a method of crowd control. City Councilmember Susan Wengraf asked Greenwood what kind of alternative tools would be best to use if a crowd turned violent and police could not use tear gas, to which Greenwood replied “Firearms. We can shoot people.” His statement immediately prompted a call from the community for his resignation.⁵

June 30, 2020: Officer shooting at Black man and minors in vehicle, North Berkeley

BPD Officer Cheri Miller fired her gun at three teenagers accused of shoplifting at CVS. Miller got out of her vehicle with her gun drawn, and, within less than a minute of her arrival, she had ordered the driver, 19-year-old Brandon Owens of Concord, a young Black man, to get into his car and put his keys on the roof. When Brandon got back into his vehicle, he began to drive away from the officer who then shot at the moving vehicle three times. There were two minors in the car with Brandon. Miller was found not to have committed any crime, but was found in violation of BPD’s deadly force policy and was fired.

December 17, 2020: Use of force Parker and Mathews St., Southwest Berkeley

55-year-old David Frazier and an unnamed passenger were pulled over for multiple vehicle code violations. The initial call was categorized as a routine traffic stop. When Frazier finally stopped after multiple attempts from BPD, two officers approached Frazier’s vehicle and began to forcefully attempt to pull Frazier out of the front seat, punching and pulling on him. The three officers were unsuccessful in gaining control over Frazier and then stepped back and pulled out their batons and began to beat Frazier while he sat in the front seat. Two more officers then approached the passenger side of the vehicle with their guns drawn, broke the passenger window, pulled the passenger out, handcuffed him and dragged him away. Frazier was dragged out of the car and tackled by five or six officers, handcuffed, and forced to sit upright on the hood of a police vehicle.

⁵ <https://www.berkeleyside.org/2020/06/13/marchers-in-berkeley-demand-resignation-of-police-chief>

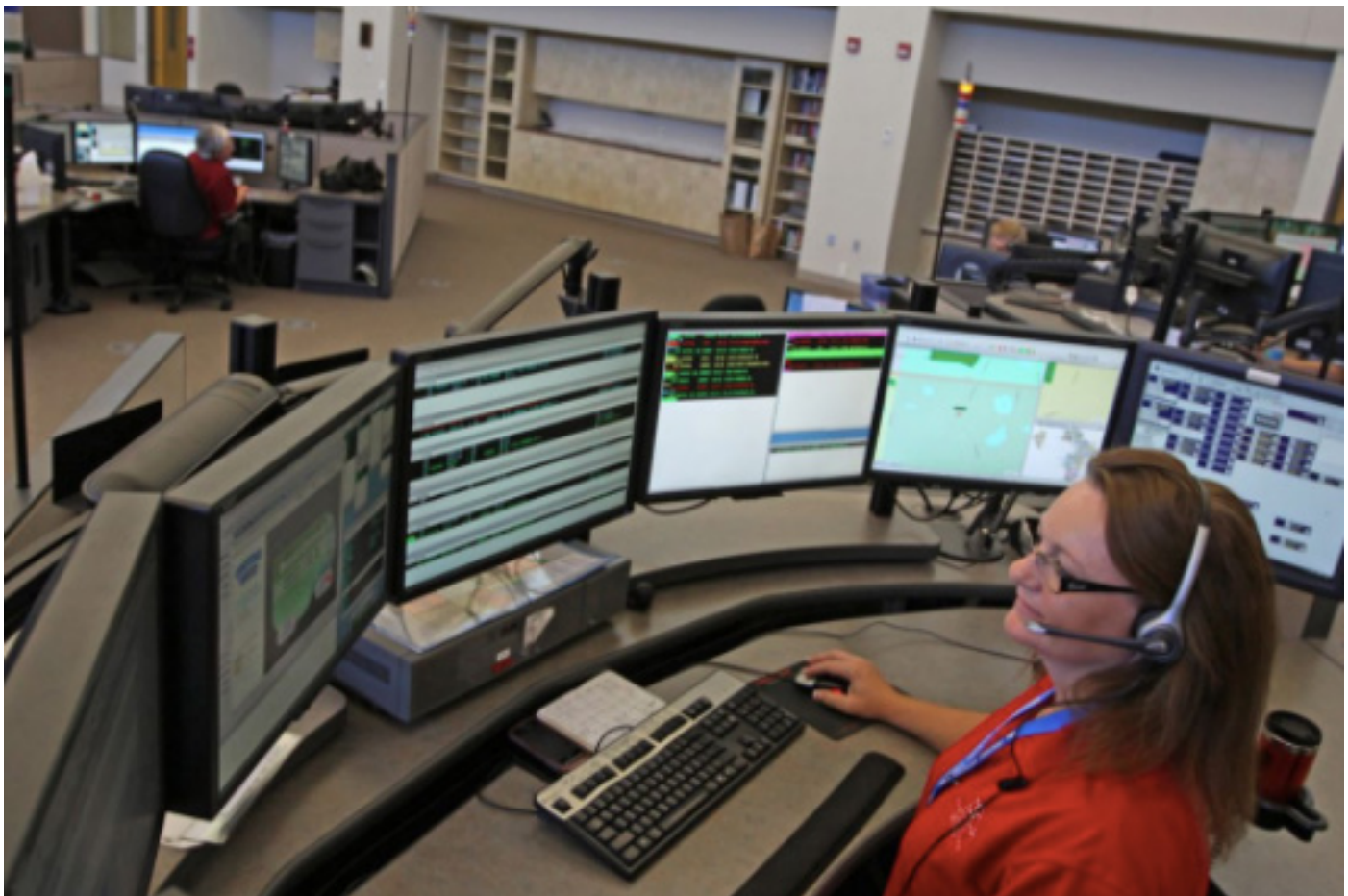
January 2, 2021: Shooting of unhoused Black man with mental illness, Shattuck Ave., Downtown Berkeley

Vincent Bryant, a 50-year-old unhoused Black man who suffers from mental illness, was accused of stealing food items from the downtown Walgreens. Responding to 911 calls of a robbery, police found Bryant in a nearby courtyard. Bryant pulled out a bike chain and reportedly wound up preparing to swing the chain at officers when he was shot by both less than lethal foam rounds as well as one officer firing her firearm, striking Bryant in the jaw, causing severe injuries.

Reimagining Public Safety Task Force

As part of the George Floyd Act, the City created the Reimagining Public Safety Task Force (RPSTF), which was charged with making recommendations to the consultant (NICJR) and city staff on structures and initiatives to outline a new, community-centered safety paradigm as a foundation for deep and lasting change, grounded in the principles of Reduce, Improve and Reinvest as proposed by the NICJR, considering, among other things:

- The social determinants of health and changes required to deliver a holistic approach to community-centered safety;
- Defining an appropriate response to calls-for-service including size, scope of operation and powers and duties of a well-trained police force;



- Limiting militarized weaponry and equipment; and
- Identifying alternatives to policing and enforcement to reduce conflict, harm, and institutionalization, introduce restorative and transformative justice models, and reduce or eliminate use of fines and incarceration. Options to reduce police contacts, stops, arrests, tickets, fines, and incarceration and replace these, to the greatest extent possible, with educational, community serving, restorative, and other positive programs, policies, and systems.

The Task Force is comprised of:

- One (1) representative appointed by each member of the City Council and Mayor,
- One (1) representative appointed from the Mental Health Commission, Youth Commission and Police Review Commission,
- One (1) representative appointed by the Associated Students of the University of California (ASUC) External Affairs Vice President,
- One (1) representative appointed by the Berkeley Community Safety Coalition (BCSC) Steering Committee, and
- Three (3) additional members appointed “At-Large” by the Task Force.

District 1 - Margaret Fine	Youth Commission - Nina Thompson
District 2 - Sarah Abigail Ejigu	Police Review Commission - Nathan Mizell
District 3 - boona cheema	Mental Health Commission - Edward Opton
District 4 - Jamie Crook	Berkeley Community Safety Coalition - Jamaica Moon
District 5 - Dan Lindheim	Associated Students of U. California - Alecia Harger
District 6 - La Dell Dangerfield	At-Large - Vacant
District 7 - Barnali Ghosh	At-Large - Liza Lutzker
District 8 - Pamela Hyde	At-Large - Frances Ho
Mayor - Hector Malvido	



NICJR REPORTS

NICJR produced drafts of the following series of reports then received feedback from the RPSTF and City staff and made necessary edits and additions then finalized:

1. New and Emerging Models of Community Safety and Policing Report
2. Berkeley Calls For Service Analysis Report
3. Alternative Responses Report
4. Community Engagement Report

Included below is a brief description and summary of each of those reports. Links to the full reports are included below and the reports are appendices G through J.

New and Emerging Models of Community Safety and Policing Report

The **New and Emerging Models of Community Safety and Policing** report includes detailed overviews of a variety of examples of Emerging Non-Enforcement Models of Community Response; Non-Law Enforcement Crime Reduction Strategies; Community Driven Violence Reduction Strategies; and Policing Strategies. Highlighted below are some of the programs included in that report that informed NICJR's final recommendations for the City's reimagining work:

Emerging Non-Enforcement Models of Community Response include the Crisis Response Unit (CRU) and Street Crisis Response Team (SCRT).

The City of Olympia, Washington implemented the CRU in April of 2019 to serve as an option to respond to behavioral health calls for service. CRU teams consist of mental health professionals that provide support such as mediation, housing assistance, and referrals to additional services to their clients.⁶ Calls for service for the CRU originate from community-based service providers, the City's 911 hub, and law enforcement personnel.⁷

The SCRT is a pilot program launched in November 2020 and administered by the Fire Department in San Francisco, California. The program targets individuals experiencing behavioral health crises. SCRTs consist of a behavioral health specialist, a peer interventionist, and a first responder. 911 calls that are determined to be appropriate for a SCRT are routed accordingly by dispatch. A team responds to calls in an average of 15 minutes.⁸

Non-Law Enforcement Crime Reduction Strategies include the Mayor's Action Plan (MAP) in New York City, NY. Launched in 2014 in fifteen New York City Housing Authority properties, MAP was designed to foster productive dialogue between local residents and law enforcement agencies, address physical disorganization, and bolster pro-social community bonds. MAP's focal point is NeighborhoodStat, a process that allows residents to have a say in the way NYC allocates its public safety resources.⁹ Early evaluations show a reduction in various crimes as well as increased perception of healthier neighborhoods.¹⁰

⁶ <https://olympiawa.gov/city-services/police-department/Crisis-Response-Peer-Navigator.aspx>

⁷ <https://www.vera.org/behavioral-health-crisis-alternatives/cru-and-familiar-faces>

⁸ <https://sfmayor.org/article/san-franciscos-new-street-crisis-response-team-launches-today>

⁹ <https://www.americanprogress.org/issues/criminal-justice/reports/2019/10/02/475220/neighborhoodstat-strengthening-public-safety-community-empowerment/>

¹⁰ https://johnjayrec.nyc/wp-content/uploads/2020/10/MAP_EvalUpdate06.pdf

Calls for Service Analysis

The Berkeley City Auditor conducted an extensive report on BPD Calls For Service (CFS or events) which was published in July of 2021. NICJR conducted a complementary **Calls for Service Analysis** as part of its work on the City's remaining effort.

The three primary objectives for the NICJR CFS report were to 1) provide an analysis of BPD CFS according to NICJR's crime categories; 2) map NICJR's crime categories to NICJR's proposed Tiered Dispatch model; and 3) identify which CFS should be responded to by a non-BPD alternative.

The proposed Tiered Dispatch model and Community Emergency Response Network (CERN) reduce the burden on police to respond to certain calls for service and improve outcomes through community response to lower level and non-criminal incidents. The CERN will use community safety and problem solving responders who have expertise in community engagement, crisis response, de-escalation, and conflict mediation and resolution skills. Implementing the Tiered Dispatch and CERN can serve to increase public safety by refocusing law enforcement officers on the most serious crimes, applying a more appropriate response to public health and quality of life CFS, and more effectively utilizing public dollars and resources.

A review of over 358,000 CFS over the 5-year study period (2015-2019) found that over 81 percent of BPD CFS were for non-criminal events. Only 7.4 percent of CFS were for felonies of any kind. NICJR's assessment of viable alternative responses indicated that 50 percent of CFS can be responded to with no BPD involvement, with another 18 percent of CFS requiring BPD to be present, but to serve in a support, rather than a lead role.

As a result of an assessment of the CFS and the narrative of the actual incidents, NICJR recommended that alternative response options be developed for the 50 percent of CFS that were determined to not require a law enforcement response.

Alternative Response Report

The **Alternate Responses Report** expands upon the Calls for Service analysis, providing a detailed overview of NICJR's Tiered Dispatch model, the CERN, and describes how specific call types are assigned to the four tiers:

- **Tier 1:** Non-Criminal: 911 calls and other CFS that are not crimes, like noise complaints or suspicious persons
- **Tier 2:** Misdemeanors
- **Tier 3:** Non-violent felonies
- **Tier 4:** Serious and violent felonies

Eventually, all Tier 1 and some Tier 2 CFS should be able to be responded to by the CERN or other non-police responders.

The report concludes with an overview of a framework for the City's alternative response model, drawing upon both existing and planned City resources.

A description and implementation plan utilizing Tiered Dispatch and the CERN model are outlined in detail in the Implementation Plan below.

Community Engagement Report

Berkeley's Reimagining Public Safety process has included comprehensive outreach and engagement of local community members in an effort to develop a community safety model that reflects the needs of the community and creates increased safety for all. In collaboration with the City of Berkeley's RPSTF and the City Manager's Office, Bright Research Group (BRG) developed and conducted a community survey to gather residents' experiences with and perceptions of BPD and crisis response; and their perspectives on and priorities for reimagining public safety. More than 2,700 people responded to the survey. NICJR and its partners, as well as RPSTF members, held 14 listening sessions to hear from community members, especially hard to reach community members and those not well represented in the survey, including: the unhoused residents, formerly incarcerated, youth, Black residents and Latinx residents. Details of the survey responses and listening session feedback are contained in the [Community Engagement Report](#).



IMPLEMENTATION PLAN

Based on the extensive research that was conducted by NICJR and partners, input from the community engagement process, feedback from the Task Force and other stakeholders, NICJR provides the following detailed recommendations to the City of Berkeley categorized in the Reduce – Improve – Reinvest framework.

REDUCE

To achieve the goal of a smaller law enforcement footprint and to reallocate a portion of the BPD budget towards more community supports, NICJR recommends the following measures:

- Implementation of the Tiered Dispatch/CERN model
- End pretextual stops
- Implementation of BerkDOT, which should further reduce the size of BPD

Tiered Dispatch/Emergency Response Network

The graph below depicts the response to certain 911 and other calls for service based on the Tiered Dispatch model, which contemplates a tiered response to CFS based on the nature of the call as reflected below:



As reflected in the CFS Analysis, 81 percent of the 358,000 calls for service to BPD between 2015 -2019 were for non-criminal events. While some of these calls were determined not to be appropriate for non-police response based on an analysis of call narratives, NICJR recommends that 50 percent of these non-criminal calls be handled by a non-police response.

With BPD freed up to focus its efforts and attention on serious and violent crime, community-based responders can focus on the variety of needs that fall into the identified 50 percent of non-police calls. In addition to being available twenty-four hours a day, seven days a week, the CERN would be designed to build on the professional skills and expertise of non-sworn staff and to utilize collaborative community partnerships and the other necessary resources to appropriately and holistically respond to individuals in need. Some examples of this in practice include:

- **The Albuquerque Community Safety Department** provides a third option when individuals call 911, instead of only having the option of police or fire department services. Community Safety responders are dispatched with and without other first responders (Police and Fire). Community Safety responders may have backgrounds as social workers, peer to peer support, clinicians, counselors, or other similar fields.¹¹
- **The Durham Community Safety Department** dispatches trained, unarmed responders that may include licensed clinical social workers and mental health clinicians paired with paramedics to calls involving mental or behavioral health needs, minor traffic accidents, quality of life issues (trespassing, loitering, panhandling, etc), and calls for general assistance.¹²
- **New York City B-HEARD (Behavioral Health Emergency Assistance Response Division) Program** focuses on using a mental-health centered response to 911 mental health calls. The B-HEARD teams have the expertise to respond to a range of behavioral health problems, such as suicide ideation, substance misuse, and mental illness, including serious mental illness, as well as physical health problems, which can be exacerbated by or mask mental health problems.¹³

A national poll conducted in June of 2021 found that 70 percent of likely voters support a non-police response for 911 calls about mental health crises, and 68 percent support the creation of non-police emergency response programs.¹⁴ In many jurisdictions, police are the first to respond to 911 calls about people experiencing issues related to mental health, homelessness, and substance use. However, police officers report not having the proper training or expertise to appropriately respond to those situations and often resort to their training and treat non-criminal situations as crimes.

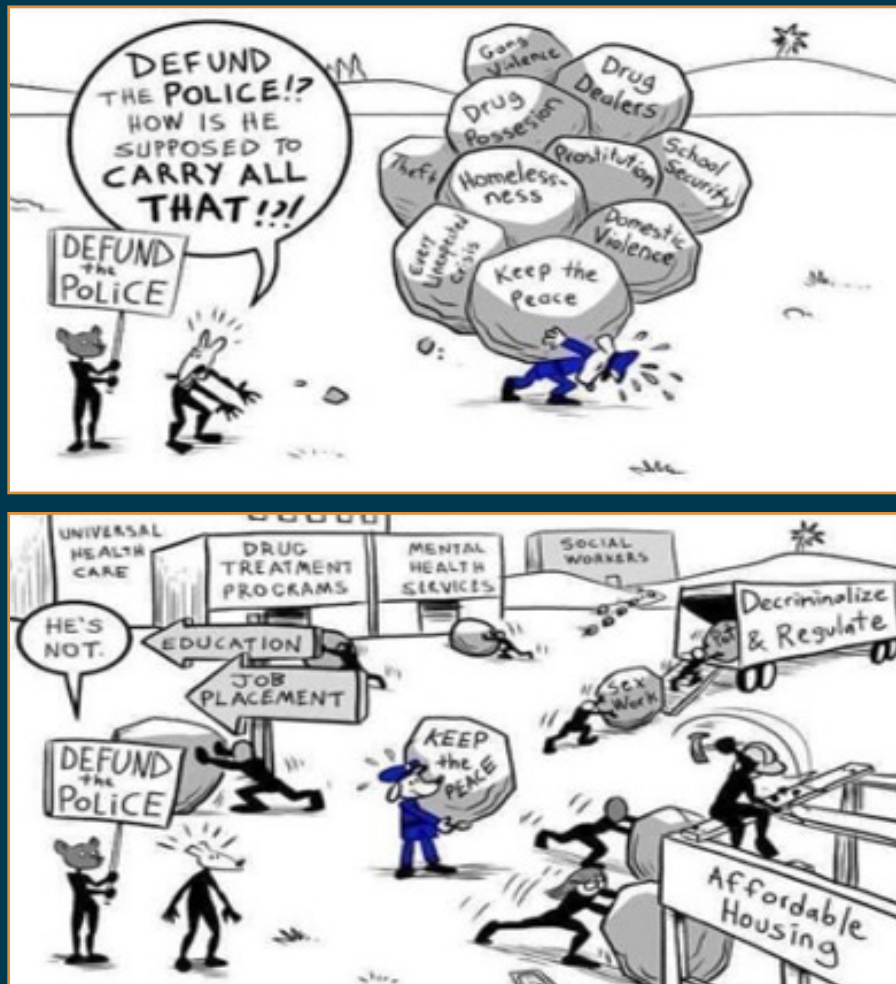
Chief Eric Hawkins of the Albany, NY police department said, “Fundamentally I don’t have a problem with the basic premise to defund the police, and that is police officers should be doing police work and not social work. Police officers shouldn’t be the point of contact for individuals with mental health issues, substance abuse issues, or unhealthy family structural issues.”

¹¹ <https://www.cabq.gov/acs>

¹² <https://durhamnc.gov/4576/Community-Safety>

¹³ https://www1.nyc.gov/assets/nypd/downloads/pdf/public_information/b-heard-public-faqs-5-27-2021.pdf

¹⁴ <https://theappeal.org/the-lab/polling-memos/likely-voters-support-non-police-emergency-response/>



Development and implementation of the Tiered Dispatch model advances the Berkeley City Council's July 14, 2020, direction "to evaluate initiatives and reforms that reduce the footprint of the Police Department and limit the Police's scope of work primarily to violent and criminal matters".¹⁵

Tiered Dispatch/CERN Pilot Program

Based on the information garnered from the preparation of its deliverable reports and an understanding of the approaches being taken by jurisdictions across the country, **NICJR recommends the establishment of a Tiered Dispatch/CERN Pilot Program, focused on a subset of the Tier 1 call types that can be used in the pilot phase in order to work out logistical and practical challenges prior to scaling up the program.** Upon implementation of the pilot phase of the Tiered Dispatch/CERN, BPD would no longer respond to the identified subset of Tier 1 (non-criminal) calls for service which would instead be handled by the CERN responders.

NICJR recommends contracting with local Community Based Organizations (CBOs) who are best prepared to successfully navigate and leverage local resources, services, and supports, to respond to the pilot Tier 1 calls.

The call types designated for the pilot phase are the 13 call types listed in the Table below. This subset of Tier 1 calls, selected due to the combination of high volume of calls and incidents that could be effectively handled by community responders, accounts for 89,283 total calls or approximately 25 percent of all calls over the 5-year study period.

¹⁵ <https://www.cityofberkeley.info/RIPST.aspx>

Tier 1 Subset of CFS for Pilot	# of calls in 2015	# of calls in 2016	# of calls in 2017	# of calls in 2018	# of calls in 2019
Abandoned Vehicle	403	449	481	476	496
Disturbance	6741	6955	7447	7540	6709
Found Property	900	914	888	779	726
Inoperable Vehicle	-	-	-	1	6
Lost Property	16	16	17	15	14
Noise Disturbance	3359	3307	3239	3158	2709
Non-Injury Accident	561	617	571	564	492
Suspicious Circumstances	2586	2354	2254	2184	2041
Suspicious Person	1628	1698	1756	1653	1479
Suspicious Vehicle	1560	1687	1626	1385	1448
Vehicle Blocking Driveway	-	-	-	345	953
Vehicle Blocking Sidewalk	-	-	-	15	45
Vehicle Double Parking	-	-	-	6	14
Total	17,754	17,997	18,279	18,121	17,132

Tiered Dispatch/CERN Pilot Program Implementation Steps

NICJR recommends that the City develop and issue a request for proposals to contract with Community Based Organizations (CBOs) to become CERN responders.

NICJR's recommendation is to divide the City into two CERN districts and award contracts to two CBOs to cover each district. Each CERN district should have three teams (one team per shift) of two CERN responders or Community Intervention Specialists, plus two additional Community Intervention Specialists as floaters to cover staff who call out or are on vacation.

For the pilot program, each CERN district would include the following staff:

- 8 Community Intervention Specialists
 - 3 of the Community Intervention Specialists would be leads, to have a lead Community Intervention Specialist (CIS) on each shift
- 1 CERN Supervisor
- 3 CERN Dispatch/Administrative staff

A position overview for the Community Intervention Specialist is included as Appendix A.

Although as a part of the RFP process applicant CBOs would submit proposed budgets, a sample budget of one CERN team is included in Appendix B. According to BPD's June 10, 2021, budget presentation to the City

Council, the Department is currently holding \$6.4 million in annual salary savings in vacant positions while the Reimagining Public Safety process plays out. These funds more than cover the costs of a CERN pilot. This budget does not include training and technical assistance for the CERN and BPD dispatch that NICJR suggest be provided by an organization that has implemented an alternative response program.

Dispatch

The following information was provided by BPD about dispatch:

Dispatchers are trained to identify approximately 170 pre-established call types for CFS in the CAD system. Some call types may be administrative and specific to BPD or categorized by California penal or vehicle code, and others are categorized by the Berkeley municipal code. Dispatchers are also trained to identify about 40 pre-determined call types for fire and EMS CFS.

The dispatcher identifies an applicable call type to assign the CFS based on what the caller is describing. The call type also determines the response level priority. The reliability of the call type assignment is dependent upon what the dispatcher is being told by the caller. Often the information the dispatcher obtains is unclear, fractured, or incomplete.

If the information or circumstances of an incident do not clearly fit a call type, BPD uses a 'catch all' call type description that dispatchers apply to initiate a response to the CFS. Some examples of call types include:

- 415 (Disturbance)
- SUSCIR (Suspicious Circumstance)
- 10-42 (Welfare Check)
- UNK (Unknown Problem)
- PCVIO (Miscellaneous Penal Code Violation)
- ADVICE (Advice)

Therefore, the outcome of the CFS can be very different from the original call type assignment. Call types may change based on receiving new information prior to an officer arriving on-scene. Once an officer arrives on-scene the call type remains the same, but the final disposition or outcome of the CFS can be different from the call type when dispatched.

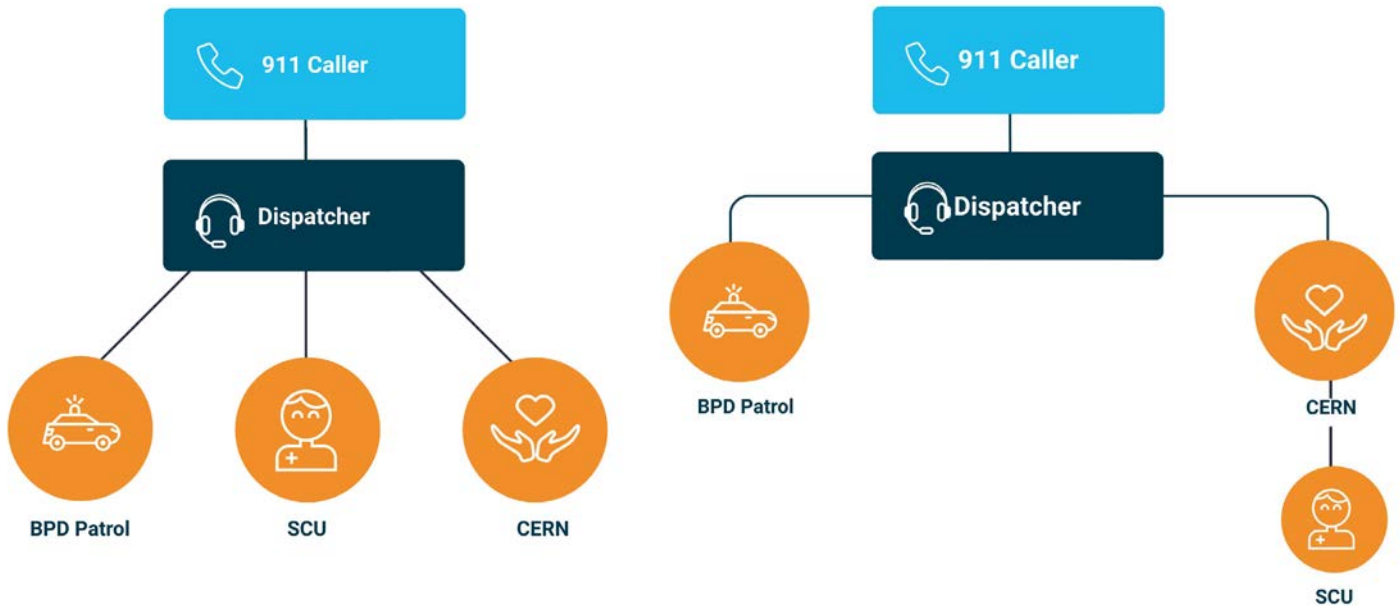
To implement the Tiered Dispatch/CERN model, training will be needed for dispatchers. But, per the process described above by BPD, there is not much of a change to how dispatchers will be asked to operate. When dispatchers identify a call as one of the 13 pilot program call types, they will send that call to the CERN Dispatch in the CERN district the call is coming from.

NICJR has suggested the 13 call types for the pilot initiative based on an examination of the call for service data including the call type at intake as well as final disposition. Appendix C includes a summary of and some actual Berkeley 911/CFS incidents among the 13 suggested call types to be in the pilot.

BPD currently receives many calls to its non-emergency phone line and often dispatches officers to those CFS. The CERN would also receive those CFS through BPD dispatch but the CERN should also have its own direct non-emergency line to receive CFS directly from the community that do not have to be routed through BPD.

Specialized Care Unit (SCU)

The City of Berkeley has initiated several police reform/public safety reimagining initiatives in the past 18 months, including the development of a SCU that was separate from this Reimagining Public Safety process. NICJR consultants worked with the Task Force and consultants on the SCU project to collaborate on community outreach addressing response to mental health calls. In the broad survey that received more than 2800 responses, a large majority of the respondents (80.8%) indicated a preference for trained mental health providers to respond to calls related to mental health and substance use, with most among those respondents indicating that police support should be available when needed.¹⁶ NICJR has received occasional updates on the SCU development process. The final report on the SCU is due to be released on the same day as the submission of the draft of this Final Report to the City and Reimagining Public Safety Task Force. With the understanding that the SCU will respond to calls for service related to mental health and substance abuse, NICJR recommends that either the SCU becomes a division of the CERN and responds to the specified call types identified in the SCU development process or that the SCU becomes a separate, third dispatch option. Both options are depicted below:



16 Page 16 of the Community Engagement Report

Example Tiered Dispatch/CERN Response from Call to Completion

A Berkeley resident who lives in an apartment building calls 911 at 2:00 a.m. saying there has been ongoing loud music and noises coming from a nearby unit in the apartment building. The dispatcher determines that the call is a 415E - Noise Disturbance call in South Berkeley and routes the call information to the South Berkeley CERN. The CERN dispatcher calls or radios the Community Intervention Specialist team on duty and provides them information about the call, both verbally and in the CAD, and directs them to the call.

The CIS team arrives on scene and hears the loud music. They knock on the door that the music is emanating from and talk with the occupants. After some discussion using their mediation training, the CIS team convinces the occupants to turn down their music. The lead CIS enters notes into the CAD (or other data system if an alternative is decided upon)

In 2019, according to the BPD CAD data, there were at least 1,000 disturbance calls for service involving loud music. Nearly all of those calls were responded to by a sworn police officer.

Once the pilot has been initiated, NICJR recommends the following steps:

1. Assess the pilot program, including response times, resolution of emergency, how often officers are being requested to the scene by the CERN, and other measures;
2. Implement regular CERN debriefs to assess circumstances in which officers were asked to respond and the associated outcome, as well as when they were not called and the associated outcome -- this will assist in identifying potential expansion or reduction of specific types of CFS in each response tier and allow the City to better tailor the program to the community needs;
3. Evaluate administrative, budget, and staffing implications from the transfer of services, noting both successes and challenges that impact program implementation - i.e. vacant positions, staff turnover, access to data, additional or specific training needed etc.;
4. Gradually expand the pilot to have CERN respond to all Tier 1 CFS

Alternative responses should be piloted and scaled after proven effective. As the Tiered Dispatch system is built out, BPD patrol staffing can be reduced through attrition and the budget can be reduced, and more funds can continue to be made available to support alternative responses and investment in addressing root cause issues.

NICJR is not recommending officer layoffs, but reducing the BPD budget through attrition. According to data provided by BPD, in the five years between 2016-2020, an average of 17 officers per year left the Department.

As alternative response is implemented, BPD should concentrate its officers' efforts on serious, violent felonies, with a top priority on gun crimes. We also recommend shifting BPD resources and staff time (sworn and non-sworn) to investigations, with a focus on solving violent crimes and improving clearance rates.

Potential CERN CBO Providers

There are a small number of community based organizations in Berkeley that could operate a CERN. Three of these are briefly highlighted below:

Building Opportunities for Self-Sufficiency (BOSS)

Established in 1971, Building Opportunities for Self-Sufficiency (BOSS) oversees a variety of programs and services encompassing housing, reentry, violence prevention, employment, education, and criminal justice policies. A major initiative BOSS has created is Neighborhood Impact Hubs, which provide resources and services to neighborhoods in Alameda County that experience concentrated poverty and violence. Supports provided include job training, community outreach, peer support, mediation, and others.¹⁷

BOSS also operates many transitional and permanent housing sites for individuals experiencing homelessness. Specialists known as Housing Navigators work to provide housing to individuals and families in the BOSS Network as well as those referred to the organization by way of the 211 Coordinated Entry System and Alameda County Behavioral Health Care Services.¹⁸ BOSS also manages Street Outreach teams in Oakland, working in neighborhoods with high rates of violence. BOSS has worked in Berkeley since its inception.

Bonita House, Inc.

Bonita House, Inc. is a non-profit organization that provides an array of services ranging from treatment for psychiatric and substance use disorders, intensive residential treatment, independent living programs, housing and employment assistance, and outpatient case management. The organization takes a social rehabilitative approach to assisting people recovering from mental health and substance use disorders.¹⁹

Currently, Bonita House, Inc.'s Creative Wellness Center (CWC) is funded by the City of Berkeley and serves as an entry point for recovery and supportive services for people with mental health needs and co-occurring conditions. Bonita House recently launched a Community Assessment and Transport Team (CATT) to serve as a crisis response system. This program is a joint effort among Alameda County Health Care Services Agency programs, 911 dispatch, the County Sheriff's Office, and others. Through CATT, a mental health provider and an Emergency Medical Technician will be available in a mobile transport unit to assist clients with a medical assessment along with transport to further services.²⁰

Bay Area Community Services (BACS)

Bay Area Community Services (BACS) was established in 1953 to elevate under-served individuals and families by supplying innovative behavioral health and housing assistance in northern California. BACS' philosophy centers on a trauma-informed, person-centric approach.²¹ The organization's North County Housing Resource Center (HRC) connects adults across Alameda County with housing opportunities. Services include housing navigation, financial assistance, legal workshops, and connections to additional resources.²² The HRC is a part of Berkeley's Coordinated Entry System (CES), an initiative which aims to more effectively tackle homelessness.²³

Another major program BACS administers is the Berkeley Pathways STAIR Center. The Berkeley Pathways STAIR Center is a re-housing program that assists individuals experiencing homelessness with transitioning into permanent housing in West Berkeley.²⁴ Open twenty-four hours a day, seven days a week, individuals at the STAIR Center are connected to case managers, supplied with meals and storage, and provided mental health services.²⁵ A critical component of the program is street outreach, in that outreach workers sustain

¹⁷ <https://www.self-sufficiency.org/supportsjcf>

¹⁸ <https://www.self-sufficiency.org/housingnavigation>

¹⁹ <https://bonitahouse.org/about-us/>

²⁰ <https://bonitahouse.org/catt/>

²¹ <http://bayareacs.org/who-we-are/>

²² <http://www.bayareacs.org/wp-content/uploads/2019/07/HS-Flyer-HRC-North-County.pdf>

²³ <https://www.cityofberkeley.info/homeless-entry/>

²⁴ <https://alamedakids.org/resource-directory/view-program.php?id=1223>

²⁵ <https://chancellor.berkeley.edu/sites/default/files/berkeleypathwaysinformation.pdf>

a presence in Berkeley's encampments and build relationships with their residents. During the first year of the STAIR Center, 170 individuals acquired a STAIR bed, with 101 clients exiting the shelter to permanent housing.²⁶

Berkeley Police Department Staffing & Budget Implications with Implementation of Tiered Dispatch & CERN

Implementation of the Community Emergency Response Network (CERN) Pilot:

According to BPD's June 10, 2021 budget presentation to the City Council, the Department is currently holding \$6.4 million in annual salary savings in 30 vacant positions (23 sworn/7 un-sworn) while the Reimagining Public Safety process plays out. These funds more than cover the costs of implementing a CERN pilot, which is estimated to cost \$2.5 million.

Full Implementation of Tiered Dispatch and CERN:

BPD has 164 total sworn officers.²⁷

According to a BPD presentation to the RPSTF, as of March 2021, there were 97 officers assigned to the Patrol Division, not including 16 reserve officers.²⁸

Based on NICJR's assessment of Calls for Service (CFS), it was determined that 50% of CFS could be responsibly responded to by an alternative response program, like CERN. If fully implemented well, in stages to ensure safety and quality, Tiered Dispatch and CERN could result in a 50% reduction in the BPD's Patrol Division.

Reduce BPD Patrol Division by 50%:

- Reducing the Patrol Division by 50% would equate to 49 officer positions.
- We suggest transferring 5 officers to the recommended Quality Assurance and Training Bureau under the new HALO initiative.
- We suggest transferring another 5 officers to investigations to increase the solve rates of serious and violent crime.
- This would leave 39 officer FTEs to eliminate.
- Cost per officer: \$245,656 annually
 - Step 3 Median salary: \$56.24 per hour x 2080 hrs (year of work) + 110% for benefits and other compensation (this fringe rate verified by City Administrator)
 - Does not include equipment costs (car, gun, computer, phone, protective equipment etc.)

Savings:

- Eliminating 39 FTEs in the patrol division would generate an annual savings of \$9,580,584.
- These dollars can be used to fund the CERN as well as increased investment in fundamental cause issues (education, housing, employment, drug treatment, mental health, etc).

²⁶ https://www.cityofberkeley.info/Clerk/City_Council/2019/09_Sep/Documents/2019-09-24_Item_41_Pathways_STAIR_Center__First_Year_Data_Evaluation.aspx

²⁷ Quick Facts - City of Berkeley, CA

²⁸ Berkeley Patrol Operations (cityofberkeley.info)

Time Frame:

- Reallocate funds from current vacant BPD positions to fund the CERN pilot and investment in community based services as identified in the Reinvest section of this report.
 - 23 current sworn vacancies x \$245,656 = \$5,650,088²⁹
- Three CERN teams (which would serve one CERN district for 24 hours) have an estimated annual cost of \$1.26 million (see Example CERN Budget in Appendix B)
 - The proposed pilot includes 6 CERN teams (two districts, one team per shift for three shifts a day) for an estimated annual cost of \$2.52 million
- BPD Annual attrition rate: 17 officers per year at annual savings of \$4,176,152.
- With the annual attrition savings: Expand CERN each year by 6 CERN teams (doubling each district's staff or dividing the city into three districts) at an estimated cost of \$2.52 million and invest the remaining \$1.65 million in community-based services.
- Though the final decision will have to be determined by the outcomes of the pilot, NICJR estimates a fully implemented CERN in Berkeley would have:
 - 3 CERN Districts: 2 teams per shift, per district for a total of 6 teams per shift across the 3 districts, for a total of 18 teams.
 - 18 CERN teams = estimated cost of \$7.59 million.
 - Full implementation can be achieved two years after the pilot is initiated.
 - Two years of attrition equals 34 eliminated positions, 5 positions short of the full 39 identified as able to safely reduce from the Patrol Division. Revaluation after two years can determine the need for those 5 positions or move forward with elimination to increase investment in community-based services.

A Note about Violent Crime: (Update by BPD on 10/19/21)

- In 2020, total Part One crime in Berkeley decreased by 11% overall.
- Part One Violent Crime decreased by 13% (81 crimes), and Part One Property Crimes decreased by 11% (738 crimes).
- In the first six months of 2021, total Part One crime in Berkeley decreased by 12% overall compared to the same timeframe in the prior year. Part One Violent Crime decreased by 10% (29 crimes), and Part One Property Crimes decreased by 12% (362 crimes).
- Homicides increased from zero in 2019, to five murders in 2020. There were no homicides in the first six months of 2021.
- Robberies decreased by 26% with 274 incidents as compared to 369 in 2019.
- In the first half of 2021, robberies decreased by 1% with 148 incidents as compared to 150 in the same timeframe in 2020.
- Shootings: There were 40 confirmed shooting incidents in 2020 versus 28 in 2019. There were 38 confirmed shooting incidents in the first nine months of 2021 versus 26 incidents in the same timeframe in 2020.
 - Confirmed shooting incidents include loud report calls where shell casings or other evidence of gunfire is found. In 2019 and 2020, arrests were made in at least a third of these incidents.

²⁹ Budget (cityofberkeley.info)

End Pretextual Stops

Pretextual or “pretext” traffic stops occur when police officers stop a driver for a minor violation, like vehicle equipment failure, and then try to leverage that opportunity to find evidence of a more significant crime, or when officers have made the stop on a low level violation assuming the driver or vehicle occupants are guilty of more serious offenses the officer is trying to find. A recent evaluation of 100 million traffic encounters demonstrated that Black and Latino drivers experience higher rates of pretextual stops and searches.³⁰ However, most of these stops do not actually yield any contraband or weapons.³¹ Because the nature of pretextual stops relies heavily on officer discretion, there is a high likelihood that implicit racial biases come into play. Such stops that end in violence or death disproportionately affect Black and Latino drivers.³²

Despite public concern, elimination of pretextual stops does not increase crime rates. An analysis by the police department in Fayetteville, North Carolina showed that violent crime was not affected after the police department reformed its use of pretextual stops.³³

Pretextual stops are in the process of being regulated in many states across the country. Oregon’s Supreme Court ruled in November 2019 that it was unconstitutional for police to stop a driver and proceed to ask unrelated questions, thereby effectively banning pretextual stops.³⁴ Virginia policymakers recently passed a bill restricting pretextual stops.³⁵ Other legislation has been introduced across the country that prevents police officers from conducting certain types of pretextual stops including, for example, broken tail or brake lights, objects obstructing the rearview mirror, and tinted windows.³⁶ Advocates of these bills state the proposed limitations would decrease racial incongruities in traffic stops.³⁷ The Berkeley City Council has already approved the formation of BerkDOT in order to address and decrease the frequency of pretextual traffic stops.³⁸ The City Council also approved the recommendations of the Mayor’s Workgroup on Fair and Impartial Policing, which included the elimination of pretext stops.

BerkDOT

Another element of the George Floyd Act passed by the Berkeley City Council was to create the Berkeley Department of Transportation (BerkDOT), the purpose of which would be to enhance safety and mobility in Berkeley. Although California law does not currently allow for an alternative response to traffic stops, the vision for the new civilian-staffed BerkDOT combines the current Public Works Department’s above-ground street and sidewalk planning, maintenance, and engineering responsibilities and the current transportation-related BPD functions of parking enforcement, traffic law enforcement, school crossing guard management, and collision response, investigation, data collection, analysis, and reporting.

30 <https://www.vera.org/blog/ending-pretextual-stops-is-an-important-step-toward-racial-justice>

31 <https://www.law.upenn.edu/live/files/7898-rudovskyoslj>

32 <https://www.berkeleyside.org/2021/03/02/opinion-for-berkeley-to-reimagine-public-safety-we-must-grapple-with-traffic-enforcement>

33 <https://inpejournal.biomedcentral.com/articles/10.1186/s40621-019-0227-6>

34 <https://www.opb.org/news/article/oregon-supreme-court-bans-police-officers-random-questions/>

35 <https://lis.virginia.gov/cgi-bin/legp604.exe?202+sum+HB5058>

36 <https://theappeal.org/traffic-enforcement-without-police/>

37 <https://www.dailypress.com/news/crime/dp-nw-northam-legislation-traffic-20201021-3f2tmucyl5csdmbhhv2zh3atya-story.html>

38 <https://www.berkeleyside.com/2021/03/02/opinion-for-berkeley-to-reimagine-public-safety-we-must-grapple-with-traffic-enforcement>

IMPROVE

This section focuses on how BPD and the public safety system in Berkeley can improve its quality, increase its accountability, and become more transparent. NICJR recommends the following improvement strategies:

- Implementation of HALO
- Creation of Bay Area Progressive Police Academy
- Implement additional police reform measures: Increase diversity of BPD leadership; Increase standards for Field Training Officers; and further amend the BPD Use of Force policy

Highly Accountable Learning Organization

During community listening sessions with Black, LatinX, system-impacted, and unstably housed / food-insecure residents there was a common perception amongst participants that the BPD is racist and classist. They expressed feeling targeted and unsafe with a militarized, aggressive approach to policing by BPD.³⁹ A Highly Accountable Learning Organization (HALO) is one that holds staff accountable and continues to learn and grow. A HALO police department is one where staff hold each other accountable, where management trains, coaches, and encourages staff and admonishes and disciplines when necessary. A HALO police department continually learns and improves its performance. It immediately responds to poor performance, critical incidents, and problematic staff with accountability, learning, training, and correction. A HALO police department provides significantly more training than the minimum required by the California Peace Officer Standards and Training (POST).



A Highly Accountable Learning Organization (HALO) is one that holds staff accountable and continues to learn and grow. A HALO police department is one where staff hold each other accountable, where management trains, coaches, and encourages staff and admonishes and disciplines when necessary. A HALO police department continually learns and improves its performance. It immediately responds to poor performance, critical incidents, and problematic staff with accountability, learning, training, and correction. A HALO police department provides significantly more training than the minimum required by the California Peace Officer Standards and Training (POST).

NICJR recommends that the Berkeley Police Department become a Highly Accountable Learning Organization. BPD's HALO initiative would include the following:

- Implementation of a peer intervention program like EPIC and ABLE which train officers to intervene when they observe fellow officers engaged in inappropriate behavior.
- In line with recommendations from the Mayor's Task Force on Fair and Impartial Policing which were adopted by the Council, BPD should implement or improve on the Early Intervention System (EIS). The EIS should be designed to catch problematic officers early and provide appropriate training and correction or discipline and dismissal.
- Creation of Quality Assurance and Training Division: Significantly expand the current Training Unit and develop a Quality Assurance and Training Division that provides additional training, reviews body worn camera footage, and reviews critical incidents and complaints to develop officer and squad specific trainings.
- Increase Transparency: Provide regular reports to the public and increase the open data portal.

Ethical Policing Is Courageous (EPIC)

The EPIC program is a peer-to-peer intervention strategy that was created by the police department in New Orleans, Louisiana in 2016. EPIC involves training officers to be accountable to each other and to intervene before an unlawful act takes place, irrespective of hierarchy. This initiative aims to alter the culture surrounding policing in order to limit police misbehavior and promote a collaborative environment.⁴⁰

³⁹ Page 38 of the Community engagement report

⁴⁰ <http://epic.nola.gov/home/>

The EPIC program is founded on active bystandership psychology, which explains that active bystanders intercede when they are made aware of problematic behavior. EPIC training allows officers to overcome factors that may prevent them from intervening. These factors include a lack of confidence in their ability to deescalate a situation, uneasiness about potential retribution, and worry about breaking an unwritten code of silence.⁴¹

Leadership in police departments who participate in the EPIC program must be committed to changing their organizational culture. Police departments implementing EPIC must provide education, training, and on-going learning and support to officers for the initiative to be successful. EPIC can also integrate with other initiatives to boost officer well-being, including counseling and trauma assistance as well as stress reduction education.⁴²

Data has shown that police departments where EPIC programs have been implemented have better community relations, lower rates of misconduct, and lower rates of public grievances. The majority of the feedback from New Orleans police officers has also been positive.⁴³ Moreover, there is strong research that peer intervention is effective when successful strategies for interceding are provided.⁴⁴

Project Active Bystandership for Law Enforcement (ABLE)

Project ABLE is a joint effort between the Georgetown Innovative Policing Program and the Sheppard Mullin law firm to train officers to be able to properly intervene in a crisis situation and promote a policing atmosphere that reinforces peer intervention. Project ABLE is based on the principles of the New Orleans EPIC Peer Intervention Program and curriculum created by Dr. Ervin Staub for California law enforcement. Through Georgetown, law enforcement agencies are able to receive training in Project ABLE along with a host of other resources to assist them in advancing their own bystandership strategies.⁴⁵ ⁴⁶ The training consists of a minimum of a one-time, eight hour ABLE-specific training along with a minimum of two hours of annual refresher training.⁴⁷ All of these resources are provided to law enforcement agencies free of charge.

Project ABLE's aim is to reduce police misconduct and errors and assist in improving officer health and well-being. In order to prevent any retaliation from occurring to those officers who intervene, police departments must implement stringent anti-retaliation guidelines. Since its inception, over 70 police departments have enlisted in Project ABLE.⁴⁸

Research has shown that there are many advantages to the implementation of significant bystander training. This is critical because most police departments have a culture that dissuades officers from intervening when they see problematic behaviors.⁴⁹ Identified benefits include a decrease in violence to civilians, a decrease in violence to police officers, enhanced relationships between community residents and the police officers, and growth in officer well-being.⁵⁰ Evidence also suggests a strong correlation between departments that maintain robust duty to intervene protocols and decreased rates of police deaths per capita.

BPD should join the ABLE program to receive training and technical assistance and use the new Quality Assurance and Training Bureau discussed below to ensure the department adheres to the training, principles, and practices of the program.

41 <http://epic.nola.gov/epic/media/Assets/EPIC-Overview.pdf>

42 Id.

43 <https://www.apa.org/monitor/2017/10/police-misconduct>

44 <https://epic.nola.gov/epic/media/Assets/Aronie-Lopez,-Keeping-Each-Other-Safe.pdf>

45 <https://www.law.georgetown.edu/cics/able/>

46 <https://www.law.georgetown.edu/innovative-policing-program/active-bystandership-for-law-enforcement/our-mission/>

47 <https://www.law.georgetown.edu/innovative-policing-program/active-bystandership-for-law-enforcement/able-program-standards/>

48 <https://www.wsj.com/articles/nypd-officers-to-get-training-on-speaking-up-against-bad-policing-11611838809>

49 https://assets.foleon.com/eu-west-2/uploads-7e3kk3/41697/pdf_-_duty_to_intervene.6e39a04b07b6.pdf

50 <https://www.law.georgetown.edu/innovative-policing-program/active-bystandership-for-law-enforcement/able-program-standards/>

Early Intervention System

Early intervention systems (EIS) – also known as Early Warning System (EWS) or Early Warning and Intervention System (EWIS) – can be thought of as a personnel management or risk management tool designed to identify potential problematic behavior that puts the individual, organization, and/or community at risk. These systems consolidate a variety of data as well as indicators to analyze for potentially problematic behavior as early as possible. Indicators include but are not limited to: use of force incidents; citizen complaints; and disciplinary history. Identification of habitual misconduct by officers is often accomplished through a “peer officer comparison system” where officers assigned to the same beat are juxtaposed.⁵¹ Once an officer is identified by the EIS for habitual misconduct, training, supports, and services to aid the officer are provided to encourage officer wellbeing and aid in behavioral change that is consistent with organizational and community goals. Continued monitoring of officer progress, as well as frequent reviews of EIS data, is necessary for successful implementation.⁵² The collection and analysis of aggregate data within EIS is also recommended to be utilized to identify problem areas within teams, units, departments, or entire organizations.

Examples of areas that EIS commonly tracks are:

Performance category	Possible considerations
Arrests, especially excessive ‘discretionary’ arrests	May signify underlying bias of officer or over-zealousness; or could be due to agency reinforcement of arrests as a “good statistic” (therefore an agency-level problem)
Traffic Stops	May highlight concern over bias if indicative of profiling, may be due to agency reinforcement of arrests as a “good statistic” (therefore an agency-level problem)
Use of force by type (e.g., baton, pepper spray, gun, etc.)	Limited use of less lethal may indicate underlying fear or lack of confidence in ability to resolve encounters with a minimal amount of force. May uncover bias, overly aggressive tendencies, lack of verbal ability, lack of skill or training in de-escalation.

In February 2021, the Mayor’s Task Force on Fair and Impartial Policing recommended the implementation of an EIS and outlined the following seven areas in which the EIS should focus:

1. Evaluate and assess stop incidents for legality and enforcement yield.
2. Analyze data to determine whether racial disparities are generalized across the force or are concentrated in a smaller subset of outlier officers or squads/groups of officers. To the extent that the problem is generalized across the department, supervisors as well as line officers should be re-trained and monitored, and department recruitment, training, and structure should be reviewed. In addition, department policy should be examined for their impacts.
3. Where disparities are concentrated in an individual or a group of officers, with no race-neutral legitimate evidence for this behavior in specific cases, initiate an investigation to determine the cause for the disparity. Evaluate whether there are identifiable causes contributing to racially disparate stop rates and high or low rates of resulting enforcement actions exhibited by outlying officers. Determine and address any trends and patterns among officers with disparate stop rates. In the risk management process, the responsible

⁵¹ <https://samuelwalker.net/issues/early-intervention-systems/>

⁵² <https://www.policefoundation.org/publication/best-practices-in-early-intervention-system-implementation-and-use-in-law-enforcement-agencies/>



personnel in the chain of command reviews and discusses the available information about the subject officer and the officer's current behavior.

4. Absent a satisfactory explanation for racially disparate behavior, monitor the officer. Options for the supervisor in these cases include reviewing additional body-worn camera footage, supervisor ride-alongs, and other forms of monitoring. Further escalation to intervention, if necessary, may include a higher form of supervision, with even closer oversight. If performance fails to improve, command should consider other options including breaking up departmental units, transfer of officers to other responsibilities, etc. The goal of this process is to achieve trust and better community relations between the department as a whole and all the people in Berkeley. Formal discipline is always a last resort unless there are violations of Department General Orders, in which case this becomes an IAB matter.
5. Identify officers who may have problems affecting their ability to make appropriate judgments, and monitor and reduce time pressures, stress and fatigue on officers.
6. An outside observer from the PRC shall sit in on the risk management and/or EIS program. Reports from these meetings, or other accurate statistical summary, can be given to the commission without identifying any officers' names.
7. Report the results of this data analysis quarterly.

In response to the Fair and Impartial Policing recommendations, BPD has indicated it is implementing an EIS for traffic, bike, and pedestrian stops, which is a very good start. NICJR recommends that the EIS should also be expanded to assess all Use of Force incidents, complaints, and information gleaned from the Body Worn Camera (BWC) footage reviewed by the Quality Assurance and Training Bureau described below.

Quality Assurance and Training Bureau

In order for BPD to become and maintain a Highly Accountable Learning Organization, it must have an internal accountability and continual improvement process and structure. To this end, as a part of the HALO initiative, **NICJR recommends that BPD either expand its current Personnel and Training Bureau or create a new Quality Assurance and Training (QAT) Bureau.** The QAT Bureau would be responsible for supporting officers and personnel throughout the Department to maintain and increase high standards and professionalism, as well as quickly detect and correct any patterns of misconduct.

The QAT Bureau should examine every complaint filed, every Use of Force, and regularly examine BWC footage to assess where individual officers, squads, and the entire Department need additional training, specialized training, and coaching, to address the specific deficiency discovered through the complaint, incident, or pattern observed.

Unlike current operations, if the QAT Bureau observed discourteous treatment by an officer, they would be authorized and required to pull that officer into a special training and/or coaching session. The QAT Bureau would then review the BWC footage of officers in that squad to determine if there was an issue with the entire squad and sergeant.

The QAT Bureau would also increase the number and quality of trainings currently offered in the Department. POST, which oversees mandated training of officers in California, only requires 40 hours of training per year, but local departments can go beyond that minimum. Under the HALO initiative, BPD officers should receive far more training than the minimum POST requirements. In addition to *more* training, the QAT unit would provide not just one-size fits all training to a group of officers, but specifically tailored training to individual officers and squads based on their needed improvements or after critical incidents.

BPD has conducted a number of good trainings for its officers and non-sworn staff, including: Fair and Impartial Policing; Principled Policing; Bias Based; Communication-Keeping Your Edge; and Implicit Bias (a full listing of the trainings BPD provided to NICJR is in Appendix D). Based on the information BPD provided, there has not been a single Fair and Impartial Policing training in five and a half years, and not one held for all officers for the past seven.

Increased training and education programs are frequently promoted to police departments to help improve the quality of policing and support officers in gaining new skills. As noted by two Columbia Law School professors in an article on police reform, "... training does not take root unless officers are held accountable for obeying the rules and practicing the skills they are taught."⁵³ **Training alone is not adequate to transform a police department or change the behavior of an officer. But combined with culture change, new policies and accountability, training can be an effective tool to improve and reform the police.**⁵⁴

One of the trainings BPD should add for all officers is a full day Procedural Justice course. According to the Department of Justice's Community Oriented Policing Services, "Procedural justice refers to the idea of fairness in the processes that resolve disputes and allocate resources. It is a concept that, when embraced, promotes positive organizational change and bolsters better relationships."⁵⁵

A comprehensive evaluation of procedural justice trainings found that "training increased officer support for all of the procedural justice dimensions. Post-training, officers were more likely to endorse the importance of giving citizens a voice, granting them dignity and respect, demonstrating neutrality, and (with the least enthusiasm) trusting them to do the right thing."⁵⁶ Several evaluations of procedural justice have found the education has been correlated with an improvement in relations between a community and a police department. In Oakland, CA, the police department trained all officers in procedural justice and provided specialized procedural justice training to the department's gun violence reduction unit. Oakland's police department was also the first department in the country to have members of the community teach a portion of the procedural justice training. BPD should increase its use of local community members providing training to officers.

To implement the QAT Bureau, **NICJR recommends that BPD transfer five officers from the patrol division and two civilian staff into what is now the Personnel and Training Bureau and rename it the Quality Assurance**

53 <https://www.themarshallproject.org/2014/12/19/the-new-new-policing>

54 <https://nicjr.org/wp-content/uploads/2021/08/GeneralNewAndEmergingReport.pdf>

55 <https://cops.usdoj.gov/proceduraljustice>

56 <https://www.scholars.northwestern.edu/en/publications/training-police-for-procedural-justice>

and Training Bureau and amend the duties of those officers to achieve the above goals. With the implementation of the Tiered Dispatch model, the patrol division will have significantly less work load and officers can be reassigned to other duties, like the QAT Bureau.

Increased training hours will require negotiation with the union and the City Manager's Office will have to engage with the Meet and Confer process to implement these changes.

Greater Transparency

The issues of accountability and transparency in policing are intertwined and efforts to address each often include both. There are, however, specific efforts that work to daylight information about departmental activities as well as individual officers' behaviors for the purposes of identifying patterns and problems.

BPD should provide semi-annual reports to the public on stops, arrests, complaints, and uses of force, including totals, by race and gender, by area of the city, and other aggregate outcomes.

The Oakland Police Department (OPD) recently implemented a series of Microsoft Power BI (Business Intelligence) dashboards that allow for a precise review of police behavior. Working with Slalom, a data consulting firm, OPD has increased transparency and accountability through data analysis. Patterns of enforcement, historical activity, and performance over time are all monitored in close to real-time.⁵⁷

The dashboards were created with input from OPD staff and leadership, community based organizations, other law enforcement agencies, and Stanford University's SPARQ (Social Psychological Answers to Real-world Questions). Each dashboard can be accessed by OPD leadership, depending on security clearance. The dashboards have a simple interface, allowing supervisors to access and understand the data easily. Police supervisors can access a variety of data, from long-term information to arrests made within the last twenty-four hours.⁵⁸ Dashboards allow for an easy breakdown of incidents by factors including race, gender, ethnicity, and officer. This permits police departments to monitor problematic patterns and address them quickly.⁵⁹ One necessary improvement with these systems is allowing the public access to the information.

Bay Area Progressive Police Academy

The following section of this report provides detailed research, components, and recommendations to support the development of a Bay Area Progressive Police Academy (BAPPA) to address what has been identified as a significant and stark mismatch between the primary reasons for calls for service and the training that officers receive to appropriately respond to those calls.

A progressive training program like BAPPA understands, values, and reinforces through the appropriate proportion of skill building and practice that first and foremost an officer must create a positive relationship with the community and that relationships are built on communication and personal interaction. BAPPA instructors would teach using guidance, coaching, and feedback, rather than humiliation or demands for



⁵⁷ <https://www.slalom.com/case-studies/city-oakland-creating-police-transparency-and-trust-data>

⁵⁸ <https://medium.com/slalom-data-analytics/data-is-the-new-sheriff-in-town-but-is-it-biased-4aa140904dd7>

⁵⁹ <https://cao-94612.s3.amazonaws.com/documents/Police-Commission-7.23.20-Agenda-Packet.pdf>

compliance. The approach emphasizes critical thinking, active and engaged learning, and thoughtful, informed, and quick analysis. It also prioritizes a strong understanding of human behavior including behaviors exhibited by individuals experiencing high degrees of stress, shock, trauma, or in more extreme circumstances, a mental health crisis, and integrates real-life scenarios and debriefs that teach which responses are likely to escalate or de-escalate a situation.

The BAPPA structure would be centered on adult learning models and focus on the demonstrated acquisition and application of well-practiced skill as opposed to rote memorization. The content of the curriculum will include honest discussions about civil rights, the Constitution, what it means to connect to, uphold, and exhibit the values inherent in a community guardian, and to serve a community in which you are responding to highly vulnerable, rather than just potentially threatening people. The program's focus is to hold both officer safety and public trust in equal proportions -- not in competition or as mutually exclusive.

Although activists' concerns and complaints dominate the headlines, when asked to reflect on the relevance and utility of their academy experience, much of the criticism has come from officers themselves.^{60 61} Police administrators have also expressed that they do not believe that police academy training is sufficient in preparing officers for the reality of the work they are asked to do.⁶²

The general disconnect between academy training and job preparation tends to revolve around two interrelated topics concerning the content and delivery of academy curriculum: 1) the typical paramilitary format fails to prepare recruits to work in a manner consistent with the community-oriented police services model; and 2) it is delivered in a manner that is inconsistent with basic principles of adult-learning theory and styles. Essentially, in order to produce officers who are able to successfully perform community-oriented policing techniques (e.g., proactive collaboration with community members), **police academies must train recruits to be independent, creative problem solvers who are connected to the human impact of their decisions and see their role as a guardian, not a warrior.**⁶³

According to a resolution authored by Berkeley City Councilmember Ben Bartlett and co-sponsored by Mayor Jesse Arreguin in June 2020:

“Berkeley Police Department recruits currently train at the Contra Costa County Sheriff’s Office Academy Training Center, Sacramento Police Academy, Santa Clara County Sheriff’s Office Justice Training Center, and Alameda County Sheriff’s Office Academy Training Center. Unfortunately, these facilities are paramilitary in structure, potentially instilling the warrior mentality that forces a divide between law enforcement and the public and promotes fear. Additionally, the Alameda County Sheriff’s Office’s history of using military technology, deploying armored vehicles, equipping deputies with automatic rifles, and support for Urban Shield casts doubt on the ability of the Alameda County Sheriff’s Office Regional Training Center in Dublin to train cadets in a progressive, non-paramilitary manner.” The resolution goes on to say:

“Rooting out the paramilitary aspect of policing begins with transforming police training. It necessitates equipping officers with practical and effective decision-making methods that prioritize de-escalation and reserve use of force as a last resort. It necessitates teaching police officers that they have the power and the choice to perpetuate or defeat injustice. It necessitates engaging officers with the history of their profession and challenging their socioeconomic and racial biases.”⁶⁴

60 <https://www.emerald.com/insight/content/doi/10.1108/13639519810206600/full/html>

61 <https://psycnet.apa.org/record/1987-29889-001>

62 <https://heinonline.org/HOL/LandingPage?handle=hein.journals/injposcim4&div=25&id=&page=>

63 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6950698/#B2-ijerph-16-04941>

64 <https://www.cityofberkeley.info/uploadedFiles/Clerk/Progressive%20Police%20Academy%20June%202020.pdf>

Unfortunately, the approach in which most police academies continue to be conducted is in a paramilitary fashion. This means that recruits are held to a high standard of discipline and regimentation seemingly for discipline and regimentation sake. They utilize the mentality of a warrior going to battle and view the police force as being an occupying army. This approach has been referred to as the “warrior mentality” for many years. Instilled or reinforced in police officers at the academy, the warrior concept is saturated throughout police culture. Another, more insidious problem in a military-style academy is the



behavior modeled by academy staff. Those without power (recruits) submit without question to the authority of those who have power (academy staff). In this way, academy training staff are often indistinguishable from military drill sergeants, who verbally harass and even demean recruits who are not measuring up.⁶⁵ Pushups, extra running, and writing reports are used as punishment for failure to demonstrate skills and/or properly follow directions. Although this type of approach can sometimes build camaraderie, it has not been shown to effectively build recruits' skill. There are, however, many other ways to build camaraderie while achieving the primary goal of improving the recruit's skill and ability to do their job. What the paramilitary model has been shown to do is contribute to a fairly high dropout rate. This is especially true in organizations that have implemented newer hiring practices that recruit more mature individuals, with advanced degrees and whose education, training, and life experience has taught them to ask questions, critically analyze, debate, and discuss rather than just follow orders. Which means that the paramilitary training model results in high drop-out or failure rates amongst the very recruits departments are attempting to attract and retain.

The contrast to the warrior mentality is the guardian mentality, which promotes community engagement, the establishment of meaningful relationships, and providing support to residents. The notion of being a guardian or protector of the public is a noble one, one in which trust and respect can replace fear and intimidation. If police agencies are committed to hiring officers who will do things differently and exemplify the guardian qualities, they must create agencies that exhibit those same qualities and train recruits in a manner that reinforces them.

NICJR recommends that the preceding information be used to develop a Bay Area Progressive Police Academy built on adult learning concepts and focused on helping recruits develop the psychological skills and values necessary to perform their complex and stressful jobs in a manner that reflects the guardian mentality. In order to leverage resources as well as build a regional approach, BAPPA is proposed as a partnership between area cities that may have similar goals to transform their police departments, which may include: Berkeley, Albany, and potentially Oakland.

⁶⁵ Couper, D.C., *Arrested Development: A Veteran Police Chief Sounds Off About Protest, Racism, Corruption and the Seven Steps Necessary to Improve Our Nation's Police*, Indianapolis, Indiana: Dog Ear Publishing, 2011.

Other Police Reform Measures:

Increase Diversity of BPD Leadership

Overall, BPD has a relatively diverse sworn staff as it relates to Berkeley's demographics in terms of race and ethnicity. But there is a significant disparity in gender, with males making up 86 percent of sworn staff. BPD also only tracks gender as male or female; this should be changed. Another concern is that, of the 13 executive staff in the Department (Lieutenants/Captains/Chief), nine are white, three are Asian, one is Black, and none are Latinx (a chart of BPD personnel by race and rank is in Appendix E). Intentional focus on increasing the racial and gender diversity of BPD line staff and leadership will be important in the near term.

Increase Standards for Field Training Officers

The Minneapolis police officer who murdered George Floyd was a Field Training Officer (FTO) despite having 13 previous complaints leveled against him and he was involved in three previous shootings.

BPD should amend its policy to disallow any officer from becoming a Field Training Officer who has either more than two complaints or any one sustained complaint in any 12 month period.

Further Amend the BPD Use of Force Policy

NICJR recommends that BPD's Use of Force policies be revised to limit any use of deadly force as a last resort to situations where a suspect is clearly armed with a deadly weapon and is using or threatening to use the deadly weapon against another person. All other force must be absolutely necessary and proportional.



REINVEST

Berkeley is an affluent city with resources, one of the most well regarded academic institutions in the country, and a progressive electorate that supports social programs. Unfortunately, this combination of assets has not resulted in appropriate and sustained investment in the most vulnerable populations in the city.

The City of Berkeley must increase its investment in communities, families, and individuals who: live in poverty, are unhoused, are unemployed, are underemployed, have mental health challenges, and/or have substance abuse challenges. Particular attention to racial and ethnic intersectionality with respect to these socio-economic demographic characteristics is critically important (especially in relation to Black and Latinx communities). The Community Engagement Report, Appendix J, includes a wealth of input and ideas for investment from many of Berkeley's most vulnerable populations. The information contained in this report can serve an ongoing benefit in addressing the needs of the community and its unique diversity.

When the Tiered Dispatch/CERN model is fully implemented, up to 50 percent of calls for service in the City can be diverted to a non-police response, allowing for BPD staffing to be responsibly and safely reduced and the Department's budget to be significantly reallocated.

Even before the BPD budget can be reduced and reallocated, the City should use General Fund dollars and other revenue sources to increase investment in "fundamental cause" drivers of trauma, crime, and violence. These fundamental causes include, but are not limited to:

- Poverty
- Homelessness
- Education
- Substance Abuse
- Unemployment and underemployment

NICJR recommends that the City take the following measures to increase investment in vulnerable communities and fundamental cause issues:

- Launch a Guaranteed Income program to provide monthly stipends to individuals and families living under the poverty level
- Launch a Community Beautification Employment Program
- Increase Funding for Community Based Organizations

Guaranteed Income

The poverty rates from the national to the local level show deepening poverty levels as we get closer to home. In 2019, the national poverty rate was 10.5 percent and in California it was 11.8 percent.⁶⁶ Drilling down, we find that Alameda County's poverty rate was 14.1 percent and that Berkeley's was 19.2 percent.⁶⁷ The 2019 American Community Survey conducted by the U.S. Census Bureau reveals that nearly 36 percent of Black and 24 percent of Latino residents live below the poverty line, compared to only 12 percent of white residents.⁶⁸ Consistent with those findings, immigrant Californians experienced a poverty rate of 21.6 percent, compared to 14.4 percent for non-immigrants, and poverty among undocumented immigrants was 35.7 percent. More

⁶⁶ <https://www.statista.com/statistics/205434/poverty-rate-in-california/>

⁶⁷ <https://www.census.gov/quickfacts/berkeleycitycalifornia>

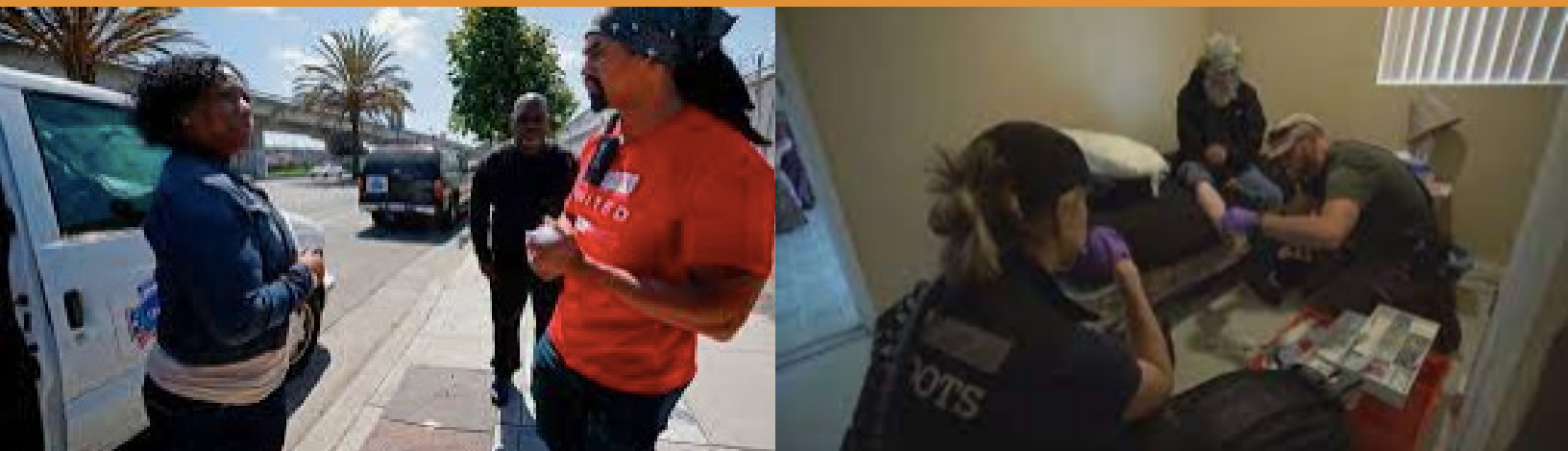
⁶⁸ <https://www.census.gov/programs-surveys/acs>

than one in five (21.4 percent) Latinos lived in poverty, compared to 17.4 percent of African Americans, 14.5 percent of Asian Americans/Pacific Islanders, and 12.1 percent of whites.⁶⁹

While Guaranteed Income or Universal Basic Income (UBI) programs have recently become popular in the United States, the state of Alaska has a program that provides regular unconditional payments to residents. The Eastern Band of Cherokee Indians Casino Dividend in North Carolina has given every tribal member between \$4,000 and \$6,000 per year since 1997. Studies of both efforts have shown a reduction in crime associated with the unconditional cash payments. These findings have been replicated in international studies, including one in Namibia which showed a direct correlation between UBI and crime reduction. There are smaller pilot efforts currently underway in the United States. Oakland recently launched a Guaranteed Income program and San Francisco is starting in 2022. In Jackson, Mississippi, Springboard to Opportunities and the Magnolia Mothers Trust are giving \$1,000 per month to Black mothers.

In Stockton, California, 125 residents have been receiving \$500 per month, since February 2019. Former Stockton mayor Michael Tubbs launched the initiative in the city and championed several Mayors from across the country in coming together to pledge to launch UBI initiatives in their cities through Mayors for a Guaranteed Income. A preliminary study of the Guaranteed Income program in Stockton found several positive outcomes, including that recipients were “healthier, showing less depression and anxiety and enhanced well-being.”⁷⁰

Berkeley should launch a Guaranteed Income pilot program similar to other cities in the region. The pilot program should select a subpopulation of 200 Black and Latinx families that have children under 10 years of age and have household incomes below \$50,000. These families should be provided a monthly stipend of \$750 at an annual cost to the City of \$1.8 million, a sum that can be taken from: the General Fund; federal funding already received or forthcoming, or the soon to be passed Infrastructure Bill; or raised through philanthropy akin to the approach in other cities.



Community Beautification Employment Program

NICJR recommends that the City launch a crew-based employment program, or expand an existing program that employs formerly incarcerated and unhoused people to help beautify their own neighborhood. Hire and train no less than 100 formerly incarcerated and unhoused Berkeley residents to conduct Community Beautification services, including: blight abatement, tree planting, plant and maintain community gardens, make and track 311 service requests, and other community beautification projects.” has been changed to

⁶⁹ <https://www.census.gov/programs-surveys/acs>

⁷⁰ [SEED_Preliminary+Analysis-SEEDs+First+Year_Final+Report_Individual+Pages+.pdf \(squarespace.com\)](#)

“blight abatement, tree planting, planting and maintenance of community gardens, making and tracking 311 service requests, and other community beautification projects.

There are many Berkeley and Bay Area CBOs that are capable of implementing this program, including the Center for Employment Opportunity (CEO) that operates a crew-based employment program for people on probation in Alameda County or BOSS, which has also provided similar services. However, this program would be focused on beautifying Berkeley neighborhoods and employing Berkeley residents.

A recent study showed that community beautification efforts in Philadelphia had a direct impact in reducing violence in those neighborhoods.⁷¹

Under AB 109 Criminal Justice Realignment, each year Alameda County receives an allotment of funds from the state to serve adults in the community who are under probation supervision and for other related operations. The Alameda County Board of Supervisors has mandated that half of those funds be allocated to community based services. In fiscal year 2019-2020, Alameda County received more than \$50 million in Realignment funds from the state, with \$25 million of it dispersed to community services.⁷²

According to Alameda County Probation Department data, five percent of probation caseloads are from Berkeley. Of the annual \$25 million in Realignment funds allocated to community services each year, 5%, or \$1.25 million, should be spent on Berkeley residents. CEO also provides a crew based employment program in Oakland, which serves 80 people at an annual cost of \$345,000. If Berkeley receives its fair share of Realignment funding, it would more than cover the cost of the Community Beautification Employment program.

Increase Funding to Community Based Organizations

CBOs that provide services to those who are unhoused, live in poverty, have mental health challenges, have substance abuse challenges, are system-involved, and/or are LGBTQ should receive an increase in funding using Reinvest dollars. A list of Berkeley CBOs that provide such services are included as Appendix F.

For FY 2022, the City of Berkeley plans to spend \$20,484,394 to support CBOs; this allocation level represents a 22 percent decrease from the \$26,311,113 amount allocated to these organizations in FY 2021.⁷³ At the same time, BPD’s FY 2022 budget saw an increase, from \$65,460,524 (adopted FY21) to \$73,228,172 (proposed FY22), an 11.9 percent increase.⁷⁴

Increased funding can come from Measure W funds (described below); when the BPD’s budget is gradually reduced; the soon to be passed Infrastructure Bill; and concerted efforts to increase philanthropic dollars. Many Foundations, locally and nationally, are interested and have funded Reimagine Public Safety efforts. If the City of Berkeley adopts the innovative measures in this report and through other efforts being developed from the George Floyd Act, it will attract greater investment from philanthropy.

The City of Berkeley should increase funding to CBOs in one of two ways:

- An across the board 25% increase of grant amounts to currently funded CBOs
- Create a local government agency to be the centralized point of coordination, such as a Department of Community Development to develop a detailed plan to increase the investment in local CBOs that provide services to address fundamental cause issues.

71 Citywide cluster randomized trial to restore blighted vacant land and its effects on violence, crime, and fear | PNAS

72 http://www.acgov.org/board/bos_calendar/documents/DocsAgendaReg_12_12_19/PUBLIC%20PROTECTION/Regular%20Calendar/item_3_AB_109_rpt_12_12_19.pdf

73 <https://www.cityofberkeley.info/uploadedFiles/Manager/Budget/cob-proposed-budget-fy2022.pdf>

74 <https://www.cityofberkeley.info/uploadedFiles/Manager/Budget/cob-proposed-budget-fy2022.pdf>

In Oakland, the Reimagining Public Safety Task Force recommended a \$20 million increase in funding to CBOs to be distributed through the Department of Violence Prevention. In response, the City Council allocated \$17 million to DVP and required the Department to develop a plan on how to disperse the funds to local CBOs. Berkeley could do something similar through the creation of the Department of Community Development.

Measure W

In November of 2020 Alameda County voters passed Measure W, a sales tax measure that is anticipated to generate \$150 million per year to provide housing and services for the unhoused. The funds are to be distributed geographically based on the number and percentage of unhoused individuals in each jurisdiction. The measure will establish a half percent (0.5%) sales tax increase for 10 years to provide essential County services such as housing, mental health services, job training, and other social safety services. Funded housing programs will include rapid rehousing, ongoing rental subsidies, expanded emergency shelters, and permanent supportive housing in certain cases.

As of 2019, there were approximately 1,108 unhoused people living in Berkeley, constituting 13.8 percent of Alameda County's unhoused population.⁷⁵ Berkeley should therefore expect to receive 13.8 percent of the \$150 million annually, which amounts to \$20.7 million for housing and other social services. The measure contemplates annual audits and citizen oversight, program components that Berkeley residents can leverage to ensure adequate spending and care is provided to unhoused people and people experiencing mental health crises in Berkeley in addition to ensuring safe, secure housing.



⁷⁵ [Berkeley+Homeless+Count+2019.pdf \(squarespace.com\)](#)

Implement Advance Peace Program

Berkeley has a relatively low rate of gun violence, but has experienced an increase in the past year. As of December 9, 2021, Berkeley has had 48 confirmed calls regarding gunfire compared to the same time last year when 39 calls were recorded⁷⁶. This represents an increase of approximately 23 percent. When compared with the numbers from 2019 (28 incidents of confirmed gun violence), the increase is further magnified resulting in a 71 percent increase. NICJR recommends the City implement the renowned Advance Peace program.

Advance Peace is a nonprofit organization that focuses on achieving tangible reductions in cyclical and retaliatory firearm-related assaults and deaths. The organization was formed in response to an analysis done by the City Council in Richmond, CA that found gun violence disproportionately affected Black men aged 18-24, with that population constituting 73 percent of homicide fatalities.⁷⁷ This goal is achieved through the implementation of strategic partnerships and interventions that strengthen neighborhood ties and promote community welfare. Advance Peace works to provide resources including life skills training and mentoring to individuals who are at greatest risk of being involved in gun violence.

Leveraging their relationships in the community, Advance Peace staff known as Neighborhood Change Agents (NCAs) conduct daily sweeps of their communities, an effort that provides a continuous flow of critical information that informs staff response. Advance Peace's main program is the Peacemaker Fellowship, which provides transformational opportunities to young men involved in lethal firearm offenses by placing them in a high-touch, personalized fellowship. The Fellowship provides life coaching, mentoring, connection to needed services, and cultural and educational excursions to those deemed to be the very most dangerous individuals in the city. Fellows can also receive significant financial incentives for participation and positive behavior as a gateway to developing intrinsic motivation. Since the establishment of the ONS, firearm-related homicides have declined in Richmond by more than 70 percent. For individuals enrolled in the Peacemaker Fellowship, 77 percent have not been involved in any gun violence activity.⁷⁸ The Peacemaker Fellowship has been replicated in the cities of Stockton and Sacramento, CA, with promising outcomes.⁷⁹

Implementation of the Advance Peace program will cost the City approximately \$500,000 per year.

⁷⁶ <https://www.berkeleyside.org/2021/05/22/2021-berkeley-gunfire-map>

⁷⁷ https://www.evidentchange.org/sites/default/files/publication_pdf/ons-process-evaluation.pdf

⁷⁸ <https://www.advancepeace.org/about/the-solution/>

⁷⁹ <https://www.advancepeace.org/about/learning-evaluation-impact/>

CONCLUSION

NICJR is proud to present this Final Report and Implementation Plan to the Mayor, City Council, City Manager and the Reimagining Public Safety Task Force.

The research and experience of NICJR and its partners; the feedback and input from the Task Force and City staff; and the engagement with and input from the community all culminated in the innovative ideas presented in this Final Report. This report and our recommendations provide a blueprint to move toward a public safety model that is community centered. As police reform efforts move forward, the City will have greater resources and additional information on continuing the process of mental health specialists and CBOs taking leadership of responding to the needs of the communities most impacted by the inequities in the current system and provide the necessary supportive resources for those in greatest need.

Through implementing the recommendations in this report and the other parallel processes (SCU, BerkDOT, etc), the City of Berkeley is poised to transform its public safety system, improve the outcomes of Berkeley residents, and become a national model for other cities to emulate.

By safely and responsibly reducing the footprint of law enforcement in Berkeley, vastly improving the quality of policing, and significantly increasing investment into community based services, Berkeley will have truly reimagined public safety.

NICJR would like to thank its partners: Bright Research Group, Pastor Michael Smith, Renne Public Law Group, and Jorge Camacho of the Justice Collaboratory at Yale Law School. NICJR would also like to thank the Task Force, a group of passionate and committed volunteers who spent many hours working to make Berkeley a better city for all its residents. Lastly, NICJR thanks and appreciates all the members of the community who participated in a listening session, completed the survey, attended a community meeting, or in any way participated in this process.

IMPLEMENTATION PLAN			
REDUCE			
Recommendation	Estimated Cost	Funding Source	Timeline
Establishment of a Tiered Dispatch/CERN Pilot Program.	\$2,532,000, plus some costs associated with training for Dispatch.	Current BPD vacant positions.	Issue RFP 30 days after City Council approval, select vendors 90-120 days afterward, and begin pilot six months after City Council approval.
Contracting with local Community-Based Organizations (CBOs).			
Full Implementation of Tiered Dispatch/CERN Pilot Program and reduction of BPD patrol division of 50%.	\$7,596,000	Reduction of BPD Patrol Division by 50%.	Two years after implementation of the pilot initiative.
IMPROVE			
Recommendation	Cost	Funding Source	Timeline
Berkeley Police Department should become a Highly Accountable Learning Organization (HALO).			
BPD should join the ABLE program to receive training and technical assistance and use the new Quality Assurance and Training Bureau discussed below to ensure the department adheres to the training, principles, and practices of the program.	Joining ABLE is free of cost.	N/A	Within six months of approval from City Council.
Expand the Early Intervention System to assess all Use of Force incidents, complaints, and information gleaned from the Body Worn Camera (BWC) footage reviewed by the Quality Assurance and Training Bureau.	No additional costs.	N/A	Within six months of approval from City Council.
Transfer five officers from the patrol division and two civilian staff into what is now the Personnel and Training Bureau. Rename it the Quality Assurance and Training Bureau and amend the duties of those officers to achieve the above goals.	No additional costs.	N/A	Within six months of approval from City Council.
BPD should provide semi-annual reports to the public on stops, arrests, complaints, and uses of force, including totals, by race and gender, by area of the city, and other aggregate outcomes.	Internal re-organization can achieve this goal without additional costs.	N/A	First report should be issued July 1, 2022.

Develop a Bay Area Progressive Police Academy (BAPPA).	An analysis of police academies throughout the Bay Area found that the cost per student range is roughly \$4,300 - \$4,600 per student, with a significant proportion of costs eligible for reimbursement through the Commission on Peace Officers Standards and Training (POST.) The development of the BAPPA would include certification through POST in order to satisfy State requirements. NICJR recommends that collaboration with Albany and potentially Oakland be explored.	Reduced BPD budget through eliminating patrol positions through attrition, revenue from partner law enforcement agencies.	Launch two years after City Council approval.
Revise BPD's Use of Force policies to limit any use of deadly force as a last resort to situations where a suspect is clearly armed with a deadly weapon and is using or threatening to use the deadly weapon against another person.	Training costs.	Savings from eliminating patrol positions through attrition.	Within six months of approval from City Council.

REINVEST

Recommendation	Cost	Funding Source	Timeline
Launch a Guaranteed Income pilot program.	\$1,800,000	General Fund; federal funding already received or forthcoming, from the Infrastructure Bill; or raised through philanthropy akin to the approach in other cities.	Launch within six months of approval from City Council.
Launch a Community Beautification Employment Program.	\$1,250,000	5% of County Criminal Justice Realignment funds allocated to community services for Berkeley residents.	Launch one year after approval from City Council.
Increase Funding for Community-Based Organizations.	\$25,605,492.50	Measure W funds, when the BPD's budget is gradually reduced; the Infrastructure Bill; and concerted efforts to increase philanthropic dollars.	FY 22-23.
Launch the Advance Peace Program	\$500,000	General fund	Launch in first quarter of FY 2023, on going for at least three years.

APPENDICES

- A. Overview of Duties for CERN Positions**
- B. Example Annual CERN Team Budget**
- C. Tiered Dispatch/CERN Pilot Calls for Service Summaries**
- D. FIP and Related Course Training History**
- E. FY 2020 Year End Workforce Report**
- F. Community Based Organizations and Nonprofits Providing Services in Berkeley**
- G. New and Emerging Models of Community Safety and Policing Report**
- H. Berkeley Calls for Service Analysis**
- I. Alternative Responses Report**
- J. Community Engagement Report**

APPENDIX A

Community Intervention Specialist Position Overview

A Community Intervention Specialist (CIS) responds to non-criminal and low level 911 and other Calls for Service (CFS) in Berkeley as a part of the Community Emergency Response Network (CERN). CISs help to address, mediate, and resolve challenges, emergencies, conflicts, and other causes for CFS.

CISs will respond to a wide array of calls and situations and must engage the community in a thoughtful, patient, serious and compassionate manner.

Although the work of a CIS will evolve as the CERN develops and will always be dynamic and fluid, the following are the general duties of a CIS:

- Respond to emergency and non-emergency calls for services in Berkeley and attempt to resolve the problem, like noise complaints and neighbor disputes.
- Use mediation and de-escalation skills and tactics to ease tensions and mediate conflict
- Help those in need of support, including providing water, food, and encouragement.
- Communicate well with your team and with the CERN dispatcher
- Use compassion and empathy when engaging with the community and those in crisis
- If a situation escalates and proves dangerous and/or a deadly weapon is involved, call for an officer to respond
- Write notes and reports and perform other administrative tasks

Necessary Qualifications

- Experience working in diverse communities
- Experience working in crisis and/or high stressful situations
- Experience with mediation
- Lived experience in the justice system and/or neighborhood groups is welcome and encouraged
- Works in a professional manner
- Is energetic and passionate about serving the community
- Proficient in writing and use of a computer
- Bachelor's degree, preferably in social work or public health field, or no less than five years of experience relevant to this position

APPENDIX B

Example Annual CERN Team Budget

Personnel		FTE %
ED or other Org Manager	25%	\$50,000.00
CERN Supervisor	100%	\$90,000.00
CERN Dispatcher (3)	100%	\$75,000.00
Lead CIS (3)	100%	\$75,000.00
CIS (5)	100%	\$70,000.00
Subtotal		\$ 360,000.00
Fringe (25%)		\$90,000.00
Total Personnel		\$360,010.00
Operations		
Office Rent		\$36,000.00
Supplies		\$6,000.00
Vehicles (3)		\$105,000.00
Fleet gas and maintenance		\$32,400.00
Insurance		\$10,000.00
Radios (6)		\$1,500.00
Cell Phones (10)		\$2,000.00
Cell Phone lines		\$12,000.00
Water & Snacks		\$3,000.00
Uniforms		\$1,000.00
Total Operations		\$208,900.00
Subtotal		\$568,910.00
In-Direct (10%)		\$56,891.00
TOTAL		\$625,801.00

APPENDIX C

Tiered Dispatch/ CERN Pilot Calls for Service Summaries

Vehicle Double Parking, Blocking Driveway or Sidewalk, Inoperable or Abandoned

Calls for service (CFS) BPD receives related to vehicles blocking driveways, sidewalks, being double parked, inoperable or abandoned are call types that lend themselves to having an alternate response. Of the 3,690 CFS in the tier 1 subset of call types that were for the previously mentioned, only 56 percent were handled by BPD Parking Enforcement Division.

Any reason for parking enforcement not handling closer to 100 percent of call types falls short because the aforementioned call types are non-criminal and not likely to necessitate a sworn police response. Examples of CFS related to vehicles blocking driveways, sidewalks, being double parked, inoperable or abandoned, include an array of narratives that summarily and accurately capture the call type.

General Disturbance and Noise Disturbance

CFS BPD receives related to general disturbances or noise disturbances are also call types that may be better served with an alternate response. CERN community responders who are better equipped to mediate conflicts or de-escalate situations through a community centered approach may serve as a better option than dispatching sworn officers. BPD would not be precluded from responding to the call types, but rather a second option if needed.

Disturbance and Noise Disturbance CFS are generally non-violent and non-criminal in nature. In some cases, an argument or heated debates are categorized as disturbances and in other cases petty theft from retail stores are categorized as disturbances. In other cases, by the time an officer arrives to the scene the responsible parties are either unable to locate or gone on arrival. In many of the Noise Disturbance call types, officers were able to make contact with the responsible parties and ask them to cease what they were doing or move along. These types of calls are prime examples of how an alternate response would work in Berkeley.

Found and Lost Property

Found and lost property call types include calls where an individual has either found or lost money, credit cards, their wallets, and other personal property.

Non-Injury Accident

Calls for service (CFS) BPD receives related to certain non-injury collision may be better served with an alternate response. Civilian personnel should be the primary handlers of these types of CFS. Unless there are barriers that legally preclude civilian personnel from handling certain types of property, civilian personnel or telephone reporting can serve to address these call types.

Although there may be some cases where major injury collisions occur, most collisions that occur in Berkeley are relatively minor and can be handled by civilian personnel within a traffic unit or the Berkeley Department of Transportation (BerKDOT) that is being developed. In cases where there are no injuries to be reported, civilian personnel or BerKDOT can handle these calls to take reports. Individuals may also call in to a telephone reporting unit to make a report.

Suspicious Person, Vehicle, Circumstances

Calls for service (CFS) BPD receives related to suspicious person, vehicle, or circumstances may be better served with an alternate response. Civilian personnel should be the primary handlers of these types of CFS. CERN allows for community responders to request officer assistance if needed. In some cases, an officer is needed, but in many other cases, the suspicious person or vehicle is gone on arrival or unable to be located. Suspicious circumstances call types are usually a suspicious person or vehicle driving around or someone doing something seemingly out of the ordinary leading someone to call 911. Most of the time, the call types do not necessitate the need for a sworn response, even for welfare checks.

911 Call Narratives from Computer Aided Dispatch (CAD) Data

Disturbance Call Narratives:

"2 MALES HEARD IN A 415, CLOSE TO THE CLUBHOUSE, TOO DARK TO GET ANY FURTHER, Dispatch received by unit 4A9, 1194 on 2, 4 people admonished and moved along." (Sworn Officer)

"Refusing to leave for 3 hours .. Smell of marijuana .., nature of call: refuse to leave, rp is front office manager, guest, guest, resp / guest in room 3128; wm mid 50's 507 wild hair grey north face jacket and blue jeans guest has two boxer dogs brown in color aggressive with guest, dispatch received by unit 5a16, dispatch received by unit 5a18, dispatch received by unit 5a16, subject gone on arrival unable to locate from room, no further service requested." (Sworn Officer)

Noise Disturbance Call Narratives:

"4 or 5 people on the sidewalk talking loudly, dispatch received by unit 6a7, quiet on arrival and departure 1008 no paper." (Sworn Officer)

"Very loud music, walls are shaking, dispatch received by unit 4a7, code 4, dispatch received by unit 4a7, secured apt bldg, u/r rp, unable to gain access to complex, no answer on intercom, quite from street." (Sworn Officer)

"Nature of call: loud music, loud music coming from van ifo rp wants quieted, dispatch received by unit 2a7, music was coming from an rv. The driver was a dj and was practicing. Driver agreed to stop." (Sworn Officer)

Found and Lost Property Call Narratives:

"rp at 1630 berkeley way, found credit card, Dispatch received by unit 7A4, The credit card was not active. I destroyed the credit card." (Sworn Officer)

"Found wallet, has dl, rp will leave the wallet on her front steps if she leaves her house, found in front of her garage, dispatch received by unit 1a16, dispatch received by unit 1a16, dispatch received by unit 1a16." (Sworn Officer)

Non-Injury Accident Report Call Narratives:

"UCPD was flagged down, req bpd response, blk toyota highlander vs silver buick sentry, dispatch received by unit 3a6, silver buick, reg valid from: 05/02/14 to 05/02/15 yrmd:05 make:buick btm :4d vin : 1040 jackson st apt 423 city:albany c.c.:01 zip#:94706, 11-82 only. Parties exchanged info." (Sworn Officer)

"Rp driving a "bauer's" company bus, hit a parked a vehicle on the street, victim vehicle is silver volvo rp req'ing pd due to it being a company vehicle - and so the victim doesn't think he is a victim of 20002, dispatch received by unit 7a6, contacted the rp pannell who advised that he hit a parked vehicle causing minor damage. Pannell's vehicle also had minor damage. I stood by while pannell left a company print out with the victim vehicle that contained the insurance information and contact information. No further service was requested." (Sworn Officer)

Suspicious Circumstances Call Narratives:

"On ca between delaware and francisco, 2 males poss working on a car, rp thinks looks sus, 1 of the males shined a green led light on the rp, veh is a red sportscar, poss corvette, hood was up on car, occ: 5 min ago, rp is passerby, walking dog, rp unable to give desc on subjects, dispatch received by unit 6a5, dispatch received by unit 7a2, reg valid from: 09/24/14 to 09/24/15 yrmd:76 make:chev btm: 9405 bass rd city:kelseyville c.c.:17 zip#:95451, proves ok" (Sworn Officer)

"Someone left a bag outside rp's house yesterday, rp is concerned because it has a gang mark on it, bldg is not secure, bag is outside apt #3, dispatch received by unit 5a6, black faux purse with no id and a meth pipe and two baggies of crystalized substance." (Sworn Officer)

"Ladder leaned up against the fence and a bag of potato chips in the backyard, occ: 0830 - 1830 hours, nature of call: 1021, dispatch received by unit 7a12, i contacted rp via telephone. He advised that he did not think that a crime occurred, but rather

someone may have used his backyard as an escape route during a police pursuit. Ladder granted access to the eastern neighbors yard. That neighbor advised nothing was taken. I thanked him for the information and advised that i would pass it on to my supervisors. He did not have cameras in his backyard that would assist pd tho. No further pd service requested. Nfi msc only.” (Sworn Officer)

Suspicious Person Call Narratives:

“2 males out in the area on bikes with flashlights 10 prior both poss bma’s 20’s both tall-- 600 thin build both in dark heavy coats or parkas unknown description pants no bags seen, nature of call: poss casing, nature of call: poss casing -10 prior, reg mens style bikes no further desc last wb stuart then nb college, broadcast, rp at 2745 stuart st in #2 will be leaving in 20 mins for work, dispatch received by unit 5a8, dispatch received by unit 5a10, unable to locate.” (Sworn Officer)

“On grant between parker st and blake, male living in a camper, house is under construction, bma, 50-60 5’8 med build with dark color sweat shirt, occ 2 mins prior tor, camper dark green is parked ifo the vacant house , rp thinks subj is casing the house under construction, dispatch received by unit 4a17, dispatch received by unit 4a5, dispatch received by unit 4a11, vehicle is gone on arrival c4 doing area check, unable to locate, susper is gone on arrival, attempted to contact rp with negative results” (Sworn Officer)

“2 bm’s with ties and clip boards, unknown what they wanted., ls eb on woolsey on ft, no further desc, dispatch received by unit 7a6, dispatch received by unit 6a7, 2nd caller from woolsey, 2 bm’s, 20’s.... #1 whi shirt, a tie and clipboard. #2 red and black jacket, no further desc., gone on arrival unable to locate.” (Sworn Officer)

Suspicious Vehicle Call Narratives:

“White van light off running and creeping around neighborhood for past 30 mins, 2 males in vehicle, wm’s or hm’s, flat bcst, vehicle still in the area, now ifo 2808 garber, gmc van, plate, now headed towards college, 2nd rp, dispatch received by unit 4a15,

dispatch received by unit s11, dispatch received by unit 3a6, dispatch received by unit s11, gone on arrival unable to locate.” (Sworn Officer)

“Ongoing issues with same vehicle driving around the elmwood area at night, rp thinks vehicle is casing, vehicle is now parked at elmwood laundry in parking lot, white gmc, washington plate, unknown if occupied, usually occupied by 2 hm’s aprox late 20’s - 30’s, dispatch received by unit 2a7, unoccupied.” (Sworn Officer)

“Blk chrysler with red rims, 4 yr old child in the car all by herself, rp is a witness just driving by, unknown plate on the chrysler, dispatch received by unit 2a3, rp now says there is an adult asleep in the car still thinks we should check it out, nature of call: 1042, dispatch received by unit 2a5, proves ok mother and daughter waiting for their father, who is a mechanic across the street, to get off work.” (Sworn Officer)

Vehicle Double Parking Call Narratives:

“Vehicle blocking roadway, construction vehicle, near Malcolm x school, double parked, large white work truck. Vehicle moved.” (Parking Enforcement)

“Vehicle double parked / blocking reporting parties vehicle from getting out, blk Audi sedan, hazards are on, reporting party in beige Nissan alt, gone on arrival.” (Parking Enforcement)

Vehicle Blocking Sidewalk Call Narratives:

“Blk Honda accord 8jdt371, no record, neighbor is in wheelchair has not been able to pass by, waiting for lock smith.” (Sworn Officer)

Vehicle Blocking Driveway Call Narratives:

Vehicle: white Honda, information given to parking, vehicle is a Honda clarity, the vehicle is in compliance and is not blocking the driveway homeowner can get into and out of the driveway, i will call and advise the reporting party of this.” (Parking Enforcement)

Abandoned Vehicle Call Narratives:

“Car has been at location for 2 1/2 weeks, vehicle: blk Dodge min van, nothing suspicious about vehicle per reporting party.” (Sworn Officer)

“Nature of call: 1 week, parked on sidewalk, windows down, back full of garbage, white ford pickup (late 80s) Husteads Towing en route.” (Sworn Officer)

Inoperable Vehicle Call Narratives:

“Across from, need flat bed, silver ford titanium sedan (TN), whole front end is smashed, tire is pushed in backwards with rim down to the ground, SVR Notes: BERRY BROS TOW, SILV FORD TITANIUM DWIGHT WY, #821, 19-1967, berry bros tow advised eta 20-30 min.” (Sworn Officer)

“Gold Toyota camry no rear lic plate, nb adeline from stanford seen just prior, rear tire look as if it's about to fly off, rear right, unable to locate, gone on arrival.” (Sworn Officer)

APPENDIX D

FIP and Related Course Training History

Professional Standards Division Personnel and Training Bureau

Fair and Impartial Policing:

Description: The science of human bias indicates that even the best officers might manifest bias and therefore even the best agencies must be proactive to achieve Fair and Impartial Policing. This training presents what is known about human biases and provides guidance to promoting Fair and Impartial Policing in the areas of policy, training, supervision/accountability, leadership, recruitment/hiring, institutional practices/priorities, outreach and measurement.

Keynote Speaker is Dr. Lori Fridell, former Director of PERF and a nationally recognized expert on Racially Biased Policing. BPD Instructors certified by Dr. Fridell.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
8/17/10	Dr. Lori Fridell	12	8 and Community Members
11/5/12	Dr. Lori Fridell	12	10
11/16/13	Dr. Lori Fridell	12	4***Train-the Trainer Course***
4/22/14 to 10/31/14	BPD	8	267
11/18/14	Dr. Lori Fridell	12	11 and Community Members
4/9/16	Dr. Lori Fridell	12	17 and Community Members

Fair and Impartial Policing Policy Training:

Description: The Berkeley Police Department will hold trainings on General Order B-4, Fair and Impartial Policing. The training will cover the purpose, definition, and policy related to Fair and Impartial Policing as well as the responsibility to report misconduct. Statistical dispositions and common questions related to this new policy will also be addressed. Presented by BPD Instructors certified by Dr. Fridell.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
11/23/14 to 11/25/14	BPD	1	167

Biased Based Policing:

Description: California State Commission on Peace Officers Standards and Training has developed a DVD course, "Bias Based Policing: Remaining Fair and Impartial" (formerly known as racial profiling) to satisfy the Continuing Professional Training requirement. This course is mandated by POST. This course was administered by supervisors and requires group discussion on topic.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
11/1/14 to 2/27/15	BPD	2	177

Principled Policing:

Description: This course provides a “how to” on teaching policy approaches that emphasize respect, listening, neutrality, and trust, while also addressing the common implicit biases that can be barriers to these approaches (implicit bias). Instructors were certified and trained by the California Department of Justice.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
9/21/16	DOJ	16	3***Train-the-Trainer Course***
5/15/17	CA POST	16	3***Train-the-Trainer Course***
12/28/17 to 1/25/18	BPD	8	64
12/17/20 & 1/14/21	BPD	4	88

Crisis Intervention Training:**36 to 40-hour Crisis Intervention Course:**

Description: Law enforcement personnel will receive information about mental illnesses, crisis and suicide intervention techniques, common psychiatric medications, crisis intervention training for adolescents, cultural competency in the community, post-traumatic stress disorder and officer resiliency, assessing the risk for violence in a mentally ill individual, Welfare & Institution Code 5150 “(mental health hold) procedures, Mobile Crisis information and community resource contacts. CIT trained officers develop an increased understanding of mental illness which enables them to effectively coordinate appropriate interventions for individuals with mental illness.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
7/28/11 to 10/26/18	Various	36-40	75 and counting

8-hour Crisis Intervention Course:

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
1/31/13 to 5/13/13	BPD	8	106

2-hour Crisis Intervention Update:

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
12/28/15 to 4/21/16	BPD	2	181
12/27/18	Berkeley Mental Health	2	17

Crisis Intervention for Dispatchers:

Description: This course is designed to provide Public Safety Dispatchers with an overview of mental illness, tools to assess suicidal callers, and crisis intervention techniques. Mental health issues unique to the youth, veterans, and senior citizens are discussed. Excited delirium and agitated chaotic events are explained.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
5/21/14 to 8/30/17	Alameda County Behavioral Health	16	17

Crisis Negotiations for Dispatchers:

Description: This course will provide the student with an understanding of hostage negotiations principles, knowledge of the various roles, responsibilities and challenges a Dispatcher may face in such a situation. Students will also learn techniques used by negotiators; field unit response to negotiations incidents; and techniques for dealing with the aftermath and stress management. It will also provide the student with the necessary information to practically apply these principles during critical incidents such as: Hostage situations Barricaded subjects Suicidal subjects when the student may be the call taker. This course also addresses “Swatting”.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
11/30/16 and 9/21/17	IXII Group	8	2

Communication- Keeping Your Edge:

Description: California State Commission on Peace Officers Standards and Training has developed a web based course, “Communications-Keeping Your Edge” to satisfy the Perishable Skills Continuing Professional Training requirement. This course is available to POST regulated employees at the POST Learning Portal online and its completion is mandated every two years.

The training will include verbal and non-verbal communication techniques, including responding to rude and abusive individuals, active listening, deflection, re-direction, and other communication techniques.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
Ongoing	POST	2	All Sworn

Tactical De-escalation:

Description: ***First POST approved Tactical De-escalation training***

The student will receive instruction designed to educate law enforcement officers in the theory, methodology, and application of tactical de-escalation skills. Course instruction is intended to provide the student with an in-depth understanding of tactics used to handle unarmed non-compliant subjects, subjects armed with weapons other than firearms, and subjects who may attempt suicide by cop. The course consists of lecture, video review and hands-on/practical tactical de-escalation training for in-service officers.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
6/14/16 to 10/27/16	BPD	8	135
8/13/18 to 3/12/20	BPD/Various	8	76

Harassment Prevention Training:

Description: Gov. Code 12950.1 (Amended by **SB 1343**) and the City of Berkeley prohibit harassment on the basis of sex, race, age, religion, color, national origin, ancestry, physical disability, mental disability, medical condition (associated with cancer, a history of cancer, or genetic characteristics), HIV/AIDS status, genetic information, marital status, pregnancy, sexual orientation, gender, gender identity, gender expression, military and veteran status, and any other classifications protected by state or federal law.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
Ongoing	COB/BPD	1 to 2 depending on rank.	All Personnel

LGBT Awareness for Law Enforcement:

Description: This interactive course includes five modules that are designed to address the following learning outcomes:

1. The student will explain the difference between sexual orientation and gender identity and how these two aspects of identity relate to each other and to race, culture and religion.
2. The student will define terminology used to describe sexual orientation and gender identity.
3. The student will identify ways to create an inclusive workplace and to support LGBTQ+ co-workers.
4. The student will identify key moments in the LGBTQ+ civil rights movement.
5. The student will understand how hate crimes and domestic violence impact LGBTQ+ people.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
June – July 2021	Out to Protect	4	All Personnel

Upcoming Trainings:

Personnel and Training are currently in the process of scheduling additional 8 hour Implicit Bias training for the Fall 2021

APPENDIX E

FY 2020 Year End Workforce Report

**ATTACHMENT 16: POLICE DEPARTMENT WORKFORCE
BY OCCUPATIONAL CATEGORIES, RACE & GENDER**

POLICE DEPARTMENT	TOTAL	M	F	WHITE		BLACK OR AFRICAN AMERICAN		HISPANIC OR LATINO		ASIAN		NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER		AMERICAN INDIAN AND ALASKA NATIVE		TWO OR MORE RACES		MINORITIES
				M	F	M	F	M	F	M	F	M	F	M	F	M	F	
DEPARTMENT * REPRESENTATION	160	134 83.8%	26 16.3%	76 47.5%	15 9.4%	19 11.9%	4 2.5%	20 12.5%	3 1.9%	16 10.0%	2 1.3%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	3 1.9%	2 1.3%	69 43.1%
ALAMEDA ACS		85.7%	14.3%	47.7%	7.4%	11.7%	3.8%	9.6%	0.4%	11.8%	2.5%	2.9%	0.0%	0.3%	0.0%	1.8%	0.3%	45.0%
POLICE CHIEF REPRESENTATION	1	1 100.0%	0 0.0%	1 100.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
ALAMEDA ACS		80.2%	18.7%	49.5%	13.2%	20.9%	0.0%	8.7%	0.0%	0.0%	6.6%	0.0%	0.0%	2.2%	0.0%	0.0%	0.0%	38.4%
CAPTAINS REPRESENTATION	3	2 66.7%	1 33.3%	1 33.3%	1 33.3%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 33.3%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 33.3%
ALAMEDA ACS		80.2%	18.7%	49.5%	13.2%	20.9%	0.0%	8.7%	0.0%	0.0%	6.6%	0.0%	0.0%	2.2%	0.0%	0.0%	0.0%	38.4%
LIEUTENANTS REPRESENTATION	9	8 88.9%	1 11.1%	5 55.6%	1 11.1%	1 11.1%	0 0.0%	0 0.0%	0 0.0%	2 22.2%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	3 33.3%
ALAMEDA ACS		80.2%	18.7%	49.5%	13.2%	20.9%	0.0%	8.7%	0.0%	0.0%	6.6%	0.0%	0.0%	2.2%	0.0%	0.0%	0.0%	38.4%
SERGEANTS REPRESENTATION	31	23 74.2%	8 25.8%	16 51.6%	5 16.1%	3 9.7%	0 0.0%	2 6.5%	1 3.2%	2 6.5%	1 3.2%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 3.2%	10 32.3%
ALAMEDA ACS		80.2%	18.7%	49.5%	13.2%	20.9%	0.0%	8.7%	0.0%	0.0%	6.6%	0.0%	0.0%	2.2%	0.0%	0.0%	0.0%	38.4%
POLICE OFFICERS REPRESENTATION	117	101 86.3%	16 13.7%	54 46.2%	8 6.8%	15 12.8%	4 3.4%	18 15.4%	2 1.7%	11 9.4%	1 0.9%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	3 2.6%	1 0.9%	55 47.0%
ALAMEDA ACS		86.4%	13.6%	47.3%	6.6%	10.4%	4.3%	9.8%	0.4%	13.3%	2.0%	3.3%	0.0%	0.0%	0.0%	2.0%	0.3%	45.8%
NON - SWORN REPRESENTATION	91	30 33.0%	61 67.0%	10 11.0%	13 14.3%	12 13.2%	27 29.7%	3 3.3%	10 11.0%	5 5.5%	6 6.6%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	5 5.5%	68 75%
ALAMEDA ACS		57.9%	42.1%	19.7%	19.7%	2.0%	10.2%	11.4%	11.0%	19.7%	0.8%	0.0%	0.0%	0.8%	0.0%	2.4%	0.8%	59.1%



APPENDIX F

Community Based Organizations and Nonprofits Providing Services in Berkeley

Youth after-school and recreational programs

Youth Spirit Artworks

Youth Spirit Artworks works to empower homeless and low-income young people in Berkeley by teaching youth-specific vocational skills related to commercial arts and entrepreneurship, providing youth with an income from jobs training and sales of art and teaching budgeting and money management skills, helping youth modeling experiences of healthy family and community relationships, and promoting youth commitment to personal health and wholeness, including a commitment to nonviolence.¹

Currently the City of Berkeley only funds the Youth Spirit Artworks' (YSA) Youths TAY Tiny Homes Management program, which is discussed below, but funding could be expanded to their Fine Arts program that uses art jobs and jobs training to empower and transform the lives of youth, giving young people the skills, experience, and self-confidence needed to meet their full potential, and the Community Arts programs, that centers around public artmaking for community revitalization.²

Berkeley Youth Alternatives

Berkeley Youth Alternatives (BYA) uses a strength-based, holistic, continuum of care approach that emphasizes education, health and well-being, and economic self-sufficiency in order to help children, youth, and their families build capacity to reach their innate potential. BYA uses preventative measures by reaching youth before their problems become crises and uses intervention measures by providing support services to youth engaged in the youth justice system.

The City of Berkeley's fiscal year 2022 budget reflects an allocation of \$30,000 to the BYA After School Program³ and \$30,000 to BYA's Counseling program for children.⁴

¹ <https://youthspiritartworks.org/>

² <https://youthspiritartworks.org/programs/community-art-program/>

³ <https://www.cityofberkeley.info/uploadedFiles/Manager/Budget/cob-proposed-budget-fy2022.pdf>

⁴ <https://www.byaonline.org/programs/afterschool-center>

Other programs at the BYA that would benefit from City funding are the Environmental Training Center, a youth internship program for youth ages 16-24 that teaches basic work ethic, professionalism and skills necessary for future employment,⁵ the youth and Family Opportunity Hub that focuses on increasing access to health and wellness services for low-income and uninsured children and their families⁶, Career Development Center which administers multiple employment readiness strategies for youth and young adults ages 16-24⁷, and lastly; Sports and Fitness which provides a structured and disciplined environment for participants to learn quality values such as teamwork, confidence building and self-discipline.⁸

Violence Prevention and Restorative Justice Programs

SEEDS Community Resolution Center will expect to see a \$22,553 allocation of City funding to provide facilitation, training, and coaching in restorative justice, community building, conflict resolution, restorative inquiry, verbal de-escalation, harm repair, and positive school culture and climate development. SEEDS School Services help to foster positive relationships among and between educators and students, thereby increasing students' engagement in school, and maximizing the effectiveness of the adults who serve them. SEEDS School Services can serve to strengthen the essential links between students, their peers, their families, and their educators.⁹

SEEDS also offers community mediation services that offer a supportive place where people can talk through their conflict in a productive manner,¹⁰ and conflict coaching to help people process and problem solve specific issues.¹¹

⁵ <https://www.byaonline.org/programs/health-and-environment/environmental-training-center>

⁶ <https://www.byaonline.org/programs/teen-center/youth-and-family-opportunity-hub>

⁷ <https://www.byaonline.org/programs/career-development-and-prevent-center>

⁸ <https://www.byaonline.org/programs/sports-and-fitness/sports-and-fitness>

⁹ <https://www.seedscrc.org/school-services>

¹⁰ <https://www.seedscrc.org/community-mediation>

¹¹ <https://www.seedscrc.org/community-conflict-coaching>

Intimate Partner Violence, Sexual Violence and Sexual Exploitation Prevention and Intervention

The City of Berkeley does not currently fund any CBOs that work explicitly with survivors of intimate partner violence, sexual violence, or sexual exploitation; however, the City does fund two women's specific shelters. The Women's Daytime Drop-In Center's¹² Bridget Transitional House Case Management component will receive \$118,728, the Daytime Drop-In Services will receive \$48,153, and the Homeless Case Management – Housing Retention will receive \$100,190.¹³ Berkeley Food & Housing Project's Women's Shelter receives \$230,644 in City funding.

Organizations identified by members of the Task Force that support these population specifically, but who do not receive City funding include Motivating, Inspiring, Supporting and Serving Sexually Exploited Youth (MISSEY)¹⁴, Bay Area Women Against Rape (BAWAR)¹⁵, and the Family Violence Law Center¹⁶. The City could also be innovative and develop RFPs for CBOs that work directly to support these populations of people. It should be noted that, while a large proportion of women experience these types of issues, men and LGBTQ populations experience them as well, which should be taken into consideration in the creation of RFPs.

Housing and Homeless Services

Building Opportunities for Self-Sufficiency (BOSS)

BOSS, which was summarized previously, currently receives \$932,975 which is the most funding of all the CBOs contracted in the City and centered on homelessness. BOSS current receives funding for their BOSS House Navigation Team that provides needs assessments, housing education, access to listings, advocacy with landlords, help filling out housing applications, connection to subsidies as available, and case management to facilitate a successful transition to housing along with critical time intervention to

¹² <https://www.womensdropin.org/>

¹³ <https://www.cityofberkeley.info/uploadedFiles/Manager/Budget/cob-proposed-budget-fy2022.pdf>

¹⁴ <https://misssey.org/>

¹⁵ <https://bawar.org/>

¹⁶ <http://fvlc.org/get-help/resources/>

ensure stabilization, Representative Payee Services to individuals who have been designated by Social Security as needing a payee to manage their income, or who have been referred for this assistance, Ursula Sherman Village Families Program and Village Singles Shelter a shelter for homeless disabled adults.

Youth Spirit Artworks (YSA); Tiny House Village

Youth Spirit Artworks' Tiny House Village¹⁷ was built in early 2021 for homeless Transitional Age Youth; age 18-23 in crisis. YSA partnered with a non-profit developer to create a multi-faceted, community-led Village with 26 tiny homes that was designed by the young people it will benefit. The completed Village features on-site communal bathrooms and showers, a kitchen yurt for residents to cook weekly communal meals and securely store their own food, community gathering space for meetings, and on-site Resident Assistants who live in the community. Residents in the Village, are engaged in building a strong and connected community, have opportunities for personal and professional growth, including access to training and mentorship in the following areas: artmaking, art entrepreneurship and sales, nonprofit management, gardening, sewing, medicine, music, biking and exercise, cooking, construction, and more. Residents are supported in developing a responsibility to the community at large, achieved through connections to local faith organizations and active involvement with local social justice projects. Additionally, all residents at the Village take part in YSA's core jobs training program, where they will receive wrap-around case management services and engage in youth-led workshops around healthy interpersonal relationships, restorative practices, and more.¹⁸

YSA is expected to receive an \$117,000 allocation from the City for the case management component¹⁹ of the initiative, however expanding funding to build up the community would be incredibly impactful.

Rebuilding Together

Rebuilding Together works to bring warmth, safety, and independence to Berkeley residents by

¹⁷ <https://youthspiritartworks.org/programs/tiny-house-village/>

¹⁸ <https://youthspiritartworks.org/programs/tiny-house-village>

¹⁹ <https://www.cityofberkeley.info/uploadedFiles/Manager/Budget/cob-proposed-budget-fy2022.pdf>

revitalizing homes and neighborhood facilities.²⁰ The City is expected to allocate \$98,275, to the Our Safe at Home program, which provides safety assessments and hazard elimination for qualified applicants. By implementing safety modifications such as grab bars in the bathroom, handheld shower heads, elevated toilet seats, exterior handrails, or wheelchair ramps, the Safe at Home program helps prevent accidents or exposure that can cause injury, illness, or even death. The Safe at Home program improves quality of life for its clients by performing upgrades including painting, lead abatement, repairing/installing heating systems, replacing electrical panels, smoke alarm installation, fire extinguishers, and carbon monoxide detectors to address environmental hazards in the home.²¹

City funding could be expanded to the Community Facility Improvement program which provides local nonprofits and community centers with much-needed repairs and upgrades, which will contribute to an organizations' ability to effectively serve the Berkeley community. Rebuilding Together also provides emergency repairs services and energy and efficiency upgrades, reducing the number of residents living in uninhabitable conditions.²²

Food security, increased access to nutritious food

Healthy Black Families Inc.

Healthy Black Families Inc, educates, engages, and advocates for the holistic growth and development of diverse Black individuals and families. They will receive funding for their Sisters Together Empowering Peers (STEP) program; a peer-led support and empowerment group that addresses health and social inequities for African American parenting women in our community, but funding could be expanded to their program; Thirsty for Change (T4C), a healthy eating and nutrition education and advocacy program that engages Black families in South and West Berkeley through a wide array of activities to improve the health of the community.²³

²⁰ <https://rtebn.org/>

²¹ <https://rtebn.org/our-work/#our-programs>

²² <https://rtebn.org/our-work/#our-programs>

²³ <https://www.healthyblackfamiliesinc.org/t4c>

Mental Health and Co-Occurring Conditions

Bonita House

As previously explained, Bonita House provides mental health and addiction treatment, intensive residential treatment, independent living programs, housing and employment assistance, and outpatient case management. The City currently allocated \$24,480 to its case management services, which could be increased substantially to build capacity and efficacy of its services.

Bay Area Community Resources; School Based Behavioral Health Services (BACR)

BARC provides school-linked mental health and prevention services for middle and high school children and their families, in high-need. BACRs prevention and early intervention approach draws from evidence-based practices and proven resiliency models utilizing experienced licensed and pre-licensed clinicians.²⁴ BACR offers restorative, culturally humble, and trauma-informed mental health services to help youth cope with challenging life circumstances and develop positive strategies to be successful and healthy in and out of school.

Substance Use and Addiction

New Bridge Foundation

The New Bridge Foundation (NBF) is a residential and outpatient addiction treatment center that provides comprehensive services and has a community outreach component to their program. It does not currently receive City funding but is a well-known and respected CBO in the community, and could benefit from expanded funding.

Healthcare Management

Lifelong Medical Care (LMC)

The City will allocate a total of \$304,398 for some treatment services such as geriatric and hypertension care, however LMC also has initiatives such East Bay Community Recovery Project, which supports the self-sufficiency and wellness of individuals and

²⁴ <https://www.bacr.org/behavioral-and-mental-health>

families by providing comprehensive and integrated services for mental health, substance use and related health conditions while addressing housing and employment.²⁵ They also have a program called Heart to Heart which fosters the idea that community connectedness and cohesion through community engagement, building relationships, and trust are critical for improving community health.

Heart 2 Heart works to prevent high blood pressure and heart disease while connecting community members to resources and services they need. The Heart 2 Heart program serves as a bridge between community members and health centers throughout the Heart 2 Heart community.²⁶ Funding can also be increased for their Case Management Tied to Permanent Housing program (\$163,644), Supporting Housing Program (\$55,164), and Street Medicine/ Trust Clinic (\$50,000).²⁷

Berkeley Free Clinic

The Berkeley Free Clinic is a health collective that provides free medication, supplies, dental and medical care, peer counseling, and community referrals. The Clinic relies solely on individual or organizational donations and government support and is one of the only clinics in California offering primary health care free of charge. The clinic maintains that health care should be available at a level and quality sufficient to meet the basic needs of everyone regardless of race, gender, age, immigration status, income level, or any other characteristic, and believes health care is a right, not a privilege. The clinic is expected to receive only \$15,858 for the Free Women and Transgender Health Care Service. Funding for this program could be significantly increased. Funding could additionally be expanded to services such as the Outreach Team which uses volunteers to hand out hot meals, hygiene supplies, and more to people in need, TB Tests, Local, Resource Navigation & Referrals, Health Insurance & Food Benefits, Peer Counseling, STI, Screenings & Treatment, UTI Testing & Treatment, Hepatitis, HIV, and TB Counseling +, Screenings, and Dental Services.²⁸

25 <https://lifelongmedical.org/ebcrp/>

26 <https://lifelongmedical.org/heart-2-heart/>

27 <https://www.cityofberkeley.info/uploadedFiles/Manager/Budget/cob-proposed-budget-fy2022.pdf>

28 <https://www.berkeleyfreeclinic.org/servicesupdate>

Economic development and new city jobs

Inner-City Services (ICS)

ICS will receive just \$101,351 of City funding to provide comprehensive employment training and job placement services to thousands of Bay Area residents. ICS combines traditional content-based education with hands-on classroom training and cutting-edge computer technology. ICS's main objective is to instill workplace character values: a sense of pride and professionalism, dignity, respect, integrity, and excellence throughout our diverse student body, in order to help people thrive in society and the business world.²⁹

Multicultural Institute

Multicultural Institute (MI) helps increase access to opportunities for immigrant families to reach economic stability, and their programming uses strategies to enhance economic, educational, and skill opportunities, cultivate leadership development, provide direct services, and stimulate positive transformation of individuals, families, and communities. These programs ultimately, assist individuals in contributing and participating in the civic life and well-being of their community. MI will receive \$68,136 for their Lifeskills Program³⁰ that provides economic development, vocational skill development, learning opportunities, and immigration and health services to people living in Berkeley.³¹ In addition to their Lifeskills program MI will receive \$33,603 in City funding for their Youth Mentoring program.³²

29 <https://www.icsworks.com/about.php>

30 <https://www.cityofberkeley.info/uploadedFiles/Manager/Budget/cob-proposed-budget-fy2022.pdf>

31 <https://mionline.org/what-we-do/>

32 <https://www.cityofberkeley.info/uploadedFiles/Manager/Budget/cob-proposed-budget-fy2022.pdf>

Parks and open spaces including activities for young people and families

Berkeley Community Gardening Collaborative (BCGC)

Berkeley Community Gardening Collaborative is a diverse group of community garden members who share a commitment to organic, urban agriculture and access to healthy food for all residents of Berkeley. They protect existing gardens, facilitate the formation of new gardens, and advocate for food security initiatives in local schools and within the city. BCGC actively seeks to create a more sustainable society by engaging in urban agriculture, the preservation of open space, habitat restoration, and cultivating community. To broaden its impact and build alliances, BCGC partners with other organizations that share its goals. BCGC will receive \$11,895 in City funding, which could be expanded to strengthen their impact on communities in Berkeley.³³

Moving South Berkeley Forward (MSBF)

Moving South Berkeley Forward is a youth-driven environmental, social justice project focused on community health and educational equity in South Berkeley and is spearheaded by youth of color and the South Berkeley community. This project is a joint effort between the Berkeley Community Gardening Collaborative, UC Berkeley's Environmental Science, Policy & Management Department, Berkeley High School, and the community of South Berkeley. MSBF wants the community to have accessible health resources and a better future.³⁴ MSBF does not currently receive any City funding.

Childcare

BANANA

BANANAS works in partnership with early education providers in order to provide support for families in their parenting journey. BANANAs programs and services include assisting families find and pay for quality childcare, parenting workshops, playgroups, and professional development for all types of early care and education providers. Their services and

³³ <https://ecologycenter.org/bcgc/>

³⁴ <https://movingsouthberkeleyforward.weebly.com/>

support allow working families to thrive and be confident their children are in quality and nurturing learning environments.³⁵ BANANA Currently receives funding for childcare subsidies (\$283,110), playgroups (\$10,527), and Quality Rating and Improvement System services (\$95,000).

The City could additionally, expand funding subsidies to early childcare providers such as Nia House Learning Center in West Berkeley, and Bay Area Hispano Institute for Advancement, Inc. (BAHIA Inc.). Nia House Learning Center's mission is to bring together children from different socio-economic backgrounds to grow and work in harmony and cooperation, and to actively work toward all of Dr. Maria Montessori's concepts, especially that of peace through education.³⁶ BAHIA Inc. is a nonprofit organization that provides high quality, bilingual learning environments where children grow to become successful lifelong bilingual learners. BAHIA is the only full-time; Latino nonprofit in Berkeley providing bilingual (Spanish-English) childcare and education to children ages 2-10 years of age. BAHIA is a respected leader in the community that strives to improve the quality of life of children and their families in the community.³⁷

Bay Area Hispano Institute for Advancement

Bay Area Hispano Institute for Advancement, Inc. (BAHIA Inc.) is a nonprofit organization that provides high quality, bilingual learning environments where children grow to become successful lifelong bilingual learners. BAHIA is the only full-time; Latino nonprofit in Berkeley providing bilingual (Spanish-English) childcare and education to children ages 2-10 years of age. BAHIA is a respected leader in the community that strives to improve the quality of life of children and their families in the community.³⁸

LGBTQ Services and Support

Pacific Center for Human Growth (PCHG)

Pacific Center for Human Growth is the oldest LGBTQIA+ center in the Bay Area, the third oldest

³⁵ <https://bananasbunch.org/about/>

³⁶ <http://www.niahouse.org/>

³⁷ <https://www.bahiainc.com/about-us>

³⁸ <https://www.bahiainc.com/about-us>

in the nation, and operates the only sliding scale mental health clinic for LGBTQIA+ and QTBIPOC people and their families in Berkeley.³⁹ PCGH helps enhance the mental health and overall well-being of LGBTQIA+ and QTBIPOC communities by providing culturally responsive therapy, peer to peer support groups, community outreach services, and facilitated workshops. The City will allocate \$23,245 to their Safer Schools Project, but funding could be expanded to their Youth Program that supports young people in feeling connected, supported, and uplifted.⁴⁰

Community Alternative Placement Hub (CAPH)

In order to complement the CERN as it relates to a response to a CFS, certain CBOs should be designated as “community alternative placement hubs” (CAPH) which can serve as an alternative to jail or mental institutions for people in need or immediate shelter or services who have not committed any crime.

BOSS, Bonita House New Bridge Foundation and Bay Area Community Services (BACS) have already been identified above in and previous section and could additionally be well positioned CBOS to build out the CERN and serve as CAPHs. BOSS, which was summarized in an above section, currently receives the most funding of all the homeless CBOs contracted in the City could be best positioned to serve as a general CAPH for people in crisis or experiencing a high need of services or intervention. Bonita House could serve as a hub that specifically handles people with mental health crises and co-occurring conditions cases, and the Newbridge Foundation could be utilized specifically for people experiencing substance abuse crises. BACS can also serve as a candidate for a CAPH for people experiencing crises related to homelessness and behavioral health needs.

Additionally, and specific for youth in need of immediate shelter and services, the **Youth Spirit Artworks**; TAY Tiny Homes could also be utilized. Lastly, the New Bridge Foundation, which does not currently receive City funding could also be utilized as a CAPH, for people with mental health challenges.

³⁹ <https://www.pacificcenter.org/about-us>

⁴⁰ <https://www.pacificcenter.org/youth-programs>

APPENDIX G

Berkeley Calls for Service Analysis

EXECUTIVE SUMMARY

The Berkeley City Auditor conducted an extensive report on Berkeley Police Department (BPD) calls for service (CFS or events) which was published in July of 2021. This report has been prepared to illustrate the application of NICJR's CFS classification methodology to BPD CFS data. To the extent possible, the City Auditor's analyses have not been replicated.

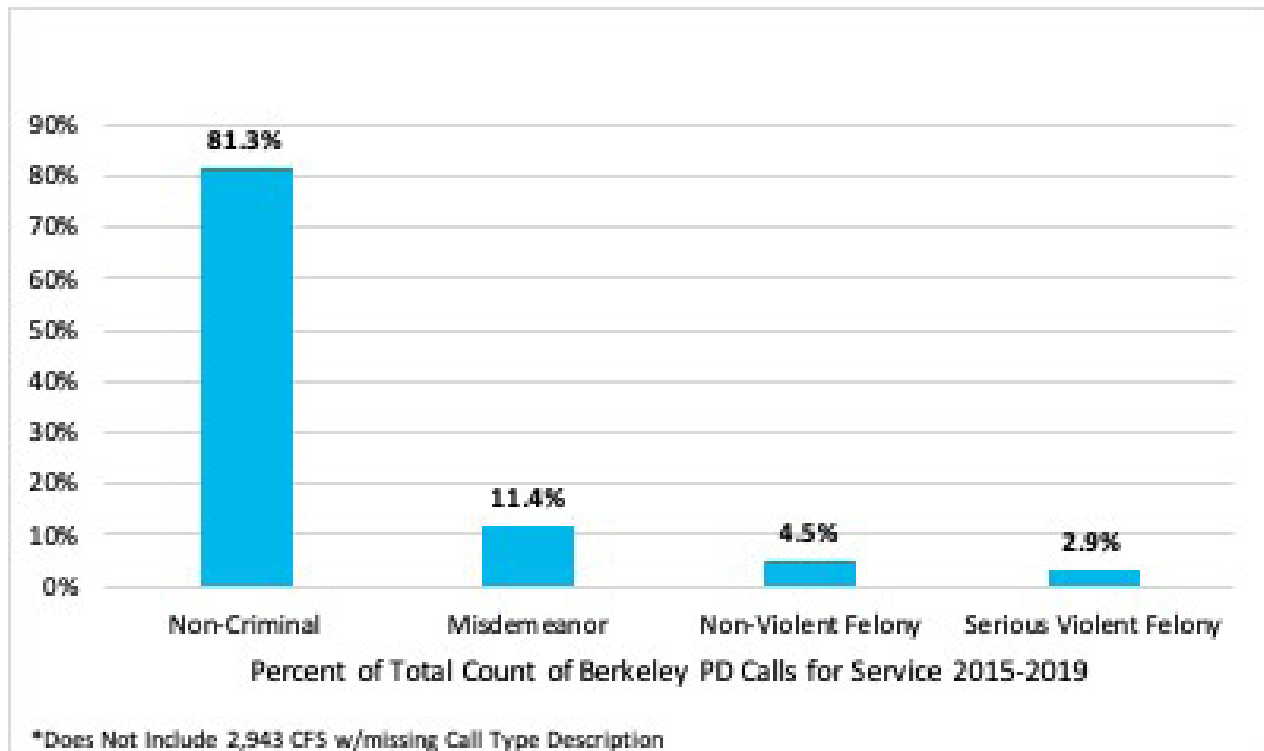
Specific Analysis Objectives

1. Provide an analysis of BPD calls for service according to NICJR's Crime Categories
2. Map NICJR's Crime Categories to NICJR's proposed Community Emergency Response Network (CERN)
3. Identify which calls for service should be responded to by a non-BPD alternative

Findings

A review of over 358,000 calls for service covering the period 2015-2019 found that over 81 percent of BPD calls were for Non-Criminal events. Only 7.4 percent of calls were associated with felonies of any kind.

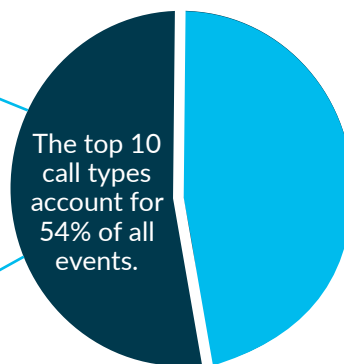
Figure 1. Calls for Service by Crime Category



Although the BPD utilized nearly 200 call types during the study period, just ten comprised over half of all events.

Table 1. Top 10 Call Types, Auditor Report

Call Types	Total Events
Traffic Stop	44,795
Disturbance	35,696
Audible Alarm	19,920
Noise Disturbance	15,773
Security Check	15,262
Welfare Check	15,030
Suspicious Circumstance	11,547
Trespassing	11,058
Theft	10,556
Wireless 911	9,899



NICJR has developed a tiered dispatch model for CFS, one that includes a robust, structured, and well-trained team of community responders – a Community Emergency Response Network. Pursuant to the NICJR methodology, CFS are initially allocated to CERN Tiers based on a standardized approach outlined below:

Tier 1: CERN dispatched only

- Event type: Non-Criminal

Tier 2: CERN lead, with officers present

- Event type: Misdemeanor with low potential of violence
- If CERN arrives on scene and determines there is low potential for violence and an arrest is unnecessary or unlikely, officers leave.

Tier 3: Officers lead, with CERN present

- Event type: Non-Violent Felony or an arrest is likely
- If officers arrive on scene and determine there is no need for an arrest or an arrest is unlikely and violence is unlikely, officers step back and CERN takes the lead.

Type 4: Officers only

- Event type: Serious Violent Felony or high likelihood of arrest

Default Tier assignments are adjusted based on factors including call type arrest rates and a qualitative assessment of whether specific call types would benefit from an alternate response; the arrest analysis typically results in CFS “moving up” a Tier, whereas the alternate response benefit analysis generally results in CFS moving down a level. In Berkeley, application of the default Tier assignment, adjusted to take into account arrest rates and alternate response benefit, results in 50 percent of BPD events being categorized as Tier 1; CERN would play a lead role in responding to over 64 percent of all CFS.

Table 2. Recommended Tiered Dispatch Model

Crime Category	CERN	BPD	% of Call Types	# of Call Types in Each Tier
Tier 1	Only		50%	92
Tier 2	Lead	Present	10%	19
Tier 3	Present	Lead	18%	33
Tier 4		Only	21%	39

Of the top ten call types by call initiation source, 100 percent of On-View, and 80 percent of 911 and Non-Emergency event types are assigned to CERN Tier 1.

Table 3. Top Ten Call Types by Initiation Source and Tier

Officer Initiated	CERN Tier	911 Emergency	CERN Tier	Non-Emergency Line	CERN Tier
Traffic	1	Disturbance	1	Disturbance	1
Security Check	1	Wireless 911	1	Audible Alarm	1
Pedestrian Stop	1	Ascertain 911	1	Noise Disturbance	1
Officer Flagged Down	1	Welfare Check	1	Welfare Check	1
Suspicious Vehicle	1	Suspicious Circumstances	1	Trespassing	1
Parking Violation	1	Battery	3	Petty Theft	2
Bike Stop	1	Suspicious Person	1	Advice	1
Abandoned Vehicle	1	Family Disturbance	1	Suspicious Circumstances	1
Found Property	1	Petty Theft	2	Parking Violation	1
Disturbance	1	Mental Illness	1	Suspicious Person	1

An average of slightly more than 2 officers responds to each CFS, spending an average of .61 hours event, as measured by arrival on-scene to call clearance.

Table 4. Time Spent Responding to Events

Crime Category	Total Hours Arrival to Close	Average Hours Per Event	Proportion of Total Officer Time
Non-Criminal	98,119	.38	52.3%
Misdemeanor	20,414	.53	10.9%
Non-Violent Felony	33,836	.79	18.0%
Serious Violent Felony	35,275	.74	6.9%
Total	187,644	.61	18.8%

KEY RECOMMENDATIONS

Analysis of BPD CFS data for the period 2015-2019 indicates that over 81 percent of CFS were for Non-Criminal events, and that the non-emergency line was the single largest event generating source. Although the vast majority of CFS during the analysis period were Non-Criminal, an average of 2.4 officers was dispatched per event response. NICJR's assessment of viable alternate responses indicates that 50 percent of CFS can be responded to with no BPD involvement, with another 18 percent requiring BPD to be present, but to serve in a support, rather than a lead, role.

With these results in mind, NICJR recommends that alternative response options be developed for the 50 percent of CFS that do not require a law enforcement response. This process should involve an assessment of both relevant municipal and community-based resources that can serve as the basis for the Berkeley CERN.

OBJECTIVES, SCOPE, AND METHODOLOGY

This report is designed to:

1. Provide an analysis of BPD CFS according to NICJR's Crime Categories
2. Map NICJR's Crime Categories to NICJR's proposed Community Emergency Response Network (CERN)
3. Identify which calls for service should be responded to by a non-BPD alternative

NICJR has developed a tailored approach to the analysis of CAD (Computer Aided Dispatch) calls for service data based on hands-on experience in multiple cities nationwide. NICJR CFS analyses use the following categorization of *final disposition* CAD events: Non-Criminal (NC), Misdemeanor (MISD), Non-Violent Felony (NV FEL), and Serious Violent Felony (SV FEL). NICJR categories are aligned with state specific penal codes and their associated penalties. If a call type is not found in the penal code, it is placed into the Non-Criminal Category.

NICJR uses this method of categorizing events because it affords the most linear correlation between the event and its associated criminal penalty. By categorizing events in this manner, NICJR can clearly identify the portion of CFS that are either non-criminal or are for low-level and non-violent offenses. Categorizing call data into a simple criminal vs. non-criminal, violent, vs. non-violent, structure also supports conversations with the community about alternatives to policing for specific call types grounded in easily understandable data.

NICJR's methodology was informed by an assessment of the limitations of other approaches to categorizing CAD data. Alternative approaches include matching CFS to Federal Bureau of Investigation (FBI) Uniform Crime Report (UCR) categories or to the newer National Incident Based Reporting System (NIBRS) categories. Both options have serious limitations. The UCR data set only includes violent and property crimes, while the more expansive NIBRS platform has not been widely adopted by policing agencies. In 2018, for example, UCR data was submitted for 16,659 (out of 18,000) law enforcement agencies across the country, while only 7,283 reported crime data via NIBRS.¹

With respect to the present analysis, the BPD provided NICJR with a comprehensive CFS data set for calendar years 2015-2019, representing 358,269 unique calls for service.

Each year's worth of data included the call type descriptions for the respective reporting period. There were 183 available call type descriptions for each year. The data set included 18 non-traffic related disposition codes by which calls were cleared or disposed. There were also numerous Racial Identity and Profiling Advisory (RIPA) Board disposition codes as required by Assembly Bill 953, which requires law enforcement agencies to collect "perceived demographic and other detailed data regarding pedestrian and traffic stops."

NICJR consolidated these call types into four descriptive Crime Categories for reporting purposes: Non-Criminal, Misdemeanor, Non-Violent Felony, and Serious Violent Felony. Call types were assigned to Crime Categories based on mapping to the California Penal Code Part 1, Title 1-15. A crosswalk of BPD call types used during the 2015-2019 period, and Crime Categories, is provided in [Appendix A](#).

¹ [dd_number_of_leas_enrolled_part_status_and_method_of_data_sub_by_pop_group-2018_final.pdf \(fbi.gov\)](#)

Table 5. NICJR Crime Categories

Crime Category	Description
Non-Criminal (NC)	Any event not identified in the California State Penal Code
Misdemeanor (MISD)	Any event identified in the California State Penal Code as a Misdemeanor
Non-Violent Felony (NV FEL)	Any event identified in the California State Penal Code as a Non-Violent Felony
Serious Violent Felony (SV FEL)	Any event identified in the California State Penal Code as a Serious Violent Felony

Call type description variables also allowed NICJR to determine CFS initiation source – BPD Public Safety Communications Center, officer-initiated activity or On-View, CHP transfer, telephone, VOIP, or other source.

In addition, CFS response time data was used to determine how long it takes BPD officers to respond to CFS and how much time officers spend on CFS by incident type once they arrive on-scene. There were five-time variables provided in the data. To determine how long it took officers to respond to CFS, NICJR assessed the length of time between call dispatch and an officer arriving on-scene. To determine how long officers spent responding to events, NICJR analyzed the length of time between an officer arriving on-scene and clearing the call. NICJR was also able to use CAD data to determine the mean number of officers responding to each type of call by Crime Category.

Table 6. Berkeley CAD Data Time Variable Descriptions

CAD Data Variable Label	CAD Translation
CreateDateTime	Time call first came into the Communications Center
DispatchTime	Time call was first dispatched to an officer
EnRouteTime	Time officer is enroute to the scene of a call
OnSceneTime	Time officer arrived on-scene
ClearTime	Time officer is back in service to take new calls

CHARACTERISTICS OF CALLS

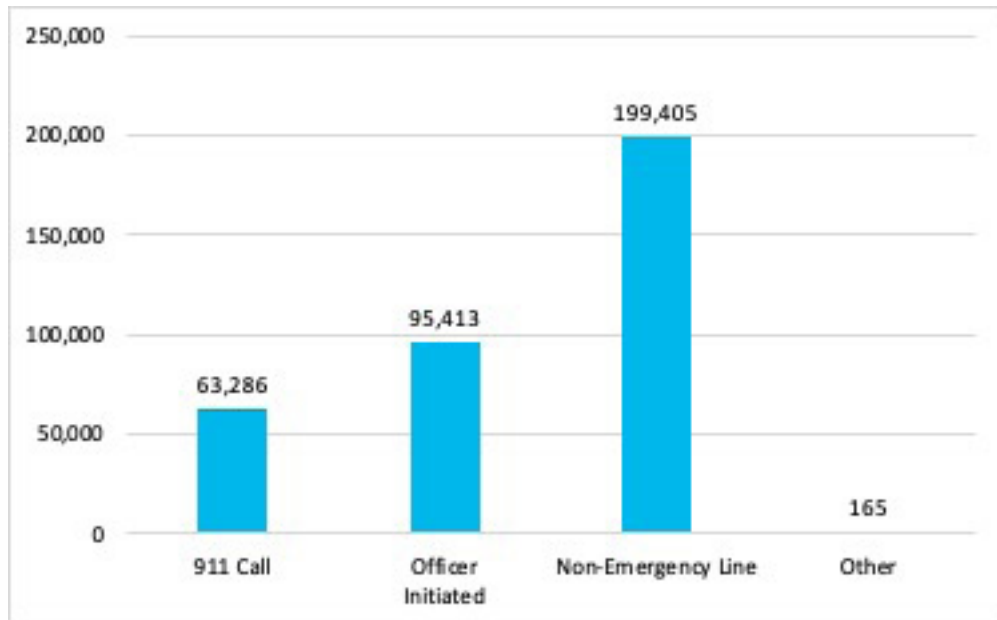
Analysis of 358,269 events from 2015-2019

NICJR analyzed the CFS data set across a number of metrics including overall call type frequency, call initiation source, and call Crime Category. Figures and tables in this section draw from a sample of 358,269 unique calls for service covering the period 2015-2019 within the CAD files NICJR obtained from BPD. As noted in the Objectives, Scope, and Methodology, section above, BPD used 183 unique call types during the reviewed period. This section provides various analyses of this data.

Event Initiation

Calls for service may be initiated in three primary ways: by calling 911, by calling the BPD non-emergency line, or by officer-initiated call. The other ways in which a CFS may be initiated are through a CHP transfer, telephone, VOIP, alarm, cell phone, on view, traffic stop, or other means. Figure 1 shows the proportion of events by initiation source. Over 55 percent of all calls during the 2015-2019 period were initiated through the non-emergency line.

Figure 2. Events by Initiation Source



* Does not include calls with missing values

Top Ten Events

Table 7 provides the top ten events by Initiation Source. Together, these call types comprised 68 percent of all BPD events over the study period.

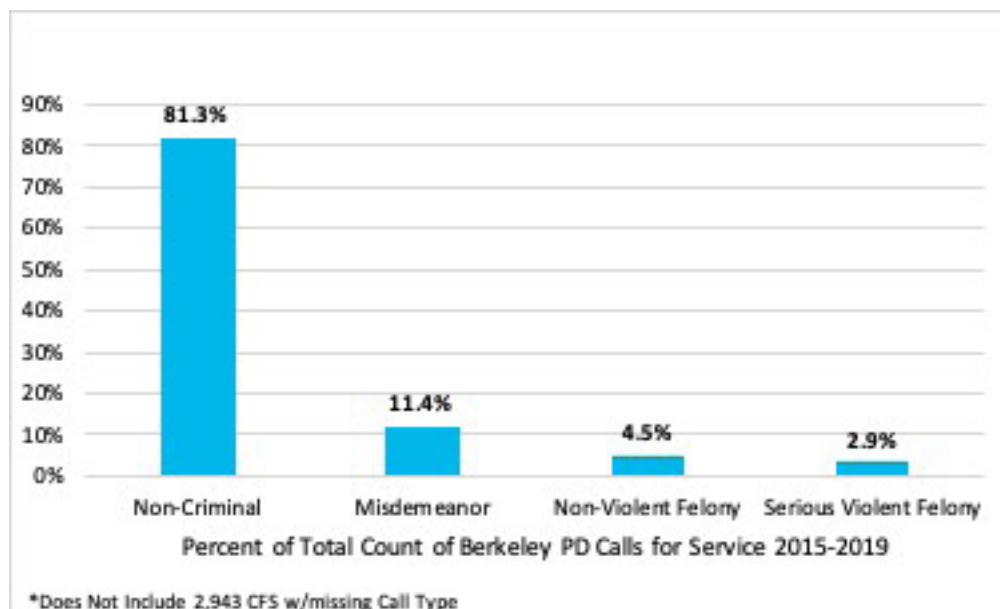
Table 7. Top 10 Calls by Initiation Source

Officer Initiated	911 Emergency	Non-Emergency Line
Traffic	Disturbance	Disturbance
Security Check	Wireless 911	Audible Alarm
Pedestrian Stop	Ascertain 911	Noise Disturbance
Officer Flagged Down	Welfare Check	Welfare Check
Suspicious Vehicle	Suspicious Circumstances	Trespassing
Parking Violation	Battery	Petty Theft
Bike Stop	Suspicious Person	Advice
Abandoned Vehicle	Family Disturbance	Suspicious Circumstances
Found Property	Petty Theft	Parking Violation
Disturbance	Mental Illness	Suspicious Person

Events by Crime Category

Figure 2 shows the frequency of call types by Crime Category. BPD averaged 71,654 events per year during the analysis period. The vast majority of these CFS, 81.3 percent, are classified as Non-Criminal; as reflected in Appendix B, Non-Criminal CFS consistently comprised a majority of events during the 2015 to 2019 period.

Figure 3. Percent of Events by Crime Category



*Does Not Include 2,943 CFS w/missing Call Type Description

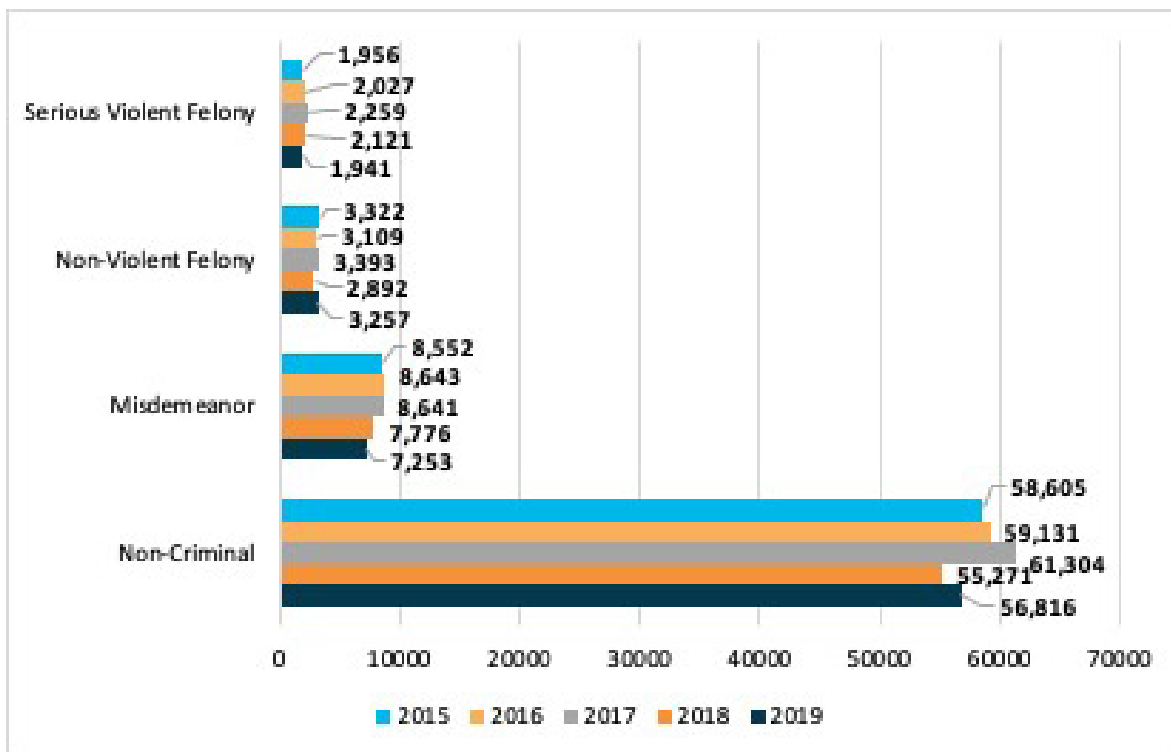
During the five-year period reviewed, at least 96.7 percent of On-View events were Non-Criminal and over 76 percent of 911 calls comprised Non-Criminal events. Interestingly, Officer-Initiated calls were the most likely to be Non-Criminal.

Table 8. Percent of Non-Criminal Events by Initiation Source

Event Initiation Source	Year				
	2015	2016	2017	2018	2019
911 Calls	77.5%	76.6%	76.6%	76.7%	72.7%
Non-Emergency Calls	72.3%	72.7%	72.8%	73.5%	71.1%
Officer-Initiated	98%	98.3%	98.1%	96.7%	96.9%

Figure 3 identifies the number of events by Crime Category over the review period. The total number of events across all categories declined between 2015 and 2019.

Figure 4. Number of Events by Crime Category



NUMBER OF RESPONDING PERSONNEL

The number of personnel who responded to CFS varied depending on the event type. Table 9 shows the average number of personnel who responded to a CFS by Crime Category. As expected, when dealing with a call that is more serious in nature, the average number of responding officers was higher than for a less serious event. The average number of responding personnel across all event types was 2.4.

Table 9. Responding Personnel by Crime Category

	Non-Criminal	Misdemeanor	Non-Violent Felony	Serious Violent Felony
2015	1.8	1.7	1.9	4.2
2016	1.8	1.7	1.7	4.5
2017	1.8	1.7	1.9	4.4
2018	1.7	1.7	1.8	3.7
2019	1.7	1.7	1.9	3.8

Time Spent Responding to Calls

Tables 10 and 11 outline the total amount of time spent on CFS by Crime Category. In determining the time spent on event response, NICJR analyzed two time periods. First, the time period beginning when an officer arrived on-scene to when the officer closed or “cleared” the call and was back “in-service” and able to take other calls. Using this methodology, NICJR was able to identify how much time officers actually spent handling a specific call. An alternate and more comprehensive view of officer response time accounts for the time from event initiation to close.

Table 10. Time Spent Responding to Events, On-Scene to Close

Crime Category	Total Hours Arrival to Close	Average Hours Per Event	Proportion of Total Officer Time
Non-Criminal	98,119	.38	52.3%
Misdemeanor	20,414	.53	10.9%
Non-Violent Felony	33,836	.79	18.0%
Serious Violent Felony	35,275	.74	6.9%
Grand Total	187,644	.61	100.0%

Note* Excludes calls with missing on-scene or clear times.

Table 11. Time Spent Responding to Events, Initiation to Close

Crime Category	Total Hours Initiation to Close	Average Hours Per Event	Proportion of Total Officer Time
Non-Criminal	266,832	1.0	42.1%
Misdemeanor	120,063	2.9	18.9%
Non-Violent Felony	161,656	4.8	25.5%
Serious Violent Felony	85,703	2.5	13.5%
Grand Total	634,254	3.4	100.0%

Note* Excludes calls with missing on-scene or clear times.

NICJR CERN CATEGORIZATION

In our work to Reimagine Public Safety and transform policing, NICJR has developed a tiered dispatch system to provide alternatives to police response to CFS, increase public safety, and improve the quality of emergency response. This model, the Community Emergency Response Network (CERN), builds upon NICJR's CFS classification structure.

Once each call type is associated with one of NICJR's four CFS Categories, an additional step is taken to do a default assignment of CFS to CERN Tiers as follows:

Figure 5. Tiered Dispatch



CERN default Tier assignments for the 2015-2019 BPD CFS analyzed are outlined below.

Table 12. CERN Tier Default Assignment Table

Crime Category	CERN	BPD	% of Call Types	# of Call Types in Each Tier
Tier 1	Only		50%	92
Tier 2	Lead	Present	14%	25
Tier 3	Present	Lead	9%	16
Tier 4		Only	27%	50

Default Tier Assignment Modified Based on Arrest Data and Other Factors

A. Arrest Rates

Subsequent to the default classification, NICJR examines arrest data to determine if adjustments to default Tier assignments are warranted. Most typically, this results in CFS “moving up” a Tier based on the likelihood of arrest. The arrest analysis includes the identification of the overall jurisdiction arrest rate, as well as the high-end of that rate, below which the vast majority of CFS arrest rates fall. For Berkeley, 10 percent was set as the arrest rate triggering Tier assignment review; only 6 of 91 CFS that resulted in an arrest had an arrest rate in excess of 10 percent in the years 2015 to 2019. Call types with arrest rates that significantly exceed the triggering arrest rate generally moved to higher Tiers. For example, the Non-Criminal CFS *warrant service* was moved from Tier 1 to Tier 4 based on arrest rate data.

Figure 6. Total Arrest Rate Count Dispersion Scatterplot

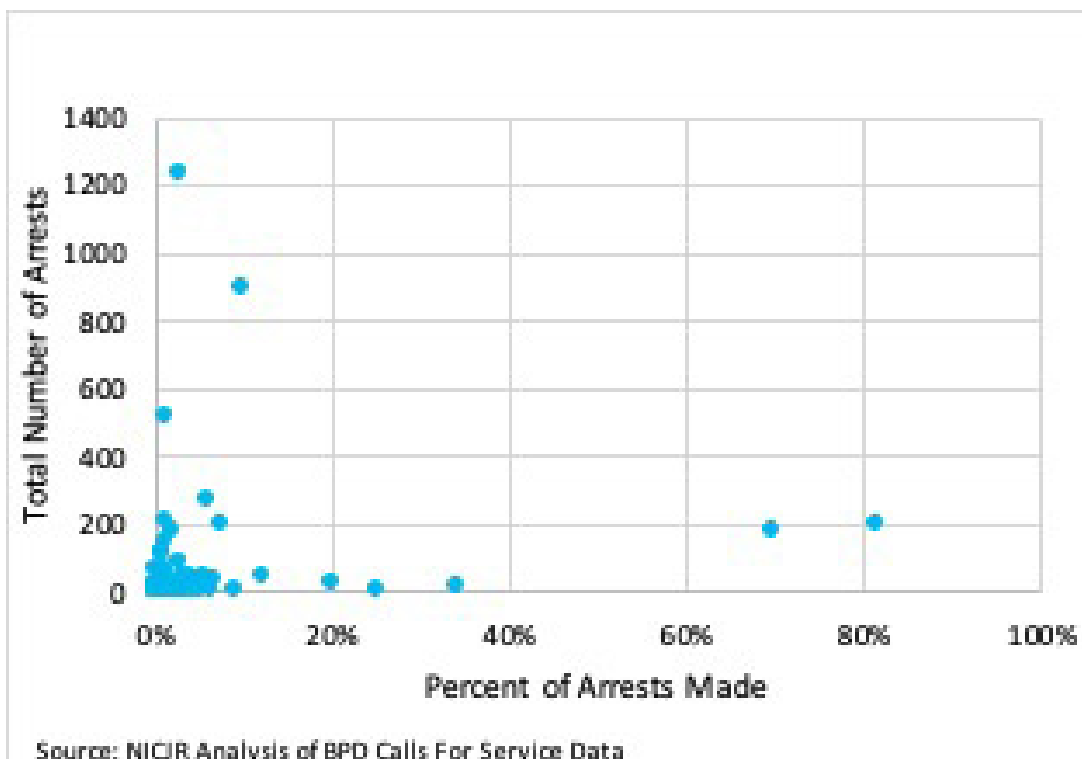


Table 13. CFS CERN Tier Assignments After Arrest Review

Crime Category	CERN	BPD	% of Call Types	# of Call Types in Each Tier
Tier 1	Only		50%	91
Tier 2	Lead	Present	13%	24
Tier 3	Present	Lead	9%	16
Tier 4		Only	28%	52

B. Alternate Response Warranted

Beyond arrest data, CERN Tier assignment is modified based on NICJR's assessment of call types that would benefit from an alternate response. Some Serious Violent Felony call types typically move from Tier 4 to Tier 3 pursuant to this aspect of the analysis, in order to allow for a CERN response with an officer leading. For example, the call type *assault, gang related* has been downgraded from a Tier 4 to a Tier 3 in order to allow the CERN to assist officers involved. Warrants have similarly been downgraded from a Tier 4 to a Tier 3 with this rationale in mind. Conversely, some call types moved from lower to higher Tiers as a result of this aspect of the default Tier assignment modification methodology. Various events that fall under the assist call type, for example, are allocated to Tier 4 even though these CFS are Non-Criminal in nature. The rationale here is that if the BPD is being asked to assist another law enforcement agency, for example, a BPD response is required.

Table 14. CFS CERN Tier Assignments After Alternate Response Review

Crime Category	CERN	BPD	% of Call Types	# of Call Types in Each Tier
Tier 1	Only		50%	92
Tier 2	Lead	Present	10%	19
Tier 3	Present	Lead	18%	33
Tier 4		Only	21%	39

Based on NICJR's analysis, and as reflected in Table 14, 50 percent of BPD CFS could be handled solely by a community-response, reflecting 76 percent of BPD calls for service.

NICJR appreciates that there may be questions about the assignment of certain call types to Tier 1. Selected Tier 1 event types have been tagged for additional explanation of Tier assignment in that vein; the explanations can be found following in [Appendix C](#).

As a final cut of the data, Table 15 depicts the top ten call types by initiation source and CERN Tier. One hundred percent of the top ten On-View event types, and 80 percent of top ten 911 and Non-Emergency event types, are assigned to CERN Tier 1.

Table 15. Top Ten Call Types by Initiation Source and Tier

Officer Initiated	CERN Tier	911 Emergency	CERN Tier	Non-Emergency Line	CERN Tier
Traffic	1	Disturbance	1	Disturbance	1
Security Check	1	Wireless 911	1	Audible Alarm	1
Pedestrian Stop	1	Ascertain 911	1	Noise Disturbance	1
Officer Flagged Down	1	Welfare Check	1	Welfare Check	1
Suspicious Vehicle	1	Suspicious Circumstances	1	Trespassing	1
Parking Violation	1	Battery	3	Petty Theft	2
Bike Stop	1	Suspicious Person	1	Advice	1
Abandoned Vehicle	1	Family Disturbance	1	Suspicious Circumstances	1
Found Property	1	Petty Theft	2	Parking Violation	1
Disturbance	1	Mental Illness	1	Suspicious Person	1

RECOMMENDATIONS AND CONCLUSION

Analysis of BPD CFS data for the period 2015-2019 indicates that over 81 percent of CFS were for Non-Criminal events, and that the non-emergency line was the single largest event generating source. Although the vast majority of CFS during the analysis period were Non-Criminal, an average of 2.4 officers was dispatched for event response. NICJR's assessment of viable alternate responses indicates that 50 percent of CFS types, representing 76 percent of all calls for service, can be responded to with no BPD involvement, with another 18 percent requiring BPD to be present, but to serve in a support, rather than a lead, role.

With these results in mind, NICJR offers the following recommendations:

Key Recommendations

1. Alternative response options should be developed for the 50 percent of CFS that do not require a law enforcement response or are appropriate for a dual response by law enforcement and a community-based/non law enforcement service provider.

Data-Specific Recommendations

2. Develop a mechanism for clear identification of mental health related calls within the data including ones that overlap with homelessness.
3. Provide a coding element in the data that allows a researcher or analyst to identify those types of calls that result in a use of force including the type of use of force.
4. Create a publicly accessible data key for all of the variable code types in BPD data.

APPENDIX H

Berkeley Calls for Service Analysis

Table of Contents

Introduction	85
Emerging Non-Enforcement Models of Community Response	86
Eugene Crisis Assistance Helping Out on the Streets (CAHOOTS).....	86
Denver Support Team Assisted Response (STAR).....	87
Olympia Crisis Response Unit (CRU)	87
San Francisco Street Crisis Response Team (SCRT).....	88
Austin Expanded Mobile Crisis Outreach Team (EMCOT)	89
Houston Crisis Call Diversion (CCD).....	90
City of Albuquerque Community Safety Department (ACS)	90
Los Angeles County Alternative Crisis Response (ACR).....	90
Seattle Department of Community Safety & Violence Prevention.....	91
Ithaca Department of Community Solutions and Public Safety	91
Tiered Dispatch & Community Emergency Response Network.....	91
Non-Law Enforcement Crime Reduction Strategies	93
New York City Mayor's Action Plan (MAP) for Neighborhood Safety	93
Domestic Violence	94
Commercial Sexual Exploitation.....	94
Traffic Enforcement	95
Neighbor Disputes.....	96
Substance Use	97
Community Driven Violence Reduction Strategies	100
Gun Violence Reduction Strategy	100
Hospital-Based Violence Intervention Programs (HVIPs).....	102
Office of Neighborhood Safety/ Advance Peace.....	102
Street Outreach.....	103
Police Training	105
SARA Problem Solving Model	105
Ethical Policing Is Courageous (EPIC).....	105

Project Active Bystandership for Law Enforcement (ABLE)..... 106

Community Safety Partnership (Watts)..... 107

Focused Deterrence 107

Elimination of Pretextual Stops 108

Ethical Society of Police (ESOP)..... 108

Chicago PD Black Public Safety Alliance (BPSA) 109

Police Diversity..... 109

Warrior vs. Guardian Mentality..... 110

Accountability 110

Law Enforcement Officers’ Bill of Rights 110

Qualified Immunity 111

Additional Accountability Measures of Note..... 111

Procedural Justice..... 112

Police Training 112

 Implicit Bias 113

 De-escalation..... 113

 Community Engagement..... 114

 Data Driven Risk Management 114



INTRODUCTION

As a part of the City of Berkeley's Reimagining Public Safety process, the National Institute for Criminal Justice Reform (NICJR) was commissioned to conduct an assessment of programs and models that increase safety, properly respond to emergencies, reduce crime and violence, and improve policing. The New and Emerging Models of Community Safety and Policing report has been prepared in response to that charge. NICJR submits this report to the Reimagining Public Safety Taskforce (RPSTF) to inform the RPSTF's development of recommendations for submission to the Berkeley City Council (Council) on alternative responses and police reforms.

The report comprises a brief overview of several examples of Emerging Non-Enforcement Models of Community Response; Non-Law Enforcement Crime Reduction Strategies; Community Driven Violence Reduction Strategies; and Policing Strategies. As hundreds of cities across the country engage in reimagining public safety processes and launching new programs or altering existing models, this report could not possibly be universally comprehensive; it does however provide the RPSTF and the Council with illustrative examples of key options to consider as the City of Berkeley (City) reimagines its public safety system. The programs and strategies featured in this report were selected based on a number of factors including relationship to the core pillars of NICJR's reimagining framework: **Reduce, Improve, Reinvest**; level of institutionalization and track record; City of Berkeley staff and RPSTF request; and relevance to particular reform efforts underway or likely to be underway in Berkeley.

Note that one aspect of police reform, relating specifically to police oversight, is not directly addressed in this report. Review of these bodies was not included due to the City's new Police Accountability Board, approved overwhelmingly by the voters in November 2020. The Berkeley Police Accountability Board will be one of the most expansive and progressive of its kind in the country when launched in the summer of 2021.

NICJR's second commissioned report for the City, *Alternative Responses to Law Enforcement*, will draw from and build upon several of the new and emerging models outlined herein.

This report last updated October 2021. Due to the evolving nature of these models, information may be outdated.

EMERGING NON-ENFORCEMENT MODELS OF COMMUNITY RESPONSE



Police departments receive a large volume of 911 calls or other Calls for Service (CFS) requesting emergency response. In the past several decades policing has evolved from officers walking beats to departments primarily responding to CFS with patrol officers in squad cars. A number of new assessments of these CFS have revealed that a majority are low-level or even non-criminal in nature, like noise complaints, abandoned cars, and petty theft. Multiple analyses have estimated that less than 2 percent of CFS are for violent incidents.^{1,2} Retired Chicago police officer David Franco explains “We spend entire shifts dealing with noncriminal matters from disturbance and suspicious person calls...With so many low-level issues put on our shoulders, police cannot prioritize the serious crimes.”³

In addition to responding to a high volume of low-level and non-criminal 911 CFS, police have also been increasingly asked to respond to people experiencing mental health crises. Many of these encounters have resulted in uses of force by police, including deadly officer involved shootings. A number of the emerging examples of effective community driven crime reduction and emergency response models focus specifically on mental health incidents.

Eugene Crisis Assistance Helping Out on the Streets (CAHOOTS)

Crisis Assistance Helping Out on The Streets, or CAHOOTS, is a mobile emergency intervention

service established in 1989 in Eugene, Oregon.⁴ This program is free and readily available twenty-four hours a day for mental health and other non-violent related calls.⁵ CAHOOTS is directed by the White Bird Clinic, a regional health center in partnership with the City of Eugene. Each CAHOOTS unit is comprised of an emergency medical technician (EMT) and a mental health service provider.⁶

CAHOOTS staff are required to go through 40 hours of classroom education and over 500 hours of field work that is supervised by a qualified guide. Their education consists of de-escalation methods and emergency response services. CAHOOTS personnel are able to perform wellness checks, offer mental health services and substance use resources, administer medical aid, and provide mediation assistance.⁷

More than 60 percent of CAHOOTS clients are experiencing homelessness and nearly 30 percent have serious mental illness. CAHOOTS had some level of involvement in nearly 21,000 public-initiated CFS in 2019, with the number of calls having steadily increased since the program’s inception. Among all adults involved with CAHOOTS, the average age was 45.5 years.

Numerous evaluations have shown consistent, robust results for the CAHOOTS program. Approximately 5-8 percent of calls are diverted from the police to CAHOOTS, comprising nearly 14,000 calls annually that CAHOOTS alone responds to annually, according

1 <https://www.vera.org/downloads/publications/understanding-police-enforcement-911-analysis.pdf#page=134>

2 <https://www.nytimes.com/2020/06/19/upshot/unrest-police-time-violent-crime.html>

3 <https://chicago.suntimes.com/2020/12/9/22166229/chicago-police-department-911-calls-civilian-community-responders-cpd>

4 Id.

5 <https://www.americanprogress.org/issues/criminal-justice/reports/2019/10/02/475220/neighborhood-strengthening-public-safety-community-empowerment/>

6 <https://www.mentalhealthportland.org/wp-content/uploads/2019/05/2018CAHOOTSBROCHURE.pdf>

7 <https://www.mentalhealthportland.org/wp-content/uploads/2019/05/2018CAHOOTSBROCHURE.pdf>

to an analysis of 2019 CFS. Of these, only 2.2 percent necessitated backup or police involvement.⁸ The program costs approximately \$2 million annually and generates an estimated \$8.5 million in savings for the Eugene Police Department along with an additional \$2.9 million in savings for other city government agencies.^{9,10}

Several cities have explored or are currently implementing replications of CAHOOTS. In Oakland, the city is preparing to launch the Mobile Assistance Community Responders of Oakland (MACRO) initiative.¹¹ The pilot program will be managed by the Oakland Fire Department and will be available twenty-four hours per day, seven days per week in two-person teams.¹² The City of Oakland has allocated \$4.5 million for the year 2022-2023 along with \$10 million in other funding. The program is projected to pilot in East Oakland neighborhoods anywhere from November 2021 to February 2022.¹³

Denver Support Team Assisted Response (STAR)

Based on the CAHOOTS program in Eugene, Oregon, STAR is a community responder model created in 2020. STAR is a joint effort between many stakeholders, including the Denver Police Department (DPD), Denver's Paramedic Division, Mental Health Center of Denver, and community-based organizations. STAR provides direct, emergency response to residents of the community who are experiencing difficulties connected to mental health, poverty, homelessness, or substance use. The STAR transport vehicle operates seven days a week from 6 AM to 10 PM.¹⁴ The time frame of operation was

chosen based on an analysis of CFS data.¹⁵ STAR unit staff are made up of unarmed personnel, with each team including a mental health service provider and a paramedic.¹⁶

Before the implementation of STAR, calls to 911 were either transmitted to the DPD or the hospital system. The majority of calls (68 percent) routed to STAR concerned individuals that were experiencing homelessness. Around 41 percent of individuals who STAR had been involved with were referred to additional services by the STAR unit staff.¹⁷

In just half a year after the program was established, the STAR unit had addressed 748 calls. The DPD was never called to support the unit in responding to these CFS. Moreover, there were no arrests made in any of the calls evaluated during the initial six months of program operation. To expand the program, the City of Denver has approved \$1 million from the City's supplemental fund to go along with the already allocated \$1.4 million in the original 2021 budget.¹⁸

Olympia Crisis Response Unit (CRU)

Incorporating both CAHOOTS principles and crisis intervention teams, the Crisis Response Unit (CRU) was implemented in Olympia, Washington in April 2019, as a result of a 2017 citywide safety measure that allocated an initial half million dollars for an improved crisis response model. The Olympia Police Department (OPD) contracted with a community-based organization to serve as a new option for behavioral health calls for service. The CRU team consists of six mental health professionals that operate in pairs. Along with a state certification in behavioral health, CRU staff must undergo training that includes police patrol exposure, community engagement, and education about available community support.¹⁹

⁸ <https://www.eugene-or.gov/DocumentCenter/View/56717/CAHOOTS-Program-Analysis>

⁹ <https://www.vera.org/behavioral-health-crisis-alternatives/cahoots>

¹⁰ <https://www.mentalhealthportland.org/wp-content/uploads/2019/05/2018CAHOOTSBROCHURE.pdf>

¹¹ https://urbanstrategies.org/wp-content/uploads/2020/06/USC-MACRO-REPORT-6_10_20.pdf

¹² <https://abc7news.com/macro-oakland-civilian-crisis-response-team-mental-health-police-dept/10430680/>

¹³ <https://www.ktvu.com/news/oakland-leaders-push-to-start-urgently-needed-macro-program-create-oversight>

¹⁴ <https://denver.cbslocal.com/2021/08/31/star-program-mental-health-denver-police/>

¹⁵ https://wp-denverite.s3.amazonaws.com/wp-content/uploads/sites/4/2021/02/STAR_Pilot_6_Month_Evaluation_FINAL-REPORT.pdf

¹⁶ <https://www.9news.com/article/news/denver-star-program-results-police/73-90e50e08-94c5-474d-8e94-926d42f8f41d>

¹⁷ Id.

¹⁸ <https://denver.cbslocal.com/2021/08/31/star-program-mental-health-denver-police/>

¹⁹ <https://www.vera.org/behavioral-health-crisis-alternatives/cru-and-familiar-faces>



CRU operates from 7 AM to 8:40 PM Monday through Thursday and 10 AM to 8:40 PM Friday through Sunday, supplying clients with supports such as mediation, housing assistance, and referrals to additional services.²⁰ Police lines of communication are utilized by CRU staff to identify situations that necessitate CRU response. The City's 911 operations hub and law enforcement personnel can also refer callers directly to CRU. Often, 911 callers request CRU assistance specifically, as the team has fostered strong community ties. Moreover, a significant portion of calls for service referred to CRU originate from community-based service providers, as opposed to the 911 system itself. When CRU staff encounter an individual the team has been called on to support multiple times, they refer the individual to Familiar Faces, a peer navigation program.²¹

Most individuals who were assisted by CRU were experiencing homelessness or mental health issues at the time of service. Out of the 511 calls CRU engaged with from April to June of 2020, OPD was

only needed 86 times. Establishing and maintaining trust between CRU and residents is an essential part of the initiative.²² Post-implementation surveys show that many police officers became advocates of the model after seeing the program in action for six months.

San Francisco Street Crisis Response Team (SCRT)

The City and County of San Francisco has implemented a pilot alternative response program for individuals experiencing a behavioral health crisis. The San Francisco Fire Department, in conjunction with the Department of Public Health and the Department of Emergency Management, responds to 911 calls related to these issues via Street Crisis Response Teams (SCRT). Street Crisis Response Teams include a community paramedic, behavioral clinician, and peer specialist.²³ Currently, there are six teams that provide an around-the-clock response.²⁴

²⁰ https://www.olympiawa.gov/services/police_department/crisis_response___peer_navigators.php

²¹ <https://www.vera.org/behavioral-health-crisis-alternatives/cru-and-familiar-faces>

²² <https://www.americanprogress.org/issues/criminal-justice/reports/2020/10/28/492492/community-responder-model/>

²³ <https://sf.gov/street-crisis-response-team>

²⁴ <https://sf.gov/sites/default/files/2021-10/SCRT%20September%20Update%20%281%29.pdf>

SCRT collaborated with community-based organizations including RAMS, Inc. (Richmond Area Multi-Services) and HealthRIGHT360 to ensure that community providers and local residents would be able to provide feedback and input about the new program.²⁵ The proposed SCRT budget for fiscal year 2021-2022 is approximately \$13.5 million, which includes staff training and team expansion. An evaluation of the pilot program place is currently underway.²⁶

When 911 calls come into the dispatch center that are determined to be appropriate for SCRT, SCRT is dispatched; a team responds on average in fifteen minutes. No calls for service routed to SCRT required police action or backup in the first two months of the pilot. Approximately 74 percent of individuals assisted by SCRT had their issues resolved, whether it be through transfers to additional supports or de-escalation techniques.²⁷ Initial analyses show that SCRT could respond to up to 17,000 behavioral health calls each year. Because of the small scope of the initial pilot, only 20 percent of behavioral health calls received during the first two months of implementation were able to be responded to by the SCRT.

Austin Expanded Mobile Crisis Outreach Team (EMCOT)

In order to reduce the burden on the Austin Police Department (APD) associated with mental health calls, the City of Austin, Texas established the Expanded Mobile Crisis Outreach Team (EMCOT) in conjunction with Integral Care, the City's community-based mental health service provider. EMCOT assists individuals undergoing a behavioral or mental health crisis. Agencies such as APD or the Sheriff's Office are able to call for EMCOT services by way of the 911 dispatch hub. EMCOT provides its clients with supports in the form of therapy, life coaching, rehabilitation, and other services.²⁸

Since its establishment in 2013, EMCOT has assisted 6,859 clients. The most recently available data is

²⁵ <https://sf.gov/street-crisis-response-team>

²⁶ https://www.sfdph.org/dph/files/IWG/SCRT_IWG_Issue_Brief_FINAL.pdf

²⁷ Id.

²⁸ <https://www.austintexas.gov/edims/document.cfm?id=302634>

from FY2017, which shows that EMCOT responded to 3,244 CFS, at a rate of approximately 9 times per day. Each client was served for an average of 21 days and provided three different types of supports. In general, post-crisis services are available for up to 3 months after initial contact.²⁹ Integral Care reported that 86 percent of calls routed to a mental health response did not require police backup.³⁰

EMCOT is currently available from 8AM to 12AM Monday through Friday and 10AM to 8PM on Saturday and Sunday.³¹ With the additional funding, EMCOT is now projected to provide around-the-clock availability for calls for service. Expansion of telehealth services for the program is also included in the new funding.³² For all CFS involving EMCOT, 85.4 percent were handled without police officers.³³

In 2020, a new dispatch system was established in Austin and a mental health paraprofessional was permanently stationed in the 911 dispatch center. Callers to 911 now have the option to request mental health services instead of police.³⁴ If the operator determines the caller would benefit from these supports, the call is handed over to a mental health professional. If a clinician is unavailable at the time, an EMCOT staff member is deployed. Currently, the clinicians are present all week for a set number of hours each day. This initiative was funded by the reallocation of \$11 million from the Austin Police Department's budget. The EMCOT budget itself was also recently increased to \$3.15 million, a 75 percent increase in funding for the program.³⁵⁺

²⁹ Id.

³⁰ <https://www.kxan.com/news/local/austin/new-911-call-option-offers-direct-mental-health-help-that-one-attorney-says-may-have-saved-one-family-son/>

³¹ <https://www.fox7austin.com/news/crisis-counselors-responding-to-more-mental-health-calls-in-austin>

³² <http://www.austintexas.gov/edims/pio/document.cfm?id=320044>

³³ <https://www.austinmonitor.com/stories/2020/08/integral-care-set-to-address-most-mental-health-emergency-calls-without-involving-apd/>

³⁴ <https://www.kvue.com/article/news/health/apd-adds-mental-health-services-to-911-answering-script/269-e7dde2e6-4a65-4d5c-a2a7-a26e57110a81>

³⁵ <https://www.austinmonitor.com/stories/2020/08/integral-care-set-to-address-most-mental-health-emergency-calls-without-involving-apd/>

Houston Crisis Call Diversion (CCD)

The Crisis Call Diversion (CCD) program in Houston, Texas is a joint effort between the fire department, police department, emergency center, and mental health service providers in the area. In 2017, the Houston Police Department (HPD) received 37,032 calls for service that involved behavior or mental health problems. When calls for service come in, dispatchers flag any that would necessitate CCD response-- non-emergency behavioral and mental health calls. Once flagged, these callers are connected to CCD counselors. The CCD counselor evaluates the situation and the mental health of the caller and attempts to provide assistance over the phone.³⁶

If additional community response or police presence is needed, the dispatcher can request that as well. The call is taken off the police dispatch line when the CCD dispatcher verifies that the CCD team is on the way to the scene. CCD teams can contact the caller while traveling to the specified location in order to collect as much relevant information as possible. Upon examination of the data, each rerouted call generates savings of nearly \$4,500. The CCD costs approximately \$460,000 annually and is estimated to generate over \$860,000 in annual savings.³⁷

City of Albuquerque Community Safety Department (ACS)

The City of Albuquerque's recently created Community Safety Department (ACS) serves as the third branch of Albuquerque's first responder system. The ACS responds to non-violent and non-medical Calls for Service (CFS) related to mental health, substance use, and homelessness as well as non-behavioral issues such as abandoned vehicles and needle pickups.³⁸ Once a call is received through 911, it is routed to the Albuquerque Police Department (APD) Dispatch Center, who will then facilitate the deployment of ACS responders.

ACS' Field Response Unit is made up of four types of responders: Behavioral Health Responders,

Community Responders, Street Outreach and Resource Coordinators, and Mobile Crisis Team (MCT) Licensed Clinicians.

Each responder's role is as follows³⁹:

- Community Responders: provide support to community members related to inebriation, homelessness, addiction, mental health as well as minor injuries, incapacitation, abandoned vehicles, non-injury accidents, and needle pickups
- Behavioral Health Responders: respond in pairs to requests for assistance regarding mental and behavioral health, inebriation, homelessness, addiction, chronic mental illness, etc.
- Street Outreach and Resource Coordinators: provide street outreach to individuals experiencing homelessness in encampments
- Mobile Crisis Team (MCT) Licensed Clinicians: co-respond to high acuity mental and behavioral health emergencies

In its first operational month (August 30- October 1, 2021), ACS responders addressed an average of nine calls daily, for a total of 212 CFS. 50% of those CFS were provided with either resources, direct services, or transportation. The average response time for ACS responders is slightly over 14 minutes.⁴⁰ Once ACS is fully scaled, as many as 3,000 calls could be diverted per month.⁴¹

Los Angeles County Alternative Crisis Response (ACR)

The LA County Alternative Crisis Response is a collaboration between the Department of Mental Health (DMH) and the Chief Executive Office's (CEO) Alternatives to Incarceration Initiative to address gaps within LA County's current crisis response system.⁴² Set to rollout in July of 2022, preliminary recommendations put forth to the Los Angeles County Board of Supervisors include designing and implementing a Regional Crisis Call Network,

³⁶ <https://www.americanprogress.org/issues/criminal-justice/reports/2020/10/28/492492/community-responder-model/>

³⁷ <https://www.houstoncit.org/ccd/>

³⁸ <https://www.cabq.gov/acs/our-role>

³⁹ <https://www.cabq.gov/acs/our-response>

⁴⁰ <https://www.cabq.gov/mayor/news/albuquerque-community-safety-responders-hit-the-streets>

⁴¹ <https://www.abqjournal.com/2428380/abqs-community-safety-department-launches-patrols.html>

⁴² <https://ceo.lacounty.gov/ati/alternative-crisis-response/>

instituting a crisis mobile response team, and increasing behavioral health bed capacity.⁴³

In accordance with recent ACR recommendations, the Los Angeles Police Department (LAPD) expanded its Didi Hirsch Pilot, which diverts 911 behavioral health CFS to the Didi Hirsch Suicide Prevention Center. The ACR will utilize a 988 number for behavioral health emergency needs also overseen by the Didi Hirsch Suicide Prevention Center.⁴⁴

Seattle Department of Community Safety & Violence Prevention

The Seattle City Council passed Resolution 31962 in August of 2020, which lays the foundation for a civilian led Department of Community Safety & Violence Prevention. This Department, which is expected to be up and running by the fourth quarter of 2021, will assume responsibility for manning 911 call lines, replacing police operators with “civilian-controlled systems.”⁴⁵

Ithaca Department of Community Solutions and Public Safety

In February 2021, the Mayor of Ithaca, New York, proposed the creation of a new Department of Community Solutions and Public Safety that would replace the Ithaca Police Department.⁴⁶ This new department would include both armed officers and unarmed workers who focus on crime and neighborhood service. The department would work with a new alternative service provider that provides non-law enforcement crisis intervention and support. All current police officers would have to reapply to be employed by the new department.

The proposal is a part of the Ithaca Reimagining Public Safety Collaborative and a response to the New York State Governor’s Executive Order mandating every

police department in the state to submit a reform plan by April 1, 2021.⁴⁷

The new Department of Community Solutions and Public Safety would be charged with implementing an alternative to the police response system and establishing a pilot program for non-emergency calls, implementing a culturally responsive training program that includes de-escalation techniques, and developing a comprehensive community healing plan.

Other initiatives proposed under this strategy include standardizing a data review process on traffic stops as well as consistent reviews of officers’ body camera footage. Minor grievances would be outsourced to neighborhood mediation centers. Adolescent engagement support programs would be broadened in order to reach those at high risk of violence. The new personnel of the Department would be recruited from a more varied body of applicants as well to reflect the residents of the city in which they operate.⁴⁸

In order to oversee the recommendations made by the Mayor and Ithaca Reimagining Public Safety Collaborative, the City of Ithaca has arranged for the creation of an operations hub known as the Community Justice Center (CJC). The CJC will have its own full-time staff including but not limited to a project manager and a data analyst. The CJC is set to give progress updates to the Tompkins County Legislature and the City of Ithaca Mayor to ensure each recommendation is properly addressed.⁴⁹

Tiered Dispatch & Community Emergency Response Network

NICJR has developed a tiered dispatch model for CFS, one that includes a robust, structured, and well-trained team of community responders – a Community Emergency Response Network (CERN). Pursuant to the NICJR methodology, CFS are initially allocated to CERN Tiers based on a standardized approach outlined below:

43 <https://file.lacounty.gov/SDSInter/bos/supdocs/149254.pdf>

44 <https://file.lacounty.gov/SDSInter/bos/supdocs/149282.pdf>

45 <https://www.washingtonpolicy.org/publications/detail/seattle-city-council-passes-cuts-to-police-budget-and-resolution-to-establish-civilian-led-department-of-community-safety-violence-prevention>

46 <https://www.gq.com/story/ithaca-mayor-svante-myrick-police-reform>

47 <https://www.governor.ny.gov/news/governor-cuomo-announces-new-guidance-police-reform-collaborative-reinvent-and-modernize>

48 <https://drive.google.com/drive/u/0/folders/1NTZ6j6WRze75m5fTuf-wC4BgC-1ddJnO>

49 Id.



Tier 1: CERN dispatched only

- › Event type: Non-Criminal



Tier 2: CERN lead, with officers present

- › Event type: Misdemeanor with low potential of violence
- › If CERN arrives on scene and determines there is low potential for violence and an arrest is unnecessary or unlikely, officers leave.



Tier 3: Officers lead, with CERN present

- › Event type: Non-Violent Felony or an arrest is likely
- › If officers arrive on scene and determine there is no need for an arrest or an arrest is unlikely and violence is unlikely, officers step back and CERN takes the lead.



Type 4: Officers only

- › Event type: Serious Violent Felony or high likelihood of arrest

NON-LAW ENFORCEMENT CRIME REDUCTION STRATEGIES



New York City Mayor's Action Plan (MAP) for Neighborhood Safety

The Mayor's Action Plan for Neighborhood Safety (MAP) was launched in 2014 in fifteen New York City Housing Authority (NYCHA) properties. MAP was designed to foster productive dialogue between local residents and law enforcement agencies, address physical disorganization, and bolster pro-social community bonds. Disorganized neighborhoods are characterized by dense poverty, a lack of social mobility, and underdeveloped community connections. These factors contribute to circumstances that make a given neighborhood more vulnerable to crime and violence.⁵⁰ The 15 housing developments chosen for the program account for approximately 20 percent of violence in NYCHA housing.⁵¹

MAP's focal point is NeighborhoodStat, a process that allows local officials and residents to communicate directly with each other. Issues in each particular housing development are addressed in local meetings which involve multiple stakeholders, including residents, community-based organizations, law enforcement, and government officials. NeighborhoodStat allows residents to have a say in the way New York City (NYC) allocates its public safety resources. The process is facilitated by a team of 15 community members who conduct polls and interviews to determine what the residents feel are the biggest issues in their neighborhoods. NeighborhoodStat also utilizes data analyses regarding employment, physical structure, access to resources, and other metrics in developing its recommendations for key areas of focus. At

⁵⁰ http://www.children.gov.on.ca/htdocs/English/professionals/oyap/roots/volume5/chapter04_social_disorganization.aspx

⁵¹ <https://criminaljustice.cityofnewyork.us/programs/map/>

community meetings, this data and other benchmarks for performance are presented by community-based partners, allowing for full transparency. Residents and law enforcement also put forward their concerns and ideas. Once problems are pinpointed through meaningful dialogue, residents and NYC officials come together to generate solutions, which are then implemented by the Mayor's Office and assessed over time.⁵²

Other initiatives MAP has undertaken include providing employment and life coaching services to youth who are at most risk for violence. MAP also focuses on addressing major chronic disease determinants, including low physical activity levels and nutrient-poor diets. Programs such as NYPD Anti-Violence basketball games and pop-up healthy food stands have been established. In addition, public infrastructure has been improved through enhanced lighting, green spaces, and park improvements.⁵³

Early evaluations of MAP show promising results for a reduction in various crimes as well as increased perception of healthier neighborhoods. Significantly, misdemeanor offenses against individuals decreased in developments where residents expressed a positive change in their neighborhood's condition.⁵⁴ Furthermore, shootings in MAP sites decreased by 17.1 percent in 2015 and 2016 when compared with non-MAP sites.⁵⁵

⁵² <https://www.americanprogress.org/issues/criminal-justice/reports/2019/10/02/475220/neighborhoodstat-strengthening-public-safety-community-empowerment/>

⁵³ <https://criminaljustice.cityofnewyork.us/programs/map/>

⁵⁴ https://johnjayrec.nyc/wp-content/uploads/2020/10/MAP_EvalUpdate06.pdf

⁵⁵ https://www1.nyc.gov/assets/operations/downloads/pdf/mmr2016/mayors_action_plan_for_neighborhood_safety.pdf

Domestic Violence

Every year, an estimated 10 million people in the US experience domestic and family violence. Often a cycle of abuse is perpetuated in these situations, as experience with previous violence is a strong predictor for future abuse.⁵⁶ The financial expense of domestic and family violence is projected to be \$12 billion each year. In Berkeley, approximately 2,000 reports related to domestic violence are registered annually; the actual number of incidents is probably much higher.⁵⁷

Domestic violence is a difficult and complex problem. Laws have been established that mandate arrests even for minor incidents; these same laws have generated a growing movement of survivors calling for non-enforcement responses. The challenges here are significant, as a lack of intervention can lead to serious injury and death, primarily of women and transgender women.

An additional complication in domestic violence work is the retraumatization of survivors that occurs in the judicial system. When survivors of domestic violence endeavor to obtain recourse through the courts, they are often blamed for the abuse and undergo a disparagement of their character. Moreover, testimony is often given in an open court setting, which requires that a survivor recount the abuse they have undergone while simultaneously appearing composed in order to credibly convey their trauma, often in the presence of their abuser.⁵⁸ Reliving one's trauma and facing an abuser can cause feelings of helplessness, anxiety, and PTSD to surface in the survivor. Unfortunately, retraumatization often results in a major roadblock for survivors to pursue justice in domestic violence cases.⁵⁹

There is a significant overlap in addressing domestic violence incidence and anti-poverty work, as intimate partner violence is correlated with devastating monetary effects on survivors who seek to leave their abusive situations. Interventions such as economic education and employment training can both reduce

56 <https://www.ncbi.nlm.nih.gov/books/NBK499891/>

57 https://www.cityofberkeley.info/uploadedFiles/Health_Human_Services/Level_3_-_General/dvfactsheet.pdf

58 <https://www.seattletimes.com/opinion/a-justice-system-that-re-traumatizes-assault-survivors/>

59 <https://arizonalawreview.org/pdf/62-1/62arizrev81.pdf>

violence and provide critically necessary financial support.

Major domestic violence support programs implemented by the Centers for Disease Control (CDC) include STOP Sexual Violence (SV) and the Preventing Intimate Partner Violence (IPV).⁶⁰ According to the CDC, these strategies focus on promoting social norms that protect against violence; teaching skills to prevent SV; providing opportunities, both economic and social, to empower and support girls and women; creating protective environments; and supporting victims/survivors to reduce harms. Research indicates that IPV is most prevalent in adolescence and young adulthood and then begins to decline with age, demonstrating the critical importance of early prevention efforts.⁶¹ Analyses of these financial support programs have demonstrated results including increased confidence for survivors as well as decreases in domestic assault incidences.⁶²

Another area of focus has been to revisit the mandatory arrest policies for domestic violence calls in place in many jurisdictions.⁶³ Alternatives to this approach emphasize coordinated community response teams that maximize the role of community. An effective model integrates other providers, including faith leaders and the courts.⁶⁴

Commercial Sexual Exploitation

Sexual exploitation of minors has historically been difficult to adequately address. This is due to a plethora of factors, ranging from difficulty in identifying adolescents who experience sexual exploitation to a limited understanding of the various methods used to traffic children and the best approaches to engage the victims.⁶⁵ Too often, sexually exploited minors have faced arrest and incarceration instead of

60 <http://www.preventconnect.org/2019/08/addressing-poverty-to-prevent-violence/>

61 <https://www.cdc.gov/violenceprevention/pdf/ipv-technicalpackages.pdf>

62 <https://vawnet.org/material/economic-empowerment-domestic-violence-survivors>

63 <https://opdv.ny.gov/help/fss/part22.html>

64 <https://www.bwjp.org/our-work/topics/ccr-models.html>

65 <https://ojjdp.ojp.gov/mpg/literature-review/csec-sex-trafficking.pdf>

intervention and support.⁶⁶ More than 1,000 children are arrested for “prostitution” annually. However, anywhere from 57,000 to 63,000 individuals are estimated to be involved in commercial sexual exploitation in the United States, a disproportionate number being youth of color.⁶⁷

The Vera Institute has produced a screening procedure for service providers to follow when encountering an individual who could potentially be a survivor of sexual exploitation. Consisting of a thirty-subject questionnaire, the Trafficking Victim Identification Tool (TVIT), serves to aid in trafficking victim identification. Evaluations have proven that the tool has high accuracy and validity rates.⁶⁸ Health care providers, social workers, legal aid personnel, and others can use the screening tool to better identify those who have experienced commercial sexual exploitation.⁶⁹

Jurisdictions have also begun to halt prosecution of prostitution. In April of 2021, the District Attorney’s Office of Manhattan, New York, announced it would dismiss all open cases with a prostitution charge. Prostitution adjacent crimes such as sex trafficking and soliciting sex workers would still be charged. The cities of Baltimore, Maryland, and Philadelphia, Pennsylvania, have stopped any prosecution of sex workers as well.⁷⁰

Many community-based organizations have established programs that outreach, support, and provide services to minors who have been sexually exploited. It is critical that community-based service providers have the requisite training and education to provide appropriate services and interventions to this population who have experienced abuse, trauma, and exploitation. The training should be trauma-informed, and screeners should be focused on



establishing trust with their clients.⁷¹ Organizations like FAIR Girls (Washington, D.C.) and MISSEY (Oakland, CA) have initiatives that intervene directly with girls who have been exploited. At MISSEY, case workers engage at-risk youth in the Alameda County foster system and offer them support and services in the form of financial resources, life coaching, and housing.⁷² In Washington DC, young girls that stayed at the FAIR Girls group home had a 58 percent higher likelihood of permanently withdrawing from commercial sexual exploitation when compared with those who were not provided housing.⁷³

Traffic Enforcement

Data from The Stanford Open Policing Project shows that Black men and women are stopped at a higher rate than white drivers and are more likely to be

⁶⁶ <https://www.washingtonpost.com/posteverything/wp/2014/12/05/child-prostitutes-arent-criminals-so-why-do-we-keep-putting-them-in-jail/>

⁶⁷ <https://www.vera.org/publications/out-of-the-shadows-identification-of-victims-of-human-trafficking>

⁶⁸ <https://www.vera.org/downloads/publications/human-trafficking-identification-tool-summary-v2.pdf>

⁶⁹ <https://www.vera.org/publications/out-of-the-shadows-identification-of-victims-of-human-trafficking>

⁷⁰ <https://www.nytimes.com/2021/04/21/nyregion/manhattan-to-stop-prosecuting-prostitution.html>

⁷¹ <https://www.nytimes.com/2021/04/21/nyregion/manhattan-to-stop-prosecuting-prostitution.html>

⁷² <https://misseey.org/foster-youth-program/>

⁷³ <https://fairgirls.org/vida-home/>

fatally shot during the course of that traffic stop.⁷⁴ To significantly lessen the exposure of the general public to the police and instead address transportation violations without law enforcement involvement, a number of strategies have been employed including: reallocation of certain traffic services to non-law enforcement organizations; the implementation of automation; and decriminalization.

In the City of Berkeley, the Berkeley Police Department (BPD) performed approximately 11,000 traffic stops in 2019. Black people were stopped by BPD at a rate 4.3 times than their representative population in the City.⁷⁵ This disproportionate traffic enforcement highlights the need to change policies and practices regarding traffic stops.

Reducing the use of police officers in traffic enforcement is one potential solution; this approach can be greatly enabled by technology. Speeding and red-light violations are two areas that constitute a large portion of traffic enforcement. There are 19 states that allow speed cameras, and 21 states that allow red-light camera usage.⁷⁶ Implementing automatic speed citations along with red-light cameras could allow for a reduction of up to 20 percent of police interactions. It is important to note that although this technology is successful at reducing the need for police, it can generate other issues such as enforcement problems and privacy concerns.⁷⁷

As Berkeley is considering through the Berkeley Department of Transportation (BerKDOT) initiative, transferring traffic enforcement duties to an agency of unarmed staff can limit problematic police contact with motorists. Analogous programs have been proposed in Cambridge, Massachusetts; St. Louis Park, Minnesota; and Montgomery County, Maryland.⁷⁸ In 2019, automation-based traffic enforcement capabilities were transferred to the

Department of Transportation in Washington, D.C.⁷⁹ New York's Attorney General proposed the end of the NYPD's involvement with traffic enforcement in September of 2020.⁸⁰

Another potential strategy can be illustrated by a pilot program in Staten Island, New York, aimed at reducing the number of calls for service related to minor collision.⁸¹ When a call comes in regarding a collision, dispatch will determine if the collision is minor or serious enough to merit police response. If a collision is deemed to be minor, all individuals involved in the crash simply complete a collision report and then exchange contact and identification information.⁸²

Lastly, ending pre-textual stops for minor traffic infractions, as proposed by the Berkeley Mayor's Fair and Impartial Policing Workgroup and approved by the City Council in March 2021, could significantly reduce traffic stops. This issue is addressed in more detail in the Policing section of this report.

Neighbor Disputes

Police officers are frequently the first personnel called in when there is a dispute, even a minor one, between neighbors. These events can encompass a broad array of issues, from property damage, blocking a driveway, to noise complaints. Even if police do intervene, the solution is often only temporarily, rather than resolving the root problems that caused the conflict. Police response wastes time and resources and can lead to escalation and violence. Furthermore, neighbor conflicts in low-income and communities of color have a higher likelihood of resulting in an arrest.⁸³

⁷⁴ <https://openpolicing.stanford.edu/findings/>

⁷⁵ <https://sites.google.com/view/saferstreetsberkeley/home>

⁷⁶ <https://www.ghsa.org/state-laws/issues/speed%20and%20red%20light%20cameras>

⁷⁷ <https://www.governing.com/archive/gov-cities-hit-brakes-red-light-cameras.html>

⁷⁸ <https://theappeal.org/traffic-enforcement-without-police/>

⁷⁹ <https://www.washingtonpost.com/transportation/2019/10/01/browser-does-an-end-run-around-dc-council-transfers-speed-red-light-camera-program-ddot/>

⁸⁰ <https://apnews.com/article/bronx-arrests-traffic-archive-new-york-c93fa5fc03f25c2b625d36e4c75d1691>

⁸¹ <https://www.silive.com/news/2019/03/nypd-dont-call-911-for-crashes-without-injuries.html>

⁸² <https://abc7ny.com/traffic/nypd-rolls-out-pilot-program-wont-respond-to-every-accident/5205383/>

⁸³ https://mdmediation.org/wp-content/uploads/2019/10/Giving_Police_and_Courts_a_Break.pdf

Community mediation is a strategy that has proven to reduce police calls for service and decrease the burden on police for nuisance complaints. Several cities have implemented community mediation programs to utilize non-enforcement options to resolve neighbor disputes. In areas where community mediation is prioritized, neighborhood social ties are strengthened, and communities are more harmonious. Moreover, residents who participate in community mediation use less court and police resources. In a study analyzing mediation's effect in Baltimore, Maryland, for example, researchers found that community mediation for neighbor disputes decreased calls for service to the Baltimore Police Department. For a single mediation session, the Baltimore Police Department produced cost savings between \$208 and \$1,649. Among individuals who went through a mediation, the likelihood of arrest and prosecution was lower when compared to those who did not participate.⁸⁴

Neighbor disputes can also be triaged through a 311 system. Priority is given to complaints based on frequency and the potential to escalate into violence. Outsourcing responses to neighborhood organizations and associations that can operate in conjunction with police officers can be valuable in order to promote a peaceful resolution to violent disputes. These organizations can also conduct sweeps through neighborhoods in order to gain valuable information regarding any disputes.⁸⁵

Substance Use

In 2016, 25 percent of lethal law enforcement shootings in the US affected individuals undergoing behavioral health or substance use crises.⁸⁶ Data regarding drug-related charges demonstrates that Black and LGBTQIA+ individuals are disproportionately charged and experience lower rates of treatment.^{87,88} In addition, calls for service

stemming from substance use place an undue strain on emergency departments as well as jails, both of which are often ill-equipped to handle substance use crises. Amid the COVID-19 pandemic, increases in drug and opioid related overdoses have been observed across California, underscoring the need for adequate substance use response.⁸⁹

It is important to note that this "adequate response" must reflect the reality that successfully addressing substance use is about management, not halting usage.

The establishment of safe injection facilities (SIF) is a potential avenue for reduction of drug-related deaths. These facilities are supervised areas that allow the uptake of drugs in a safe and hygienic setting.

There are a plethora of positive impacts that stem from SIF implementation. SIF have prevented thousands of overdoses with most reporting zero overdose fatalities.⁹⁰ Studies have noted a significant decrease in transference of blood-borne diseases such as HIV and Hepatitis B/C at SIFs due to their clinical standards.⁹¹ An increase in uptake of treatment for substance use disorder was also observed after SIF involvement. An evaluation done by the Vancouver Mental Health and Addiction Services demonstrated a significant curtailment of drug injection in public areas as well as a reduction in associated litter post-SIF implementation.⁹² SIFs have also been shown to reduce emergency ambulatory calls for service while open.⁹³

San Francisco recently approved a bill that would implement safe injection facilities in the City.⁹⁴ The Department of Public Health would oversee the establishment of two pilot SIFs. The City estimates that cost savings generated by reducing HIV and Hepatitis C caseload would be approximately \$3.5 million annually.⁹⁵

89 <https://www.ama-assn.org/system/files/2020-12/issue-brief-increases-in-opioid-related-overdose.pdf>

90 <https://www.ohtn.on.ca/rapid-response-83-supervised-injection/>

91 Id.

92 <http://www.healthyalamedacounty.org/promiseppractice/index/view?pid=3840c>

93 https://kingcounty.gov/~media/depts/community-human-services/behavioral-health-recovery/documents/herointf/Safe_Consumption_Facilities_Evidence_Models.ashx?la=en

94 <https://www.ktvu.com/news/san-francisco-supervisors-unanimously-approve-legislation-for-safe-injection-sites>

95 <https://www.glide.org/safe-injection-sites-are-coming-to-san-francisco/>

84 Id.

85 https://popcenter.asu.edu/sites/default/files/2020-spi-spotlight_series-retailiatoryviolentdisputes_final.pdf

86 <https://www.washingtonpost.com/graphics/national/police-shootings-2016/>

87 <https://www.americanprogress.org/press/release/2016/02/23/131547/release-broken-criminal-justice-system-disproportionately-targets-and-harms-lgbt-people/>

88 <https://www.marylandaddictionrecovery.com/impact-of-addiction-african-american-community/>

Syringe services programs (SSPs), also known as Needle Exchange Programs (NEPs), are a harm reduction mechanism that offer individuals with hygienic and safe needles and syringes along with referrals to other services. These services can include further medical care, treatment programs, and therapy access. SSPs also provide testing for diseases, vaccinations, and naloxone dispensation. A critical component of SSPs is the communication of education regarding overdose signs and proper injection technique. They are typically overseen by local public health departments that work in conjunction with community-based organizations.⁹⁶

Numerous benefits have been linked to proper SSP implementation including decreases in the rate of drug use frequency when compared with individuals who have never utilized an SSP.⁹⁷ Sterile equipment provided by SSPs is also associated with a reduction in bloodborne infections, sexually transmitted diseases, and other health issues. When an SSP is instituted in a community, there is no corresponding increase in drug usage or crime in the area.⁹⁸

The Needle Exchange Program in Baltimore, Maryland provides clean needles to intravenous drug users in order to reduce related health issues. There are currently 16 locations across Baltimore, with plans for expansion.⁹⁹ An evaluation of the intervention program found that participation in the program was correlated with a 33 percent increase in the likelihood of entering treatment.¹⁰⁰

Berkeley's Needle Exchange Emergency Distribution (NEED) is an SSP operating out of a mobile van created in 1990. Naloxone training, fentanyl testing strips, and screening for HIV/ AIDS are all offered via one of NEED's three sites.¹⁰¹ Berkeley's NEED program is currently funded by grants from the City of Berkeley and Alameda County.¹⁰²

⁹⁶ <https://www.cdc.gov/ssp/syringe-services-programs-faq.html>

⁹⁷ <https://pubmed.ncbi.nlm.nih.gov/11027894/>

⁹⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446444/>

⁹⁹ <https://health.baltimorecity.gov/hiv-std-services/community-risk-reduction>

¹⁰⁰ <https://pubmed.ncbi.nlm.nih.gov/16364566/>

¹⁰¹ <https://www.berkeleyneed.org/sp/index.php>

¹⁰² <https://pha.berkeley.edu/2019/12/01/the-needle-exchange-program-crisis/>

Street outreach programs that connect intravenous drug users and individuals suffering from substance use disorder to services are also beneficial.

The City of San Francisco is launching a sobering site for individuals using methamphetamines. In non-emergent cases, clients will be transported to the sobering site and offered medication such as antipsychotics or sedatives. This site will reduce the burden on emergency departments and free up psychiatric services in hospitals.¹⁰³ HealthRIGHT 360, a community-based organization, will oversee the sobering site after it is opened.¹⁰⁴ In order to recruit clients to the sobering center, the site will collaborate with San Francisco's Street Crisis Response Team (SCRT), referenced in detail in the Emerging Non-Enforcement Models of Community Response section of this report.

The Arlington Opiate Outreach Initiative was created in 2015 in Arlington, Massachusetts. The partnership brings together social workers, community-based organizations, health workers, and public health clinicians housed in the Arlington Police Department in order to foster relationships with residents of the community and then connect them to treatment and supports. Individuals in the community are identified for possible treatment after frequent police encounters, prior history of drug usage, or previous hospitalization related to overdoses.¹⁰⁵ Public health clinicians will then attempt to engage the identified community member through home visits, contact with family/ friends, and provision of naloxone kits.

Conversations for Change, a program based in Dayton, Ohio, is marked by its emphasis on meetings that serve to engage the community and offer residents education regarding potential treatment choices and services. The program is a partnership between the Dayton Police Department and East End Community Services, a non-profit, community-based organization. Individuals are recruited through an array of avenues, from parole officers to community-based organizations that are involved

¹⁰³ https://www.sfdph.org/dph/files/MethTaskForce/Meth%20Task%20Force%20Final%20Report_FULL.pdf

¹⁰⁴ <https://www.sfexaminer.com/news-columnists/new-search-launched-for-meth-sobering-center-site/>

¹⁰⁵ <https://icjia.illinois.gov/researchhub/articles/rethinking-law-enforcement-s-role-on-drugs-community-drug-intervention-and-diversion-efforts#fnref52#fn44>

with substance use disorders. Monetary benefits in the form of grocery store gift cards are used to incentivize individuals to attend meetings. Meetings first involve a direct, one-on-one conversation with a motivational mediator from the Dayton Mediation Center about a client's current status and goals. After this initial conversation, presentations from health officials and residents with similar lived experiences are given. Providers finally offer naloxone training to the clients at the meetings.¹⁰⁶ The Conversations for Change program also includes an SSP.¹⁰⁷

A more direct approach to curbing the impact of substance use disorders on the demand for policing is decriminalization.

Oregon became the first state in the United States to decriminalize the possession of all drugs effective February 2021. Possessing heroin, cocaine, methamphetamine and other drugs for personal use is no longer a criminal offense in Oregon.¹⁰⁸

Those drugs are still against the law, as is selling them. But possession is now a civil – not criminal – violation that may result in a fine or court-ordered therapy, not jail.

There are three main arguments for decriminalization:

1 Criminalization has failed

The reason for punishing drug users is to deter drug use. But decades of research have found the deterrent effect of strict criminal punishment to be small, if it exists at all. This is especially true among young people.

Because criminalizing drugs does not really prevent drug use, **decriminalizing has not been found to increase it**. Portugal, **which decriminalized the personal possession of all drugs in 2001** in response to high illicit drug use, has much lower rates of drug use than the European average. Use of cocaine among young adults age 15 to 34, for example, is 0.3 percent in Portugal, compared to 2.1 percent across the EU.

2 Decriminalization allows reinvestment in treatment

Arresting, prosecuting and imprisoning people for drug-related crimes is expensive.

The Harvard economist Jeffrey Miron estimates that all government drug prohibition-related expenditures were \$47.8 billion in 2016. Money spent arresting, prosecuting and incarcerating individuals for drug-related offenses can be more effectively, from both outcomes and cost perspectives, reinvested in treatment services.

3 The drug war disproportionately impacts people of color

Another aim of decriminalization is to mitigate the significant **racial and ethnic disparities associated with drug enforcement**.

Illegal drug use is roughly comparable across races in the U.S. But people of color are significantly more likely to be **searched, arrested and imprisoned for a drug-related offense**.

¹⁰⁶ Id.

¹⁰⁷ <https://icjia.illinois.gov/researchhub/articles/rethinking-law-enforcement-s-role-on-drugs-community-drug-intervention-and-diversion-efforts#fnref52#fn46>

¹⁰⁸ Oregon discussion draws heavily from: <https://www.usnews.com/news/best-states/articles/2020-12-10/oregon-just-decriminalized-all-drugs-heres-why-voters-passed-this-groundbreaking-reform>

COMMUNITY DRIVEN VIOLENCE REDUCTION STRATEGIES



Crime is often concentrated in low-income neighborhoods, with Black and Latinx individuals disproportionately experiencing higher rates of violence. These 'hot spots' of violent crime experience a complex array of challenges, ranging from high rates of poverty and incarceration to poor quality education and a lack of trust in government institutions. Unfortunately, the effects of exposure to violence are widespread, affecting the health and development of not only those directly involved but also that of their families and communities. Neighborhoods with these characteristics necessitate immediate intervention to disrupt the cycle of interpersonal violence and its devastating consequences.¹⁰⁹

There has however been consistent success in a small number of effective strategies summarized briefly below and described more comprehensively in a 2021 NICJR publication, *Four Proven Violence Reduction Strategies*. When implemented with fidelity, these interventions have been successful at reducing violence, with many initiatives showing improvements in the first six to twelve months of implementation.

The four highlighted strategies, Gun Violence Reduction Strategy, Hospital-Based Violence Intervention, Office of Neighborhood Safety/Advance Peace, and Street Outreach – all incorporate similar best practices:

- Identifying and focusing on individuals, groups, and communities at the highest risk of being involved in violence;
- Employing Credible Messengers/community outreach workers to engage those individuals/groups in a positive and trusting manner; and

- Providing ongoing services, supports, and opportunities to high-risk individuals.

These core elements are essential to the success of any violence intervention strategy.

Gun Violence Reduction Strategy

Gun Violence Reduction Strategy (GVRs) is known by many other names: Ceasefire, Focused Deterrence, and Group Violence Intervention. GVRs is a comprehensive strategy that utilizes a data-driven process to identify the individuals and groups at the highest risk of committing or being involved in gun violence and deploying effective interventions with these individuals. Initially developed in Boston, where it was referred to as the “Boston Miracle”, GVRs has evolved as it has been implemented in cities including **Oakland** and Stockton, California, to include more in-depth and intensive services and supports.¹¹⁰

Identification of Program Participants

GVRs employs a data-driven process to identify the individual and groups who are at the very highest risk of being involved in a shooting. This involves an initial Gun Violence Problem Analysis, which provides a thorough examination of the shootings and homicides in a given city over the past two to three years in order to produce information about victim and suspect demographics, group conflicts in the area, prior history of violence, and general trends.

¹⁰⁹ <https://www.huduser.gov/portal/periodicals/em/summer16/highlight2.html>

¹¹⁰ <https://www.theguardian.com/cities/2018/dec/06/bostons-miracle-how-free-nappies-and-a-little-mentoring-are-curbing>



Engagement: Direct and Respectful Communication

Once high-risk individuals and groups are identified, the GVRS strategy requires immediate engagement. This engagement involves direct and respectful communication to inform identified individuals of their risk and offering them services. There are two primary formats for these discussions: Group meetings, referred to as “Call-Ins” and individual meetings, sometimes referred to as “Customized Notifications”. At Call-Ins, the recently identified very high-risk individuals are invited to attend a meeting with community leaders, law enforcement officials, formerly incarcerated individuals, survivors of violence, and service providers. Custom Notifications convey similar messages about the risk of violence and the availability of services. However, Custom Notifications are individual meetings where a high-ranking police officer and a community leader directly make contact with an individual at their home or community.

Provision of Services

Subsequent to a Call-In or a Custom Notification, individuals identified as being at very high risk of gun violence are directly connected to available services, supports, and opportunities. The first and primary service is a positive and trusting relationship with a Life Coach or Violence Intervention worker, someone with similar lived experiences as the people they are serving. These individuals are often known as Credible Messengers. The Life Coach or Intervention Worker is an intensive and personal relationship – which is the most important aspect of the services. Unlike service brokering based case management, contact between the Life Coach and the client must be frequent, flexible, consistent, and on-going for a long period of time.

In Oakland’s GVRS, clients are also eligible to receive monthly, modest financial incentive stipends for achieving certain milestones.

Focused Enforcement

One of the overt goals of GVRs is to reduce the footprint of police by focusing enforcement on serious and violent crime. For those individuals and groups who do not respond to the GVRs message and continue to engage in violence, this means that there is follow-up supervision and focused enforcement by police, probation, parole, and prosecutors; enforcement action is not taken simply for failure to participate in GVRs programming.

Hospital-Based Violence Intervention Programs (HVIPs)

Hospital-Based Violence Intervention Programs (HVIP), view violence through a public health-centered lens. Analogous to the spread of an illness, violence has been shown to proliferate with increased proximity and exposure to others.¹¹¹ That is, contact with violence itself increases the probability that those exposed will be directly involved in violence.¹¹²

Identification of Program Participants

Under the HVIP model, the physical location of a trauma center or emergency room is seen as valuable in the fight against violence. One of the major risk factors for future violence is a history of previous violence. With this in mind, the HVIP model places the responsibility for identifying clients with hospital workers who pinpoint patients that are at highest likelihood for future victimization.

Engagement Strategy

HVIPs make use of the distinct cross-section of time—known as a “teachable moment”—in which after an injury an individual is open to making changes in their behavior and circumstances. During this time period, specialized hospital staff and community-based partners come together in support of the patient in order to diminish the chance of retaliation and further violence. HVIPs are especially important right now in the fight against violence, as injury recidivism

rates have been shown to be as high as 60 percent in certain areas.¹¹³

Provision of Services

Once this initial bond is created, Intervention Specialists construct a comprehensive plan with their clients to spur on meaningful change. These plans typically include non-violent crisis management methods, counseling for both the client and their family, information on risks and outcomes associated with violence, as well as access to community services including employment assistance, mentoring, education, and court assistance. Consultation with family and health providers is necessary to develop a plan that is feasible and trauma-informed.

Office of Neighborhood Safety/ Advance Peace

In 2007, the City of Richmond, CA launched the Office of Neighborhood Safety (ONS), amid escalating homicide rates and increasing numbers of firearm cases. Prior to the establishment of the ONS, the Richmond City Council analyzed violence in Richmond and found that gun violence disproportionately affected Black men aged 18-24, with that population constituting 73 percent of homicide fatalities.¹¹⁴ This finding served as the basis for the creation of the Office of Neighborhood Safety.

Identification of Program Participants

The ONS employs a data-driven approach in identification of individuals at highest risk. Leveraging their relationships in the community, ONS Neighborhood Change Agents (NCA) conduct daily sweeps of their communities, an effort that provides a continuous flow of critical information that informs staff response. NCAs are able to gather information regarding those individuals that are most prone to violence, current conflicts or family issues that may result in violence, and other information that is used to directly inform subsequent intervention activity.

¹¹¹ <https://www.cdc.gov/injury/wisqars/fatal.html>

¹¹² <https://www.ncbi.nlm.nih.gov/books/NBK207245/>

¹¹³ https://journals.lww.com/jtrauma/Abstract/2020/08000/Recidivism_rates_following_firearm_injury_as.17.aspx

¹¹⁴ https://www.evidentchange.org/sites/default/files/publication_pdf/ons-process-evaluation.pdf

In addition, ONS obtains data from the Richmond Police Department (RPD) to support identification of those individuals at highest risk based on the data from law enforcement.

Provision of Services

ONS’s main program is the Peacemaker Fellowship.® The Peacemaker Fellowship interrupts gun violence by providing transformational opportunities to young men involved in lethal firearm offenses and placing them in a high-touch, personalized fellowship.

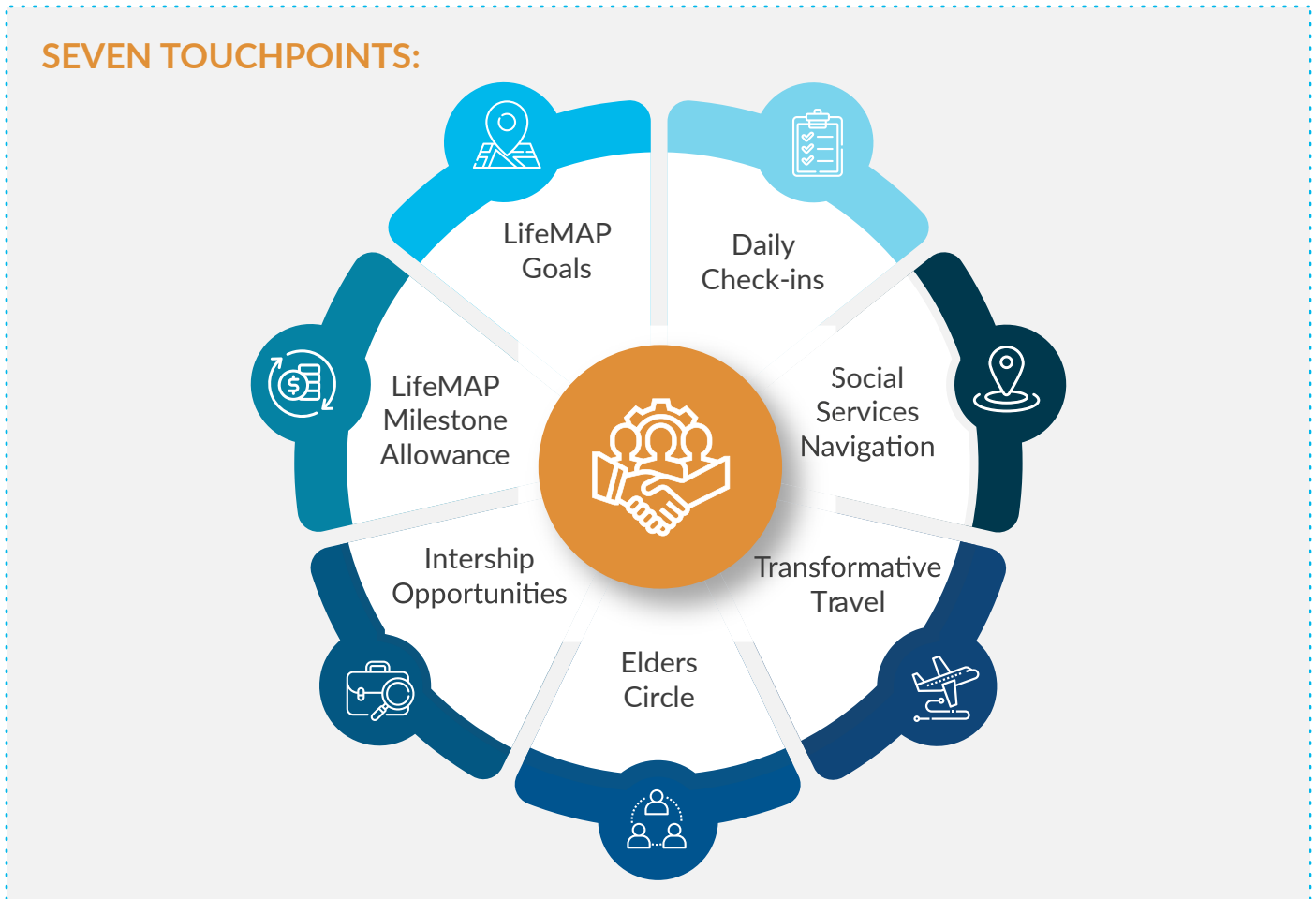
The Fellowship provides life coaching, mentoring, connection to needed services and cultural and educational excursions, known as Transformative Travel, to those deemed to be the most dangerous individuals in the city. Fellows travel across the country and to several international destinations. Fellows can also receive significant financial incentives for participation and positive behavior as a gateway to developing intrinsic motivation that arises from internal and not external rewards.

Street Outreach

Referred to by a variety of names and long seen as the primary entry point for violence reduction programs, Street Outreach can be an effective intervention when implemented correctly. A number of organizations and programs throughout the country have successfully operated Street Outreach initiatives, including **Urban Peace Initiative** in Los Angeles, who also provide a Street Outreach training academy; the **Newark Community Street Team**; and the **Professional Community Intervention Training Institute**.

Identification of Program Participants

Street Outreach programs are designed to address the manner in which violence spreads from person to person. Studies show that those who have been continually in contact with violence can be thirty times more likely to commit a violent act in the



future.¹¹⁵ Moreover, violence often has ripple effects in the community, whether it be in the form of retaliation or further escalation of conflict.¹¹⁶

Because of this pattern in violence, Street Outreach programs recognize potentially lethal conflicts in the community by utilizing trained Violence Interrupters. These Violence Interrupters identify ongoing conflicts by speaking to key members of the community about ongoing disputes. Information regarding arrests, prison releases, and prior criminal history are also utilized to pinpoint violent outbreaks.¹¹⁷

Engagement and Services Strategy

Engagement is primarily facilitated by the work of trained Violence Interrupters. Following a shooting, these individuals immediately operate in the community and at hospitals to pacify heightened emotions and prevent retaliations. This involves coordination with local groups and business owners to hold constructive dialogue around community violence and the appropriate actions to take in response. Events are then organized by Violence Interrupters to promote a change in overall neighborhood attitudes towards violence.

115 <https://1vp6u534z5kr2qmr0w11t7ub-wpengine.netdna-ssl.com/wp-content/uploads/2019/09/Infographic-Top-10-v1.pdf>

116 <https://www.lagryd.org/mission-comprehensive-strategy>

117 <https://cvg.org/what-we-do/>

POLICE TRAINING

The following strategies have shown to be effective in reducing crime, resolving incidents, and improving the quality of policing without a focus on heavy-handed enforcement.

SARA Problem Solving Model

The Scanning, Analysis, Response, and Assessment (SARA) model was created in Virginia in 1987 to facilitate the problem-oriented policing procedure.¹¹⁸ The cornerstone of this model is a priority on outcomes; the model outlines four steps that are necessary for a proper police response to problems within their jurisdictions. To ensure proper implementation, a significant facet of this method is that officers must be ready to build trust between the community and the police department through the establishment of interpersonal relationships.¹¹⁹

Scanning. This step consists of pinpointing and then triaging repeated issues that necessitate a response from the police department.¹²⁰ Frequent problems that occur in the community are given priority. Relevant outcomes of the problem are matched to their corresponding cause. For example, examining which properties in a given area have the highest number of calls for service in a year or given time period is an important initial step in the SARA model.

Analysis. Here, law enforcement officers examine the root causes of the issue, community sentiment regarding the problem, and gather needed contextual data.⁴⁸ This step also involves assessing the status quo response to the problem and identifying the shortcomings of that strategy. Ultimately, the cause of the problem and potential solutions are determined during this phase.

Response. Officers utilize collected data to ascertain potential intervention strategies. When determining

118 https://www.researchgate.net/publication/297556988_Police_innovation_Contrasting_perspectives

119 <https://movementforward.org/a-look-inside-strategies-contributing-towards-community-policing-sara-model/>

120 <https://www.evidence-basedpolicing.org/refresher-sara-model-and-problem-oriented-policing/>

strategies, a thorough review of implemented interventions in different areas with comparable issues is critical. Once a strategy is selected, clear goals must also be established. Execution of the chosen plan is the last part of this step.

Assess. After a plan is implemented and officers have attempted to address a problem, the police department must analyze the efficacy of their strategy. Continued evaluation of the intervention is necessary to guarantee lasting success. Alternatives or additions to the strategy are considered as well.¹²¹

Many police departments have incorporated the SARA model into their interventions. In San Diego, the police department reported that a trolley station was the location of gang fights, violent crimes, and narcotic activity. A squad of officers collected information to show the local transit board that the design of the station contributed to crime. Based on the information provided by the officers, the transit board agreed to provide funds to redesign the station.¹²²

Ethical Policing Is Courageous (EPIC)

The EPIC program is a peer-to-peer intervention strategy that was created by the police department in New Orleans, Louisiana in 2016. EPIC involves training officers to be accountable to each other and intervene before an unlawful act takes place, irrespective of hierarchy. This initiative aims to alter the culture surrounding policing in order to limit police misbehavior and promote a collaborative environment.¹²³

The EPIC program is founded on active bystandership psychology, which explains that active bystanders intercede when they are made aware of problematic behavior. EPIC training allows officers to overcome factors that may prevent them from intervening.

121 <https://movementforward.org/a-look-inside-strategies-contributing-towards-community-policing-sara-model/>

122 <https://www.sandiego.gov/department/problem-oriented-policing>

123 <http://epic.nola.gov/home/>



These factors include a lack of confidence in their skills to deescalate a situation, uneasiness about potential retribution, and worry about breaking an unwritten code of silence.¹²⁴

Leadership in police departments who participate in the EPIC program must be committed to changing their organizational culture. Police departments implementing EPIC must provide education, training, and on-going learning and support to officers for the initiative to be successful. EPIC can also integrate with other initiatives to boost officer well-being, including counseling and trauma assistance as well as stress reduction education.¹²⁵

Areas where EPIC programs have been implemented have better community relations, lower rates of misconduct, and lower rates of public grievances. The majority of the feedback from New Orleans police officers has also been positive.¹²⁶ Moreover, there is strong research that peer intervention is effective when successful strategies for interceding are provided.¹²⁷

Project Active Bystandership for Law Enforcement (ABLE)

Project ABLE is a joint effort between the Georgetown Innovative Policing Program and the Sheppard Mullin law firm to train officers to be able to properly intervene in a crisis situation and promote a policing atmosphere that reinforces peer intervention. Project ABLE is based on the principles of the New Orleans EPIC Peer Intervention Program

¹²⁴ <http://epic.nola.gov/epic/media/Assets/EPIC-Overview.pdf>
¹²⁵ Id.

¹²⁶ <https://www.apa.org/monitor/2017/10/police-misconduct>

¹²⁷ <https://epic.nola.gov/epic/media/Assets/Aronie-Lopez,-Keeping-Each-Other-Safe.pdf>

and curriculum created by Dr. Ervin Staub for California law enforcement. Through Georgetown, law enforcement agencies are able to receive training in Project ABLE along with a host of other resources to assist them in advancing their own bystandership strategies.^{128,129} The training consists of a minimum of a one-time eight hour ABLE-specific training along with a minimum of two hours of annual refresher training.¹³⁰ All of these resources are provided to law enforcement agencies free of charge.

Project ABLE's aim is to reduce police misconduct and errors and assist in improving officer health and well-being. In order to prevent any retaliation from occurring to those officers who intervene, police departments must implement stringent anti-retaliation guidelines. Since its inception, over 70 police departments have enlisted in Project ABLE.¹³¹

Research has shown that there are many advantages to the implementation of significant bystander training. This is critical because most police departments have a culture that dissuades officers from intervening when they see problematic behaviors.¹³² Identified benefits include a decrease in violence to civilians, a decrease in violence to police officers, enhanced relationships between community residents and the police officers,

¹²⁸ <https://www.law.georgetown.edu/innovative-policing-program/active-bystandership-for-law-enforcement/>

¹²⁹ <https://www.law.georgetown.edu/innovative-policing-program/active-bystandership-for-law-enforcement/our-mission/>

¹³⁰ <https://www.law.georgetown.edu/innovative-policing-program/active-bystandership-for-law-enforcement/able-program-standards/>

¹³¹ <https://www.wsj.com/articles/nypd-officers-to-get-training-on-speaking-up-against-bad-policing-11611838809>

¹³² https://assets.foleon.com/eu-west-2/uploads-7e3kk3/41697/pdf_-_duty_to_intervene.6e39a04b07b6.pdf

and growth in officer well-being.¹³³ Evidence also suggests a strong correlation between departments that maintain robust duty to intervene protocols and decreased rates of police deaths per capita.

Community Safety Partnership (Watts)

Established in November 2011, the Community Safety Partnership (CSP) is a joint effort between the Los Angeles Police Department (LAPD), the Housing Authority of the City of LA (HACLA), and local residents.¹³⁴ The program was created in order to address the high violence levels in housing developments in the Watts area and offer residents there supports and services. The broader goal of the CSP is to implement “relationship-based policing.” This process involves police officers creating legitimate relationships with residents of their precinct in order to meaningfully benefit community wellness for the long-term.¹³⁵ One of the major stakeholders in the project is the Watts Gang Task Force, a team of neighborhood residents, local faith leaders, and other community-based organizations.

Along with high violence rates, the community was also grappling with concentrated poverty, low education quality, and deteriorating physical infrastructure. Community engagement initiatives the CSP implemented in response include a football team coached by police officers, Fun Runs, health fairs, and organized walks for residents to interact with officers in a non-confrontational setting.^{136,137}

In 2020, the CSP Bureau was formed within LAPD to expand the work that was achieved in Watts citywide. The LAPD also consolidated CSP programs creating a centralized point of contact and engagement for the community. The main objectives of the CSP Bureau

133 <https://www.law.georgetown.edu/innovative-policing-program/active-bystandership-for-law-enforcement/able-program-standards/>

134 <https://www.lamayor.org/mayor-garcetti-announces-new-expansion-community-safety-partnership>

135 <https://static1.squarespace.com/static/55b673c0e4b0cf84699bdfbf/t/5a1890accec212d9bd3b8f52d/1511559341778/President%207s+Task+Force+CSP+Policy+Brief+FINAL+02-27-15updated.pdf>

136 <https://lasentinel.net/hundreds-of-south-la-residents-attend-launch-of-community-safety-partnership-in-harvard-park.html>

137 <https://empowerla.org/lapds-community-relationship-division/>

were to serve as a resource for officer--community interaction and promotion of neighborhood safety.¹³⁸

The CSP Bureau is also responsible for certifying and training officers for 5-year terms. CSP officers undergo over 100 hours of education from the nonprofit Urban Peace Institute. The training centers on cultural competency, de-escalation skills, and understanding community data.¹³⁹

Originally formed for one housing site, CSP has spread to ten additional developments. In 2017, the program was broadened to the Harvard Park area due to its efficacy. During the initial three years after the CSP’s formation, both violent offenses and arrest rates decreased by over 50 percent in the Watts housing developments. One Watts location even had three consecutive years without a homicide. Residents of these Watts developments have even reported increased perceptions of safety along with greater trust in the police.¹⁴⁰ An evaluation of CSP by UCLA found that this effort reduced crime, arrest rates, and use of force grievances from residents.¹⁴¹

Focused Deterrence

Focused Deterrence strategies involve the communication of risks, ramifications, and avenues of support to individuals involved in gun violence. This strategy is based on the fact that a very small number of people are responsible for a large portion of gun violence.

One of the most prominent implementations of focused deterrence is Boston, Massachusetts’s Operation Ceasefire. Experiencing an increase in violence, Boston police identified and communicated with individuals and groups that were pinpointed as most at risk of engaging in violence.¹⁴² Boston police also partnered with the Boston Ten Point Coalition, a group of faith and community leaders,

138 <https://www.lamayor.org/mayor-garcetti-announces-creation-lapd-community-safety-partnership-bureau>

139 <https://static1.squarespace.com/static/55b673c0e4b0cf84699bdfbf/t/5a1890accec212d9bd3b8f52d/1511559341778/President%207s+Task+Force+CSP+Policy+Brief+FINAL+02-27-15updated.pdf>

140 Id.

141 <https://www.lamayor.org/mayor-garcetti-announces-creation-lapd-community-safety-partnership-bureau>

142 <https://cebcp.org/evidence-based-policing/what-works-in-policing/research-evidence-review/focused-deterrence/>

in order to provide support and services to these targeted individuals and groups. Oakland has also implemented a version of Focused Deterrence that is profiled in the Gun Violence Reduction section of this report.

Focused Deterrence strategies are often tailored to the location in which they are being implemented. Project Safe Neighborhoods in Lowell, Massachusetts, instituted this strategy in areas of high crime. Lowell dealt with a significant Asian gang presence largely comprising youth involved in illicit gambling operations. In order to address the youth violence, the City of Lowell worked with older Asian males in charge of the gambling. The older Asians intervened in youth violence in order to prevent their gambling enterprise from being destroyed. Lowell experienced a major decline in adolescent violence following the implementation of this Focused Deterrence strategy.¹⁴³

After Ceasefire was implemented in Boston, evaluations found a 63 percent drop in youth homicides and a 32 percent decline in calls for service related to gun violence.¹⁴⁴ A meta-analysis of several Focused Deterrence strategies found steady reductions in violent crime of up to 60 percent, particularly for group and gang related violence.¹⁴⁵

Elimination of Pretextual Stops

Pretextual or pretext traffic stops occur when police officers stop a driver for a minor violation, like vehicle equipment failure, and then try to leverage that opportunity to find evidence of a more significant crime. A recent evaluation of 100 million traffic encounters demonstrated that Black and Latino drivers experience higher rates of pretextual stops and searches.¹⁴⁶ However, most of these stops do not actually yield any contraband or weapons.¹⁴⁷ Because the nature of pretextual stops relies heavily on officer discretion, there is high likelihood that implicit racial biases come into play. Such stops that end in violence

143 <https://cebcp.org/evidence-based-policing/what-works-in-policing/research-evidence-review/focused-deterrence/>

144 <https://www.ojp.gov/pdffiles1/nij/188741.pdf>

145 <https://prohic.nl/wp-content/uploads/2020/11/2020-03-31-FocusedDeterrenceBraga.September2019.pdf>

146 <https://www.vera.org/blog/ending-pretextual-stops-is-an-important-step-toward-racial-justice>

147 <https://www.law.upenn.edu/live/files/7898-rudovskyslj>

or death disproportionately affect Black and Latino drivers.¹⁴⁸

Elimination of pretextual stops does not negatively affect crime. An analysis by the police department in Fayetteville, North Carolina showed that violent crime was not affected after the police department reformed its use of pretextual stops.¹⁴⁹

Pretextual stops are in the process of being regulated in many states across the country. Oregon's Supreme Court ruled in November 2019 that it was unconstitutional for police to stop a driver and proceed to ask unrelated questions, thereby effectively banning pretextual stops.¹⁵⁰ Virginia policy makers are also considering restricting pretextual stops.¹⁵¹ Other legislation has been introduced across the country that prevents police officers from conducting certain types of pretextual stops including, for example, broken tail or brake lights, objects obstructing the rearview mirror, and tinted windows.¹⁵² Advocates of these bills state the proposed limitations would decrease racial incongruities in traffic stops.¹⁵³ The Berkeley City Council has already approved the formation of BerkDOT in order to address and decrease the frequency of pretextual traffic stops.¹⁵⁴ The City Council also approved the Mayor's Fair and Impartial Policing Workgroup's recommendations, which includes elimination of pretextual stops.

Ethical Society of Police (ESOP)

Instituted in 1972 by Black St. Louis Metropolitan Police Department officers, the Ethical Society of Police (ESOP) is a police union that was created in order to combat systemic racism within the

148 <https://www.berkeleyside.com/2021/03/02/opinion-for-berkeley-to-reimagine-public-safety-we-must-grapple-with-traffic-enforcement>

149 <https://injepijournal.biomedcentral.com/articles/10.1186/s40621-019-0227-6>

150 <https://www.opb.org/news/article/oregon-supreme-court-bans-police-officers-random-questions/>

151 <https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2020/09/03/police-pretext-traffic-stops-need-to-end-some-lawmakers-say>

152 <https://theappeal.org/traffic-enforcement-without-police/>
153 <https://www.dailypress.com/news/crime/dp-nw-northam-legislation-traffic-20201021-3f2tmucyl5csdmbhhv2zh3atya-story.html>

154 <https://www.berkeleyside.com/2021/03/02/opinion-for-berkeley-to-reimagine-public-safety-we-must-grapple-with-traffic-enforcement>

department and greater community. The group is comprised of 220 members, who are either police officers or civilian contractors.¹⁵⁵ The organization recently scaled up to include the St. Louis County Police Department. ESOP has been particularly outspoken in cases of police wrongdoing. The group places a higher premium on ethical decision making, even though openly criticizing actions of their fellow police officers can be difficult.

Most recently, ESOP condemned the actions of a police officer in Brooklyn Center, Minnesota that resulted in the death of Daunte Wright, expressing that the officer was irresponsible in upholding her duties.¹⁵⁶ ESOP has also sponsored many events in order to improve relationships between police officers and their community including Pizza with a Cop, community clean-up days, and basketball games. In August of 2020, ESOP also released a groundbreaking report that details systemic racism throughout the St. Louis Metropolitan Police Department.

Chicago PD Black Public Safety Alliance (BPSA)

A group of Black Chicago Police Department (CPD) officers created the Black Public Safety Alliance (BPSA) in 2021.¹⁵⁷ The organization serves to give Black police officers a voice amidst the deep-rooted issues between communities of color and the CPD. The BPSA was created in response to concerns with the broader Fraternal Order of Police (FOP).¹⁵⁸ Officers in the BPSA have explained they “...do not feel supported or comfortable at the FOP,” especially after the local police union refused to undergo mandated precinct reform to promote trust in the community.¹⁵⁹

155 https://img1.wsimg.com/blobby/go/64ce42b7-f768-43ed-9590-dbd611afb7b6/downloads/1c6lj3b8j_482336.pdf?ver=1618276018416

156 <https://www.nytimes.com/2021/04/14/opinion/police-officer-unions.html?action=click&module=Opinion&pgtype=Homepage>

157 <https://www.wbez.org/stories/black-chicago-police-officers-form-new-group/abb12a96-1103-4ced-a068-0ffbfb158da9>

158 <https://movementforward.org/a-look-inside-strategies-contributing-towards-community-policing-sara-model/>

159 <https://www.chicagotribune.com/news/criminal-justice/ct-black-chicago-police-organization-20210225-dvzbzcs4z3feqvix4sumhcbgru-story.html>

The formation of the alliance is a reflection of the national conversation that was ignited by George Floyd’s death. The members of BPSA have expressed that advocating for the Black community is one of their main goals, even if that involves challenging the status quo. Currently operating as a nonprofit, the BPSA has established working groups on diversity policies, adolescent coaching, and police reform.¹⁶⁰

Police Diversity

With the recent demands for law enforcement to address racial injustice and the disparate impact of policing on communities of color, diversity in the ranks of officers has emerged as a potential area of reform. In a New York Times analysis of federal Bureau of Justice Statistics data on nearly 500 police departments across the country, more than 66 percent of the departments experienced a reduction in diversity and became more white from 2007 to 2016. Although the share of police officers of color has risen in that time period as well, the demographics of police departments do not reflect the demographics of communities they serve.¹⁶¹ Black officers are twice as likely than their white counterparts to espouse the belief that the deaths of people of color at the hands of police officers are a legitimate problem.¹⁶²

Diversity in law enforcement is correlated with stronger bonds between a department and the community they serve, particularly communities of color. Use of force grievances have also been shown to decrease when there are more non-white officers in leadership positions.¹⁶³ A new comprehensive study of police diversity in Chicago, Illinois was conducted by a group of academics from Princeton University, Columbia University, the Wharton School of Business, and the University of California at Irvine. Their research concluded that, “Relative to white officers, Black and Hispanic officers make far fewer stops and arrests, and they use force less often, especially against Black civilians. These effects are

160 Id.

161 <https://www.nytimes.com/interactive/2020/09/23/us/bureau-justice-statistics-race.html>

162 <https://www.pewresearch.org/fact-tank/2017/01/12/black-and-white-officers-see-many-key-aspects-of-policing-differently/>

163 <https://www.nytimes.com/interactive/2020/09/23/us/bureau-justice-statistics-race.html>

largest in majority-Black areas of Chicago and stem from reduced focus on enforcing low-level offenses, with greatest impact on Black civilians. Female officers also use less force than males, a result that holds within all racial groups.”¹⁶⁴

Warrior vs. Guardian Mentality

The mentality of a warrior going to battle and the police force being an occupying army has been referred to as the “warrior mentality” for many years. Instilled, or reinforced, in police officers at the academy, the warrior concept is saturated throughout police culture. The guardian mentality is a newer idea that promotes community engagement, the establishment of meaningful relationships, and providing support to residents.¹⁶⁵

“From Warriors to Guardians: Recommitting American Police Culture to Democratic Ideals,” a report by the Harvard University Kennedy School of Government and the National Institute of Justice, directly addresses the problems of the warrior culture in policing. The report states: “In some communities, the friendly neighborhood beat cop – community guardian – has been replaced with the urban warrior, trained for battle and equipped with the accouterments and weaponry of modern warfare.”¹⁶⁶

The report goes on to highlight problems with police academies and the aggressive, warrior type manner in which new recruits are trained: “Another, more insidious problem in a military-style academy is the behavior modeled by academy staff. Those without power (recruits) submit without question to the authority of those who have power (academy staff). Rule violations are addressed by verbal abuse or physical punishment in the form of pushups and extra laps.”¹⁶⁷

A novel initiative has been implemented at the Washington State Criminal Justice Training Commission (WSCJTC) to try to instill the guardian culture in police departments in the state. The WSCJTC

conducts and implements training of over 10,000 police officers annually. Curricular and approach changes include the removal of salute requirements for recruits, motivating instead of criticizing recruits during training, and the incorporation of behavioral education into the curriculum. Early longitudinal evaluations of the WSCJTC program show that the officers that participated in the training felt more comfortable responding to behavioral and mental health crises when compared with officers that did not receive the training.¹⁶⁸ Gains in emotional intelligence and peer support were observed as well.

Accountability

Current police accountability mechanisms are largely perceived to be ineffective. While the challenges in this area are myriad, there are two particularly critical areas of focus in the police accountability conversation, the Law Enforcement Officers’ Bill of Rights and Qualified Immunity.

Law Enforcement Officers’ Bill of Rights

Sixteen states currently employ some sort of police officer bill of rights, including California. These bills provide workplace safeguards for police officers, including but not limited to erasing misconduct complaints after a time period, a bar against civilian investigation, and a waiting period before any investigation can begin.¹⁶⁹ They have been consistently cited as a central barrier to police accountability in jurisdictions across the country.

Maryland, the state which enacted the first police officer bill of rights and had what many consider the most draconian, recently repealed its Law Enforcement Officers’ Bill of Rights in April 2021 in order to increase police accountability drastically.¹⁷⁰ Maryland’s replacement legislation involves a stringent use-of-force measure, incorporation of

¹⁶⁴ <https://scholar.princeton.edu/sites/default/files/bkmr.pdf>

¹⁶⁵ <https://www.sciencedaily.com/releases/2019/02/190226155011.htm>

¹⁶⁶ <https://www.ojp.gov/pdffiles1/nij/248654.pdf>

¹⁶⁷ <https://www.ojp.gov/pdffiles1/nij/248654.pdf>

¹⁶⁸ https://www.seattleu.edu/media/college-of-arts-and-sciences/departments/criminaljustice/crimeandjusticeresearchcenter/documents/Helfgott-and-Hickman-2021_Longitudinal-Study-of-the-Effect-of-Guardian-Training-for-LE.pdf

¹⁶⁹ <http://www.cato.org/blog/police-misconduct-law-enforcement-officers-bill-rights>

¹⁷⁰ <https://www.washingtonpost.com/history/2020/08/29/police-bill-of-rights-officers-discipline-maryland/>

civilian panels for discipline, and an emphasis on de-escalation tactics.¹⁷¹

Qualified Immunity

Qualified immunity, established by the Supreme Court in 1967, effectively protects state and local officials, including police officers, from personal liability unless they are determined to have violated what the court defines as an individual's "clearly established statutory or constitutional rights." The doctrine can be used only in civil cases, not criminal, and allows victims to sue officials for damages only under those circumstances.

Critics and reform advocates say that the doctrine gives officers free rein to use excessive force with impunity and argue that what it defines as "clearly established" law remains largely elusive and difficult to prove, as it requires the victim to present a previous case with nearly identical circumstances that a court ruled as unconstitutional. They also assert the law helps officers escape accountability and prevents victims from achieving justice.

Elimination of qualified immunity is thus another component of increasing police accountability. Colorado and New Mexico¹⁷² have recently passed legislation modifying their respective qualified immunity provisions; similar legislation in California is pending.

The George Floyd Justice in Policing Act of 2020 calls for the national elimination of qualified immunity.¹⁷³

Additional Accountability Measures of Note

A routine check of officers' social media can also be a powerful tool to address potentially racist or other problematic posts. After a 2019 analysis of approximately 4 million stops by police in California, the Racial and Identity Profiling Advisory Board has recommended that police departments perform

checks on assigned department software as well as social media accounts in order to identify and hold accountable officers who are actively biased and reflect that bias on the job.¹⁷⁴

Early intervention systems (EIS) are an additional mechanism by which police accountability can be fostered. These systems analyze a variety of indicators for potentially problematic behavior including use of force incidents, citizen grievances, and disciplinary history. Identification of habitual misconduct by officers is often accomplished through a 'peer officer comparison system,' where officers assigned to the same beat are juxtaposed.¹⁷⁵ Once an officer is identified by the EIS for habitual misconduct, supports, and services to aid the officer are provided in order to encourage officer well-being and aid in

behavioral change. Continued monitoring of officer progress as well as frequent reviews of EIS data are necessary for successful implementation.¹⁷⁶

¹⁷¹ Id.

¹⁷² https://custom.statenet.com/public/resources.cgi?id=ID:bill:NM2021000H4&ciq=ncsl&client_md=562236734bdbcb53a3148c2e8d11ebbd&mode=current_text

¹⁷³ <https://www.congress.gov/bill/116th-congress/house-bill/7120/text>

¹⁷⁴ <https://www.policemag.com/589521/advisory-board-recommends-ca-agencies-check-officers-social-media-activity-for-r>

¹⁷⁵ <https://samuelwalker.net/issues/early-intervention-systems/>

¹⁷⁶ <https://www.policefoundation.org/publication/best-practices-in-early-intervention-system-implementation-and-use-in-law-enforcement-agencies/>

POLICE TRAINING

Increased training and education programs are frequently promoted to police departments to help improve the quality of policing and support officers in gaining new skills. As noted by two Columbia Law School professors in an article on police reform, "... training does not take root unless officers are held accountable for obeying the rules and practicing the skills they are taught."¹⁷⁷ Training alone is not adequate to transform a police department or change the behavior of an officer. But combined with culture change, new policies and accountability, training can be an effective tool to improve and reform the police.

Procedural Justice

Procedural Justice in policing improves police-community relations and emphasizes police departments and officers being transparent in their actions, fair in their processes, allowing community voice, and using impartiality in decision making.

According to the Department of Justice's Community Oriented Policing Services, "Procedural justice refers to the idea of fairness in the processes that resolve

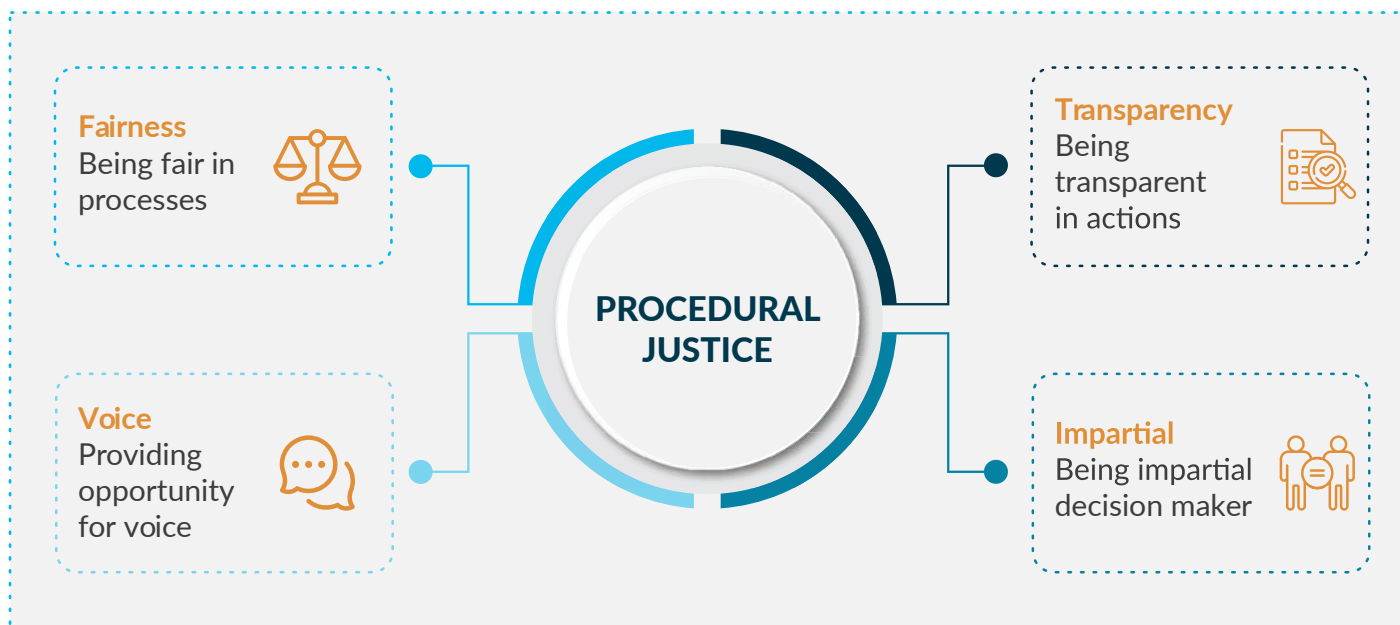
disputes and allocate resources. It is a concept that, when embraced, promotes positive organizational change and bolsters better relationships."¹⁷⁸

A comprehensive evaluation of procedural justice training found that "training increased officer support for all of the procedural justice dimensions. . . Post-training, officers were more likely to endorse the importance of giving citizens a voice, granting them dignity and respect, demonstrating neutrality, and (with the least enthusiasm) trusting them to do the right thing."¹⁷⁹

Several evaluations of procedural justice have found the education has been correlated with an improvement in relations between a community and a police department.¹⁸⁰ In Oakland, the police department trained all officers in procedural justice and provided specialized procedural justice training to the department's gun violence reduction unit. Oakland's police department was also the first department in the country to have members of the

178 <https://cops.usdoj.gov/procdceduraljustice>
 179 https://www.researchgate.net/publication/269723704_Training_police_for_procedural_justice
 180 https://www.cityofberkeley.info/uploadedFiles/Police/Level_3_-_General/Principled%20Policing_outline.pdf

177 <https://www.themarshallproject.org/2014/12/19/the-new-new-policing>



community teach a portion of the procedural justice training.

To aid in procedural justice incorporation into police departments, the Justice Collaboratory at Yale Law School has created a compilation of procedural justice training guides, departments who have implemented procedural justice training, and other pertinent resources.¹⁸¹

While also suggesting procedural justice training as a way to combat the “warrior mentality” in police departments, a Harvard University Kennedy School of Government report advises that “Police leaders dedicated to establishing practices in their agencies based on procedural justice principles must ensure that their organizational culture is not in conflict with these same principles.”¹⁸²

Implicit Bias

Implicit bias, as the name denotes, is an unconscious belief, attitude or bias against another race, ethnicity, or group. When Stanford University psychologist Jennifer Eberhardt conducted a large-scale study of policing, she discovered that the unconscious link between Black individuals and criminality is so high that even contemplating lawlessness can cause someone to fixate on Black people.¹⁸³ These societal biases end up affecting the judgment of police officers whether they are aware of it or not.

In Oakland, Professor Eberhardt and her team reviewed body camera footage from 1,000 traffic stops to elucidate the difference in officer language in encounters with Black versus white drivers. The research found that Oakland Police Department (OPD) officers consistently communicated with Black drivers in a less civil manner when compared with white drivers they addressed.¹⁸⁴ Various programs to address implicit bias were then recommended for implementation in OPD in response to these findings. Short, repeated education sessions were found to be associated with higher levels of officer

comprehension and knowledge.¹⁸⁵ The training was accompanied by more community engagement and data transparency in order to allow officers to start the process of unlearning implicit biases.

A novel approach to implicit bias training is the Counter Bias Training Simulation (CBTSim). This strategy utilizes shooting automation and video sequences to demonstrate the risks of implicit bias in a realistic setting.¹⁸⁶ In the curriculum, officers are forced to deal with potentially explosive situations without reacting in a way that reflects preconceived notions.¹⁸⁷

De-escalation

With an increase in the number of deadly interactions between police and unarmed civilians going viral, there has been an on-going call for officers to be required to utilize effective verbal de-escalation strategies. Law enforcement officers in the United States kill nearly 1,000 civilians annually, many of whom are unarmed.¹⁸⁸ However, many law enforcement agencies provide little to no de-escalation training to officers, and 34 states have no mandate for de-escalation training.

Successful de-escalation programs operate to assist law enforcement personnel in relaxing the situation in order to gain valuable time in a crisis. Ideal guidance for officers suggests that 40 hours of de-escalation instruction is needed. The Police Executive Research Forum (PERF) de-escalation training is a program that has seen substantial reductions in use of force complaints and civilian injury. The training includes active listening, forming physical space between the individual and officer, and education regarding mental illness and well-being.¹⁸⁹

When the Dallas Police Department implemented a training curriculum involving de-escalation tactics,

181 <https://law.yale.edu/justice-collaboratory/procedural-justice/guides-practitioners>

182 <https://www.ojp.gov/pdffiles1/nij/248654.pdf>

183 <https://psychology.stanford.edu/news/we-understand-implicit-bias-now-what-conversation-stanford-psychologist-jennifer-eberhardt>

184 Id.

185 <https://news.stanford.edu/2016/06/15/stanford-big-data-study-finds-racial-disparities-oakland-calif-police-behavior-offers-solutions/>

186 <https://www.npr.org/2020/09/10/909380525/nypd-study-implicit-bias-training-changes-minds-not-necessarily-behavior>

187 <https://www.faac.com/milo/cognitive/cbtsim/>

188 https://www.washingtonpost.com/local/deescalation-training-police/2020/10/27/3a345830-14a8-11eb-ad6f-36c93e6e94fb_story.html

189 Id.

use of force grievances declined by 18 percent the following year. After the San Francisco Police Department incorporated de-escalation training into their curriculum, use of force incidents dropped by 24 percent annually.¹⁹⁰

Community Engagement

A tense relationship between police and the community, especially communities of color, has been a long, intractable problem. Mistrust of law enforcement is not just theoretically problematic; it has also been proven to be linked to an increase in crime and violence.¹⁹¹ Police officers should work to develop meaningful and positive relationships with members of the community by taking measures including regularly and actively attending community meetings, special events, neighborhood gatherings, positively communicating with area youth, and participating or hosting local sporting events. By doing so law enforcement conveys the message that residents have a voice and that their input matters. Police should also connect with individuals in the community who advocate for greater social cohesion, such as faith leaders, in order to successfully engage a broad swath of the community.¹⁹²

Crime Prevention Through Community Engagement (CPTCE), an extensive training guide for improving relations between police departments and the community, was recently developed by The American Crime Prevention Institute (ACPI). The training consists of strategies to engage communities of color, employ social media to interact with residents, coordinate with faith-based leaders, and partner with community-based organizations.¹⁹³

In New Haven, Connecticut, the police department implemented 40-hours of community engagement education for its recruits, including education about the area's history as well as continuous outreach activities. Officers overwhelmingly supported the initiative and reported having positive interactions.

190 https://www.washingtonpost.com/local/deescalation-training-police/2020/10/27/3a345830-14a8-11eb-ad6f-36c93e6e94fb_story.html

191 <https://giffords.org/wp-content/uploads/2020/01/Giffords-Law-Center-In-Pursuit-of-Peace.pdf>

192 <https://courses.acpionline.com/community-engagement/>

193 <http://acpionline.com/seminars/cptcelou/>

After the pilot, the police department expanded the program to partner with the local community-based organization, Leadership, Education, & Athletics in Partnership (LEAP).¹⁹⁴ Community engagement training for law enforcement in general is correlated with increased trust and stronger social ties in neighborhoods.

Open Policing is a research-based strategy that incorporates elements of procedural justice to improve police-community relations. Residents of communities are able to offer their comments and observations regarding their exchanges with police officers anonymously. All comments are collated into Agency Pages, which can be explored by residents and officers.¹⁹⁵ In addition to the Open Policing policy, some departments have initiated CFS reviews. After any call for service, community members are able to give details about their interaction in a three-minute review without any fear of consequence.¹⁹⁶

The four main components of procedural justice have been assimilated into Open Policing, including promotion of vocalization from the community, serving individuals with respect, objectivity in decision-making, and credibility with the community. The main goals of the strategy are to improve officer-civilian relations and responses to incidents as well as promoting accountability within the department. All comments are collated into Agency Pages, which can be explored by residents and officers.¹⁹⁷ Open Policing has been correlated with a 35 percent decrease in resident grievances and increased trust in police departments.¹⁹⁸

Data Driven Risk Management

The Oakland Police Department (OPD) recently implemented a series of 15 Microsoft Power BI (Business Intelligence) dashboards that allow for a precise review of police behavior. Working with Slalom, a data consulting firm, OPD has increased transparency and accountability through data

194 https://www.policefoundation.org/wp-content/uploads/2017/08/IAP_Outside-the-Academy-Learning-Community-Policing-through-Community-Engagement.pdf

195 https://www.policylink.org/sites/default/files/pl_police_commun%20engage_121714_c.pdf

196 <https://www.openpolicing.org/how-open-policing-works/>

197 Id.

198 <https://www.openpolicing.org/try-open-policing/>

analysis. Patterns of enforcement, historical activity, and performance over time are all monitored in close to real-time.¹⁹⁹

The dashboards were created with input from OPD staff and leadership, community-based organizations, other law enforcement agencies, and Stanford University's SPARQ (Social Psychological Answers to Real-world Questions). Each dashboard can be accessed by OPD leadership, depending on security clearance. The dashboards have a simple interface, allowing supervisors to access and understand the data easily. Police supervisors can access a variety of data, from long-term information to arrests made within the last 24 hours.²⁰⁰ Dashboards allow for an easy breakdown of incidents by factors including race, gender, ethnicity, and officer. This permits police departments to monitor problematic patterns and address them quickly.²⁰¹ Early Intervention Systems (EIS) such as these dashboards have been correlated with increased personnel safety, improved officer welfare, and an increase in police accountability.²⁰² One necessary improvement to these systems and their deployment is to universally allow the public to have access to the information they capture.

199 <https://www.slalom.com/case-studies/city-oakland-creating-police-transparency-and-trust-data>

200 <https://medium.com/slalom-data-analytics/data-is-the-new-sheriff-in-town-but-is-it-biased-4aa140904dd7>

201 <https://cao-94612.s3.amazonaws.com/documents/Police-Commission-7.23.20-Agenda-Packet.pdf>

202 <https://www.emerald.com/insight/content/doi/10.1108/PIJPSM-02-2020-0027/full/html>

APPENDIX I

Alternative Responses Report

INTRODUCTION AND REPORT OVERVIEW

In the effort to provide meaningful information and recommendations to the Berkeley Reimagining Public Safety process, the National Institute for Criminal Justice Reform (NICJR) was tasked by the City Manager's Office to conduct research and analysis to produce a series of reports for the Taskforce, City of Berkeley (City) leadership, and the public. NICJR reviewed the City Auditor's Calls for Services assessment, conducted further analysis of Berkeley Police Department Calls for Service (CFS), used the previously submitted New and Emerging Models of Public Safety report, and drew upon our team's experience and expertise, to develop this Alternatives Responses report.

This report provides an actionable roadmap for providing community and other non-law enforcement alternatives to a police response for 50 percent of CFS types to which the Berkeley Police Department (BPD) currently responds.

The initial section of this report presents the NICJR analysis of BPD's CFS and compares that analysis to the Berkeley City Auditor's report. The next section provides an overview of NICJR's alternative response model – Tiered Dispatch, which includes the Community Emergency Response Network (CERN) – and describes how specific call types are assigned to CERN tiers.

The report concludes with an overview of a framework for the City's alternative response model, drawing upon both existing and planned City resources. The specific parameters and scope of the Specialized Care Unit (SCU) have not yet been defined. The present analysis assumes that the SCU's role will be focused on mental-health and substance abuse related call responses.

CALLS FOR SERVICE ANALYSIS

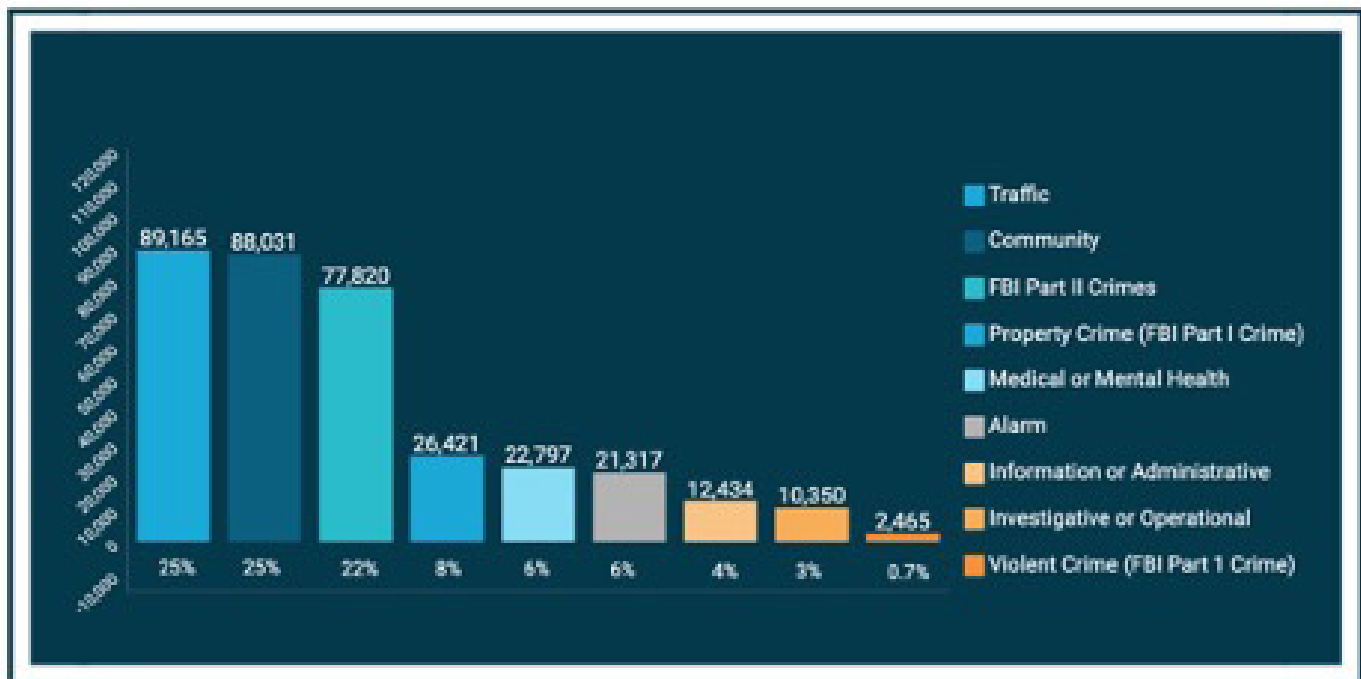
Summary of City Auditor Findings, NICJR Category Assignment and Crosswalk

The Berkeley City Auditor (Auditor) recently conducted an analysis of over 350,000 BPD calls for service covering calendar years 2015-2019. The BPD CFS audit, which can be found [here](#), focused on the following questions:

1. What are the characteristics of calls for service to which Berkeley Police respond?
2. What are the characteristics of officer-initiated stops by Berkeley Police?
3. How much time do officers spend responding to calls for service?
4. How many calls for service are related to mental health and homelessness?
5. Can the City improve the transparency of Police Department calls through the City of Berkeley's Open Data Portal?

The Auditor categorized over 130+ call types into 9 categories in an effort to answer these questions: Violent Crime (FBI Part 1), Property Crime (FBI Part I), FBI Part II Crimes, Investigative or Operational, Medical or Mental Health, Information or Administrative, Community, Traffic, and Alarm.

Figure 1. BPD Calls by Auditor Call Categories



Between 2015 and 2019 the Auditor found that BPD responded to an average of 70,160 CFS annually, and that ten call types accounted for 54 percent of all CFS.

Table 1. Top Ten Call Types, Auditor Report

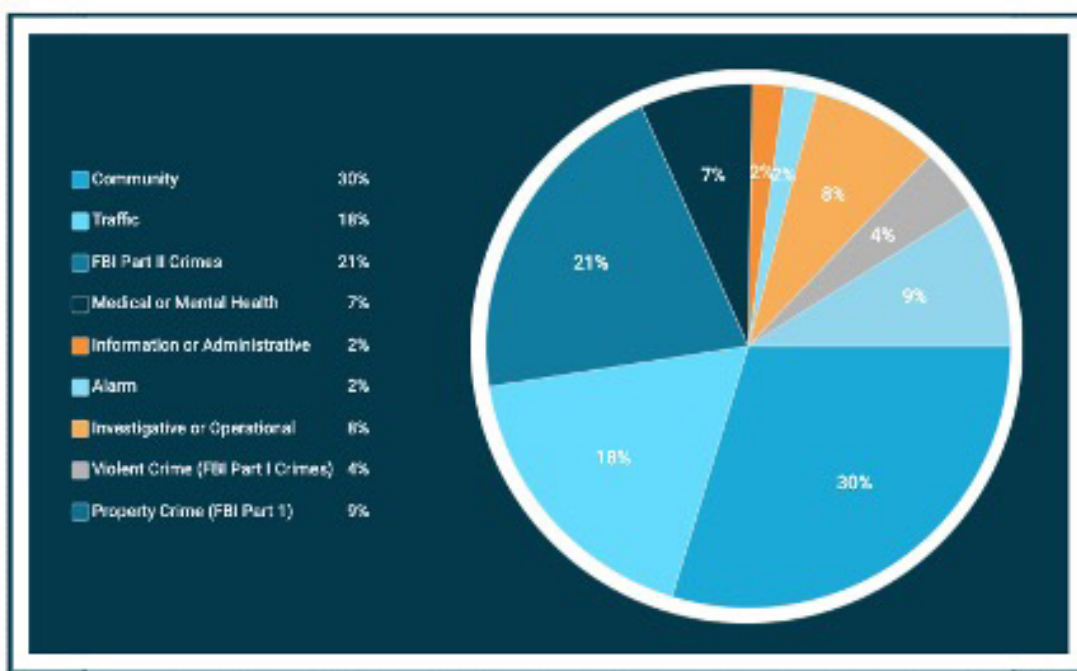
Call Types	Total Count
Traffic Stop	44,795
Disturbance	35,696
Audible Alarm	19,920
Noise Disturbance	15,773
Security Check	15,262
Welfare Check	15,030
Suspicious Circumstance	11,547
Trespassing	11,058
Theft	10,556
Wireless 911	9,899

Top 10 call types account for 54% of all events

The top ten call types fell into four categories: Traffic, Community, Alarm, and Property Crime. Mental health related CFS accounted for approximately 12 percent of all call types, while homelessness CFS accounted for 6.2 percent of all events. These types of CFS were identified by looking at keywords in narrative reports, disposition codes, call types, and/or Mobile Crisis Team response.

During the period reviewed, BPD officers spent most of their time (69 percent) responding to CFS that were categorized as Traffic (18 percent), Community (30 percent), or FBI Part II crimes (21 percent). Seven percent of BPD officers' time was spent handling Medical Mental Health CFS, another 9 percent on Property Crime CFS, and 2 percent on Alarms. The remainder of BPD officer time (14 percent) was spent on Information or Administrative, Investigative or Operational, and Violent Crime CFS.

Figure 2. BPD Officer Time Allocation, Auditor Report



NICJR EXPANDS UPON AUDITOR'S ANALYSIS

As a first step in developing this Alternative Response Report, NICJR reviewed the CFS analysis completed by the Auditor and compared the results of that analysis to its own CFS classification results.

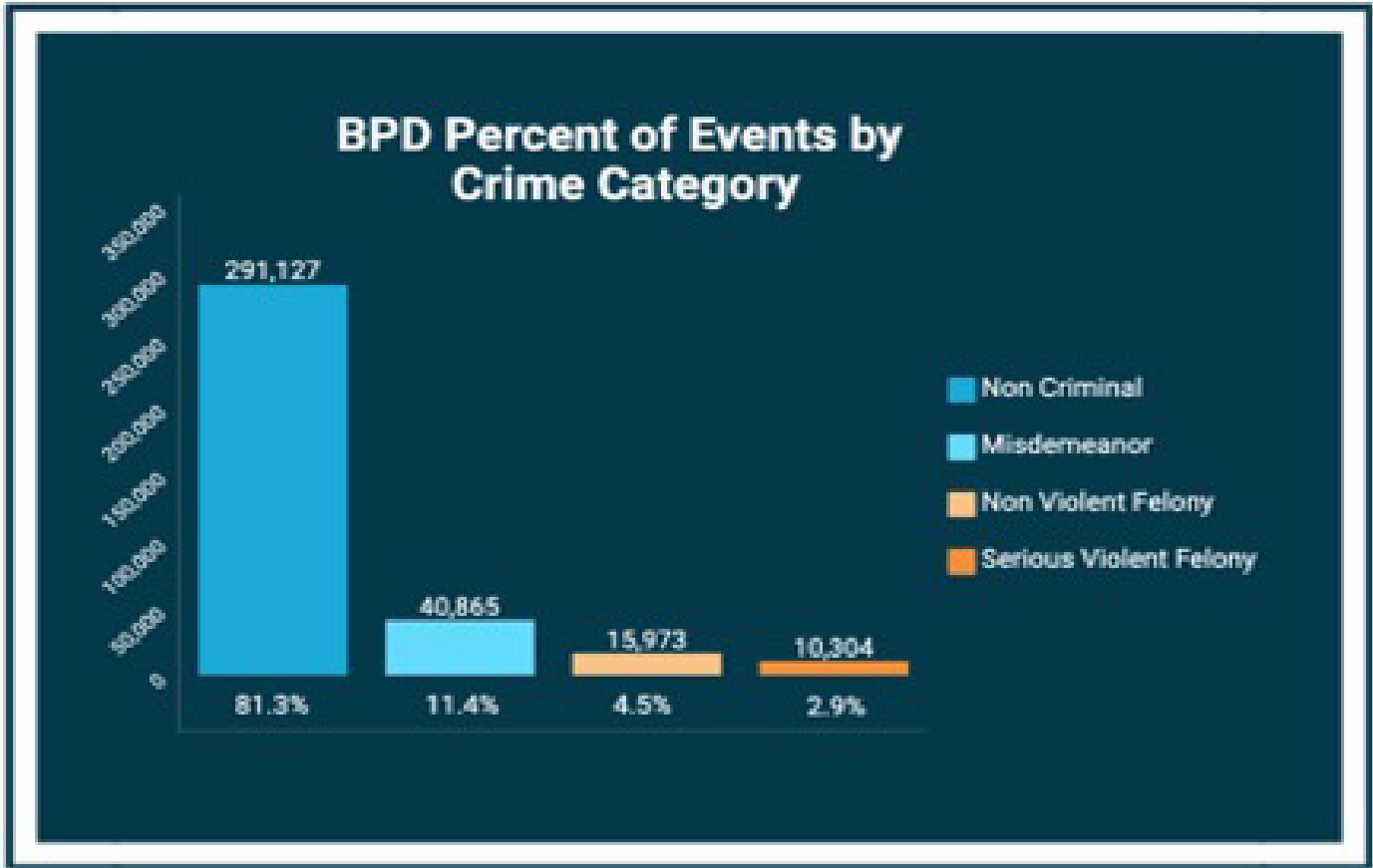
As outlined above, the Berkeley City Auditor aggregated all BPD call types into 9 categories, while NICJR uses 4 Categories to organize the same events. A crosswalk between the Auditor's 9 and NICJR's 4 CFS Categories is outlined in Table 2. NICJR categories are aligned with state specific penal codes and their associated penalties. If a call type is not found in the penal code, it is placed into the Non-Criminal Category.

Table 2. Crosswalk, Berkeley City Auditor and NICJR Call Type Categories

Berkeley Auditor Categories	NICJR Categories
Violent Crimes (FBI Part I)	Serious Violent Felony: Any event identified in the California Penal Code as a Serious Violent Felony
Property Crimes (FBI Part I)	Non-Violent Felony: Any event identified in the California Penal Code as a Non-Violent Felony
FBI Part II Crimes	Misdemeanor: Any event identified in the California Penal Code as a Misdemeanor
Community	Non-Criminal: Any event not identified in the Penal Code
Medical or Mental Health	
Traffic	
Informational or Administrative	
Investigative or Operational	
Alarm Calls	

NICJR uses this method of categorizing events because it affords the most linear association between the event and its associated criminal penalty. By categorizing events in this manner, NICJR can clearly identify the portion of CFS that are either non-criminal or are for low-level and non-violent offenses. Categorizing call data into a simple criminal vs. non-criminal, violent, vs. non-violent, structure also supports conversations with the community about alternatives to policing for specific call types grounded in easily understandable data.

Figure 3. BPD Events by NICJR Crime Category¹



There were 22 call types² (11 percent) that differed in assignment when comparing the Auditor’s report to NICJR results. A summary of these variances is outlined in Table 3 and described below.

Table 3. Key Variances, NICJR vs. Auditor Call Type Categorization

NICJR Classification	Auditor Classification	# of Impacted Call Types
Non-Criminal	FBI Part II Crimes	7
Serious Violent Felony	Traffic, Property Crimes (FBI Part I, FBI Part II Crimes)	10
Non-Violent Felony	Investigative/Operational	1
Misdemeanor	Traffic, Informational or Administrative	4

Of the 22 call types, 7 (31.8 percent) were assigned to NICJR’s Non-Criminal Category whereas the Auditor classified the same 7 as FBI Part II Crimes. For example, *family disturbance* is classified by the Auditor as an FBI Part II Crime while NICJR places it in the Non-Criminal Category. The largest source of variance between

¹ Figure excludes null or missing values in the dataset.

² There is a discrepancy in the number of call types evaluated by the Auditor versus NICJR. The Auditor evaluated approximately 130 CFS types; NICJR, 183. Part of this discrepancy is due to the fact that the Auditor and NICJR reviewed slightly different data sets. Additionally, NICJR reviewed all CAD data while the Auditor only reviewed those CFS resulting in a sworn response.

NICJR's Non-Criminal Category and the Auditor's classifications relates to the call type disturbance, which the Auditor classifies as an FBI Part II Crime while NICJR categorizes it as Non-Criminal. The *disturbance* call type accounted for nearly 10 percent of the 360,242 CFS reviewed in the Auditor's analysis.

Four out of the 22 (18.1 percent) differing call types were assigned to NICJR's Misdemeanor Category while the Auditor assigned them as Traffic and Informational or Administrative. These call types include *reckless driver*, *hit and run with injuries*, and *exhibition of speed*. Both *reckless driver* and *hit and run with injuries* were assigned as Traffic by the Auditor while NICJR assigns them as Misdemeanors. *Property Damage* was classified by the City Auditor as Informational or Administrative. NICJR classifies this call type as a Misdemeanor.

One out of the 22 (4.5 percent) differing call types, lo jack stolen vehicle, was assigned to NICJR's Non-Violent Felony Category while the Auditor assigned it as Investigative or Operational.

A final source of the variation in call type categorization between the Auditor and NICJR stems from NICJR's Serious Violent Felony assignment. The auditor used FBI UCR categories while NICJR used the California Penal Code to determine the penalty associated with the qualifying offense. Ten out of the 22 (45.4 percent) differing call types were assigned to NICJR's Serious Violent Felony Category. Out of the total 360,242 calls for service analyzed, NICJR classified 2.9 percent in the Serious Violent Felony Category. The Auditor only classified 0.7 percent of CFS in its Violent Felony Category. The variance is due to the fact that 9 call types classified by the Auditor as Traffic, Property Crime (FBI Part I), and FBI Part II Crimes fall into NICJR's Serious Violent Felony Category. This scenario is illustrated by the call types *hit and run with injuries* and *vehicle pursuit*. Both are classified by the Auditor as Traffic. NICJR classifies both calls in its Serious Violent Felony Category. Another example is arson, which is classified by the Auditor as Property Crime (Part I) while NICJR classifies arson as a Serious Violent Felony. Other call types generating this variance include battery, bomb threats, kidnapping, spousal or domestic abuse, child abuse, and sexual molestation.

The complete crosswalk is provided as [Appendix A](#).

NICJR CERN CATEGORIZATION

In our work to Reimagine Public Safety and transform policing, NICJR has developed a tiered dispatch system to provide alternatives to police response to CFS, increase public safety, and improve the quality of emergency response.³ This model includes the CERN, which builds upon NICJR’s CFS classification structure.

Once each call type is associated with one of NICJR’s four CFS Categories, they are given a default assignment on the Tiered Dispatch depicted in Figure 4:



The Tiered Dispatch assignments for the 2015-2019 BPD CFS analyzed are outlined below.

Table 4. Tiered Dispatch Default Assignment Table

Crime Category	CERN	BPD	% of Call Types	# of Call Types in Each Tier
Tier 1	Only		50%	92
Tier 2	Lead	Present	14%	25
Tier 3	Present	Lead	9%	16
Tier 4		Only	27%	50

Default Tier Assignment Modified Based on Arrest Data and Other Factors

A. Arrest Rates

Subsequent to the default classification, NICJR examines arrest data to determine if adjustments to default Tier assignments are warranted. Most typically, this results in CFS “moving up” a Tier based on the likelihood of arrest. The arrest analysis includes the identification of the overall jurisdiction arrest rate, as well as the high-end of that rate, below which the vast majority of CFS arrest rates fall. For Berkeley, 10 percent was set as the arrest rate triggering Tier assignment review; only 6 of 91 CFS that resulted in an arrest had an arrest rate in excess of 10 percent in the years 2015 to 2019. Call types with arrest rates that significantly exceed the triggering arrest rate generally moved to higher Tiers. For example, the Non-Criminal CFS *warrant service* was moved from Tier 1 to Tier 4 based on arrest rate data.

Table 5. CFS CERN Tier Assignments After Arrest Review

Crime Category	CERN	BPD	% of Call Types	# of Call Types in Each Tier
Tier 1	Only		50%	91
Tier 2	Lead	Present	13%	24
Tier 3	Present	Lead	9%	16
Tier 4		Only	28%	52

B. Alternate Response Warranted

Beyond arrest data, CERN Tier assignment is modified based on NICJR’s assessment of call types that would benefit from an alternate response. Some Serious Violent Felony call types typically move from Tier 4 to Tier 3 pursuant to this aspect of the analysis, in order to allow for a CERN response with an officer leading. For example, the call type *assault, gang related* has been downgraded from a Tier 4 to a Tier 3 in order to allow the CERN to assist officers involved. Warrants have similarly been downgraded from a Tier 4 to a Tier 3 with this rationale in mind. These call types would be led by police only, but members of the CERN would be present to provide family members with information and support. Conversely, some call types have been moved from lower to higher Tiers as a result of this aspect of the default Tier assignment modification methodology. Various events that fall under the assist call type, for example, are allocated to Tier 4 even though these CFS are Non-Criminal in nature. The rationale here is that if the BPD is being asked to assist another law enforcement

agency, for example, a BPD response is required. Additionally, traffic-related calls are in Tier 3 or 4 due to current state law requiring sworn officers, but in the event that state law is amended as envisioned in some of the discussion related to BerkDOT, the calls would move to Tier 1. Appendix D includes calculations of calls and expenses with traffic calls shifted to Tier 1.

Table 6. CFS CERN Tier Assignments After Alternate Response Review

Crime Category	CERN	BPD	% of Call Types	# of Call Types in Each Tier
Tier 1	Only		50%	92
Tier 2	Lead	Present	10%	19
Tier 3	Present	Lead	18%	33
Tier 4		Only	21%	39

Based on NICJR's analysis, and as reflected in Table 6, 50 percent of BPD CFS could be handled by a community-response, only. A detailed breakdown of Berkeley CFS by CERN Tiers can be found in [Appendix B](#).

FISCAL IMPLICATIONS OF CERN ASSIGNMENT

A major driver of the police reform conversation has been the desire to shift resources from traditional law enforcement to alternative, more appropriate, responses for specific types of calls for service. As Table 6 illustrates, the City can realistically expect to divert nearly 50 percent of call types from the BPD to an alternate response that requires no law enforcement involvement. In order to understand the potential fiscal impact of the adoption of this type of alternate response model, various analyses of the BPD budget were conducted.

As outlined in Table 7, the BPD budget grew from approximately \$61 million to \$69 million during the period of CFS review, reflecting a nearly 15 percent increase; CFS remained steady during the same period, experiencing a slight decline of approximately 4 percent. The Police Operations Division budget, which houses costs associated with Patrol, comprised between 52 and 60 percent of the Department's budget during the review period; Patrol is responsible for responding to CFS in the City of Berkeley.

Table 7. BPD and Patrol Operations Division Budget, 2015-2019

	FY15	FY16	FY17	FY18	FY19
Total Budget	\$60,832,054	\$63,115,430	\$66,428,530	\$66,351,534	\$69,567,103
General Fund (GF)	\$57,057,838	\$59,074,465	\$62,156,096	\$62,628,518	\$65,493,664
Police Operations (OPS) Division	\$34,781,350	\$37,050,106	\$39,867,224	\$39,673,087	\$36,284,878
OPS Division % of Total Budget	57.2%	58.7%	60.0%	59.8%	52.2%

In order to determine the proportion of Operations Division expenses that are directly attributable to responding to CFS, NICJR undertook several analyses:

Calculating Officer Time:

- **Responding to CFS: On-Scene to Close.** The time between when an officer arrives on-scene to a particular CFS and closes the call. This time frame is used to measure the actual time officers spend on calls for service. This calculation does not include travel time; the time officers take to write incident reports is only accounted for if the officer does this before a particular CFS is closed.
- **Responding to CFS: Event Creation to Close.** The time between when a call comes in and is created in the Computer Aided Dispatch (CAD) system and when an officer closes the call. This time period is used to capture the total amount of time from when a caller calls into the Communications Center to when an officer closes the call, accounting for the totality of time it takes to complete a CFS.
- **Officer Time.** Under either the On-Scene to Close or Event Creation to Close approaches, officer time is calculated based on the number of responding officers to a unique call multiplied by the amount of time spent on the call.

Identifying Median Officer Hourly Rates:

- Median hourly rates were generated from the City of Berkeley's **Salary List** for benefited employees. The minimum salary (step 1) in that schedule is \$49.73/hr and the maximum, (step 7), \$61.90/hr. The median salary is \$56.24 (step 4).

Applying Applicable Overhead Rate to Median Officer Hourly Rate:

- As of the City's 2021 **Benefits and Compensation Matrix**, this rate was 110 percent.

The results of this analysis are provided in Table 8.

Table 8. Cost of Responding to CFS: On-Scene to Close and Create to Close

Officer Costs Associated with Responding to CFS: On-Scene to Close	
Total Hours 2015 - 2019, CERN Tier 1 Calls (BPD Response Hours)	98,119
Total Hours 2015-2019, All other CERN Tiers (BPD Response Hours)	89,525
Median BPD Officer Salary	\$56.24
BPD Officer Salary Range	\$49.73 - \$61.90
Berkeley Composite Fringe Benefit Rate	110%
Calculation of CERN Tier 1 Costs (# of hours * Median Salary * Benefit Rate)	\$11,587,854
Calculation of All other CERN Tier Costs (# of hours * Median Salary * Benefit Rate)	\$10,572,903
Average Annual CERN Tier 1 Officer Costs, On-Scene to Close	\$2,317,571
Average Annual Officer Costs Tiers 2-4	\$2,114,581

Officer Costs Associated with Responding to CFS: Create to Close	
Total Hours 2015 - 2019, CERN Tier 1 Calls (BPD Response Hours)	266,832
Total Hours 2015-2019, All other CERN Tiers (BPD Response Hours)	367,422
Median BPD Officer Salary	\$56.24
BPD Officer Salary Range	\$49.73 - \$61.90
Berkeley Composite Fringe Benefit Rate	110%
Calculation of CERN Tier 1 Costs (# of hours * Median Salary * Benefit Rate)	\$31,512,859
Calculation of All other CERN Tier Costs (# of hours * Median Salary * Benefit Rate)	\$43,392,538
Average Annual CERN Tier 1 Officer Costs, Create to Close	\$6,302,572
Average Annual Officer Costs Tiers 2-4	\$8,678,508

*Note: Berkeley PD salaries used for this analysis are based on the MOU which expired June 30, 2021. A new MOU has resulted in a salary increase not reflected in this report.

Depending on the officer time calculation used, and using 2019 budget data alone, the costs associated with responding to Tier 1 CFS range from between **approximately 7 (On-Scene to Close) and 19 (Create to**

Close) percent of the Police Operations Division budget, and **4 and 10** percent of the total BPD budget. Costs associated with responding to CFS Tiers 2-4 comprise between approximately **5 (On-Scene to Close) and 23 (Create to Close)** percent of the Police Operations Division budget and **3 and 12** percent of the total BPD budget.

Table 9. Tier 1 CFS as % of Operations Division and BPD Overall Budget

Implementation converts the estimated number of officer hours saved into FTEs as reflected in Table 10 on the following page.

Table 10. CFS FTE Analysis

CERN Tier	Total Hours (Create to Close) (Avg Annual)	Average Hours ⁴ , 1 FTE Officer	Estimated # of FTE Per Tier
1	53,366	2080	25.7
2	24,012	2080	11.5
3	32,331	2080	15.5
4	17,140	2080	8.2

Redirection of Tier 1 CFS to a CERN would thus generate approximately \$6.8 million in annual BPD savings annually, equating to slightly less than 26 FTE.

⁴ 2080 is the standard number of working hours per year for a full-time equivalent position; BPD actual annual hours/FTE may vary.

BUILDING THE ALTERNATIVE RESPONSE INFRASTRUCTURE

In order to facilitate the development of Berkeley's own alternate response network or CERN, NICJR further analyzed the 92 CFS in CERN Tier 1. Although an alternate response is also contemplated in response to CFS in Tiers 2 and 3, as the CFS category which contemplates no corresponding police response, Tier 1, is an appropriate focal point for initial alternate response analyses.

To facilitate this assessment, Tier 1 CFS were divided into 11 topical/activity-based sub-categories as outlined in Table 11.

Table 11. CERN Sub-Category

CERN Category	Definition	Example Call Type(s)
Administrative	Calls that involve administrative duties	subpoena service; VIN verification; information bulletins, test call, report writing
Alarm	Calls that involve activation of alarms	residential alarm, commercial alarm, bank alarm, audible alarm, GPS alarm
Animal	Calls that involve animals	stray animals, barking dogs, cat in a tree
Investigation	Calls that require some form of investigation to ensure all is in order	investigating an open door, residential welfare checks, business premise checks, follow up on previous crime to collect evidence (witness statements, video footage, etc.)
Medical or Mental Health	Calls that require or involve medical or mental health assistance	mutual aid medical support, gunshot victim, suicide, 5150 transport
Municipal	Calls that involve municipal issues	fall on city property; COVID-related violations; BPC violations - signage, lighting, etc.; sidewalk regulations
Other	Call types that do not fit into any of the other CERN categories	create new call; no longer used, wireless 911 call got dropped
Public Order	Calls that interfere with the normal flow of society	demonstrations, civil unrest
Quality of Life	Calls that create physical disorder or reflect social decay	loitering (homeless), panhandling, noise, trash/dumping, urinating in public

CERN Category	Definition	Example Call Type(s)
Substance Use	Calls that involve substance use	open air drug use and distribution, overdose related, down and out, public intoxication
Traffic	Calls that involve traffic or vehicle related concerns	abandoned vehicles

Leveraging Existing and Planned City Resources and Ideas from New and Emerging Models Report

CERN Team Types

The Community Emergency Response Network may need to have different types of teams that respond to certain calls.

- **SCU:** Respond to Mental Health & Drug issue calls
- **Mediation Team:** Respond to Disturbance and Noise calls
 - Possibly include specialists in Family Disturbance calls
- **Report Takers/Technicians:** Take crime reports
 - Specialists for evidence collection as the City has now
- **Outreach:** Respond to non-MH homeless calls, welfare checks, etc.
- **BerkDOT:** Respond to traffic calls
 - Including technology

In an effort to identify existing and planned resources by Tier 1 Category, NICJR reviewed:

- The list of City-funded community-based organizations (CBOs) provided in the City Manager's Proposed Annual Budget Fiscal Year 2022, submitted to the City Council on May 25, 2021
- City Boards, Commissions, and Departments, as identified on the City's website
- Relevant examples of potential programs or approaches as provided in the [New and Emerging Models of Community Safety and Policing Report](#)
- Other relevant local CBOs/resources

Table 12, which can be found on the next several pages, summarizes the results of NICJR's services scan; a list of the specific CBOs identified by Tier 1 sub-category can be found in [Appendix C](#). A detailed description of each Table 12 organizing category follows.

Table 12. CERN Build Out: CBO's, City Departments, Other Resources

CERN Category	Call Type(s)	Existing City-Contracted CBOs	Existing City Departments	Planned City Resources	Other Relevant Resources	Potential Oversight Commission/Board	Innovations, New and Emerging
Administrative	subpoena service; VIN verification; information bulletins, test call, report writing			BerkDOT (VIN verification)	Private subpoena servers		
Alarm	residential alarm, commercial alarm, bank alarm, audible alarm, GPS alarm	The Downtown Berkeley Association/ Downtown Ambassadors Street Team provides alarm assistance services			UCPD Community Service Officers provides alarm assistance services		
Animal	stray animals, barking dogs, cat in a tree etc.	Animal Rescue	City Manager's Office: Berkeley Animal Care Services			Animal Care Commission	

CERN Category	Call Type(s)	Existing City-Contracted CBOs	Existing City Departments	Planned City Resources	Other Relevant Resources	Potential Oversight Commission/Board	Innovations, New and Emerging
Investigation	investigating an open door, residential welfare checks, business premise checks, follow up on previous crime to collect evidence (witness statements, video footage, etc.)	Downtown Berkeley Association/ Downtown Ambassadors Street Team: investigating open doors, residential welfare checks, business premise checks			UCPD Community Service Officer (CSO) Program: investigating open doors, residential welfare checks, business premise checks		

CERN Category	Call Type(s)	Existing City-Contracted CBOs	Existing City Departments	Planned City Resources	Other Relevant Resources	Potential Oversight Commission/Board	Innovations, New and Emerging
Medical or Mental Health	mutual aid medical support, gunshot victim, 5150 transport, mental illness, suicide attempt, threat of suicide, mental health	4 CBOs contracted for health services; 1 CBO contracted for mental health services (Alameda County Network of Mental Health Clinics); several homeless oriented CBOs include a mental health component	Fire Department; Mental Health Division Mobile Crisis Team, and Crisis, Assessment, and Triage Team (loitering, panhandling, urinating in public); Health, Housing, and Community Services Department	SCU	Bonita House's Bridges to Recovery In-Home Outreach Team (IHOT) Bonita House's Community Assessment & Transportation Team (CATT) program New Bridge Foundation: drug and alcohol rehabilitation center in Berkeley, California that offers inpatient and outpatient services as well as detoxification treatment	Community Health Commission; Mental Health Commission	Crisis Response Unit (CRU), Olympia, Washington
Municipal	fall on city property; COVID-related violations; BPC violations - signage, lighting, etc.; sidewalk regulations		City Manager's Office: Code Enforcement, Public Works			Public Works Commission	

CERN Category	Call Type(s)	Existing City-Contracted CBOs	Existing City Departments	Planned City Resources	Other Relevant Resources	Potential Oversight Commission/Board	Innovations, New and Emerging
Other	create new call; no longer used, wireless 911 call got dropped	NA	NA	NA	NA	NA	NA
Public Order	Demonstrations, civil unrest	Downtown Berkeley Association's Safety Ambassadors Program: provides public order services/ assistance			UCPD Community Service Officer (CSO) Program: provides public order services/ assistance		
Quality of Life	loitering (homeless), panhandling, noise, trash/dumping, urinating in public	16 CBOs contracted for homeless services, approximately 50% with case management component. These resources could be leveraged to address loitering, panhandling, and public urination/intoxication complaints. Other CBOs (Eden Information and Referral as well Telegraph Business Improvement District) assist with quality of life calls as well. Downtown Berkeley Association's Safety Ambassadors Program: all Quality of Life CFS	Mental Health Division, Mobile Crisis, and Crisis, Assessment, and Triage Team (loitering, panhandling, urinating in public); City Manager's Office: Code Enforcement (trash/dumping)		UCPD Community Service Officer (CSO) Program: all Quality of Life CFS	Homeless Commission; Human Welfare and Community Action Commission	Mayor's Action Plan (MAP) for New York City

CERN Category	Call Type(s)	Existing City-Contracted CBOs	Existing City Departments	Planned City Resources	Other Relevant Resources	Potential Oversight Commission/Board	Innovations, New and Emerging
Substance Use	open air drug use and distribution, overdose related, down and out, public intoxication	1 CBO directly contracted for substance abuse services (Options Recovery Services); other homeless-oriented CBO's provide various substance abuse related services	Mental Health Division Mobile Crisis Team, and Crisis, Assessment, and Triage Team (loitering, panhandling, urinating in public)		New Bridge Foundation: drug and alcohol rehabilitation center in Berkeley, California that offers inpatient and outpatient services as well as detoxification treatment Bonita House's Bridges to Recovery In-Home Outreach Team (IHOT) Bonita House's Community Assessment & Transportation Team (CATT) program	Health Commission, Community; Homeless Commission; Mental Health Commission	Arlington Opiate Outreach Initiative
Traffic	abandoned vehicles, speeding, reckless driving		City Manager's Office: Code Enforcement (abandoned vehicles)	BerkDOT		Transportation Commission	NYPD Staten Island's Motor Vehicle Accident Program

CERN Category	Call Type(s)	Existing City-Contracted CBOs	Existing City Departments	Planned City Resources	Other Relevant Resources	Potential Oversight Commission/Board	Innovations, New and Emerging
Weapon	person with a gun				Building Opportunities for Self-Sufficiency appears to be only City-contracted CBO with significant experience with and focus on incarcerated/ formerly incarcerated. May be a resource for this particular CFS and others in that vein.	Peace and Justice Commission	

Existing City-Contracted Community Based Organizations

NICJR reviewed all City-contracted CBOs and, where possible, aligned CERN Tier 1 sub-categories with community-based organizations; identified organizations are those that could potentially be leveraged to build out the CERN approach. Although the City has contracts with a number of CBOs, there is a significant concentration in homeless services, with few contracted providers in many of the other CERN Tier 1 sub-categories. Where able to identify, NICJR has lifted up those CBOs working in any area that appear to be doing some type of case management or street outreach work, as well as those that have experience with a criminal justice population. These organizations are likely best positioned to serve as the starting point for the development of the CERN infrastructure. There is at least one City-contracted CBO that NICJR is aware of that engages in case management and outreach work *and* has extensive experience with justice-involved community members; that organization, Building Opportunities for Self Sufficiency (BOSS), is an obvious candidate to serve as one of the City's anchors and foundational CERN partners. BOSS is an example of a capable organization, but there are others in Berkeley as well. The City would need to conduct a Request for Proposals process to select the most appropriate service provider(s).

The Downtown Berkeley Association (DBA), an independent non-profit organization that has recently contracted with the City, provides a variety of services including but not limited to cleaning and beautification, hospital and outreach, marketing and business support, and prevention of crime and other threats to merchants.⁵ Positions encompass hospitality workers, cleaners, social workers, and trained guards, known as Safety Ambassadors. Safety Ambassadors carry batons, pepper spray, and handcuffs and are outfitted with neon vests.

Safety Ambassadors often have backgrounds in law enforcement and are required to undergo an 8-hour general training along with additional trainings covering topics such as sexual harassment, mental illness, and de-escalation tactics. The stated objective of this program is to increase the quality of life in downtown Berkeley and ensure that any potential disturbances are curtailed.⁶ Low-level municipal or quality of life violations, open use of illicit drugs, and threats to businesses are all addressed by the Safety Ambassadors. As such, the DBA itself may serve as an important CERN resource. However, it is important to note that many community members and organizations have expressed concerns with the enforcement-type equipment that Safety Ambassadors carry.

Lastly, the Mental Health Division's (MHD) Mobile Crisis Team provides immediate crisis intervention services for the community and supports BPD in capacities including co-responding to calls for service upon BPD request. This Team, as well as the MHD's Crisis, Assessment, and Triage Team, are obvious foundations for the SCU which is currently under development. The Mobile Crisis Team has very limited resources and available hours. At the time of this report, the Team only has two members. In Listening Sessions held with BPD officers, many expressed the need to expand the work of the Mobile Crisis Team.⁷

Existing City Departments

There are a number of City Departments that are either currently deployed, or could be deployed to address CERN Tier 1 sub-categories. For example, the BPD currently partners with the Mental Health Division's Mobile Crisis Team, and the Code Enforcement Unit within the City Manager's Office is responsible for addressing illegal dumping. The roles and responsibilities of existing City Departments could be expanded to support absorption of specific Tier 1 CFS. BPD also employs civilian technicians who could be used to take reports or collect evidence in cold CFS that may not need an officer present.

⁵ <https://www.downtownberkeley.com>

⁶ <https://www.berkeleyside.org/wp-content/uploads/2020/09/Safety-Ambassador-Pilot-Program-2-Month-Report.pdf>

⁷ Community members have expressed concerns about the Mobile Crisis Team's ability to properly assist with calls for service.

Existing Berkeley Commissions, Boards and Departments

NICJR reviewed the City's Boards and Commissions to identify those that might be most appropriate for supporting the development and oversight of various components of the CERN. While ultimately the effort is likely most effectively administered by a single oversight body, the development of various components of the alternate response model may lend itself to disaggregation by topic, although an effective coordination and overall project management approach should be employed from the outset.

Planned City Resources

The City has two significant alternative response initiatives currently underway: the Berkeley Department of Transportation (BerkDOT) and the Specialized Care Unit (SCU). While the scope of these efforts is unclear, NICJR has assigned Tier 1 sub-categories to these City-initiated alternate responses as follows:

- **BerkDOT:** All traffic CFS
- **SCU:** All mental health and drug use CFS

The following relevant excerpts from the City Manager's *Proposed Annual Budget Fiscal Year 2022* suggest that the 2021-2022 budget year is a planning period for BerkDOT, while the SCU is on more accelerated implementation timeline:

BerkDOT

"The Public Works Department is evaluating the potential to create a Berkeley Department of Transportation to ensure a racial justice lens in traffic and parking enforcement and the development of transportation policy, programs, and infrastructure.⁸

- **Estimated Budget:** \$75,000
- **Description:** Develop plans for establishing a Berkeley Department of Transportation to ensure racial justice and equity in Transportation policies, programs, services, capital projects, maintenance, and enforcement. Coordinate this with the Reimagining Public Safety effort."

Current state law does not allow non-law enforcement to conduct traffic stops. Given the City's decision to establish BerkDOT, in Appendix D we have assigned all traffic CFS to CERN Tier 1.

SCU

"The Health, Housing and Community Services Department is working with a steering committee to develop a pilot program to re-assign non-criminal police service calls to a Specialized Care Unit."⁹

- \$8 million is currently allocated for programs addressing community safety and crisis response.¹⁰
- Before the SCU is deployed, community safety concerns have been proposed to be addressed through:
 - Expanding prevention and outreach
 - Leverage existing teams and CBOs
 - Address basic needs (i.e., wellness checks, food, shelter)
 - Equipment and supplies

⁸ Page 24, *Proposed Annual Budget Fiscal Year 2022*

⁹ Page 24, *Proposed Annual Budget Fiscal Year 2022*

¹⁰ https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_City_Council/FY%202022%20CM%20Proposed%20Budget%20Recommendations.pdf

- Estimated budget: \$1.2 million
- Crime prevention and data analysis to support data driven policing and identify areas of community need
 - Establish data analysis team (2 non-sworn positions)
 - Deploy Problem Oriented Policing Team (overtime)
 - Estimated budget: \$1.0 million

Other Relevant Resources

NICJR has identified three non-City funded CBOs as potential alternate response providers related to Tier 1 sub-categories: the New Bridge Foundation (NBF); Bonita House's Community Assessment and Transport Team (CATT) and Bridges to Recovery In-Home Outreach Team (IHOT); and the University of California's Community Service Officer Program. Again, these are examples, the City would need to conduct a Request for Proposals process to select the most appropriate service providers.

Members of the RPSTF have compiled a master list of local community-based organizations to assist in the CERN build-out process as well. This list can be found in Appendix E.

New Bridge Foundation

NBF was identified as a possible alternative solution by Berkeley Reimagining Public Safety Task Force Members. NBF is a residential and outpatient addiction treatment center that provides comprehensive services and has a community outreach component to their program. NBF was assigned to the Tier 1 sub-category, substance use.

Bonita House

While Bonita House receives City funding for its Creative Wellness Center (CWC) which serves as an entry point for recovery and supportive services for people with mental health needs and co-occurring conditions, it does not currently receive financial support for its *Community Assessment and Transport Team (CATT)*; a crisis response system to get clients "to the right service at the right time", or its *Bridges to Recovery In-Home Outreach Team (IHOT)*; a short-term outreach, engagement and linkage to community services program for individuals with severe mental illness. Both of these teams could potentially play important roles in a new alternate response network.

University of California Police Departments (UCPD)

Most University of California Police Departments (UCPD) have some type of Community Service Officer (CSO) Program.¹¹ CSOs are uniformed, civilian personnel comprised of students that assist the UCPD in a variety of ways. They provide evening and night escorts, patrol campus buildings and residence halls, perform traffic control duties, and act as liaisons between university students and their corresponding police departments.¹² CSOs generally carry pepper spray and work anywhere from 10-20 hours each week. The majority of UCPD CSO Programs also employ tasers.¹³ Some are trained to aid in cases of medical emergencies.¹⁴ General security and deterrence of crime are the goals of the CSO program.¹⁵

¹¹ It's important to note that there have been use of force concerns expressed by UC students about the UCPD CSOs. This should be taken into account by the City when allocating Tier 1 responsibilities.

¹² <https://www.police.ucla.edu/cso>

¹³ <https://dailybruin.com/2006/11/28/a-closer-look-uc-campuses-exhi>

¹⁴ <https://police.ucsd.edu/services/cso.html>

¹⁵ <https://www.police.ucla.edu/cso/about-cso>

At UC Berkeley, the CSO Program is made up of 60 part-time students. CSOs offer the BearWalk, a night escort for all faculty and students at the University. Berkeley CSOs are also contracted to patrol residence areas and university buildings. Often, CSOs assist in special events or sports games to promote safety and security. Applicants to the CSO Program must be in good academic standing, undergo a background check, and an oral board interview as part of the hiring process.¹⁶ Because the CSO program is already established in the campus area, it may make sense for the City to partner with the University to expand the responsibilities of this student-staffed community service to include for example responding to suspicious circumstances or vehicles CFS. Other example CSO activities include processing complaints and taking reports.

New and Emerging Models

In addition to reviewing existing and planned local resources, NICJR reviewed the New and Emerging Models of Community Safety and Policing Report, to identify programs that might be appropriate for Berkeley implementation. Five initiatives were identified pursuant to this review: San Francisco's Street Crisis Response Team (SCRT); Olympia, Washington's Crisis Response Unit (CRU); Mayor's Action Plan (MAP) for New York City; The Arlington Opiate Outreach Initiative; and NYPD Staten Island's Motor Vehicle Accident Pilot Program. Seattle, Washington's new Specialized Triage Response System is also highlighted.

The Street Crisis Response Team (SCRT) is a pilot program administered by the Fire Department in San Francisco, California, for individuals experiencing a behavioral health crisis. SCRT Teams consist of a behavioral health specialist, peer interventionist, and a first responder who work in 12-hour shifts. 911 calls that are determined to be appropriate for the SCRT are routed to SCRT by dispatch. A team responds in an average of fifteen minutes.

The City of Olympia, Washington implemented their **Crisis Response Unit (CRU)** in April of 2019 to serve as an option for behavioral health calls for service. The CRU teams consist of mental health professionals that provide supports such as mediation, housing assistance, and referrals to additional services to their clients. Calls for service for the CRU originate from community-based service providers, the City's 911 hub, and law enforcement personnel.

The Mayor's Action Plan (MAP) for New York City (NYC) was launched in 2015 in fifteen NYC Housing Authority properties with high violence rates in order to foster productive dialogue between local residents and law enforcement, address physical disorganization, and bolster pro-social community bonds. MAP's focal point is NeighborhoodStat, a process that allows residents to have a say in the way NYC allocates its public safety resources. Early evaluations show a reduction in various crimes as well as increased perception of healthier neighborhoods.

The Arlington Opiate Outreach Initiative was established in 2015 in Arlington, Massachusetts and brings together social workers, community-based organizations, and public health clinicians housed in the Arlington Police Department in order to foster relationships with residents of the community and then connect them to treatment and supports. Individuals in the community are identified for possible treatment after frequent police encounters, prior history of drug usage, or previous hospitalization related to overdoses.

NYPD Staten Island's **Motor Vehicle Accident Pilot Program** is aimed at reducing the number of calls for service related to minor collisions. When a call for service comes in regarding a collision, dispatch will determine if the collision is minor or serious enough to merit police response. If the collision is deemed to be minor, all individuals involved in the crash will simply complete a collision report and then exchange contact information.

In partnership with the City of Seattle, NICJR produced a report analyzing the 911 response of the Seattle Police Department and suggested CFS that can be addressed by alternative community response. This analysis

¹⁶ <https://ucpd.berkeley.edu/services/community-service-officer-cso-program>

was instrumental in Seattle's new commitment to a Specialized Triage Response System, a response that at full operational capacity will be able to potentially respond to 8,000 to 14,000 non-emergency calls. This new department will be receiving training from CAHOOTS and STAR staff.¹⁷

¹⁷ <https://durkan.seattle.gov/2021/07/mayor-jenny-durkan-announces-proposal-to-create-a-new-specialized-triage-response-to-provide-alternative-to-sworn-police-response/>

COMMUNITY SURVEY

In partnership with the City of Berkeley's (City) Reimagining Public Safety Task Force and the City Manager's Office, Bright Research Group (BRG) conducted an online-based community survey (survey) in both English and Spanish between May 18 and June 15, 2021. The survey was disseminated by the City of Berkeley, the Reimagining Public Safety Task Force, community-based organizations, and other key partners. The survey was designed to gather insight into residents' perceptions and experiences in three primary areas: the Berkeley Police Department (BPD) and crisis response; priorities for reimagining public safety; and recommendations for alternative responses for calls for service. A total of 2,729 responses were collected.

SURVEY SUMMARY

Community Safety

While most survey respondents indicated that they view Berkeley as safe or very safe, these results were not consistent across all demographic groups. Slightly over 30 percent of respondents perceived Berkeley as safe or very safe; an additional 46.4 percent of respondents perceived Berkeley as somewhat safe. White residents were more likely to perceive Berkeley as safe or very safe; Black, Latin, Asian and Other Non-white residents were more likely to perceive Berkeley as unsafe or very unsafe.

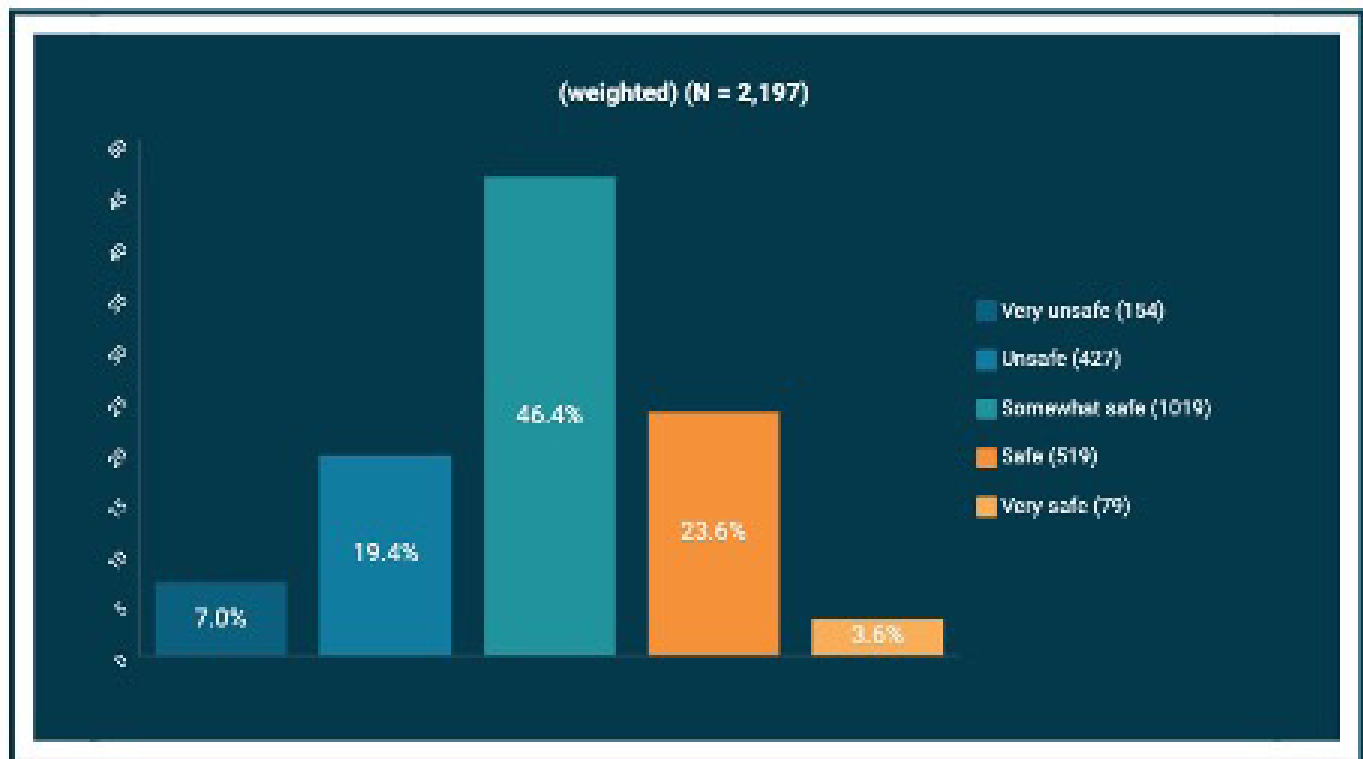


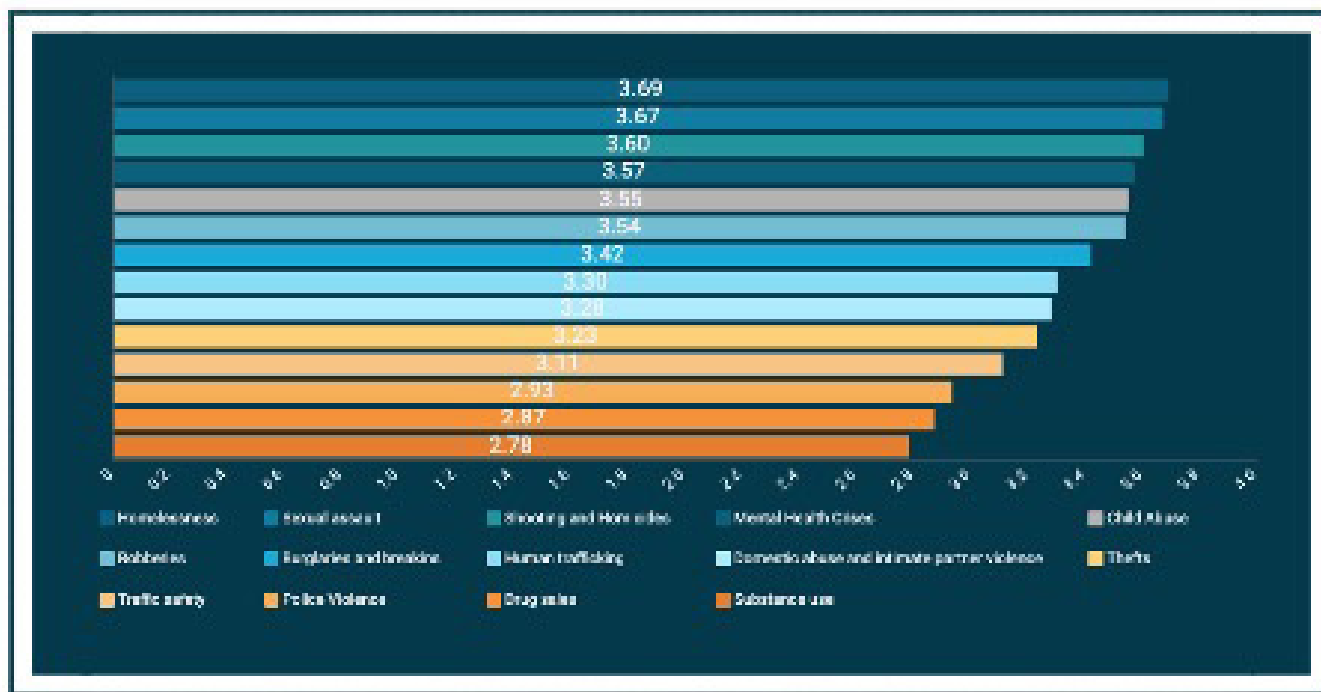
Table 12. How safe do you think Berkeley is? By race and ethnicity.

	White N = 1,622	Black N = 139	Latin N = 103	Asian N = 159	Other Nonwhite N = 168	Undisclosed N = 478
Very unsafe	4.0%	14.4%	9.7%	7.5%	15.5%	19.5%
Unsafe	14.7%	25.9%	25.2%	24.5%	23.2%	34.9%
Somewhat safe	50.5%	36.0%	46.4%	45.3%	46.4%	33.1%
Safe	26.2%	22.3%	13.1%	20.8%	13.1%	10.0%
Very safe	4.6%	1.4%	1.8%	1.9%	1.8%	2.5%

Key Public Safety Concerns

Survey respondents ranked homelessness and sexual assault as the most important public safety concerns. These were followed by shootings and homicides and mental health crises. The lowest priorities were substance use, drug sales, and police violence.

Figure 6. How important are the following issues to community health and safety in Berkeley to you? (weighted)¹⁸



Nearly half of survey respondents reported experiencing street harassment, and 41 percent reported being the victim of a crime. Black survey respondents reported experiencing higher rates of mental health crisis, homelessness, and family victimization, as well as police harassment and arrest, than did other survey respondents.

Patterns in priorities for safety were consistent across race and ethnicity, except for survey respondents with an undisclosed race and ethnicity.

When assessing the findings on priorities of Berkeley residents for community health and safety, survey respondents ranked investments in mental health, homeless and violence prevention services highest. There are differences along race and ethnicity for investment priorities, with White respondents rating all listed programs higher overall. Black respondents were also rated an investment in mental health services higher in comparison to other prevention services.

¹⁸ 4: very important; 3: important; 2: somewhat important; 1: not important

Figure 7. How important is it to you for the City of Berkeley to invest in each of these programs and services to ensure a public safety system that works for all? (weighted)¹⁹



Table 13. How important is it to you for the City of Berkeley to invest in each of these programs and services to ensure a public safety system that works for all? By race and ethnicity.²⁰

	White N = 1,599	Black N = 136	Latin N = 103	Asian N = 154	Other Nonwhite N = 167	Undisclosed N = 462
Not important at all	6.8%	8.8%	4.9%	5.2%	10.2%	5.2%
Somewhat Important	36.3%	36.0%	41.7%	43.5%	30.5%	35.9%
Important	43.4%	27.2%	32.0%	35.1%	39.5%	34.0%
Very Important	13.4%	27.9%	21.4%	16.2%	19.8%	24.9%

Views on the Berkeley Police Department

A majority of respondents (53.3 percent) perceived the BPD as being effective or very effective. Only 6.7 percent of respondents perceived BPD as being not effective at all. Nonwhite respondents were more likely to indicate that BPD is not effective at all, while White respondents were more likely to indicate that BPD is effective.

¹⁹ 4: very important; 3: important; 2: somewhat important; 1: not important

²⁰ 4: very important; 3: important; 2: somewhat important; 1: not important

When assessing experiences of residents when contact is made with BPD, survey results found that almost 75 percent of respondents who indicated they've had contact with BPD indicated their experience was positive or very positive, while Black and Asian residents were more likely to report negative experiences with BPD.

Table 14. When it comes to public safety, how effective is the Berkeley Police Department? By race and ethnicity.

	White N = 1,599	Black N = 136	Latin N = 103	Asian N = 154	Other Nonwhite N = 167	Undisclosed N = 462
Not effective at all	6.8%	8.8%	4.9%	5.2%	10.2%	5.2%
Somewhat effective	36.3%	36.0%	41.7%	43.5%	30.5%	35.9%
Effective	43.4%	27.2%	32.0%	35.1%	39.5%	34.0%
Very effective	13.4%	27.9%	21.4%	16.2%	19.8%	24.9%

Views on Alternative Responses to Calls for Service

A large majority of survey respondents (81 percent) among all racial and ethnic groups indicated a preference for trained mental health providers to respond to calls related to mental health and substance use, with most also indicating that police should be available to support a response to those calls if needed.

An even greater percentage (83.6 percent) of survey respondents indicated a preference for homeless services providers to respond to calls related to homelessness, with police present when necessary.

Figure 8: Who should respond to calls related to mental health and substance use?

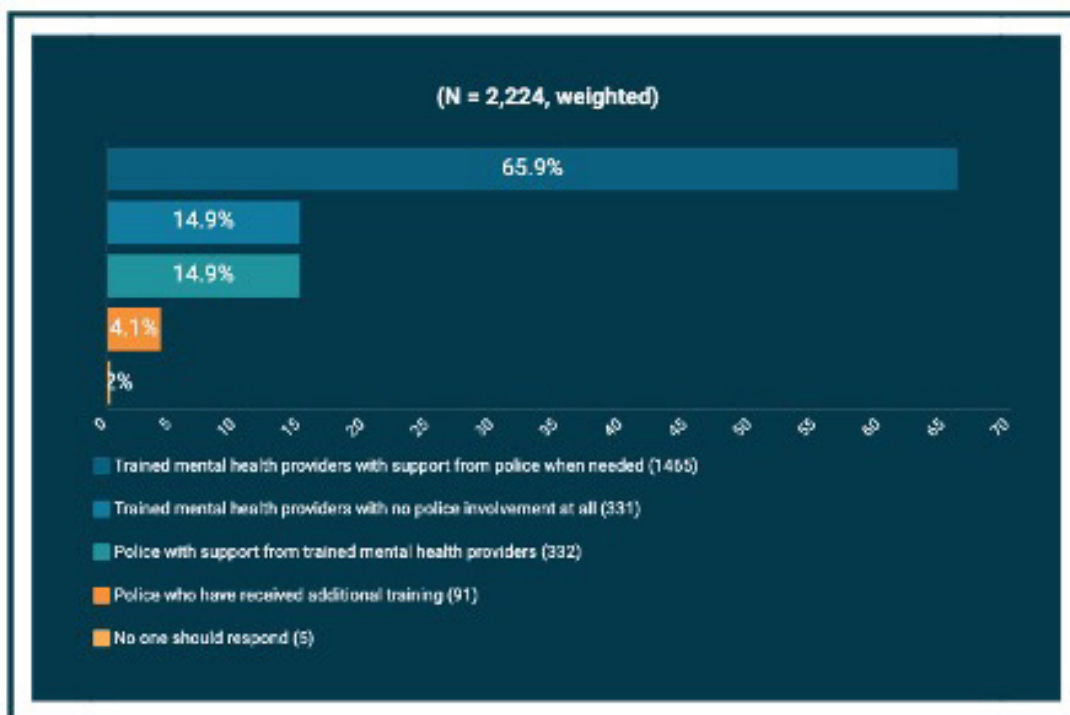
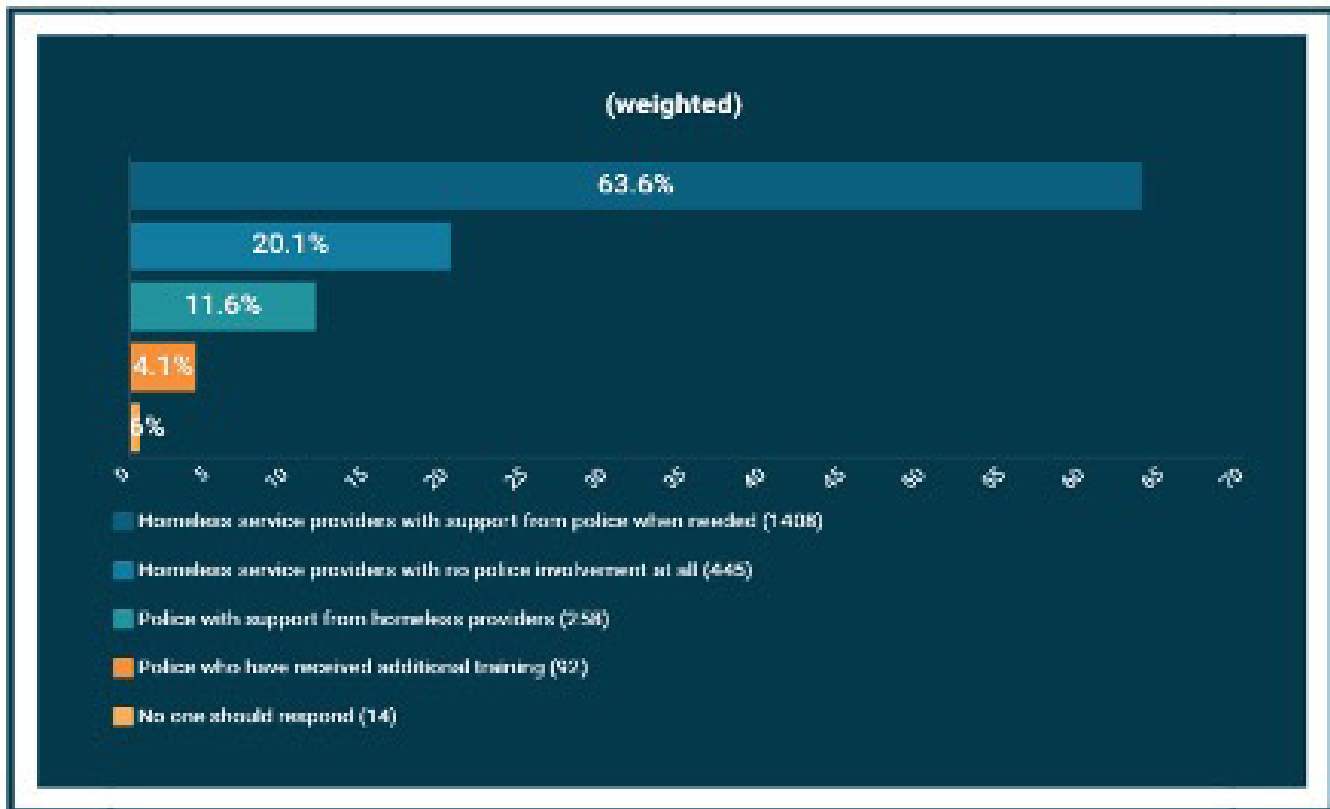


Figure 9. Who should respond to calls related to homelessness?



Focus Group Feedback

In collaboration with NICJR, Bright Research Group facilitated a series of focus groups to gather data on community sentiment regarding the current state of public safety, the role of the Berkeley Police Department (BPD), and the future of public safety. Outreach to Black, Latino, system-impacted, and unstable housed/food-insecure residents was facilitated by the McGee Avenue Baptist Church, Center for Food, Faith, and Justice, and the Berkeley Underground Scholars. Researchers conducted four focus groups comprised of 55 individuals.

Youth under the age of 18 and Latino residents are underrepresented in the focus groups. The qualitative data collected is also not necessarily representative of Black, Latino, formerly incarcerated, or housing-insecure residents.

Table 15. Focus Group Participants

Focus Group Description	Number of Participants
Black Residents	18
Housing- / Food-Insecure Residents	27
Black and Latin Youth	4
Justice-System-Impacted Students	6
Total Stakeholders	55

Focus group participants shared concerns regarding gang involvement, racism, and the availability of guns in Berkeley. Black and Latino youth and Justice-System-Impacted students expressed significant concerns about their personal safety and police violence. Participants identified homelessness and the housing crisis as critical public health and safety issues. Black residents, housing-insecure residents, and system-impacted individuals all expressed distrust in the City government. Black residents, youth, system-impacted students, and low-income residents also expressed that policing in Berkeley allows for race and income-related profiling. Focus group participants also stated that police resources are mismanaged.

Diverse perspectives were collected regarding the future role of BPD. Youth would like police officers who are part of the community and interact positively with young people. Participants who discussed divestment from police recommended investment in trained peacekeepers and community safety patrols as alternatives.

With regard to mental health crises and homelessness, focus group participants across demographic groups suggested that clinicians and social workers play a role in interventions. Focus group participants expressed broad support for the power of community-driven crime prevention strategies and expressed trust in community-based and faith-based organizations; conversely, there was some suspicion expressed regarding the idea that BPD functions would simply be performed by another government agency.

PROPOSAL: TIERED DISPATCH SYSTEM

Based on the information and analysis described above, and in accordance with City Council ordinances and the Berkeley Reimagining Public Safety Process, NICJR and its team recommends that Berkeley initiate a phased implementation of a Tiered Dispatch system, reflecting the CERN framework described above, and tailored to the needs of the City.

The Tiered Dispatch model contemplates diverting a substantial portion of calls for service that are currently handled by BPD sworn officers to a newly-established CERN that leads with a non-law-enforcement response. This diversion includes “Tier 1” responses, which do not include dispatch of law enforcement officers (at least at the outset), and “Tier 2” responses, which are led by alternative responders but include presence of officers as a precaution. The model also includes non-law-enforcement participation in “Tier 3” responses that are led by sworn officers.

The CERN – which should be robust, structured, and well-trained – will have radio connection directly into BPD dispatch in order to be able to call for an officer if needed. On Tier 2 responses, the alternative responders leading the team will determine the necessity for active engagement of the on-site officers. During the pilot phase, the frequency of active police assistance can be assessed and certain call types can be moved to different tiers based on the assessment.

Our analysis of call-for-service data indicates that over 80 percent of the calls are for non-criminal matters (see Fig. 3, above). A substantial subset of these calls can be handled as Tier 1 and Tier 2 responses, led by alternative responders.

Alternative responders may include: non-governmental entities, including community-based organizations retained by the City through service contracts; City employees, who are staff of departments other than BPD; and/or BPD employees who are not sworn officers. Each arrangement presents a variety of benefits and challenges, and different approaches can be adopted for different elements of the Tiered Dispatch program. The new BerkDOT and the SCU may be integrated as appropriate, as these new arms of City government get off the ground. These decisions can be made during the phased implementation described below.

Alternative responses should be piloted and scaled after proven effective. As the Tiered Response system is built out, BPD budget needs will be reduced, and more funds should be available to support alternative responses, whether performed by City staff or community-based organizations under contract with the City.

Development and implementation of the Tiered Dispatch advances the Berkeley City Council’s July 14, 2020, direction “to evaluate initiatives and reforms that reduce the footprint of the Police Department and limit the Police’s scope of work primarily to violent and criminal matters.”²¹ In addition, phased implementation of the Tiered Dispatch model would reflect substantial public and community sentiment expressed in the surveys described above, and in Task Force discussions to date. Finally, the model builds on innovative best practices being advanced in various cities around the country; Berkeley can learn from initial experiences in this rapidly-changing field, and develop an approach suitable to the City’s needs.

²¹ Berkeley City Council, Omnibus Motion on Public Safety Items (Council Agenda Items 18a-e, Recommendation #2), approved July 14, 2020.

Implementation of Tiered Dispatch System

As described above, we recommend that the Tiered Dispatch system be implemented on a phased basis over time, commencing with a pilot program. This will enable assessment for efficacy; give time for administrative, employment, and contracting structures to be put in place; and allow for thorough and focused program development. NICJR will provide detail on a proposed implementation plan in its final report, but includes some initial thoughts at this stage for public consideration.

Pilot Program

As a first step, we recommend establishment of an Alternative Response Pilot Program, focused on a subset of the “Tier 1” calls. The following subset of BPD call types can be used in the pilot phase in order to work out logistical and practical challenges.

Table 16. Tier 1 Subset of Call Types

	2015	2016	2017	2018	2019
Abandoned Vehicle	403	449	481	476	496
Disturbance	6741	6955	7447	7540	6709
Found Property	900	914	888	779	726
Injury Accident Report	-	-	-	31	29
Inoperable Vehicle	-	-	-	1	6
Lost Property	16	16	17	15	14
Noise Disturbance	3359	3307	3239	3158	2709
Non-Injury Accident	561	617	571	564	492
Suspicious Circumstances	2586	2354	2254	2184	2041
Suspicious Person	1628	1698	1756	1653	1479
Suspicious Vehicle	1560	1687	1626	1385	1448
Vehicle Blocking Driveway	-	-	-	345	953
Vehicle Blocking Sidewalk	-	-	-	15	45
Vehicle Double Parking	-	-	-	6	14
Total	17754	17997	18279	18152	17161

Once the pilot has been initiated then we recommend the following steps:

1. Assess the pilot program, including response times, resolution of emergency, how often officers are being requested to the scene by the CERN, and other measures;
2. Evaluate administrative, budget, and staffing implications from the transfer of services;
3. Expand additional alternative response programs, over time, to achieve City Council's direction of concentrating police response on violent and criminal matters;

With the implementation of alternative responses through the phased in Tiered Dispatch approach, we anticipate that a hiring freeze and natural attrition will reduce the numbers of sworn officers employed by BPD, as the alternative response system is built out. NICJR is not recommending layoffs of officers. As alternative response is implemented, BPD should concentrate its officers' efforts on serious, violent felonies, with a top priority on gun crimes. We also recommend shifting BPD resources and staff time (sworn and non-sworn) to investigations, with a focus on solving violent crimes and improving clearance rates.

CONCLUSION

Berkeley is a relatively safe and well-resourced city. However, thefts, robberies, and incidents involving people with potential mental health and/or substance use challenges are of significant concern. By reducing BPD's focus on non-criminal and low-level CFS, the Department can improve its response, investigation, and prevention of more serious crime. Over time, a transition of responsibility for response to Tier 1 CFS could generate between \$2-\$6 million of annual savings to the BPD budget.²² If invested in the build-out of the alternative response network, these funds would comprise a 35 percent increase in the City Manager's proposed FY22 funding level for community-based organization, or alternative City staffing. This type of targeted redirection of BPD resources would represent a significant and meaningful step in the City's efforts to reimagine public safety.

These new, reimagined ideas will take time and effort to implement successfully. Any reduction in policing services should be measured, responsible, and safe. A Final Report and Implementation Plan will be submitted to the City that includes detailed recommendations. Financial and organizational impacts and resources for implementation recommendations as well as a detailed timeline and plan for implementation will be included.

²² See Fiscal Implications section above, estimating Tier 1 savings at \$6.3 million.

APPENDIX

Appendix A. NICJR/ Auditor Crosswalk

Appendix B. Breakdown of Berkeley CFS by CERN Tiers

Appendix C. CBOs by Tier 1 Subcategory

Appendix D. Tiered Dispatch with Traffic Calls as Tier 1

Appendix E. Master List of CBOs*

*Courtesy of Janny Castillo, boona cheema, and Margaret Fine

APPENDIX J

Community Engagement Report

Table of Contents

Overview..... 156

Community Engagement Timeline 156

Community Survey Summary Analysis..... 158

Community Perceptions Summary..... 187

Latin Community Perceptions Summary 196

Abbreviated Summarized Responses Berkeley Police Department Listening Groups 202

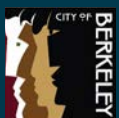
Reimagining Public Safety Berkeley Merchants Association Listening Session..... 204

PEERS Listening Session Report..... 207

Pacific Center for Human Growth LGBTQIA+ Staff/Provider Listening Session..... 216

Gender-Based Violence Subcommittee Report 221

Berkeley Community Meeting Feedback..... 270



OVERVIEW

The Reimagining Public Safety process in Berkeley includes comprehensive outreach and engagement of local community members. The National Institute for Criminal Justice Reform (NICJR) and our partners Bright Research Group (BRG), with significant support and input from the Reimagining Public Safety Taskforce, developed a multi-pronged community engagement strategy. The process included a broadly distributed survey along with a series of listening sessions designed to engage marginalized, hard to reach, or communities with high rates of police contact. With guidance from the City Manager's Office, BRG focused on four populations for listening sessions: Black, Latinx, formerly incarcerated and low-income individuals struggling with food and/or housing insecurity. The following report includes initial findings from these events and the survey.

Additional Community Engagement efforts were organized and facilitated by Task Force members with the support of NICJR in an effort to include additional marginalized populations: LatinX, those who have experienced mental health challenges, the LGBTQIA+ community, and those who have experienced partner violence. Following the initial release of the draft final report, three community wide virtual listening sessions were held to gather feedback and input from the broader Berkeley community. Information and perspectives garnered from this wide array of community engagement provide valuable information for the work of the Taskforce and the City of Berkeley moving forward.

Berkeley Reimagining Public Safety Process Community Engagement Timeline

Community Engagement Event	Lead Entity	Date	Attendance	Status of Summary Data
BPD focus group with command staff	NICJR	May 6, 2021		In report
Community Survey	BRG	May 14, 2021	2,729	In report
Listening Session/Community meeting – focus on Black community	BRG-Pastor Smith	May 25, 2021	18	In report
BPD focus group with line staff	NICJR	June 2, 2021 & June 3, 2021		In report
Berkeley Merchant Association Focus group	NICJR - In coordination with Telegraph BA and Downtown BA	June 2, 2021	6	In report
Listening Session/Community meeting – Housing Unstable and Formerly Incarcerated (focus on POC)	BRG-Center for Faith Food and Justice	June 9, 2021	27	In report
Vulnerable Youth Listening Session (ages 13-17)	BRG-Pastor Smith	Jun 28, 2021	4	In report

Community Engagement Event	Lead Entity	Date	Attendance	Status of Summary Data
Listening Session for residents experiencing mental health challenges	NICJR - In coordination with CE TF Commissioner Fine	June 29, 2021	14	In report
BIPOC students Listening Session	BRG-Underground Scholars	Jun 30, 2021	4	In report
LGBTQ/Trans Community Listening Session	NICJR - In coordination with CE TF Commissioner Fine	July 1, 2021	0	In report
Develop Report on process and findings from Community Engagement/Outreach and Community Survey results	BRG	Jul 6, 2021		In report
Latinx Listening Session	TF Commissioner Malvido-with support from NICJR	July 8, 2021		Pending submission of notes from TF members
Latinx Listening Session Youth from Berkeley High School	TF Commissioner Malvido-with support from NICJR	no updates as of 10/25/2021		Pending submission of notes from TF members
Gender-Based Violence	Gender-Based Violence Subcommittee	8/19/2021	8 organizations represented	In report
Gender-Based Violence	Gender-Based Violence Subcommittee	9/21/2021		In report
Citywide Community Meetings: 3 virtual 1 in-person (The in-person Community Meeting was canceled due to public health/safety concerns)	NICJR/Task Force CE Subcommittee/City Mgr's office	11/10/2021 11/15/2021 11/23/2021 In-person 11/30/2021		In report
A toll free number will be available for community members to add additional feedback on the Final report	888-299-1118			Two messages have been received as of the publication of this report. Both messages left were related to procedural matters; i.e. Task Force meeting schedules and postings on the City website.



City of Berkeley Reimagining Public Safety Survey— Summary Report

Moira DeNike, PhD., and Alice Hu-Nguyen, MSPH
Bright Research Group | July 1, 2021

INTRODUCTION

The City of Berkeley is developing a community safety model that reflects the needs of the community and creates increased safety for all. In collaboration with the City of Berkeley's Reimagining Public Safety Task Force and the City Manager's Office, Bright Research Group (BRG) developed and conducted a community survey to gather residents' experiences with and perceptions of the Berkeley Police Department and crisis response; their perspectives on and priorities for reimagining public safety; and recommendations for alternative responses for community safety. This report summarizes the key quantitative findings from the City of Berkeley's Reimagining Public Safety Survey.

METHODS AND SAMPLE

A total of 2,729 responses were collected between May 18 and June 15, 2021. The City of Berkeley, the Reimagining Public Safety Task Force, community-based organizations, and other key partners disseminated the community survey through various online channels and websites to those who live, work, and study in Berkeley, in English and Spanish. Respondents completed the survey online.

Descriptive and statistical analyses were conducted. To allow for disaggregated analysis by race and ethnicity, the survey responses were recoded into six discrete race and ethnicity categories: white, Black, Latin, Asian, Other Nonwhite, and Undisclosed. For all the findings provided below in aggregate (i.e., not disaggregated by race and ethnicity), the analysis includes weighting by the race and ethnicity factors in order to correct for the disproportionate representation among some racial and ethnic groups in the sample. Cross-tabulations and a chi-square test for significance were conducted to examine the relationship between race and ethnicity and categorical survey responses. A comparison of means and an analysis of variance (ANOVA) test for significance were also used. Both of these tests look at differences across the independent variables as a whole. These tests can show whether the differences observed on the basis of race and ethnicity are different from one another in general, but cannot tell us if answers from one racial and ethnic group are specifically different from another. Given that race and ethnicity have been shown to be substantive factors associated with perceptions of community safety (Whitfield, et al., 2019), and given the limitations with respect to the representativeness of this sample, this analysis is particularly attentive to racial and ethnic differences in responses. All reported differences by race and ethnicity in the findings are statistically significant ($p < .05$) for both chi-square tests and ANOVA test.

LIMITATIONS

The survey sample was not representative of the Berkeley population with regard to race and ethnicity, sexual orientation, zip code, and age. White, older (45 years and older), women, and LGBTQ residents, as well as those who live in the 94702, 94705, and 94707 zip codes, were overrepresented in the sample. Black, Latin, Asian, male, and younger residents were underrepresented in the sample. The nonrepresentative nature of the sample should be noted when interpreting the findings from this survey. The results of this survey are likely to be biased and may not truly reflect community impressions of safety.

See the Appendix for detailed methods and a sample profile.

SUMMARY OF FINDINGS

COMMUNITY PERCEPTIONS AND PRIORITIES FOR SAFETY IN BERKELEY

Perceptions of Safety in Berkeley

The respondents expressed a range of perspectives regarding the safety of Berkeley, with a plurality selecting “Somewhat safe” in response to this item. Respondents who indicated they are white were more likely to perceive Berkeley as safe and very safe. Respondents who are Black or Other Nonwhite were significantly more likely to perceive Berkeley as unsafe and very unsafe. Respondents who identified as Latin and Asian were more likely than white respondents, but less likely than Black and Other Nonwhite respondents, to perceive Berkeley as unsafe and very unsafe. Unexpectedly, respondents who declined to indicate their race and ethnicity were the most likely to perceive Berkeley as unsafe and very unsafe.

It is worth noting that while Middle Eastern / North African and Native Americans each represented a small number of the respondents (42 and 33, respectively), they were substantially more likely to perceive Berkeley as unsafe and very unsafe than most other racial and ethnic groups (52% and 42%, respectively). Similarly, Pacific Islander / Native Hawaiian respondents represented a small number (N = 22) but were substantially less likely to perceive Berkeley as safe and very safe (0%), but they were not more likely to indicate it as unsafe with 60% selecting somewhat safe.

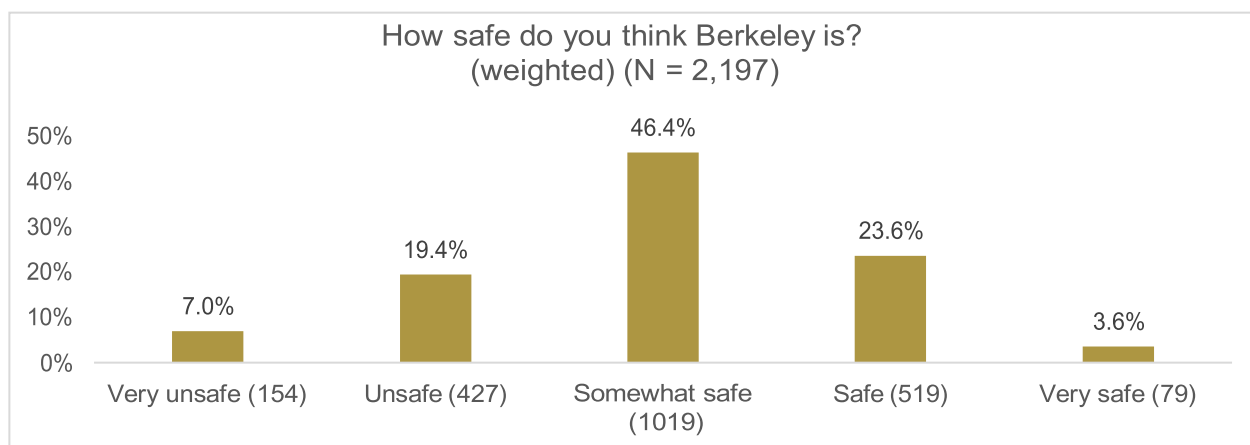


Table 1. How safe do you think Berkeley is? By race and ethnicity.

	White N = 1,622	Black N = 139	Latin N = 103	Asian N = 159	Other Nonwhite N = 168	Undisclosed N = 478
Very unsafe	4.0%	14.4%	9.7%	7.5%	15.5%	19.5%
Unsafe	14.7%	25.9%	25.2%	24.5%	23.2%	34.9%
Somewhat safe	50.5%	36.0%	46.4%	45.3%	46.4%	33.1%
Safe	26.2%	22.3%	13.1%	20.8%	13.1%	10.0%
Very safe	4.6%	1.4%	1.8%	1.9%	1.8%	2.5%

Resident Priorities for Safety

Survey respondents ranked homelessness and sexual assault as the most important public safety concerns, followed by shootings and homicides and mental health crisis. Respondents ranked substance use, drug sales, and police violence as their lowest priorities.

Some responses varied on the basis of the respondents' race and ethnicity—although the differences were not large—and patterns were fairly consistent across the array of race and ethnicity groups, with the exception of the respondents with an undisclosed race and ethnicity. Notably, this group collectively rated police violence substantially lower in importance to community health and safety as compared with other groups. This group was also far more likely to indicate that theft was an important issue in Berkeley.

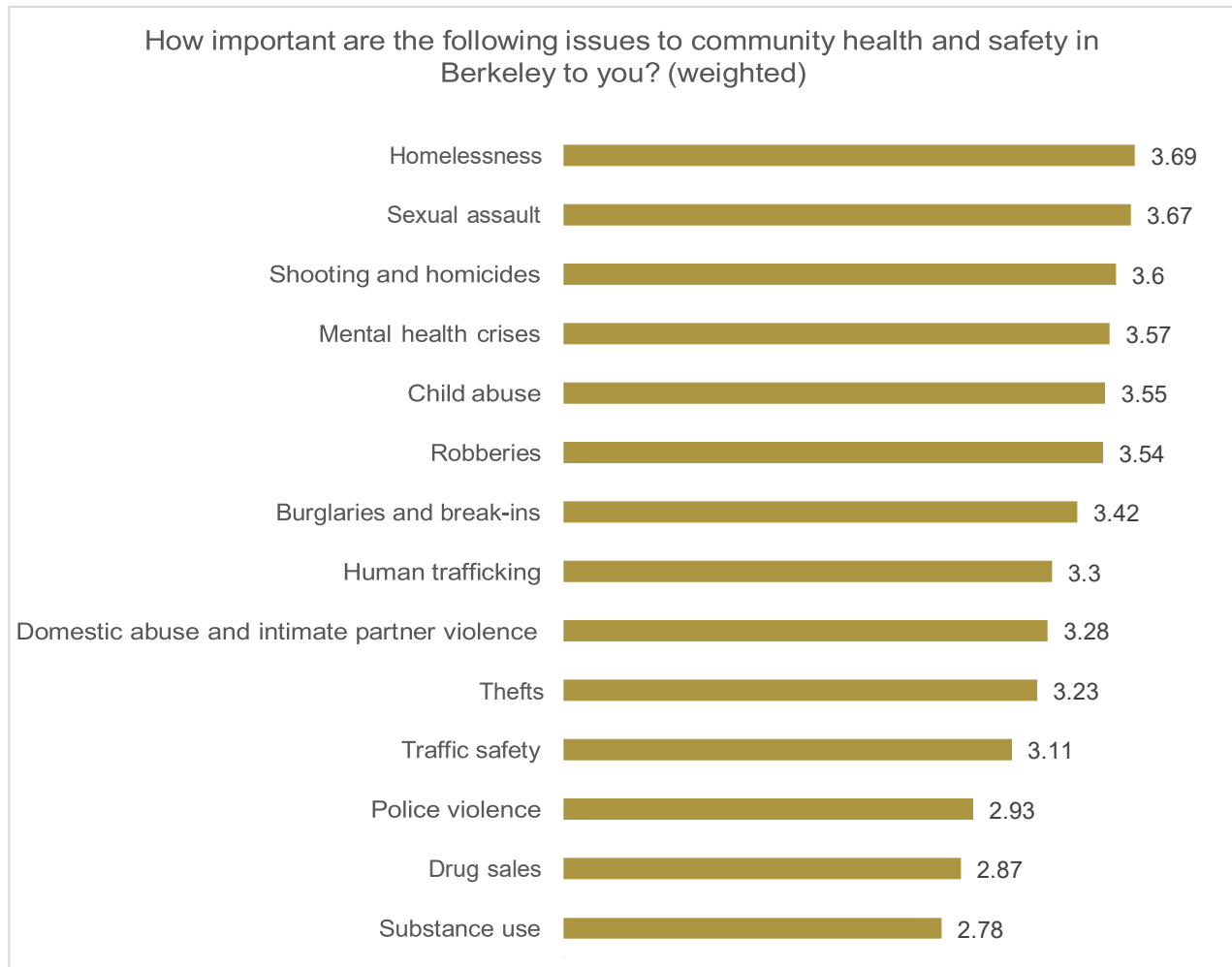


Table 2. How important are the following issues to community health and safety in Berkeley to you? By race and ethnicity.

	White	Black	Latin	Asian	Other Nonwhite	Undisclosed
Substance use	2.68	2.97	2.73	2.91	2.95	2.97
Drug sales	2.77	3.00	2.86	3.01	3.03	3.14
Police violence	3.00	2.90	2.74	2.95	2.76	2.34
Traffic safety	3.07	3.24	3.09	3.13	3.22	3.18
Thefts	3.16	3.35	3.26	3.32	3.25	3.57
Domestic abuse and Intimate partner violence	3.28	3.31	3.34	3.23	3.24	3.18
Human trafficking	3.27	3.48	3.38	3.23	3.42	3.27
Burglaries and break-ins	3.35	3.51	3.46	3.50	3.46	3.73
Robberies	3.46	3.67	3.59	3.64	3.56	3.82
Child abuse	3.54	3.68	3.63	3.47	3.63	3.55
Mental health crises	3.59	3.68	3.50	3.54	3.48	3.45
Shooting and homicides	3.51	3.77	3.69	3.67	3.68	3.77
Sexual assault	3.61	3.80	3.77	3.70	3.77	3.71
Homelessness	3.71	3.59	3.65	3.73	3.59	3.60

Priorities for Community Health and Safety

The mean responses show the highest community support for investment in mental health services, with investment in homeless services programs and violence prevention program also rating fairly high. There are some differences along race and ethnicity in terms of investment priorities, with white respondents rating all listed program investments higher overall, and those with an undisclosed race and ethnicity rating all listed program investments lower overall. While all racial and ethnic groups rated mental health services higher than the other listed program investments, Black respondents rated it particularly high in comparison to other investment options.

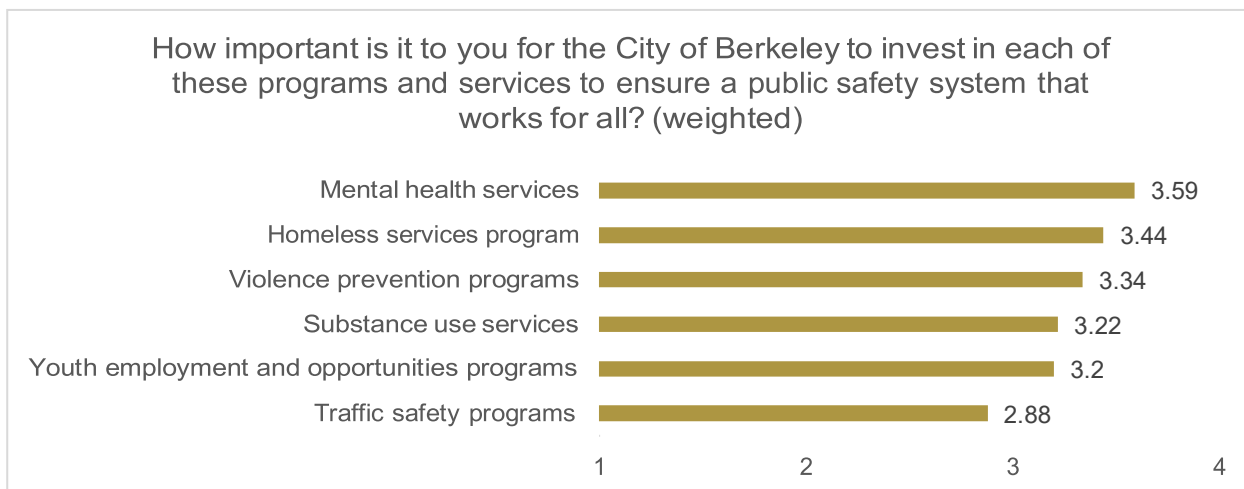


Table 3. How important is it to you for the City of Berkeley to invest in each of these programs and services to ensure a public safety system that works for all? By race and ethnicity.

	White	Black	Latin	Asian	Other Nonwhite	Undisclosed
Traffic safety programs	2.91	2.90	2.77	2.84	3.02	2.81
Youth employment and opportunities programs	3.26	2.99	3.23	3.15	3.14	2.74
Substance use services	3.27	3.03	3.21	3.19	3.17	2.81
Violence prevention programs	3.35	3.19	3.32	3.33	3.41	3.06
Homeless services program	3.56	3.12	3.26	3.44	3.22	2.86
Mental health services	3.69	3.48	3.46	3.53	3.43	3.15

Experiences in Berkeley

Nearly half of the respondents reported experiencing street harassment, and 41% reported being the victim of a crime. Differences along race and ethnicity appear on a number of self-reported personal experiences. Black respondents were more likely to indicate that they have experienced multiple incidents and conditions, including arrest, police harassment, a mental health crisis, homelessness, family victimization, and crime victimization.

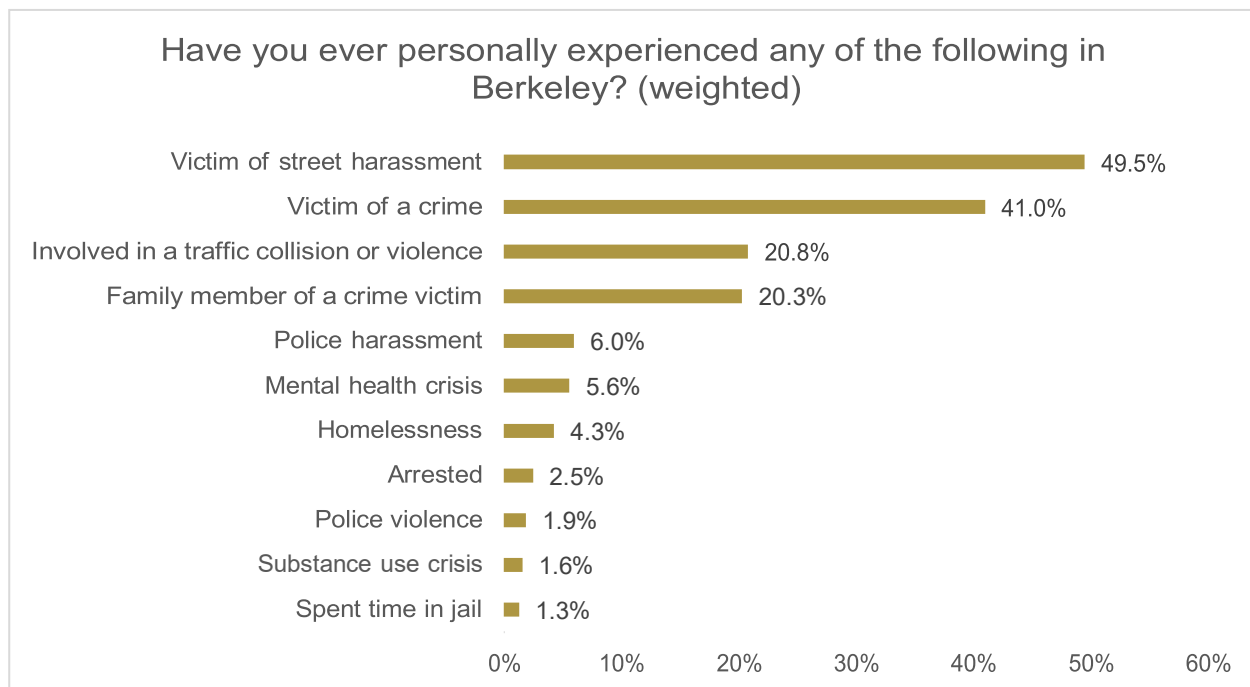
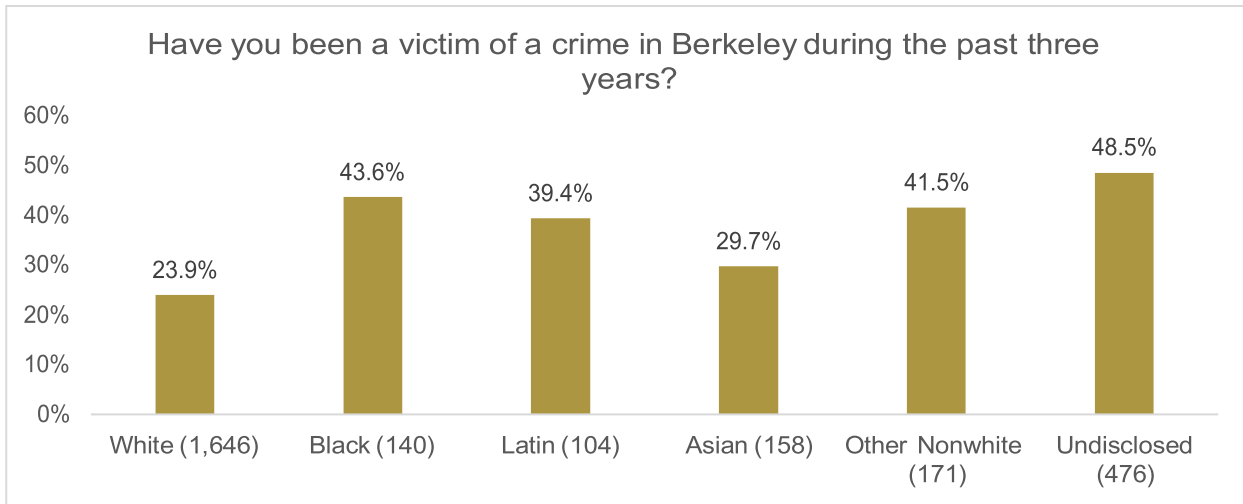


Table 4. Have you personally experienced any of the following in Berkeley? By race and ethnicity.

	White	Black	Latin	Asian	Other Nonwhite	Undisclosed
Spent time in jail	1.3%	5.0%	1.9%	0.0%	.6%	1.4%
Substance use crisis	1.3%	4.3%	4.8%	0.0%	1.7%	1.0%
Police violence	1.5%	2.1%	2.9%	2.5%	1.7%	.8%
Arrested	1.8%	7.1%	4.8%	1.9%	.6%	2.2%
Homelessness	3.1%	12.1%	7.6%	1.9%	6.4%	6.6%
Mental health crisis	5.1%	8.6%	7.6%	4.3%	5.8%	6.2%
Police harassment	4.3%	17.1%	7.6%	5.0%	6.4%	4.0%
Family member of a crime victim	17.0%	35.0%	24.8%	16.8%	32.0%	32.5%
Involved in a traffic collision or violence	20.5%	22.9%	20.0%	21.1%	20.3%	25.9%
Victim of a crime	40.2%	50.7%	43.8%	37.3%	43.0%	53.3%
Victim of street harassment	43.1%	55.7%	61.9%	52.2%	64.0%	64.1%

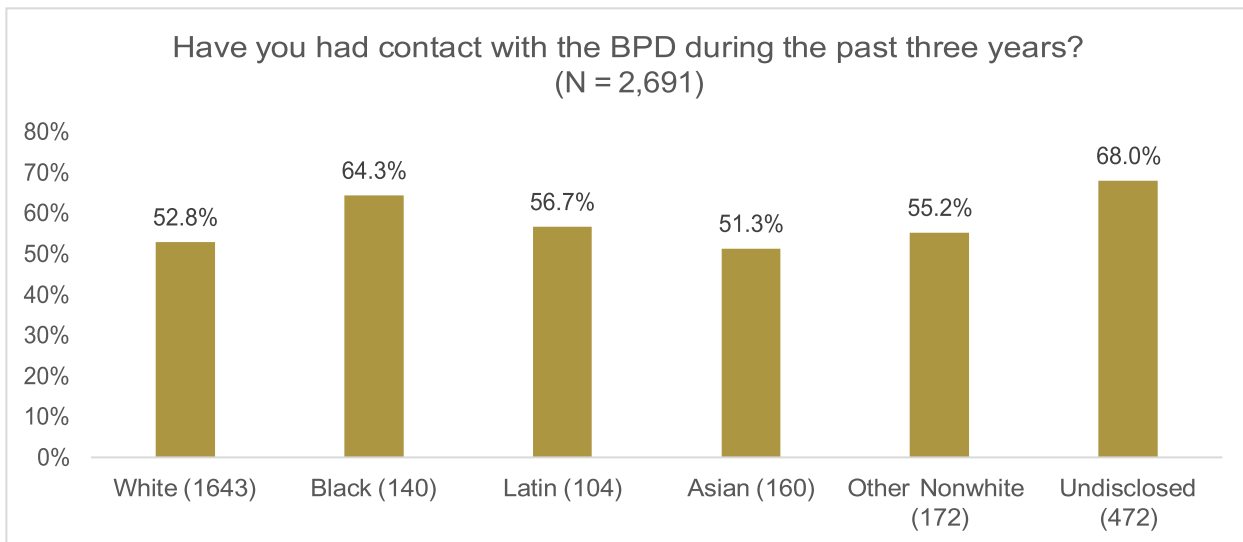
Crime Victimization

Approximately 30% of the respondents indicated having been a crime victim in the City of Berkeley during the past three years. Respondents who are Black and who declined to disclose race and ethnicity were the most likely to indicate that they have been the victim of a crime in Berkeley during the past three years. White respondents were the least likely to do so.



EXPERIENCE WITH THE BERKELEY POLICE DEPARTMENT

Over half of the respondents (54%) indicated that they have had contact with the Berkeley Police Department (BPD) during the past three years. Respondents who are Black and who declined to disclose race and ethnicity were the most likely to report that they have had contact with the BPD during the past three years.



Perceived Effectiveness of the Berkeley Police Department

Many respondents (38%) perceived the department to be somewhat effective and over half (55.3%) perceived it to be effective or very effective. Only a small number and percentage of the respondents (6.7%) indicated that the Berkeley Police Department is not effective at all.

Some differences in perceived effectiveness of the Berkeley Police Department emerged when the data were disaggregated by race and ethnicity. Nonwhite respondents were more likely to indicate that the

BPD is not effective at all; Asian and Latin respondents were more likely to indicate that the BPD is somewhat effective; and white respondents were more likely to indicate that the BPD is effective. Black residents held diverse views regarding the BPD, and the analysis found that they were more likely to view the BPD as either very effective or not effective at all compared to other groups. Those with undisclosed race and ethnicity were more likely to indicate that the BPD is very effective.

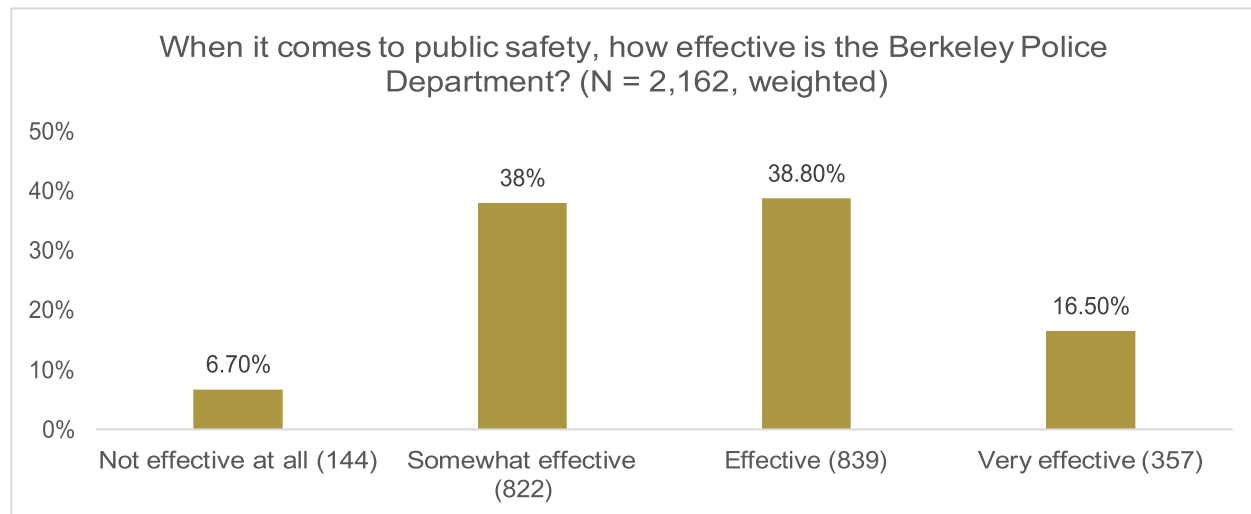


Table 5. When it comes to public safety, how effective is the Berkeley Police Department? By race and ethnicity.

	White N = 1,599	Black N = 136	Latin N = 103	Asian N = 154	Other Nonwhite N = 167	Undisclosed N = 462
Not effective at all	6.8%	8.8%	4.9%	5.2%	10.2%	5.2%
Somewhat effective	36.3%	36.0%	41.7%	43.5%	30.5%	35.9%
Effective	43.4%	27.2%	32.0%	35.1%	39.5%	34.0%
Very effective	13.4%	27.9%	21.4%	16.2%	19.8%	24.9%

Trust that the Berkeley Police Department treats all people fairly and equitably

A little over half of the respondents trust the BPD to usually treat people fairly and equitably, with the remaining 26% demonstrating low confidence in the police on this measure. A minority of the respondents (22%) always trust the BPD to treat people fairly and equitably. Some differences emerged along race and ethnicity with respect to confidence in the BPD to exercise fairness and equity. Black and Latin respondents hold a variety of perspectives on police. They were more likely than other groups to either not trust the BPD or to have confidence in them. Respondents with an undisclosed race and ethnicity were the most likely to demonstrate confidence in the BPD in this regard, and the least likely to demonstrate low confidence.

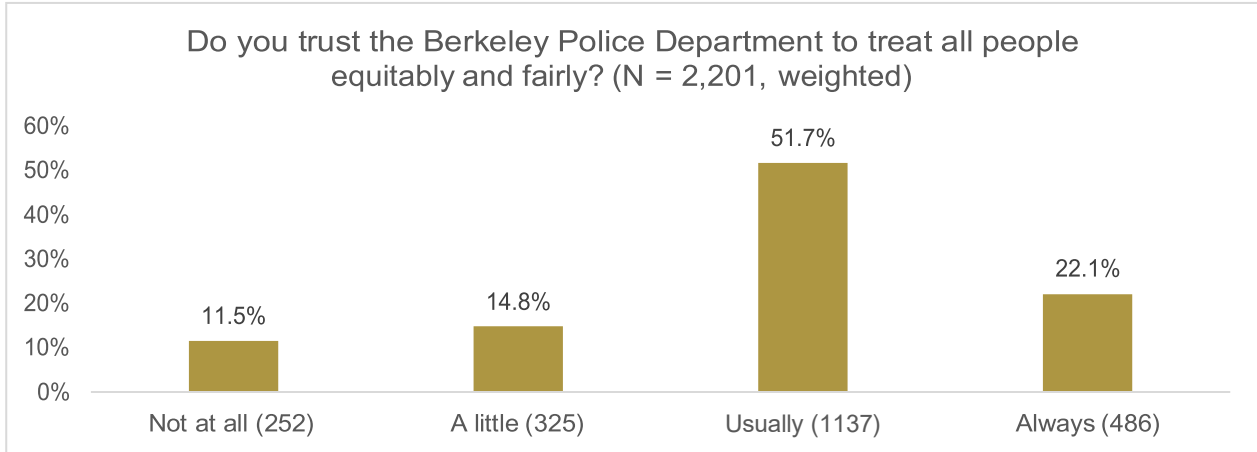


Table 6. Do you trust the Berkeley Police Department to treat all people equitably and fairly? By race and ethnicity.

	White (N = 1,632)	Black (N = 139)	Latin (N = 102)	Asian (N = 159)	Other Nonwhite (N = 169)	Undisclosed (N = 474)
Not at all	10.3%	16.5%	16.7%	10.1%	10.7%	3.0%
A little	16.1%	12.9%	12.7%	13.9%	12.4%	8.2%
Usually	55.0%	38.8%	37.3%	56.3%	48.5%	44.9%
Always	18.6%	31.7%	33.3%	19.6%	28.4%	43.9%

Quality of Experience with the Berkeley Police Department

Among the respondents who indicated that they've had contact with the BPD and chose to report on the quality of those experiences, three out of four (74.8%) indicated that the experience was positive or very positive. Differences in experiences with police across race and ethnicity include Black and Asian respondents as the most likely to report negative experiences, and respondents with undisclosed race and ethnicity as the least likely to report negative experiences and the most likely to report positive experiences with the BPD.

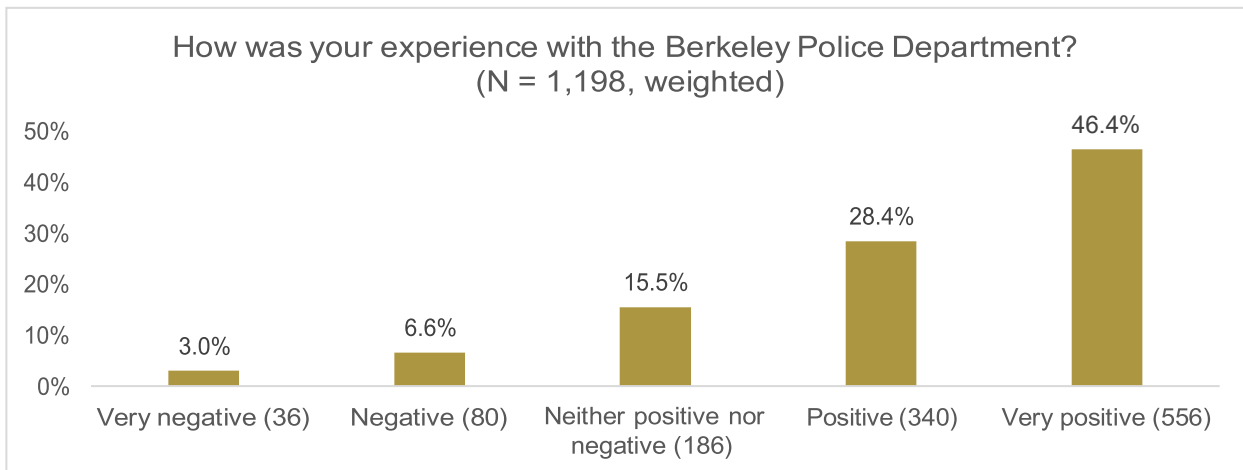


Table 7. How was your experience with the Berkeley Police Department? By race and ethnicity.

	White N = 864	Black N = 90	Latin N = 59	Asian N = 82	Other Nonwhite N = 95	Undisclosed N = 318
Very negative	2.3%	4.4%	5.1%	2.4%	4.2%	0.6%
Negative	6.1%	6.7%	1.7%	11.0%	5.3%	3.8%
Neither positive nor negative	17.0%	13.3%	20.3%	11.0%	13.7%	12.6%
Positive	31.0%	21.1%	18.6%	31.7%	25.3%	15.1%
Very positive	43.5%	54.4%	54.2%	43.9%	51.6%	67.9%

LIKELIHOOD TO CALL EMERGENCY RESPONSES

Respondents are far more likely to call 911 in response to an emergency situation *not* involving mental health or substance use (86.2%) than they are to an emergency that does relate to a mental health or substance use crisis (57.9%). Over half of the respondents did, however, indicate that they are likely or very likely to call 911 in response to a mental health or substance-use-related crisis (57.9%).

Black and Latin respondents indicated a wide range of responses to the question regarding their likelihood of calling the 911 in response to a mental health or substance use crisis. On the other hand, racial and ethnic groups responded similarly in response to the question about calling 911 when there's an emergency *not* related to mental health or substance use. Substantially more Black respondents indicated extreme reluctance as compared with other groups.

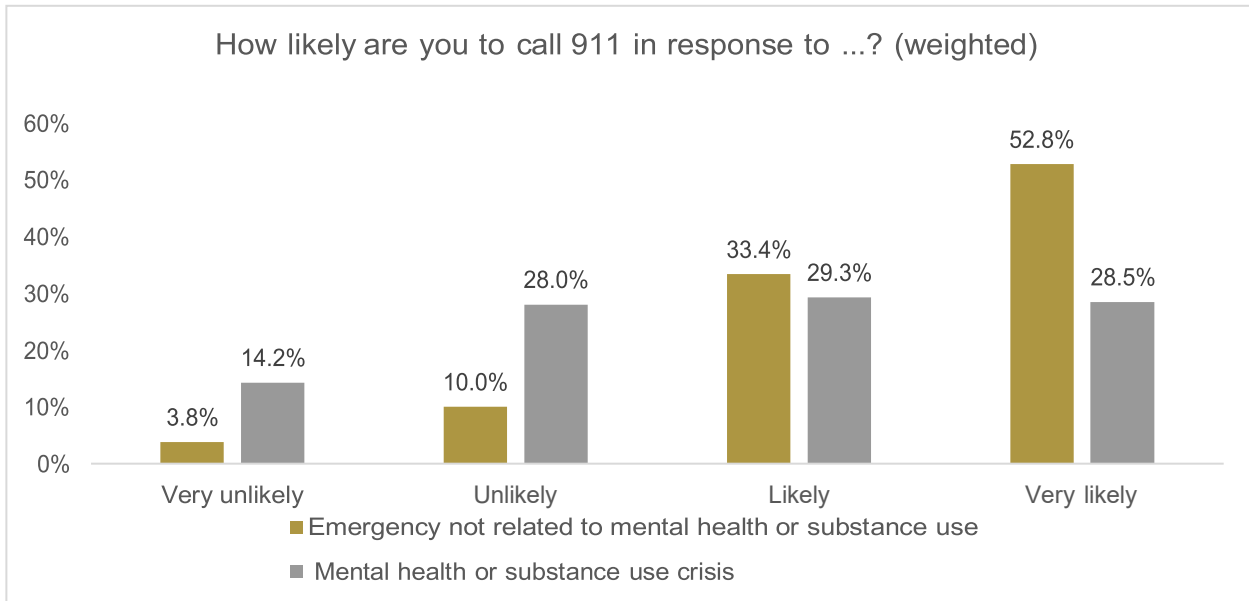


Table 8. How likely are you to call emergency services (911) in response to an emergency NOT related to a mental health or substance use crisis? By race and ethnicity.

	White N = 1,632	Black N = 140	Latin N = 104	Asian N = 156	Other Nonwhite N = 171	Undisclosed N = 468
Very unlikely	3.7%	9.3%	3.8%	1.9%	2.9%	4.1%
Unlikely	10.9%	11.4%	7.7%	8.3%	10.5%	9.8%
Likely	33.8%	27.9%	33.7%	34.6%	32.2%	26.7%
Very likely	51.5%	51.4%	54.8%	55.1%	54.4%	59.4%

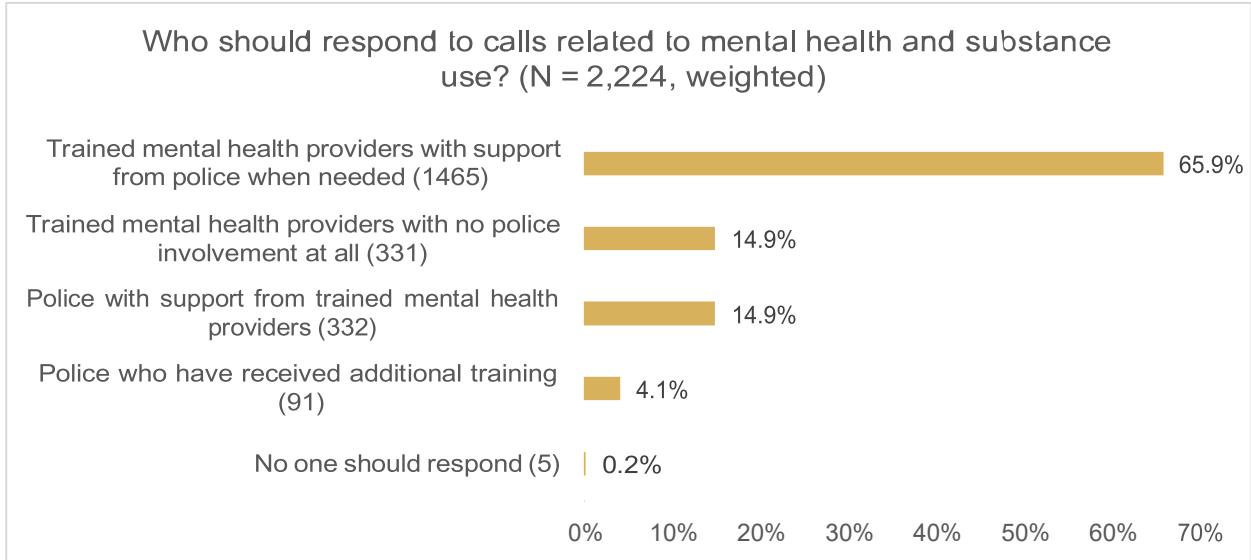
Table 9. How likely are you to call emergency services (911) in response to a mental health or substance use crisis? By race and ethnicity.

	White N = 1,628	Black N = 140	Latin N = 104	Asian N = 158	Other Nonwhite N = 170	Undisclosed N = 471
Very unlikely	15.2%	20.0%	20.2%	6.3%	14.7%	15.9%
Unlikely	26.7%	25.0%	20.2%	35.4%	31.2%	22.9%
Likely	30.8%	20.7%	21.2%	32.9%	28.8%	28.5%
Very likely	27.4%	34.3%	38.5%	25.3%	25.3%	32.7%

PREFERENCE FOR CRISIS RESPONSE

A large majority of the respondents (80.8%) indicated a preference for trained mental health providers to respond to calls related to mental health and substance use, with most among those respondents indicating that police support should be available when needed. Some respondents (19%) indicated a preference for a police response, with over two-thirds of those respondents indicating that mental health providers should be available for support.

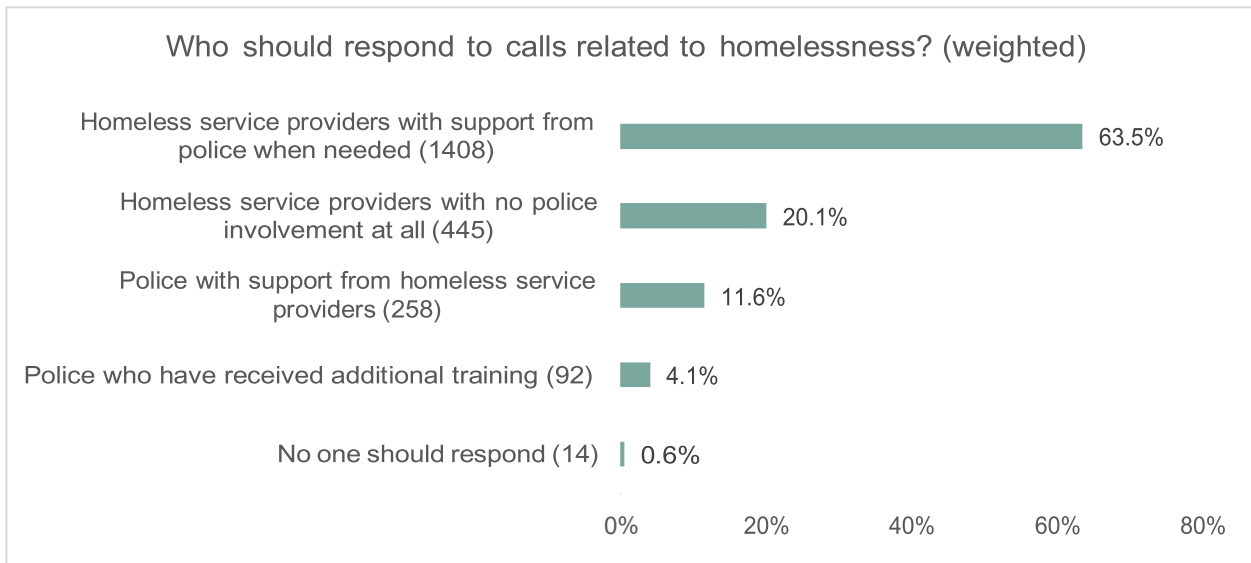
All racial and ethnic groups show a preference for “Trained mental health providers, with support from police when needed” to respond to calls related to mental health and substance use. Respondents whose race and ethnicity were undisclosed were the most likely to prefer a police response (42%) in comparison to other groups.



PREFERENCE FOR RESPONSE TO HOMELESSNESS

A large majority of the respondents (83.6%) indicated a preference for homeless services providers to respond to calls related to homelessness, with most among those respondents indicating that police support should be available when needed. Some of the respondents (15.7%) indicated a preference for a police response, with the majority of those respondents indicating that homeless services providers should be available for support.

All racial and ethnic groups show a preference for homeless services providers, with support from police when needed to respond to calls related to homelessness. Respondents whose racial and ethnic were undisclosed were the most likely to prefer a police response (41%) in comparison to other groups.



REFERENCES

Conron, K.J., W. Luhur, and S.K. Golberg. *LGBT Adults in Large US Metropolitan Areas*. Los Angeles: UCLA School of Law Williams Institute, 2021. Retrieved on 6/24/21 from <https://williamsinstitute.law.ucla.edu/wp-content/uploads/MSA-LGBT-Ranking-Mar-2021.pdf>.

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Whitfield, G. P., S. A. Carlson, E. N. Ussery, K. B. Watson, D. R. Brown, D. Berrigan, and J. E. Fulton. "Racial and Ethnic Differences in Perceived Safety Barriers to Walking, United States National Health Interview Survey—2015." *Preventative Medicine*, no. 114 (June 9, 2018): 57–63.

APPENDIX

SAMPLE PROFILE

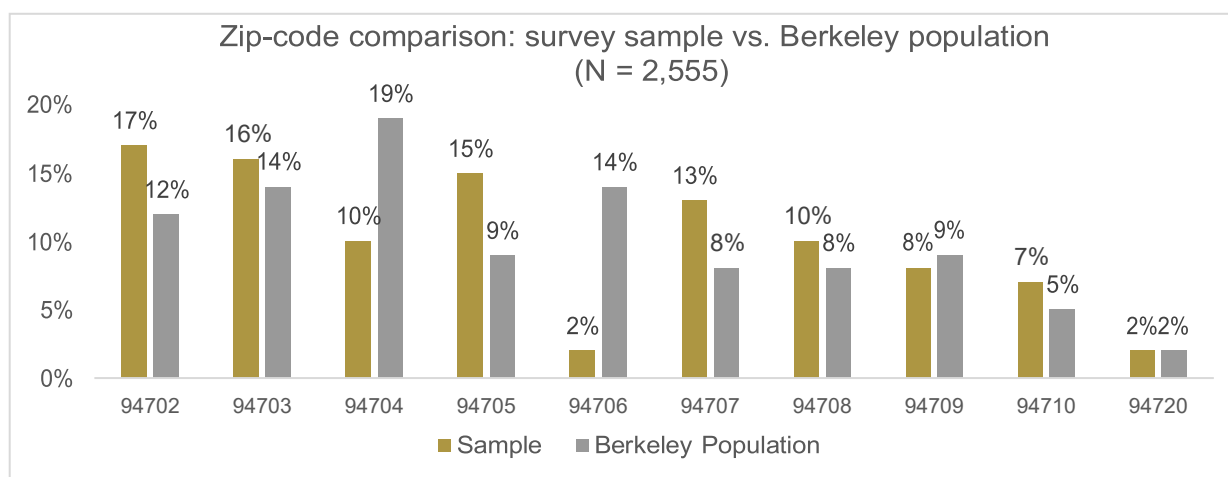
Relationship to City of Berkeley

The vast majority of the survey respondents live in Berkeley (84.4%). A portion work in Berkeley (but don't live there), and a small number have other situations or provided no information. Notably, very few houseless residents responded to the survey.

Live or work in Berkeley (N = 2,729)	Percent
Live in Berkeley	84.4%
Work in Berkeley	12.0%
I am currently experiencing homelessness	0.1%
I do not live or work in Berkeley	2.3%
No information	1.1%

Zip Code

The Berkeley population is spread out primarily across the 10 zip codes listed in the table and chart below, which compare the survey responses with Berkeley population figures.¹ These data show that certain zip codes are overrepresented in the sample (e.g., 94702, 94705, 94707), while others are underrepresented (e.g., 94704, 94706).

**Age**

The sample skews significantly toward older respondents, with approximately 70% of the respondents who provided information on their age identifying themselves as 45 years or older, and over 40% of the respondents identifying themselves as 60 years or older. By comparison, among the adult population of

¹ Zip-code data for the residents of Berkeley from Zip-code.com. Retrieved on 6/24/21 from <https://www.zip-codes.com/city/ca-berkeley.asp>.

Berkeley, 42% is estimated to be 45 or older, and only 25% is estimated to be 60 or older.² Note that there were 55 respondents who did not respond to this question.

Age Range (N 2,674)	Percent
Under 14 years (1)	0.04%
14–17 (3)	0.1%
18–29 (182)	6.8%
30–44 (21)	23.2%
45–59 (788)	29.5%
60+ years (1,079)	40.4%

Sexual Orientation

Of the respondents who responded to the question pertaining to sexual orientation (84 respondents declined to answer the question), 67% indicated that they are heterosexual or straight; nearly 17% indicated a preference not to disclose; and approximately 16% indicated a sexual orientation generally classified under the umbrella of LGBTQ. While there are no reliable existing figures to show the percentage of the LGBTQ population among Berkeley residents, it is reasonable to speculate that the LGBTQ population is overrepresented in the sample on the basis of recent figures estimating that the LGBTQ population in the wider Bay Area is 6.7% (Conron, et al., 2021). Furthermore, new analyses show that younger populations are more likely to indicate an LGBTQ identification as compared with older populations (Jones, 2021). Given this research and the age of the sample, one would anticipate a lower-than-average LGBTQ percentage in the sample rather than a higher-than-average percentage—which again suggests over-sampling of the LGBTQ population.

Sexual Orientation (N = 2,645)	Percent
Heterosexual or straight (1,771)	67.0%
Prefer not to say (447)	16.9%
Gay or lesbian (155)	5.9%
Bisexual (133)	5.0%
Queer (72)	2.7%
Questioning or unsure (16)	0.6%
Other, please specify (51)	1.9%

² Population estimates from Census Reporter. Retrieved on 6/24/21 from <https://censusreporter.org/profiles/16000US0606000-berkeley-ca/>.

Gender Identity

In terms of gender, men are underrepresented in the sample. A substantial portion of the respondents (nearly 10%) preferred not to disclose their gender identity.

Gender Identity (N = 2,662)	Percent
Woman (1,439)	54.1%
Man (893)	33.5%
Genderqueer / nonbinary / other (73)	2.7%
Prefer not to say (257)	9.7%

Race and Ethnicity

The table below represents all survey responses to the question of race and ethnicity before any recoding or weighting, so the total number exceeds the number of respondents. Please note that for this survey, respondents were invited to select all racial and ethnic categories that applied to them. In other words, an individual who selected White, as well as Black or African American and South Asian is counted three times in the table below.

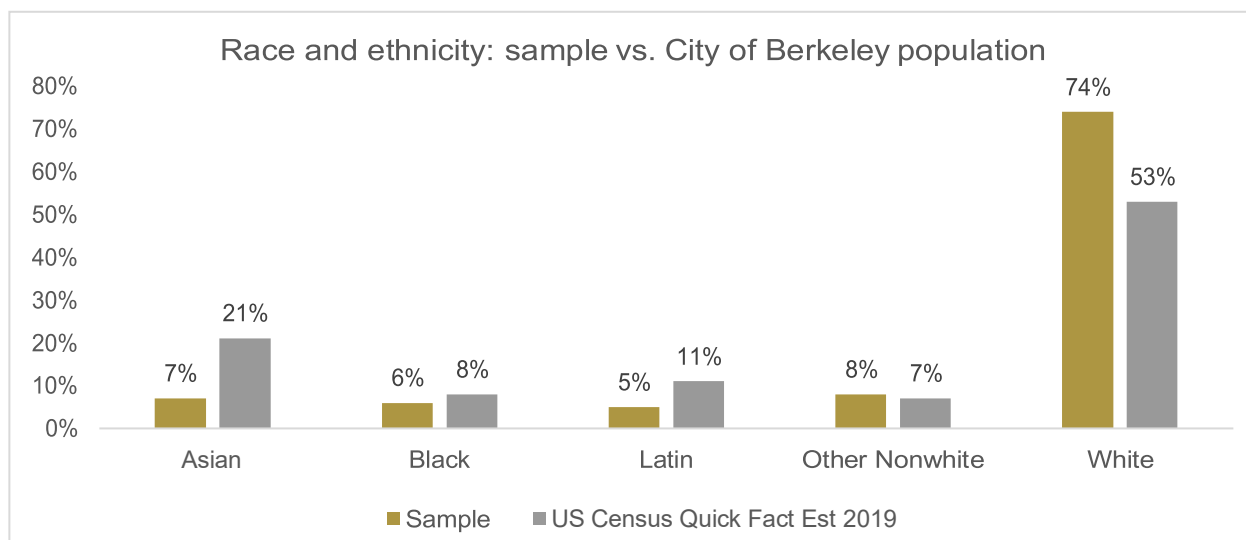
Race and ethnicity	Number	% of Total
White	1787	65.5%
Black or African American	137	5.0%
Latin	126	4.6%
East Asian	168	6.2%
South East Asian	53	1.9%
South Asian	47	1.7%
Middle Eastern / North African	42	1.5%
American Indian / Native American / Alaskan Native	33	1.2%
Pacific Islander or Native Hawaiian	22	0.8%
Other	113	4.1%
Prefer not to say	409	15.0%

In order to simplify the data to allow for disaggregated analyses and to enable the creation of a weighting scheme, the analysts created a reduced number of discrete (i.e., not overlapping) racial and ethnic categories. To condense the data into discrete categories, the data were recoded in the following manner:

- **White:** Respondents who selected only White as their race and ethnicity were coded as white; respondents who selected “Other” and then wrote in only an ethnicity that is considered white (e.g., European, Irish, Jewish, etc.) were coded as white.
- **Black:** Respondents who selected Black were coded as Black, even if they also selected other racial and ethnic identities.

- **Latin:** Respondents who had selected Latin were coded as Latin, even if they also selected other racial and ethnic identities (unless they also selected Black, in which case they were recoded as Black).
- **Asian:** Respondents who selected East Asian, Southeast Asian, or Other and then wrote in an ethnicity that is considered Asian (e.g., Japanese, Chinese, etc.) were coded as Asian, even if they also selected other racial and ethnic identities (besides Black or Latin)
- **Other Nonwhite:** All other nonwhite racial and ethnic categories were combined into a single “Other Nonwhite” variable, including Native American / Alaskan, South Asian, Arab / Middle Eastern, and Pacific Islander / Native Hawaiian, as well as anyone who selected multiple racial and ethnic identities that did not include Black, Latin, or Asian, and anyone who selected “Other” and then wrote in an ethnicity that was outside the aforementioned categories.

Notably, after White the most common response in the data set was “Prefer not to say,” which was recoded to include blank responses as well as anyone who selected “Other” and then wrote in a nonresponsive category (e.g., “human race,” “race does not exist,” or “irrelevant”). These respondents comprise 18% of the sample (478 out of 2,708) and are listed as Undisclosed under race and ethnicity. In the disaggregated analyses, their responses are included to show how this group’s answers differed from those of other groups, but for the purposes of devising a weighting scheme on the basis of race and ethnicity, these respondents are omitted, as the race and ethnicity data for them is essentially missing.



	Sample		Berkeley Population US Census QuickFacts Est. 2019	Weighting Factor
Asian	161	7%	21%	3
Black	140	6%	8%	1.333
Latin	105	5%	11%	2.2
Other Nonwhite	172	8%	7%	0.875
White	1652	74%	53%	0.716
Subtotal	2230	100%	100%	--

Undisclosed	478	18%	--	--
Total sample	2708	100%	--	--

The Berkeley Community Safety survey sample (respondent population) is not representative of the Berkeley population in terms of race and ethnicity. The table above shows the breakdown of race and ethnicity for the Berkeley population and the sample (for the respondents who provided race and ethnicity information).

For all findings provided below in aggregate (i.e., not disaggregated by race and ethnicity), the analysis includes weighting by the race and ethnicity factor (as listed above) in order to correct for the disproportionate representation of some racial and ethnic groups in the sample. So, for example, respondents who are Asian comprise only 7% of the sample but 21% of the Berkeley population. So in the frequency tables in the findings section, responses from Asian-identified respondents are amplified by a factor of 3. Similarly, white and Other Nonwhite respondents are overrepresented in the sample, so the value of their responses is discounted to 71.6% and 87.5% of their original value, respectively.

Race and ethnicity by Zip Code

Ethnicity		Blank	94701	94702	94703	94704	94705	94706	94707	94708	94709	94710	94712	94720	Not sure	Total
White	#	48	4	264	247	126	264	33	229	186	129	91	1	25	5	1652
	%	2.9%	.2%	16.0%	15.0%	7.6%	16.0%	2.0%	13.9%	11.3%	7.8%	5.5%	.1%	1.5%	.3%	100.0%
Black	#	4	0	31	24	16	11	2	6	9	7	24	0	4	2	140
	%	2.9%	0.0%	22.1%	17.1%	11.4%	7.9%	1.4%	4.3%	6.4%	5.0%	17.1%	0.0%	2.9%	1.4%	100.0%
Latin	#	3	0	18	15	15	22	7	7	5	4	6	0	0	3	105
	%	2.9%	0.0%	17.1%	14.3%	14.3%	21.0%	6.7%	6.7%	4.8%	3.8%	5.7%	0.0%	0.0%	2.9%	100.0%
Asian	#	7	0	27	27	19	14	2	10	18	19	11	0	7	0	161
	%	4.3%	0.0%	16.8%	16.8%	11.8%	8.7%	1.2%	6.2%	11.2%	11.8%	6.8%	0.0%	4.3%	0.0%	100.0%
Other Nonwhite	#	11	1	19	23	28	15	6	15	18	15	13	0	7	1	172
	%	6.4%	.6%	11.0%	13.4%	16.3%	8.7%	3.5%	8.7%	10.5%	8.7%	7.6%	0.0%	4.1%	.6%	100.0%
Undisclosed	#	63	3	72	75	56	56	8	53	32	25	30	0	8	18	499
	%	12.6%	.6%	14.4%	15.0%	11.2%	11.2%	1.6%	10.6%	6.4%	5.0%	6.0%	0.0%	1.6%	3.6%	100.0%
Total	#	136	8	431	411	260	382	58	320	268	199	175	1	51	29	2729
	%	5.0%	.3%	15.8%	15.1%	9.5%	14.0%	2.1%	11.7%	9.8%	7.3%	6.4%	.0%	1.9%	1.1%	100.0%

CITY OF BERKELEY REIMAGINING PUBLIC SAFETY SURVEY

If you would like to take this survey in Spanish, please select Spanish on the right (in the black bar above).

Si le gustaría responder a esta encuesta en español, por favor escoja “Español” a la derecha (en la barra color negro que aparece arriba).

The City of Berkeley is looking to create a community safety model that reflects the needs of the community. We invite those who live, work, and study in the City of Berkeley to provide their input on the following:

- The current state of public safety in Berkeley
- The role of the Berkeley Police Department
- Your ideas for the future

Your participation in the survey will inform our decisions about funding and strategy for community safety in Berkeley.

We want your honest feedback and perspective. **Your survey responses are completely anonymous and confidential.** You can skip any questions and end the survey at any time. Only [Bright Research Group](#), a third-party outside research firm, will have access to the survey responses. Bright Research Group will summarize de-identified survey responses in a report to the City of Berkeley.

If you have any questions, please contact David White at rpstf@cityofberkeley.info.

Community Safety

1) How safe do you think Berkeley is?

Very safe

Safe

Somewhat safe

Unsafe

Very unsafe

2) For you, what would make Berkeley a safer city?

3) How important are the following issues to community health and safety in Berkeley to you? Please rate each of the issues.

	Very important	Important	Somewhat important	Not important
Shooting and homicides				
Robberies				
Domestic abuse and intimate partner violence				
Sexual assault				
Child abuse				
Burglaries and break-ins				
Thefts				
Traffic safety				
Mental health crises				
Homelessness				
Drug sales				
Substance use				
Human trafficking				
Police violence				

4) *Have you personally experienced any of the following in Berkeley? Please check all that apply.*

Homelessness

Arrested

Spent time in jail

Victim of a crime

Family member of a crime victim

Victim of street harassment

Involved in a traffic collision or traffic violence

Mental health crisis

Substance use crisis

Police harassment

Police violence

None of the above

5) *Have you been a victim of a crime in the City of Berkeley in the past 3 years?*

Yes

No

6) *Have you had contact with the Berkeley Police Department in the past 3 years?*

Yes

No

7) *How was your experience with the Berkeley Police Department?*

Very positive

Positive

Neither positive nor negative

Negative

Very negative

8) What recommendations do you have to improve police response?

9) *When it comes to public safety, how effective is the Berkeley Police Department?*

Very effective

Effective

Somewhat effective

Not effective at all

10) Please share examples of how the Berkeley Police Department *has worked well* in your community.

If you feel it would be helpful, please describe your community (for example, by race and ethnicity, sex, gender identity or expression, sexual orientation, housing status, age, physical or mental disabilities, class, religion, immigration status).

11) Please share examples of how the Berkeley Police Department *has not worked well* in your community.

If you feel it would be helpful, please describe your community (for example, by race and ethnicity, sex, gender identity or expression, sexual orientation, housing status, age, physical or mental disabilities, class, religion, immigration status).

12) *Do you trust the Berkeley Police Department to treat all people fairly and equitably?*

Always

Usually

A little

Not at all

13) In what ways could the Berkeley Police Department work to build more trust with the community?

Reimagining Public Safety

14) How important is it to you for the City of Berkeley to invest in each of these programs and services to ensure a public safety system that works for all?

	Very important	Important	Somewhat important	Not important
Youth employment and opportunities programs				
Homeless services program				
Mental health services				
Substance use services				
Violence prevention programs				
Traffic safety programs				

15) What other programs and services do we need to invest in within our community to ensure a public safety system that works for all?

As part of the city's Reimagining Public Safety Initiative, the city is developing a pilot program to *reassign noncriminal police service calls to a Specialized Care Unit*.

This Specialized Care Unit (SCU) will consist of trained crisis-response workers who will respond to calls that are determined to be noncriminal and that pose no immediate threat to the safety of community members and/or responding personnel.

Your answers to the following questions will help the city in the design of the pilot program.

16) How likely are you to call emergency services (9-1-1) in response to a mental health or substance use crisis?

Very Likely

Likely

Unlikely

Very unlikely

*17) How likely are you to call emergency services (9-1-1) in response to an emergency **not related** to mental health or substance use ?*

Very likely

Likely

Unlikely

Very unlikely

18) Who should respond to calls related to mental health and substance use?

Trained mental health providers, with no police involvement at all

Trained mental health providers, with support from police when needed

Police, with support from trained mental health providers

Police who have received additional training

No one should respond

19) Who should respond to calls related to homelessness?

Homeless service providers, with no police involvement at all

Homeless service providers, with support of police when needed

Police, with support from homeless service providers

Police who have received additional training

No one should respond

20) Please share any experiences you have had with mental health and/or substance use crisis response services in Berkeley.

21) What recommendations do you have to improve mental health and/or substance use crisis response in Berkeley?

Demographic Information

22) What best describes you?

Live in Berkeley

Work in Berkeley

I am currently experiencing homelessness

I do not live or work in Berkeley

23) Which City of Berkeley zip code do you live or work in?

94701

94702

94703

94704

94705

94706

94707

94708

94709

94710

94712

94720

Not sure

24) *How old are you?*

Under 14 years

14–17

18–29

30–44

45–59

60+ years

25) *What is your race and ethnicity? (Check all that apply.)*

Black or African American

Latinx

White

East Asian

South Asian

South East Asian

Pacific Islander or Native Hawaiian

American Indian, Native American, or Alaskan Native

Middle Eastern or North African

Prefer not to say Other—

please specify:

26) *Do you identify as transgender?*

Yes

No

Unsure / prefer not to say

27) *What is your gender?*

Woman

Man

Genderqueer

Nonbinary Other—

please specify: Prefer

not to say

28) *How would you describe your sexual orientation?*

Gay or lesbian

Bisexual

Queer

Questioning or unsure

Heterosexual or straight

Other—please specify: *

Prefer not to say

29) *Are you familiar with the City of Berkeley's efforts to reimagine public safety?*

Yes

No

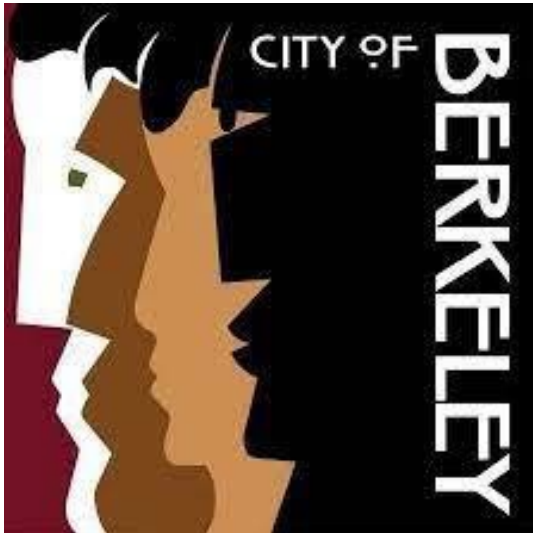
30) *Would you like to know more about the city's efforts to reimagine public safety?*

Yes

No

Thank you

Thank you for taking our survey! Your response is very important to us. You can find more information about the City of Berkeley's ongoing efforts to reimagine public safety at <https://berkeley-rps.org>.



CITY OF BERKELEY: REIMAGINING PUBLIC SAFETY COMMUNITY PERCEPTIONS

Summary of Findings—July 2021



Bright Research Group
1211 Preservation Park Way
Oakland, CA 94612
www.BrightResearchGroup.com

INTRODUCTION

The City of Berkeley is working to develop a community-safety model that reflects the needs of the community and creates increased safety for all. In collaboration with the National Institute for Criminal Justice Reform, Bright Research Group (BRG) facilitated a series of focus groups to gather community perspectives on the current state of public safety, the role of the Berkeley Police Department (BPD), and the future of public safety. The McGee Avenue Baptist Church; the Center for Food, Faith & Justice; and the Berkeley Underground Scholars facilitated outreach to Black, Latin, system-impacted, and unstably housed / food-insecure residents. This report summarizes the key findings from the focus groups conducted in the spring and summer of 2021.

METHODOLOGY

Bright Research Group worked with the National Institute for Criminal Justice Reform and the Berkeley City Manager's Office to identify several priority populations for community focus groups—Black, Latin, formerly incarcerated, and low-income individuals struggling with food and/or housing insecurity. The research aimed to gather community insights from those most impacted by disparate policing and was guided by the following research questions:

- How do community members view public safety in Berkeley? How safe do they feel in Berkeley, and what are their most pressing public-safety priorities?
- What ideas does the community have when it comes to reimagining public safety? How should public safety issues be addressed and by whom?
- How do community members experience and view the BPD? How does the BPD currently operate in communities, and what role should they play in future public safety efforts?

DATA COLLECTION AND ANALYSIS

Bright Research Group researchers conducted four focus groups and spoke with 55 individuals. The focus groups ran for 60–90 minutes and included questions about the participants' perceptions of public safety in Berkeley, including their opinions about existing and proposed responses to crime, mental health crises, homelessness, traffic safety, priorities as they relate to increasing public safety, and their experiences with and opinions about the role of the BPD.

Focus Group Description	Number of Participants
Black Residents	18
Housing- / Food-Insecure Residents	27
Black and Latin Youth	4
Justice-System-Impacted Students	6
Total Stakeholders	55

BRG analyzed the data from the focus groups and conducted a thematic analysis by research question. The themes uncovered during the thematic analyses are documented in this report as findings and recommendations, and they are intended to support the City of Berkeley and the Reimagining Public Safety Task Force as they work to develop a community safety model that reflects the needs of the community, creates increased safety for all, and reduces inequities and disparities about access to safety.

Limitations: The focus groups reached 55 individuals. A key limitation is that the qualitative data is not necessarily representative of the perspectives of Black, Latin, formerly incarcerated, and houseless residents. Additionally, youth under age 18 and Latin residents were not well-represented in the focus groups.

As part of the community-engagement process, BRG developed a community-safety survey that was distributed by the Berkeley City Manager's Office, the Reimagining Public Safety Task Force, and other community partners. As a group, focus group participants were more critical of the Berkeley Police Department than survey participants.

FINDINGS

COMMUNITY PERCEPTIONS AND PRIORITIES FOR SAFETY IN BERKELEY

When it comes to feelings of safety from crime, the focus group participants described Berkeley as a city divided. The focus group participants agreed that many areas of Berkeley are relatively safe but pointed to significant disparities in neighborhood safety. Black residents named the neighborhoods below Martin Luther King Boulevard as unsafe and the hills and neighborhoods above Martin Luther King Boulevard as safe. They indicated that feelings of safety for some come at the expense of younger adults, Black people, and unhoused residents, who are targets of greater surveillance and looming displacement. Black residents and students who participated in the focus groups emphasized that gentrification is detrimental to community safety, erodes community cohesion, and negatively impacts their sense of belonging in their own neighborhoods.

Focus group participants shared concerns about gang involvement, racism, and the availability of guns in Berkeley. Black residents expressed concerns about low-income Black youth's involvement in regional gang and group activity connected to Oakland and Richmond and described a need for deeper recognition of the vulnerability of Black youth. They called for increased investments in community-based and peer-led violence-prevention programs and named a specific need for Black-centered and Black-led mentorship interventions.

Black and Latin youth and students expressed significant concerns about their personal safety and worry most about being victims of robberies, shootings, and police violence. When asked about how safe Berkeley is, students and youth said they do not feel comfortable while walking the streets or enjoying public spaces in Berkeley and therefore move through the city cautiously. Black and Latin students and youth feel hyper visible while living in Berkeley. The students described feeling equally surveilled by neighbors and police and shared that living under a

"A lot of people in our community don't feel safe around Black bodies and the reality is that there are less Black bodies in Berkeley. That may be the plan from the perspective of those who don't feel safe around Black bodies..."
—Resident

constant veil of suspicion is stressful, makes them feel like outsiders in their own city, and prevents them from fully engaging in the community. Black students pointed to the decreasing number of Black residents and the racism expressed by some locals as a source of stress. One Black student shared a story of being profiled by a neighbor who accused her of stealing packages from his porch.

In addition, the Black youth who participated in the focus group expressed dismay at the ease with which children and teenagers can purchase guns in the City of Berkeley. They spoke about a bustling, well-known, and easily accessible illegal gun market operating in the city and were troubled by the inability of the police and city leaders to stop the flow of guns into their communities. They named ending gun violence and police harassment of youth of color as Berkeley's most pressing community safety priorities.

The focus group participants lifted homelessness and the housing crisis as one of the most critical public safety issues in Berkeley; they feel strongly that the city is responsible for providing for the basic needs of every resident. The

participants expressed dissatisfaction with the city's current management of homeless services and supports. When asked about the existing crisis system and the approach to homeless services, many of the participants explained that the police should have limited or no involvement in the issue. They cited the need to provide wraparound supports, including long-term housing, mental health care, drug treatment, and skills training for homeless residents.

Residents across the focus groups believe that most crimes in Berkeley are crimes of survival or the result of mental health issues and asserted that building an infrastructure to support a higher quality of life for homeless and low-income residents would make Berkeley safer. They called for more investment in housing, health care, and youth programs.

"It's not as safe as it used to be. It's too many people on the streets with severe mental health issues and nobody to monitor them."

—Resident

During the focus group with housing-insecure residents, the participants shared their critiques of the current approach to public safety advanced by city leadership. From their perspective, the city leadership prioritizes investments that fulfill the demands of wealthy residents. As examples, they cited the installation of speed bumps on roadways and the placement of surveillance cameras on city streets, while the critical needs of homeless, low-income, and formerly incarcerated residents are ignored. They recommended 24-hour street teams to provide medical and mental health care in communities, safe indoor and outdoor public spaces that stay open late, more community-run drop-in programs with the capacity to meet their basic needs, and expanded access to education, job training, and healing arts.

The focus group participants rely on each other and community-based organizations for safety and support. Black residents, housing-insecure residents, and system-impacted students expressed significant distrust in the city government. When asked about who or what makes them feel safe in Berkeley, they emphasized that they do not feel seen, heard, or protected by government entities. Instead, they rely on one another and community-based organizations for safety and supports. At the same time, they have an expectation that the government should care about, work for, and be accountable to them as tax-paying and contributing residents of Berkeley. They were frustrated by what they see as the failure of city leaders to recognize their value, voice, and legitimacy when it comes to

influencing the way the city is run. They called for greater decision-making power when it comes to how resources are deployed in their communities.

COMMUNITY LENS ON THE BERKELEY POLICE DEPARTMENT

The focus group participants do not view the BPD as a community resource and instead rely on themselves and their communities for safety. Black residents, youth, system-impacted students, and low-income residents experiencing housing/food insecurity agreed that the current practices of the BPD are not in alignment with the needs and priorities of their communities. When it comes to crime and violence, the focus group participants across the demographics indicated that officers are largely absent in their communities and questioned the police department's commitment, skill, and capacity to prevent, intervene in, and solve serious crimes.

Focus group participants believe that police resources are mismanaged. They explained that the police currently prioritize high-income residents' low-level calls for service and spend too much time enforcing quality-of-life issues and recommended that the city prioritize improvements in police response times to emergencies identified by residents, as well as building relationships with the communities who experience both the disparate impacts of policing and violence/crime.

When asked about their experiences with and perceptions of the BPD, the participants in the focus groups shared a common perception that policing in Berkeley is racist and classist. They said that they do not look to the BPD for protection and instead feel targeted and unsafe when in their presence. They asserted that the city leadership is complacent in the BPD's racism and allows racial profiling and the harassment of Black, brown, and low-income residents to go on unchecked in the city. Many long-time Black residents described an increasingly aggressive style of policing and militarization in recent years that stands in sharp contrast to the friendlier community policing style they experienced while growing up in Berkeley. Black men, women, and youth shared recent personal experiences of being racially profiled and stopped by the BPD and expressed feelings of anger about their experiences. Similarly, individuals struggling with housing insecurity reported being targeted by the police due to their race and income level. Two Latin students explained that they and their friends are often stopped on and near the campus by both the campus police and the BPD because they do not fit the profile of the average UC Berkeley student. In addition, the youth who participated in the focus group said they'd witnessed the police harassing homeless people and immigrants working as street vendors. In response, the Black, housing insecure, student, and youth participants attempt to avoid the police whenever possible.

"They {police} were people persons back in the day and now they are not. It was a different mentality."

—Resident

The focus group participants shared a range of perspectives regarding the future role of the BPD. Although they agree on the current state of policing in Berkeley, there are diverse opinions regarding the future role of the police. Some of the focus group participants believe the city should focus on police reform, while others think significant divestment from policing is needed. For those who discussed reforms, increased police training—including de-escalation, trauma-informed response, and racial-bias curriculum—were lifted as priorities along with a focus on hiring Black officers and officers of

color from the community to improve police-community relationships and increase trust. During the focus groups, Black participants, youth, and people experiencing food/housing insecurity lifted the importance of expanding community policing in the form of foot and bicycle patrols. In addition, residents named a need for increased police accountability in the form of mandatory body-worn-camera policies; community-led police commissions staffed with low-income people of color; the proactive, regular release of police performance and misconduct data; and swift terminations of officers who practice racially biased policing.

“The police are supposed to be superheroes who protect us, but they’ve turned against us.”

—Youth, age 13

Youth recognized and named the power of the BPD and wish the police would use their power to protect them and support their communities. They would like to have police officers who are part of the community, live in the community, and interact positively with young people through sports and mentoring.

The focus group participants who discussed divesting from policing recommended that the city invest in trained peacekeepers and community safety patrols focused on crime prevention and intervention strategies. They lifted relationship building, cultural competency, de-escalation techniques, and restorative justice as the core strategies to be deployed by these community patrols.

Overall, the focus group participants believe that investing in community health and ensuring that all residents have equitable access to quality education, food, shelter, and jobs should be the priority over investments in and reliance on the police to create community safety.

COMMUNITY IDEAS ABOUT ALTERNATIVE RESPONSES

When it comes to mental health crises and homelessness, the focus group participants across the demographic groups suggested that clinicians and social workers play a role in interventions and responses. While most of the focus group participants characterized the police as not fit or qualified to respond to these calls and wanted police response limited to situations involving violence, they described an expectation that when police do respond, they are skilled in crisis intervention, de-escalation, and cultural competency.

“They need more street teams; they drive around looking for tents and sign people up for services. Back then there used to be street teams, but now there’s not as many. They need mental health teams, not the police”

—Resident

“Police ask if they can search the car, if you are on probation or parole, and if there are any drugs or guns in the car before they even tell the driver why they were pulled over.”

—Resident

The focus group participants across the demographic groups viewed traffic enforcement as a low-priority public safety issue in Berkeley. They recommended that the role of the police be streamlined and believe that officers currently spend too much time involved in car stops, which disparately target Black residents. When presented with the idea of unarmed staff handling traffic enforcement, most were open to the idea, but some expressed concerns about the safety of civilian staff. Although Black residents expressed support for non-police responses, they have little confidence in the city’s ability to decrease racism and disparate stops through the creation of unarmed civilian units.

The Black residents who participated in the focus group do not trust that the city's proposed alternative programs will reduce racial oppression and racial disparities, noting that the racism and anti-blackness that exists within the police department exists throughout the city government. They feared that without a true commitment to an antiracist approach to program design and implementation, as well as an authentic process to co-create these programs with the most impacted communities, the new programs will simply replicate the racist abuse, oversurveillance, and lack of responsiveness to community needs currently practiced by the police department. They explained that hiring local Black social workers, mental health clinicians, and traffic-enforcement staff will be essential to ensuring equitable interactions between Black residents and any new programs or city departments.

COMMUNITY-CENTERED VISION OF PUBLIC SAFETY

The focus group participants shared a common vision of public safety beyond the absence of crime as the presence of community health and equitable access to a higher quality of life for low-income, homeless, and Black and brown residents. The focus group participants expressed hope in the future of Berkeley and a desire to build close-knit, inclusive communities capable of taking care of all residents. Across the focus groups, the residents called for the city to make long-term investments in housing, educational enrichment, mentoring, health care, and job-training programs for youth and low-income residents. These, they maintained, would create authentic community safety. Other investment priorities include drug-treatment services, programs to interrupt recidivism, and prevention and advocacy to address gender-based violence and intimate-partner abuse.

Black residents expressed willingness to work collaboratively with the City of Berkeley and the BPD on relationship building, reform, and reimagining efforts, but in the meantime, they named a need for safety ambassadors who can act as a bridge between the Black community and the police. They expressed frustration about what they see as the city government's failure to listen to and act on their experiences and expertise when it comes to designing public safety strategies. Black residents believe they have a lot to offer when it comes to creating and implementing new programs and strategies and see their involvement in reimagining efforts as essential to increasing equity, reducing harms, and increasing safety.

The focus group participants expressed broad support for and belief in the power of community-driven crime prevention strategies and expressed trust in community-based and faith-based organizations. They believe the city government should make deeper investments in the community-based organizations run by leaders of color from the community. In addition, marginalized communities want increased access to power in the city in the form of representation. They explained that seeing more Black, Latin, and people from low-income backgrounds who share similar experiences in city-leadership positions, on committees, and within the police department will make Berkeley a safer city.

SUMMARY OF FINDINGS



RECOMMENDATIONS

The following recommendations represent a compilation of the focus group participants' ideas for improving public safety.

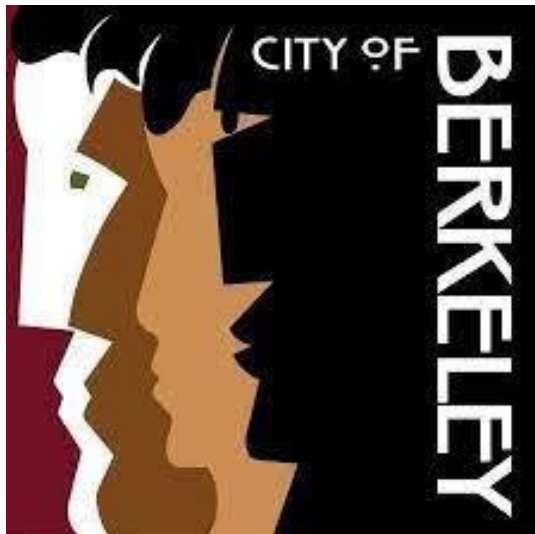
KEY RECOMMENDATIONS

- Expand the city's definition of public safety to include community health and equity
- Prioritize long-term investments in housing, mental health care, and drug treatment for homeless residents
- Increase investments in community-based and peer-led crime prevention programs
- Create 24-hour street teams to provide medical and mental health care in communities
- Invest in community-based drop-in centers
- Train community peacekeepers and create community safety patrols
- Hire local Black social workers, mental health clinicians, and traffic-enforcement staff to support equitable interactions between Black residents and any new public safety programs
- Streamline the role of the police to focus on violence prevention and intervention and responses to emergency calls for service
- Increase transparency and accountability of the BPD regarding racially disparate policing
- Increase opportunities for positive police engagement with Black and Latin community members and youth
- Identify opportunities to partner with impacted communities on reimagining public safety strategies

Prioritize the representation of Black, Latin, youth, and criminal-justice-impacted individuals, as well as people who've experienced homelessness, in city leadership, police-department staffing, and committee appointments

CONCLUSION

The City of Berkeley and the Reimagining Public Safety Task Force are well-positioned to use their power and positionality to develop a community safety model that reflects the needs of the community, reduces inequities and disparities, and creates increased safety for all. This report summarizes the key findings from the focus groups conducted in the spring and summer of 2021 and represents an important step in building understanding of community strengths, needs, and public safety priorities.



**CITY OF BERKELEY:
REIMAGINING PUBLIC SAFETY SURVEY
COMMUNITY PERCEPTIONS**

Latin Community Perceptions Summary of Findings—July 2021



Bright Research Group
1211 Preservation Park Way
Oakland, CA 94612
www.BrightResearchGroup.com

INTRODUCTION

The City of Berkeley is working to develop a community-safety model that reflects the needs of the community and creates increased safety for all. In collaboration with the National Institute for Criminal Justice Reform, the City of Berkeley, and the Reimagining Public Safety Task Force, Bright Research Group (BRG) developed and conducted a community survey to gather residents' experiences with and perceptions of the Berkeley Police Department and crisis response, perspectives on and priorities for reimagining public safety, and recommendations for alternative responses for community safety. This report summarizes the key qualitative findings from survey respondents who identified as Latin.

METHODOLOGY

A total of 2,729 survey responses were collected between May 18 and June 15, 2021. The City of Berkeley, the Reimagining Public Safety Task Force, community-based organizations, and other key partners disseminated the community survey through various online channels and websites to those who live, work, and study in Berkeley, in English and Spanish. Respondents completed the survey online.

The survey included the following six open-ended questions related to community perceptions of safety and preferences regarding public safety strategies:

- What recommendations do you have to improve police response?
- Please share examples of how the Berkeley Police Department has *worked well* in your community.
- Please share examples of how the Berkeley Police Department has *not worked well* in your community.
- In what ways could the Berkeley Police Department work to build more trust with the community?
- What other programs and services do we need to invest in within our community to ensure a public safety system that works for all?
- Please share any experiences you have had with mental health and/or substance use crisis response services in Berkeley.

During the research design, Bright Research Group worked with the National Institute for Criminal Justice Reform and the Berkeley City Manager's Office to identify several priority populations for engagement beyond the community survey. The McGee Avenue Baptist Church; the Center for Food, Faith & Justice; and the Berkeley Underground Scholars facilitated outreach to the identified priority populations. Bright Research Group conducted a series of focus groups to gather their perspectives on the current state of public safety, the role of the Berkeley Police Department (BPD), and the future of public safety. Although the focus groups engaged 55 individuals, Latin residents were not well-represented. In order to learn more about the priorities of Latin residents, BRG analyzed the qualitative data responses from survey respondents who identified as Latin. Of the 2,729 survey respondents, 126 individuals identified as Latin. BRG conducted a thematic analysis by qualitative research question. This report documents the key findings and recommendations from this thematic analysis.

Limitations: Of the 126 Latin respondents, only 2 completed the survey in Spanish. This suggests that the opinions, experiences, and preferences of recent immigrant, monolingual Spanish speakers are under-represented. Latin respondents were under-represented in the survey responses and these results may not be generalizable to the city as a whole.

FINDINGS

COMMUNITY PERCEPTIONS AND PRIORITIES FOR SAFETY IN BERKELEY

When it comes to feelings of safety in Berkeley, the survey respondents expressed significant concerns related to their safety and the safety of their family members and were dissatisfied with the city's response. Many Latin survey respondents associated the homeless crisis with feeling unsafe in Berkeley. Respondents described homelessness as the source of crime and reason that Berkeley is unsafe. Respondents recounted instances of street harassment by unhoused residents and expressed frustration that many parks, streets, and neighborhoods including downtown are not usable due to blight and on-going street harassment associated with the homeless population. The current state of public spaces in Berkeley negatively impacts Latin residents' quality of life and influences their decisions about how they and their children move through the city. In addition, some Latin respondents expressed concerns about traffic safety and violent crime including gang violence, robberies, and shootings in Berkeley.

Overall, Latin respondents expressed dissatisfaction with the city's current approach to public safety and shared a common expectation that city leaders should prioritize cleaning up streets and public parks, installing additional lighting in neighborhoods, improving traffic control, and urgently address the issue of a growing homeless population in Berkeley. Additionally, they called for increased gun control, investments in youth prevention and intervention programs, and more visible police presence, such as officers patrolling on foot and bicycles.

Latin survey respondents lifted homelessness and the housing crisis as the most critical public safety issues in Berkeley but expressed divergent views about the best way to address the issues.

Many respondents expressed dissatisfaction with the city's current response to homelessness in Berkeley. While residents concurred that the city's current response to homelessness is inadequate and needs to be reconstructed, they offered a wide range of solutions. Recommendations ranged from enforcing a zero-tolerance approach to illegally parked RV's, criminalizing substance use and removing encampments to investing in upstream efforts to tackle homelessness and mental illness, such as investments in affordable housing, therapeutic services, and living wage employment.

When asked about the crisis response system, Latin residents offered few perspectives related to the current crisis system. Instead, they wanted the city to address the root causes of homelessness such as affordable housing, economic opportunity and treatment options. When asked specifically about their experiences with the existing crisis system and the city's response to calls for service associated with homeless services, mental health, and substance abuse, a small number of respondents offered feedback on the existing crisis response system. Many responses

"The city needs to have actual housing with requirements for homeless and facilities that can actually deal with mental health issues as well as drug and alcohol issues. The current county systems do not work."

—Resident

"The level of people experiencing homelessness that are directly affecting people's day to day lives has gotten to a tipping point. From being accosted on the street to having to swerve while driving from people in encampments....we need to address the homeless issue immediately!"

—Resident

collapsed mental health, substance use, and homelessness and expressed frustration with the city's inability to identify and implement solutions. For those who did share personal experiences with the current crisis response system, there was a range of opinions about its effectiveness. Some respondents dealt only with the police during a mental health crisis and felt that they were professional and efficient while others expressed an unmet need for a counselor or clinician. A few respondents described positive regard for a collaborative team that includes the police and a mental health professional during crisis situations.

Overall, respondents focused on the need for long range solutions that prioritize early intervention, prevent crisis from occurring, and support people in achieving and maintaining sobriety, stability, and housing. They expressed frustration with what they see as a revolving door of people in and out of justice and mental health systems and called for strategies that effectively stop cycles of violence and recidivism, chronic homelessness, and drug abuse. When it comes to investments, respondents expressed diverse views. Some articulated growing frustration with the tax burden associated with program investments and believe that Berkeley attracts people from out of town struggling with homelessness, mental health issues, and substance abuse because of the city's tolerant attitudes and readily available supports. Others named the need to increase investments in long-term care facilities, treatment programs, therapeutic services, and job training.

COMMUNITY LENS ON THE BERKELEY POLICE DEPARTMENT

Latin respondents expressed a wide range of perspectives regarding their overall satisfaction with the police with many expressing positive perceptions of the police. Many respondents held favorable views of the police and experienced positive interactions with BPD; they described the police as responsive, professional, effective, and supportive of community safety. Some respondents with favorable views of the police expressed a belief that the current political climate and movement to divest from policing does not represent the majority of residents' views. Additionally, respondents conveyed frustration with the city council who they characterized as a hindrance to effective policing. They believe that the BPD should focus on increasing community safety through crime prevention, intervention, and response. Some promoted a tough on crime perspective and expressed a belief that the BPD are mismanaged, over-controlled, and under-appreciated by city government. These respondents called for increased police presence, more investment in community policing, and proactive policing.

Latin respondents who held unfavorable views of the police, cited slow response times, inability to prevent and solve crimes, and harassment of residents as the most salient features of the BPD.

Respondents expressed concerns about racial profiling by the Berkeley Police and named it as a priority public safety issue. This sentiment was expressed by respondents supportive and unsupportive of the

"The department needs to be supported by our community and allowed to do their jobs rather than being hamstrung by members of the city council..."

—Resident

"The police have stopped members of my family in West Berkeley in what was clearly racial profiling (Hispanics) on several occasions ."

—Resident

police and was recognized as an issue that must be addressed by the Berkeley Police Department. Many respondents described specific instances of racial profiling and overly aggressive interactions between Black and Latin residents and the BPD. Although a few respondents called for divestment from the police department, the majority of respondents expressed an expectation for a high-functioning, service-oriented, police department responsive to the needs of communities of color and capable of equitable interactions. They recommended training on implicit bias, racial profiling, cultural competency, community policing, and de-escalation and expressed an unmet need for increased transparency, greater community engagement, and positive interactions between the police and communities.

SUMMARY OF FINDINGS



RECOMMENDATIONS

The following recommendations represent a compilation of the focus group participants' ideas for improving public safety.

KEY RECOMMENDATIONS

- Prioritize clean-up of streets and public parks
- Install additional lighting in neighborhoods
- Increase traffic control, create car free zones and areas where speed limits are reduced
- Focus on long-term planning to address homelessness
- Identify early intervention and prevention strategies to prevent mental health crisis and substance abuse issues
- Increase police visibility via walking and bicycle patrols

Reduce police response times to calls for service

Expand community policing initiatives and increase opportunities for positive engagement between the police and communities

Address racial profiling and aggressive police encounters by the BPD with cultural competency, anti-bias, and de-escalation trainings and deepened relationships between the police and communities of color

CONCLUSION

The City of Berkeley and the Reimagining Public Safety Task Force are well-positioned to use their power and positionality to develop a community safety model that reflects the needs of the community, reduces inequities and disparities, and creates increased safety for all. This report summarizes the key findings from the Latin survey respondents' answers to open-ended questions and represents an important step in building understanding of community strengths, needs, and public safety priorities.

ABBREVIATED SUMMARIZED RESPONSES BERKELEY POLICE DEPARTMENT LISTENING GROUPS

Facilitator Question: *How do you respond when you hear the phrase or idea “Reimagining Public Safety”?*

Strong themes emerged around officer’s feeling a lack of voice or input, the Berkeley Police Department being compared to or attacked for incidents that happened elsewhere, or not being recognized for policies and programs that have been in place for years that other departments are just now enacting. Officers recognized the community may have ideas as to how to change processes in the police department but wanted to be able to share their successes and efforts and not be seen as defensive especially around low numbers of complaints and uses of force. Officers expressed a clear desire to be a meaningful part of the reimagine process, and for their expertise and efforts to be heard, considered and valued.

Facilitator Question: *Officers we have talked with have agreed that police are asked to do too much, including non-police work. What do you think of this and are there responsibilities that should be taken off of your plate?*

Some officers felt there are definitely some calls, such as civil matters that police would like to remove themselves from, however we are not sure the public understands the nuances of the job and the fact that BPD are currently the only operational response to many of society’s emergencies. Police investigations of crimes demand a great deal of department resources, as does the investment in police community engagement; we have to find the best way to do both with the limited resource of police officers.

Officers understand and appreciate that there may be alternative responses and services other than the police. While the infrastructure is created to possibly access those alternatives the community demand of emergency calls to the police will continue, and

the police response will be necessary. We need to continue to support the police department, while investigating possible alternatives that are realistic and viable, long-term solutions.

Facilitator Question: *What are your thoughts on having trained mental health providers/responders respond to disturbance incidents, like someone screaming outside of a business, but is not harming or threatening anyone?*

BPD currently works with Berkeley Mobile Crisis Team (MCT) members, who have been part of our culture at BPD for over 40 years. MCT members are a valued part of our organization, and they will not go to calls without the police. MCT members are concerned for their safety without police presence, in fact a few years ago a suspect was charged with the attempted murder of an MCT member who was responding to a call of a person exhibiting symptoms of being in a mental health crisis.

Many officers regularly work with MCT and believe it is an effective and proven approach.

We need to fix the back end of the mental health system, the aftercare for a patient once they are placed on a 5150 hold has to be addressed. We will continue to see the cycle of hospitalization until the overburdened Mental Health system receives the support it so desperately needs.

Facilitator Question: *What do you think is the biggest crime problem in Berkeley?*

Property crime is a significant crime in the city, however of great concern to the community is the quality of life crimes which many times stem from mental health and/or addiction. People who are afflicted by mental health and/or addiction, are repeatedly contacted by the police because they are quickly released from custody/hospitalization, and

never have the opportunity to receive the proper interventions or support necessary to create the positive behavior change they may desire.

Facilitator Question: *What is the greatest need for improvement in BPD?*

We need a crime analysis unit to track and identify the who, what, when, where and why of crimes in our city, so that we may deploy the most precise and appropriate police intervention, thereby addressing the crime while leaving the smallest police footprint. We need police officers, as our police department is shrinking, the city population is increasing and those numbers just don't work as greater demands are put onto fewer officers.

Facilitator Question: *Comments from PEOs related to BerkDoT:*

The PEOs are the most diverse group of officers in the department and just moving the PEOs from the police department to transportation is not genuinely reimagining. The community shows more respect to the badge of the PEO, as the badge indicates we have gone through a validated hiring process which means we get quality people who are working as PEOs. When PEOs came to be under the police department in 1991 it changed the culture of PEOs and made the department more professional. Maintaining PEOs in the police department produces a more professional and respected workforce both internally and externally.

REIMAGINING PUBLIC SAFETY BERKELEY MERCHANTS ASSOCIATION LISTENING SESSION

NICJR facilitated a Listening Session with the Berkeley Downtown Merchants' Association and the Telegraph Merchants' Association on June 2, 2021. Thirteen people attended the listening session. Following closely to the guidelines defined by BRG, the facilitators engaged in a robust discussion with participants. Below are summary findings from the Listening Session:

Concerns over the Safety of Berkeley and the most pressing public safety issues:

Participants shared concerns over the safety of the City, the most pressing concerns their employees and patrons face, as well as their perceptions on how these concerns are being addressed. They expressed their disheartening perception that the city council and mayor are less than responsive to the needs of the business community and have allowed a permissive environment that creates the opportunity for crime to take place with an "apathetic enforcement policy". Some participants feel as though businesses deal with a lot of problematic street behavior with ambassador staff regularly called upon to respond to situations where merchants and shopkeepers can't deal with the situations. Sharing specific stories of people experiencing homelessness and/or substance use addiction attacking employees and customers and creating unsafe and unhealthy conditions, participants feel that the current environment has definitely had an impact on people who visit local businesses because they have to park around the corner, and walk to businesses.

"It does not feel safe especially during the later hours of the day."

Addressing how these public safety issues should be approached:

Participants feel there is a contradiction in saying that we stand united against hate and we are reimagining public safety and allow people to smoke crystal methamphetamine on our streets. There is a fear that with continued acceptance of specific drugs being used on the streets that the incidents of people experiencing mental health breakdowns will increase and that a stronger use of punishment to deter this behavior is warranted. Some participants expressed the need for there to be a choice: we can choose to allow those drugs to be used and then we can expect more violence or we can actually take a stand against that.

Additionally, members of the business association feel that prevention is what's going to shift the environment. They recognize that the City of Berkeley has mental health services but feel they are really not getting support from the city, when they have seen the mobile crisis unit drive away from a situation because it was deemed that no one was an immediate danger to themselves or others. There is a perception that there is no follow through with identifying a person with a problem and then going forward with next steps.

"We need to focus on Berkeley Mental Health as an institution and get them more deeply involved with the police department and the community."

Community investments that would support increased public safety:

The participants engaged in a discussion around the complexity and depth of the issues that need to be addressed, for example, where do those experiencing

homelessness go? At the same time, there is an acknowledgement that businesses are seeing a drop in patrons and employees because of safety concerns.

In response to questions regarding a trained, alternative, civilian response that was trained to be able to engage with this population and might include people who have had similar experiences of being unhoused, the Berkeley Mental Health department was identified as already available, but having been less visible downtown, limited in their ability to take valuable, sustainable steps to help someone in crisis unless there is a direct and immediate threat of harm and/or unsupported by the city in recent years. A participant identified the call center now under construction near a local synagogue and expressed the desire to see the community do more of that type of thing. A suggestion was also made that the City should look into a policy that can allow the mental health units to take more initiative.

Addressing the ways in which the Berkeley Police Department currently works in the community:

A general sentiment was that merchant interactions with the police have been very positive, yet there is often a hesitation to call on them for concern over unnecessarily escalating a situation. Concern was expressed that there is a national narrative demoralizing police departments as a whole and police departments are not given the tools they need to do their jobs. In Berkeley it was expressed that there was a shift in the amount of police presence and response in the community and that police officers were told by the City to not do anything.

In addressing some areas where the Berkeley Police Department's presence has been particularly effective, the bike detail was mentioned with the sentiment that this unit is about community policing and they get to know the street population and merchants which is helpful in problem solving and helping people. The Ambassador program was also identified as a unit that is helpful in de-escalating individuals in crisis, and working well in collaboration when police officers are present. With the CAHOOTS model and the SCU - the biggest issue participants feel the City faces is beds and how to get people into

care 'with a little bit of tough love'. The possibility was raised of mental health professionals and police officers working together when responding to a situation.

"I have great support for what the bike detail is doing since they have been back on the force. They have a calming effect for a lot of the folks out there that get a little wild, actually seeing a person in a position of authority calms them down."

BerkDOT and SCU Program Opportunities:

There was a desire to learn more about exactly how these programs would be able to best serve the community with the current policies in place. Additional concern was expressed with the national narrative and how the City of Berkeley needs to ensure that whatever changes are being made, need to address the specific issues and needs facing the residents of Berkeley.

With respect to the BerkDOT program a participant shared: "I don't understand why that was even thought of. It just seems like we are focusing energy away from the problem, which is the fact that we have a ginormous mental health, drug, and homelessness problem in Berkeley. I do not agree that adding that additional agency would help the problem."

For the SCU, the specific need for case management and a presence in the community later at night was discussed. An overlap with the Police Department to partner with mental health workers in responding to situations and help assess whether SCU is reducing the number of calls and can cut back on the overload of the work of the Police Department. A suggestion was made for the SCU to work with both the Downtown and Telegraph Business Associations to identify the handful of folks that are causing a majority of the problems.

"Until we enforce our sidewalk ordinances, until we make people go to sanctioned encampments, stop the revolving door of violent crime and until we stop the hard drug use and open-air Drug Market this is an absolute waste of your time and our tax dollars. Prevention first."

Visioning community-centered public safety:

Considering what public safety can and should look like, a question was raised asking for better use of vacant space to set up housing and full services that could be helpful for as many Berkeley residents as possible. It was expressed that Berkeley has an abundance of laws and ordinances currently that don't get enforced, which is helping to create the unsafe environment that exists. Therefore compiling new variables instead of using existing laws to address the foundational issues did not sound like a good idea. There was frustration that participants themselves have invested hundreds of hours into issues of public safety and nothing ever gets done.

“If you look at the relationship between what we pay in taxes and regulations and everything else versus what we get back, the disparity is anything but equitable and people love to throw the word Equity around in Berkeley.”

PEERS LISTENING SESSION REPORT

by Janavi Dhyani and Margaret Fine¹

The Peers² Listening Session raised fundamental questions about how people who live with mental health challenges experience and perceive “safety” in the Berkeley community.

Throughout the Peers Listening Session the participants described their notions of “safety” in terms of their own safety; the safety of people who they observed in the community living with mental health challenges; their “safety” as a collective group of people in the “Peers community;”³ and “public safety” at-large as a pressing societal issue such as homelessness.⁴ The participants spoke about their interactions and perceptions of Berkeley police, and how that impacts their feelings of “safety” in their

1 Janavi Dhyani is the Associate Executive Director for the Alameda County Network for Mental Health Clients, and Project Manager and Youth Empowerment Consultant at the Mosaic Collaborative, LLC. She was also a Peace Corps Volunteer in KwaZulu-Natal, South Africa from 2018-2020. Janavi has dual Bachelor degrees in Economics and International Relations. Margaret Fine is a Commissioner on the Reimagining Public Safety Task Force and Chair of the Mental Health Commission for the City of Berkeley. Since 1991, she has worked as a legal aid lawyer and a deputy city attorney in child welfare for the Philadelphia Law Department. She earned a master’s degree in criminal justice and human rights in 2010, and a PhD in sociology (and human rights) in 2016 in the UK. Janavi and Margaret have written this report in their individual capacities and do not represent any organization or the City of Berkeley.

2 A **Peer** is a person who self-identifies with lived experience with mental health challenges, substance use experience, and/or someone with experience navigating the public behavioral health care system.

3 The **Peer Community** is composed of diverse people who use their lived experience with mental health challenges, substance use experience, housing challenges, and/or navigation of the public behavioral health care system to increase peer-led support and services for people in the mental health community. The Peer Community is also active in de-stigmatizing mental health challenges, and normalizing wellness and recovery.

4 For the purposes of this report, **homelessness** is defined as housing insecurity ranging from being at risk of losing housing, being in transition of unstable housing (i.e. staying temporarily in a housed location like a friend’s house or shelter, but not maintaining a personal address), or living in a location not intended to house humans (i.e. a car, an underpass, or in a tent).

community as Peers. Primarily they expressed their fears, based on lived experiences, interacting with police during a mental health crisis⁵ in the community, and how a policing response generally had a negative impact on their ability to feel “safe” in Berkeley. Peers offered several recommendations about how they would like to experience “safety” including increasing their involvement as responders to mental health crises. It is noteworthy that additional research with Peers would be highly useful to account for the role of race, ethnicity, gender identity and expression, sexual orientation, disability, age, class and other factors, and their impact on a policing response to a mental health crisis.

Additionally during this Listening Session participants expressed the need for police to acknowledge when they are “wrong” in their treatment of Peers, particularly for purposes of establishing trust and rapport with the overall Peers community. Moreover, when discussing a non-police crisis response through a Specialized Care Unit (SCU) to non-violent events in the community, one participant said they “like the idea but it takes the onus off the cops to do better” and that it “still feels troubling, seems like a Band-Aid,” as opposed to addressing systemic mistreatment by police of people living with mental health challenges and overall within the Peers community. Based on the lived experiences expressed during this Listening Session, it is indicated there is a need for a reconciliation process, particularly as a response to traumatic experiences with police. A reconciliation process, as well as a restorative justice process, with people living with mental health challenges may help build trust and rapport with police officers in the future.

5 A mental health crisis is an umbrella term that may refer to: 1) different levels of personal distress such as anxiety, depression, anger, panic and hopelessness; 2) changes in functioning including neglect of personal hygiene, unusual behavior; and/or 3) life events which disrupt personal relationships, support systems, living arrangements, and result in victimization and loss of autonomy.

It is also important to recognize that the Public Safety Dispatch Operators in the Communications Center located at the Berkeley Police Department address emergency and non-emergency dispatch calls for service, including for people experiencing a mental health crisis in the community. It is understood that police act on their own accord responding to these crises in Berkeley; some police have CIT training (Crisis Intervention Training) and in some instances police co-respond with the Mobile Crisis Team (MCT) of the Division of Mental Health to assist people experiencing a mental health crisis in the community. The MCT currently operates in Berkeley for 10.5 hours/day, 5 days/week, excluding holidays (see City of Berkeley, MCT webpage). In the systems currently in place, it appears protocol mandates that police first secure the scene before an MCT clinician can step up and support the person experiencing a crisis (including to interact with an individual experiencing an “altered state of consciousness”).⁶ Please kindly inform if incorrect. It is noted that the Fire Department, including an EMT, may also respond to mental health crises in the community with other first responders or on their own accord.

In addition, there were participants at the Listening Session who have used emergency services to address a person experiencing a mental health crisis, saying that “I’ve had to call the police on people with mental health issues and it broke my heart and that is something I would not like to do.” Indicating that folks did not feel proud of their decision to call emergency services, knowing that police would arrive, but did so because they did not feel like they had alternative options to provide that person with appropriate support.

There is a need for clarification about how Public Dispatch Operators and the police use their discretion to make decisions about “public safety threats.” It is not clear if the current protocol is designed to not only determine if someone is a “danger to themselves or others,” or “gravely disabled” to meet the standard

for a 5150⁷ involuntary hold, and/or if the assessment offers a more nuanced evaluation for persons who do not meet this standard, particularly to assist with next steps in care if needed. There is a need for people with mental health challenges to provide nuanced input about their perceptions and experiences in this context, particularly given that a “crisis” can be used as an umbrella term for diverse array of human behavior; and the role of race, ethnicity, gender identity and expression, sex, sexual orientation, disability, age, class and their intersections can impact the nature of a policing or co-responder crisis response in the community.

Further participants talked about their own lived experiences with police during a time of crisis and whether they felt “safe,” as well as their overall perceptions and feelings about them. Specifically, the main emerging themes included their perceptions and experiences about: 1) officers unease connecting with people experiencing a mental health crisis; 2) feeling stigmatized as dangerous and regarded so by officers; 3) the role of de-escalation if any; 4) feeling traumatized or re-traumatized by police during a mental health crisis; and 5) recommendations to improve mental health crisis response in Berkeley. At the outset it is noted one participant felt treated “pretty good” by police despite run-ins over four years.

Another participant talked about witnessing the police when someone was lying on the ground. He described how the police, fire, and ambulance showed up, “asked the person do they know where they are, asked them a variety of questions, stayed there with them, and even seen them give them a blanket before.” However among many experiences and perceptions described during the Peers Listening Session, these experiences were outliers.

⁷ In the State of California, a 5150 is “when a person, as a result of a mental health disorder, is a danger to self or others, or gravely disabled, a peace officer, professional person in charge of a facility designated by the county for evaluation and treatment, member of the attending staff, as defined by regulation, of a facility designated by the county for evaluation and treatment, designated members of a mobile crisis team, or professional person designated by the county may, upon probable cause, take, or cause to be taken, the person into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment in a facility designated by the county for evaluation and treatment and approved by the State Department of Health Care Services. See WIC 5150(a).

⁶ An altered state of consciousness may be defined as a temporary change in the overall pattern of subjective experience, such that the individual believes that his or her mental functioning is distinctly different from certain general norms for normal waking state of consciousness.

Section 1: Peers and Mental Health Crisis Response

I. *“Really important to speak their own language”*—participant

Peers indicated the importance of understanding and empathy during a crisis.

During the Peers Listening Session some participants raised questions about how police approach them and/or other Peers in the community. They discussed their perceptions and feelings about being seen as “public safety threats;” and generally as something to be controlled rather than human beings who need emotional “safety” to resolve their crisis. In

particular, the participants expressed their fears of being met with police violence instead of with compassion and empathy for their plights. The notion of “safety” ranged from people feeling exceedingly vulnerable and “unsafe” while experiencing a mental health crisis in the community to a wide variety of crisis responses (based on actions, words, physical harm, and/or lack of response/over response) by police to them. Overall participants mentioned that most people experiencing a mental health crisis are not violent.

Consequently, it is critical to further explore how Peers would describe developing a human connection, and develop trust and rapport, with a distressed person in terms of defusing a situation. People living with mental health challenges may experience a non-threatening altered state of consciousness and the police presence may exacerbate the intensity of their situation. Instead, Peers indicated that it would be more effective to make a human connection with the distressed person and de-escalate the situation so they felt “safe.” Moreover, public safety dispatch operators and police officers may not be trained to understand the intersecting challenges and systems that may be contributing to and/or exacerbating the Peer in crisis and the mental health community as a group.

Specifically, one participant commented that Berkeley police are “not ready to deal with people who are upset with emotional disturbances,” and that people in crisis “don’t need violence when people

are angry” to resolve their crisis. Another participant felt the police “get scared of mental health” and said they “need to not be afraid of people, people who are eccentric.” This participant spoke to the stigmatization of the Peers Community, and

the need for additional training and public education about how to interact with community members who interact with the world differently than they do. Peers indicated the need to further explore the types of human behaviors that meet the 5150 standards and/or constitute criminal behavior, as opposed to other behaviors that may not fall within social norms but do not pose a threat to the public.

A second participant expressed concern that “some cops [do] not feel safe...don’t speak a whole lot.” She commented about feeling “really uneasy” when you need “someone to talk more, like hostage negotiator, convey sort of friendship and comradery.” She discussed seeing someone “high energy, manic, talking real fast, as an opportunity for person in the crisis to grow rather than shut down with drugs, incarceration, hospitalization,” and stated,

“we need to learn, develop a field of knowledge of people in altered states.” This participant alluded to a common understanding in the Peers Community that mental health crises can bring about positive change for the person involved and should be allowed to occur in a safe setting when possible. There is a need to further explore perceptions and experiences of people living with mental health challenges to better understand the nature of stigmatization, and how it impacts a policing and mobile crisis response, especially when addressing intersecting identities of Peers based on race, ethnicity, gender identity and expression, sexual orientation, disability, age, class, and other factors.

This same participant attributed the lack of human connection exhibited by police with people experiencing a mental health crisis “as most cops [are] not trained that way.” The participant went on to say that police officers “use major tool like [a] gun and bullets; something startles them, go for the gun.” The point was further underscored by another participant, who stated based on their experience with police, “that it is always with guns;

it's a threat, always a threat of violence out there, police come with their guns," and that we are "much better served with people not heavily armed, I don't know how, I think the conversation and non-violent tactics." It is noted that the lack of Peer involvement in the training of police officers, and the resistance to use Peers in the response to mental health crises, can inhibit responders from understanding how Peers would like to experience "safety" in a time of crisis.

Participants talked about the lack of Peers in crisis response, that Peers have been left out of the conversation, and that for crisis response to improve, trained Peer Specialists⁸ need to be involved. This perspective became clearer when talking about the Specialized Care Unit (SCU) program that Berkeley will be implementing as a non-police crisis response in the community. Everybody in the group generally liked the idea of non-police responders to non-violent calls, however, with two exceptions: 1) one person named that without retraining police officers, police would still respond in public with the ability to cause harm; and 2) that Peers would feel safer if the SCU team included Peers. The importance of Peer staffing on the SCU team was highlighted by different participants.

"Facilitator: Who do you think should do the training for the SCU?"

⁸ A Peer Support Specialist is a peer (a person who draws on lived experience with mental illness and/or substance use experience and recovery) who has completed a specialized training to deliver valuable support services in a mental health and/or substance use setting and/or in the community. According to the Peer Certification Fact Sheet from Senator Jim Bael on SB 803: "Studies demonstrate that use of peer support specialists in a comprehensive mental health or substance disorder treatment program helps reduce client hospitalizations, improve client functioning, increase client satisfaction, alleviate depression and other symptoms, and diversify the mental health workforce." As of SB 803 Peer Support Specialist Certification Act of 2020, Peer Support Specialists in the State of California will have a standardized certified body to regulate and certify Peer Support Specialists. SB 803 will allow Peer Support Specialists to bill Medi-Cal for the services they offer to their peer partners in the State of California. With SB 803 California will join 48 other states in the country that have peer certification programs as part of their Medicaid behavioral health network. https://namisantaclara.org/wp-content/uploads/2020/09/SB_803_Beall_Peer_Certification_2020_Fact_Sheet.pdf https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=2019202005B803

Participant 1: Someone with lived experience.

Participant 2: I agree.

Participant 3: I agree. I totally agree."

During the Listening Session, it became clear that the Peer participants could clearly identify that it was important for the crisis response training to include people who have lived experiences alongside other first responders as a team. Another participant explained the importance of peer specialists for training by saying, "***What better person can teach them how to respond, body language, than someone who is on the other end and who has walked the walk, and already been through it.***" The participants seemed to be in agreement that one Peer could not respond to crisis situations alone, but was an essential part of the team in both training and in-person response situations. Moreover, participants underscored the importance of Peer-involvement in ongoing post-crisis support to "***Make sure there is continuity of care***" and pointed out that "***The peer specialists are helpful for transition to a wellness center or the next social service.***" This continuum of care would include: wrap-around services and support in navigating the intersecting and often complicated systems of care (i.e. housing, public benefits [SSI, SSDI, SNAP, GA, Medi-Cal, Medicare]; disability; health, mental health, and substance use support; meal assistance; support groups; drop-in services; community programming; employment support). There is a need for further input from people living with mental health challenges about the community-based services they use in Berkeley and Alameda County, particularly ones considered to be compassionate and effective in providing tailored culturally safe and responsive services.

II. "When I see police, it can be triggering, it can be negative, not friendly" – participant

Peers indicated a history of mistrust towards police officers.

In addition, there were emerging themes about how people living with mental health challenges have experienced police as threatening, which may perpetuate and reinforce trauma in responding to

mental health crises. One participant stated that “many people have negative feelings on police” and when they see police “it can be triggering, it can be negative, not friendly, open.” Another participant “witnessed police in action in Berkeley,” and said they did not want police on mental health calls, as they were traumatized to the point of seeing police in a “whole different light.” Yet another participant stated that “So many of us have been harmed when we are treated when we are in crisis” and mentioned Soteria House, a community service that provides space for people experiencing mental distress or crisis, as a recovery model. Other participants also discussed how drop-in centers can offer this space, provide a restroom, a cup of coffee, and a welcoming space in which the person can get their basic life needs met and make meaningful connections with other Peers. Peers indicated that distress could be better met by safe spaces in which a person is allowed to move through the emotions they are feeling without fear of judgment, retaliation, or incarceration while being met with basic life needs (food, water, bathroom, a sense of safety, and human connection). There is an essential need to explore how a Peer can feel “safe” transitioning from experiencing a crisis in the community to a respite space with the support of a Peer specialist and other responders, as opposed to feeling treated as dangerous and in need of social control and being subdued.

Participants further talked about how the presence of police could exacerbate the intensity of personal distress and create feelings of extreme terror and instant fear of extinction, as opposed to creating ones of emotional “safety.” While the participant did not describe the basis for officers’ arriving at the scene, he described his feelings about a police response by stating “it is multiple police cruisers, you feel like the world out to get you and annihilate you, officers are intimidating, 3-4 cruisers with multiple cops, very, very troubling and high-risk situation.” This feeling of being responded to, instead of being met *with*, is a sentiment people shared. One participant said that “If someone is having a mental health crisis, sit **with** them and let them be.” Peers indicated that they are not “safety threats” that need to be responded to, rather they are humans that need to be met and supported *with* and *through* a situation they are not able to safely endure alone. It would be beneficial to

further understand when Peers perceive their own behavior as threatening and how they expect first responders to interact with them as a result.

III. Policing and mental health crisis response

During the Listening Session, it was clearly conveyed by the majority of the participants that police officers should not be the first responders to mental health crises. When asked what situations police would be able to respond to appropriately, the Peer participants discussed when they would feel police intervention may be necessary. Overall there was a range of different perspectives about the role of the police officers in the mental health community. Initially, Peers felt police officers need specific training for crisis response. One participant questioned the amount of de-escalation training that police receive as he regarded it as the “major pain point” in defusing a mental health crisis. In this light, another participant asked about situations where a person may have a weapon and the type of response to them.

Another participant indicated having a mental health person upfront and police shadowing if needed. A fourth participant stated he would want police if his car was burglarized, but he wants a skilled person with lived experience to respond and police second to ensure safety if needed. This area deserves considerably more exploration about the nature of situations where people with mental health challenges may feel police need to respond. Generally, participants suggested that there may be different people and/or teams responding depending on the type of situation. There is a further need to explore the nuances of specific situations among people living with mental health challenges in order to better understand from Peers when they perceive certain types of teams responding to a mental health crisis in the community. Moreover, there is a need for Peers to discuss their lived experiences and perceptions of crisis response; the role of race, ethnicity, gender identity and expression, sexual orientation, disability, class, and age; and its impacts on police response to those living with mental health challenges.

IV. De-escalation is the “Major Pain Point”—participant

Further research is needed with people who live with mental health challenges, including the PEERS community for understanding peer-informed/peer-created de-escalation practices.

There is a critical need to have a nuanced understanding about how people with lived experience of the mental health crisis in the community describe levels of personal distress such as anxiety, depression, anger, panic, and hopelessness and how to meet their needs for “safety,” as well as how changes in basic functioning can impact the capacity to stay “safe” and not be a danger to themselves or others, or deemed gravely disabled—the 5150 involuntary hold standard in California. Depending on the type of crisis response provided to individuals experiencing distress, the physical and psychological impacts on “safety” may vary widely. They can range from de-escalating crises using specific mental health practices to using coercive controls and force to restrain individuals in crisis. In the latter circumstance, an individual may be restrained, arrested, taken into custody, transported, put in secure detention and there may be violence, brutality, or even death. It is critical to extending this research in order to clarify the levels and types of personal distress, and how they impact functioning according to Peers who are living with mental health challenges, and the types of crisis response that work for them in the community.

There is a specific critical need to explore the degree to which police approach a distressed person and defuse the situation versus using coercion, particularly during 5150 assessments. Both commissioned consultants, National Institute for Criminal Justice Reform and Research Development Associates, should account for the role of police and policing interactions when conducting research with people experiencing mental health challenges and providers, particularly to understand how people can work collaboratively with providers in order to facilitate productive relationships. Whether the research focuses on police interactions with people experiencing mental health challenges in the community on their own accord or

when corresponding with the Mobile Crisis Team of the Division of Mental Health, police play a significant role and impact the nature of crisis response. Without this key data, the consultant researchers will be gathering unrepresentative pieces about a comprehensive crisis response system that operates at all times with the police. Moreover, people living with mental health challenges may have lives that interplay among multiple systems, including policing and mobile crisis response systems, and it is critical to understand the overarching impacts and how to support their well-being and recovery.

During the Peers Listening Session, participants had overriding concerns about police choosing to use violence and guns as a first resort during a mental health crisis in the Berkeley community and not communication and non-violent tactics to de-escalate the situation. It is further important to gather data about policing behavior and accountability during Mobile Crisis Team calls. Gathering this data is essential to the Reimagining Public Safety Initiative and the Specialized Care Unit for the City of Berkeley and the overlap among systems means we need to include not only these inherently critical pieces but analysis about how the systems interplay and impact people living with mental health challenges and their well-being and recovery.

Overall crisis response to people experiencing mental health challenges in the community requires a commitment to conducting empirical research that is nuanced so we understand the complexities required to properly serve and protect all of our community members. It is clearly evident that the role of police during a mental health crisis is a turning point for people with mental health challenges in the community and we must thoroughly understand the nature of their police behavior in order to begin healing. It is further important again for people with lived experience of mental health challenges to have restorative justice and reconciliation processes to describe events such as police responses to their crisis and how they can disrupt relationships, social networks and communities, living arrangements, and other mainstays of personal life, as well as to understand when a police crisis response is necessitated for “public safety” reasons in the Berkeley community.

Section 2: Peers and Homelessness

Several participants considered “homelessness” as one of the most pressing public safety issues both in Berkeley and generally. Participants shared their perspectives based on: 1) lived experiences of homelessness in the past; 2) living as a housed person with unhoused neighbors and/or 3) being Peer advocates for partners with housing challenges. One person saw the homeless conditions such as lack of safe water, toilets, rodents and other problems impacting both those housed and homeless. She had mixed feelings about the encampments, particularly given the chaos and havoc at night. Another participant talked about how he “enjoyed living on fringe of society without any accountability, really free, [but said] looking back, I was really incarcerated.” He is now housed.

Generally the participants felt it was “unsafe” to be homeless and even harder for people living with mental health challenges. For people living with mental health challenges and homelessness, one participant described their difficulties: “the ones that have had problems, have gone through what they have gone through, makes [it] harder to want to be in a home...” Another participant further talked about the intricate nature of homelessness, and the intersectional approach necessary to meet the needs of unhoused folks. He was someone who experienced homelessness, as well as mental health and substance use challenges. This participant clarified how organizations may offer a free shower and food to “clean people up;” but are not designed to house people (using a Housing First model); provide wrap-around services; or job training for work.

A third participant talked about how homelessness does not “build healthy [a] community” as you’re “living where you shouldn’t really live,” while another pointed to issues like

“deprivation and exhaustion that these poor people go through.” Potentially further research with people living with mental health and housing challenges could inform how homelessness impacts the nature of people’s mental health challenges, and the type of services needed—one person suggested crisis management and conflict resolution. Another person had sympathy for folks’ experiences of homelessness

and having their possessions thrown away. Participants generally described the grinding efforts needed to survive, including constantly dealing with lack of necessities and fear of having their household belongings abruptly discarded.

In addition another participant talked about one of the driving forces of homelessness being the increase of housing prices in Berkeley, saying “gentrification and homelessness...Some people can’t afford to live in a home on their own.” This participant indicated that homelessness is not a challenge that can be met by services alone, but that economic disparity continues to play a role in people becoming unhoused. Another participant echoed this comment by saying, “most homeless people not [the] problem, situation drives it, it’s an economic thing.” He indicated that homelessness cannot be met with social services, but needs to also look at through an economics-informed lens.

A few participants discussed other services that were offered in San Francisco that they did not believe are currently available in the City of Berkeley. One participant liked that “In San Francisco they are doing foot patrol” and indicated it would be helpful to have people who provide services going directly to the unhoused in their community too. Another participant mentioned that in San Francisco “they have peers in the library” and said they liked that idea and that Berkeley might also benefit from having Peers in public spaces where unhoused people congregate. More about San Francisco’s street crisis response, that the participants may have been indicating, can be found here: <https://sfmayor.org/article/san-franciscos-new-street-crisis-response-team-launches-today>

It is important to indicate that further research is needed with the unhoused population to understand the intersecting nature of mental health and substance use challenges and homelessness, particularly to explore the nature of policing and crisis response and whether the systemic responses are service-oriented and/or designed to stigmatize and criminal human behavior or both. It is also important to further understand this intersectional approach as including exploration about the role of race, ethnicity, gender identity, and expression, sexual orientation, disability, age, class, and potentially other factors.

Although it is indicated that further research is recommended, the Peers Listening session did provide considerable insight on the intersection between mental health challenges and homelessness. The majority of the participants agreed that the most important pressing public safety concern is homelessness. One participant pointed out that “mental health crisis[es] and homelessness are synonymous,” and as such should not be treated as completely independent challenges. Within the challenge of housing insecurity, several other sub-concerns were addressed including: (1) the lack of intervention by systems of safety in Berkeley; (2) economic disparity and increasing housing prices driving long-time residents out of their homes; (3) lack of wrap-around services, and systems of care addressing challenges in isolation instead of as addressing homelessness as a product of other underlying challenges, which are often intersecting and multi-dimensional.

Peers Recommendations

1. The first and most important recommendation is to outreach and includes Peers who have worked on mental health reforms since the 1990s, when this movement began. There are trained Peers in Berkeley who are experts in crisis response, and they would be invaluable to developing responses to mental health crises and supporting the transition to new systems of safety in Berkeley. This role is, especially, crucial for unpacking the scope and nature of mental health crises to provide a nuanced understanding, approach, and framework for responding with appropriate levels of care to people with mental health challenges in the community—particularly for a non-police crisis response through a Specialized Care Unit. Peer participants discussed the San Francisco Crisis Response Street Team, and how this city is employing Peer Specialists on foot patrol as part of its team.
2. Drop-in and wellness centers for people living with mental health challenges need sufficient funding and staff with full-time Peer Support Specialists where folks experiencing non-threatening altered states and/or mental health crises can move through their crisis in a safe and supported state (in opposition to tactics which aim to shutdown mental health and/or altered states at any means necessary). It would be essential to make drop-in and wellness centers available 24/7 and on holidays, and to make sure there are also Peers involved in the transit from the mental health crisis to the Peer staffed drop-in/wellness center. Peer navigators are also key to assisting people in navigating complex systems, including how to get appropriate services in the City of Berkeley and Alameda County.
3. There is a need to account for intersectionality and the role of race, ethnicity, gender identity and expression, sexual orientation, disability, age, class and other factors that can impact the scope and nature of crisis response for diverse people living with mental health challenges in the community. It is, particularly, important to address the stigmatization of diverse people living with mental health challenges and how the role of these additional demographic characteristics may or may not perpetuate and/reinforce problems during a mental health crisis (including as to the roles of people such as police, fire, mental health clinicians, peer specialists responding in the community). There is a specific need to focus on interviewing diverse people with mental health challenges who are unhoused in order to explore the nature of policing and systemic responses to people, particularly to examine if human behavior is criminalized and/or met with service delivery.
4. There is a further need to account for overlapping systems of care, including medical, mental health, substance use, social services and other systems. Participants in the Peers Listening Session, who identify with homelessness, discussed how current systems are not set up in a way that enables long-term sustainable wellness of the mental health community. Housing-first methods, for instance, are only successful in addressing homelessness if the other factors that contribute to housing insecurity are also addressed such as mental health and substance use services. Overall creating comprehensive wrap-around services may be the key to addressing public safety concerns. Moreover, including people with lived experiences of mental health, substance

use, and homelessness will enable systems to be consumer-informed, and in turn more sustainable in the long term.

5. There is a further need to conduct research with people who use alcohol and drugs and have lived experiences with policing and mobile crisis response, as this qualitative research focused almost solely on people living with mental health challenges. It is crucial to consider the nature of trauma-informed, de-escalation and harm reduction approaches for people who use alcohol and drugs during crisis response in order to discern how service-oriented practices may reduce harms from alcohol and drug use and avoid punitive measures resulting from criminal legal and incarcerations involvement due to alcohol and drug use. Specifically there is a need to assess how systemic responses to people who use alcohol and drugs may result in fluctuating among multiple systems without well-integrated coordination of care.

PACIFIC CENTER FOR HUMAN GROWTH

LGBTQIA+ Staff/Provider Listening Session⁹

Note: The following information represents an LGBTQIA+ mental health provider's perspective that serves Berkeley and other cities in Alameda County. It is important to note that by-proxy information can be useful in providing context for the systems that LGBTQIA+ people may navigate in order to obtain services, however, it cannot be used to assume the exact lived experiences of the individuals/clients using them.

The Pacific Center for Human Growth

The Pacific Center for Human Growth, or namely the Pacific Center, is a LGBTQIA+ mental health provider serving LGBTQIA+ people, or Queer and Trans people including QTBIPOC, with individual, peer support and community mental health programs and services. The Center is designed to serve LGBTQIA+ people with mild to moderate mental health needs, and not those who are experiencing severe, persistent mental illness or substance use disorder, or in crisis. The Center operates from a Victorian house on Telegraph Avenue south of the University of California in Berkeley, California in Berkeley. Clients and community members come from Berkeley and other cities in Alameda County. Currently the Pacific Center offers a full range of programs and services remotely due to COVID.

The Pacific Center as a Socially Constructed Space

The Pacific Center is well-known as the largest regional LGBTQIA+ mental health provider, including for its physical space located in a Victorian house and

the LGBTQ+ and Trans flags flying from outside of it. While the Pacific Center's programs and services are designed to support Queer and Trans people, including QTBIPOC, with their mental health and substance use struggles, there have been incidents in front of the Pacific Center. There has been hate crime by people outside of the community that can be perceived as violently challenging the legitimacy of LGBTQIA+ people, as well as a negative incident from a person within the community who did not feel as though they were served.

In one instance a person burned a flag and punched one of the Pacific Center staff, and they called the police as a result of feeling scared for their safety—although the staff did not want to call. In another instance, a man yelled “You should have bi groups for people like me, for men like me.” He was a community member and upset that the Pacific Center staff did not meet his needs. This man seemed to feel unsafe and marginalized as a result of perceiving the Pacific Center's services as excluding him. The Pacific Center staff felt threatened by people both inside and outside its own community. Likewise a Pacific Center provider mentioned people can feel scared entering a building marked with flags—some even wait in their cars until they enter the building. The socially constructed meaning of the Pacific Center space can challenge notions of “safe” space for Queer and Trans people who are seeking a sense of belonging to people violently challenging the existence and cultural representation of LGBTQIA+ people as a group in the community at-large.

More than one provider talked about the lack of Queer and Trans “safe” spaces in the community at-large, especially for transgender women of color, unhoused, youth and BIPOC. Historically the Pacific Center's service model resembled more of an LGBTQIA+ community center (1980s-1990s). The Center had a men's night and a hotline to call for assistance. Now the Pacific Center is closer to a mental health

⁹ This report is developed from the Pacific Center's Listening Session and a qualitative interview with a staff member who could not attend that session. Please contact Margaret Fine and Janavi Dyhani with questions or concerns: margaretcarrifine@gmail.com.

and medical model, although one person mentioned interest in a hybrid model. There is a further need to know more about how organizations, outside of the Pacific Center, can support and respect Queer and Trans people, and ways that they can be educated to include LGBTQIA+ community members and groups—from posting material in organizational settings to hiring experienced people from the Queer and Trans community, particularly for QTBIPOC. It was noted the Berkeley Wellness Center has not created time/space for Queer and Trans groups

Crisis Response/Intervention, De-Escalation and the Presence/Role of Police

The Pacific Center staff had several comments and recommendations about crisis response and the presence/role of police:

This LGBTQIA+ provider listening session highlighted the critical need to have a nuanced understanding about how Queer and Trans people, particularly QTBIPOC people, describe their lived experiences with crisis response. There is a need to understand their levels of distress and how crisis first responders met their needs for “safety” or do not meet them. Specifically the providers discussed the role of police and how there may be psychological impacts as a result of the mere presence of police, or further escalation of a crisis due to the presence or role of the police.

One provider described how crisis response with police presence made her immediately think of trauma, including for everyone involved. She stated, “I think of families, traumatic for everyone, police show up, it makes a huge scene for the neighborhood, flashing lights, and then having to unpack it with families, clients...” She further commented about how people are resistant to services because of traumatic experiences, and how they need a calm, peaceful approach to addressing crisis and to abide by the ethical standard, “do no harm.” She mentioned it may require a lengthy time period to unpack the trauma.

In addition there was also a provider who dreaded if police were present and thought they tend to escalate a situation for a person who is feeling fearful and unsafe. Another provider commented that it takes time to de-escalate a crisis by talking to someone

in order to calm down at the scene, particularly so people in crisis do not perceive the team as seeking to incarcerate or institutionalize them. This provider described the “need to get rid of the urgency” or the notion of an “immediate solution” during the crisis response. The provider discussed how they should not immediately think about removing the person from public space, and avoid “twisting” the situation into a public safety and policing issue. Overall the provider stated there is a need for a “triage” approach to crisis management and not “moving from 0 to 60” in record time. This provider also had concern about how the “urgent” approach was “rubbing off” on the crisis management team/mobile crisis team.

One provider, who was very explicit about their feelings about the police, said: “I stay away from the Berkeley Police Department and advise young people to do the same. The Berkeley Police Department are not my friends, they are not people who I trust as an entity, and not people I say should be called for help. There are difficult situations in which there is a Queer Black Femme Cis Woman and warm violence, but the person does not want to call the police. Every single interaction will not lead to hot violence, but we know statistically that Queer Trans BIPOC people with mental health issues, who are disabled or developmentally challenged, are far more likely to experience violence, be harmed and be killed.”

This provider further brought up an important note that providers with lived experience similar to clients they serve (in this case Queer and or/Trans BIPOC provider serving diverse Queer and/or Trans clients) may also be shielding their clients from the police based on their own lived experiences. The provider brought up the importance of intersectionality when talking about police response, and additional identity markers that statistically place QTBIPOC people at risk—which is different from factors based solely on race and ethnicity and reflects non-binary gender identity and expression and non-heterosexual orientation. This provider indicated that the role of police would be that they support services to the community, especially LGBTQIA+ police officers supporting LGBTQIA+ community members.

Moreover, the provider recommended that crisis response workers have an accumulation of direct experience with Queer and Trans people including

QTBPOC. In this regard, one provider gave an example about how there is a need for a crisis team member to recognize a meth-induced episode, and understand the cycle of peaking and coming down in order to inform the crisis response, including to know the options for follow-up and the next step in care. The provider mentioned Herrick and John George will not individuals for substance use treatment.

One provider also commented on how diverse crisis team members can provide multiple opportunities for a person in crisis to: 1) gravitate towards one person and 2) feel a sense of safety, human connection and community. Some of the recommendations for crisis team members included people with different identity markers, lived experiences, and professional training (such as an EMT, peer support specialist, and a mental health clinician—noting that developing the critical rapport is not necessarily tied to education).

A provider added that having “a few different eyes to have different perspectives” can allow for assessing and consulting continually to help the person in crisis to feel safe and calm down. Another provider mentioned how peer support specialists are “great at telling when someone is triggered,” building rapport and being a role model for change, particularly when they represent the community served—and do not misgender people and create emotionally damaging experiences. Another provider recommended that the Specialized Care Unit, a non-police crisis response program, should be as separate from the police as possible. It was recommended to house the SCU in a human services department or other city department and not the Berkeley Police Department.

“Public Safety”

Note: Providers cannot represent their clients’ perspectives in determining the most pressing “public safety” concerns in our community. One provider pointed this out by

saying, “I think that one of the most important factors is group determination, or rather the group’s ability to determine what feels like safety as a group. The violence is systemic, and the group must hold responsibility for telling us what the issues are, and what would be helpful solutions, to feel safety.” The upcoming listening session with LGBTQIA+

community members will likely provide better understanding about the most pressing “public safety” concerns.

In terms of violence being a threat to “public safety,” this provider talked about the two kinds of violence currently inhibiting “safety” for the LGBTQIA+ community: “There is hot and cold violence happening for LGBTQ folx and most marginalized Black and Brown people, especially Trans Femme Black and Brown people—most susceptible.” This provider was able to define the terms “hot violence” and “cold violence” as the following:

Hot violence is immediate, active, perceptible violence that touches you. It can be physical or verbal, very loud, aggressive, and immediately unsafe. Hot violence can change the dynamic in the situation instantly.

Cold violence is a more underlying source of violence than hot violence, and is more than a microaggression, like an intentional micro aggression. An example is a Queer Trans BIPOC looking for an appropriate bathroom and being surveilled by police. Cold violence reflects the way in which systems are set up by police to surveil and monitor human behavior where it does not feel safe to move around fear freely.

On the topic of intersectionality, one provider explained the importance of factoring in additional identity markers by saying “it is hard to conceptualize intersectionality, especially to understand how Queer Black women are different from Queer women and from heterosexual normative women. If you do not have lived experience, it is hard to conceptualize how positionality—how you present to the world—changes everything.” Given this perspective, it is important to ensure diverse Queer and Trans community members have the opportunity to define and explore their lived experiences in terms of race, ethnicity, gender identity and expression, sexual orientation, disability, age, class and other identity markers in order to understand the impacts of policing and notions of “public safety”—which is different from solely racial, ethnic and heterosexual norms.

“Public Safety” as Having Resources and Support to Meet Basic Human Needs

In this Queer and Trans Listening Session, the providers discussed the conceptualization of “public safety” or “community safety” as not related to the police but rather to people having sufficient resources and support in order to have their basic human needs met and a stable life existence. Like many of the other providers, this provider recommends that the way to make Berkeley safer “is not rooted in police surveillance but rather rooted in resources and access to them.” Access to resources was a clear emerging theme when talking about the topic of “public safety” in order to create a sense of security for LGBTQIA+ people in Berkeley. One provider saying “The main point is to have resources so that there is a way to decrease people from feeling unsafe”.

Wraparound Services

The Pacific Center providers further talked about basic needs in terms of food security, housing, mental health, substance use, wellness, wraparound services. There was a discussion about what constitutes wraparound services, and efforts to fully provide them. One provider referred to formally working at GLIDE where they had food, a free clinic, health services, acupuncture, and housing vouchers. One provider mentioned the term “wraparound” may be a misnomer; that it may mean referrals; and that organizations are pressured to use the term. It was also acknowledged that substance use is a significant problem in the Queer and Trans community, and that emergency rooms cannot provide tailored care for substance use problems.

Housing and Homelessness

In addition one provider further noted that Queer and Trans people will arrive on the Pacific Center’s front porch from other states and need support to find housing. The provider described the individuals as very vulnerable and marginalized, and shelters as not designed for low-income, non-binary and transgender people. The staff mentioned how Queer and Trans people need a sense of autonomy and agency in order to feel safe in a shelter environment, and choosing a women’s or men’s side

of a shelter does not necessarily respect gender, much less prevent discrimination against non-binary, transgender people. (Note: There may also be gay, lesbian or bi-sexual people with another perspective, and it is noted that gender identity and expression are not separate or mutually exclusive from sexual orientation. A transgender person may also be gay, lesbian or bi-sexual.) In fact, one provider further described how police can raid encampments, which is very stressful and creates trauma, and results in more instability for the unhoused population than any sense of protection.

Moreover, it seemed people are not having a seamless entry into the government systems designed to serve them, and the Pacific Center does not have case management services to guide them in an ongoing, consistent relationship to meet these needs. The staff discussed how they’re understaffed, there are more referrals than staff available, and they’re under resourced for serving the Queer and Trans community. Sometimes they indicated it can prove difficult to connect to case management services in the wider community. Ultimately, the provider indicated LGBTQIA+ people may use an emergency room for ongoing services. They may also potentially become destabilized from being “pushed around” as a result of emergency room visits with no continuity of care and vulnerability to experiencing crisis—particularly for low-income, unhoused QTBIPOC.

We spoke to Queer and Trans mental health and community program professionals who are trained and educated to guide clients in navigating these systems; however they also described the systems as “not really clear” and that there are “blockages” due to grant specifications, which can deny service delivery to people who need them. Specifically, there were frustrations with how the narrow grant criteria could eliminate access to services for a person that is nominally above the income eligibility line. Other difficulties reflected the challenges that vulnerable, marginalized LGBTQIA+ people face when attempting to navigate intricate systems that are designed, ostensibly, to provide for their needs.

It is noted that there is considerable need for mental health workers, such as peer navigators, who can directly guide clients in navigating these systems—

particularly given the shortage of case management services available from CBOs in the community at-large.

Ultimately, as one provider mentioned, collaboration among service providers is key in to become a more well-integrated system with coordinated services tailored to meet client needs, including ones that are culturally safe and responsive.

It is important to do a follow-up listening session with the Queer and Trans populations as providers can shed light on critical issues they are unable to speak on their clients behalf. Further it is important to move forward with reforms using an intersectional lens that accounts for the overlapping and intersecting identity markers, which create inequities, disparities and systems of oppression for Queer and Trans people of color.

Gender-Based Violence Subcommittee Report

Reimagining Public Safety Task Force, City of Berkeley

November 2021



“Gender-based violence is endemic in our communities. In the United States, about one in four women and nearly one in ten men reported being impacted by sexual violence, physical violence, and/or stalking by an intimate partner. Globally, one in three women across their lifetime are subjected to physical or sexual violence by an intimate partner or sexual violence from a non-partner.”¹

¹ <https://www.whitehouse.gov/wp-content/uploads/2021/10/National-Strategy-on-Gender-Equity-and-Equality.pdf>

Overview

This subcommittee formed to identify the needs of community members who often face the most barriers when seeking help and safety. Historically, intimate partner violence, also called “domestic violence” or “domestic abuse,” was treated as a personal problem or family dispute. This view dismissed the community’s role and obligation in addressing these issues. In the last few decades, federal and state laws have passed, including the Violence Against Women’s Act (VAWA), to recognize the role the government must play in preventing and intervening in gender-based crimes. In October of 2021, the first ever report was released by the Biden/Harris Administration on a national strategy to address gender equity and gender equality.

And change starts here, at the community level. The City of Berkeley (the City) is uniquely situated to address gender-based violence in innovative ways. Berkeley has been seen as a place of change and progress, home to students, thought leaders, and academic experts at UC Berkeley, as well as its proximity to experts who call the Bay Area home. This subcommittee offers a number of recommendations that fall squarely within the City’s reimagining priority areas, including domestic violence prevention, restorative justice programs, housing and homelessness services, and expanding partnerships and community organizations.”²

Information Gathered

This subcommittee hosted two listening sessions for providers who serve domestic violence, human trafficking, and sexual abuse survivors. The first listening session, hosted in September of 2021, focused on alternative non-police responses—eight organizations were represented at this session. The second session was hosted in October of 2021 and focused on police response—three organizations were represented. It is important to note that this subcommittee did not host any listening sessions specifically for victims and survivors. Because of the COVID-19 pandemic, the subcommittee was not confident in its ability to provide a safe remote space. The subcommittee erred on the side of caution and instead hosted spaces for providers to share their ideas, on behalf of the clients they serve. This subcommittee strongly believes that any work done by the City in this area, must be done in partnership with providers, who can help facilitate direct feedback from victims and survivors in a safe and supportive way.

In addition, subcommittee members reached out to the Berkeley Police Department for information on existing policies, and training. Specific questions were sent by this subcommittee to the department. Those questions and the department’s responses are included at the end of this report (see Appendix). All information gathered from this subcommittee, along with the expertise of subcommittee members, form the basis for the recommendations provided below.

Recommendations

All recommendations put forth by this task force should be centered around the needs of people in our community. This means that people in our community need options to choose from to

² [cite City resolution]

address their well-being and safety. Victims and survivors of domestic violence, human trafficking and sexual abuse can experience a number of barriers in accessing help and justice. Providing a range of options will ensure that these barriers do not prevent someone from achieving safety.

Barriers include:

- Limited or no English proficiency
- Impact of trauma
- Systemic racism and colonization
- Discrimination based on gender identity or perceived gender identity
- Discrimination based on sexual orientation or perceived sexual orientation
- Lack of affordable housing and access to other basic needs
- Being unhoused
- Fear of immigration consequences
- Lack of behavioral health resources
- Stigma and victim blaming

Prevention and Intervention: Non-Police Response Recommendations

Recognizing that some people will not look to the police for help, the City should provide alternative services for community members seeking help. The City should also invest in prevention efforts.

This subcommittee proposes the following to address prevention and non-police intervention and resources (estimated costs on page 8):

1. **Increase the capacity of community-based organizations** serving Berkeley residents, students, and employees by providing additional funding. The City should consider providing grants to various organizations. Funding should be flexible so providers can decide the best way to support victims and survivors. This would include using funds for housing, childcare, transportation, and other crucial resources.

Rationale: Providers report that existing resources are insufficient to meet the needs of Berkeley community members, especially for those who require more care and resources including people who are unhoused and people with complex mental health issues. A person seeking to leave an abusive relationship will likely need a range of services, including advocacy/case management; legal services for child custody, restraining order or other family law issue; and other support services like housing and childcare. To provide effective intervention in domestic violence cases, the City should fund long-term solutions. Solutions should include legal services, intensive case management to individuals with high needs, advocacy services in languages other than English, restorative justice programs, healing practices, and job training.

2. **Train and provide technical assistance to faith-based leaders** on domestic and family violence issues.

Rationale: Many people turn to faith-based leaders for help. These leaders, like others, need training to understand the complexities of domestic violence, identify effective tools to create safe spaces for those seeking help, learn about existing domestic violence resources to refer people to, and help change cultural norms that perpetuate domestic violence. In California, domestic violence agencies have partnered with faith-based leaders to address domestic violence in their communities. Examples include A Safe Place³ in Oakland, and Korean Family Services in Los Angeles⁴. The latter has trained over 1700 faith leaders in the last 10 years.

3. **Provide services for people who cause harm.**

Rationale: While survivor-centered services are essential, services for the person causing harm are also crucial to stopping gender-based violence. The City should invest in programs that target people who cause harm, including men and boys, to provide services and prevention efforts.

4. **Prevention education for K-12 to provide, and coordinate prevention work**

Rationale: Breaking the cycle of violence requires changing cultural norms and practices that perpetuate violence and gender inequities. In addition to the recommendations related to intervention listed above, this subcommittee recommends additional funding for education for K-12 and to create peer-based models, when appropriate. Providers report that more education is needed to teach on toxic masculinity, consent, healthy relationships, and sex education, including sexual pleasure.

Intervention: Police Response Recommendations

The Yurok word for police translates into “they take people”⁵ illustrating the deep distrust certain communities have not only with the police, but the police as an arm of the government that colonized, enslaved, and took their children. To move forward, this subcommittee recommends strengthening the relationships of those most impacted by police action and most in need of safe intervention. Specific actions that the Berkeley Police Department and the City should take include the following (estimated costs on pages 8–9):

1. **Provide City leadership to host regular meetings and coordinate services.** The City should create a forum for service providers, advocates, community members and response teams (police department, mental health crisis) to address issues related to domestic violence, human trafficking, and sexual abuse. This group should meet regularly. City

³ <https://www.asafeplace.org/>

⁴ <https://www.kfamla.org/upage.aspx?pageid=u06>

⁵ <https://www.theguardian.com/us-news/2020/sep/25/california-native-american-women-police-violence>

leadership should also participate in county-wide efforts, like the Family Violence Council in Alameda County⁶

Rationale: Having the City serve as lead will institutionalize these much-needed partnerships. These meetings would be especially important if a tiered response system is adopted by the City, as victims and survivors of crime will be captured in all tiers (e.g. domestic violence may be reported by a caller as a noise disturbance). During the first listening session, many of the providers noted that the listening session was the first time that they had been asked for their feedback. Establishing a forum would forge new and ongoing partnerships between the City and providers. For survivors of intimate partner violence, a coordinated community response serves as a protective factor against future violence.⁷ Outreach should be done to ensure that BIPOC leaders are at the table.

2. **Coordinate with court and other local law enforcement to implement new firearm and ammunition surrender laws.** Countywide coordination will be needed to implement Senate Bill 320⁸, which would require law enforcement to act quickly to enforce firearm and ammunition restrictions for domestic violence restraining orders.

Rationale: Starting January 1, 2022, local courts will be required to notify law enforcement when the court has found that a person is in possession of a firearm or ammunition, in violation of a domestic violence restraining order. Law enforcement would have to take all necessary actions to obtain the identified firearms or ammunition.

3. **At least once a year, update the police department's domestic violence policies and victim resource materials,** in consultation with domestic violence and community providers.

Rationale: California law frequently changes in the area of domestic violence. For example, during the 2021-2022 state legislative cycle, at least five bills passed that change the law for domestic violence restraining orders, including SB 320 noted above. Updating these procedures regularly and in coordination with providers, will ensure that policies reflect current laws and address community-based concerns.

4. **Regular domestic violence and trauma-informed training for officers, dispatch and any community-based officer** who responds to 911 or non-emergency calls. These trainings should be designed in partnership with community-based providers so that the

⁶ The Family Violence Council is led by the Superior Court of Alameda County, for stakeholders to improve coordination and cooperation between the court and public and private agencies. This body meets at least four times a year. For more information: [http://www.alameda.courts.ca.gov/Resources/Documents/2020-04%20Family%20Violence%20Council\(1\).pdf](http://www.alameda.courts.ca.gov/Resources/Documents/2020-04%20Family%20Violence%20Council(1).pdf)

⁷ <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/riskprotectivefactors.html>

⁸ https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB320

information is tailored to local needs and issues. This training would be in addition to statewide training requirements through POST (Peace Officer Standards Training).

Rationale: Providers report that victims and survivors seeking help from police often feel unheard and further traumatized by the experience with police. Examples include allowing other family members to speak or translate for the victim, when family members may be related to the abuser. This recommendation is consistent with NICJR's recommendation that the department increase its use of local community members to provide training.

5. **Victim resources should be in plain language and translated** into multiple languages, including, but not limited to, Spanish, Chinese (simplified), Tagalog, Vietnamese and Korean.⁹ Other languages that are spoken in Berkeley should also be included.

Rationale: Provides more access to people who have limited English proficiency, do not speak English, or have low literacy.

6. **Domestic violence should be screened** for in all 911 and non-emergency line calls and by the responding officer, including community-based officers (e.g. CERN). This would include collecting information regarding the alleged victim and alleged suspect's relationship to one another.

Rationale: This would lead to better data on the number of domestic violence cases the police and others respond to in the city. Noting the penal code or city ordinance section alone would not capture all domestic violence cases.

7. **A female officer (over a male officer)** should be provided to interview, examine, or take pictures of an alleged victim, at the alleged victim's request.

Rationale: This policy would acknowledge that some victims and survivors will feel uncomfortable with having a male officer examine or question them. This could result in the victim giving an incomplete statement (e.g. not disclosing sexual abuse or showing an injury) and further traumatize the victim.

8. **Police response to DV calls should be accompanied or coordinated with a DV advocate.** This could involve a victim advocate being present at the scene or a warm handoff to a victim advocate over the phone or immediately following a police response.

Rationale: This practice is especially important in cases where there is a high risk of lethality, language or cultural barriers that could lead to miscommunication or further traumatization, and high needs cases where victim or family members require a number of services to achieve stability. Having a victim advocate present will help ensure that victims are heard and not further traumatized. Providers report that advocates sometimes must act

⁹ These languages represent the top five languages spoken in the Bay Area and California. At a minimum, victim resources should be translated into these languages.

as a safe middle person between the victim and police, to ensure that the victim is not mistreated or further traumatized by the interaction with police. This feedback is consistent with information gathered from the community engagement process where black residents spoke of the need for a safety ambassador to act as a bridge between the community and police (see page 40 of Summary of Findings report from Bright Research Group).

Conclusion

Investments by the City to address gender-based violence could have a profound impact on the community, not only in preventing further abuse, but in building a future in which all community members feel safe at home, and in their communities. While this report in no way represents a complete list of actions the City could take to address gender-based violence, the subcommittee believes that these recommendations represent a significant step in the right direction. Of course, more information and input is needed, especially to address the impact of structural racism on victims, survivors and those that cause harm, as well as the experiences of LGBTQ+ members of our community. Forging partnerships and building meaningful community engagement will help support a response that is centered around the needs of the people.

Special thanks to the people who show up every day for victims and survivors. And many thanks to the organizations and individuals who participated in the listening sessions. Your time and expertise were crucial to this process. We could not and cannot do this work without you all.

Subcommittee members (in alphabetical order):

boona cheema

Barnali Ghosh

Frances Ho

Recommended Costs	
Prevention and Intervention: Non-police response	
<p>1. Increase the capacity of community-based organizations</p> <p>(Fund 3-4 organizations to provide the services and resources mentioned on page 2.)</p>	\$500,000
<p>2. Training and technical assistance for faith-based leaders</p> <p>(This amount would be used to hire consultants to provide training and resources or provide funding directly to a number of faith-based organizations to hire experts directly).</p>	\$50,000
<p>3. Services for people who cause harm</p> <p>(Fund 2-3 organizations to provide services to people who cause harm (see #3 on page 3).</p>	\$150,000
<p>4. Prevention education for K-12 to provide, and coordinate prevention work</p> <p>(Fund one full-time person to increase prevention education by developing curricula and coordinating with all schools in the Berkeley School District. This would include working with student groups from Berkeley High School to develop peer-based education.)</p>	\$125,000
Intervention: Police response	
<p>1. City leadership to work on gender-based violence issues, including leading a forum for community providers and members.</p>	In-kind from the City
<p>2. Coordinate with court and other local law enforcement to implement new firearm and ammunition surrender laws</p>	In-kind from police department and the City

3. Update DV policies annually and as needed.	In-kind from police department
4. DV and trauma-informed training	\$5,000 for contracted speakers In-kind from police department
5. Translation of DV resource cards into multiple languages (Cost to translate resource cards and other materials into at least five most common languages.)	\$15,000 (<i>one-time investment with some funding needed to update resources</i>)
6. Screen for domestic violence for every call for help	In-kind from all responding agencies
7. Female officer available	In-kind from police department
8. Advocate to accompany DV call and provide crisis intervention	\$125,000 (two advocates at 0.5FTE)
Total	\$970,000

Appendix

Questions to Berkeley Police Department (BPD) from GBV subcommittee of Reimagining Public Safety Task Force

1. When an alleged victim or suspect needs language assistance, who provides interpretation?

BPD response: When an alleged victim or suspect needs language assistance, we first look to fellow officers for translation services. The Berkeley Police Department employs officers and other department personnel that speak many different languages - about 12 different languages are spoken. Berkeley Police Officers also use the AT&T “Language Line” for languages that are not spoken by fellow officers/Berkeley Police employees. When an exigency exists, officers also use family members and/or friends to translate, where appropriate.

2. If an alleged victim or suspect needs language assistance, is this noted in the police report, including the language spoken and who provided interpretation?

BPD response: Berkeley Police officers document when an alleged victim or suspect requires language assistance in their police reports. The documentation also includes what language the victim or suspect speaks, and who provided the translation. The Domestic Violence supplemental report specifically asks the officer to document whether the victim/suspect has difficulty with English, and if so, what language is preferred. The report also has a field for the officer to input who provided translation.

3. Are resources, like domestic violence pamphlets and resource cards, translated into different languages? If so, what languages?

BPD response: The Berkeley Police Department stocks Victims of Crime Resource pamphlets and Marsy’s Rights cards in Spanish.

4. If an alleged victim is unhoused and does not have a phone, how does the department contact the victim if follow-up is needed?

BPD response: When an alleged victim is unhoused and does not have a phone, officers will try to obtain alternate means of communication for the

victim (e.g. email account, social media accounts, etc.). If the alleged victim does not have any means of contact, officers will try to obtain information about where the victim will be staying so that personal contact can be made by detective(s) conducting follow-up investigation. Patrol officers are often very knowledgeable about where specific victims live or areas they frequent. Officers are diligent about documenting various ways - unique to every victim - to contact them.

5. Can you provide a copy of any pamphlet or brochure that is provided to an alleged domestic violence victim by responding officers?

BPD response: [Pamphlet/brochures provided to DV victim] See attached.

6. How often does the department update its domestic violence policies?

BPD response: The Berkeley Police Department does not currently have a set revision schedule for updating its Domestic Violence policy and related policies. The Berkeley Police Department just migrated its policies to Lexipol. Policies are updated as revisions are needed. The DV policy was last updated October 5, 2018.

7. Are domestic violence advocacy groups consulted when the department updates its internal domestic violence policies?

BPD response: No, a domestic violence advocacy group was not consulted when the department updated its internal domestic violence policies. Per city protocol the domestic violence policy was written in conjunction with the Police Review Commission (now the Police Accountability Board). However, we are in weekly collaboration with our domestic violence advocate at the Family Justice Center. She helps coordinate all aspects of care and resource procurement for victims.

8. Does the department use the relationship between the alleged victim and suspect to indicate that a case involves DV allegations? For example, in some cases the alleged violation per the penal code would not reveal that the case involves DV, but knowing that the

parties are married or in a dating relationship would (e.g. PC 422, false imprisonment, annoying or harassing phone calls).

BPD response: Yes, the Berkeley Police Department uses the relationship between the alleged victim and suspect when investigating reports of criminal violations. The Department treats all reports of criminal activity seriously, however, those involving intimate partner violence are of particular concern due to the elevated emotional component and frequent volatility of such incidents. Domestic abuse/violence incidents tend to repeat and intensify in nature if the cycle of violence is not interrupted.

9. What training do responding officers and specially assigned detectives receive in the areas of domestic violence, sexual assault and human trafficking? How often is this training provided? Please provide examples of topic areas and the provider of the training, if possible.

BPD response: If the DV subcommittee is interested in topics that are trained for sexual assault and/or human trafficking we could work on this information in the future. Domestic Violence Related training topics for Officers and Detectives:

Academy POST Training:
 Domestic Violence related laws
 Batterer and victim characteristics
 Victim Protections
 Types of court orders
 Emergency Protective Orders
 Support Services for Victims
 Reporting and Documentation

POST ICI Domestic Violence Investigations:
 Search Warrants
 Stalking
 Strangulation
 DA Presentation
 Equality, power and control, abusive relationships
 Power and Control for Lesbian, gay, bisexual and Trans Relationships
 Abuse in Later life
 People with Disabilities in Partner Relationships

Impact on Children
DV Injuries
Officer Involved DV
Lethality



**RECURSOS PARA VÍCTIMAS
DE CRIMEN**

RECURSOS PARA VICÍMAS DE CRIMEN

Arresto Policial

El Departamento de Policía de Berkeley se compromete a proteger a las personas que sean víctimas de un crimen, incluyendo Violencia Doméstica. Los agentes policiales consideran la Violencia Doméstica como conducta delictuosa, cual se investigará como cualquier otro crimen. En los casos de delitos mayores o lesiones graves, el agente policial puede efectuar un arresto del sujeto en base al motivo fundado de que el sujeto cometió el delito.

Arresto Ciudadano

Bajo ciertas circunstancias, los agentes policiales no pueden efectuar un arresto directamente, pero le deben pedir hacer el arresto ciudadano (excepto en los casos de Violencia Domestica) al agente policial. Una persona particular puede arrestar a otra por un crimen cometido en su presencia. El agente pondrá bajo custodia al sospechoso cuando exista motivo fundado.

ATENCIÓN: La persona sujeta a la acusación puede depositar una fianza o ser puestos en libertad con una citación. Las víctimas no deberán depender en el arresto como garantía de su propia seguridad.

Presentar Cargos

Usted tiene el derecho de pedirle al Fiscal que entable una denuncia. Al siguiente día hábil después de su denuncia a la policía, debe comunicarse con la División de Investigaciones al número escrito en su recibo del informe. Es muy importante que haga esto sin importar si el sospechoso haya sido arrestado.

En casos de Violencia Doméstica el Fiscal toma la decisión final para decidir si se presentan cargos o no en contra del agresor.

Usted tiene el derecho de que el Fiscal lo(a) escuche, y el derecho de pedirle al Fiscal que presente una denuncia penal.

Oficina de la Fiscalía del Condado de Alameda (510) 268-7500
 Defensor de Víctimas de Violencia Familiar (510) 268-7276
 de la Fiscalía

INFORMACIÓN LEGAL

Programas de Asistencia para Víctimas

La oficina de la Fiscalía del Condado de Alameda tiene personal que puede brindarle información y asistir a víctimas de crímenes.

Fiscalía del Condado de Alameda – Servicios para Víctimas y Testigos
 1401 Lakeside Dr., Ste. 802, Oakland, CA 94612
 (510) 272-6180

Centro Familiar de Justicia del Condado de Alameda
 470 27th St., Oakland, CA 94612 (510) 267-8800

La Oficina de la Fiscalía también tiene un Defensor de víctimas que le puede brindar información sobre el estado de casos penales. Se puede comunicar con la Oficina de la Fiscalía al (510) 268-7276.

BPD – Violencia Doméstica y Agresión Sexual

El Departamento de Policía de Berkeley tiene un equipo de Detectives y un Defensor de Víctimas que le puede brindar información sobre el proceso judicial y ofrecerle asistencia adicional.

Detective de Violencia Doméstica (510) 981-5736
 Defensor de Violencia Doméstica (24 horas) (510) 757-5123
 Detective de Agresión Sexual (510) 981-5735

Información para Víctimas y Notificación Diaria (VINE por sus siglas en inglés)

Para averiguar si un agresor está bajo custodia en el estado de California o para que se le notifique cuando un agresor es puesto en libertad, llame (877) 411-5588. Necesita un teléfono con teclado. También necesita saber el nombre de la persona que se encuentra bajo custodia.

Las víctimas no deberán de confiar en esto para garantizar su propia seguridad.

Visa U

La Ley Federal creó la Visa U para animar a víctimas de crímenes sin ciudadanía a cooperar con agencias del orden público proporcionándoles protección de deportación y un camino para obtener una Tarjeta de Residente Permanente. Puede encontrar más información en el sitio web del Departamento de Justicia de California Oficina de la Procuraduría www.oag.ca.gov al igual que en el sitio de Servicios de Ciudadanía e Inmigración de los Estados Unidos (USCIS por sus siglas en inglés) www.uscis.gov. También puede pedir ayuda comunicándose con el Centro Familiar de Justicia del Condado de Alameda (510)267-8800.

Visa T

La Visa T le permite a víctimas de trata severa de personas permanecer en los EE.UU para ayudar a las autoridades con su investigación. Puede encontrar más información en el sitio web de Servicios de Ciudadanía e Inmigración de los Estados Unidos www.uscis.gov. También puede pedir ayuda comunicándose con el Centro Familiar de Justicia del Condado de Alameda (510)267-8800.

INFORMACIÓN – ORDEN DE RESTRICCIÓN

Si lo han amenazado, acosado o agredido, puede solicitar un Orden de Restricción. Si el agresor es o fue su esposo(a), pareja o con quien tiene hijos en común, puede solicitar una “Orden de Restricción por Violencia Doméstica.” Si está casado(a) con el agresor, no tiene que obtener un divorcio para obtener una Orden de Restricción. Si el agresor es un vecino, amigo, o conocido, puede pedir una “Orden por Acoso Civil.” Hay un cobro por una Orden de Restricción por Acoso Civil. Si usted es de bajos recursos, puede solicitar una exención de pago.

Como solicitar. Puede solicitar una Orden de Restricción en el:

1. René C. Davidson Courthouse, 1225 Fallon St., Oakland, CA
2. George E. McDonald Hall of Justice, 2233 Shoreline Dr., Alameda, CA
3. Hayward Hall of Justice at 24405 Amador St., Hayward, CA

Puede obtener los documentos e instrucciones detalladas en el Tribunal o en línea www.courts.ca.gov. El Defensor de víctima al (510) 757-5123 o Centro de Derecho de Violencia Familiar al (800) 947-8301 también puede asistirle a obtener una Orden de Restricción por Violencia Doméstica.

Costo. No hay costo para obtener una “Orden de Restricción por Violencia Doméstica.” Sí hay costo para obtener una “Orden por Acoso Civil.” Si usted es de bajos recursos, puede solicitar una exención de pago. No necesita un abogado para obtener una Orden de Restricción, pero sí es buena idea tener uno si tiene uno disponible

¿Cuánto tiempo toma para obtener una Orden de Restricción?

Es posible obtener una Orden de Restricción Temporal dentro de 24 horas, o puede tomar hasta una semana. Es importante comenzar temprano el proceso para obtener una Orden de Restricción a largo plazo. Si el agente policial le da una “Orden de Protección de Emergencia”, no espere hasta que se venza esta Orden antes de solicitar una Orden de Restricción a largo plazo.

¿Qué hace una Orden de Restricción?

1. Ordenar al acusado mantenerse a cierta distancia de usted, su familia, y/o miembros de su hogar.
2. Ordenar al acusado a mantenerse alejado de su casa, sitio de trabajo, casa de su familia, sitio de escuela/guardería de sus hijos, y si es necesario alguna otra dirección.
3. Ordenar al acusado a mudarse de su casa o departamento, aunque el nombre del acusado se encuentre en el contrato de alquiler o sea copropietario.
4. Que se le de custodia de sus hijos y exigir una orden de visitas.
5. Ordenar Manutención para sus hijos.
6. Ordenar al acusado que no acose, maltrate o se comunique con usted, su familia o miembros de su hogar.
7. Que se le dé uso de cierta propiedad.
8. El reembolso por la pérdida de ingresos y/o el gasto real causado directamente por la violencia como cobros médicos y daño a propiedad.
9. Ordenar al acusado que pague ciertas deudas.
10. Ordenar el acusado que cumpla con un programa de intervención para agresores de 52 semanas.

ATENCIÓN: No se puede hacer cumplir una Orden de Restricción hasta que sea emplazada, que significa que se le ha notificado al acusado en persona, en el tribunal o por un agente policial que están sujetos a una restricción.

Guarde la Orden de Restricción consigo.

Si usted obtuvo una Orden de Restricción la cual le prohíbe al agresor pegarle o acosarlo(a), y el agresor a sabiendas quebranta la Orden, pueden ser arrestados y en la mayoría de los casos encarcelados. A pesar de que el Departamento de Policía debe de tener su Orden de Restricción en el sistema de datos, es extremadamente importante que guarde una copia de su Orden de Restricción y Comprobante de Emplazamiento (Proof of Service) consigo en todo momento.

¿Qué debe hacer si el acusado quebranta la Orden de Restricción?

1. Llame a la Policía.
2. Pida que se prepare un informe formal, aunque se haya ido el acusado.
3. Si se le emplazó la Orden de Restricción al acusado y el(ella) sigue ahí cuando llegue la policía, pueden ser arrestados.
4. Comuníquese con la División de Investigaciones de BPD al próximo día hábil después de su denuncia policial para informarse sobre el procesamiento de su caso por el quebrantamiento de la Orden de Restricción.

Demandando al agresor

Usted puede tener el derecho a demandar al agresor en el tribunal civil aparte de presentar cargos penales. Si usted perdió ingresos, acumuló cobros médicos, tuvo daños de propiedad, u otras pérdidas debido al abuso, puede consultar con un abogado. Comuníquese con el Servicio de Recomendaciones de Abogados del Condado de Alameda (510) 302-2222.

LESIONES

Puede ser que encuentre más lesiones o el empeoramiento de lesiones después de que se haya ido la policía o de cuando tomaron su denuncia.

Por ejemplo, durante los días después de la agresión se pueden marcar más los moretes. Los Detectives le pueden pedir que se tome más fotos de sus lesiones.

ESTRANGULACIÓN

La estrangulación puede causar lesiones internas graves y se les sugiere a las víctimas que inmediatamente busquen atención médica. Infórmele al agente o al personal médico si el agresor lo(a) estranguló o trato de sofocarlo.

INFORMACIÓN DE AGRESIÓN SEXUAL

Como Pedir Ayuda.

La agresión sexual es un crimen grave y emocional. Puede implicar a alguien que usted conoce o a un desconocido. El denunciar una violación o agresión sexual a la policía puede ser una decisión difícil. Para recibir ayuda y orientación, llame al Centro de Crisis de Violaciones.

BAWAR (Bay Area Women Against Rape) –Mujeres contra la Violación
470 27th St., Oakland, CA 94612 24 horas al día (510) 845-7273

Centro de Justicia Familiar del Condado de Alameda
470 27th St., Oakland (510) 430-1298

RAINN (Rape, Abuse & Incest National Network)
(Red Nacional de Violación, Abuso e Incesto) (800) 656-4673

VÍCTIMAS DE AGRESIÓN SEXUAL: DERECHOS

Esta información se le debe proporcionar por escrito a las víctimas de agresión sexual antes de la investigación.

Como víctima de agresión sexual tiene los siguientes derechos específicos a la agresión sexual:

No se le requiere participar en el sistema judicial ni de reportarlo a la policía.

Tiene el derecho de tener un terapeuta/defensor de víctimas y por lo menos a una persona de apoyo que usted escoja que esté presente durante la examinación médica forense, examinación física, o entrevista de investigación a raíz de la agresión sexual. Los Terapeutas/Defensores de víctimas de agresión sexual están inmediatamente disponibles 24 horas al día.

No se le obliga participar en una examinación médica física o probatoria.

Las pruebas forenses de agresión sexual serán examinadas y analizadas en el laboratorio a menos que la víctima pida que no se examinen las pruebas.

Las víctimas pueden recibir información sobre los resultados de análisis de todas las pruebas forenses de agresión sexual del hospital que está llevando a cabo el examen o del Departamento de Policía de Berkeley.

Tiene el derecho de pedir que el agente policial sea hombre o mujer cuando lo entrevisten.

Las pruebas de agresión sexual se deterioran con el tiempo. Con el paso del tiempo podría ser imposible recuperar pruebas biológicas. Las pruebas biológicas se deben de recopilar y preservarse lo antes posible.

Las pruebas forenses de agresión sexual se conservan por 20 años por lo menos. Si la víctima es menor de 18, se conservan hasta que la víctima cumpla 40 años.

Tiene disponible Ordenes de Restricción y Ordenes de Protección y también en este folleto se incluye información de cómo recibir ayuda y obtenerlas.

Como víctima de un crimen, también tiene los derechos tal y como se describen al final de este folleto bajo **DECLARACIÓN DE DERECHOS DE LA VÍCTIMA SEGÚN LA LEY DE MARSY**.

Si tiene la intención de denunciar una violación o agresión sexual a la policía:

1. Ayuda preservar las pruebas. No se bañe, no use la ducha vaginal, no se cambie ni lave su ropa. Tampoco cambie nada en el lugar donde sucedió la agresión.
2. Comuníquese con la policía lo antes posible para que lo puedan llevar al hospital y preparar un informe.
3. Aunque la policía preparará un informe detallado, usted les puede pedir que su nombre no se incluya en la parte pública del informe.
4. Tiene el derecho de tener un Defensor y una persona que usted elija de apoyo durante su examen en el hospital y durante la interrogación policial.

RECURSOS EN LA COMUNIDAD PARA VÍCTIMAS

Servicios de Emergencia.

Los Terapeutas de Violencia Doméstica están disponibles 24 horas al día si necesita terapia profesional por situación de crisis, reubicarse de emergencia a un lugar seguro, buscar un plan de seguridad, o para obtener información sobre orden de restricción. Se puede comunicar con el equipo de respuesta móvil FVLC (Centro de Derecho de Violencia Familiar por sus siglas en inglés) al (800) 947-8301.

Asistencia Legal

Family Violence Law Center (FLVC)	(800) 947-8301 (510) 208-0255
Bay Area Legal Aid	(510) 250-5270
East Bay Community Law Center	(510) 548-4040
Alameda County Bar Association	(510) 302-2222
Legal Assistance for Seniors	(510) 832-3040
Asian Pacific Islander Legal Outreach	(510) 251-2846

Refugios y Líneas Directas

A Safe Place	(510) 536-7233
	(510) 836-2456
Building Futures w/Women & Children	(866) A-WAY-OUT
	(866) 292-9688
Safe Alternative to Violent Environments	(510) 794-6055
STAND	(888) 215-5555
Tri-Valley Haven	(800) 884-8119
Marin Abused Women's Shelter	(415) 924-6616
Asian Women's Shelter	(877) 751-0880
EDEN (shelter referrals)	(510) 537-2552
National Domestic Violence Hotline	(800) 799-SAFE
	(800) 799-7233
Narika Hotline (South Asian Languages)	(800) 215-7308
Shimtuh Hotline (Korean Center East Bay)	(510) 547-2662
Deaf Hope	hotline@deaf-hope.org
Community United Against Violence (LGBTQ)	(415) 777-5500
Bay Area Crisis Nursery	(925) 685-8052

Consejería para los Sobrevivientes

Ser víctima de un crimen puede ser extremadamente difícil y traumático. Es muy importante que obtenga el apoyo necesario para cuidarse. Las siguientes agencias proporcionan asesoría y asistencia.

Family Violence Law Center	(800) 947-8301
Clearwater Counseling	(510) 596-8137
A Safe Place	(510) 536-7233
Tri-Valley Haven	(800) 884-8119
SAVE	(510) 794-6055
Building Futures w/Women & Children	(866) 292-9688
La Clínica de la Raza (Español)	(510) 535-4170
Pacific Center for Human Growth (LGBTQ)	(510) 548-8283
Community United Against Violence (LBBTQ)	(415) 777-5500
Alameda Family Services	(510) 522-8363
Deaf Hope	hotline@deaf-hope.org
National Domestic Violence Hotline	(800) 799-7233

Asesoría para Niños

Family Violence Law Center	(800) 947-8301
Clearwater Counseling	(510) 596-8137
DOVES at Oakland Children's Hospital	(510) 428-3135
The Link to Children (TLC)	(510) 428-2028

Asesoría para Agresores

Alameda Community Recovery SVS	(510) 522-8363
John Hamel & Associates (Berkeley)	(925) 686-2921
Allen Temple Baptist Church	(510) 544-3914
Peace Creations	(510) 834-7088
Psychological Services Center	(510) 628-9065
West Oakland Health Council	(510) 465-1800

JUNTA DE COMPENSACION PARA VICTIMAS DE CALIFORNIA

El Estado de California le puede pagar a las víctimas de crimen o sus dependientes los gastos relacionados a actos criminales. Este Programa de Compensación para Víctimas de California le podría pagar los siguientes gastos:

- Tratamiento medico y dental
- Servicios de salud mental
- Reubicación por su seguridad
- Seguridad en el hogar
- Pérdida de ingresos

ATENCIÓN: El Programa de Compensación para Víctimas de California no puede pagarle gastos por daños a la propiedad.

Para obtener más información sobre este Programa o para obtener una solicitud por favor llame al:

Programa de Compensación para Víctimas de California

Estado de California	(800) 777-9229
Condado de Alameda	(510) 272-6180

Programa para asistir a Víctimas/Testigos Fiscalía del Condado de Alameda

1401 Lakeside Drive, Suite 802
Oakland, CA 94612 (510) 272-6180

Centro Familiar de Justicia de Condado de Alameda
470 27th Street Oakland, CA 94612 (510) 267-8800

DECLARACIÓN DE DERECHOS DE LA VÍCTIMA SEGÚN LA LEY DE MARSY.

La Constitución de California, Artículo 1, Sección 28, confiere ciertos derechos a víctimas de crimen, según lo define la ley. Los derechos son:

1. Justicia y Respeto

A que se le trate con justicia y respeto a su privacidad y dignidad, no ser intimidado, acoso y abuso, durante todo el proceso penal o el proceso jurídico de menores.

2. Protección del acusado

A que se le proteja razonablemente del acusado y las personas que actúen en nombre del acusado.

3. Consideración de la Seguridad de la Víctima para Fijar Fianza y Condiciones de Libertad

A que se considere la seguridad de la víctima y de los familiares de la víctima al momento de fijarse el monto de la fianza y las condiciones de la liberación del acusado.

4. Evitar la Divulgación de Información Confidencial

A evitar la divulgación de información o registros confidenciales al acusado, al abogado del acusado o cualquier persona que actué a nombre del acusado, que se pudieran utilizar para ubicar u hostigar a la víctima o la familia de la víctima, o que divulgaran comunicaciones confidenciales llevadas a cabo durante el tratamiento médico o de consejería, o que de otra forma se consideren privilegiados o confidenciales ante la ley.

5. Rechazar una entrevista por parte de la Defensa

A reusarse a una entrevista, declaración o petición de revelación de pruebas de parte del acusado, del abogado del acusado o cualquier persona que

actúe en nombre del acusado, y a establecer condiciones razonables para llevar a cabo dicha entrevista en caso de que la víctima acepte.

6. Consultar con la Agencia Acusadora y Notificación de la Resolución antes del Juicio

A recibir aviso razonable y a consultar razonablemente con la agencia acusadora, por solicitud, en cuanto al arresto del acusado si el procurador lo conoce, los cargos presentados, la decisión de extraditar al acusado y, de ser solicitadas, a que se le notifique e informe antes de cualquier resolución previa a un juicio del caso.

7. Notificación y Presencia en Procesos Judiciales

A recibir aviso razonable de todos los procesos judiciales públicos, incluyendo los procesos judiciales de delincuencia, de ser solicitado, en los que el acusado y el procurador puedan estar presentes, y de todos los procesos judiciales de libertad condicional u otras liberaciones posteriores a la condena, y a estar presente en esos procesos judiciales.

8. Presencia en Procesos Judiciales y Expresión de Opinión

A que se le escuche, de ser solicitado, en cualquier procedimiento, incluidos procedimientos de delincuencia, que incluyan una decisión de liberación tras el arresto, alegato, sentencia, decisión de liberación tras la condena, o cualquier procedimiento en el que esté en juego un derecho de la víctima.

9. Juicio con celeridad y Conclusión Inmediata del Caso

A un juicio sin demora y a una conclusión inmediata y final del caso y cualquier proceso relacionado tras la imposición de la condena.

10. Proveer Información al Departamento de Libertad a Prueba

A brindarle información a un oficial del departamento de libertad a prueba que realice una investigación previa a la imposición de pena sobre el impacto del crimen en la víctima y la familia de la víctima, y cualquier recomendación de la pena antes de su imposición al acusado.

11. Recibir el Informe Previo a la condena

A recibir, de ser solicitado, el informe previo a la condena disponible para el acusado, excepto aquellas partes que sean legalmente confidenciales.

12. Información de la Condena, Pena, Encarcelación, Libertad, y Escape

A recibir información, por solicitud, de la condena, la pena, el lugar y la hora de encarcelamiento u otra resolución del acusado, la fecha programada de liberación del acusado y la liberación o el escape del acusado de la custodia.

13. Indemnización

- A. Es la intención inequívoca del pueblo del estado de California que todas las personas que sufran pérdidas como resultado de actividad criminal tengan derecho a buscar y asegurar la indemnización de las personas condenadas por los crímenes que causaron la pérdida que han sufrido.
- B. La indemnización debe salir del malhechor condenado en todos los casos, sin importar la pena ni resolución impuesta, en los que una víctima de crimen sufra una pérdida.
- C. Todos los pagos monetarios, fondos y propiedad recaudada de cualquier persona que deba resarcir se aplicarán primero al pago de los montos ordenados como indemnización a la víctima.

14. Devolución Rápida de Propiedad

A la devolución rápida de la propiedad cuando ya no se necesite como pruebas.

15. Aviso de Libertad Condicional y sus Procedimientos

A estar informada sobre todos los procedimientos de libertad condicional, a participar en el proceso de libertad condicional, a brindarle información a la autoridad de libertad condicional para que se le tenga en cuenta antes de la libertad condicional del acusado, y a que se le notifique, si así lo solicita, sobre la libertad condicional u otra liberación del agresor.

16. La Seguridad de la Víctima y de la Comunidad son Factores para la Libertad Condicional

A que se tenga en cuenta la seguridad de la víctima, la familia de la víctima y el público general antes de que se tome cualquier decisión de libertad condicional u otra liberación tras la imposición de la condena.

Información sobre estos 16 Derechos

A que se le informe sobre los Derechos enumerados en los párrafos (1) al (16).

Para más información sobre la Ley de Marsy, visite el sitio web del Procurador General de Justicia al: www.ag.ca.gov/victimservices.

Para obtener información sobre el Centro para Asistir a Víctimas/Testigos más cercano a usted, llame:

Attorney General's Victim Services Unit (877) 433-9069
(Servicios para Víctimas del Procurador General de Justicia)

Información Adicional para los Afiliados con la Universidad de California

Si usted está afiliado con UC Berkeley se le está proporcionando con este guía de recursos indispensable por que recientemente tuvo un impacto por actividad criminal, o tal vez necesite recursos que la Universidad le puede brindar. La Universidad de California en Berkeley tiene muchos recursos disponibles para ayudarlo durante un momento difícil. Nos comprometemos a dar atención a sus necesidades en colaboración con nuestros socios en la comunidad.

UCPD Berkeley
Para más Información visite:
<http://safetycounts.berkeley.edu>



Reportar

Center for Student Conduct

(510) 643-9069, <http://studentconduct.berkeley.edu>

Office for the Prevention of Harassment and Discrimination

(510) 643-7985, <http://ophd.berkeley.edu>

University of California Police Department, Berkeley

(510) 642-6760, <http://police.berkeley.edu>

Apoyo

Gender Equity Resource Center

Sexual Harassment/Sexual Assault Resource Specialist

(510) 643-5727, <http://geneq.berkeley.edu>

University Health Services, Social Services

(510) 642-6074, socsvrs@uhs.berkeley.edu

<http://uhs.berkeley.edu/students/counseling/socialservices.shtml>

University Health Services, CARE Services

(510) 643-7754, careserv@uhs.berkeley.edu
<http://uhs.berkeley.edu/facstaff/care/>

Ombudsperson for Students and Postdoctoral Appointees

(510) 642-5754 for referral, <http://sa.berkeley.edu/ombuds>

Ombuds Office for Faculty

(510) 642-4226

The Staff Ombuds Office

(510) 642-7823

Division of Student Affairs, Student Legal Services

(510) 642-3916, <http://sa.berkeley.edu/legal>

Student Advocate

(510) 642-6912, <http://advocate.berkeley.edu>

MEDICO**University Health Services, Urgent Care Clinic**

2222 Bancroft Way (The Tang Center)

(510) 643-7197 (advice after hours), www.uhs.berkeley.edu

Este material está disponible en formatos alternativos, de ser solicitados. Formatos alternativos incluye, formato audio, braille, de letra grande, texto electrónico, etc. Por favor comuníquese con los Especialistas de Servicios para los Discapacitados y permita que pasen de 7 a 10 días para producir el material en un formato alternativo.

Especialistas de Servicios para los Discapacitados

Correo Electronico: ADA@cityofberkeley.info

Teléfono: (510) 981-6418

TTY: (510) 981-6347

Revised February 2019 G:\p_admin\DD DV\2019 Resources for Victims - Spanish

NOTICE OF REPORT
 Berkeley Police Department
 Tsukamoto Public Safety Building
 2100 Martin Luther King Jr. Way
 Berkeley, CA 94704
 (510)981-5900 VM#(510)981-5990
 www.CityofBerkeley.info/police

Report number (Numero de Informe):

Date(Fecha):

Type of Report/Offense (Clase de Informe/Crimen):

Officer's name(Nombre del Agente Policial):

Badge #(Número de Placa):

Officer's duty hours (Horario de turno del Agente):

Days off (Días de descanso):

Si tiene alguna pregunta sobre el estado de investigación de su caso, por favor comuníquese con el Departamento Policial indicado abajo. Debe de hacer sus preguntas de lunes a viernes, de 8:00am a 4:30pm.

Crimes Against Property (Crimen de Propiedad)	(510) 981-5737
Domestic Violence (Violencia Doméstica)	(510) 981-5736
Sex Crimes (Crimen Sexual)	(510) 981-5716
Youth Services (Servicios para Jóvenes)	(510) 981-5715
Homicide/Assault (Homicidio/Agresión)	(510) 981-5741
Robbery (Robo)	(510) 981-5742
Traffic (Tránsito)	(510) 981-5980





**RESOURCES FOR VICTIMS
OF CRIME**

32

RESOURCES FOR VICTIMS OF CRIME

Officer Arrest

The Berkeley Police Department is committed to protecting persons who are victims of crime, including Domestic Violence. Officers shall consider Domestic Violence as criminal conduct, which shall be investigated as any other crime. In cases involving felonies or serious injuries, the officer may make an arrest on probable cause that the suspect committed the offense.

Citizen's Arrest

In certain circumstances, officers cannot make an arrest directly, but must ask you to make a citizen's arrest (with the exception of Domestic Violence cases). A private person may arrest another for a public offense committed in their presence. The officer will take the suspect into custody in circumstances where probable cause exists.

NOTE: Suspects may post bail or may be released on a citation. Victims should not rely on arrests as a guarantee of their personal safety.

Pressing Charges

You have the right to ask the District Attorney to file a criminal complaint. On the next work day after you have made a police report, you should contact the Investigations Division at the phone number listed on your report receipt. It is very important that you do this whether or not the suspect has been arrested.

In Domestic Violence cases, the ultimate decision as to whether a suspect is charged with a crime or not is made by the District Attorney.

You have the right to have your voice heard by the District Attorney, and the right to ask the District Attorney to file a criminal complaint.

Alameda County D.A.'s Office	(510) 268-7500
D.A.'s Domestic Violence Advocate	(510) 268-7276

LEGAL INFORMATION**Victim Assistance Programs**

The Alameda County D.A.'s Office has staff members who are able to provide information and assist victims of crime.

Alameda County DA - Victim Witness Services
1401 Lakeside Dr., Ste. 802, Oakland, CA 94612
(510) 272-6180

Alameda County Family Justice Center
470 27th St., Oakland, CA 94612 (510) 267-8800

The District Attorney's Office also has an Advocate that can provide information about the status of criminal cases. The District Attorney's Advocate can be reached at (510) 268-7276.

BPD - Domestic Violence and Sex Crimes

The Berkeley Police Department has a team of Detectives and a Victim Advocate that can provide information on the criminal justice process and offer additional assistance.

Domestic Violence Detective	(510) 981-5736
Domestic Violence Advocate (24 hour)	(510) 757-5123
Sexual Assault Detective	(510) 981-5716

Victim Information & Notification Everyday (VINE)

To find out if and where an offender is in custody in the State of California or to be notified when an offender is being released from custody, call (877) 411-5588. You need a touchtone telephone. You will also need to know the name of the person in-custody. Victims should not rely on this as a guarantee of their personal safety.

U Visas

U Visas were created by Federal Law to encourage non-citizen crime victim cooperation with law enforcement by providing victims protection from deportation and a pathway to a green card. More

information can be found at the California DOJ's Office of the Attorney General website at www.oag.ca.gov as well as the US Citizenship and Immigration Services website at www.uscis.gov. You can also contact the Alameda County Family Justice Center for assistance (510)267-8800.

T Visas

T Visas allow victims of severe forms of human trafficking to remain in the US to assist authorities in their investigation. More information can be found at the US Citizenship and Immigration Services website at www.uscis.gov. You can also contact the Alameda County Family Justice Center for assistance (510)267-8800.

RESTRAINING ORDER INFORMATION

If you have been threatened, harassed, abused, or assaulted, you can apply for a Restraining Order. If the offender is your current or former spouse, partner, or someone with whom you have a child, you can apply for a "Domestic Violence Restraining Order." If you are married to the offender, you do not have to get a divorce to get a Restraining Order. If the offender is a neighbor, friend, or acquaintance, you may request a "Civil Harassment Order." There is a fee for Civil Harassment Restraining Orders. If you are low-income, you can apply for a fee waiver.

How to apply. You can apply for Restraining Orders at the:

1. René C. Davidson Courthouse, 1225 Fallon St., Oakland, CA 94612
2. George E. McDonald Hall of Justice, 2233 Shoreline Dr., Alameda, CA
3. Hayward Hall of Justice at 24405 Amador St., Hayward, CA.

You can obtain the paperwork and detailed instructions at the Courthouse or online at www.courts.ca.gov. The Victim Advocate at (510) 830-3663 or the Family Violence Law Center at (800) 947-8301 may also be able to assist you in obtaining a Domestic Violence Restraining Order.

Cost. There is no fee for obtaining a "Domestic Violence Restraining Order." There is a fee for obtaining a "Civil Harassment Order." If you are low-income, you can apply for a fee waiver. You do not need an attorney to obtain a Restraining Order, but it is a good idea to have one if one is available to you.

How long does it take to get a Restraining Order?

It is possible to get a Temporary Restraining Order within 24-hours, or it may take as long as a week. It is important to start the process of obtaining a long-term Restraining Order early. If the police gave you an "Emergency Protective Order," do not wait until this Order expires before applying for a more long-term Restraining Order.

What the Restraining Order can do?

1. Order the defendant to stay a specified distance away from you, your family, and/or members of your household.
2. Order the defendant to stay away from your home, your workplace, your family's home, your children's school/childcare location, and other addresses if necessary.
3. Order the defendant to move out of your home or apartment even if the defendant's name is on the lease or he/she is a co-owner.
4. Give you custody of your children and mandate a visitation order.
5. Order child support.
6. Order the defendant not to contact, harass, or abuse you, your family, and members of your household.
7. Give you the use of certain property.
8. Reimburse you for lost earnings and/or actual expenses caused directly by the violence such as medical bills and property damage.
9. Order the defendant to pay certain debts.
10. Order the defendant to complete a 52-week Batterer's Intervention Counseling Program.

NOTE: A Restraining Order is not enforceable until it has been served, meaning the defendant has been notified in person in court or by a police officer that they are restrained.

Keep your Restraining Order with you.

If you have obtained a Restraining Order which stops the offender from beating or harassing you, and the offender knowingly violates the Order, they can be arrested and, in most cases, taken to jail. Even though the Police Department should have your Restraining Order in their computer system, it is extremely important that you keep a copy of your Restraining Order and Proof of Service with you at all times.

What should you do if the defendant violates your Restraining Order?

1. Call the Police.
2. Ask that a formal report be taken even if the defendant has left.
3. If the defendant has been served with the Restraining Order and is still there when the police arrive, they can be arrested by the police.
4. Contact the BPD Investigations Division the next work day after you have made a police report to follow-up regarding prosecution of your Restraining Order violation case.

Suing the Offender

You may have a right to sue the offender in civil court in addition to pressing criminal charges. If you have lost wages, accumulated medical bills, property damage, or other losses because of the abuse, you may contact a lawyer. For assistance in locating an attorney, contact the Alameda County Lawyer Referral Service at (510) 302-2222.

INJURIES

You may notice additional or worsening injuries after the police have taken your report and left. For example, bruising may be more pronounced in the days following an assault. Detectives may ask for additional photos to be taken of your injuries.

STRANGULATION

Strangulation may cause serious internal injuries and victims are highly encouraged to seek medical attention right away. Tell officers or medical personnel if the suspect strangled or attempted to suffocate you.

SEXUAL ASSAULT INFORMATION**How to Get Help.**

Sexual assault is a serious and emotional crime. It can involve someone you know, or a stranger. Reporting a rape or sexual assault to the police can be a difficult decision. For assistance, call a Rape Crisis Center for help and guidance.

BAWAR (Bay Area Women Against Rape) www.bawar.org
 470 27th St., Oakland, CA 94612 24 hour (510) 845-7273

Alameda County Family Justice Center
 470 27th St., Oakland (510) 430-1298

RAINN (Rape, Abuse & Incest National Network) (800) 656-4673

SEXUAL ASSAULT VICTIMS: RIGHTS

This information is to be provided to victims of sexual assault in writing before investigating further.

As a sexual assault victim you have the following rights specific to sexual assault:

You are not required to participate in the criminal justice system or to make a police report.

You have a right to have a sexual assault counselor/victim advocate and at least one support person of your choosing present at any initial medical evidentiary examination, physical examination, or investigative interview arising out of a sexual assault. Sexual assault counselors/advocates are available immediately 24 hours a day.

You are not required to participate in a medical evidentiary or physical examination.

You will not incur any out of pocket expenses for any forensic examinations.

Sexual assault forensic evidence will be sent to the lab to be tested and analyzed unless the victim requests the evidence not be tested.

Victims may request information about the results of analysis of any sexual assault forensic evidence from the hospital conducting the exam or the Berkeley Police Department.

You have the right to request to be interviewed by a male or female officer.

Sexual assault evidence deteriorates over time. Biological evidence may become impossible to recover as time passes. Biological evidence should be collected and preserved as soon as possible.

Sexual assault forensic evidence will be retained for at least 20 years, or if the victim is under 18, until the victim's 40th birthday.

Restraining Orders and Protective Orders are available to you and information on how to obtain them and get assistance is included in this pamphlet.

As a victim of crime, you also have the rights outlined at the end of the pamphlet in the **VICTIM'S BILL OF RIGHTS MARSY'S LAW** section.

If you intend to report a rape or sexual assault to the police:

1. Help preserve the evidence. Do not bathe, douche, change or wash your clothes, or alter anything at the location of the assault.
2. Contact the police as soon as possible so they can take you to a hospital and make a report.
3. Although the police will take a detailed report, you can ask that your name not become a matter of public record.
4. You have the right to have an Advocate and a support person of your choice with you during the hospital exam and police questioning.

COMMUNITY RESOURCES FOR VICTIMS

Emergency Services.

Domestic Violence Counselors are available 24-hours a day if you are in need of crisis counseling, emergency relocation to a safe place, seeking safety planning, or restraining order information. You can contact the Family Violence Law Center's Mobile Response Team at (800) 947-8301.

Legal Assistance

Family Violence Law Center	(800) 947-8301 (510) 208-0255
Bay Area Legal Aid	(510) 250-5270
East Bay Community Law Center	(510) 548-4040
Alameda County Bar Association	(510) 302-2222
Legal Assistance for Seniors	(510) 832-3040
Asian Pacific Islander Legal Outreach	(510) 251-2846

Shelters and Hotlines

A Safe Place	(510) 536-7233 (510) 836-2456
Building Futures w/Women & Children	(866) A-WAY-OUT (866) 292-9688
Safe Alternative to Violent Environments	(510) 794-6055
STAND	(888) 215-5555
Tri-Valley Haven	(800) 884-8119
Marin Abused Women's Shelter	(415) 924-6616
Asian Women's Shelter	(877) 751-0880
EDEN (shelter referrals)	(510) 537-2552
National Domestic Violence Hotline	(800) 799-SAFE (800) 799-7233
Narika Hotline (South Asian Languages)	(800) 215-7308
Shimtuh Hotline (Korean Center East Bay)	(510) 547-2662
Deaf Hope	hotline@deaf-hope.org
Community United Against Violence (LGBTQ)	(415) 777-5500
Bay Area Crisis Nursery	(925) 685-8052

Counseling for Survivors

Being the victim of a crime can be extremely traumatic and difficult. It is very important that you get the support that you need to take care of yourself. The following agencies provide counseling and assistance.

Family Violence Law Center	(800) 947-8301
Clearwater Counseling	(510) 596-8137
A Safe Place	(510) 536-7233

Tri-Valley Haven	(800) 884-8119
SAVE	(510) 794-6055
Building Futures w/Women & Children	(866) 292-9688
La Clinica de la Raza (Spanish)	(510) 535-4170
Pacific Center for Human Growth (LGBTQ)	(510) 548-8283
Community United Against Violence (LBBTQ)	(415) 777-5500
Alameda Family Services	(510) 522-8363
Deaf Hope	hotline@deaf-hope.org
National Domestic Violence Hotline	(800) 799-7233

Counseling for Children

Family Violence Law Center	(800) 947-8301
Clearwater Counseling	(510) 596-8137
DOVES at Oakland Children's Hospital	(510) 428-3135
The Link to Children (TLC)	(510) 428-2028

Counseling for Offenders

Alameda Community Recovery SVS	(510) 522-8363
John Hamel & Associates (Berkeley)	(925) 686-2921
Allen Temple Baptist Church	(510) 544-3914
Peace Creations	(510) 834-7088
Psychological Services Center	(510) 628-9065
West Oakland Health Council	(510) 465-1800

STATE OF CALIFORNIA CRIME VICTIM COMPENSATION PROGRAM

Victims of crime or their dependents may be paid by the State of California for expenses relating to the criminal act. California's Victim Compensation Program may pay for expenses such as:

- Medical and dental treatment
- Mental health counseling
- Relocation for your safety
- Home security
- Lost income

NOTE: California Victim's Compensation Program cannot pay for property damages.

For further information about this Program or to get an application, please contact:

California Victim Compensation Program

Statewide (800) 777-9229
Alameda County (510) 272-6180

Alameda Co. District Attorney's Victim/Witness Assistance Program

1401 Lakeside Drive, Suite 802
Oakland, CA 94612 (510) 272-6180

Alameda County Family Justice Center

470 27th Street Oakland, CA 94612 (510) 267-8800

VICTIM'S BILL OF RIGHTS MARSY'S LAW

The California Constitution, Article 1, Section 28, confers certain rights to victims of crime as they are defined in the law. Those rights include:

1. Fairness and Respect

To be treated with fairness and respect for his or her privacy and dignity, and to be free from intimidation, harassment, and abuse throughout the criminal or juvenile justice process.

2. Protection from the Defendant

To be reasonably protected from the defendant and persons acting on behalf of the defendant.

3. Victim Safety Considerations in Setting Bail & Release Conditions

To have the safety of the victim and the victim's family considered in fixing the amount of bail and release conditions for the defendant.

4. The Prevention of the Disclosure of Confidential Information

To prevent the disclosure of confidential information or records to the defendant, the defendant's attorney, or any other person acting on behalf of the defendant, which could be used to locate or harass the

victim or the victim's family, or which disclose confidential communications made in the course of medical or counseling treatment, or which are otherwise privileged or confidential by law.

5. Refusal to be interviewed by the Defense

To refuse an interview, deposition, or discovery request by the defendant, the defendant's attorney, or any other person acting on behalf of the defendant, and to set reasonable conditions on the conduct of any such interview to which the victim consents.

6. Conference with the Prosecution and Notice of Pretrial Disposition

To reasonable notice of and to reasonably confer with the prosecuting agency, upon request, regarding the arrest of the defendant if known by the prosecutor, the charges filed, the determination whether to extradite the defendant and, upon request, to be notified of and informed before any pretrial disposition of the case.

7. Notice of and Presence at Public Proceedings

To reasonable notice of all public proceedings, including delinquency proceedings, upon request, at which the defendant and the prosecutor are entitled to be present and of all parole or other post-conviction release proceedings, and to be present at all such proceedings.

8. Appearance at Court Proceedings and Expression of Views

To be heard, upon request, at any proceeding, including any delinquency proceeding, involving a post-arrest release decision, plea, sentencing, post-conviction release decision, or any proceeding in which a right of the victim is at issue.

9. Speedy Trial and Prompt Conclusion of the Case

To a speedy trial and a prompt and final conclusion of the case and any related post-judgment proceedings.

10. Provision of Information to the Probation Department

To provide information to a Probation Department official conducting a pre-sentence investigation concerning the impact of the offense on the victim and the victim's family and any sentencing recommendations before the sentencing of the defendant.

11. Receipt of Pre-Sentence Report

To receive, upon request, the pre-sentence report when available to the defendant, except for those portions made confidential by law.

12. Information on Conviction, Sentence, Incarceration, Release, and Escape

To be informed, upon request, of the conviction, sentence, place and time of incarceration, or other disposition of the defendant, the scheduled release date of the defendant, and the release of or the escape by the defendant from custody.

13. Restitution

- A. It is the unequivocal intention of the People of the State of California that all persons, who suffer losses as a result of criminal activity, shall have the right to seek and secure restitution from the persons convicted of the crimes causing the losses they suffer.
- B. Restitution shall be ordered from the convicted wrongdoer in every case, regardless of the sentence or disposition imposed, in which a crime victim suffers a loss.
- C. All monetary payments, monies, and property collected from any person, who has been ordered to make restitution, shall be first applied to pay the amounts ordered as restitution to the victim.

14. The Prompt Return of Property

To the prompt return of property when no longer needed as evidence.

15. Notice of Parole Procedures and Release on Parole

To be informed of all parole procedures, to participate in the parole process, to provide information to the parole authority to be considered before the parole of the offender, and to be notified, upon request, of the parole or other release of the offender.

16. Safety of Victim and Public are Factors in Parole Release

To have the safety of the victim, the victim's family, and the general public considered before any parole or other post-judgment release decision is made.

Information about these 16 Rights

To be informed of the Rights enumerated in paragraphs (1) through (16).

For more information on Marsy's Law, visit the Attorney General's website at: www.ag.ca.gov/victimservices.

To obtain information on the Victim Witness Assistance Center nearest to you, contact:

Attorney General's Victim Services Unit (877) 433-9069

Additional Information for University of California Affiliates

If you are affiliated with UC Berkeley you are being provided with this valuable resource guide because you have been recently impacted by criminal activity, or may need resources the University can provide. The University of California, Berkeley has many resources available to assist you during what may be a difficult time. Please know we are committed to addressing your needs in conjunction with our community partners.

UCPD Berkeley

For more information visit:

<http://safetycounts.berkeley.edu>

<http://survivorsupport.berkeley.edu/>

CARE Confidential Advocates:



(510) 642-1988

REPORT**Center for Student Conduct**

(510) 643-9069, <http://studentconduct.berkeley.edu>

Office for the Prevention of Harassment and Discrimination

(510) 643-7985, <http://ophd.berkeley.edu>

University of California Police Department, Berkeley

(510) 642-6760, <http://police.berkeley.edu>

SUPPORT**Gender Equity Resource Center**

Sexual Harassment/Sexual Assault Resource Specialist

(510) 643-5727, <http://geneq.berkeley.edu>

University Health Services, Social Services

(510) 642-6074, socsrvs@uhs.berkeley.edu

<http://uhs.berkeley.edu/students/counseling/socialservices.shtml>

University Health Services, CARE Services

(510) 643-7754, careserv@uhs.berkeley.edu
<http://uhs.berkeley.edu/facstaff/care/>

Ombudsperson for Students and Postdoctoral Appointees

(510) 642-5754 for referral, <http://sa.berkeley.edu/ombuds>

Ombuds Office for Faculty

(510) 642-4226

The Staff Ombuds Office

(510) 642-7823

Division of Student Affairs, Student Legal Services

(510) 642-3916, <http://sa.berkeley.edu/legal>

Student Advocate

(510) 642-6912, <http://advocate.berkeley.edu>

MEDICAL**University Health Services, Urgent Care Clinic**

2222 Bancroft Way (The Tang Center)
 (510) 643-7197 (advice after hours), www.uhs.berkeley.edu

This material is available in alternative formats upon request. Alternative formats include audio-format, braille, large print, electronic text, etc. Please contact the Disability Services Specialist and allow 7-10 days for productions of the material in an alternative format.

Disability Services Specialist

Email: ADA@cityofberkeley.info

Phone: (510) 981-6418

TTY: (510) 981-6347

Revised February 2019 G:\p_admin\DD DV\2019 Resources for Victims Pamphlet

NOTICE OF REPORT
 Berkeley Police Department
 Tsukamoto Public Safety Building
 2100 Martin Luther King Jr. Way
 Berkeley, CA 94704
 (510)981-5900 VM#(510)981-5990
www.CityofBerkeley.info/police

Report number: _____

Date: _____

Type of Report/Offense: _____

Officer's name: _____

Badge #: _____

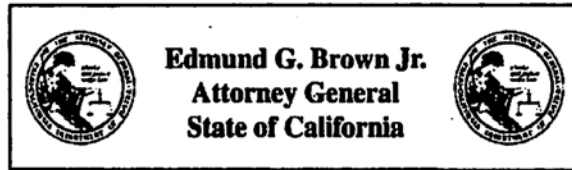
Officer's duty hours: _____

Days off: _____

If you have questions regarding the status of the investigation of your case, please contact the Police detail indicated below. Inquiries should be made Monday – Friday, 8:00am-4:30pm.

Crimes Against Property	(510) 981-5737
Domestic Violence	(510) 981-5736
Sex Crimes	(510) 981-5716
Youth Services	(510) 981-5715
Homicide/Assault	(510) 981-5741
Robbery	(510) 981-5742
Traffic	(510) 981-5980





Victims' Bill of Rights
Marsy's Law

The California Constitution, Article 1, Section 28, confers certain rights to victims of crime as they are defined in the law. Those rights include:

- 1. Fairness and Respect**
To be treated with fairness and respect for his or her privacy and dignity, and to be free from intimidation, harassment, and abuse, throughout the criminal or juvenile justice process.
- 2. Protection from the Defendant**
To be reasonably protected from the defendant and persons acting on behalf of the defendant.
- 3. Victim Safety Considerations in Setting Bail and Release Conditions**
To have the safety of the victim and the victim's family considered in fixing the amount of bail and release conditions for the defendant.
- 4. The Prevention of the Disclosure of Confidential Information**
To prevent the disclosure of confidential information or records to the defendant, the defendant's attorney, or any other person acting on behalf of the defendant, which could be used to locate or harass the victim or the victim's family or which disclose confidential communications made in the course of medical or counseling treatment, or which are otherwise privileged or confidential by law.
- 5. Refusal to be Interviewed by the Defense**
To refuse an interview, deposition, or discovery request by the defendant, the defendant's attorney, or any other person acting on behalf of the defendant, and to set reasonable conditions on the conduct of any such interview to which the victim consents.
- 6. Conference with the Prosecution and Notice of Pretrial Disposition**
To reasonable notice of and to reasonably confer with the prosecuting agency, upon request, regarding, the arrest of the defendant if known by the prosecutor, the charges filed, the determination whether to extradite the defendant, and, upon request, to be notified of and informed before any pretrial disposition of the case.
- 7. Notice of and Presence at Public Proceedings**
To reasonable notice of all public proceedings, including delinquency proceedings, upon request, at which the defendant and the prosecutor are entitled to be present and of all parole or other post-conviction release proceedings, and to be present at all such proceedings.
- 8. Appearance at Court Proceedings and Expression of Views**
To be heard, upon request, at any proceeding, including any delinquency proceeding, involving a post-arrest release decision, plea, sentencing, post-conviction release decision, or any proceeding in which a right of the victim is at issue.

- 9. Speedy Trial and Prompt Conclusion of the Case**
To a speedy trial and a prompt and final conclusion of the case and any related post-judgment proceedings.
- 10. Provision of Information to the Probation Department**
To provide information to a probation department official conducting a pre-sentence investigation concerning the impact of the offense on the victim and the victim's family and any sentencing recommendations before the sentencing of the defendant.
- 11. Receipt of Pre-Sentence Report**
To receive, upon request, the pre-sentence report when available to the defendant, except for those portions made confidential by law.
- 12. Information About Conviction, Sentence, Incarceration, Release, and Escape**
To be informed, upon request, of the conviction, sentence, place and time of incarceration, or other disposition of the defendant, the scheduled release date of the defendant, and the release of or the escape by the defendant from custody.
- 13. Restitution**
- A. It is the unequivocal intention of the People of the State of California that all persons who suffer losses as a result of criminal activity shall have the right to seek and secure restitution from the persons convicted of the crimes causing the losses they suffer.
 - B. Restitution shall be ordered from the convicted wrongdoer in every case, regardless of the sentence or disposition imposed, in which a crime victim suffers a loss.
 - C. All monetary payments, monies, and property collected from any person who has been ordered to make restitution shall be first applied to pay the amounts ordered as restitution to the victim.
- 14. The Prompt Return of Property**
To the prompt return of property when no longer needed as evidence.
- 15. Notice of Parole Procedures and Release on Parole**
To be informed of all parole procedures, to participate in the parole process, to provide information to the parole authority to be considered before the parole of the offender, and to be notified, upon request, of the parole or other release of the offender.
- 16. Safety of Victim and Public are Factors in Parole Release**
To have the safety of the victim, the victim's family, and the general public considered before any parole or other post-judgment release decision is made.
- 17. Information About These 16 Rights**
To be informed of the rights enumerated in paragraphs (1) through (16).

For more information on Marsy's Law, visit the Attorney General's website at: www.ag.ca.gov/victimservices

To obtain information on the Victim Witness Assistance Center nearest to you contact:

Attorney General's Victim Services Unit
1-877-433-9069
50

BERKELEY COMMUNITY MEETING FEEDBACK

Overview:

The three virtual Community Meetings were the culmination of the Community Engagement process. Following the distribution of the survey and 15 listening sessions focused on vulnerable populations and stakeholders, the Community Meetings were scheduled after the submission of NICJR's Draft Final Report and Recommendations. The intention with the timing of these events was to offer the broader Berkeley community an opportunity to provide feedback on the Draft Final Report while also sharing thoughts and ideas on ways in which the City of Berkeley can continue this process of Reimagining Public Safety.

Each meeting identified a specific group of districts listed below:

January 13, 2022: Districts 1,2

January 20, 2022: Districts 3,4

February 3, 2022: Districts 5, 6, 7, 8

NICJR incorporated several ways in which feedback could be provided during the Community Meetings. In addition to a Question and Answer session the following pages include direct feedback from interactive platforms Mentimeter and Jamboard; which was utilized during the Breakout Rooms.

What are the most pressing public safety issues impacting you and your community?



What are the most pressing public safety issues impacting you and your community?



What are the most pressing public safety issues impacting you and your community?



What are the most important investments in the community that would support increased public safety?



What are the most important investments in the community that would support increased public safety?



What are the most important investments in the community that would support increased public safety?



Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

Cheryl-some of your retorts are invalidating. *Listening* doesn't require a response. The purpose of these meetings should be *listening* to what the community's concerns, not railroading through your agenda

In my experience, the BPD have been professional and courteous. I do not agree with the premise that fewer officers will result in increased safety.

2017 through September 2021 shows the department responded to an average of 72,738 calls for service per year and averaged 2,804 arrests. = 0.038! Why are reimagining safety for such a small

It sounds like you are removing the ability of officers to be proactive - by reducing interactions, by reducing police, by reducing their ability to be effective. This is not what we want.

CIT left out of the report.

made, Berkeley's Police Department needs to maintain the ability to respond to and investigate violent crime, they are an essential institution in Berkeley and have made me and my family safer as we have experienced

there are only ~50 people at this meeting out of ~120k Berkeley residents, how will this potentially dramatic departure from current policies be communicated to a much wider audience?

I am deeply concerned about the implementation of the CERN program. Replacing 911 calls with community personnel instead of police is extremely high risk.

triage of different calls relies on accurate information from callers- this is often not the case, and a well staffed call center, which Berkeley currently does not have. Will the proposed system work without this triage?

less- I am worried this "reimagining" process is being used as an excuse to raise taxes for more from an already overburdened tax base. I would feel much more comfortable supporting this initiative with a pledge for funding

we have CERN and SCU? Should be 1 entity. Seems problematic. We need 1 additional new phone line mental health crisis/ overdoses, etc. Only 1% of calls are actually violent crime in Berkeley. We need police out of mental



Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

Glad to see Advance Peace has been added to list of recommendations

please don't reinvest further in police reform (such as the new police academy or new QAT bureau)

council members have been for years talking about spending money for a cease fire program and it never happens. looking at our history and why there isn't better community engagement is important.

didn't hear mention of the gangs which have been in the city for a long time

Safety for all - without displacing is complicated and not a concept we actually understand well. A lot of it has to do with actually educating everyone. Berkeley schools hopefully will be engaged in this process and held

While the study is very interesting and great - it takes a lot of effort and openness to change the status quo. How can we build that willingness amongst community members.

we need buy in of city staff for any of the recommendations to work. our elected officials often make policies that staff often doesn't know how to implement and doesn't buy into. I didn't see suggestions for staff

I agree we already have social programs for youth - Under-funding limits their impact.

many of the "recommendations" from NICJR are things already in place/in progress in Berkeley - not sure how helpful they are (e.g., EIS, ending pretext stops)

Very helpful presentation. I see a level of humility that is appropriate in any ground-breaking proposal like this. But we are also being appropriately ambitious due to the challenges we face in revisioning public

Question. Is it possible to train responders into compassion? Compassion would have saved the life of the man who died this weekend just outside the police station.

Training of CERN and who could fill those roles is not well researched/explained

In addition to history of policing, it would have been helpful for report to describe how policing fails to actually prevent most crime and how police "reform" efforts are mostly unsuccessful

concern about nonsworn officers handling DV and traffic stops. also concerned that police are needed to secure situations before mental health and others respond

concerned that some alternatives like CAHOOTS have low percentage effectiveness. again, as i stated, 30-40% of crime in berkeley is committed by out of city offenders.

An A/B pilot test seems reasonable. The other two seem like massive overkill in time, money, and effort in a town where there are mental health services, police review, etc.

Planting trees and neighborhood clean up matters. I've seen research showing that it has a substantial impact on property crime and violence.

Having appropriate non-police response to behavior problems will be a great improvement

Very little here to actually "reimagine" and provide solutions to the underlying root causes of crime (e.g., lack of housing, health care, jobs)

Lighting is a big issue in the city - it makes streets / parks and public spaces safer

we already have social programs for youth

How do the CBOs access the money which supposedly exists for more interaction with the community?

the guaranteed income is really not okay when so many community members are struggling to pay taxes here, which are about the highest in the area

City needs to invest substantially in BerkDOT and self-enforcing streets

I am glad to hear positive mention of the Fair and Impartial Policing plan proposed by the mayor's working group and adopted by the city council. However, the specifics of the program are vital for the "Improve"

Are black community members in favor of these changes? elsewhere that has not been the case, I believe

reflect reality of policing in Berkeley by including officers in your discussions. So far it all seems disrespectful to the folks who make life in Berkeley possible.

Significant need for job training and opportunities for youth starting early (e.g., middle school)

agree with writer about lack of mention of gang in Berkeley

City already has many many programs. Are they working? How will new ones help?

Should also think about traffic safety in terms of passive devices: red light cameras; speeding cameras; speed bumps.

Having lived many places, BPD seems like a good police department if under-staffed.



Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

What's the process for intervening with people who live outside the area who are committing (violent) crime within the City. How do we find the people who are causing the crime?

The call types currently assigned to CERN have overlap with calls that the SCU should be responding to. CERN and SCU should be combined into one program that addresses non-criminal calls,

It is confusing and rather unproductive to have CERN separated from the SCU and will likely lead to confusion with dispatch, overlapping jurisdiction and uncertainty within the community. Not to mention the

The mayor asserted a "fair and objective data based" process. I haven't been hearing or seeing the data base for the need for an "alternative" scheme. Nor am I seeing or hearing a data base in terms of any expected results

what does success look like here? What is the problem we're trying to solve? If we're a pilot and the metrics aren't achieved then what?

Being sure things are adequately funded will be so important. CBOs are always underfunded. They will step up to be helpful but will not be able to succeed w/o needed funding. Police are extraordinarily well

Were there recommendations/solutions that are suggested/implemented in other cities, but weren't made to our city/Berkeley, and why?

The inclusion of police at any level will taint the CERN/SCU programs entirely. Rather than working in concert with police, the CERN/SCU should work solely on calls that do not require police assistance or backup.

The problem we are trying to solve is systemic racism and injustices. Restate the facts/evidence of this in Berkeley. That is why we are here.

I passionately support these solutions. We need to implement reimagining public safety in Berkeley

The section on the history of policing in Berkeley doesn't include the history of corruption within the BPD

support the recommendations and curious to see the data that shows what the issue is and how it is addressed through the recommendations

How do we as a community define Public Safety?

Can't find police when you need them.

Is this effort just a new way of framing police and fire and emergency services or are we really reimagining public safety?

word cloud indicates general fear of Berkeley residents. What part of plan (particularly reinvest) addresses/mitigates community fear, thus helping community embrace change from the Reduce Improve and Reinvest

CERN/SCU should not respond to misdemeanors as this will lead them towards being an enforcement power (aka policing power). It is crucial that CERN/SCU value safety over enforcement in order

Suggest a Community Based Organization assessment, showing what the coverage in skills and areas already exists, and where there are gaps. So that reinvestment can proactively start building capacity in gap areas.

The creation of a "progressive" police academy will adversely affect attempts to shrink the footprint and budget of BPD. Instead, create a Public Safety Academy to train CERN/SCU employees, other first responders,

Casual reference to "programs" elsewhere does not provide us "data". Nor do advocacies for alleged "community members" wanting various things is not quantified. Nor results. WHERE IS THE DATA?



Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

Click on the "sticky note" icon on the left side of the screen. You will be able to write your feedback on the sticky note, click save and place it on the screen.

We've spent a lot on police and we still have rising crime! Time for a new approach! We need to address the root causes of crime.

Emphasize more how police attention to category 3 and 4 crimes will be enhanced

I have done a lot of podcast listening and reading on RPS and really support the NICJR report!

Is there a recommendation for how the city should organize the implementation of the RPS process? There is a lot to do! Does there need to be a new Department of RPS?

How should the city track the progress of the pilot? What metrics should be used? This seems important to be able to show reduced calls, increased CBO budgets, etc. so we can track successes and lack of successes.

Who will train the CERN staff?

I'm concerned about a lack of city focus on carrying this forward. Seems to me that it should be housed in the city, outside of the PD, with an RPS commission.

How is the savings going to be reinvested? Transparency with how the 6 million mentioned will be spent is important.



Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

Concerns about a decrease in the number of police responding to calls for service.

Thanks for the presentation. I had no idea about this process until now.

Questions about how the CERN pilot is being funded.

How will the CERN pilot be evaluated?

Concerns about non-criminal calls that lead to violent crimes.

Are police involved in the RPSTF process? What are their thoughts on this?

Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

Loved the question on How do we get ACTION from the City Council?

Will be effective IF implemented

Some aspects of these recommendations should be put under oversight of Police Accountability Board

Need a "czar" in city government whose job it is to KEEP THIS REIMAGINING EFFORT MOVING FORWARD!

Invest serious funding in implementation!

Will be of no use if NOT implemented.

Great report, NIJCR!

How do we respond to South Berkeley concerns about gunfire?

What other ways can we ensure that South Berkeley's concerns about gunfire will be more effectively addressed under a re-imagined framework? For example, funds for cameras.

effective traffic (safety) enforcement for several years. If CERN officers could respond to reported incidents AND follow-up that would likely result in many more reports (of dangerous drivers for example). As it stands now few are reported because nobody

Where to find clearer understanding of what police money is being used for other things, e.g. how much does parking enforcement cost - what kind of savings could there be.

Are there any pilot Phase 1 categories that BPD is on board with? If so, these seem like the ones most likely to move ahead quickly, assuming folks offer the RFP.



Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

I like the CERN rubric, but I think questions remain about how where the lines will be drawn and how exactly the decisions will be made on where calls for service should be assigned.

Strengthen focus on F&I and PAB

Concurrent processes like Fair and Impartial TF/ SCU. How to ensure programs are actually implemented?

More community outreach

Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

How do we go against a system that is inherently racist?

I worry that the police dept will not be willing to make change.

The City is in the process of hiring a new Police Chief - what sort of background would be needed to implement the new program. Has there been discussion with the police union

The police is not cooperating with the Police Advisory Board. why will they cooperate with you?

When are we going to hear from the most impacted people in Berkeley during this process? Meaning the most marginalized and oppressed groups.

What has been the outreach to POC?

Have the city council members been involved with contacting their constituents for these meetings



Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

Click on the "sticky note" icon on the left side of the screen, fourth icon down. You will be able to write your feedback on the sticky note, click save and place it on the screen.

Partnering seems to be missing in the process. The process seems adversarial and not a partnership with the police.

In 11.23 draft, fn. 7, p. 27, Appendix I "Community members have expressed concerns about MCT's ability to properly assist with calls for service." - seems overly judgmental and under-evidenced

in support of Charles and Cheryl on PD with mental health crisis successes with PD standing nearby

Concern regarding a whole new way of training and providing EMS services. What impact will this have on the emergency communications center?

Seems like it has become a competition vs lay people take over MH CFS were people are in crisis

Having MH professionals respond to some calls for service seems somewhat appropriate

Having the last resort language in Policy 300 may be problematic. Look at what BPD actually has in their policy.

Community that seems to be resistant to the whole process fears that they will have less protection for public safety

CIT is left out of the report



Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

Click on the "sticky note" icon on the left side of the screen, fourth icon down. You will be able to write your feedback on the sticky note, click save and place it on the screen.

How does the list of BPD "problems" in the Draft Report compare to other cities our size?

What is the BPD response to this report?

Does your process recognize that many crimes committed in Berkeley are by professional criminals who live in other cities?

My biggest question is no mention that Berkeley has a unified 911 Call Center. How do you propose dealing with that?

What is the expected effect on the crime rate in Berkeley?

As for a stronger restraint on use of force it was the BPD and council members that resisted a stronger policy so how do you advise changing that

Deschutes county stabilization center
<https://www.deschutes.org>

The problem identified by the the policing equity report was disparate treatment by race. I didn't hear anything on racism

Does State Law allow civilians to do traffic stops?

Did your work cover the instance of the resident who called in a "trespasser" and was killed by the trespasser before the BPD arrived



Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

Good presentation. Would like to hear more about implementation obstacles re City Council etc.

police. This seems to be a longtime NICJR mission (which is OK), but it seems stuck in 2020's summer of rage. With violent crime spiking, most cities are trying to expand their police forces, with better training and

Using pilot project to learn -- but also to KEEP MOVING FORWARD -- makes a lot of sense.

Totally support using our public safety dollars more effectively to address root causes

To me, it's about efficient use of dollars, not hostility toward police

In many cases, the anticipated CERN people will be in potentially dangerous and escalatory situations. We need to protect THESE people as well as offenders. They will need police backup to stay safe.

Why do we have CERN and SCU when it could be all put under SCU?

Can our city reverse some effects of cash bail reform so offenders can be kept off the streets, rather than coming back and re-offending?

Agree with the intermediate objectives: End pretextual stops; make unarmed people the lead responders to low-hazard calls.



Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

Violent crime is in fact a problem in Berkeley (as in many cities). The number of shootings so far this year is appalling.

How can we pursue the reforms that are needed given the backlash stirred up by the supposed "crime tsunami"?

I appreciate the thoroughness of the report highlighting the most pressing issues within BPD and the fact that investment in violence prevention is critical.

Derek Chauvin did not work for the BPD. We need to focus on our local situation and not transfer our outrage about things happening in other places to our law enforcement folks.

public safety, we need to also realize that many of the people arrested for crimes, including violent crimes in Berkeley, live in other surrounding communities and we cannot provide services for them.

I recommend that the city looks within organizations that are connected and have relationships with community members to be most effective.

should be given to the BPD's feedback on types of calls that need police response. I'm sure officers would be glad to have other calls covered by appropriately trained responders, but many of the calls may need a police response at the outset regardless

other surrounding communities and we cannot provide services for them. Again, we need to focus on our actual local situation and what we can do to improve public safety

hope its recommendations can be implemented. I'm concerned that the UBI proposal, which is race-based rather than solely based on income, is a political liability. For example, a demagogue could readily use the racial

Our BPD should be supported for the challenging and mostly excellent work they do. We need to fully staff the police department to have the necessary resources to keep our city safe.

I think it would be valuable to specify the difference between CERN and the Specialized Care Unit because it seems like the default with CERN is to still have police on the scene

Traffic enforcement is a huge gap in current public safety. Too many dangerous drivers are endangering the public with no consequences. We need a much larger staff to handle traffic enforcement all over the city.

I would like to see the data that shows a problem with pretextual stops as an issue in Berkeley. Abandoning traffic enforcement leads to more problems and less safety.



Glossary of Terms

ACPD:	Alameda County Probation Department
ACPI:	American Crime Prevention Institute
ACR:	Alternative Crisis Response
ACS:	Albuquerque Community Safety Department
ANOVA:	Analysis of Variance
ASUC:	Associated Students of the University of California
APD:	Albuquerque Police Department
APD:	Austin Police Department
BACS	Bay Area Community Services
BAPA:	Bay Area Progressive Academy
BCSC	Berkeley Community Safety Coalition
BerkDOT:	Berkeley Department of Transportation
B-HEARD:	Behavioral Health Emergency Assistance Response Division
BI:	Business Intelligence
BIPOC:	Black, Indigenous People of Color
BOSS:	Building Opportunities for Self Sufficiency
BPC:	Business and Professions Code
BPD:	Berkeley Police Department
BPSA:	Black Public Safety Alliance
BRG:	Bright Research Group
BWC:	Body Worn Camera
BYA:	Berkeley Youth Alternatives
CAD:	Computer Aided Dispatch
CAHOOTS:	Crisis Assistance Helping Out on The Streets
CATT:	Community Assessment and Transportation Team
CBO:	Community Based Organization

CBTSim:	Counter Bias Training Simulation
CCD:	Crisis Call Diversion
CDC:	Center for Disease Control
CE:	Community Engagement
CEO:	Center for Employment Opportunity
CEO:	Chief Executive Office
CES:	Coordinated Entry System
CERN:	Community Emergency Response Network
CFS:	Calls for Service
CHP:	California Highway Patrol
CJC:	Community Justice Center
CPD:	Chicago Police Department
CPTCE:	Crime Prevention Through Community Engagement
CRU:	Crisis Response Unit
CSO:	Community Service Officer
CSP:	Community Safe Partnership
CWC:	Creative Wellness Center
DBA:	Downtown Berkeley Association
DJJ:	Department of Juvenile Justice
DMH:	Department of Mental Health
DPD:	Denver Police Department
DPN:	Delinquency Prevention Network
EIS:	Early Intervention Systems
EMCOT:	Expanded Mobile Crisis Outreach Team
EMS:	Emergency Medical Services
EMT:	Emergency Medical Technician
EPIC:	Ethical Policing Is Courageous
ESOP:	Ethical Society Of Police
EU:	European Union
EWIS:	Early Warning Intervention System

FAIR Girls:	Free Aware Inspired Restored
FBI:	Federal Bureau of Investigation
FOP:	Fraternal Order of Police
FTE:	Full Time Employee
FTO:	Field Training Officer
FY:	Fiscal Year
GF:	General Fund
GVRs:	Gun Violence Reduction Strategy
HACLA:	Housing Authority of the City of Los Angeles
HALO:	Highly Accountable Learning Organization
HPD:	Houston Police Department
HRC:	Housing Resource Center
HVIP:	Hospital Violence Intervention Program
IHOT:	In-Home Outreach Team
IPV:	Intimate Partner Violence
JJCPA:	Juvenile Justice Crime Prevention Act
LAPD:	Los Angeles Police Department
LEAP:	Leadership, Education, and Athletics in Partnership
LGBTQ:	Lesbian, Gay, Bisexual, Trans, Queer/Questioning
LGBTQIA+:	Lesbian, Gay, Bisexual, Trans, Queer/Questioning, Intersex, Asexual
MACRO:	Mobile Assistance Community Responders of Oakland
MAP:	Mayor's Action Plan for Neighborhood Safety
MCT:	Mobile Crisis Team
MHD:	Mental Health Division
MISD:	Misdemeanor

MISSEY:	Motivating, Inspiring, Supporting & Serving exually Exploited Youth
NBF:	New Bridge Foundation
NC:	Non-Criminal
NCA:	Neighborhood Change Agent
NEED:	Needle Exchange Emergency Distribution
NEP:	Needle Exchange Program
NIBRS:	National Incident Based Reporting System
NV FEL:	Non-Violent Felony
NYC:	New York City
NYCHA:	New York City Housing Authority
NYPD:	New York Police Department
ONS:	Office of Neighborhood Safety
OPD:	Oakland Police Department
OPD:	Olympia Police Department
OPS:	Police Operations
PD:	Police Department
PERF:	Police Executive Research Forum
POC:	People of Color
Project ABLE:	Active Bystandership for Law Enforcement
PTSD:	Post Traumatic Stress Disorder
QAT:	Quality Assurance Training
QTBIPOC:	Queer, Trans, Black and Indigenous People of Color
RAMS:	Richmond Area Multi-Services
RIPA:	Racial Identity and Profiling Advisory
RPD:	Richmond Police Department
RPSTF:	Reimagining Public Safety Task Force
SARA model:	Scanning, Analysis, Response, Assessment

SCRT:	Street Crisis Response Team
SCU:	Specialized Care Unit
SEEDS:	Services that Encourage Effective Dialogue and Solutions
SIF:	Safe Injection Facilities
SNAP:	Supplemental Nutrition Assistance Program
SPARQ:	Social Psychological Answers to Real World questions
SSDI:	Social Security Disability Insurance
SSI:	Supplemental Security Income
SSP:	Syringe Services Programs
STAR:	Support Team Assisted Response
STAIR:	Stability, Navigation and Respite
SV:	Sexual Violence
SV FEL:	Serious Violent Felony
TAY:	Transition Age Youth
TF:	Task Force
TVIT:	Trafficking Victim Identification Tool
UCLA:	University of California, Los Angeles
UCPD:	University of California Police Department
UCR:	Uniform Crime Report
VOIP:	Voice Over Internet Protocol
WSCJTC:	Washington State Criminal Justice Training Commission
YOBG:	Youth Organized Business Group
YSA:	Youth Spirit Artworks



Office of the City Manager

ACTION CALENDAR

March 10, 2022

To: Honorable Mayor and Members of the City Council

From: Dee Williams-Ridley, City Manager

Submitted by: Lisa Warhuus, Director, Health, Housing, and Community Services

Subject: Presentation and Discussion of Reports Submitted by Reimaging Public Safety Task Force and National Institute for Criminal Justice Reform

SUMMARY

On July 14, 2020, in Resolution No. 69, 501-N.S. City Council passed a package of items providing direction for the development of a new paradigm of public safety in Berkeley. As part of the items that were adopted, City Council adopted Item 18c (Referral to City Manager to Re-imagine Policing Approaches to Public Safety Using a Process of Robust Community Engagement, to Develop a Path Forward to Transforming Public Safety and Policing in Berkeley) and Item 18d (“Transform Community Safety and Initiate a Robust Community Engagement”) which directs the City Manager to engage a qualified firm(s) or individual (s) to lead a robust, inclusive, and transparent community engagement process with the goal of achieving a new and transformative model of positive equitable and community centered safety for Berkeley. Council will hear from both the National Institute for Criminal Justice Reform and from the Reimaging Public Safety Task Force with two reports with creative approaches to address the council direction. City Staff will receive community feedback and collect additional information from council with the goal of returning in April 2022 with a report and recommendations on a path forward to transforming public safety and policing in Berkeley. However since the Specialized Care Unit is an integral part of the future we have included this report which provides the Specialized Care Unit (SCU) Steering Committee’s response to the recommendations from Research Development Associates (RDA) for the implementation of Berkeley’s SCU. Considerations from this response will be incorporated into SCU implementation planning along with RDA’s recommendations.

CURRENT SITUATION AND ITS EFFECTS

As part of its Re-Imagining Public Safety process, the City of Berkeley has been engaged in planning to implement a SCU. The City contracted with RDA to conduct best practice research and a community engagement process in order to make recommendations for the best SCU model for Berkeley. To oversee and advise on this process, the City formed an SCU Steering Committee consisting of representatives from the Health, Housing, and Community Services Department, the Berkeley Fire

Department, appointees of the Mental Health Commission, and community representatives from the Berkeley Community Safety Coalition.

With guidance from the Steering Committee, RDA created three reports. The first report provides detailed information about 37 alternative crisis response models that have been implemented in the United States and internationally. The second report provides information about Berkeley's current crisis response system and also summarizes stakeholder perspectives gathered through a deep community engagement process conducted by RDA, in which input was gathered from utilizers of Berkeley's crisis response services, local community-based organizations (CBOs), local community leaders, and City of Berkeley and Alameda County agencies. RDA's third and final report utilized information gathered in completing the first two reports and makes specific recommendations for an SCU model for Berkeley. RDA's twenty-five recommendations are below, followed by the Steering Committee's response to these recommendations.

RDA RECOMMENDATIONS FOR AN SCU FOR BERKELEY

RDA's recommendations are categorized into five sets as follows:

Recommendations 1-7: The SCU Mobile Team

1. The SCU should respond to mental health crises and substance use emergencies without a police co-response.
2. The SCU should operate 24/7.
3. Staff a three-person SCU mobile team to respond to mental health and substance use emergencies.
4. Equip the SCU mobile team with vans.
5. The SCU mobile team should provide transport to a variety of locations.
6. Equip the SCU mobile team with supplies to meet the array of clients' needs.
7. Clearly distinguish the SCU from the Mobile Crisis Team.

Recommendations 8-10: Assessing the SCU Crisis Response: Dispatch & Alternative Phone Number

8. Participate in the Dispatch assessment and planning process to prepare for future integration.
9. Ensure the community has a 24/7 live phone line to access the SCU.
10. Plan for embedding a mental health or behavioral health clinician into Dispatch to support triage and SCU deployment.

Recommendations 11-14: Implement a Comprehensive 24/7 Mental Health Crisis Response Model

11. Fully staff a comprehensive model to ensure the success of the SCU mobile team, including supervisory and administrative support.

12. Operate one SCU mobile team per shift for three 10-hour shifts.
13. SCU staff and Dispatch personnel should travel to alternative crisis programs for in-person observation and training.
14. Prepare the SCU mobile team with training.

Recommendations 15-23: Administration and Evaluation

15. Contract the SCU model to a CBO.
16. Integrate the SCU into existing data systems.
17. Collect and publish mental health crisis response data publicly on Berkeley's Open Data Portal.
18. Implement care coordination case management meetings for crisis service providers.
19. Implement centralized coordination and leadership across city agencies to support the success of mental health crisis response.
20. Continue the existing SCU Steering Committee as an advisory body.
21. Solicit ongoing community input and feedback.
22. Adopt a rapid monitoring, assessment, and learning process.
23. Conduct a formal annual evaluation.

Recommendations 24-25: Promoting Public Awareness

24. Launch a public awareness campaign to promote community awareness and education about the SCU.
25. The SCU mobile team should conduct outreach and build relationships with potential service utilizers.

SCU STEERING COMMITTEE RESPONSE

Following completion of RDA's final report, the SCU Steering Committee (Committee) held detailed discussions and further analyzed each category of recommendations. The purpose of these discussions, which occurred over two 90-minute meetings in January 2022, was to establish where there was broad agreement among steering committee members and where individual members differed, and also to add additional considerations where needed. While there was strong agreement among steering committee members with most of RDA's recommendations, there were some nuances and additional considerations that should be considered as part of SCU implementation.

Recommendations 1-7: The SCU Mobile Team

The Committee supports these recommendations with a few points of added clarification. Related to the first recommendation (*respond to mental health crises and substance use emergencies without a police co-response*), the Committee agrees that the SCU should maintain its independence from the Berkeley Police Department (BPD), however acknowledges that there may be incidents that involve a threat of violence. In

these exception cases, the SCU should have protocols to activate BPD to provide support. Similarly, the Committee recommends that if BPD is called to respond to a mental health and/or substance use crisis, and there is no threat of violence present, they should be able to transfer the client to an SCU response.

Regarding the third recommendation (*staff a three-person SCU mobile team to respond to mental health and substance use emergencies*), the Committee believes that the level of required medical expertise on the SCU should be flexible, given constraints in hiring and potential lack of qualified candidates. There was some disagreement among Committee members about the level of medical expertise necessary on the SCU team. While one member in particular noting that a “peer” with basic medical training may be sufficient and more relatable, most members agreed that SCU users could benefit from a higher level of medical expertise that could be applied on the spot. The Committee also identified that, while the type of medical expertise could vary, it would be ideal to have a SCU member who could identify a medical need due to drug use versus a preexisting condition, such as an infected wound from using needles.

Not providing adequate medical expertise, instead relying on the Fire Department to provide urgent medical attention as needed, may result in patients being transported to the hospital, where there may be a lack of continued care. Ensuring some amount of medical expertise on the SCU will help maintain the spirit of the Unit to provide holistic care to individuals in crisis. This will continue to evolve in the implementation of the pilot program.

Recommendations 8-10: Assessing the SCU Crisis Response: Dispatch & Alternative Phone Number

The Steering Committee agrees with recommendations 8 and 9, yet would like to recommend an alternative to recommendation 10 (*plan for embedding a mental health or behavioral health clinician into Dispatch to support triage and SCU deployment*). The Committee agrees that it is important for the SCU to be well-coordinated with the 911 Communications Center, which is currently under the Berkeley Police Department, but does not agree that the behavioral health clinician, with mental health and substance use expertise, needs to physically sit in the dispatch space. The Committee is concerned that co-locating this individual with 911 Dispatch could lead to a misconception, and resulting lack of trust, about whether or not the SCU includes a police response. The Committee was also concerned that it would be challenging for an embedded individual with a unique roll that is a stretch beyond the current dispatch culture. Currently, most dispatch communications protocols are general and not tailored to responding to behavioral health calls, which could lead to law enforcement being deployed, instead of the SCU. During the implementation phase, the Committee recommends that the individual who provides dispatch services for the SCU should receive training, build relationships with the 911 Communications Center to ensure coordinated deployment of the appropriate resource, and should be physically located near or at the location where the rest of the SCU staff is stationed. This training would

be in addition to training recommended for existing dispatch staff to help them assign calls and effectively utilize the SCU.

Recommendations 11-14: Implement a Comprehensive 24/7 Mental Health Crisis Response Model

The Steering Committee offered additional suggestions to recommendations 11, 13, and 14. For 11, the Committee acknowledges that despite difficulty hiring new staff, it will be good to plan for redundancy in hiring to be able to keep the SCU fully-staffed for all shifts to provide continued coverage when staff are on vacation, sick, etc. Additionally, the team should avoid creating silos based on technical expertise by hiring a supervisor who is cross-trained in each of the different fields to help with team cohesion. This cross-training will be especially useful for a supervisor who is familiar with mental health and substance use, including harm reduction techniques and medication-assisted treatment (MAT). It is the Committee's view that this will support individuals who use drugs and desire to engage in this service delivery.

As the SCU moves into the implementation phase, the Committee supports the recommendation for team members to travel to other cities to learn from similar teams, and emphasizes that the Peer Supervisor should also be included in these visits. These training opportunities should focus on teams with a variety of expertise including: behavioral health, mental health, substance use, harm reduction techniques, and MAT. This will support cross-training and provide additional context for the Peer Supervisor to help support a successful team. Additionally, the Steering Committee recognizes that there are a variety of trainings that will be applicable and necessary for the SCU before they begin responding in the community. It will be important to prioritize specific trainings in the initial rollout, and add more trainings as the SCU progresses. While training is important, it must be balanced with the urgent need to fill this crisis response gap in the Berkeley community.

Recommendations 15-23: Administration and Evaluation

The SCU Steering Committee supports these recommendations and wants to make sure that the City will maintain a coordinated and collaborative relationship with the contracted Community-Based Organization (CBO). The City of Berkeley, in partnership with the SCU Steering Committee, will continue to discuss the exact parameters of contracting the work of the SCU to a CBO. This contract will be different than a traditional contract, given the required integration with current City services, and partnership across City departments. In addition, the Steering Committee recognizes that providing a physical space for the SCU may be a hurdle given Berkeley's geography. The implementation group should think creatively to provide a useful space to serve the staff, even if it means looking just outside Berkeley borders (i.e. North Oakland, Albany).

Developing a finance strategy will be critical for the long-term sustainability of the SCU. Inherent in developing a contract with a CBO will be the identification of known funding

for a considerable period of time, as no CBO will agree to stand something up this big for a short period of time without a plan for continuity. Recommendations 15-23 do not speak explicitly to financing the SCU (this is in the latter part of the report under the section “Systems Recommendations”) but should have been named here more explicitly since it is fundamental to Administration and Evaluation. The Committee anticipates that funding will be a combination of state and federal funding for crisis response services, as well as Medi-Cal reimbursement of crisis services. The Committee recommends pulling a finance team together early to start strategizing how the SCU will be funded long term through this variety of sources.

Recommendations 24-25: Promoting Public Awareness

The Steering Committee supports these recommendations and further recommends relying on multiple forms of direct outreach and broader communications, given the City of Berkeley’s limited messaging capacity. The Committee believes that the City of Berkeley should leverage the work of trusted partners to provide education about the SCU, such as the Lifelong Medical Street Medicine team. As the SCU gets started, members of the Unit should also conduct field outreach to introduce themselves, explain their duties, and provide a way to contact if needed. This field outreach will help build trust in the early stages.

BACKGROUND

RDA’s recommendations, along with considerations generated in this response by the Steering Committee, will inform implementation of the SCU.

In its third report, RDA also provided a set of “Systems Recommendations” that the Committee did not address for this report, but will address as part of implementation and sustainability planning. These are addressed thoroughly in the report and include:

- Addressing the needs of dispatch
- A sufficient investment of resources
- The role of trust

The report concludes with “Next Steps and Future Considerations” (also not addressed for this report) and include discussion of:

- Long-term sustainable funding
- The location of 911 dispatch within the Berkeley Police Department
- Preventing social monitoring: clarifying the SCU’s guiding principles
- Address the full spectrum of mental health and substance use crisis needs

ENVIRONMENTAL SUSTAINABILITY AND CLIMATE IMPACTS

There are no identifiable environmental effects or opportunities associated with the subject of this report.

POSSIBLE FUTURE ACTION

The City of Berkeley, in partnership with the SCU Steering Committee, will move into the implementation phase of the Specialized Care Unit.

FISCAL IMPACTS OF POSSIBLE FUTURE ACTION

Implementing the SCU will require significant funding. In addition to funding the operations, it will require staff time across several City departments, which may have varying financial impacts depending on the staff member's department. Additionally, the City anticipates releasing a Request for Proposals to recruit a community-based organization to serve as lead agency for the Specialized Care Unit and hiring a consultant in healthcare finance to develop a fiscal strategy for sustainability. These contracts will be funded through previously allocated American Rescue Plan Act funding. Identifying sustainable long-term funding for the SCU is an important next step, as described above.

CONTACT PERSON

Lisa Warhuus, Director, Health, Housing, and Community Services, (510) 981-5404.

Attachments:

- 1: [City of Berkeley Crisis Models Report \(Research Development Associates\)](#)
- 2: [City of Berkeley Mental Health Crisis Response Services and Stakeholder Perspectives Report \(Research Development Associates\)](#)
- 3: [City of Berkeley Specialized Care Unit Crisis Response Recommendations \(Research Development Associates\)](#)
- 4: National Institute for Criminal Justice Reform Final Report and Implementation Plan



City of Berkeley

Crisis Response Models Report



City of Berkeley

Specialized Care Unit Model Recommendations

Crisis Response Models Report

Caroline de Bie

Sarah Ferrell

Sasha Gayle-Schneider

Jamie Dorsey

Nicole Gamache-Kocol

Kevin Wu

This report was developed by Resource Development Associates under contract with the City of Berkeley Health, Housing & Community Services Department.

Resource Development Associates, September 2021





Table of Contents

Introduction	4
Crisis Response Models: An Overview	6
Components of Crisis Response Models	8
Program Administration	23
Program Planning Process	28
Lessons Learned	32
Appendices	36

Introduction

In response to the killing of George Floyd by Minneapolis police in May 2020 and the ensuing protests across the nation for this and many other similar tragedies, a national conversation emerged about how policing can be done differently in local communities. The Berkeley City Council initiated a broad reaching process to reimagine policing in the City of Berkeley. As part of that process, in July 2020, the Berkeley City Council directed the City Manager to pursue reforms to limit the Berkeley Police Department's scope of work to "primarily violent and criminal matters." These reforms included, in part, the development of a Specialized Care Unit (SCU) pilot to respond to mental health crises without the involvement of law enforcement.

In order to inform the development of an SCU, the City of Berkeley contracted with Resource Development Associates (RDA) to conduct a feasibility study that includes community-informed program design recommendations, a phased implementation plan, and funding considerations. As part of this feasibility study, RDA reviewed the components of nearly 40 crisis response programs in the United States and internationally, including virtually meeting with 10 programs between June and July 2021. This report provides a synthesized summary of RDA's findings, including common themes that emerged from across the programs, how they were implemented, considerations and rationale for design components, and overall key lessons learned. Please see the table below for a list of the programs that RDA reviewed. For the first nine programs listed (in bold and italics), RDA conducted phone interviews with representatives to obtain a further understanding of their program models; these programs are cited more often in this report because RDA had more details about them. For the remaining programs listed, RDA reviewed information that was available online. For a tabular summary of the key components of each crisis response program that RDA reviewed, please see Appendix C at the end of this report.

Additionally, SAMHSA's summary of its National Guidelines for Behavioral Health Crisis Care (released in 2020) is included in Appendix A of this report.

<u>Program Name</u>	<u>Location</u>
<i>B-HEARD (the Behavioral Health Emergency Assistance Response Division)</i>	<i>New York, NY</i>
<i>Crisis Assistance Helping Out On The Streets (CAHOOTS)</i>	<i>Eugene, OR</i>
<i>Crisis Response Pilot</i>	<i>Chicago, IL</i>
<i>Expanded Mobile Crisis Outreach Team (EMCOT)</i>	<i>Austin, TX</i>
<i>Mental Health First / Anti-Police Terror Project</i>	<i>Sacramento and Oakland, CA</i>
<i>Portland Street Response</i>	<i>Portland, OR</i>

<u>Program Name</u>	<u>Location</u>
<i>REACH 24/7 Crisis Diversion</i>	<i>Edmonton, Alberta, Canada</i>
<i>Support Team Assisted Response (STAR)</i>	<i>Denver, CO</i>
<i>Street Crisis Response Team (SCRT)</i>	<i>San Francisco, CA</i>
Albuquerque Community Safety Department	Albuquerque, NM
Boston Police Department's Co-Responder Program	Boston, MA
Community Assessment & Transport Team (CATT)	Alameda County, CA
Community Paramedicine	California (statewide)
Crisis Call Diversion Program (CCD)	Houston, TX
Crisis Now	National model (via SAMHSA)
Crisis Response Unit	Olympia, WA
Cuyahoga County Mobile Crisis Team	Cuyahoga County, Ohio
Department of Community Response	Sacramento, CA
Department of Community Solutions and Public Safety	Ithaca, NY
Downtown Emergency Service Center (DESC) Mobile Crisis Team	King County, WA
Georgia Crisis & Access Line (GCAL)	Georgia (statewide)
Los Angeles County Department of Mental Health – ACCESS Center	Los Angeles County, CA
Los Angeles County Department of Mental Health – Co-Response Program	Los Angeles County, CA
Los Angeles County Department of Mental Health – Psychiatric Mobile Response Teams (PMRT)	Los Angeles County, CA
Mobile Assistance Community Responders of Oakland (MACRO)	Oakland, CA
Mental Health Acute Assessment Team (MHAAT)	Sydney, Australia
Mental Health Mobile Crisis Team (MHMCT)	Nova Scotia, Canada
Mobile Crisis Assistance Team (MCAT)	Indianapolis, IN
Mobile Crisis Rapid Response Team (MCRRT)	Hamilton, Ontario, Canada
Mobile Emergency Response Team for Youth (MERTY)	Santa Cruz, CA
Mobile Evaluation Team (MET)	East Oakland, CA
Psykiatrisk Akut Mobilitet (PAM) Unit, the Psychiatric Emergency Response Team	Stockholm, Sweden

<u>Program Name</u>	<u>Location</u>
Police and Clinician Emergency Response (PACER)	Australia (several locations)
Seattle Crisis Response Team	Seattle, WA
Street Triage	England (several locations)
Therapeutic Transportation Pilot Program/Alternative Crisis Response	Los Angeles City and County, CA
Toronto Crisis Response	Toronto, Ontario, Canada

Crisis Response Models: An Overview

Of the crisis response program models reviewed, almost all specify that they respond to mental health and behavioral health concerns in their communities. Some models additionally specify that they respond to non-emergency calls, crises or disturbances related to substance use, homelessness, physical assault and sexual assault, family crises, and/or youth-specific concerns, as well as conduct welfare checks.

In California, Alameda County has the highest rate of 5150 psychiatric holds in the entire state.¹ Of those Alameda County individuals placed on a 5150 psychiatric hold that were transferred to a psychiatric emergency services unit, 75-85% of the cases did not meet medically necessary criteria to be placed in inpatient acute psychiatric services. This demonstrates an overuse of emergency psychiatric services in Alameda County, which creates challenges in local communities such as having lengthy wait times for ambulance services when these ambulances are tied up transporting and waiting to discharge individuals on 5150 holds at psychiatric emergency service units.

Mental health crises are varied - they affect individuals across their lifespans, manifest in a variety of behaviors, and exist on a spectrum of

¹ INN Plan – Alameda County: Community Assessment and Transport Team (CATT) – October 25, 2018. (2018, October 25). California Mental Health Services Oversight and Accountability Commission. <http://www.mhsoac.ca.gov/document/inn-plan-alameda-county-community-assessment-and-transport-team-catt-october-25-2018> & https://mhsoac.ca.gov/sites/default/files/documents/2018-10/Alameda_INN%20Project%20Plan_Community%20Assessment%20and%20Transport%20Team_8.6.2018_Final.pdf

severity and risk. A crisis response system ultimately seeks to provide care to individuals in the midst of a mental health crisis, keeping the individual and their surrounding community safe and healthy, and preventing the escalation of the crisis or exacerbating strains to mental and emotional well-being. As such, there are many considerations for the design of a mental health crisis response system that addresses the current shortcoming or flaws in existing models around the country and internationally.

Traditionally, the U.S. crisis response system has been under the purview of local police departments, typically with the support of local fire departments and emergency medical services (EMS), and activated by the local 911 emergency phone line. Over time, communities have responded to the need for a response system that better meets the mental health needs of community members by activating medical or therapeutic personnel in crisis response instead of traditional first responders (i.e., police, fire, EMS).

Term	Definition
<i>Traditional Crisis Response Model</i>	For the purposes of this report, we assume a traditional crisis response model includes having all crises routed through a 911 center that then dispatches the local law enforcement agency (as well as fire department and/or EMS, if necessary) to respond to the crisis.
<i>Co-Responder Model</i>	Co-responder models vary in practice, but they generally involve law enforcement officers and behavioral health clinicians working together to respond to calls for service involving an individual experiencing a behavioral health crisis.
<i>911 Diversion Programs</i>	Programs with processes whereby police, fire, and EMS dispatchers divert eligible non-emergency, mental health-related calls to behavioral health specialists, who then manage crisis by telephone and offer referrals to needed services.
<i>Alternate Model</i>	Emerging and innovative behavioral health crisis response models that minimize law enforcement involvement and emphasize community-based provider teams and solutions for responding to individuals experiencing behavioral health crises.

Like a physical health crisis that requires treatment from medical professionals, a mental health crisis requires responses from mental health professionals. Tragically, police are 16 times more likely to kill someone

with a mental health illness compared to others without a mental illness.² A November 2016 study published in the American Journal of Preventative Medicine estimated that 20% to 50% of fatal encounters with law enforcement involved an individual with a mental illness.³ As a result, communities have begun to consider the urgent need for crisis response models that include mental health professionals rather than police.

In the current national discussion about appropriate crisis response strategies for individuals experiencing mental health crises, the prominent concerns voiced have typically focused on the safety of crisis responders and community members, the funding of such programs, and balancing a sense of urgency to implement new models quickly with the need for intentional planning and preparation. In order to understand the current models that exist, RDA reviewed nearly 40 national and international crisis response programs and specifically interviewed staff from 9 programs about their:

- Program planning efforts, including community engagement strategies, coordinating across city agencies and partner organizations, and program planning, implementation, and evaluation activities;
- Models' key elements, including dispatch, staffing, transport capabilities, follow-up care, and more;
- Program financing;
- Other considerations that were factored into their program planning; and
- Key lessons learned or advice for the City of Berkeley's implementation of its SCU.

Components of Crisis Response Models

While each crisis response program was designed to meet the needs of its local community, there are several overarching components that were common across the programs that RDA explored. The majority of crisis response programs use their community's existing 911 infrastructure for dispatch. Most programs respond to mental health and behavioral health calls where they engage in de-escalation, assessment, referral, and

² Szabo, L. (2015, December 10). People with mental illness 16 times more likely to be killed by police. USA Today.

<https://www.usatoday.com/story/news/2015/12/10/people-mental-illness-16-times-more-likely-killed-police/77059710/>

³ DeGue, S., Fowler, K.A., & Calkins, C. (2016). Deaths Due to Use of Lethal Force by Law Enforcement. *American Journal of Preventive Medicine*, 51 (5), S173-S187. [https://www.ajpmonline.org/article/S0749-3797\(16\)30384-1/fulltext](https://www.ajpmonline.org/article/S0749-3797(16)30384-1/fulltext)

transport. Nearly all programs recognize the need to operate 24/7. Staffing structure varies by the needs of the community, but many response team units are staffed by teams of two to three individuals and can include a combination of mental health professionals, physical health professionals, and peers with lived experience. Many teams arrive in plainclothes or T-shirts with logos in a vehicle equipped with medical and engagement items. Teams typically receive skills-based training in de-escalation, crisis intervention, situational awareness, and communication. Crisis teams will either transport clients themselves or call a third party to transport, depending on the legal requirements and staffing structure of the crisis response team. Programs varied in their inclusion and provision of follow-up care.

Underneath the high-level similarities of the crisis response models that RDA researched are the tailored nuances that each program adapted to its local needs, capacities, and priorities. Below are additional details, considerations, and examples from existing models to further inform the City of Berkeley's development and implementation of its SCU.

Accessing the Call Center

Of the reviewed crisis response programs, the majority use the existing local 911 infrastructure, including its call receiving and dispatch technology and staff. There are several advantages to this approach. The general public is typically familiar with the number and process for calling 911, which can reduce the barrier for accessing services. Also, because 911 call centers already have a triage protocol for behavioral health calls, there can be a more seamless transfer of these types of calls to the local crisis response program. Additionally, some calls might not be reported as a mental health emergency but can be identified as such by trained 911 dispatch staff.

Generally, the administration of 911 varies across the nation. In some locales, 911 is operated by the police department, while in other locales it is administered centrally across all emergency services. Some programs have mental health staff situated in the 911 call center to: a) directly answer calls; b) support calls answered by 911 staff; and/or c) provide services over the phone as a part of the 911 call center's response. In Chicago, in addition to diverting more calls to the crisis response program, the staff of Chicago's Crisis Response Pilot anticipates that having mental health clinicians embedded in their call center to do triage and telemedicine will help them lay the foundation for a smooth transition to 988.

988 is the three-digit phone call for the National Suicide Prevention Lifeline. By July 16, 2022, phone service providers across the country will direct all calls to 988 to the National Suicide Prevention Lifeline, so that Americans in crisis can connect with suicide prevention and mental health crisis

counselors.⁴ In California, AB 988 was passed in the State Assembly on June 2, 2021 (and is currently waiting on passage by the State Senate) – AB 988 seeks to allocate \$50 million for the implementation of 988 centers that have trained counselors receiving calls, as well as a number of other system-level changes.⁵ In RDA’s research of crisis response models, some programs are actively planning for the upcoming 988 implementation when exploring the functionalities of their local 911 infrastructure and responsibilities; other programs were not differentiating 988 from 911 in the communities. For the purposes of this report, moving forward, we will not differentiate 911 from 988, and will refer to all emergency calls for service as going to 911.

Other programs use an alternative phone number in addition to or instead of 911. These numbers can be an existing non-emergency number (like 211) or a new phone number that goes directly to the crisis response program. Oftentimes a program will utilize an alternative phone number when they believe that people, particularly those disproportionately impacted by police violence, do not feel safe calling 911 because they fear a law enforcement response. Portland’s Street Response team & Denver’s STAR team use both a non-emergency number and 911, routed to the same call center. This supports community members that are hesitant to use 911 while also ensuring that calls that do come through 911 are still routed to Portland’s Street Response team. Overall, designing a system in Portland with both options was intended to increase community members’ access to mental health crisis services. Given that Portland’s program began on February 16, 2021, not enough time has elapsed for findings to be generated regarding the success of this model. But a current challenge that Portland shared with RDA is that some calls to their non-emergency number have wait times upwards of an hour because their call center needs to prioritize 911 calls.

In other program models, an alternate phone number may have been used in the community for years and, therefore, is a well-known resource. For example, in Canada’s REACH Edmonton program, the 211 line is well-used for non-emergency situations, so it is used as the main connection point for its crisis diversion team.

Triage & Dispatch

Once a call is received, dispatch or call center staff will assess whether services could be delivered over the phone or whether the call requires an in-person response, and whether the response should be led by the crisis response team or another entity. Several programs utilize existing

⁴ Federal Communications Commission. (2021). Suicide Prevention Hotline. <https://www.fcc.gov/suicide-prevention-hotline> & <https://www.fcc.gov/sites/default/files/988-fact-sheet.pdf>

⁵ Open States. (n.d.). California Assembly Bill 988. Retrieved September 2, 2021, from <https://openstates.org/ca/bills/20212022/AB988/>

well-used triage tools and/or made modifications to those triage tools based on a renewed emphasis of having non-police responses for mental health crises. Please see Appendix B for sample outlines of types of scenarios for crisis response teams that were shared with RDA. A dispatch's assessment of mental health related calls is dependent on the services provided by the local mental health crisis response team, an assessment of the situation and the caller's needs, who the caller has identified as the preferred response team, and any other safety concerns.

Some programs prioritize staff assignment based on call volume and need, such as programs that have chosen to pilot non-police crisis response teams in specific geographic locations within their jurisdiction. In these programs, the call center must, therefore, determine the location of the requested response when dispatching a crisis response team. For example, Chicago's Crisis Response Pilot has four teams that are assigned to different areas of the city based on their local ties and expertise of community needs; each team, therefore, only responds to calls that come from their assigned area. When programs are able to scale their services and hire more staff, many pilot programs plan to expand their geographical footprints.

Many crisis response teams are dispatched via radio or a computer-aided dispatch (CAD) system, and some have the ability to listen in on police radio and activate their own response if not dispatched. Of the nine programs that RDA interviewed, the Eugene CAHOOTS program allows its team to be self-dispatched, the Denver STAR program allows its team to directly see what calls are in the queue so they can be more proactive in taking and responding to calls, and the San Francisco SCRT program allows its team to respond to incidences that they witness while being out in the streets. Regarding the ability to self-dispatch, San Francisco's SCRT program is currently figuring out the regulatory requirements that might prohibit self-dispatching paramedics because they must be dispatched through a dispatch center.

Having multiple opportunities to engage the crisis response team is important to ensure community members have the most robust access to the service. For example, in Denver, their police, fire, and EMS can call their Support Team Assisted Response (STAR) team directly. Across all incidents that the Denver STAR team responded to in the first six months of its pilot implementation, it was activated by 911 dispatch in 42% of incidents, by police/fire/EMS in 35% of incidents, and self-activated in 23% of incidents.⁶ These data from the Denver STAR team demonstrate how, especially in the early stages of a new program's implementation, new processes and relationships are continually being developed, learned, refined, and implemented. For this reason, it is beneficial to have safeguards in place in triage and dispatch processes so that the crisis

⁶ Denver STAR Program. (2021, January 8). STAR Program Evaluation. https://www.denverperfect10.com/wp-content/uploads/2021/01/STAR_Pilot_6_Month_Evaluation_FINAL-REPORT.pdf

response team can be flexible in responding to the various ways in which crisis response calls originate.

Assessing for Safety

The presence of weapons or violence are the most common reasons why a crisis response team would not be sent into the field. Some of the reviewed programs only respond to calls in public settings and do not go to private residences as an effort to protect crisis team staff, though this was the case in a few of the 40 reviewed programs. Calls that are deemed unsafe or not appropriate for a crisis response team will often be responded to by police, co-responder teams, police officers trained in Critical Intervention Team (CIT) techniques, or other units within the police department. Many alternative models have demonstrated that the need for a police response is rare for calls that are routed to non-law enforcement involved crisis response teams. For instance, in 2019, Eugene's Crisis Assistance Helping Out On The Streets (CAHOOTS) team only requested police backup 150 times out of 24,000 calls, or in fewer than one percent of all calls received by the crisis team;⁷ this demonstrates that effective triage assessments and protocols do work in crisis response models.

Several of the programs interviewed by RDA mentioned that they are currently evaluating options for their non-police crisis response teams to respond to situations that may involve weapons or violence. These are situations that would otherwise be scenarios that default to a police response. These programs are aware of the risks of police responses to potentially escalate situations that could otherwise be deescalated with non-police involved responses and are trying to find ways to reduce those types of risks.

The types of harm and concerns for safety that should be assessed are not only for crisis response team staff, but also for the individual(s) in crisis and surrounding bystanders or community members. SAMHSA's best practices on behavioral health crisis response underscores that effective crisis care is rooted in ensuring safety for all staff and consumers, including timely crisis intervention, risk management, and overall minimizing need for physical intervention and re-traumatization of the person in crisis.⁸ When call center staff deem a call safe and appropriate for the crisis response team, they will assign the call to the crisis response team. There may be multiple calls and situations happening concurrently, in which case the call center staff

⁷ White Bird Clinic. (n.d.). What is CAHOOTS?. Retrieved August 29, 2021, from <https://whitebirdclinic.org/what-is-cahoots/>

⁸ Substance Abuse and Mental Health Services Administration (SAMHSA). (2020). Crisis Services – Meeting Needs, Saving Lives.

https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PE20-08-01-001%20PDF.pdf (page 32)

prioritize the calls based on pre-established criteria, such as acuity and risk of harm.

Crisis Response Teams Increase Community Safety

New York City's Behavioral Health Emergency Assistance Response Division (B-HEARD) program is being piloted in a region that receives the city's highest number of mental health emergency calls.⁹ In the first month of implementation, the program demonstrated:

- Increased rates of people accepting care from the B-HEARD team compared to traditional 911 response teams.
- The proportion of people transported by the crisis response team to the hospital for more care was far smaller than the proportion transported with their traditional 911 response.
- An anticipated increase of 911 operators routing mental health emergency calls to the B-HEARD team.

"A smarter approach to public health and public safety. A smarter use of resources. And the evidence — from Denver to New York — shows that responding with care works."

- U.S. Representative Jamaal Bowman, D-NY

Hours of Operation

Because a mental health crisis can happen at any time, many programs have adopted a 24-hour model that supports the community seven days a week; of the 40 programs that RDA reviewed, 12 have adopted a 24/7 model. Some programs that are in their early phases of implementation have launched with initially limited hours but have plans to expand to 24/7 coverage once they are able to hire more staff for crisis response teams. If a program uses 911 as a point of access for the crisis response team, then there may be a community perception or expectation that the crisis response team also operates 24/7 the same way that 911 operates 24/7.

Other programs with more restricted resources often have limited hours; some offer services during business hours (9am to 5pm, Monday through Friday) while others offer services after-hours. Using historical data to prioritize coverage during times with highest call volumes can help a program adapt to local needs. For example, Mental Health First Oakland currently responds to calls Friday through Sunday from 7pm to 7am

⁹ Shivaram, D. (2021, July 23). Mental Health Response Teams Yield Better Outcomes Than Police In NYC, Data Shows. *National Public Radio (NPR)*. <https://www.npr.org/2021/07/23/1019704823/police-mental-health-crisis-calls-new-york-city#:~:text=Hourly%20News-.New%20York%20City%20Mental%20Health%20Response%20%20Teams%20Show%20Better%20Results,were%20admitted%20to%20the%20hospital.>

because they have found that those times are when mental health services are unavailable but need is high.

Types of Calls

Some crisis response programs only respond to specific call types, such as calls pertaining to mental health, behavioral health, domestic violence, substance use, or homelessness. A fraction of programs only respond to acute mental health situations, such as suicidal behavior, or conversely only non-acute mental health calls, such as welfare checks. And, some crisis response programs respond to any non-emergency, non-violent calls, which may or may not include mental health calls. Every program is unique in the calls that they are currently responding to as well as how agencies coordinate for different types of calls. Additionally, given that many programs are actively learning and adapting their models, what and how they respond to calls is evolving.

The most common types of calls that programs are responding to are calls regarding trespassing, welfare checks, suicidal ideation, mental health distress, and social disorder. Several programs mentioned that their main call type - trespassing - is to move an unwanted person, usually someone that is unsheltered and sitting outside the caller's home or business. While programs provide this service, many advocate for increased public education around interacting with unhoused residents and neighbors without the need to call for a third-party response.

The programs in New York City, Chicago, and Portland shared with RDA that they are keeping their scopes of services small for their current pilot implementations. At a later time, they will learn from the types of calls receive and determinations made in order to determine how they will expand their program to respond to more situations (e.g., including serving more types of crises, more types of spaces like private residences, etc.).

In order to demonstrate the variety of incidents that different programs respond to, below are highlights regarding the types of calls that some of the programs that RDA interviewed respond to:

- New York City's B-HEARD program is currently responding to calls regarding suicidal ideation with no weapons, mental health crisis, and calls signaling a combination of physical health and mental health issues. For calls where weapons are involved or are related to a crime, NYPD is the initial responder. The B-HEARD program provides transport and linkage to shelters, where the shelters then provide follow-up services.
- Chicago's Crisis Response Pilot is determining how they will address "low-level crimes" and crimes related to homelessness, especially if the root cause of the crime is an unmet behavioral health and/or housing need. The program does not have an official protocol or decision tree yet for determining which calls it will respond to. But,

its emphasis is on responding to mental health crisis and mental health needs.

- The Portland Street Response program is currently only responding to calls regarding crises that are happening outdoors or public settings (e.g., storefronts), not in private residences. The majority of their calls are related to substance use issues, co-occurring mental health and substance use issues, and welfare checks. The program cannot respond to suicide calls because of a Department of Justice (DOJ) contract that the City of Portland has that would require the Portland Street Response Program to appear before a judge and renegotiate that contract that the city currently has; this process would take at least two years to happen.
- Denver's STAR program currently responds primarily to calls where individuals have schizophrenia, bipolar disorder, major depression, and/or express suicidal thoughts but have no immediate plans to act upon them. The STAR program also conducts many Welfare checks. The program is currently primarily dealing with issues related to homelessness because its pilot rolled out in Denver's downtown corridor where there is a high number of unsheltered individuals.

Services Provided Before, During, and After a Crisis

The reviewed programs offer a variety of services before, during, and after a mental health crisis. Regarding services provided before crises occur, some programs view their role as supporting individuals prior to crisis, including proactive outreach and building relationships in the community with individuals. Portland's Street Response team contracts with street ambassadors with lived experience (via a separate contract with a local CBO) that do direct outreach to communities; street ambassadors work to explain the team's services and ultimately increase trust. Portland's Street Response team also works with nursing students who provide outreach and medical services to nearby encampments. Mental Health First has a strong cohort of repeat callers who request accompaniment through issues they are facing that the team will go into the field to provide – these services can help them avoid escalating into a crisis. Denver's STAR program initiates outreach with local homeless populations to ensure they have medicines and supplies. These proactive efforts are examples of crisis response teams supporting potential individuals before they are in crisis, and thus also promoting their overall health and well-being.

During a crisis response, most programs offer various crisis stabilization services, including de-escalation, welfare checks, conflict resolution and mediation, counseling, short-term case management, safety planning, assessment, transport (to hospitals, sobering sites, solution centers, etc.), and 5150 evaluations. To engage the individual in crisis, staff will provide supplies to help meet basic needs with items such as snacks, water, and clothing. If there is a medical professional on the team, they can provide

medical services including medical assessments, first aid, wound care, substance use treatment (i.e., medicated-assisted treatment), medication assistance and administration, and medical clearance for transport to a crisis stabilization unit (CSU).

After a crisis, the teams may provide linkage to follow-up care. Some crisis response teams do short-term case management themselves, but most refer (and sometimes transport) individuals to other providers for long-term care. Referrals can be a commonly provided service of a crisis response program. For example, 41% of Denver STAR's services are for information and referrals.¹⁰ Many programs have relationships with local community-based organizations for providing referrals and linkages, while some programs have a specific protocol for referring individuals to a peer navigation program or centralized care coordination services.

¹⁰ Alvarez, Alayna. (2021, July 21). Denver's pilot from police is gaining popularity nationwide. Axios. <https://www.yahoo.com/now/denver-pivot-police-gaining-popularity-122044701.html>

Term	Definition
Transport	Placing an individual in a vehicle and driving them to or from a designated mental health service or any other place.
5150	5150 is the number of the section of the Welfare and Institutions Code which allows an adult who is experiencing a mental health crisis to be involuntarily detained for a 72-hour psychiatric hospitalization when evaluated to be a danger to others, or to himself or herself, or gravely disabled.
Peer Worker	A mental health peer worker utilizes learning from their own recovery experiences to support other people to navigate their recovery journeys.
Medication-Assisted Treatment (MAT)	MAT is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of SUDs.
Narcan	Narcan (Naloxone) is a nasal spray used for the treatment of known or suspected opioid overdose emergencies.
Crisis Stabilization Unit	A mental health voluntary facility that provides a short-term stay for individuals needing additional stabilization services following a behavioral health crisis.
Sobering Center	A facility that provides a safe, supportive environment for publicly intoxicated individuals to become sober.

Staffing Crisis Teams

Most teams include a combination of a medical professional (e.g., an EMT or nurse), a mental health clinician (e.g., a psychologist or social worker), and a peer. Having a variety of staff on a team allows the program to respond to a diverse array of calls, meet most needs that a client might have, and gives the client the ability to engage with whomever they feel most comfortable.

The reviewed programs staffed their crisis teams with a variety of medical professionals. There was consensus among interviewed programs that crisis response team EMTs, paramedics, nurse practitioners, or psychiatric nurse practitioner clinicians should have at least three to five years of experience in similar settings, as well as having comprehensive de-escalation and trauma-informed care training and skills. Austin's Extended Mobile Crisis Outreach Team (EMCOT) program cited that a paramedic's ability to address a client's more acute physical health and substance use

needs is a beneficial diversion away from an EMS or police response.¹¹ However, in many cities, the skills and expertise of paramedics are not heavily utilized, as many mental and behavioral health calls do not require a high level of medical care. However, a medical professional can be an important addition to the team, especially for services like providing first aid, wound care, the administration of single-dose medication, medication-assisted treatment (MAT) for substance use issues, and 5150 transports. Considerations for which medical professionals should be staffed on a crisis team depends on the types of services the model intends to provide, the historical data on the types of calls or service needs, the local rules for which services can be provided by specific professions, and the overall program budget.

All programs had a mental health provider on their crisis response teams. There is variability in the level of formal education, training, and licensure of the type of mental health provider in each program. Some programs have licensed, masters-level therapists and clinicians (e.g., ASW, LCSW), while other programs utilize unlicensed mental health providers. Considering if a program wants or needs to be able to bill Medicaid or other insurance payors, the ability to place a 5150 hold, as well as the direct costs of providers with differing levels of education and training are examples of considerations and decision points that programs have when determining what type of professional they want to provide mental health services.

Across the programs reviewed and interviewed by RDA, there is variability in the current presence of peer support specialists on teams. By definition, peer workers are “those who have been successful in the recovery process who help others experiencing similar situations.”¹² Studies demonstrate that by helping others engage with the recovery process through understanding, respect and mutual empowerment, peers increase the likelihood of a successful recovery. While they do not replace the role of therapists and clinicians, evidence from the literature and testimonials given to RDA leave no doubt about their value added on a crisis response team. Peer support specialists are able to connect with clients in crisis in ways that are potentially very different from how mental health clinicians and medical providers are trained to provide their specific types of services.

Although 21 of the 40 reviewed programs were classified as alternative models for mental health crisis response, it is important to note that co-responder programs, which were 11 of the 40 reviewed programs, include a police officer on the response team. A co-responder program will often

¹¹ Expanded Mobile Crisis Outreach Team. (n.d.). Integral Care Crisis Services. Retrieved August 29, 2021, from

<https://www.austintexas.gov/edims/document.cfm?id=302634>

¹² Who Are Peer Workers?. (2020, April 16). Substance Abuse and Mental Health Services Administration (SAMHSA) Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS).

<https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers>

be used for higher acuity calls that involve the risk of violence by the person in crisis or the risk that the person in crisis has a weapon. As co-responders, police may arrive on site before the rest of the crisis team does. Other models treat the police officer as a back-up personnel, allowing the crisis team to evaluate the level of risk or danger of the situation and then, if de-escalation tactics are unsuccessful, call the police for support.

Team structures vary depending on funding, local salary structures for different types of providers, program design, and program administration. For example, 24-hour programs require more teams and staffing while programs with limited hours will likely have fewer shift rotations and therefore fewer teams. San Francisco's Street Crisis Response Team has six teams with three members per team; shifts are 12 hours long with two teams assigned to each shift. Overlap between the shifts has improved coordination between the teams. Programs with unionized staff (e.g., EMTs, paramedics) require regimented 8-, 10-, or 12-hour shifts, which also influences a team's capacity and scheduling.

Training

Training requirements vary based on the staffing structure and services provided by a crisis response program as well as the specific needs of the local community. Across the board, programs train their staff in crisis intervention topics such as de-escalation, mental health intervention, substance use management, and situational awareness. Many teams are trained together as a cohort to build relationships and trust between staff. Most teams are trained for around 40 hours in the classroom and then supervised in the field. In co-responder teams, police officers often receive 40 hours of Crisis Intervention Team (CIT) Training.

Specialized staff also receive specific training relevant to their role. Dispatch staff typically receive separate training focused on risk assessment and triage. In programs with clinicians embedded within the call center, the clinicians often provide training to other dispatch staff on mental health topics. Interviewed programs also recommended the crisis response team's dispatch team learn to assess call risk level by building an intake/eligibility tool, as well as through risk assessment and motivational interviewing. For both Denver's STAR and Portland's Street Response programs, dispatch staff were trained by and then shadowed Eugene's CAHOOTS dispatch team, leveraging the decades of experience of CAHOOTS' established alternative crisis response model.

Specific de-escalation and crisis intervention training in which programs participate include key strategies to mitigate risk in the field, learning effective radio communication, and motivational interviewing skills. Some interviewed programs shared that substance use training should be attended by all crisis response staff, not just clinicians; for example, Narcan administration, tourniquet application, and harm reduction training are critical training skills for all team members when supporting a client during a substance use emergency.

Training on implicit bias was also regarded as essential among interviewed programs. Many interviewed programs agreed that receiving training in team-building and communication strategies, trauma-informed care, cultural competency, and racial equity advances the intention and principles of their alternate response program.

Equipment: Uniforms, Vehicles, and Supplies

Most teams arrive either in plain clothes or a T-shirt with a logo. Interviewed programs attested that casual clothing helps crisis response teams appear approachable and creates a sense of comfort for the person in crisis. In contrast, programs worried that formalizing their uniforms could trigger negative past experiences that community members have had with institutions (e.g., police, psychiatric hospitals, prisons) and, therefore, escalate someone in crisis. However, EMTs or police in a co-responder team do wear their usual uniform so that they are easily identifiable as first responders.

The types of vehicles and equipment needed for each model vary based on the scope of services provided, types of calls to which the team responds, and the team's staffing structure. The majority of programs have a van or fleet of vans with the program logo on it and are stocked with necessary supplies. Some programs use their vehicles for on-site service delivery, while others use them only for transporting a client to an alternate location. Programs situated within fire departments often have EMTs or paramedics on-staff, so those teams ride in ambulances or vans with transport capabilities. Co-responder programs often use police vehicles, either marked or unmarked.

There are several considerations for how the design of the vehicle increases accessibility and safety for clients, as well as supports the security of providers. Vans should be accessible to wheelchairs so that crisis response teams can provide services within the interior of the van (to ensure client privacy) and in the event of a needed transport. Also, vans equipped with lights allow them to park on sidewalks and increase traffic safety. Several interviewed programs mentioned using Eugene's CAHOOTS program's van specifications. One component of this design is a plexiglass barrier between the van's front and back seats, which protects both the driver and anyone riding in the back in the case of an accident; additionally, the barrier keeps clients in the back of the vehicle and protects the driver from any disruption that could decrease safety during the transport. However, some cities are moving away from including the plexiglass barrier between the front and back seats in their vans due to the stigma and lack of trust it communicates to the client.

Many vehicles and teams are equipped with various technologies, including radios with connection to dispatch, cell phones, and data-enabled tablets for mobile data entry. Denver's STAR program has access to the local 911 dispatch queue to understand what calls are being

assessed and which could potentially use the program's response. The STAR program teams also have direct access to an electronic health record (EHR) system where they can look-up an individual's health history or communicate directly with a client's psychiatrist or case manager and thus provide tailored, high quality of care in real-time.

If crisis response teams provide medical services, they often carry items such as personal protective equipment, wound care supplies, a stethoscope, blood pressure armband, oxygen, and intravenous bags. Teams also often carry engagement items to initiate client interactions and meet basic needs, such as food, water, clothing, socks, cigarettes, "mercy beers," tampons, condoms, and hygiene packs. When it is able to go into the field again, the Mental Health First model intends to use an RV instead of a van, so they can invite clients into the RV for more privacy and then supply them with a variety of supplies for their basic needs (e.g., clothing).

Overall, when deciding the types of uniforms, vehicles, and equipment to obtain, programs considered what would be recognizable, establish expertise, support the service delivery, build trust with those whom they serve, and not trigger or further harm individuals in crisis.

Transport

The ways that programs transport clients to a subsequent location varies in many ways, including when the transport is allowed, who is doing the transport, where clients are transported, and who is affected by the transport decision.

While some programs have the capability to transport clients themselves, others call a third party to do the transport. This depends on whether staff are licensed to do involuntary transports, whether the vehicle is able to transport clients, and whether it is deemed safe to provide transport at that time. Oftentimes, programs will only conduct voluntary transports, and they may pre-establish specific locations or allow the client's location of choice. If clients do not want to be transported to another location, some programs will end the interaction. Because Denver's STAR team does not use an ambulance, they can refuse someone's requested transport to a hospital if a lower level of care is appropriate, such as a sobering center. Some programs conduct involuntary holds, either done by program staff or by calling for police backup. Waiting for police can undermine the level of care provided, a delay which poses a threat to the client's safety and well-being. Portland's Street Response program experiences delays of up to an hour when requesting police for involuntary holds; for this reason, the team hopes to have the ability to do 5150 transports themselves, and in a trauma-informed way that gives individuals a sense of control over the situation. Whether a crisis response team can transport clients, initiate involuntary holds, and/or call police for back-up in these situations are all considerations which implicate the continued involvement of law enforcement in crisis response.

In the transport process, clients may be transported to short- or long-term service providers as well as the client's location of choice. Some short-term programs include a crisis stabilization facility, detox center, sobering center, homeless shelter, primary care provider, psychiatric facilities, diversion and connection center, hospital, and urgent care. Long-term programs include residential rehabilitation and direct admission to inpatient units of psychiatric emergency departments. Building relationships at these destinations and with providers is key to successful warm handoffs and ensuring clients in crisis receive the appropriate care. For example, challenges can arise when bringing someone to an emergency room if the hospital is not fully aware of what the crisis response program is, which makes it more difficult to advocate for the client to receive services.

There are many things to consider about client and provider safety when transporting a client. Some programs do not give rides home and only transport the person to a public place. Others have restrictions on when they will transport a client to a private residence. For example, Denver's STAR team will not take a person home if they are intoxicated and if someone else is in the home because they do not want to put the other person in potential harm. Instead, when responding to an intoxicated individual, the STAR team transports them to a sobering center, detox facility, or similar location of choice. In Portland, first responders and crisis response providers use a risk assessment tool that helps them determine if ambulance transport needs to be arranged. Portland's risk assessment tool asks providers to determine if the individual has received sedation medication in the last six hours, had a Code Gray in the last 6 hours, had a history of violence and/or aggression, had a history of AWOL, or are showing resistance to hospitalization; if the answer is yes to any of these five questions, then they will arrange for ambulance transport for the individual in crisis.

Follow-up Care & Service Linkage

Follow-up care and linkage to services are handled in a variety of ways. Some programs include referrals to internal, non-crisis response program staff as a service provided directly by the crisis response team. When community health workers and peer support specialists are staffed on crisis response teams, they often lead the referral and navigation support role. After responding to a crisis, Portland's Street Response team (an LCSW and paramedic) call a community health worker if the client wants linkages or additional follow-up supports. While referrals and linkages are important to client outcomes and prevention, this kind of follow-up care can be challenging for many programs to do because it can be difficult to find individuals in the community, particularly if they are not stably housed or do not have a working phone. Portland's Street Response team often goes to encampments to provide follow-up care, which is a program element that is also effective as proactive outreach into local communities.

Other programs refer individuals to other external teams or organizations not affiliated with the crisis response team whose primary role is to provide follow-up care to individuals who served by the crisis response team. Olympia's Crisis Response Unit specifically identifies repeat clients for a referral to a peer navigation program for linkage to care. Additionally, many programs have relationships with community-based organizations and refer clients there for follow-up services. Newer programs that have yet to fully launch stated this was a focus of their program design, as well. For example, San Francisco's Street Crisis Response Team partners with a centralized Office of Care Coordination within the San Francisco Department of Public Health that provides clients with linkages to other services; the Street Crisis Response Team essentially embeds this handoff in their own processes.

And, there are some programs that do not include follow-up care within the scope of their services. For example, Eugene's CAHOOTS program has a narrower focus on crisis stabilization and short-term care; they do not provide referrals or linkage to longer-term services for their clients.

Program Administration

Across the crisis response models that RDA researched and interviewed, there was variability in how they are each administered. As each program is constructed around their local agency structures, resources, needs, and challenges, how their programs are administered are also just as adaptive.

Administrative Structure

The administrative structure and placement of crisis response programs varies significantly. Some programs are administered and delivered by the city/county government, some programs are run in collaboration between a city/county government and community-based organizations (CBO), while others are entirely operated by CBOs.

The administration and structure of a crisis response program may be affected by the geographic and/or population size of the local region and what stage of implementation the program is in. For instance, consistent and guaranteed funding helps sustain programs for the long-term, so developing a program within the local municipal structure may be an advantage over contracting the crisis response program to a CBO. Some programs found that staff retention was higher for government positions, due to their generally higher wages and increased benefits compared to what CBOs generally offer. Additionally, the use of the existing 911 and dispatch infrastructure may be streamlined for crisis response programs administered by city/county governments because they can be situated within existing emergency response agencies and use existing interagency data sharing and communication processes

more easily. Finally, programs that are situated within a local health system -- such as Departments of Public Health, Behavioral Health, or public hospitals -- may have existing protocols and processes with which to collaborate with CBOs for referral assistance, case management, resourcing, and follow-up service provision.

On the other hand, programs that are primarily administered and staffed through CBOs reported a sense of flexibility and spontaneity in their program design, expansion, and evolution, especially for early-stage pilots that intend to change and grow over time. These programs shared that they experienced reduced bureaucratic barriers that were conducive to community engagement and program redesign. Additionally, most programs that included peer support specialists in their crisis response program had these roles sourced by CBOs – these peer support specialists were either fully integrated into crisis response teams or were referred to by crisis response teams to provide linkage and follow-up services.

Though there is variety in what entity administers crisis response programs, who sources or contracts the crisis responders, and where funds are generated, all programs require cross-system coordination for designing the program and implementing the dispatch, training, funding, and program evaluation/monitoring activities.

Staffing and sourcing a crisis response program entirely by volunteers can also be helpful in reducing barriers for potential providers to enter this professional field, elevating lived experience of staff, addressing community distrust of the police-involved response system, and building a mental health workforce. However, currently, all-volunteer models face challenges in having consistent and full staffing coverage, which limits a program's overall service provision and hours of operation.

Financing

Aside from the health benefits of increasing mental health and medical resources in crisis responses, there are financial benefits, too. For example, in Eugene, the CAHOOTS program's annual budget is \$2.1 million. In contrast, the City of Eugene estimates it would cost the Eugene Police Department \$8.5 million to serve the volume and type of calls that are directed to CAHOOTS.¹³

Several cities are funding crisis response systems through the city's general fund, which offers a potentially sustainable funding source for the long-term because it demonstrates that city officials are committed to investing in these services with public funds. To generate these funds, Denver added a sales and use tax in 2019 (one-quarter of a percent) to cover mental health services, a portion of which funds the STAR program.

¹³ White Bird Clinic. (n.d.). What is CAHOOTS?. Retrieved August 29, 2021, from <https://whitebirdclinic.org/what-is-cahoots/>

Some cities have funded crisis response programs by reallocating other city funds. Chicago's Police Department currently pays the salary of the CIT-officer in Chicago's crisis response pilot program. Chicago's crisis response pilot also receives additional funding from Chicago's Department of Public Health. Austin's EMCOT program is funded by \$11 million reallocated from the Police Department. And Eugene's CAHOOTS program is fully funded through a contract by the Eugene Police Department.

Federal or state dollars have also been used for some crisis response programs. Alameda County's Community Assessment and Transport Team (CATT) is funding by California's Mental Health Services Act (MHSA) Innovation funds. Chicago's current crisis response pilot uses Centers for Disease Control and Prevention (CDC) funding. New York City and Los Angeles both plan to bill Medicaid as a funding source for their emerging crisis response programs. The national Crisis Now program bills per service and per diem for mobile crisis and crisis stabilization services, which is reimbursed by Medicaid.

Some programs are able to leverage private funds to support their services. In addition to the allocation of city funds, Chicago receives funding from foundations and corporations to fund its crisis response program. The Mental Health First program is entirely supported by donations, grants, and volunteer time.

These financing mechanisms provide varying levels of sustainability and predictability, which may affect the longevity of a program and, therefore, its overall impacts. Ensuring that programs can be continuously funded ensures resources go into direct service provision and program administration, rather than on development, fundraising, or grant management. Staff recruitment and retention is also more successful when there is long-term reliability of positions.

Program Evaluation

Many crisis response programs use data to monitor their ongoing progress and successes, modify and expand program pilots, and measure outcomes and impact. Standardizing data collection practices (i.e., data collection tools, measures, values for measures, aligned electronic sources for data entry, etc.) across participating teams and agencies within and across cities/locales, especially for regional plans, supports effective program evaluation and reporting. Addressing this consideration is best done early in program planning because it affects the protocols developed for triage and dispatch, the equipment that crisis response teams use to record service delivery notes or accessing clients' EHR records, the way referrals and hand-offs are conducted, whether or how Medicaid billing/financing will be leveraged, and more. Several cities noted that they incorporated data sharing and access into MOUs that outlined the scope of work. The providers in most programs have access to an electronic health record (EHR) system that they are able to enter

their contact notes into – having access to a centralized data collection portal like this can greatly aid a program’s evaluation efforts.

Pilot Program Evaluation Highlight: Denver’s Support Team Assisted Response (STAR) Program

Denver planned to evaluate the STAR program after an initial six-month pilot phase. For the evaluation, data was collected from both the 911 CAD database and the Mental Health Center of Denver. Data was kept in separate systems to protect health-related information from the law enforcement database. The program evaluation provided data on incident locations, response time, response dispatch source (i.e., 911, police unit, or STAR-initiated), social demographics of consumers served, services provided, location of client transport/drop-off, and more. The use of two data systems also allowed the program to evaluate what the STAR team identified as the primary issue of concern compared to clinical diagnoses from the health data.¹⁴

As a result of analyzing these data, Denver identified its program successes and impacts and is committed to expanding the funding and scope of the program. This expansion includes purchasing more vans, staffing more teams, expanding the hours of operation, expanding the service area across the City, hiring a supervisor, and investing in program leadership. Additional plans for future evaluation include building a better understanding of populations served and more rigorous data capture, a longitudinal study to understand consumer long-term outcomes, and a cost-benefit analysis to understand the economic impacts of the program.

Once data is collected, a process for analyzing, visualizing, and reviewing data supports the overall effectiveness of program monitoring, thus contributing to changes to a pilot and the overall outcomes achieved by the program. Some programs have developed internal data dashboards to compile and organize their data in real-time, thus allowing them to review their program data on a weekly basis. And, some programs are also planning for an external evaluation to assist them in developing a broader understanding of their program’s impacts for their clients and in the larger community.

¹⁴ Denver STAR Program. (2021, January 8). STAR Program Evaluation. https://www.denverperfect10.com/wp-content/uploads/2021/01/STAR_Pilot_6_Month_Evaluation_FINAL-REPORT.pdf

Examples of Metrics that Cities Collect, Review, and Publish Data On

- Call volume
- Time of calls received
- Service areas
- Response times
- Speed of deployment
- Determinations and dispositions of dispatch (including specific coding for violence/weapons/emergency)
- Which teams are deployed across all emergency response
- Actual level of service needed compared to the initial determination at the point of dispatch
- Number of involuntary holds that are placed
- Number of transports that are conducted
- Type of referrals made
- Priority needs of clients served (housing, mental health)
- Frequency of police involvement

Making data about crisis response programs publicly available is also important for community transparency and public research. For example, New York City is planning to publish B-HEARD program data on a monthly basis. And, Portland has a public data dashboard for its crisis response program that is updated at least once per week.¹⁵ Such data transparency allows local constituents and stakeholders to check on the progress of their local crisis response program and whether it is making a difference. Such transparency can also contribute to public research and dissemination efforts about emerging alternate crisis response models.

Coordinating the Crisis Response System

Given the complexity of a crisis response system -- from its administrative structure and financing, the technical integration of dispatch with responders, the coordination of referrals and linkages, to client case management -- coordination is an essential, ongoing element of any program. This coordination requires investing in staff time and skills to participate in coordination efforts, focusing on de-siloing all components of crisis response, and effective leadership and vision. Coordination affects financing decisions and contributes directly to client outcomes; therefore, coordination implicates every aspect of program planning, implementation, and evaluation. Overall, program administration benefits

¹⁵ Portland Street Response Data Dashboard. (n.d.). City of Portland, Oregon. Retrieved August 29, 2021, from <https://www.portland.gov/streetresponse/data-dashboard>

from having coordination done at a high level, ensuring there is a person(s) responsible for holding the program at a birds-eye view.

Coordinating services between the crisis response team and community partners includes ensuring there are open communication channels between various entities at a structural level down to a client case management level. At a structural level, it requires investing in staff time, technology, and protocol development, not just at the initial program launch but on an ongoing basis. Based on the program evaluation and data collection design, system-level coordination can support ongoing data review and inform future decisions made about a program.

For example, the managers of San Francisco's Street Crisis Response Team participate in interagency meetings to ensure strategic coordination of service delivery across San Francisco's Department of Public Health, Fire Department, and Office of Care Coordination. Additionally, when Austin's EMCOT program's call center staff integrated the call center technology and co-located their crisis response services within the city's 911 dispatch, the crisis response program had reduced dropped calls, increased communication around safety and risk assessment during triage, more effective handoffs to mental health clinicians for telehealth, and increased deployment of the crisis response team by dispatch.

System-level coordination also has important downstream effects, such as ensuring that first responders (i.e., police, fire, EMS) can call the crisis response team to respond to a situation if they are dispatched first. At a client level, system coordination can support case management, referrals and linkages, and improved client outcomes. For example, Canada's REACH Edmonton program provides governance support and coordination to a network of CBO providers, including facilitating a bimonthly meeting for frontline workers to discuss shared clients. The program shared that for its most complex cases, this coordination significantly increased positive client outcomes. The program also found that they were able to better leverage the expertise of peer support specialists by having a specified coordinator leading these meetings and ensuring their voice and participation was valued. Service providers within this network all utilize the same EHR for documenting and sharing client notes, though the program has encountered challenges in data sharing. Overall, the REACH Edmonton program shared that system-level coordination must be tightly managed but that most program staff and frontline workers do not have the capacity to do so, so having a centralized governance and coordinating body is essential.

Program Planning Process

Planning the large and small details of a crisis response program is an essential part of a successful launch. Although each city will have a different planning process and timeline based on the local community's needs and administrative designs, some common themes emerged across the crisis response models that RDA reviewed.

Planning across city departments typically includes active involvement from emergency medical services, fire, and police as well as leaders from local public health and mental/behavioral health agencies and CBOs. Many cities stated that having emergency responders involved in the collaborative brainstorming and discussions from the earliest planning stages was essential in garnering buy-in from other city or county departments, including identifying the best resource(s) when responding to mental health needs and crises. Planning also requires engaging other entities; for instance, Portland has to negotiate with the local police union for all services provided by Portland's Street Response program. Some cities shared that they are aware of beliefs of local police departments and unions about potentially losing funding for police services when new crisis response services are added to the local infrastructure. But, cities found that when they focused the conversation about shared objectives between the crisis response program and the police, police began to see the program as a resource to them as mental health professionals could often better handle mental health crises because of their training and backgrounds. This alignment on shared goals and values underpins the reason that the Eugene Police Department funds the city's non-police crisis response program, CAHOOTS. Developing a collective and shared narrative around community health and well-being while reducing harm, trauma, and unnecessary use of force, is essential in promoting any crisis response program.

Program planning allows cities to identify elements to include in the pilot that will be investigated throughout the pilot stages. For instance, the planning process may include heat mapping the highest call-volume areas of the city or discussing preliminary milestones to support scaling or expansion of a pilot program. As an example, New York City's B-HEARD model is currently focused on deploying the B-HEARD team using the existing 911 determination process for identifying mental health emergencies; but, in the future, the program will also assess how those determinations are made to improve the determination and dispatch processes. Their sequencing of planning priorities allowed the program to be launched on a shorter timeline while preparing for an iterative evaluation and design process.

In the future, many learnings can be extrapolated from the ways that crisis response programs are being implemented across the United States and internationally. At this point in time, given that many implementations began within the past two years and are still actively evolving and changing, it is premature to pinpoint common themes in how similar and different jurisdictions and communities (e.g., population size, population density, geography, etc.) are unfolding their emerging crisis response programs.

Planning Timeline

While some cities operated co-responder models for years before moving to a non-police model, other cities are launching non-police models for the first time. Some cities engaged in extensive community engagement

processes while others launched programs quickly and plan to collect feedback for future iterations of their program.

For instance, Denver had a co-responder model from 2016-2020 and launched the STAR program in 2020 for an initial six-month pilot. The program was launched very quickly in 2020, and then it held community forums to hear from community members for input on the expansion. In Chicago, planning began in the summer of 2019 and the mental health advisory commission developed recommendations in October 2019, then planning and funding continued throughout the summer of 2020, with the program launched in the summer of 2021 (two years after initial program planning began).

New York City's B-HEARD program was originally announced in November 2020 with an initial launch target of February 2021, though the launch was delayed until June 2021 (eight months later). San Francisco's Street Crisis Response Team began planning in July 2020 and launched with one team in November 2020 (five months later); the program added a second team and additional hours in January 2021, added four more teams in March 2021, and integrated the local Office of Coordinated Care team for follow-up and linkages in April 2021 (all over a span of four months); the City of San Francisco wanted to move quickly due to its budgeting timeline so it did not conduct much initial community engagement, but rather expected the program design to be an iterative process with future opportunities for community input and evaluation. Additionally, for many pilot crisis response programs, when they are able to scale their services and hire more staff, then they plan to expand their geographical footprints.

Community Engagement

Community engagement is an invaluable element of program design and evaluation that leverages the expertise of the local community members directly impacted by these services. Community engagement activities are conducted to include the perspectives of potential service recipients, existing consumers of the behavioral health and crisis systems, existing coalitions, and/or local community-based service providers in the development and implementation of crisis response programs.

Cities may face barriers in hearing from community members that are the most structurally marginalized, so engaging existing coalitions and networks can support more equitable and targeted outreach. For instance, in Chicago, Sacramento, and Oakland, program planners worked with credible messengers that were connected to networks that the cities were not connected to, such as a teen health council, street outreach teams, homeless advocacy organizations, and disability rights collectives. There was a focus especially on working with mutual aid collectives and other underground groups that do not receive city funding, including voices that may otherwise be neglected in government spaces. This level of outreach and intentionality is essential because, historically, government institutions and other structures have prevented

the full and meaningful engagement of people of color, working class and cash-poor people, immigrants and undocumented people, people with disabilities, people who are cognitively diverse, LGBTQ+ people, and other structurally marginalized people. Engaging community members that are most directly impacted by crisis response programs, such as unsheltered people, will lead to feedback that is informed by direct lived experiences with the prior and existing programs in a given community. Additionally, prioritizing the engagement, participation, and recommendations of community members that are most harmed by existing institutions - such as the disproportionate rates of police violence against people of color¹⁶ - will ensure that systems of inequity are not reproduced by a crisis response program. Instead, intentional community engagement can support the program to address existing structural inequities.

Community engagement can inform program planning, program implementation, and program evaluation in unique ways. When planning for a crisis response program, community engagement can be used to survey existing needs, collect input on priorities, and engage hard-to-reach consumers. To hear directly from community members, Chicago interviewed 100 people across the city to ask about their service needs and how to implement a co-responder or alternative crisis response model. Denver targeted specific community stakeholder groups when collecting feedback for its program design, including perspectives from residents with lived experience, community activists for reimagining policing, a Latinx clinic, and a needle exchange program.

When implementing a crisis response program, engaging the community can identify opportunities for program improvement in real-time and promote community education about the program's services and partners. To collect feedback on key components of its model, Portland worked with a local university to send a questionnaire to service recipients. Denver prioritized community education by working with Business Improvement Districts (BIDs) to educate them on appropriate and inappropriate times to call 911 and how to more effectively and compassionately engage with unsheltered neighbors. Denver also worked to build trust with local CBOs to increase their engagement of the STAR crisis response team. Such community engagement can improve program implementation by increasing community awareness of the program, clarifying existing barriers for community members, and modifying service provision processes and priorities on an ongoing basis.

¹⁶ Edwards, F., Lee, H., & Esposito, M. (2019). Risk of being killed by police use of force in the United States by age, race-ethnicity, and sex. *Proceedings of the National Academy of Sciences of the United States of America (PNAS)*, 116(34), 16793-16798.
<https://www.pnas.org/content/116/34/16793>

Lessons Learned

As cities have begun planning, launching, and iterating on a variety of crisis response program models, they shared key lessons learned and recommendations for new cities considering implementing non-police crisis response programs.

Community members are essential sources of knowledge: Co-creating a crisis response model with community members that have directly experienced the crisis system will make the program more accessible and utilized.

Community engagement requires time: Build the engagement and planning time into the overall program development approach and timeline.

Use a pilot approach: Test, modify, and expand specific aspects of each crisis response model based on program successes, challenges, and consumer feedback.

Build trust across the network: Cities must build trust across city agencies and local CBOs to successfully launch and implement a crisis response program.

The 911 dispatch system is complex: Successful implementation of a crisis response program requires sufficient planning, time/resources investment, and buy-in for revising 911 call determination and dispatch processes.

Look to the future: While alternative models are currently focused on crisis response, future models could also support a population's holistic health outcomes and redefine what "safety" means in a community.

Community members are essential sources of knowledge.

Program representatives that spoke with RDA emphasized the many considerations that programs must make to ensure a program is utilized and accessible to community members. The interviewed programs emphasized the importance of co-creating programs with community members because community members have experienced the existing crisis response options, know where the gaps exist, and may have already implemented or witnessed community-based short-term solutions that should directly inform program design. Cities explained that creating a program or model that does not appeal to the consumer, especially in terms of the involvement and presence of law enforcement, will decrease

the reach and impact of the program. Community members must trust the program if they are going to call and engage in services. For example, because they understood that a significant barrier was that the general public was not confident that they could call 911 to engage a non-police response to a mental health or related crisis, the San Francisco's Street Crisis Response Teams have done significant outreach at community events and presentations at CBOs to build relationships and trust.

Community engagement requires time.

Learning from the community requires time, so plans for community engagement should be part of any new program's overall timeline and approach. For example, after their initial implementation began, Denver's STAR teams learned that there is a need to expand their program with multilingual teams, which they have since been effective in making progress towards achieving this. It has been a part of the STAR program's process to prioritize program needs as they arise while planning for expansion.

Use a pilot approach.

Cities also recommended using a pilot approach so that the model can evolve and expand over time. For example, Chicago piloted two crisis response teams with a CIT-officer and piloted two teams without a CIT-officer to determine the role and efficacy of the CIT-officer in a crisis response. New York City designed their pilot to focus on one zone (a geographic subsection of a borough) before broadening the pilot to more of the city. A pilot approach allows a city to learn from implementation successes and challenges, hear from service recipients, and generate buy-in from potentially hesitant stakeholders.

Build trust across the network.

Cities elevated that building trust across city departments and with CBOs was an essential component of their processes. Cities recognize the different cultures and priorities across city departments and agencies as well as CBOs and volunteers. Within a local government, framing this work as a health response helps to align all partners on their shared values. Moreover, emphasizing to the local police departments that taking a responsibility off their plate is a benefit to them, which may help them to see the crisis response teams as assets and resources to them. Additionally, while bringing onboard internal (i.e., city departments and agencies) stakeholders to the table, it is important to ensure that they each have the appropriate degree of weight in decision making for the program. For example, New York City emphasized that law enforcement should not have an imbalance in controlling the conversation or

decisions. Programs also shared examples of opportunities to build trust across staff members: San Francisco's Street Crisis Response Team used all-team debriefs to strengthen communication and establish processes; and Canada's REACH Edmonton used data on their program and outcomes to promote accountability between providers. Ultimately, building and sustaining trust across a network of crisis response teams, first responders, and law enforcement agencies is a type of role that the central coordinating governance structure of a crisis response system should aim to lead and support.

The 911 dispatch system is complex.

The 911 dispatch component of a crisis response model is complex and requires effective collaboration for successful implementation. New York City felt that the dispatch and deployment components of its B-HEARD program took the most time to design well (e.g., diagramming calls, finding existing data), even though the 911 data infrastructure already existed. Similarly, Los Angeles' Department of Mental Health found the call diversion process and decision-making to be the most challenging aspect to align across departments. By being aware of this hurdle from the beginning, a new program can allocate sufficient time and resources as well as identify strategic personnel to support the development of this important component of any crisis response program.

Look to the future.

Finally, cities offered that they are only in their first steps of a longer process of designing alternative models of care in their communities. Planning for a program's next steps can make the initial pilots even more successful and support the transition to future iterations. For instance, Portland's Street Response program is primarily focused on low-acuity crises, though there is a need for a non-police response that can respond to higher acuity calls, including incidences with weapons, in order to achieve Portland's aim of reducing police violence. Mental Health First emphasized that an armed officer does not necessarily provide security and safety to bystanders, providers, or consumers, and so alternative crisis response models are countering a larger system of socialization around notions of safety and the role of 911 in a community. Additionally, these models are operating within larger mental health response systems that must work together to ensure fewer community members are going into crisis in the first place. Programs should always be considering how alternative models of care can support individuals from entering into crises, too. Denver's STAR program shared that they have numerous opportunities for prevention efforts, such as proactive response after encampment sweeps, checking in with consumers in high visibility areas even if there is not a call there, and proactively connecting people to services. By keeping an open mind for what a more holistic crisis response system could look like in their future, cities can plan for their present day,

early-stage pilot programs to be a part of their evolving and innovative models of care.

Appendices

Appendix A. SAMHSA's National Guidelines for Behavioral Health Crisis Care - Best Practice Toolkit Executive Summary¹⁷

The *National Guidelines for Crisis Care – A Best Practice Toolkit* advances national guidelines in crisis care within a toolkit that supports program design, development, implementation and continuous quality improvement efforts. It is intended to help mental health authorities, agency administrators, service providers, state and local leaders think through and develop the structure of crisis systems. The toolkit includes distinct sections for:

- ✓ Defining national guidelines in crisis care;
- ✓ Implementing care that aligns with national guidelines; *and*
- ✓ Evaluating alignment of systems to national guidelines.

Given the ever-expanding inclusion of the term “crisis” by entities describing service offerings that do not truly function as no-wrong-door safety net services, we start by defining what crisis services are and what they are not. Crisis services are for **anyone, anywhere and anytime**. Crisis services include (1) crisis lines accepting all calls and dispatching support based on the assessed need of the caller, (2) mobile crisis teams dispatched to wherever the need is in the community (not hospital emergency departments) and (3) crisis receiving and stabilization facilities that serve everyone that comes through their doors from all referral sources. These services are for **anyone, anywhere and anytime**.

With non-existent or inadequate crisis care, costs escalate due to an overdependence on restrictive, longer-term hospital stays, hospital readmissions, overuse of law enforcement and human tragedies that result from a lack of access to care. Extremely valuable psychiatric inpatient assets are overburdened with referrals that might be best-supported with less intrusive, less expensive services and supports. In too many communities, the “crisis system” has been unofficially handed over to law enforcement; sometimes with devastating outcomes. The current approach to crisis care is patchwork and

¹⁷ Substance Abuse and Mental Health Services Administration (SAMHSA). (2020). National Guidelines for Behavioral Health Crisis Care – Best Practice Toolkit Executive Summary. <https://www.samhsa.gov/find-help/implementing-behavioral-health-crisis-care> & <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf>

delivers minimal treatment for some people while others, often those who have not been engaged in care, fall through the cracks; resulting in multiple hospital readmissions, life in the criminal justice system, homelessness, early death and even suicide.

A comprehensive and integrated crisis network is the first line of defense in preventing tragedies of public and patient safety, civil rights, extraordinary and unacceptable loss of lives, and the waste of resources. There is a better way. Effective crisis care that saves lives and dollars requires a systemic approach. This toolkit will delineate how to estimate the crisis system resource needs of a community, the number of individuals who can be served within the system, the cost of crisis services, the workforce demands of implementing crisis care and the community-changing impact that can be seen when services are delivered in a manner that aligns with this Best Practice Toolkit. Readers will also learn how this approach harnesses data and technology, draws on the expertise of those with lived experience, and incorporates evidence-based suicide prevention practices.

Core Services and Best Practices

The following represent the *National Guidelines for Crisis Care* essential elements within a **no- wrong-door** integrated crisis system:

1. **Regional Crisis Call Center:** Regional 24/7 clinically staffed hub/crisis call center that provides crisis intervention capabilities (telephonic, text and chat). Such a service should meet National Suicide Prevention Lifeline (NSPL) standards for risk assessment and engagement of individuals at imminent risk of suicide and offer quality coordination of crisis care in real-time;
2. **Crisis Mobile Team Response:** Mobile crisis teams available to reach any person in the service area in his or her home, workplace, or any other community-based location of the individual in crisis in a timely manner; *and*
3. **Crisis Receiving and Stabilization Facilities:** Crisis stabilization facilities providing short-term (under 24 hours) observation and crisis stabilization services to all referrals in a home-like, non-hospital environment.

In addition to the essential structural or programmatic elements of a crisis system, the following list of essential qualities must be “baked into” comprehensive crisis systems:

1. Addressing recovery needs, significant use of peers, and trauma-informed care;
2. “Suicide safer” care;
3. Safety and security for staff and those in crisis; *and*

4. Law enforcement and emergency medical services collaboration.

Regional Crisis Call Hub Services – Someone To Talk To

Regional, 24/7, clinically staffed call hub/crisis call centers provide telephonic crisis intervention services to all callers, meet National Suicide Prevention Lifeline (NSPL) operational standards regarding suicide risk assessment and engagement and offer quality coordination of crisis care in real-time. Ideally, these programs will also offer text and chat options to better engage entire communities in care. Mental health, substance use and suicide prevention lines must be equipped to take all calls with expertise in delivering telephonic intervention services, triaging the call to assess for additional needs and coordinating connections to additional support based on the assessment of the team and the preferences of the caller.

Minimum Expectations to Operate a Regional Crisis Call Service

1. Operate every moment of every day (24/7/365);
2. Be staffed with clinicians overseeing clinical triage and other trained team members to respond to all calls received;
3. Answer every call or coordinate overflow coverage with a resource that also meets all of the minimum crisis call center expectations defined in this toolkit;
4. Assess risk of suicide in a manner that meets NSPL standards and danger to others within each call;
5. Coordinate connections to crisis mobile team services in the region;
and
6. Connect individuals to facility-based care through warm hand-offs and coordination of transportation as needed.

Best Practices to Operate Regional Crisis Call Center

To fully align with best practice guidelines, centers must meet the minimum expectations and:

1. Incorporate Caller ID functioning;
2. Implement GPS-enabled technology in collaboration with partner crisis mobile teams to more efficiently dispatch care to those in need;
3. Utilize real-time regional bed registry technology to support efficient connection to needed resources; *and*
4. Schedule outpatient follow-up appointments in a manner synonymous with a warm handoff to support connection to ongoing care following a crisis episode.

To align with National Suicide Prevention Lifeline (NSPL) operational standards, centers must:

1. Practice **active engagement** with callers and make efforts to establish sufficient rapport so as to promote the caller's collaboration in securing his/her own safety;

2. Use the **least invasive intervention** and consider involuntary emergency interventions as a last resort, except for in circumstances as described below;
3. Initiate life-saving services for attempts in progress – in accordance with guidelines that do not require the individual’s consent to initiate medically necessary rescue services;
4. Initiate active rescue to secure the immediate safety of the individual at risk if the caller remains unwilling and/or unable to take action to prevent his/her suicide and remains at imminent risk;
5. Practice active engagement with persons calling on behalf of someone else (“third-party callers”) towards determining the least invasive, most collaborative actions to best ensure the safety of the person at risk;
6. Have supervisory staff available during all hours of operations for timely consultation in determining the most appropriate intervention for any individual who may be at imminent risk of suicide; *and*
7. Maintain caller ID or other method of identifying the caller’s location that is readily accessible to staff.

True regional crisis call center hub services that offer air traffic control-type functioning are essential to the success of a crisis system. Cracks within a system of care widen when individuals experience interminable delays in access to services which are often based on an absence of:

1. Real-time coordination of crisis and outgoing services; *and*
2. Linked, flexible services specific to crisis response; namely mobile crisis teams and crisis stabilization facilities.

Mobile Crisis Team Services – Someone To Respond

Mobile crisis team services offering community-based intervention to individuals in need wherever they are; including at home, work, or anywhere else in the community where the person is experiencing a crisis. For safety and optimal engagement, two person teams should be put in place to support emergency department and justice system diversion. EMS services should be aware and partner as warranted.

Minimum Expectations to Operate a Mobile Crisis Team Services

1. Include a licensed and/or credentialed clinician capable to assessing the needs of individuals within the region of operation;
2. Respond where the person is (home, work, park, etc.) and not restrict services to select locations within the region or particular days/times; *and*
3. Connect to facility-based care as needed through warm hand-offs and coordinating transportation when and only if situations warrants transition to other locations.

Best Practices to Operate Mobile Crisis Team Services

To fully align with best practice guidelines, teams must meet the minimum expectations and:

1. Incorporate peers within the mobile crisis team;
2. Respond without law enforcement accompaniment unless special circumstances warrant inclusion in order to support true justice system diversion;
3. Implement real-time GPS technology in partnership with the region's crisis call center hub to support efficient connection to needed resources and tracking of engagement; *and*
4. Schedule outpatient follow-up appointments in a manner synonymous with a warm handoff in order to support connection to ongoing care.

Essential functions of mobile crisis services include:

- Triage/screening, including explicit screening for suicidality;
- Assessment;
- De-escalation/resolution;
- Peer support;
- Coordination with medical and behavioral health services; *and*
- Crisis planning and follow-up.

Crisis Receiving and Stabilization Services – A Place to Go

Crisis receiving and stabilization services offer the community a no-wrong-door access to mental health and substance use care; operating much like a hospital emergency department that accepts all walk-ins, ambulance, fire and police drop-offs. The need to say yes to mental health crisis referrals, including working with persons of varying ages (as allowed by facility license) and clinical conditions (such as serious emotional disturbance, serious mental illness, intellectual and developmental disabilities), regardless of acuity, informs program staffing, physical space, structure and use of chairs or recliners in lieu of beds that offer far less capacity or flexibility within a given space. It is important to fund these facility-based programs so they can deliver on the commitment of never rejecting a first responder or walk-in referral in order to realize actual emergency department and justice system diversion. If an individual's condition is assessed to require medical attention in a hospital or referral to a dedicated withdrawal management (i.e., referred to more commonly and historically as detoxification) program, it is the responsibility of the crisis receiving and stabilization facility to make those arrangements and not shift that responsibility to the initial referral source (family, first responder or mobile team). Law enforcement is not expected to do the triage or assessment for the crisis system and it is important that those lines never become blurred.

Minimum Expectations to Operate a Crisis Receiving and Stabilization Service

1. Accept all referrals;
2. Not require medical clearance prior to admission but rather assessment and support for medical stability while in the program;
3. Design their services to address mental health and substance use crisis issues;
4. Employ the capacity to assess physical health needs and deliver care for most minor physical health challenges with an identified pathway in

- order to transfer the individual to more medically staffed services if needed;
5. Be staffed at all times (24/7/365) with a multidisciplinary team capable of meeting the needs of individuals experiencing all levels of crisis in the community; including:
 - a. Psychiatrists or psychiatric nurse practitioners (telehealth may be used)
 - b. Nurses
 - c. Licensed and/or credentialed clinicians capable of completing assessments in the region; *and*
 - d. Peers with lived experience similar to the experience of the population served.
 6. Offer walk-in and first responder drop-off options;
 7. Be structured in a manner that offers capacity to accept all referrals, understanding that facility capacity limitations may result in occasional exceptions when full, with a no rejection policy for first responders;
 8. Screen for suicide risk and complete comprehensive suicide risk assessments and planning when clinically indicated; *and*
 9. Screen for violence risk and complete more comprehensive violence risk assessments and planning when clinically indicated.

Best Practices to Operate Crisis Receiving and Stabilization Services

To fully align with best practice guidelines, centers must meet the minimum expectations and:

1. Function as a 24 hour or less crisis receiving and stabilization facility;
2. Offer a dedicated first responder drop-off area;
3. Incorporate some form of intensive support beds into a partner program (could be within the services' own program or within another provider) to support flow for individuals who need additional support;
4. Include beds within the real-time regional bed registry system operated by the crisis call center hub to support efficient connection to needed resources; *and*
5. Coordinate connection to ongoing care.

The Role of the Psychiatrist/Psychiatric Nurse Practitioner

Psychiatrists and Psychiatric Nurse Practitioners serve as clinical leaders of the multi-disciplinary crisis team. Essential functions include ensuring clinical soundness of crisis services through evaluation of need, continued monitoring of care and crisis service discharge planning.

Essential Principles for Modern Crisis Care Systems

Best practice crisis care incorporates a set of core principles that must be systematically “baked in” to excellent crisis systems in addition to the core structural elements that are defined as essential for modern crisis systems. These essential principles and practices are:

1. Addressing Recovery Needs,

2. Significant Role for Peers,
3. Trauma-Informed Care,
4. *Zero Suicide/Suicide Safer Care,*
5. Safety/Security for Staff and People in Crisis *and*
6. Crisis Response Partnerships with Law Enforcement, Dispatch, and Emergency Medical Services.

Addressing Recovery Needs

Crisis providers must address the recovery needs of individuals and families to move beyond their mental health and substance use challenges to lead happy, productive and connected lives each and every day.

Implementation Guidance

1. *Commit to a no-force-first approach to quality improvement in care that is characterized by engagement and collaboration.*
2. *Create engaging and supportive environments that are as free of barriers as possible. This should include eliminating Plexiglas from crisis stabilization units and minimal barriers between team members and those being served to support stronger connections.*
3. *Ensure team members engage individuals in the care process during a crisis. Communicate clearly regarding all options clearly and offer materials regarding the process in writing in the individual's preferred language whenever possible.*
4. *Ask the individual served about their preferences and do what can be done to align actions to those preferences.*
5. *Help ensure natural supports and personal attendants are also part of the planning team, such as with youth and persons with intellectual and developmental disabilities.*
6. *Work to convert those with an involuntary commitment to voluntary so they are invested in their own recovery.*

Significant Role for Peers

A transformative element of recovery-oriented care is to fully engage the experience, capabilities and compassion of people who have experienced mental health crises. Including individuals with lived mental health and substance use disorder experience (peers) as core members of a crisis team supports engagement efforts through the unique power of bonding over common experiences while adding the benefits of the peer modeling that recovery is possible.

Implementation Guidance

1. *Hire credentialed peers with lived experience that reflect the characteristics of the community served as much as possible. Peers should be hired with attention to common characteristics such as gender, race, primary language, ethnicity, religion, veteran status, lived experiences and age.*

2. *Develop support and supervision that aligns with the needs of your program's team members.*
3. *Emphasize engagement as a fundamental pillar of care that includes peers as a vital part of a crisis program's service delivery system. This should include (1) integrating peers within available crisis line operations, (2) having peers serve as one of two mobile team members and (3) ensuring a peer is one of the first individuals to greet an individual admitted to a crisis stabilization facility.*

Trauma-Informed Care

The great majority of individuals served in mental health and substance use services have experienced significant interpersonal trauma. Mental health crises and suicidality often are rooted in trauma. These crises are compounded when crisis care involves loss of freedom, noisy and crowded environments and/or the use of force. These situations can actually re-traumatize individuals at the worst possible time, leading to worsened symptoms and a genuine reluctance to seek help in the future.

On the other hand, environments and treatment approaches that are safe and calm can facilitate healing. Thus, we find that trauma-informed care is an essential element of crisis treatment. In 2014, SAMHSA set the following guiding principles for trauma-informed care:

1. Safety;
2. Trustworthiness and transparency;
3. Peer support and mutual self-help;
4. Collaboration and mutuality;
5. Empowerment, voice and choice; *and*
6. Ensuring cultural, historical and gender considerations inform the care provided.

Trauma-informed systems of care ensure these practices are integrated into service delivery. Developing and maintaining a healthy environment of care also requires support for staff, who may have experienced trauma themselves.

Implementation Guidance

1. *Incorporate trauma-informed care training into each team member's new employee orientation with refreshers delivered as needed.*
2. *Apply assessment tools that evaluate the level of trauma experienced by the individuals served by the crisis program and create action steps based on those assessments.*

Zero Suicide/Suicide Safer Care

Two transformational commitments must be made by every crisis provider in the nation: (1) adoption of suicide prevention as a core responsibility, and (2) commitment to dramatic reductions in suicide among people under care. These changes were adopted and advanced in the revised *National Strategy for Suicide*

Prevention (2012), specifically via a new Goal 8: “Promote suicide prevention as a core component of health care services” (p. 51).

The following key elements of Zero Suicide or Suicide Safer Care are all applicable to crisis care:

1. Leadership-driven, safety-oriented culture committed to dramatically reducing suicide among people under care, that includes survivors of suicide attempts and suicide loss in leadership and planning roles;
2. Developing a competent, confident, and caring workforce;
3. Systematically identifying and assessing suicide risk among people receiving care;
4. Ensuring every individual has a pathway to care that is both timely and adequate to meet his or her needs and includes collaborative safety planning and a reduction in access to lethal means;
5. Using effective, evidence-based treatments that directly target suicidal thoughts and behaviors;
6. Providing continuous contact and support; especially after acute care; *and*
7. Applying a data-driven quality improvement approach to inform system changes that will lead to improved patient outcomes and better care for those at risk.

Safety/Security for Staff and People in Crisis

Safety for both individuals served and staff is a foundational element for all crisis service settings. Crisis settings are also on the front lines of assessing and managing suicidality and possibly violent thoughts or aggressive behaviors, issues with life and death consequences. While ensuring safety for people using crisis services is paramount, the safety for staff cannot be compromised. Keys to safety and security in crisis delivery settings include:

- Evidence-based and trauma-informed crisis training for all staff;
- Role-specific staff training and appropriate staffing ratios to number of clients being served;
- A non-institutional and welcoming physical space and environment for persons in crisis, rather than Plexiglas “fishbowl” observation rooms and keypad-locked doors. This space must also be anti-ligature sensitive and contain safe rooms for people for whom violence may be imminent;
- Established policies and procedures emphasizing “no force first” prior to implementation of safe physical restraint or seclusion procedures;
- Pre-established criteria for crisis system entry;
- Strong relationships with law enforcement and first responders; *and*
- Policies that include the roles of clinical staff (and law enforcement if needed) for management of incidents of behavior that places others at risk.

Providers must establish environments that are safe for those they serve as well as their own team members who are charged with delivering high quality crisis care that aligns with best practice guidelines. The keys to safety and security for

home visits by mental health staff include:

- No mental health crisis outreach worker will be required to conduct home visits alone.
- Employers will equip mental health workers who engage in home visits with a communication device.
- Mental health workers dispatched on crisis outreach visits will have prompt access to any information available on history of dangerousness or potential dangerousness of the client they are visiting.

Implementation Guidance

1. *Commit to a no-force-first approach to care.*
2. *Monitor, report and review all incidents of seclusion and restraint with the goal of minimizing the use of these interventions.*
3. *Remember that barriers do not equal safety. The key to safety is engagement and empowerment of the individual served while in crisis.*
4. *Offer enough space in the physical environment to meet the needs of the population served. A lack of space can elevate anxiety for all.*
5. *Incorporate quiet spaces into your crisis facility for those who would benefit from time away from the milieu of the main stabilization area.*
6. *Engage your team members and those you serve in discussions regarding how to enhance safety within the crisis program.*

Law Enforcement and Crisis Response—An Essential Partnership

Law enforcement agencies have reported a significant increase in police contacts with people with mental illness in recent years. Some involvement with mental health crises is inevitable for police. Police officers may (1) provide support in potentially dangerous situations when the need is assessed or (2) make warm hand-offs into crisis care if they happen to be first to engage.

In many communities across the United States, the absence of sufficient and well-integrated mental health crisis care has made local law enforcement the *de facto* mental health mobile crisis system. This is unacceptable and unsafe. The role of local law enforcement in addressing emergent public safety risk is essential and important. With good mental health crisis care in place, the care team can collaborate with law enforcement in a fashion that will improve both public safety and mental health outcomes. Unfortunately, well-intentioned law enforcement responders to a crisis call can escalate the situation solely based on the presence of police vehicles and armed officers that generate anxiety for far too many individuals in a crisis.

Implementation Guidance

1. *Have local crisis providers actively participate in Crisis Intervention Team training or related mental health crisis management training sessions.*

2. *Incorporate regular meetings between law enforcement and crisis providers, including EMS and dispatch, into the schedule so these partners can work to continuously improve their practices.*
3. *Include training on crisis provider and law enforcement partnerships in the training for both partner groups.*
4. *Share aggregate outcomes data such as numbers served, percentage stabilized and returned to the community and connections to ongoing care.*

Psychiatric Advance Directives

A psychiatric or mental health advance directive (PAD) is a legal tool that allows a person with mental illness to state their preferences for treatment in advance of a crisis. They can serve as a way to protect a person's autonomy and ability to self-direct care. Crisis providers are expected to always seek to understand and implement any existing PAD that has been developed by the individual during the evaluation phase and work to ensure the individual discharges from crisis care with an updated and accurate psychiatric advance directive whenever possible. PAD creates a path to express treatment preferences and identify a representative who is trusted and legally empowered to make healthcare decisions on medications, preferred facilities, and listings of visitors.

Funding Crisis Care

The full *Crisis Services Best Practice Toolkit* document contains specific strategies on how a community can fund each of the core crisis system elements in single and multiple-payer environments. Additionally, recommendations on service coding already being reimbursed by Medicaid in multiple states are made available; including the use of HCPCS code H2011 *Crisis Intervention Service per 15 Minutes* for mobile crisis services and S9484 *Crisis Intervention Mental Health Services per Hour* or S9485 *Crisis Intervention Mental Health Services per Diem* for crisis receiving and stabilization facility services.

Training and Supervision

Many members of the crisis services delivery team are licensed mental health and substance use professionals operating within the scope of their license and training with supervision delivered in a manner consistent with professional expectations of the licensing board. Licensed professionals are expected to strengthen their skills and knowledge through ongoing CEU and CME professional advancement opportunities focused on improving team members' ability to deliver crisis care.

Providers also incorporate non-licensed individuals within the service delivery

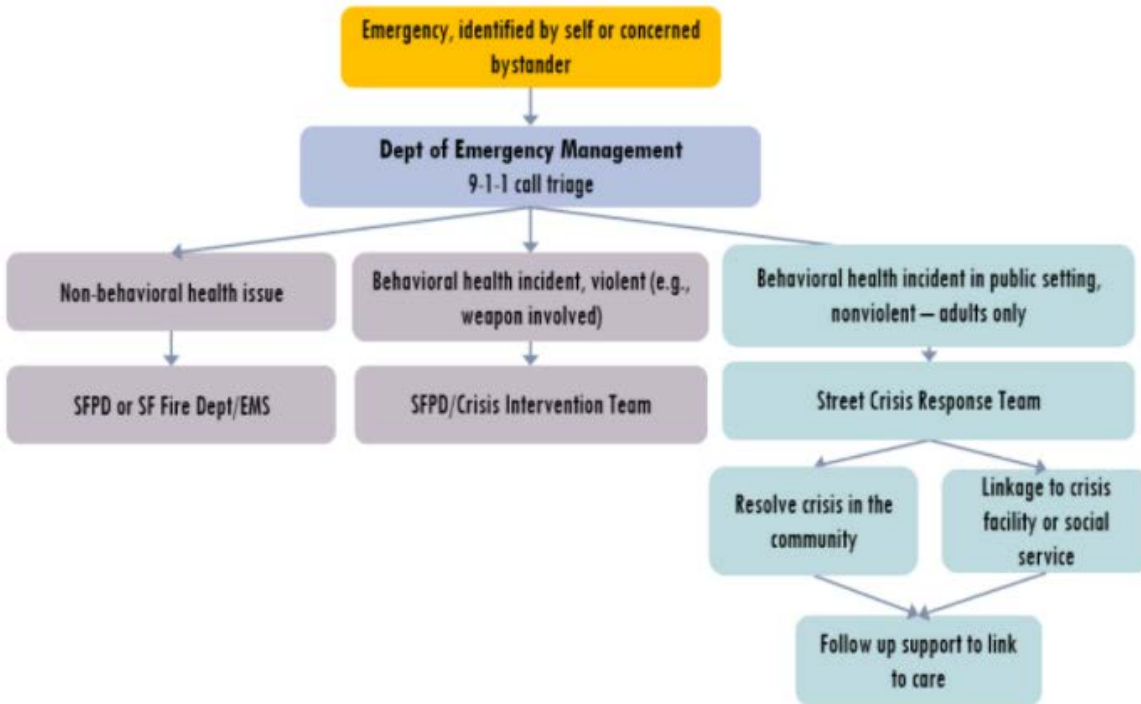
team; creating the need for additional training and supervision to ensure services are delivered in a manner that advances positive outcomes for those engaged in care. Verification of skills and knowledge of non-professional staff is essential to maintaining service delivery standards within a crisis program; including the incorporation of ongoing supervision with licensed professionals available on site at all times. Supervision and the verification of skills and knowledge shall include, but is not limited to, active engagement strategies, trauma-informed care, addressing recovery needs, suicide-safer care, community resources, psychiatric advance directives and role-specific tasks.

Conclusion

Crisis services must be designed to serve **anyone, anywhere and anytime**. Communities that commit to this approach and dedicate resources to address the community need decrease psychiatric boarding in emergency departments and reduce the demands on the justice system. These two benefits translate into better care, better health outcomes and lower costs to the community. The *National Guidelines for Crisis Care – A Best Practice Toolkit* delivers a roadmap that can be used to truly make a positive impact to communities across the country.

Appendix B. Sample Outlines of Types of Scenarios for Crisis Response Teams

Appendix B-1. County and City of San Francisco's Crisis Response



Appendix B-2. County of Los Angeles' Behavioral Health Crisis Triage

COUNTY OF LOS ANGELES · BEHAVIORAL HEALTH CRISIS TRIAGE			
DIRECT PEER INVOLVEMENT (INDIVIDUALS WITH LIVED EXPERIENCE)	HIGHER RISK	4	IMMEDIATE THREAT TO PUBLIC SAFETY • CRIME
	4		<p>ANYONE IN IMMEDIATE DANGER BESIDES LONE SUICIDAL SUBJECT SUBJECT THREATENING OTHERS' PERSONAL SAFETY/PROPERTY OBSERVED WITH OR KNOWN ACCESS TO DANGEROUS WEAPON REPORTED CRIME REQUIRES SOME LEVEL OF INVESTIGATION</p> <p>-----</p> <p>PATROL (B&W) UNIT(S) DISPATCHED OR ON SCENE SMART / MET CO-RESPONSE TEAM [DISPATCH VIA TRIAGE DESK] [FUTURE 988 LINKAGE TO 911 SYSTEM FOR TRANSFER IF NEEDED]</p>
	MODERATE RISK	3	CALLER NEEDS HELP IN PERSON
	3		<p>PUBLIC NOT IN IMMEDIATE DANGER FIELD RESPONSE IS NECESSARY MAY BE DANGER TO SELF, OTHERS, GRAVELY DISABLED DMH ACCESS CALL CENTER—DISPATCHES NON-LE TEAM [FUTURE LINKAGE TO 988 & 911 SYSTEM FOR TRANSFER IF NEEDED]</p> <p>-----</p> <p>FIELD RESPONSE BY DMH PSYCHIATRIC MOBILE RESPONSE TEAM (PMRT) OR DMH VAN OR OTHER PSYCH EVALUATION TEAM (PET)</p>
	IMMEDIATE REMOTE	2	CALLER NEEDS HELP VIA CALL / TEXT / CHAT
2	<p>IN CRISIS NOW • CAN / WILL ACCEPT IMMEDIATE <u>REMOTE</u> HELP INCLUDES SUICIDAL SUBJECT THAT'S NOT AN IMMEDIATE THREAT TO OTHERS "LIVE TRANSFER" TO DIDI HIRSCH SUICIDE PREVENTION CENTER [FUTURE 988 WITH LINKAGE TO 911 FOR TRANSFER IF NEEDED]</p> <p>-----</p> <p>NO FIELD RESPONSE UNLESS CALL ASSESSMENT LEVEL CHANGES CALLER MAY REMAIN ENGAGED FOR HELP DURING LEVEL 3+ FIELD RESPONSE</p>		
NO CRISIS / RESOLVED	1	CALLER NEEDS SUPPORT/SERVICES • NOT IMMEDIATE RISK	
1		<p>SUBJECT OR CARE TAKER NEEDS SUPPORTIVE SERVICES "LIVE TRANSFER" TO DMH ACCESS CALL CENTER—PRIORITY LINE <u>MAY</u> TRIGGER PEER ACCESS NETWORK REFERRAL TO MAKE CONTACT <u>MAY</u> RESULT IN APPOINTMENT FOR A TREATMENT PROVIDER</p> <p>-----</p> <p>MAY REQUEST PEER-RESPONSE ORG TO ASSIST INCLUDING "NAVIGATOR" ROLE</p>	

M

MEDICAL AID • EMS / FIRE DEPT

ANYONE NEED MEDICAL ATTENTION? INJURY?
ALSO FOR INTEGRATED MEDICAL INTERVENTION PLAN

CALLS AND RESPONSE CAN BE FLUID AND OVERLAP

Appendix C. Crisis Response Programs Researched by RDA – Summary of Key Components

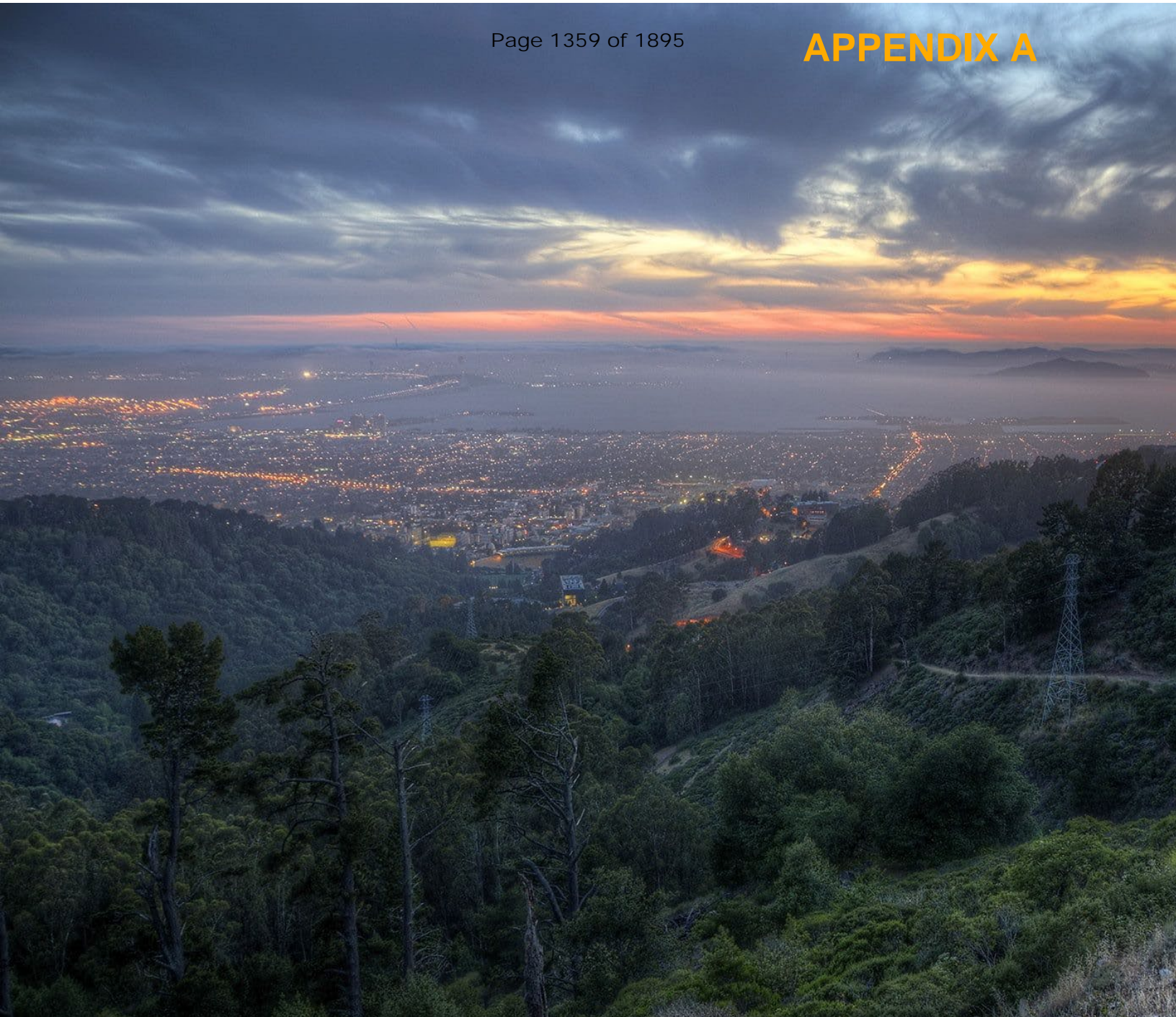
<u>Program</u>	<u>Dispatch</u>	<u>Types of calls</u>	<u>Hours of operation</u>	<u>Crisis team staff</u>	<u>Vehicles</u>	<u>Follow-up process</u>
Albuquerque Community Safety Department – <i>Albuquerque, NM</i>	911	Mental health, inebriation, homelessness, addiction	TBD	Clinicians or peers	TBD	TBD
B-HEARD (the Behavioral Health Emergency Assistance Response Division) – <i>New York, NY</i>	911 dispatch	Mental health	Daily 16 hours per day	2 EMTs or paramedics + social worker	Non-transport vehicles	Connect with services if transported; heat team does follow-up (clinician and peer for follow-up connection to services)
Boston Police Department’s Co-Responder Program – <i>Boston, MA</i>	911 dispatch	Mental health crisis	Unknown	Co-responder (police + clinician)	Police car	Unknown
Crisis Assistance Helping Out On The Streets (CAHOOTS) – <i>Eugene, OR</i>	911 calls dispatched on radio	Non-emergency calls	24/7	Unlicensed crisis worker and EMT or paramedic	3 vans with logo	Not currently part of services
Crisis Assessment & Transport Team (CATT) – <i>Alameda County, CA</i>	911 dispatch	Mental health	Daily 7am-12am	Licensed clinician + EMT, co-responding with police	Unmarked vehicles, barrier, custom locks and windows, locked storage cabinets	Unknown
Community Paramedicine – <i>California (statewide)</i>	911 dispatch	Non-emergency health and mental health calls	Unknown	Paramedics	Unknown	Unknown
Crisis Call Diversion Program (CCD) – <i>Houston, TX</i>	911 dispatch	Non-emergency mental and behavioral health calls	Daily, morning and evening shifts	Mental health professional tele-counselors at 911 call center	N/A	Unknown

<u>Program</u>	<u>Dispatch</u>	<u>Types of calls</u>	<u>Hours of operation</u>	<u>Crisis team staff</u>	<u>Vehicles</u>	<u>Follow-up process</u>
Crisis Now – National model (via SAMHSA)	Regional crisis call hub	Mental health	24/7	Licensed clinician + behavioral health specialist	Unmarked van	Program staff follows up to ensure connection to a resource
Crisis Response Pilot – Chicago, IL	911 dispatch	Mental health	M-F 9:30-5:30	Paramedic, crisis counselor, CIT officer, peer recovery coach	2 vans	Unknown
Crisis Response Unit – Olympia, WA	911 or alternate number	Mental health, homelessness	Daily 7am-9pm	Nurse + behavioral health specialist	Van owned by the City	Repeat clients get referred to peer navigation program (Familiar Faces)
Cuyahoga County Mobile Crisis Team – Cuyahoga County, Ohio	National Suicide Prevention Hotline	Mental health	24/7	Licensed clinicians	Unknown	Unknown
Department of Community Response – Sacramento, CA	911 or alternate number	Mental health, homelessness, youth and family crisis, substance use	24/7	Social workers	6 vans	CBO partner will provide connection to longer term care and follow up services
Department of Community Solutions and Public Safety – Ithaca, NY	TBD	Non-violent calls	TBD	Unarmed first responders	TBD	TBD
Downtown Emergency Service Center (DESC) Mobile Crisis Team – King County, WA	911 dispatch	Mental health, substance use	24/7	Mental health professional	Unknown	Unknown

<u>Program</u>	<u>Dispatch</u>	<u>Types of calls</u>	<u>Hours of operation</u>	<u>Crisis team staff</u>	<u>Vehicles</u>	<u>Follow-up process</u>
Expanded Mobile Crisis Outreach Team (EMCOT) – Austin, TX	911 or alternate number	Mental health	24/7	Field staff: two person teams of clinicians Call center staff: mental health professionals	Unmarked vehicles	Post-crisis services available for up to 3 months after initial contact
Georgia Crisis & Access Line (GCAL) – Georgia (statewide)	Alternate number, app	Non-emergency mental health, substance use	24/7	Mental health professionals	Unknown	Unknown
Los Angeles County Department of Mental Health - ACCESS Center – Los Angeles County, CA	Alternate number	Mental health	24/7	Unknown	Unknown	Unknown
Los Angeles County Department of Mental Health - Co-Response Program – Los Angeles County, CA	911 dispatch	Emergency mental health	Unknown	Co-responder (police + clinician)	Police car	Unknown
Los Angeles County Department of Mental Health - Psychiatric Mobile Response Team (PMRT) – Los Angeles County, CA	Alternate number	Mental health crises	Unknown	Psychiatric mobile response team	Unknown	Unknown
Mobile Assistance Community Responders of Oakland (MACRO) – Oakland, CA	911 dispatch	Non-emergency calls	24/7	Unlicensed community member + EMT	Vehicle with radios, mobile data terminal, cell phones	Community Resource Specialist to connect to resources
Mental Health Acute Assessment Team (MHAAT) – Sydney, Australia	Ambulance Control Center	Acute mental health crises	Unknown	Paramedic + mental health nurse	Ambulance	Contacted within 3 days, follow up with referral facility
Mental Health First / Anti-Police Terror Project – Sacramento and Oakland, CA	Alternate number, social media	Mental health, domestic violence, substance use	Fri-Sun 7pm-7am	Peer first responders	Use personal vehicles and meet at the scene; have an RV with supplies	Have relationship with CBOs, staff work to get folks into longer term services
Mental Health Mobile Crisis Team (MHMCT) – Nova Scotia, Canada	911 dispatch	Mental health	24/7	Co-responder (police + clinician) and telephone clinician support	Unknown	Unknown

<u>Program</u>	<u>Dispatch</u>	<u>Types of calls</u>	<u>Hours of operation</u>	<u>Crisis team staff</u>	<u>Vehicles</u>	<u>Follow-up process</u>
Mobile Crisis Assistance Team (MCAT) – Indianapolis, IN	911 dispatch	Mental health, substance use	M-F, not after hours or overnight	Co-responder (police + clinician + paramedics)	Unknown	Conduct follow up visits to encourage connection to care
Mobile Crisis Rapid Response Team (MCRRT) – Hamilton, Ontario, Canada	911 dispatch	Mental health	Unknown	Co-responder (CIT-trained police + clinician)	Police car	Unknown
Mobile Emergency Response Team for Youth (MERTY) – Santa Cruz, CA	Alternate number	Mental health calls for youth	M-F 8am-5pm	Clinician + family specialist	Van with wheelchair lift, comfortable chairs, TV, snacks	Continue to provide services until patient connected with long-term services
Mobile Evaluation Team (MET) – East Oakland, CA	911 or alternate number	Mental health	Mon-Thurs 8am-3:30pm	Co-responder (1-2 mental health clinicians + police officer)	Unmarked police car	Unknown
Psykiatrisk Akut Mobilitet (PAM) Unit, the Psychiatric Emergency Response Team – Stockholm, Sweden	Alarm center	Acute risk of suicidal behavior	Daily 2pm-2am	2 psychiatric nurses and ambulance driver	Ambulance	Unknown
Police and Clinician Emergency Response (PACER) – Australia (several locations)	Dispatched by police	Mental health	Varies	Co-responder (police + clinician)	Unknown	Unknown
Portland Street Response – Portland, OR	911 or alternate number	Low-acuity mental health, substance use, welfare checks	M-F 10am-6pm	EMT and LCSW dispatched to scene; 2 CHWs called in for follow-up	Van with logo	CHWs connect to services; partnerships with CBOs for outreach in encampments
REACH 24/7 Crisis Diversion – Edmonton, Alberta, Canada	Alternate number (211)	Non-violent, non-emergency calls	24/7	2 crisis diversion workers	Have van to transport	Connector role for connection to long-term services

<u>Program</u>	<u>Dispatch</u>	<u>Types of calls</u>	<u>Hours of operation</u>	<u>Crisis team staff</u>	<u>Vehicles</u>	<u>Follow-up process</u>
Seattle Crisis Response Team – Seattle, WA	911 dispatch	Mental health, assault/threat/harassment, suspicious circumstance, disturbance	Unknown	Co-responder (CIT + clinician)	Unknown	Clinicians can follow up with clients
Supported Team Assisted Response (STAR) – Denver, CO	911 dispatch	Mental health, homelessness, substance use	M-F 10am-6pm	Mental health clinician (SW) + paramedic	Civilian van with amber lights, bucket seats on each side with standard front seat	Can hand off to case managers
Street Crisis Response Team (SCRT) – San Francisco, CA	911 calls dispatched on radio	Non-emergency mental health	Daily, 12 hours a day	Social worker/psychologist + paramedic + peer	Van with lights and sirens, currently using old fire department vehicles	Office of Care Coordination provides linkages to other services
Street Triage – England (several locations)	Emergency dispatch	Mental health	Varies	Mental health nurse	Unknown	Unknown
Therapeutic Transportation Pilot Program/Alternative Crisis Response – Los Angeles City and County, CA	911 dispatch	Mental health crisis	24/7	Mental health experts co-respond or take the lead on MH calls	Plan to have van for transports	Level 1 calls will be referred to non-crisis follow up services, folks can step down from crisis receiving to residential program
Toronto Crisis Response – Toronto, Ontario, Canada	TBD	Non-violent, non-emergency calls	TBD	Mental health professionals	TBD	TBD



City of Berkeley

Mental Health Crisis Response Services and Stakeholder Perspectives Report



City of Berkeley

Specialized Care Unit Model Recommendations

City of Berkeley Mental Health Crisis Response and Stakeholder Perspectives Report

Sarah Ferrell

Caroline de Bie

Sasha Gayle-Schneider

Jamie Dorsey

Nicole Gamache-Kocol

Kevin Wu

This report was developed by Resource Development Associates under contract with the City of Berkeley Health, Housing & Community Services Department.

Resource Development Associates, October 2021





Table of Contents

Executive Summary	4
Introduction	6
Communitywide Data Collection	7
Overview of Berkeley Crisis Response	11
Stakeholder Feedback	23
Community Aspirations	46
Appendices	51

Executive Summary

The City of Berkeley contracted with Resource Development Associates (RDA) to conduct a feasibility study to inform the development of Specialized Care Unit (SCU) pilot to respond to mental health crises without the involvement of law enforcement. RDA's feasibility study includes community-informed program design recommendations, a phased implementation plan, and funding considerations. RDA's first report from this feasibility study was a synthesis of crisis response programs in the United States and internationally. This second report details RDA's synthesized findings from speaking with and collecting data from a myriad of City of Berkeley and Alameda County agencies, community-based organizations (CBOs), local stakeholders and community leaders, and utilizers of Berkeley's crisis response services.

This report has two focus areas: 1) describing the City of Berkeley's current mental health crisis response system, including the roles and responsibilities of the various agencies involved and basic quantitative data about the volume of mental health crisis calls received; and 2) sharing key themes from RDA's qualitative data collection efforts across the Berkeley community.

Presently, callers experiencing a mental health crisis typically call 911, Mobile Crisis Team (MCT) phone line, or the Alameda County Crisis Support Services phone line. Depending on the assessment of the call, phone or in-person services are deployed. All these points of access could result in a police response.

In Berkeley, while there are a variety of programs and service provided by Berkeley Mental Health, Berkeley Police, Berkeley Fire, and an array of community-based organizations, there is an overall insufficient level of resources to meet the volume and types of mental health crisis needs across the city. Stakeholder participants urged that the concept and definition of a mental health crisis and crisis services be expanded to include the full spectrum of a mental health crisis, including prevention, diversion, intervention, and follow-up. Through this lens, stakeholders identified strengths and challenges of the existing crisis response system, described personal experiences, and shared ideas for a reimagined mental health crisis response system.



Key Themes from Stakeholder Feedback

Perceptions of the urgent need for a non-police mental health crisis response in Berkeley

Perceptions of varied availability, accessibility, and quality of crisis response services

Perceptions of insufficient crisis services for substance use emergencies

Perceptions of a need for a variety of crisis transport options

Perceptions of a lack of sites for non-emergency care

Perceptions around supporting the full spectrum of mental health crisis needs

Perceptions of a need for post-crisis follow-up care

Perceptions of barriers to successful partnerships and referrals across the mental health service network

Perceptions of needs to integrate data systems and data sharing to improve services

Perceptions of a need for increased community education and public awareness of crisis response options

Participants were asked to share their ideas for alternative approaches to mental health and substance use crises as well as to share community needs for a safe, effective mental health and substance use crisis response. Such perspectives illuminate the perceived gaps in the current system that could be filled by a future SCU. These perspectives are summarized as guiding aspirations for reimagining public safety and designing a response system that promotes the safety, health, and well-being of all Berkeley residents.



Community Aspirations

Stakeholder-identified opportunities to address the root causes that contribute to mental health, homelessness, and substance use crises

Stakeholder-identified opportunities for centering BIPOC communities in crisis response

Stakeholder-identified opportunities for community oversight to ensure equitable and transformative crisis care

Introduction

In response to the killing of George Floyd by Minneapolis police in May 2020 and the ensuing protests across the nation for this and many other similar tragedies, a national conversation emerged about how policing can be done differently in local communities. The Berkeley City Council initiated a broad-reaching process to reimagine policing in the City of Berkeley. As part of that process, in July 2020, the Berkeley City Council directed the City Manager to pursue reforms to limit the Berkeley Police Department's scope of work to "primarily violent and criminal matters." These reforms included, in part, the development of a Specialized Care Unit (SCU) pilot to respond to mental health crises without the involvement of law enforcement.

To inform the development of an SCU, the City of Berkeley contracted with Resource Development Associates (RDA) to conduct a feasibility study that includes community-informed program design recommendations, a phased implementation plan, and funding considerations. RDA's first report from this feasibility study was a synthesized summary of its review of the components of nearly 40 crisis response programs in the United States and internationally. This second report details RDA's synthesized findings from speaking with and collecting data from a myriad of City of Berkeley and Alameda County agencies, community-based organizations (CBOs), local stakeholders and community leaders, and utilizers of Berkeley's crisis response services.

With the guidance and support of an SCU Steering Committee (led by the Director of City of Berkeley's Health, Housing and Community Services Department), RDA conducted a large volume of community and agency outreach and qualitative data collection activities between June-July 2021. The goal of this immense undertaking was to understand the variety of perspectives in the local community regarding how mental health crises are currently being responded to as well as the community's desires for a different crisis response system that would better serve its populations and needs. The City of Berkeley will be implementing an SCU that consists of a team of providers – that does not include law enforcement representation – who will respond to mental health crisis situations in Berkeley. Given that this is happening, RDA's data collection focused on obtaining perspectives that could inform the development of Berkeley's SCU; in contrast, RDA's data collection was not targeted at understanding the validity or utility of having a SCU in Berkeley.

RDA's outreach and data collection efforts yielded a large volume of information. In order to ensure this report is accessible to a wide audience - in both the length and breadth of findings - RDA's analysis of all the information it collected was led by a clear goal of identifying common themes across its many data sources. Additionally, RDA sought to distill all findings into manageable pieces that could be succinctly written about in this report.

This report has two focus areas: 1) describing the City of Berkeley's current mental health crisis response system, including the roles and responsibilities

of the various agencies involved and basic quantitative data about the volume of services provided; and 2) sharing the common themes from RDA's qualitative data collection efforts across the Berkeley community. It is important to note upfront that given the limited quantitative data available about Berkeley's historical mental health crisis response calls – as documented and described in much depth by the Berkeley City Auditor's study (released in April 2021) entitled "Data Analysis of City of Berkeley's Police Response"¹ – this report is focused on qualitative data. That data allows for a better understanding of what this set of stakeholders feels about the current crisis system and their hopes for an improved system. After sharing information about Berkeley's current mental health crisis response services, this report shares information from RDA's qualitative data collection activities with local agencies, CBOs, stakeholders, and utilizers of crisis response services.

Communitywide Data Collection

In order to fully understand the current state of the mental health crisis system in the City of Berkeley, RDA engaged a variety of stakeholders in gathering both quantitative and qualitative data. As this is a community-driven process, much of the data collection was through engaging members of the Berkeley community. These methods will be described below.

Note: Please refer to the following section, [What is the current mental health crisis call volume in Berkeley?](#) for a description of the project's quantitative methods.

Community Engagement Planning Process

To bring resident and other stakeholder voices into community planning efforts, RDA worked closely with the SCU Steering Committee² to develop a comprehensive, inclusive, and accessible outreach and engagement plan. The goal of this plan was not to reach a group that was "representative" of all Berkeley residents, but rather to hear from those that receive crisis response services, those that call or initiate crisis

¹ https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf

² Berkeley Specialized Care Unit Steering Committee members: Colin Arnold, Paul Kealoha Blake, Jeff Buell, Caroline de Bie, Margaret Fine, Maria Moore, Andrea Pritchett, David Sprague, David McPartland, Marc Staton, Lisa Warhuus, and Jamie Works-Wright.

response, and those whose voices are commonly omitted from city planning efforts. The plan focused on those who are most marginalized by the current system and are most at risk of harm. These groups include, but are not limited to the following:

- Individuals who are frequently targeted by policing, including:
 - Black and African Americans
 - Native Americans
 - Pacific Islander Americans
 - Latinx Americans
 - Asian Americans
 - SWANA (Southwest Asia and North Africa)
- People who have experienced a mental health crisis
- People experiencing or at risk of homelessness
- People who use substances
- Gay, Lesbian, Bisexual, Queer, Transgender and Non-Binary people
- Seniors and older adults
- Transition age youth (TAY)
- People with disabilities
- Survivors of domestic violence and/or intimate partner violence
- People returning to the community from prison or jail
- Veterans
- Immigrants and undocumented residents

RDA and the steering committee also reached out to a wide range of advocates, service providers, and CBOs. In addition to wanting to understand the current state of crisis services from a provider perspective, one of the objectives for reaching out to these advocacy and community organizations was to leverage their community and client connections to reach the target populations.

Once the target groups were identified, RDA and the SCU Steering Committee developed a specific outreach plan and interview guides for each group. The outreach strategy was designed to maximize accessibility by providing multiple opportunities for engagement. Interview guides³ were customized to each group but followed the same set of four core questions:

1. People's experiences with, and perceptions of, the current mental health and substance use related crisis response options;
2. Challenges and strengths of current mental health and substance use related crisis response options;
3. Ideas for an alternative approach to mental health and substance use related crises; and
4. Needs identified by the community for a safe, effective mental health and substance use related crisis response.

³ For an example interview guide, see [Appendix A](#).

This set of four questions was also used to create a survey distributed to providers unable to attend focus groups, their clients, other service utilizers, and the broader Berkeley community.

It is important to note that mental health crisis affects everyone. RDA purposefully focused engagement efforts on groups that are most often marginalized and at risk of harm from the current crisis system, but in so doing, was an approach that may not have brought in all voices impacted by mental health crisis. The key themes brought out by stakeholders, therefore, may not be fully representative of the broader Berkeley community. Instead, the key themes reflect the perspective of those most impacted by the current system.

Data Sources

All outreach activities occurred between June and July 2021. RDA engaged the community in a variety of in-person and virtual mediums including interviews, focus groups, shadowing, and surveys. In total, RDA conducted 18 focus groups, 51 individual interviews, 1 full day of shadowing dispatch at BPD, and administered 1 online survey.

The CBOs and community members that were targeted for outreach skewed towards either agencies serving unhoused populations in Berkeley or individuals who were unhoused. This was an intentional strategy to reach a population that is generally underrepresented in community-wide data collection efforts. But, as mentioned above, mental health crises can affect anyone, not just those who are unhoused.

Below is a list of groups that were engaged in interviews or focus groups as part of this process.

Type of Group	Organizations/Departments (# individuals)
City of Berkeley & Alameda County	<ol style="list-style-type: none"> 1. Berkeley Fire Department 2. Berkeley Fire Department – Mobile Integrated Paramedic (MIP) 3. Berkeley Mental Health 4. Berkeley Mental Health - Mobile Crisis Team 5. Berkeley Mental Health – Crisis, Assessment, and Triage (CAT) 6. Berkeley Mental Health - Homeless Full Service Partnership 7. Berkeley Mental Health – Transitional Outreach Team (TOT) 8. Berkeley Police Department - Key Informants 9. Berkeley Police Department – Dispatch 10. Berkeley Police Department - Community Services Bureau 11. Berkeley Police Department - Public Safety Officers 12. City of Berkeley - Aging Services 13. Alameda County Behavioral Health Care Services 14. Alameda County Crisis Support Services

Type of Group	Organizations/Departments (# individuals)
Community-Based Organizations	<ol style="list-style-type: none"> 1. Alameda County Network of Mental Health Clients 2. Alameda County Psychological Association 3. Anti Police-Terror Project 4. BACS - Amber House 5. Berkeley Free Clinic 6. Dorothy Day House 7. Harm Reduction Therapy Center 8. LifeLong Medical Care - Ashby Health Center, Behavioral Health 9. LifeLong Medical Care - Street Medicine 10. Needle Exchange Emergency Distribution (NEED) 11. Pacific Center 12. UC Berkeley School of Social Welfare 13. Women's Daytime Drop-In Center
Service Utilizers	<ol style="list-style-type: none"> 1. People's Park 2. Seabreeze encampment 3. Planting Justice

Demographics of Participants of RDA's Data Collection Efforts

RDA was able to reach a large demographic of providers, service utilizers, and community members across these engagement efforts. These data collection efforts were not focused on providers of mental health care, substance use disorder care, or insurance companies like Kaiser Permanente or the Alameda Alliance. This was a purposeful decision to gain the insight of those who are outside of the current system of care. Demographic information was not gathered for City of Berkeley or Alameda County staff.

Overall, RDA received information from more people in the 30-44 range than any other age range. As compared to Berkeley's overall population, service utilizers and providers who identified as Black or African American were overrepresented in RDA's data collection efforts. There were far more cisgender participants than transgender participants overall, though a higher proportion of service utilizer respondents were transgender compared to survey respondents and provider respondents. RDA collected feedback from more than double the number of female-identifying participants than male identifying participants. Overall, there were very few genderqueer or nonbinary participants. The most common zip codes of participants were 94710, 94702, 94703, and 94704. For more a more detailed description of participant demographics, see [Appendix B](#).

Impacts of COVID-19 Pandemic on Data Collection

The COVID-19 pandemic made it challenging for this project to engage with participants for data collection. The rise of the Delta variant in August 2021 further complicated matters. Many non-medical social service providers in Berkeley had suspended or limited their in-person services with clients due to the pandemic, so RDA was unable to connect with clients in-person. Invitations were sent to case managers and group/individual counselors to forward to their clients in hopes of interviewing clients, but this did not prove to be effective. Aside from being unable to connect with participants in-person, many providers were overwhelmed with ongoing COVID-19 emergency response and unable to participate in focus groups or the survey. Eleven agencies were in conversation with RDA but were unable to attend any focus groups or submit a survey, and 34 agencies did not respond to attempts to connect. Despite these challenges, RDA found considerable themes and patterns in the data that was collected for this project and feel strongly that the data and perspectives presented here represent the scope of the issues pertinent to mental health crisis response in the City of Berkeley.

Overview of Berkeley Crisis Response

What is the current mental health crisis response system in Berkeley?

To understand where the gaps are in the mental health crisis response system in Berkeley, it is important to understand each component and the surrounding landscape of providers and services. The following section describes the process of a mental health call, key city and county entities involved in the crisis system, and other community-based organizations who provide crisis services. This information was gathered during key informant interviews with city and county staff, CBO provider focus groups, and consulting online materials.

Process of Response to a Mental Health Call⁴

When someone makes a call for a mental health crisis, they will typically call 911, the Mental Health Division's Mobile Crisis Team (MCT) phone line,

⁴ See [Appendix C](#) for a flowchart of this process.

or Crisis Support Services of Alameda County. The caller is often a family member, friend, or bystander.

If the call goes to 911, the staff member at Berkeley dispatch receives the call. They use the Emergency Medical Dispatch (EMD) protocols to assess whom to deploy to the scene: fire, police, or an ambulance. When assessing a call for the presence mental health issues, they consider many factors including the possibility of violence against the caller or others, certainty or uncertainty of violence, whether the person is using substances and what type of substance, the coherence of the person's thoughts or behaviors, and background noises. Callers can specifically request MCT, in which case dispatchers may call MCT on the radio and request an MCT call-back for the caller.

If they determine that services can be delivered over the phone, they can transfer the call to Alameda County Crisis Support Services (CSS). If CSS cannot resolve the crisis, they will send the call back to dispatch for an in-person response. If an in-person response is required, they will transfer the call to the appropriate dispatcher staff. Calls with a potential for violence or criminal activity are transferred to police dispatch. Police can call the Berkeley Mobile Crisis Team (MCT) for backup if it is clear that there is a mental health component to the situation. Calls that involve mental health are sent to police dispatch. Police will then alert the MCT that they are needed on-scene. The police will arrive first to secure the scene, then mobile crisis will provide mental health crisis services while police are still on-scene. If the individual needs to be transported to a secondary location, the police will call for an ambulance. Calls that involve a medical or fire issue are transferred to fire dispatch. If fire staff need to place an involuntary hold on the person, they can call police to place the hold.

If the caller decides to call MCT directly, their call will be sent to a confidential voicemail. An MCT staff member will listen to the voicemail, call the person back, and provide services over the phone. If no further services are required, the call is resolved. If an in-person response is required, MCT will call police dispatch to have police secure the scene. After MCT calls dispatch, they will travel to the scene of the incident. Once the scene is secured, MCT provides services and may call an ambulance through dispatch if transport is needed.

If the caller decides to call CSS directly, staff will first attempt to resolve the crisis over the phone. If they are able to de-escalate the crisis over the phone, they will provide referral services to additional resources or, on rare occasions, contact Berkeley Mental Health for follow-up care. If they are unable to resolve the crisis, they will send the call to 911 dispatch.

After the incident, the Berkeley Transitional Outreach Team (TOT) will follow-up with the client to ensure that options for longer term care have been offered. TOT can provide referrals and linkage to long-term services, bridging the gap between a moment of crisis and ongoing mental health care.

City and County Teams that Respond During a Crisis

There are several teams within the City of Berkeley and Alameda County that provide services to someone experiencing a mental health crisis. These include programs within Berkeley Mental Health, Berkeley Police Department, Berkeley Fire Department, and Alameda County Behavioral Health Care Services. Although, as mentioned later in this report, the community does not see these services as sufficient or linked.

Berkeley Mental Health Crisis Programs:

The City of Berkeley is contracted by Alameda County to deliver mental health services to Berkeley residents. In general, Berkeley Mental Health programs are funded to serve individuals with severe mental health needs who have major impairments in their functioning and are covered by Medi-Cal. However, Crisis Services teams (not including Homeless FSP) can serve any Berkeley resident, regardless of diagnosis or insurance status. It should be noted that residents covered by private insurance are eligible for services through their insurer and are not eligible for most Berkeley Mental Health programs.

The *Crisis, Assessment, and Triage (CAT)* program is a key access point for a wide range of Berkeley residents to get connected to mental health services. They are a team of clinical staff—licensed clinicians, paraprofessionals, peers, and/or family members—that conduct mental health screenings and assessments, mental health planning/consultation, and linkages to county or community-based care. They are also the official entry point for Berkeley Mental Health’s Homeless Full Service Partnership (HFSP), Adult Full Service Partnership (AFSP), and Comprehensive Community Treatment (CCT) programs. As previously noted, these programs have strict eligibility requirements driven by their funding. Most callers are referred to non-city resources. They offer both remote as well as in-person, walk-in assessments, and linkages to appropriate care. If someone is in crisis, they can suggest or facilitate linkage to 911, MCT, Amber House, or other crisis resources. CAT can also provide limited outreach and transportation services to people experiencing homelessness or people with disabilities who also want to engage in mental health services.

The *Mobile Crisis Team (MCT)* is a team of licensed clinicians that provide crisis intervention services to people in crisis within the Berkeley city limits. These services include de-escalation and stabilization for individuals in crisis, consultation to hospital emergency personnel, consultation to police and fire departments, hostage negotiation, and disaster and trauma-related mental health services. When fully staffed, MCT can operate 7 days a week from 11:30am-10pm. Due to persistent staff shortages, MCT is currently unable to operate on Tuesdays or Saturdays. They primarily receive referrals from Berkeley Police Department, Berkeley Fire Department, hospital emergency rooms, and directly from residents. Most calls for MCT are received on the police radio directly from BPD for 5150 evaluations. Calls can also come directly through the MCT voicemail.

The *Transitional Outreach Team (TOT)* follows up with individuals after an interaction with MCT. The TOT team consists of one licensed clinician and

one unlicensed peer team member. The function of the TOT team is to offer linkages to appropriate resources and help navigating the system of care after someone has experienced a crisis. TOT assesses the individual's eligibility for services, including insurance status, before making referrals to care. During the pandemic, their services have been mostly limited to phone calls. Pre-pandemic, they regularly connected with service utilizers after they were discharged from the hospital. Most often, TOT connects people with homeless service provider agencies, the CAT team for connection to BMH programs, case management services at other clinics, or any other community provider that would meet the client's needs. Due to a recent division restructuring, TOT and CAT have been combined into one unit to allow more community members to access information and referrals provided by TOT.

The *Homeless Full Service Partnership (HFSP)* is Berkeley Mental Health's newest program. They are a team of two behavioral health clinicians, two social service specialists, one mental health nurse, one part-time psychiatrist (0.5 FTE), and one clinical supervisor. HFSP serves adults who are homeless or at risk of homelessness and have major functional impairments related to a mental health diagnosis. They provide a wide array of services based on the client's needs including support applying for benefits, connection to short-term and long-term housing, harm reduction for substance use, and support with physical health needs.

Berkeley Police Department: The Berkeley Police Department (BPD) is made up of patrol teams, Communications Center (i.e., dispatch) staff, other sworn officers, and non-sworn professional personnel. In total, the 2020 budget included 181 sworn officers and 104.2 professional staff.^[1] BPD patrol team duties include responding to emergency and non-emergency calls for service or criminal activity, enforcing the law, responding to community needs, and directing traffic. The role of BPD patrol teams in mental health crises is to assess the situation to determine if there is a threat of public safety, assess how volatile the situation is, and secure the scene. Oftentimes, police officers will then provide crisis intervention services themselves, either because MCT is unavailable or the officer believes they can adequately respond with their experience and skillset. Otherwise, they will bring in another service team, such as MCT or Fire/ambulance to provide additional mental health or medical services. Officers may on-view incidents, but primarily receive assignments from the Communications Center. Officers may also coordinate with the other City Departments on some cases. All officers also receive a minimum of eight hours of advanced officer training in de-escalation and crisis intervention per year; and many officers are trained in a full week CIT-training course. The Department continues to assign

[1] Berkeley City Auditor. (2021, July 2). *Data Analysis of the City of Berkeley's Police Response*.

https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf

officers to this full week training as staffing allows and course space is available.

BPD's Communications Center is staffed by dispatchers who handle the following: community calls, records checks, fire dispatching, and police dispatching.^[2] Call takers receive non-emergency and 911 calls, assess the call (including using the emergency medical dispatch (EMD) protocol, enter data into the computer aided dispatch (CAD) system to be dispatched to either police or fire personnel where appropriate. Other calls may be directed to other City Departments or BPD work units. The dispatchers deploy the appropriate response to the scene and maintain radio contact until personnel arrive at the scene.

Other sworn officers in BPD include area coordinators, a bike unit, detectives and traffic enforcement unit, and other sworn non-patrol officers. Area coordinators are situated within the Community Services Bureau and work with patrol officers in their area and seek to address community needs. Officers on the bike unit are assigned to patrol specific areas, where they address public safety issues and other community safety concerns. Detectives follow up on criminal investigations, conduct search warrants and work with the District Attorney's Office on charging. The traffic enforcement unit responds to traffic related complaints, investigates serious injury and fatal collisions, and analyzes and provides state mandated reporting on collision data. Other sworn, non-patrol officers include special assignments in personnel and training, policy, and police technology.

The remaining staff are non-sworn, professional personnel including community service officers, crime scene technicians, and parking enforcement officers. Community service officers work in jail and as crime scene technicians who collect and document evidence from crime scenes. Parking enforcement officers enforce parking violations and support traffic safety related matters. Many of these functions are also supported by Police Aides and Reserve Police Officers.

Berkeley Fire Department: The Berkeley Fire Department (BFD) is comprised of 7 fire stations, 130 sworn fire suppression personnel and paramedic firefighters.⁵ BFD provides 24/7 response to emergencies including fires, medical emergencies, and disasters. The department operates 4 24/7 Advanced Life Support ambulances that are primarily responsible for all emergency medical transport within the City of Berkeley to local emergency departments.

^[2] Berkeley City Auditor. (2019, April 25). *911 Dispatchers: Understaffing Leads to Excessive Overtime and Low Morale*.

https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Dispatch%20Workload_Fiscal%20Year%202018.pdf

⁵ City of Berkeley Fire Department. (n.d.). *History of the Berkeley Fire Department*. Retrieved October 5, 2021, from

https://www.cityofberkeley.info/Fire/Home/Department_History.aspx

BFD also participates in care coordination for high utilizers of services as part of the Community Accessing Resources Effectively (CARE) Team. This team is a multidisciplinary group of practitioners made up of both staff from community organizations as well as City of Berkeley staff. The group is facilitated by the EMS division of the department and aims to connect residents using high amounts of emergency services to more appropriate and/or long-term care options.

During the COVID-19 pandemic, BFD operated a Mobile Integrated Paramedic (MIP) unit for a six-week pilot. The MIP unit provided community paramedicine as a diversion from hospitals during the early days of the pandemic. This team did proactive street outreach in the community to help meet basic needs and provide referrals to community organizations, based primarily on 9-1-1 callers who ended up not seeking care at an Emergency Department.

For people experiencing a mental health crisis, the City of Berkeley contracts with Falck Ambulance, which is also the private provider for emergency medical transport for Alameda County. Falck provides treatment, stabilization, and transports to hospitals, including voluntary and involuntary psychiatric hospitalizations. BFD firefighters can call Falck directly when an individual needs to be transported for mental health issues, although most transport requests are through requests from Mobile Crisis. The current collaboration with Falck began July, 1 2019, and the contract is overseen by BFD.

Alameda County Behavioral Health Care Services Crisis Programs:

Alameda County Behavioral Health Care Services (AC BHCS) operates both crisis and long-term mental health service programs.⁶ Some key crisis programs include Crisis Support Services, Acute Crisis Care and Evaluation for Systemwide Services, Mobile Crisis Team, Mobile Evaluation Team, and the Community Assessment and Transport Team.

The Alameda County Mobile Crisis Team, Mobile Evaluation Team, and the Community Assessment and Transport Team do not serve the geographic area of the City of Berkeley; despite this, we include brief information about them below to describe the types of mobile crisis services available to the other cities in Alameda County.

Crisis Services Eligible to Berkeley Residents

Crisis Support Services (CSS) is a county contracted program that provides several services for individuals experiencing a mental health crisis, including a 24-hour crisis phone line, text messaging, therapy groups, therapy services for older adults, school-based counseling, grief therapy,

⁶ Alameda County Behavioral Health Care Services. (n.d.). *Acute & Integrated Health Care – Acute & Crisis Services*. Retrieved October 5, 2021, from <http://www.acbhcs.org/acute-integrated-health-care/acute-crisis-services/>

and community education.⁷ CSS coordinates closely with mobile crisis teams in Oakland and Alameda County and often refer clients to mobile crisis. They are staffed by trained crisis counselors, both licensed and unlicensed. Most often calls to CSS are direct from someone experiencing a crisis. Berkeley dispatch can transfer calls to CSS for phone support if they deem an in-person response is not required. CSS fields over 40,000 calls annually and spends an average of 25-30 minutes per call.

Acute Crisis Care and Evaluation for Systemwide Services (ACCESS) is the main entry point for Alameda County residents to get connected to acute and longer-term mental health and substance use services.⁸ The phone line is staffed by licensed mental health clinicians and administrators who screen and assess the client's needs, provide information about available options, and refer to an appropriate service. Clinicians also screen clients to see if they meet medical necessity criteria for Specialty Mental Health Services (SMHS). Calls that come in after 5pm or on weekends are routed to CSS.

Crisis Services Not Eligible to Berkeley Residents

The Alameda County *Mobile Crisis Team* responds to mental health crisis calls either in-person or over the phone.⁹ They are staffed by two licensed clinicians. Calls can come directly to the mobile crisis team, or they can be dispatched by 911 or CSS. The Alameda County Mobile Crisis Team responds in a police co-responder model.

The *Mobile Evaluation Team (MET)* is a co-responder program; one Oakland police officer and one licensed clinician respond to calls in an unmarked police car. They respond to mental health calls that come through 911 dispatch.

The *Community Assessment and Transport Team (CATT)* provides community-based crisis intervention, medical clearance, and transport services. Administered through Bonita House, a licensed clinician and an EMT will be dispatched to a scene where the individual needs to be transported to a higher level of care. CATT currently utilizes a police co-responder model.

Other Service Providers in the Mental Health Crisis Response System: In addition to services provided by the City of Berkeley and Alameda County, there is an array of community-based services and other providers within the mental health crisis response system in Alameda

⁷ Crisis Support Services of Alameda County. (n.d.). *24-Hour Crisis Line*. Retrieved October 5, 2021, from Alameda County Behavioral Health Care Services. (n.d.). *Acute & Integrated Health Care – Acute & Crisis Services*. Retrieved October 5, 2021, from <http://www.acbhcs.org/acute-integrated-health-care/acute-crisis-services/>

⁸ Alameda County Behavioral Health Care Services. (n.d.). *ACCESS program*. Retrieved October 5, 2021, from <http://www.acbhcs.org/providers/Access/access.htm>

⁹ In this report, the acronym "MCT" is only used in reference to the City of Berkeley's Mobile Crisis Team, not Alameda County's Mobile Crisis Team.

County. These generally fall into four categories: crisis response providers, crisis stabilization units, drop-in centers, and medical service providers.

The agencies listed below are not meant to be a comprehensive list, rather these were the organizations that were mentioned most frequently by focus group participants, interviewees, and survey respondents. There are many organizations and individuals who contribute to crisis prevention and stabilization by addressing other needs such as housing, substance use, ongoing mental health support, or domestic violence. Though not enumerated in this report, the ecosystem of services in Berkeley and surrounding areas help prevent community members from escalating into crisis.

Crisis Response Providers: Crisis response providers accompany individuals while they are experiencing a crisis, work with the client to de-escalate, and connect them to resources to meet their needs. It should be noted that ongoing mental health service providers, such as therapists or clinical case managers, de-escalate and divert mental health crises every day. In this report, we are focusing on providers who respond to acute crisis situations that are outside of long-term supports. The two key crisis response providers mentioned most often by the community are Mental Health First and UC Berkeley.

Mental Health First is a project of the Anti Police-Terror Project (AFTP). Based in Oakland, this volunteer-run crisis line provides crisis support, de-escalation, mediation, and connection to resources to anyone who calls. They are available on Friday and Saturday nights, 8pm to 8am, when other crisis services are unavailable. Community members can access services via phone, text, or social media. About half of callers are calling for themselves, while the other half are calls from friends or family members concerned about a loved one. Mental Health First can help people navigate the complicated mental health system and get them connected to services.

When a student is experiencing a mental health crisis on the UC Berkeley campus, *UC Police Department (UCPD)* are often the ones who arrive on scene. UCPD employs a mix of sworn and non-sworn personnel including 49 police officers, 10 dispatch and records staff, 31 security patrol officers, and 12 professional staff.¹⁰ UCPD police officers are currently the ones who respond during a mental health crisis. However, the University has publicly stated plans to phase out involvement of police during a crisis and shift to having its Tang Center counselors respond to mental health

¹⁰ Berkeley UCPD. (n.d.). *Department Demographics*. Retrieved October 5, 2021, from <https://ucpd.berkeley.edu/department-demographics>

calls.¹¹ They are currently in the process of planning and developing a new mental health response team.¹²

The *UC Berkeley Tang Center* offers health, mental health, and crisis services to all UC Berkeley students, regardless of insurance. Their staff, which include licensed psychologists, psychiatrists, and psychiatric nurses, respond to urgent mental health concerns.¹³ They also provide services after a sexual assault or incident of domestic violence and respond to campus crises (e.g., when a student passes away).¹⁴ As of the Fall 2021 semester, students can access these services by calling the Tang Center's urgent phone or after-hours support lines. But as previously mentioned, UC Berkeley is currently redesigning their crisis response model so students can more easily get connected with Tang Center staff during a crisis.

Crisis Stabilization Units and Psychiatric Facilities

Crisis Stabilization Units and psychiatric facilities provide a safe location for people to de-escalate from crisis, receive psychological support, and get connected with mental health services. There are no crisis stabilization units within the City of Berkeley, so Berkeley residents in crisis are often transported or referred to the facilities noted below.

John George Psychiatric Hospital (JGPH, or John George) is a locked facility where patients can receive short-term psychiatric care from doctors, psychiatrists, and counselors. Once a patient receives medical clearance (i.e., they do not have any acute medical needs), they can be transported to JGPH. John George is the main facility that individuals are transported to when they are under an involuntary hold. Many patients are referred and/or transported by emergency services and mobile crisis teams across the County.

Willow Rock Center operates both a 12-16 bed crisis stabilization unit as well as an inpatient unit for adolescents ages 12-17.¹⁵ A team of psychiatrists, nurses, group and individual therapists and counselors provides assessment, counseling, medication administration, group,

¹¹ Public Affairs. (2021, August 18). UC Berkeley to shift some campus services away from UCPD. *Berkeley News*. <https://news.berkeley.edu/2021/08/18/uc-berkeley-to-shift-some-campus-services-away-from-ucpd/>.

¹² Berkeley Business Process Management Office. (n.d.). *Mental Health Response*. Retrieved October 5, 2021, from <https://bpm.berkeley.edu/projects/active-projects/reimagining-uc-berkeley-campus-and-community-safety-program/mental-health>

¹³ University Health Services. (n.d.). *Meet the CAPS Staff*. Retrieved October 5, 2021, from <https://uhs.berkeley.edu/mental-health/counseling-and-psychological-services/caps/about-caps/meet-caps-staff>

¹⁴ University Health Services. (n.d.). *Crisis Counseling for Urgent Concerns*. Retrieved October 5, 2021, from <https://uhs.berkeley.edu/counseling/urgent>

¹⁵ Telecare. (n.d.). *Willow Rock Center*. Retrieved October 5, 2021, from <https://www.telecarecorp.com/willow-rock-center>

family, individual therapy, and connections to resources. The locked, inpatient unit is the main transport facility for adolescents under an involuntary hold. Their patients are often referred from Kaiser Permanente, schools, and emergency services. They also accept walk-ins for voluntary services.

Cherry Hill Detoxification Services Program provides services for adults needing to detox from substances.¹⁶ Their sobering unit has 50 beds for patients to stay 23 hours or less. The detox unit has 32 beds for patients to stay 4-6 days. Trained staff screen patients, provide medical services and psychological support, and link patients to services to meet their needs before discharge. Both units often get referrals from emergency services but also can accept self-referrals.

Amber House, operated by Bay Area Community Services (BACS), is a 23-hour mental health crisis stabilization unit (CSU) that provides a quiet environment for clients to receive short-term psychological support and have their basic needs met. The team is a clinician, a nurse, a supervisor, and an on-call psychiatrist, who provide voluntary services for people experiencing an acute mental health crisis. Many of their clients are transported or referred by mobile crisis teams, Oakland's CATT program, and occasionally police. Before a client is discharged, a staff member will provide referrals for long-term mental health care and other resources to meet their needs. Amber House also operates a crisis residential treatment (CRT) program in the same facility (which is Alameda County's only combined CSU and CRT), providing clients the option for a longer stay.

Drop-In Centers

The City of Berkeley has three drop-in centers for residents: the Berkeley Drop-In Center, Berkeley Wellness Center, and the Women's Daytime Drop-In Center. While not all sites have specific services for individuals in crisis, they can be an entry point for mental health services.

The *Berkeley Drop-In Center* is a peer-run, walk-in community center that provides drop-in time, service advocacy, and housing advocacy.¹⁷ Clients can have their basic needs met, find a place to socialize, get connected to benefits, receive a referral for subsidized housing, and get linked to mental health services.

The *Berkeley Wellness Center*, operated by Bonita House, provides art classes, employment services, connection to benefits, primary care, counseling, case management, and evidence-based support groups for

¹⁶ Horizon Services. (n.d.). *Cherry Hill Detoxification Program Services*. Retrieved October 5, 2021, from <https://www.horizonservices.org/cherry-hill-detoxification>

¹⁷ City of Berkeley. (n.d.). *Berkeley Drop-In Center*. Retrieved October 5, 2021, from https://berkeleycity.networkofcare.org/mh/services/agency.aspx?pid=BerkeleyDropInCenter_670_2_0

adults with mental health and co-occurring disorders.¹⁸ The Berkeley Wellness Center serves as an entry point to recovery and supportive services for people with a broad range of mental health needs and co-occurring conditions.

The *Women's Daytime Drop-In Center (WDDC)* provides similar services for homeless women and their children.¹⁹ A small team of case managers, managers, and volunteers provide various services including case management, food, groceries, and hygiene kits. Clients can also receive referrals to additional services that are beyond the scope of WDDC.

Medical Service Providers

Because a mental health crisis and substance use crisis can co-occur, medical service providers play an important role in crisis stabilization and prevention. The two medical outreach teams mentioned by the community were Lifelong Street Medicine and Berkeley Free Clinic's Street Medicine team.

LifeLong Street Medicine is a program contracted by Alameda County Health Care for the Homeless Street Health.²⁰ Multidisciplinary teams provide street psychiatry and substance use recovery services for people experiencing homelessness in Berkeley. They can also provide connections to primary care, social services, housing, and other resources.

Berkeley Free Clinic's Street Medicine team is a volunteer-run collective where volunteers are trained as medics and provide services in the community.²¹ Their services include HIV and STI testing and treatment, first aid, vaccinations, hygiene kit distribution, and substance use supplies and training. The teams regularly do proactive outreach to connect to new clients.

What is the current mental health crisis call volume in Berkeley?

In addition to its deep community engagement process, RDA also reviewed quantitative data on the volume of calls related to mental health issues and who is making those calls. As noted previously, quantitative data from City of Berkeley agencies conducting crisis response (i.e., Mobile Crisis Team, Berkeley Police Department, and Berkeley Fire Department) currently have a variety of limitations. Because

¹⁸ Bonita House Inc. (n.d.). *Berkeley Wellness Center*. Retrieved October 5, 2021, from <https://bonitahouse.org/berkeley-creative-wellness-center-cwc/>

¹⁹ Women's Daytime Drop-In Center. (n.d.). *Women's Daytime Drop-In Center*. Retrieved October 5, 2021, from <https://www.womensdropin.org/>

²⁰ Alameda County Health Care for the Homeless. (n.d.). *Street Health*. Retrieved October 5, 2021, from <https://www.achch.org/street-health.html>

²¹ Berkeley Free Clinic. (n.d.). *Street Medicine Team*. Retrieved October 5, 2021, from <https://www.berkeleyfreeclinic.org/street-medicine-team>

of these limitations, RDA suspects that the available data is generally an underrepresentation of the true volume of mental health related calls in Berkeley. Given these limitations, RDA explored the available data for trends that can support the community in building its understanding of who is currently utilizing Berkeley's crisis services.

It is important to note that the City of Berkeley has contracted with the National Institute of Criminal Justice Reform (NICJR) to lead the City's current Reimagining Public Safety work. As a part of its current engagement, NICJR collaborated with Bright Research Group (BRG) on a large community engagement effort to better understand the local community's perspectives across a variety of issues pertaining to public safety in Berkeley. NICJR and BRG shared their findings on July 29, 2021 at Berkeley's Reimagining Public Safety Task Force (RPSTF) meeting; the slide deck presentation of key findings can be found online.²² The overarching findings from this presentation align with RDA's community-wide data collection efforts.

Key Mental Health Call Volume Trends

- MCT has responded to a declining number of 5150s since 2015, in part due to staff vacancies and the pandemic.
- The most frequent incident types of all 5150 calls to BPD were disturbance, welfare check, mentally ill, and suicide.
- Around 40% of BPD's welfare check calls included a mental health related facet to the response, followed by around 20% of disturbance calls, and around 10% of calls regarding suspicious circumstances.
- Falck has been contracted to conduct the large majority of 5150 transports in Berkeley, most often taking service utilizers to Alta Bates Medical Center and John George Psychiatric Emergency Services.
- BFD conducted fewer 5150 transports in Berkeley and only took service utilizers to Alta Bates, Oakland Children's Hospital, and Kaiser Hospital.
- The time required for a 5150 is, in part, determined by geography and the destination of transport.
- Calls for 5150s are most frequent from 10:00am to midnight and least frequent from 2:00am to 8:00am. There are no notable differences in the frequency of calls by day of the week.

For a deeper description of call volume and data, demographics of calls, and methods please see [Appendix D](#).

²² City of Berkeley's Reimagining Public Safety Task Force. (2021, July 29). *Berkeley Reimagining Public Safety – Community Engagement Report*. https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/CE-presentation-Final.pdf

Stakeholder Feedback

Mental health crises vary in severity along a spectrum. A crisis can present as someone in immediate danger to themselves or others, someone that needs regular support to address their basic needs, or someone that is generally able to manage their needs but needs occasional support to prevent a future crisis. Many stakeholders expressed that in order to effectively address the challenges of the current system, solutions and changes must engage with the nuance and spectrum of mental health crises.

Many stakeholders shared that by broadening our concept or definition of a mental health crisis, we can better design the mental health crisis response system and related services. Stakeholders provided several examples of the nuance and spectrum of mental health crises:

- ❖ Some forms of crisis are readily visible (such as people presenting to hospitals or experiencing a crisis while in public) while others may be unseen (such as a homeless-but-sheltered individual recovering from intimate partner violence).
- ❖ Some forms of mental illness or neurodivergence are reported by a bystander as a crisis, but there is not an acute crisis situation and should not result in a forced transport just because of a bystander's concern.
- ❖ Some forms of crisis are a result of community members not knowing where to access services even if they are able to identify their needs.
- ❖ Some forms of emergency service utilization stem from an ongoing unmet need for basic goods and services, such as a high utilizer that regularly presents at the hospital emergency department because they need food.

Overall, there is wide consensus among interviewed stakeholders that the current mental health, substance use, and homelessness crisis systems in Berkeley are under-resourced and unable to meet both the volume of need and the various ways in which crisis presents.

Expectations for different types of crisis responders varied greatly by stakeholder. Stakeholders shared mixed experiences with BPD's ability to successfully de-escalate situations and respond empathetically to people in crisis, and often attributed the quality of interaction to the traits of an individual officer. Stakeholders often held low expectations for BPD to intervene non-violently and expressed positive perceptions when BPD "didn't do anything." On the other hand, stakeholders shared high expectations for other crisis service providers including MCT responders or county case managers. Negative feedback from stakeholders was often because providers were not meeting these high standards. As a result, understanding stakeholder praise and criticism of crisis responders – such as MCT, BPD, and other CBOs – requires understanding stakeholders' varied expectations.

In discussing their experiences as well as the strengths and challenges of existing crisis response system, interviewed participants and survey respondents also shared ideas for a reimagined mental health crisis response system. The following sections detail key themes that were elevated across stakeholder participants.

Illustrative quotes from survey respondents are included alongside key themes. Due to concerns with anonymity and limitations of data collection, quotes from interviews and focus groups were unable to be included.



Key Themes from Stakeholder Feedback

Perceptions of an urgent need for a non-police mental health crisis response in Berkeley

Perceptions of varied availability, accessibility, and quality of crisis response services

Perceptions of insufficient crisis services for substance use emergencies

Perceptions of a need for a variety of crisis transport options

Perceptions of a lack of sites for non-emergency care

Perceptions around supporting the full spectrum of mental health crisis needs

Perceptions of a need for post-crisis follow-up care

Perceptions of barriers to successful partnerships and referrals across the mental health service network

Perceptions of needs to integrate data systems and data sharing to improve services

Perceptions of a need for increased community education and public awareness of crisis response

Stakeholder perceptions of the urgent need for a non-police mental health crisis response in Berkeley.



"I think a carceral approach creates more trauma and fear. I have been traumatized by being in jail. I do not wish to be incarcerated when all I need is support."

- SCU Survey Respondent

Overall, there was a strong sense of urgency for a change in the response to mental health crises in Berkeley. Service providers indicated that they routinely use creative interventions and provide services for clients multiple times and consider calling the police a last resort. Service providers shared that if there were an SCU, they would prefer to use a non-police option for crisis response.

Service providers and crisis responders expressed a sense that the current system is "broken," that they see the same service utilizers on a frequent basis. Providers shared examples of clients unable to access existing services, not engaged in services they are enrolled in, or not willing to receive offered treatment for a variety of reasons. Stakeholders felt that most people need support accessing resources in addition to immediate crisis response or de-escalation. However, they believe the existing crisis response system often relies on police to respond to calls. This is not the specialty of the police, nor are they able to provide a full range of follow-up linkages and referrals to trauma-informed social services.

There is strong consensus across city staff, service providers, service utilizers, and survey respondents that police do not best serve the needs of those who are experiencing a mental health or substance use crisis. Stakeholders emphasized that a mental health crisis should not be equated with violence, though there is often the misconception that any display of mental illness is violent or a threat to public safety.



*"My perception is that mental health issues, substance use, and homelessness are *rampant* in Berkeley - now more than ever - and police are simply not the right people to deal with these issues."*

- SCU Survey Respondent

Stakeholders shared that there are scenarios in which the presence of police can increase the danger for service utilizers or bystanders. In the context of intimate-partner and domestic violence, there is often a fear of retaliatory violence if the police are called in to respond to the abused partner seeking help. Stakeholders shared examples police presence and visible weapons escalating a mental health crisis, causing an increase in erratic or unpredictable client behavior. Particularly for service utilizers with traumatic histories from interactions with police officers, they felt the presence of police can escalate a crisis or emergency. Service providers shared stories of clients that have suffered through immense psycho-social harm and/or medical complications before reaching out to 911 due to their fear of the police.

Survey respondents and service providers shared the perception that sometimes police think a weapon is present on an individual when it is not, and felt that police use unnecessary violence and force, which overall decreases their sense of safety. Stakeholders felt that this context results in an environment in which they do not call for emergency help because of

a fear of police, leaving community needs for crisis support unmet. Service providers also elevated that there are ways to disarm someone without using force or weapons which would improve the safety for both service utilizers and providers alike.

For these reasons, Crisis Support Services of Alameda County (CSS) crisis line providers shared that they prepare callers for interactions with the police by telling them what to expect when the police arrive and providing options to keep themselves safe (e.g., stepping outside, double checking that there are no weapons or illicit substances on their person, and closing their front door). However, they did mention that service utilizers using substances or experiencing a break with reality may not be able to follow close directions and are at increased risk of police violence due to the heightened probability of misunderstanding or miscommunication.

Stakeholders shared a few strengths of police involvement in the existing crisis response system. They shared that police may provide a useful resource for people who need documentation of a crime for future legal reference. A police report with these details can later be used in a court setting or provided as proof to an insurer. Additionally, many service providers indicated police presence can protect the safety of crisis responders and bystanders when weapons are present. Some stakeholders elevated that the presence of police can be supportive when community members or service providers are attempting to de-escalate a crisis.

The overwhelming importance and immediacy of changing the mental health crisis response system was emphasized in stakeholders' references to the violence committed against a woman killed by BPD during a mental health crisis in 2013 and a man shot by BPD during a mental health crisis in 2021. Stakeholders shared that providing a non-police mental health crisis response option could increase the acceptability and accessibility of crisis response by addressing this fear, thereby promoting the safety and well-being of community members and service utilizers.

There were differing perspectives of whether police should have any involvement in crisis response. The expressed perspectives included: there should be no police involvement; police should be called as back-up only if SCU de-escalation efforts were unsuccessful; police should be called as back-up only if the presence of weapons was confirmed; or police should be involved through a co-responder model like MCT.

Stakeholders offered important considerations for police involvement. Some stakeholders suggested that police should be dressed in plain clothes to avoid their presence further escalating a community member in crisis. Other stakeholders shared that if police are involved in the SCU model of crisis response, then they should be in uniform; they elevated that community members should understand who they are speaking to, given that a police officer can arrest, detain, and/or incarcerate them. Additionally, because community members expressed that they have the right to identify a police officer's badge number and last name -- which is particularly important if a community member needs to report any



"I desperately needed help for a friend who was experiencing a mental health crisis. She was adamant that I not call police because she is scared of them and feared that they would be violent with her. There were no alternatives available in Berkeley. I have watched police respond to people in crisis many times. Some cops are aware that their presence can escalate people. Some of the cops are oblivious of how they impact a situation and make it worse."

- SCU Survey Respondent

misconduct -- police should be in uniform. Furthermore, stakeholders elevated their fear of being targeted by certain police officers as someone that experiences mental health emergencies and/or someone who uses drugs; for this reason, stakeholders shared that it is important for police to remain in uniform to mitigate the criminalization of mental health crises and drug use and for public awareness.



"I have had police response in an emergency crisis. It only made the crisis more terrifying and traumatic."

- SCU Survey Respondent

Stakeholders shared considerations for protecting and enhancing the safety and well-being of crisis responders, service utilizers, and community bystanders alike. The presence of weapons is a primary safety consideration for many stakeholders. Stakeholders reported concerns about determining and dispatching the appropriate intervention team in order to prevent injury or assault to crisis responders, especially when there are weapons present. Many stakeholders also emphasized that the safety of the person in crisis must be protected too.

Stakeholders provided many ideas for how a non-police crisis response system could best support Berkeley residents. Community members and providers suggested a crisis response team include mental health practitioners such as peer workers, therapists, direct patient care specialists, social workers, medical providers and/or psychiatrists. They also suggested several trainings that would support crisis responders to better meet the needs of people in crisis, such as trainings on trauma-informed care, de-escalation, and crisis neutralization. Finally, given the types of crises service providers and service utilizers most often experience, stakeholders elevated specific technical knowledge that crisis responders should be prepared to employ, including basic first aid, domestic-violence crisis response training, and specific knowledge on DSM-5 mental health diagnoses, and co-occurring drug-induced states.



Additional Perspectives from the SCU Survey

"The police response here is among the most professional that I have seen in any jurisdiction in the nation - yet the bottom line is requiring police to respond to crisis situations in which they do not have the requisite training is a disservice to both the officers and those on the other side of the response."

"I don't feel unsafe in the community. My homeless neighbors are much more unsafe than I am because they are consistently interacting with people who hate them, with some bad cops including the campus cops."

"There is a huge crisis in our city of homelessness and mental health and the police only ever make things worse. Sweeps, seizures of possessions, harassment and intimidation of unhoused residents is all too common. The violent detention of mentally ill people seems to be a day to day reality. Heavy restraints and spit hoods being used in the place of de-escalation and care. The Berkeley police shot a man in crisis through the mouth this year and that is beyond unacceptable!!!"

"I need to know that if I, or someone I love, is experiencing a mental health crisis that there is a trained mental health professional that I can call who will come, without a gun, and that I will receive care, not a cop, and that I will not end up dead. Knowing I won't be shot dead by a cop for the "crime" of living with mental illness, for being poor, or for having a substance use disorder would help me to feel safe."

Stakeholder perceptions of varied availability, accessibility, and quality of crisis response services

Perceived Strengths

- MCT provides quality services
- Positive experiences with individual BPD officers
- BFD created a resource list to better provide referrals

Perceived Challenges

- Lack of 24/7 crisis services
- Requiring service utilizers to keep appointments
- Slow response times for MCT due to limited staffing
- Long waitlists for services
- Few options for de-escalation or non-emergency care
- Poorer quality of services provided to people of color and unsheltered people

Stakeholder Ideas

- Proactively communicate service availability & hours of operation
- Increase 24/7 service options
- Increase training on racial justice, cultural sensitivity, harm reduction, and de-escalation

Stakeholders identified a few strengths of the availability, accessibility, and quality of crisis services. Many reported that there is general knowledge of the existing crisis response options in Berkeley. Some providers reported positive experiences with police, and many reported positive experiences with MCT. Another strength shared by stakeholders is that BFD's ability to refer and link service utilizers to resources has increased since they created a list of CBOs and local programs.

A common challenge elevated by stakeholders is the lack of 24/7 response options. A mental health crisis can happen at any time, but many crisis programs operate during standard business hours. The limited hours of operation of MCT were elevated by stakeholders as a significant challenge that increased the risk of police interaction with service utilizers who call 911 when MCT is not staffed.

Stakeholders frequently mentioned limited MCT staffing as a major barrier to accessing quality crisis response services. For the last two years, two of four crisis staff positions have been vacant. Because MCT responds to calls in pairs, only one team is available to respond at a time. This can result in long wait times if the team is responding to another call. Additionally, if there is a high call volume, MCT will prioritize high acuity calls where someone is showing imminent signs of crisis or distress. The reduction in staffing also led to a reduction in hours. This has caused confusion among providers and service utilizers. Service providers elevated this as a source of uncertainty and distrust that can reduce the likelihood of someone accessing services in the future.



"Berkeley MCT is only open on weekdays during certain hours. I have never had an incident where I needed help with a client coincide with their open hours."

- SCU Survey Respondent



“Mobile Crisis folks are good. It's just that they always come with the cops, and sometimes they can't come for many hours because they're busy.”

- SCU Survey Respondent

Stakeholders believe these challenges and barriers to accessing services or ensuring the availability of services are ultimately challenges to the overall safety and well-being of potential service utilizers, community bystanders, and service providers.

A Berkeley City Auditor's report in 2019 elevated that the understaffing of the 911 Communications Center has led to staffing levels that cannot meet the call volume and increased call wait times.²³ Increased call wait times have negative implications for the safety and well-being of service utilizers and community members, as well as the service providers and crisis responders that are responding to a potentially more advanced state of crisis. Additionally, inadequate staffing levels have caused BPD to rely on overtime spending to fund the Communications Center, which increases the cost of the entity.

There was consensus among participants that many facets of the crisis response system feel understaffed, which can lead to decreased service availability and slower responses. Under-resourcing can create challenges to service availability across the providers and programs throughout Berkeley and Alameda County. Service utilizers and community members reported long waiting lists for permanent supportive housing units, a key stabilizing factor that could reduce the incidence of mental health crises overall. There was also a perception among stakeholders that service utilizers are faced with long waits to access healthcare, case managers, and temporary congregate shelters.

Some CBOs also identified a need for more multilingual services, especially Spanish-speaking providers. They also indicated that a fear of ICE or 911-corroboration with ICE is a barrier for undocumented community members to call 911, especially for undocumented residents that are unhoused. Service providers suggested that more culturally competent services would increase the likelihood of someone seeking services when they are experiencing a crisis.

Stakeholders believe that these challenges to availability and accessibility can reduce the quality of available services. When police must respond to a mental health crisis because it is outside MCT business hours, community members do not feel the response was adequate or of the highest quality. Crisis responders expressed that they frequently provide medical solutions when the service utilizers they encounter have mental health needs and are most affected by broader societal problems.

When MCT is not operating, CSS indicated that they do more de-escalation over the phone prior to calling for police support to prepare



“It's a revolving door (with Santa Rita, John George, etc.) where crises are sometimes averted, but almost no one is truly healed and set on a good path of recovery or even stability.”

- SCU Survey Respondent

²³ Berkeley City Auditor. (2019, April 25). *911 Dispatchers: Understaffing Leads to Excessive Overtime and Low Morale.* https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Dispatch%20Workload_Fiscal%20Year%202018.pdf

the service utilizer and reduce their risk of harm; however, they shared that phone support may not always be sufficient for every mental health crisis.

Overall, there was consensus among stakeholders that there is a lack of successful linkages and connection to follow-up services beyond John George Psychiatric Hospital. Many participants felt that hospitalization may not be appropriate care for everyone experiencing a mental health crisis. Crisis responders and providers reported service utilizers requesting to not be sent to John George, but that as service providers they do not feel they have other options. For service utilizers, trauma histories can be re-triggered by congregate shelters, psychiatric care or hospitals, and police interactions. Stakeholders elevated a need for increased options for where people can be transported during a crisis.

Finally, there is a perception that the quality of the City's first responder crisis response services is inhibited by a lack of training that sufficiently addresses harm reduction, racial justice and cultural sensitivity training, and successful de-escalation. Service providers shared examples of clients' needs not being taken seriously, such as instances of individual EMTs not responding to unsheltered clients and/or clients of color. These examples demonstrate how stigma, dehumanization, and racism decrease quality of services.

Given the constraints of how the existing crisis system is funded and resourced currently, stakeholders elevated that any changes to program hours of operation, locations, staffing, phone numbers, and/or other logistical/programmatic decisions be shared regularly and distributed to the partnership network in order to improve availability, accessibility, and quality of service provision. They felt that the ideal alternative crisis response options would include 24/7 mental health crisis response and should address the desired competencies of harm reduction, racial justice and cultural sensitivity, and de-escalation to increase community safety and promote health and well-being.



"The resources we have are helpful, but we need more. We especially need affordable housing units. The mobile street medicine teams have been very helpful. Shelters are ok for some people, but often exclude people with disabilities who need assistance the most."

- SCU Survey Respondent



Additional Perspectives from the SCU Survey

"They tend to exist in ways that are the most convenient for the service providers, not for the person in need. Mental Health Services don't really happen outside of their offices. How can disordered, homeless people be expected to make and keep appointments at some unfamiliar address? The drug epidemic is complicating things and I have seen no evidence that this city wants to commit to rehab on demand which is what we need. We need to be able to offer help when it is needed- not when it is convenient."

"I've been doing outreach work for more than a year in Berkeley now and access to mental health crisis support is almost nonexistent. It is highly needed as many individuals are experiencing some level of mental health issues."

"... My experience with the police response has been that the City of Berkeley crisis team has been understaffed or not working the day that I phoned, or my report of the need for crisis support was minimized, and it was explained that the person "wasn't breaking any law." Crisis doesn't often intersect with law breaking, nor does an individual always meet the criteria for a 5150. There are trained individuals who can help with this, and police often offer heavy handed threats of arrest, or physical violence, in attempt to stop a behavior."

Stakeholder perceptions of insufficient crisis services for substance use emergencies

Perceived Strengths

- EMTs respond well to substance overdoses
- EMTs are well-trusted by many unsheltered communities and encampments

Perceived Challenges

- Not enough SUD training for clinicians providing complex mental illness care
- High rates of transport to emergency facilities for substance use emergencies
- Infrequent referrals to substance use management services
- Too few resources to meet high volume of substance use emergencies and management needs

Stakeholder Ideas

- Incorporate harm reduction framework into all crisis response
- Distribute NARCAN
- Distribute harm reduction supplies (e.g., sharps disposal, clean needles, etc.)



“Decriminalization is key to “illegal” drug use and harm reduction methods of dealing with addiction and drug use save lives and alleviate the stigma.”

- SCU Survey Respondent

Stakeholders explained that mental health crises often include substance use emergencies, but they felt that variety and uniqueness of substance use emergencies is often overlooked and not adequately served in the existing crisis response. Stakeholders described many examples of physical and psychosocial health needs related to substance use that do not involve an overdose. Service providers shared that substance use emergencies and mental health crises are often co-occurring as substance use is common among people with histories of trauma and is used as a form of self-medicating.

Substances can alter someone’s mental state and contribute to or exacerbate what is perceived as a mental illness. Stakeholders elevated that when a person is in distress, providers should assume that something is triggering that distress, be it an event or intoxication. One of the most frequently and emphatically emphasized points by service providers was the need to address mental health and substance use in tandem.



"The people with mental illness should get treatment. In crisis, they should be housed with treatment. Those with substance abuse should have treatment available. Being homeless probably makes people mentally ill. I think I would be mentally ill if homeless."

- SCU Survey Respondent

In the event of a substance overdose, stakeholders felt that Berkeley EMTs are well-trained, follow protocols, and administer effective treatment for users that have overdosed. Stakeholders reported that EMTs are well-trusted by marginalized substance-using communities, including homeless encampments. Seabreeze encampment residents shared that they avoid calling 911 for any emergencies except to specifically request an EMT during an overdose.

Stakeholders described many challenges to how the system currently addresses substance use emergencies. They felt that the physical health and mental health needs of a service user experiencing a substance use emergency are treated as separate needs. Service providers explained that whichever presents as more immediately pressing often dictates the classification for the call; they felt that this results in inadequate service provision during a crisis.

Community-based providers elevated that when seeking care for clients with complex trauma or chronic mental illness, they are rarely put in contact with a provider that has SUD training. Service providers expressed a need for an integrated approach to substance use emergencies, with providers working together to tend to both the psychological and physical health needs of their clients.

Substance users reported frequent transport to hospitals and sobering centers when emergency providers respond to crises. Interviewed substance users shared that they were only informed of other substance use management options when other case managers shared those options (not emergency services personnel prior to transport).

Stakeholders suggested ways that the current crisis response system could better address the needs of substance use emergencies, including incorporating a Harm Reduction framework into first responder's approach to drug use, distributing Narcan, and distributing harm reduction supplies such as clean needles, pipes, and safe sharps disposal kits.



Additional Perspectives from the SCU Survey

"I am a Nurse Practitioner... Some camps in Berkeley have agreements internally not to call the police on each other. If someone does, there is retaliation, sometimes in the form of lighting the person's tent on fire. This means people do not call 9-11 when there is a mental health emergency. While I completely understand why the mobile crisis unit has police officers, it is not used as often as it could be because of that fact...Many unhoused folks we meet use meth in part to stay up all night so they will not get raped or robbed during the night. This is of course not the only reason folks use meth and other drugs--there are mental health issues, addiction, etc. But until people are housed, it is very, very hard for them to cut down or quit, because the risks can outweigh the benefits in their minds."

"...Offering safe use and drug checking sites, so we can reduce harm that comes from unsafe drug use. Creating accessible, affordable, and temporary housing for each phase of a person's recovery from crisis. Ensuring people have access to food, safe shelters, and access needs are met."

Stakeholder perceptions of a need for a variety of crisis transport options

Perceived Strengths

- Transport is provided to emergency sites during medical emergencies

Perceived Challenges

- High rates of involuntary transports (5150s) do not align with service needs
- Lack of options for transport to non-emergency sites
- Ambulances and emergency services can be cost-prohibitive for service utilizers

Stakeholder Ideas

- Provide voluntary transport to non-emergency sites
- Provide services and supplies during transport process



“With all the services available, as a firefighter, all we can really do is take someone to the ER, which is not definitive care for homelessness. Mobile support of homeless services would be a game changer, much the way mental health comes out into the field.”

- SCU Survey Respondent

Crises can vary in levels of acuity, and not everyone calling in to report a mental health emergency needs transport to a psychiatric facility, hospital emergency department, or inpatient setting. Both EMTs and police shared that they provide free transport to a medical facility, which is important in the event of medical health emergencies. However, Alameda County has the highest rates of 5150s per capita in California.²⁴ Service providers described full emergency departments and service utilizers not being admitted upon arrival. There are also financial implications for being transported in an ambulance, which providers suggested may deter service utilizers from requesting emergency services. Stakeholders felt that there are few to no options for service utilizers to request transport to a different, non-medical facility or location. Stakeholders did provide some examples of CBOs and non-emergency programs that provide transportation to their clients, though they shared that these services are not for the general public and barriers to transportation persist.

Given the need for addressing a variety of transport needs, stakeholders elevated the importance of an SCU team to have the ability to provide voluntary transport services to any secondary location, such as a sobering center or a public location. Service providers and community members suggested that the transport vehicle should have available supplies to provide care during a transport, such as one-off doses of psychiatric medicines, food, and water. There was a shared sense that providing

²⁴ California Department of Health Care Services. (2017, October). *California Involuntary Detentions Data Report; Fiscal Year (FY) 2015-2016*. https://www.dhcs.ca.gov/services/MH/Documents/FMORB/FY15-16_Involuntary_Detentions_Report.pdf

transport options that meet the mental health needs at varying levels of acuity has important implications for the safety and well-being of crisis responders and service utilizers.



Additional Perspectives from the SCU Survey

"...Another challenge is the lack of options for people in crisis either hospitalization or nothing which is very harmful. Another issue are people who feel terrible but are not exactly in crisis but because there are not enough mental health providers they are forgotten or left to their own devices."

"I need to know that if I call for help, a compassionate response will arrive and be able to take a person to a humane location, respite of some kind. Not forcing them into a hospital where they are stripped of agency, but giving them a place where they can stabilize without adding to their feeling of trauma and powerlessness."

Stakeholder perceptions of a lack of sites for non-emergency care

Perceived Strengths

- Drop-in centers, day centers, sobering sites, and respite centers provide essential non-emergency services

Perceived Challenges

- No drop-in site for mental health emergencies or crises in Berkeley
- Too few drop-in sites for non-emergencies to meet the volume of need
- Lack of support for people released from a psychiatric hold

Stakeholder Ideas

- Offering drop-in sites with counselors and Peer Specialists, a phone line, and no service/time limits
- Offering office hours and/or relationship-building opportunities between the SCU and service utilizers

Stakeholders shared examples of sites that can support non-emergency care and felt that they are effective for mitigating further crises. These examples include drop-in centers, day centers, sobering sites, and respite centers. Services providers believe that such spaces allow individuals to meet their basic needs – including access to restrooms, showers, clothing, food, and rest – as well as have a safe space for self-regulation and self-soothing. Stakeholders, particularly service providers, feel that these types of resources are essential for harm reduction, crisis intervention, health promotion, and crisis prevention. Stakeholders shared that these sites can be a safe and trusted source for someone to access so that a primary caregiver can have a break, such as a parent that provides an adult child behavioral health support and care. Participants mentioned other CBOs

that operate drop-in sites, such as the Women’s Drop-In Center or Berkeley Drop-In Center, but service providers indicated that there is still an unmet need for more sites that serve sub-acute needs. Because there is not a drop-in center for emergencies, service utilizers and community service providers described relying on either 911 or the CSS 24/7 phone line. Similarly, stakeholders felt that the availability of non-emergency drop-in centers for individuals to have non-emergency, indoor downtime is too limited to meet the volume of need. CBO service providers as well as crisis responders described situations of individuals being released from psychiatric holds without adequate support upon their release. They felt that these individuals would greatly benefit from the availability of additional drop-in centers.

Service utilizers and community-based service providers emphasized that it would be useful for the SCU to have an office available for community members to develop relationships with the team, like Aging Services’ Senior Centers. They suggested that a drop-in site could have a social worker or peer counselor to accept and direct phone calls, answer questions, and support those accessing the drop-in site.



Additional Perspectives from the SCU Survey

“...addressing the connection to community in the long term - spaces for people to gather publicly without needing to pay money, so we can get to know our neighbors.”

“... We need wrap-around services, a halfway house or drop-in center for people being released from a psychiatric hold, to ease them back into their lives and connect them with ongoing services.”

Stakeholder perceptions around supporting the full spectrum of mental health crisis needs

Perceived Strengths

- Relationship building is important in crisis response

Perceived Challenges

- Wages, retention, and union agreements may affect type of staff on crisis response team
- Crisis response lacking sufficient supplies and expertise for SUD treatment, de-escalation, and system navigation
- Crisis responders are not often representative of service utilizers

Stakeholder Ideas

- Incorporate clinicians, social workers, and peer counselors on crisis response team
- Increase compensation for Peer Specialists and non-clinical staff



“A response team targeted at de-escalation and risk reduction would be best; it would be best staffed by those who can actually connect people in need to resources rather turning a crisis into a criminal matter, such as police do.”

- SCU Survey Respondent

Stakeholders shared many strengths of crisis responders across a spectrum of non-clinical and clinical background and expertise, emphasizing the importance of empathy and building trusting relationships. For instance, TOT staff received positive feedback across stakeholder groups for their follow-up work post-crisis, especially due to their diverse staff and rigorous training in preparation for field work. Service providers emphasized the importance of Peer Specialists to support service utilizers by reassuring them from their own background of lived experience, especially during transport or if the team applies physical restraints.

Crisis responders and service utilizers shared that the pre-existing relationships paramedics have with community members, particularly those that repeatedly need crisis response services, allows paramedics to deliver better care. Some CBOs have observed similar success when incorporating Nurse Practitioners on their street outreach teams. Overall, stakeholders believe that the ability for the same personnel to be providing crisis response services over an extended period can lead to positive outcomes of relationship building and knowing a client's background.

However, stakeholders raised some potential challenges that must be considered when deciding how to staff a crisis response team. Crisis responders explained that paramedics often have a higher salary than other crisis responders and their skills can be under-utilized during a mental health crisis. They felt that this could make staffing a crisis response

program with paramedics less financially efficient. On the other hand, they shared that other crisis responders, such as peer specialists, can be underpaid for their level of contribution, which they suggested might make retention a challenge. One additional consideration shared by crisis responders is that staff can have different union agreements that restrict the number of hours that can be worked per shift, which would affect the program's overall staffing model and schedule.



"I think professionals who are trained to resolve these crises non-violently is key. For example, social workers."

- SCU Survey Respondent

Stakeholders felt that some of the services most important for mental health are not always standard practice among current crisis response teams. The types of clinical services that stakeholders reported as most important for mental health crisis response include prescribing psychiatric medicines, administering single-dose psychiatric medicines, quick identification of a substance overdose and/or the need for Narcan intervention, as well as a nuanced understanding of drug-psychosomatic interactions. The types of non-clinical services that stakeholders reported as most important for mental health crisis response included de-escalation, resource linkages and handoffs, system navigation, providing perspective from providers with shared identities or experiences, building ongoing relationships with frequent utilizers, and overall building trust and rapport with the community.

Given the considerations around the types of needs that various specialties can address during crises, as well as the implications for financial feasibility, stakeholders elevated additional ideas for how to staff crisis response teams. Stakeholders expressed support for a crisis response team with a medical provider (e.g., advanced practice nurses, psychiatric mental health nurse practitioners, EMTs, or paramedics), social workers, and especially peer counselors. Stakeholders expressed that non-clinical staff are equally valuable to clinical staff in a crisis response team, a value which should be reflected in their salaries.



Additional Perspectives from the SCU Survey

"We need a crisis response team with trained social workers, case managers, and clinicians trained in de-escalation techniques. This team should be able to connect people in crisis with emergency shelter and other services."

"I do not believe that the police are trained to respond to the needs of an individual, homeless, or otherwise, experiencing a crisis. Mental health, substance use, and homelessness related crisis are best responded to by someone who has been trained to work with these issues, or a peer who, along with a trained professional, can provide support and most importantly, follow up."

Stakeholder perceptions of a need for post-crisis follow-up care.

Perceived Strengths

- Positive experiences with existing referral services (i.e., TOT and CAT)

Perceived Challenges

- Existing programs do not meet the volume of need
- Difficulty contacting service utilizers for follow-up care
- Lack of warm handoffs to follow-up providers
- Limited long-term service availability
- Strict missed appointment policies

Stakeholder Ideas

- SCU provides follow-up care
- SCU builds relationships to support before, during, and after a crisis
- Providers should be familiar with case history, triggers, etc.

For crisis services provided by the City of Berkeley, the Transitional Outreach Team (TOT) is the primary resource for post-crisis follow-up care. Service utilizers and community-based service providers elevated many strengths about the TOT team, including their ability to connect service utilizers to longer-term care options and social services when interested.

At the same time, stakeholders uplifted a need for additional follow-up care after a mental health emergency. TOT staff and Berkeley Mental Health leadership described many challenges TOT face in meeting the level of need across the crisis spectrum. The team is not adequately staffed to meet the current demand for their services. TOT is a team of only two staff with limited business hours for providing linkage to care. TOT staff also shared that the service provider that responds during a crisis (i.e., MCT) is not the same provider that makes follow-up connections (i.e., TOT), and that there are many potential providers to provide ongoing, long-term care (e.g., Berkeley Mental Health, Alameda County Behavioral Health, or private providers). They felt that this can create challenges for them to provide successful referrals and handoffs to post-crisis follow-up care, sharing background information on clients, and building trust and establishing rapport.

TOT staff also shared many challenges they face in reaching clients, particularly those leaving an inpatient or emergency facility, such as John George or Alta Bates Hospital. They explained that clients are sometimes discharged prior to their connection with TOT, often outside of TOT's hours of operation. They find it particularly difficult to connect with service utilizers that do not have a cell phone or a consistent residence, which they explain is common among high-utilizer community members, such as those with severe mental illness or those experiencing homelessness.



"I think police officers already deal with so much, there's often an acute need they're responding to when in fact these individuals need long-term care."

- SCU Survey Respondent



We need clean, safe shelters for people to spend the night if they're homeless and/or under threat. Kicking them out of shelters doesn't make the problem go away.

- SCU Survey Respondent

In general, many people that experience mental illness or mental health crises require or are recommended to long-term therapy or extended sessions. However, it is the perception of stakeholders that services are primarily devoted to high-acuity and short-term and service utilizers are unable to access long-term therapy. Stakeholders felt that the providers who do offer therapy or counseling are unable to meet the volume of weekly appointment needs of service utilizers due to budget and billing constraints. Therapy is not only a form of post-crisis care but also a pre-crisis prevention tool; service providers suggested brief intervention therapy in non-emergency settings (such as a service utilizer walking in during a crisis) to augment the existing crisis response system.

Outside of Berkeley Mental Health services, there are often strict policies around missing appointments, largely tied to insurance and billing requirements, that result in service disruption or termination for service utilizers. Service providers and service utilizers feel that these strict missed appointment policies are inaccessible to many low-income service utilizers and often result in the discontinuation of services. Stakeholders described some barriers that service utilizers may face in maintaining their appointments, including working more than one job (especially during standard business hours), having a reliable cell phone, having access to a calendar, and/or having a reliable mode of transportation.

The importance of follow-up care was elevated by all stakeholder groups as a priority for the SCU. Service providers argued that there may be benefits to having the same people providing care before, during, and after a mental health crisis, to build relationships, establish trust, and understand an individual service utilizer's care history, behaviors, triggers, and needs.



Additional Perspectives from the SCU Survey

"I would like for the police to be removed from crisis services and to have a rapid response available when I call...I would like for there to be more connection to services and follow up as part of the planning. There is often not a resource available for the person, and living on the streets is stressful, so repeated contact is essential. It can't be a one and done and often would mean an increase in FSP teams."

"Alternative trained individuals, such as social workers or mental health professionals as part of this time, increased community-based mental health care services, social and rehabilitative services that highlight social reintegration, such as Supported Housing, Supported Employment, and Supported Education."

Stakeholder perceptions of barriers to successful partnerships and referrals across the mental health service network

Perceived Strengths

- Providers know the referral options available for their clients

Perceived Challenges

- Limited coordination and information sharing between providers of shared clients
- BPD engages with many high utilizers but is not connected to the network of providers
- Lack of trust and understanding across service providers

Stakeholder Ideas

- Engage providers in discussions on system improvement
- Increase collaboration between cities, counties, and providers
- Address systemic factors of crises
- Increased outreach and care coordination of referrals



“A 24-hour crisis line/team or at least a team more available than currently. Police and that team should attend the regular city coordination meetings with the current teams that are doing outreach.”

- SCU Survey Respondent

There was consensus among stakeholder groups that the existing mental health and crisis service network is complex, involves many providers, and can be a challenge for both clients and providers to navigate. Across these entities, establishing partnerships and referral pathways can be done informally (such as knowing which organization provides which types of services) or can be formalized (such as holding regular case management meetings for shared clients). Among community-based service providers, interviewees shared that they typically do know the scope of options available to their clients.

In general, stakeholders elevated a perceived lack of coordination between service entities in Berkeley. For example, a single client might receive emergency services from John George or Highland Hospital, but also have a primary care provider, have engaged frequently with the LifeLong Street Medicine Team, and have a case manager at the Women’s Drop-In Center for wraparound services. Stakeholders shared that there is not active collaboration across all these entities or an established infrastructure to facilitate an understanding of all the touch points between providers and a service utilizer. Ultimately, stakeholders feel that this obstructs the visibility of how a service utilizer moves through various points in the system. Some providers explained that they may not share the full case history or behavior details of a client with other service providers initially because they fear the client will be rejected or denied service, particularly for violent behaviors. They feel that this prevents informed and well-placed referrals and service provision.

TOT staff shared that service coordination is lacking between hospitals and TOT for post-crisis follow-up care. To connect with an MCT service

utilizer at the hospital, TOT explained that they must rely on the discharging facility to contact them and coordinate the release of the shared client. TOT staff reported needing to spend time in hospitals to establish relationships with new case managers, front desk staff, nurses, and orderlies to facilitate this information sharing and warm handoff of clients; they described a lack of standardized protocol for such coordination.

BPD also reported feeling disconnected from the care continuum and lacking coordination with trusted CBOs and behavioral healthcare providers around shared clients. BPD routinely engages with frequent crisis service utilizers and sometimes carries supplies like food and clothing, though there is not an existing pathway for BPD to identify, contact, and coordinate with a case manager. BPD elevated that these frequent utilizers would be better served by a case manager.

Service providers also reported that BPD does not routinely bring service utilizers to their locations for support, and some questioned whether BPD know that their programs and services exist. Still, others felt that police presence at their sites is disruptive and may prevent potential service utilizers from coming if they witness police officers around the premises.

Stakeholders offered possibilities to enhance the referral pathways and partnerships across the crisis response network at both structural and provider levels. At a structural level, stakeholders suggested having a regular convening of local care providers to discuss opportunities to improve the mental health crisis system. Stakeholders also suggested having more inter-county and inter-city coordination on systemic issues related to housing and healthcare. Stakeholders suggested that the crisis response system should be expanded and augmented to include more non-mental health related service provision on the spot and not only connections or linkages to resources. Additionally, stakeholders expressed a desire for more outreach and partnerships with long-term care to enhance coordination and referrals across the service network.

At a provider level, stakeholders suggested having more coordination between providers and outreach teams. Service providers also expressed an interest in having regular meetings with the SCU to discuss shared clients, which could improve care coordination as well as client outcomes.



Additional Perspectives from the SCU Survey

"The challenge is, and has been, to have adequate staffing to provide services to those in crisis, with severe mental health diagnosis and/or dual diagnosis in the moment and following a crisis response. Successful efforts have been proven by street health teams to engage and provide treatment on the street, which often include de-escalation. The struggle lies on helping folks transition into care in the clinics, recovery programs, or a combination of both: with adequate staffing to provide long term services. So, challenges would fall under budget & funding to expand staffing and programming, including crisis residential, and Board and Care Homes...The City appears open and willing to try an approach that will better meet the needs of its citizens."

Stakeholder perceptions of needs to integrate data system and data sharing to improve services

Perceived Strengths

- Some medical clinics use the same EHR
- Some agencies use a shared Alameda County Community Health Record

Perceived Challenges

- Limited data integration across providers inhibits care coordination

Stakeholder Ideas

- Expand data integration across providers and provider access to case history
- Increase care coordination across providers
- Notify case managers after discharge from hospital



"I would also feel safe knowing that the City and County were working together to identify ways to increase funding for mental health services in conjunction with housing to meet the mental health/substance use recovery needs of the community."

- SCU Survey Respondent

Service providers feel that better system integration and data sharing across the service provider network can support providers in meeting the needs of service utilizers. Stakeholders feel that system integration and data sharing are strongly related to the successes and challenges of partnerships, referrals, and connectivity across the service network.

The numerous entities that span the mental health, substance use, and homelessness service network include CBOs and government agencies across the City of Berkeley, Alameda County, and other cities and counties. Service utilizers also move across these regions, accessing services in multiple cities or counties. As a result, system integration could happen at many levels.

Fortunately, subsets within the service network do have data integration and sharing capabilities. For instance, providers shared that all federally-qualified health centers (FQHCs) are on the same network as hospital Emergency Departments.

Some program directors also discussed a recent effort at the county level to integrate data into one Community Health Record for service utilizers.²⁵ This system integrates medical, mental health, housing, and social service data into one platform. There are currently over 30 organizations within

²⁵ Alameda County Care Connect. (n.d.). *Why AC Care Connect? Why Now?* Retrieved October 11, 2021, from <https://accareconnect.org/care-connect/#faq-item-5>

Alameda County who are using the community health record, with a goal of every agency being onboarded onto the system.²⁶

Until then, the current multitude of agency data systems are not yet fully integrated. Providers explain that they are unable to identify shared clients or high utilizers of multiple systems, track those service utilizers' touchpoints across the service network, or view patient history across those service touchpoints. Case managers share that they are not notified when a client is discharged from a medical facility or community provider of care. Service providers feel that this lack of data integration affects collaboration, referrals, and, ultimately, client outcomes. The limited visibility of a service utilizer's prior history was raised by service providers as a challenge to supporting safety when trauma histories, triggers, and recent mental health crises cannot be incorporated into care planning.

Additionally, except for diagnosis and treatment purposes, HIPAA privacy regulations require service utilizers to give consent and Release of Information (ROI) to providers for external case managers' names, information, and service documentation to be included in medical records. This limits the collaboration between case managers and other providers on a case-by-case basis.

Stakeholders elevated that it would be ideal to have all service providers, including an SCU, utilizing the same data platform. They also indicated that non-medical CBO providers and case managers should have contact with the client's health home (if established), especially for substance use management and medication management. Case managers could then be notified when a service utilizer is engaged or discharged from care. Service providers emphasized the importance of understanding someone's medical and social history to provide appropriate care and anticipate what could trigger or escalate them. Service providers also warned to not overburden the SCU with documentation requirements.



"...But we need more training in mental health, de-escalation and interagency training and coordination. We have a lot of great people working these issues, we just need a little more cross pollination of effort."

- SCU Survey Respondent



Additional Perspectives from the SCU Survey

"...Secondly, we need significantly greater inter-municipal and inter-county collaboration in order to tackle structural problems that homeless and mentally ill clients face...Increasingly, our clients are more mobile, have longer commutes, and with gentrification and sprawl, landscapes of poverty and wealth are shifting. We need to be able to be responsive to clients across municipalities and communities, as people who seek services in Berkeley, particularly homeless and low-income clients, often no longer have the means themselves to be able to live in Berkeley."

²⁶ Raths, D. (2021, October 4). Alameda County's Social Health Information Exchange Expands. *Healthcare Innovation*. <https://www.hcinnoationgroup.com/interoperability-hie/health-information-exchange-hie/article/21240807/alameda-countys-social-health-information-exchange-expands>

Stakeholder perceptions of a need for increased community education and public awareness of crisis response options

Perceived Strengths

- 911 is well-known by the general public as a crisis response option

Perceived Challenges

- Lack of clarity that MCT responds with police, undermining trust
- Limited knowledge around services and availability
- Distrust of system can prevent people from calling 911
- Incidents of unnecessary use of 911

Stakeholder Ideas

- Launch a public awareness campaign for new SCU and clearly distinguish it from MCT
- Work with partners and service providers to advertise SCU
- Increase community education on use of 911 and techniques for conflict resolution

A common perspective among stakeholders is that the general public is unclear around when police will or will not be involved in a response. Many service providers and service utilizers do not know the current options and availability of services in Berkeley to support during a mental health crisis. Overall, stakeholders share that there is a lack of understanding of what services are available and which entity provides those services. They feel that this undermines a sense of safety and contributes to distrust of the current mental health crisis response system.

One common challenge raised by many stakeholders has been the lack of understanding of MCT's co-responder model. Many providers shared that they have contacted the MCT line specifically to avoid calling 911 and were surprised when MCT was accompanied by police. Many providers, therefore, stopped calling MCT because of its collaboration with BPD. Similarly, service utilizers shared that there is a lack of trust that MCT can manage a crisis without police presence. Service utilizers are concerned that their safety is endangered in these instances and that they may experience retaliation or police surveillance after requesting service provision from MCT, especially when they request help during substance use emergencies.

Stakeholders spoke to the importance of promoting community education and public awareness to address these challenges. They feel that the success of an SCU would be contingent on community education and public awareness around whether there would be police involvement in an SCU response. Service providers shared that connecting with local CBOs, leveraging existing partnerships, and building trust will be essential for an SCU to have buy-in among service providers to call a new



"In the past, I have witnessed unsafe situations or people who look like they could use support, but I am too afraid to call the police in those situations, for fear that they could show up and harm or kill the person."

- SCU Survey Respondent



“More trained & well-compensated and insured crisis response staff, especially at night, around the full moon, or public events, & other times of increased disturbances, & more info put out there about what they do to help.”

- SCU Survey Respondent

service that they have not used before. Service providers are interested in understanding more closely how services will be provided, the techniques that will be used for de-escalation and crisis intervention, and the SCU’s relationship with the police.

Stakeholders also shared challenges around the general public’s use of 911 and ideas for how to increase responsible use of 911. Stakeholders shared many instances of inappropriate use of 911, such as during disputes among neighbors or because a housed person or business does not want an unhoused neighbor to be near them. For these reasons, stakeholders emphasized the importance of a community education campaign around appropriate uses of 911. Stakeholders suggested that such a campaign could include strategies and techniques for managing conflicts and disputes without calling for crisis responders as an additional form of promoting community safety through methods that do not require law enforcement.



Additional Perspectives from the SCU Survey

“Merchants in the shopping districts should not be able to call the cops like they’re calling customer service when a homeless person is not breaking any laws. It would be great if crisis services were more friendly and less coercive (cops), if the mental health delivery system was more robust, if crisis teams could respond in a timely way, if clinicians didn’t use police radios on mobile crisis calls, if actual risk assessments were done on calls where no one would ever need a cop (when the person is willingly ready to go to the hospital), if hospitals would actually keep and treat the most ill patients rather than turning them away after 24 hours in a waiting area, if there were more mental health respite beds run by people who aren’t ready to call the police if someone is agitated.”

Community Aspirations

Throughout stakeholder engagement, participants were asked to share their ideas for alternative approaches to mental health and substance use crises as well as to share community needs for a safe, effective mental health and substance use crisis response. These perspectives help illuminate the gaps in the current system that could be filled by a future Specialized Care Unit.

The following perspectives provide guiding aspirations for reimagining public safety and designing a response system that promotes the safety, health, and well-being of all Berkeley residents.



Community Aspirations

Stakeholder-identified opportunities to address the root causes that contribute to mental health, homelessness, and substance use crises

Stakeholder-identified opportunities for centering BIPOC communities in crisis response

Stakeholder-identified opportunities for community oversight to ensure equitable and transformative crisis care

Stakeholder-identified opportunities to address the root causes that contribute to mental health, homelessness, and substance use crises



“Berkeley should decriminalize the use of all drugs, it needs to create housing for the chronically mentally disturbed, it needs to have very well-trained people responding to crises. Berkeley together with Alameda County, should be providing wraparound services for the mentally disturbed and substance abusers. It needs to stop criminalizing people who are homeless.

- SCU Survey Respondent

Stakeholders unanimously pointed to the context surrounding the conversation on mental health crises: there are intersecting, state-wide crises of homelessness due to the lack of affordable housing²⁷ and the opioid epidemic. When reflecting on alternative ideas and community needs, stakeholders expressed desires for addressing the root causes that manifest in the present-day rates of mental illness, homelessness, and substance misuse and abuse. Stakeholders discussed possibilities for shifting funding away from the criminal system and policing to overall community infrastructure (such as jobs, housing, and education) and increasing preventative healthcare to address the root causes of mental health, homelessness, and substance use emergencies more adequately.

Stakeholders also emphasized how stigma and criminalization of drug use and/or mental illness continue to exacerbate crises. Stigma and criminalization are barriers to accessing care and addressing these crises at both the individual and structural levels. At the individual-level, stakeholders identified that internalized stigma around mental illness, homelessness, or substance use, can prevent individuals from seeking care and that service providers can reinforce stigma through their actions and/or withhold care. They described instances of criminalization of mental illness, homelessness, and substance penalizing individuals who do seek care, preventing or terminating employment or housing, and consequently perpetuating a cycle of these experiences. At a structural level, stakeholders emphasized that stigma and criminalization shape the prioritization of funding and budget allocations away from quality healthcare, affordable housing, and evidence-based harm reduction approaches that promote community safety and health. Stakeholders also identified that the gaps in the existing crisis response system are because the crisis response system was designed around the stigma and criminalization of these experiences rather than designed to provide care and promote well-being.

²⁷ In 2019, Berkeley passed a resolution calling on the Governor to declare homelessness a state of emergency. https://www.cityofberkeley.info/Clerk/City_Council/2019/02_Feb/Documents/2019-02-19_Item_10_Declaring_a_California_Homelessness.aspx



Additional Perspectives from the SCU Survey

“As with every other part of the United States, we too are dealing with a rather poorly run medical care delivery system. We are also dealing with the war on drugs which is a total failure and has criminalized for too many people for a drug related problem, which is a public health issue and should never have been a criminal justice issue.”

“Honestly we need more than just mental health crisis teams. We need a holistic approach. One that considers not just the crisis but also everything before. We need to address the underlying cause - child abuse, domestic violence, individualism and lack of community.”

“The system is overwhelmed. It has been extraordinarily difficult to link clients to shelter or mental health consistently in Berkeley. The problems that most clients suffering from mental illness in the region face are primarily systemic in nature, and there is an extreme lack of resources available in the way of permanent housing, shelter, or frontline community mental health services. Furthermore, for clients who are low-income, learning disabled or struggle with executive functioning, or homeless, engaging in the kind of time-intensive, linear, multi-step bureaucratic processes necessary to enter into the shelter and mental health systems is often all but impossible without intensive agency advocacy and persistency. Homeless clients in particular struggle with agency-based barriers to care, often move between counties and municipalities, lack targeted outreach, and experience outreach primarily as criminalization, a tragedy given that cost of living, region-wide housing shortages, and past failures of criminal justice policy are disproportionately responsible for endemic homelessness in the Bay Area.”

“Firstly, funding priorities need to shift. We need to address the root causes of mental illness, substance use, and homelessness - trauma, often created or exacerbated by decades of failed criminal justice policy and lack of investment in community infrastructure and social services, criminalization of drug users as opposed to investment in substance use counseling and harm reduction programs, and the legacy of a suburbanized and disjointed approach to regional housing policy and governance. We need to shift funding priorities in Berkeley and the region towards funding social services, especially mental health and substance use rehabilitation, education, parks and transit infrastructure, and encourage policies that protect renters and the working poor, especially families. We need to not only shift towards social workers and mental health responders as the primary agents in engagement with clients suffering from mental illness, and not only increase homeless outreach - we also need to acknowledge the history of homeless-led political engagement in Berkeley and the region, and employ a model that politically values the voices of homeless clients themselves...”

Stakeholder-identified opportunities for centering BIPOC communities in crisis response

Stakeholders emphasized that people of color, particularly Black or African American people, are most often harmed by police. They also named that in Berkeley, the structures that put people at risk of homelessness disproportionately affect Black residents, which results in Black Berkeley residents disproportionately experiencing homelessness.²⁸

Some service providers also shared incidences of racial bias and discrimination by BPD against their Black clients. For example, at a CBO provider of non-emergency services, case managers reported calling 911 because MCT was closed; the case managers reportedly gave specific instructions that a young White woman was threatening staff and refusing to leave the premises. Yet, upon arrival, BPD harassed and threatened to arrest a Black client.

Black service utilizers and service providers alike elevated their own experiences navigating systems with entrenched racism, including interactions with police and medical facilities. For example, one Black clinician shared the important and unique ways that Black personnel promote a sense of safety, security, and trust for Black service utilizers. The provider shared that the comfort and reassurance of a shared identity increases the opportunities to be more honest, especially during medical or mental health crises.

Stakeholders shared that reducing contact between police and Black residents, especially Black unsheltered residents, is important to public safety. Stakeholders also shared that Black residents and other community members of color should provide input and feedback as an SCU is designed and implemented in Berkeley.



Additional Perspectives from the SCU Survey

"less arrests and escalation by police, I worry because the homeless population is mostly African American."

"...The proportion of folks who are Black among those homeless in Berkeley is much higher than the general population. We know that police interacting with POC is a dynamic that all too often leads to harm."

²⁸ City of Berkeley. (2019). *City of Berkeley Homeless Count & Survey – Comprehensive Report*. Retrieved October 11, 2021, from https://everyonehome.org/wp-content/uploads/2019/09/2019HIRDReport_Berkeley_2019-Final.pdf

Stakeholder-identified opportunities for community oversight to ensure equitable and transformative crisis care

Due to system distrust and the current climate around Berkeley's Reimagining Public Safety efforts, stakeholders expressed a desire and need for ongoing community input and oversight of crisis response, especially by those most impacted by crisis services.

Stakeholders suggested leveraging the Mental Health Commission, which they feel is currently underutilized. They also expressed the importance of ensuring that engagement and oversight opportunities are accessible for the most structurally marginalized residents and residents utilizing SCU and crisis response services.



Additional Perspectives from the SCU Survey

"Crisis response that reaches out to the community to ask what they want; particularly communities of color, and enlist this community in the creation of the programs..."

Thoughtful, constructive ways for integration and engagement of the challenged community with the community of Berkeley residents and workers."

Appendices

Appendix A. Sample Interview Guide

CBO Staff Focus Group Guide

Focus Group Details

Date	
Facilitator	
Community groups in attendance	

Overview

[Introduce facilitator and notetaker]

We are gathering information about mental health and substance use crisis response in the City of Berkeley, including by contacting (211, 911, BMH crisis triage line, etc.) and who responded (if at all): social workers, medics/EMT, fire and/or police in our city. We are interested in hearing specifically about your experiences, and/or your perceptions of, mental health and substance use crisis response in the City of Berkeley. We are gathering this information to inform the development of a Specialized Care Unit (SCU) for the City of Berkeley as a non-police crisis response to mental health and substance use calls.

At the end of the discussion, if you feel like you didn't get to share something, or you think of something else you want to share later, feel free to visit our website for additional ways to provide feedback. <https://sites.google.com/rdaconsulting.com/city-of-berkeley-scu/>

This focus group will last approximately 90 minutes. If possible, please leave your video on and keep yourself muted when you are not speaking. You may respond to our questions verbally or in the chat, whichever you prefer.

Our goal for today is to understand your experiences as providers and advocates and do not expect you to share private details of your clients' experiences. Your own responses will be kept confidential and will be de-identified in any report back to the City of Berkeley.

We understand that some experiences with the current crisis response may have been harmful to you and/or your clients; if you would like to take a break or leave the focus group, please do so at any time.

Does anyone have any questions before we begin?

Questions

Warm-up

To get us started, we would like to do some introductions.

1. Please introduce yourself to the group by sharing your name, group or organization you are representing, your role, how long you've been there, and a word or phrase that comes to mind when you think about "mental health and substance use crisis services".

Experience with and perceptions of mental health and substance use crisis response

Now I would like to ask you some questions about your experience with and perceptions of the mental health and substance use crisis response options in the City of Berkeley.

2. What do you know about the existing mental health and substance use crisis response options in the City of Berkeley?
 - a. What kinds of crises do these services respond to?
 - b. What is missing?
3. How do the services your organization or program provides intersect with mental health and substance use related crisis services?
4. Are individuals referred to your program after experiencing a mental health or substance use related crisis?
 - a. If so, what services do you typically provide
 - b. How are those clients connected to your program?
5. Where would your clients go/who would they call if they were experiencing a mental health or substance use related crisis?
 - a. If, as a provider, a client was experiencing a mental health or substance use related crisis is there a program that you would call for support?
 - i. If so, who would you call? How do you decide who to call?
 - ii. How effective has the response been?
 - iii. Please share an example of a situation where you needed to contact someone to support a mental health or substance use related crisis for a client.
 1. Do you feel that the service was helpful? If so, how?
 2. If not, what could have been done differently?
6. Do you feel comfortable/safe calling for support from the existing mental health or substance use related crisis service options? Why or why not?
 - a. Do you feel that the existing mental health or substance use related crisis response options are helpful to clients? Why or why not?
7. Are there times that you have chosen not to call for mental health or substance use related crisis response services? Why or why not?
 - a. What did you do instead?
 - b. What might have made you feel more comfortable calling for support when a client was experiencing a mental health or substance use related crisis?
8. What do you feel that your clients typically need when they are experiencing a mental health or substance use related crisis?
 - a. Where might you refer a client if your program or organization can't provide the help they need during a mental health or substance use related crisis?
9. Are there local organizations or groups that you collaborate with that are maybe not considered part of the "system"?
 - a. If so, who are they and what kinds of support do they provide?
 - i. Do you think they would want to talk with us? *[if yes, get contact info for follow up]*

Strengths and challenges of the current mental health or substance use related crisis response options

In this section we will be discussing what the system is doing well and what the system is not doing so well.

10. In your opinion, what are some of the strengths of the current mental health or substance use related crisis response options?
 - a. If your clients have experienced a mental health or substance use related crisis, were they able to get help? How so?

11. In your opinion, what are some of the weaknesses of the current mental health or substance use related crisis response options?
 - a. Why do you think things aren't working?
 - b. Do you think mental health or substance use related crisis response services are difficult for your clients to access? How so?
 - c. What are some of the gaps related to mental health or substance use related crisis response options?

12. Do you feel that some people are served better than others by the current crisis system?
 - a. If so, who is left out?
 - b. Are people treated differently based on their race, gender, culture, sexuality, or disability? If so, how?

Ideas for alternative model

In this section I'm now going to ask you for your ideas for an ideal response for someone experiencing a mental health or substance use related crisis.

13. What would an ideal mental health or substance use related crisis response look like for you and the people you serve?
 - a. What kind of response would best meet the needs of your clients?
 - b. What would make it more likely for you to reach out to a crisis team for support?
 - c. What would make it less likely for you to reach out?
 - d. Who should, and should not, be involved in a mental health or substance use related crisis response? (i.e., Police, EMT, clinicians, peers, social workers, others?)
 - e. What do you consider to be essential features of an effective mental health or substance use related crisis response that is responsive to, and respectful of, the clients you serve?

14. What do you feel needs to be included in a new mental health or substance use related crisis response for you to feel safe calling for or providing those services?

Wrap up

We are hoping to talk to people one on one who are less likely to attend a focus group, but who have lived experience and would like to provide feedback on the development of a Specialized Care Unit. We are asking you to think about the people your program serves and consider if there are individuals who might want to share their experience with us in an interview either in person or over the phone.

15. What do you think are the best ways to engage your clients in this process?
 - a. How can we make sure that everyone's voice is heard?
 - b. Who is the best person to interview them?

- c. Would they be comfortable talking with someone from RDA or is there another person who might be more suited to talk with them?
- d. [Note contact information for follow up if applicable]

16. Is there anything else that you didn't get to share today that is important for us to know?

Closing

Thank you for your participation. We genuinely appreciate the time you took to speak with us today. We will be conducting interviews with other organizations and community members over the next few months and compiling a report based on the feedback, which will be shared with you and the community. If you would like to share any additional information with the City of Berkeley, feel free to visit <https://sites.google.com/rda consulting.com/city-of-berkeley-scu/>.

Appendix B. Demographics of Community Engagement Participants

As a reference point, it is important to understand the demographics of the Berkeley population. Table 1 below shows the demographics of Berkeley's overall city population (in July 2019) and the Medi-Cal recipient population (FY 2019-2020). Medi-Cal population demographics are included because the majority of City of Berkeley ongoing funded mental health services are restricted to this population, due to funding requirements. Relative to Berkeley's overall population, Black or African American residents are overrepresented in the City's Medi-Cal population, while Whites and Asians are underrepresented.

Table 1. Berkeley Population and Medi-Cal Recipient Demographics (2019)

	City Population (July 2019) ²⁹	Medi-Cal Recipients (FY 2019-2020)
Population Size	121,363	18,548
Race Ethnicity (%)		
White	53.3%	26%
Black/African American	7.9%	22%
Hispanic/Latino	11.4%	12%
Asian/Pacific Islander	21.5%	10%
American Indian/Alaska Native	0.5%	0%
Other (including 2+ races)	7.5%	33%
Gender (%)		
Female	50.5%	51%
Male	49.5%	49%

In the charts shown below, "provider participants" are those who were interviewed by RDA as part of CBO interviews and focus groups. "Service utilizer participants" are clients of CBOs or encampment residents who were interviewed by RDA. And "survey participants" are individuals who responded to RDA's online survey; these respondents could be a mix of providers, service utilizers, and/or other Berkeley residents or stakeholders.

²⁹ United States Census Bureau. (2019). *QuickFacts – Berkeley city, California*. <https://www.census.gov/quickfacts/berkeleycitycalifornia>

Figure 1 below shows the age distribution of the individuals that participated in this process. Overall, RDA received information from more people in the 30-44 range (39%) than any other age range.

Figure 1. Participants by age (n = 122 individuals)

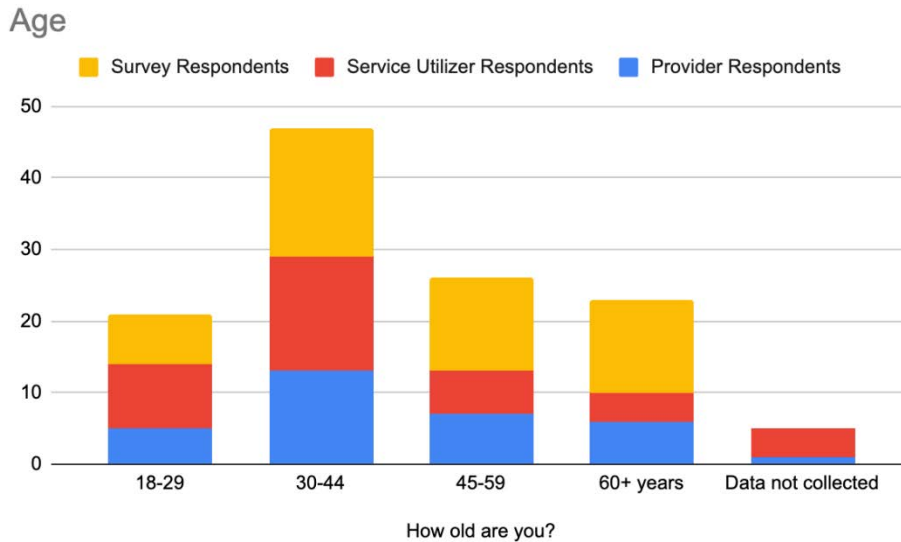


Figure 2 below shows the racial and ethnic distribution of participants in RDA's data collection.³⁰ Participants were asked to note all races/ethnicities that they identified with, so these are duplicated counts; for this reason, specific percentages should not be interpreted from this data. A large proportion of participants were white, especially among the survey respondents who participated. Most of the Black or African American participants contributed their perspectives via RDA's in-person focus groups or interviews. As compared to Berkeley's overall population, service utilizers and providers who identified as Black or African American were overrepresented in RDA's data collection efforts, (see Table 1).

³⁰ 13 participants selected more than one racial or ethnic identity, so these numbers are duplicated. For example, if a participant selected White and Black or African American, they are counted in both the White and African American categories.

Figure 2. Participants by race/ethnicity (n = 122 individuals)

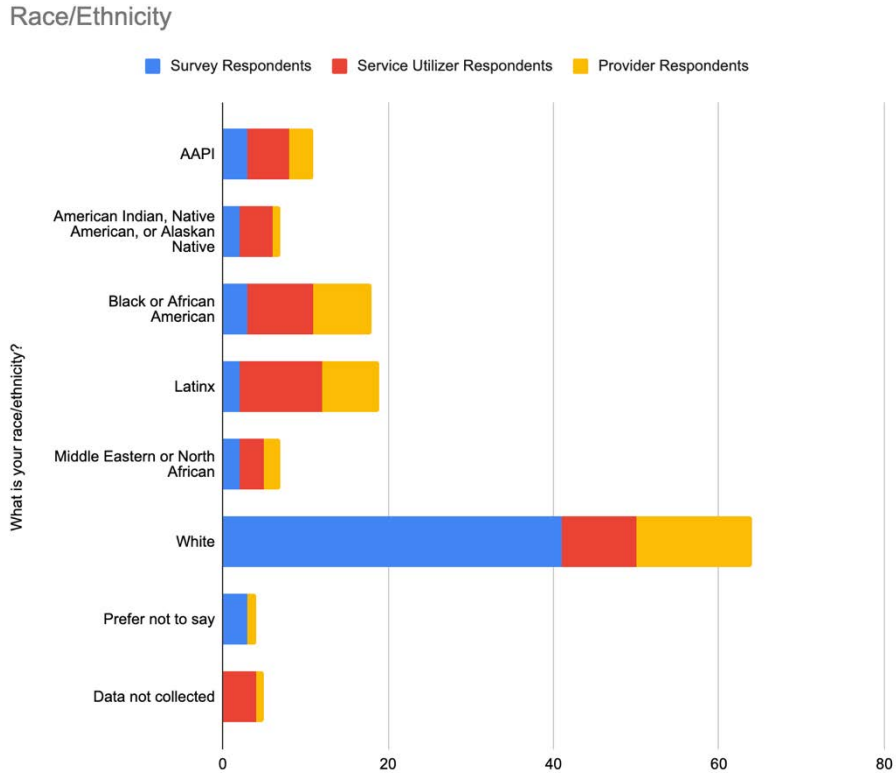


Figure 3 below shows the number of transgender and cisgender participants of RDA's data collection. Overall, there were far more cisgender participants than transgender participants. However, a higher proportion of service utilizer respondents (13%) were transgender, while less than 4% of survey respondents and 3% of provider respondents were transgender.

Figure 3. Participants by transgender/cisgender (n = 122 individuals)

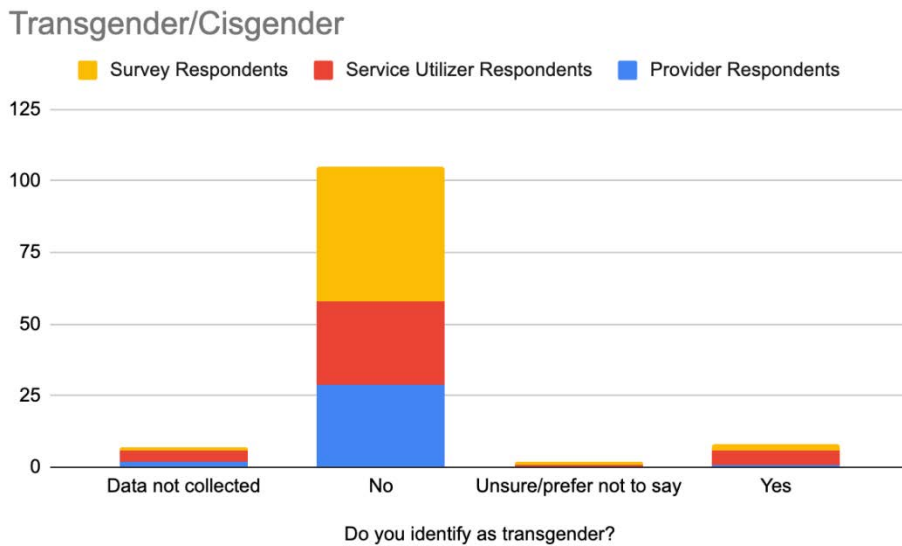


Figure 4 below shows the gender identity distribution of participants to RDA’s data collection. RDA collected feedback from more than double the number of female-identifying participants (72) than male identifying participants (31). There was an even distribution among service utilizer respondents (41% female and 41% male) compared to survey respondents (67% female vs. 20% male) and provider respondents (69% female, 16% male). Overall, there were very few genderqueer or nonbinary participants (<1% and 6% respectively).

Figure 4. Participants by gender identity (n = 122 individuals)

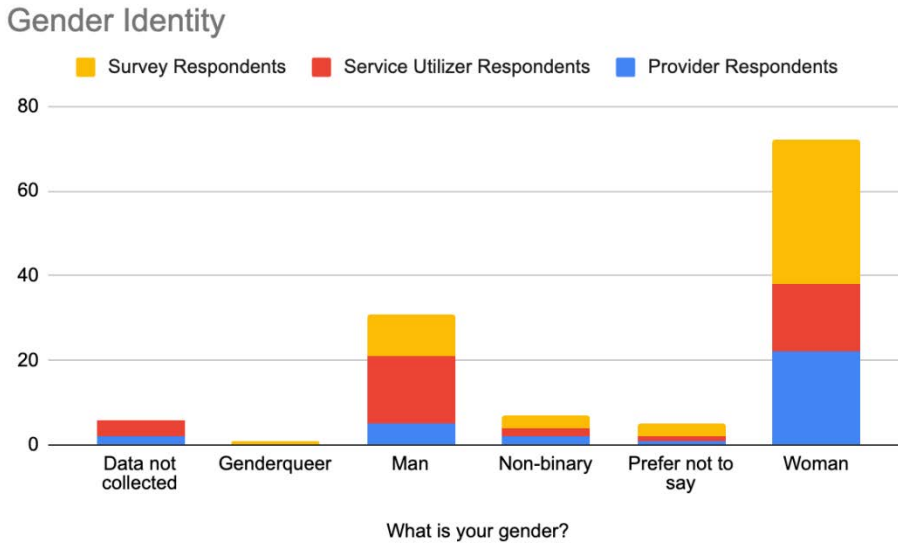


Figure 5 below shows the sexual orientation of participants of RDA’s collection. Over one third (35%) of participants identified as heterosexual or straight, while over one fourth (28%) identified as LGBTQ+. The remaining participants did not share their sexual orientation or it was not asked of them. Over half of survey respondents (57%) identified as straight, while only 31% of provider respondents and 10% of service utilizer respondents identified as straight.

Figure 5. Participants by gender identity (n = 122 individuals)

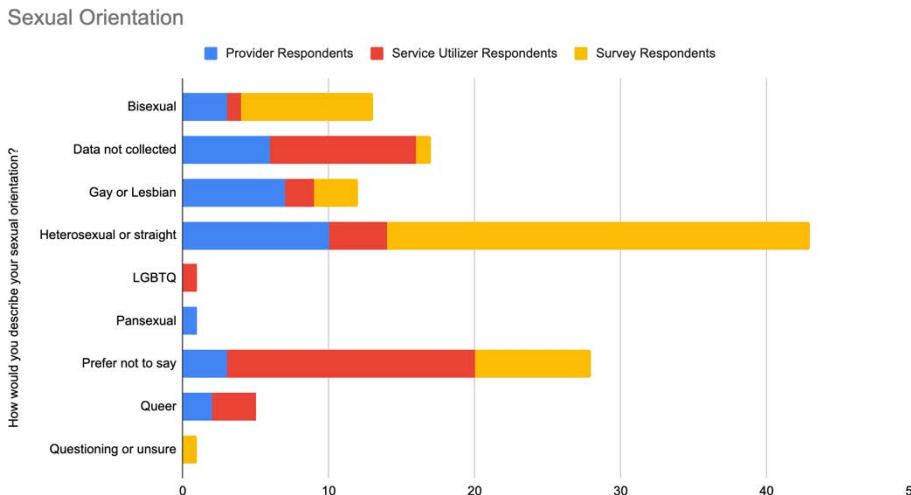
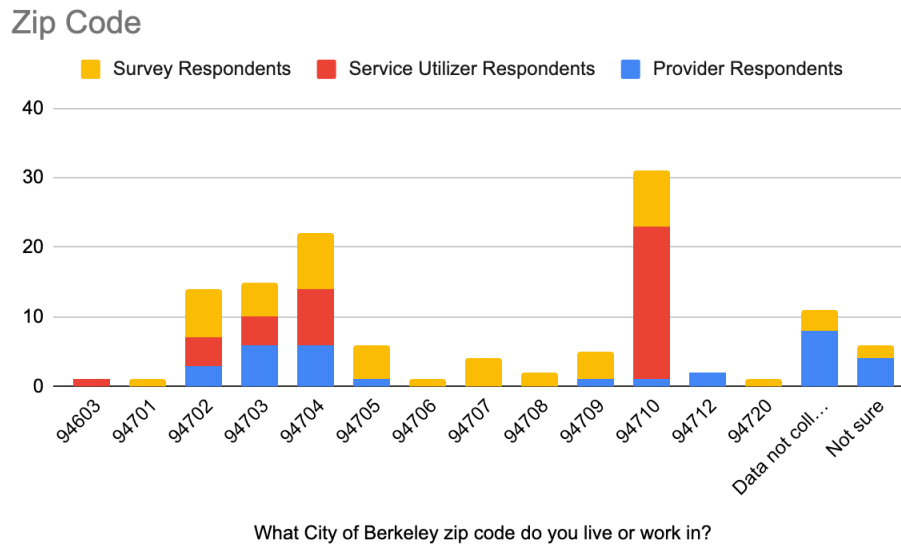
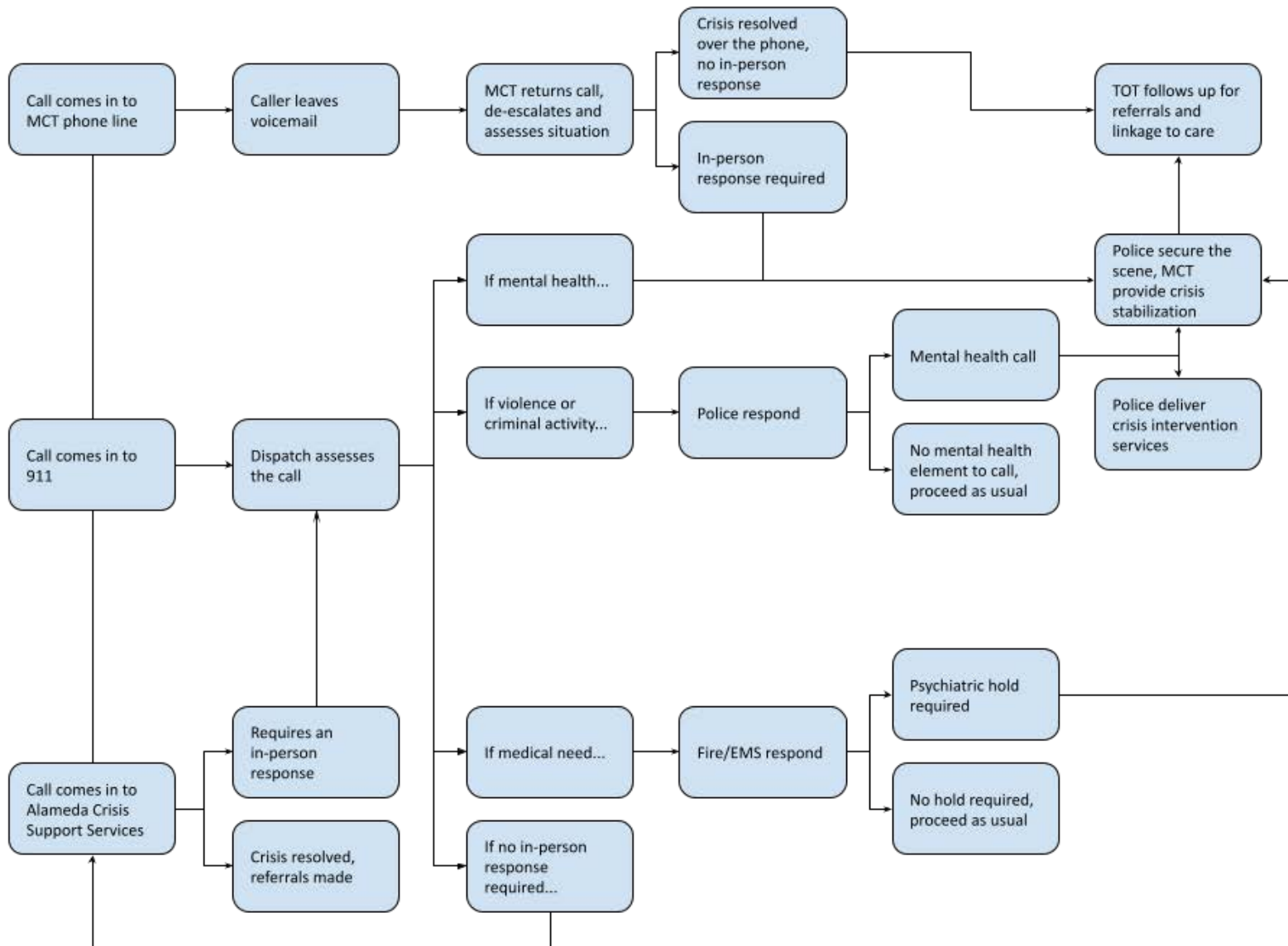


Figure 6 below shows the geographical distribution of participants of RDA's data collection. The most common zip code of participants was 94710 (25%), in large part due to the number of Seabreeze encampment residents that participated in this process. Closely following were the Berkeley ZIP codes of 94702, 94703, and 94704 with 11%, 12%, and 18% of participants, respectively.

Figure 6. Participants by ZIP code (n = 122 individuals)



Appendix C. Process of a Mental Health Call



Appendix D. Mental Health Call Responses – Call Volume and Demographics

Data Collection Methods and Challenges

Early on in this project, RDA submitted requests to Berkeley Mental Health's Mobile Crisis Team (MCT) and the Berkeley Fire Department (BFD) to receive data on responses to all mental health related calls. MCT shared basic service-level data of their responses for FYs 2015-2020. BFD shared data from BFD and Falck (the city's contracted ambulance services provider for mental health crises) that was limited to responses to 5150 calls in Berkeley between calendar years 2019-2021.

RDA did not submit a data request to the Berkeley Police Department (BPD) for two reasons. First, from another evaluation project that RDA currently has with the Berkeley Mental Health Division, RDA already had basic service-level data from BPD regarding their responses to calls originating for 5150s, for the period of CYs 2014-2020. Second, in April 2021, the Berkeley City Auditor released a comprehensive report on its extremely in-depth data analysis of BPD's responses. For the purposes of RDA's project regarding the Specialized Care Unit (SCU), there was no need to replicate any of the work and findings that came from the Berkeley City Auditor. Please see the Berkeley City Auditor's report for a detailed description of its methods, findings, data limitations, and data recommendations for BPD.³¹ The findings that are shared in this report from the Berkeley City Auditor's study are extrapolated directly from the data about BPD calls (from CYs 2015-2019) that was included in the Auditor's report.

In general, RDA's analysis of MCT, BFD, Falck, and BPD call data yielded high-level summary plots about subject/patient demographics and call volume. The general limitations of all available data prevented a more in-depth analysis of the data. More detailed tabular findings are not shared in this report for two reasons: 1) given that all of the quantitative data are under representations of the true volume of crisis responses and callers in Berkeley, only the trends about the volume of mental health related calls and caller demographics should be interpreted from this data, not the specific numbers; and 2) in order to protect the privacy of the few individuals who populated some of the specific categorizations of this data, RDA cannot disclose data which includes small sample sizes.

There were limitations to the quantitative datasets that RDA received. Of greatest impact is that the data entry practices across each agency were not consistent with each other, thus limiting which data could be pulled for analysis as well as which findings could be compared between agencies. For example, due to data limitations, RDA was unable to present a total call volume across agencies or the unmet need for mental health intervention during 5150 transport. Though estimates on call volume and unmet need are relevant to understanding crisis response options, inconsistent data collection and reporting across agencies would make this calculation inaccurate and misleading.

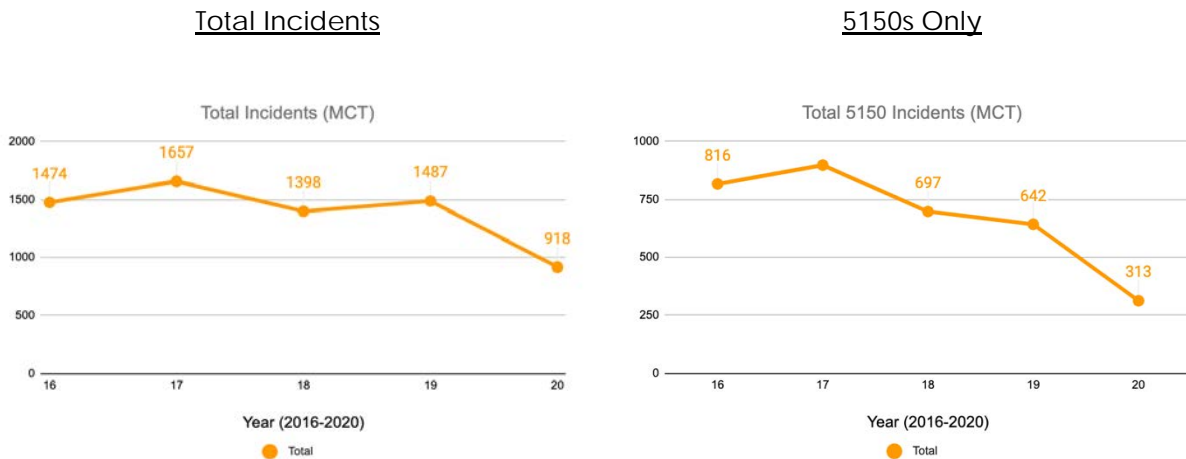
³¹ Berkeley City Auditor. (2021, July 2). *Data Analysis of the City of Berkeley's Police Response*. https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf

The data challenges that RDA encountered were very similar to those faced by the Berkeley City Auditor; please refer to the Berkeley City Auditor’s report of its findings of Berkeley’s Police Response for a thorough description of their data challenges.³²

Mental Health Call Volume

Mobile Crisis Team: From the call data that MCT shared with RDA, findings are limited to only showing the total volume of calls that MCT responded to during 2015-2020. Due to missing data and data elements across the various years, there were not any consistent elements for which findings could be determined over the full five-year period. Figure 7 below shows the volume of MCT’s total incidents and which of those incidents resulted in a 5150 for each year between 2015-2020.

Figure 7. Mobile Crisis Team (MCT) Incidents in 2015-2020 - Total



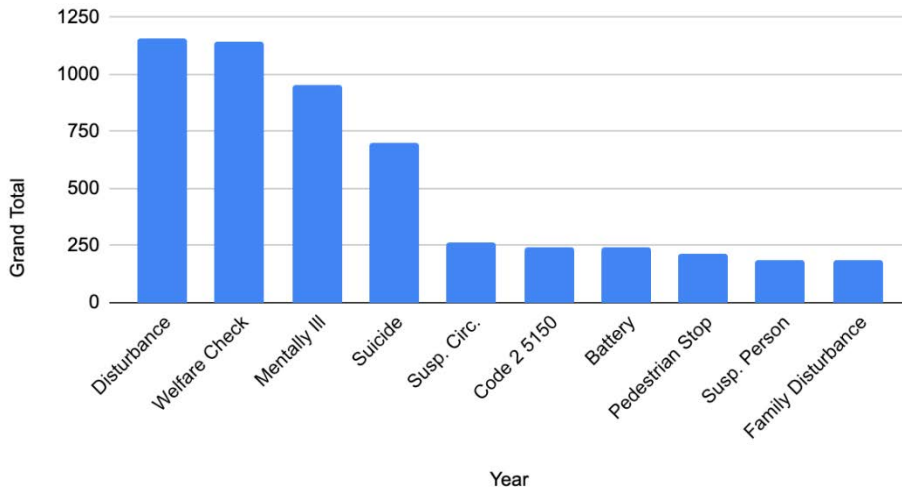
Since 2015, there has been a gradual decline in the number of total and 5150 incidents that MCT responded to in Berkeley due to staff vacancies as well as the COVID-19 pandemic.

Berkeley Police Department: For the period of 2014-2020, RDA received data from BPD that included all calls initially coded by BPD as needing a 5150 response. This was the only type of designation that could be queried in BPD’s data for mental health related calls. From this dataset, RDA identified the variety of other types of incidents that were coded alongside “5150” for each call. Figure 8 below shows the top ten incident types for all the 5150 calls that BPD responded to in 2014-2020.

Figure 8. Top 10 Berkeley Police Department (BPD) 5150 Incident Call Types, 2014-2020

³² Berkeley City Auditor. (2021, July 2). *Data Analysis of the City of Berkeley’s Police Response*. https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf

Top 10 BPD 5150 Incident Call Types (2014-2020)

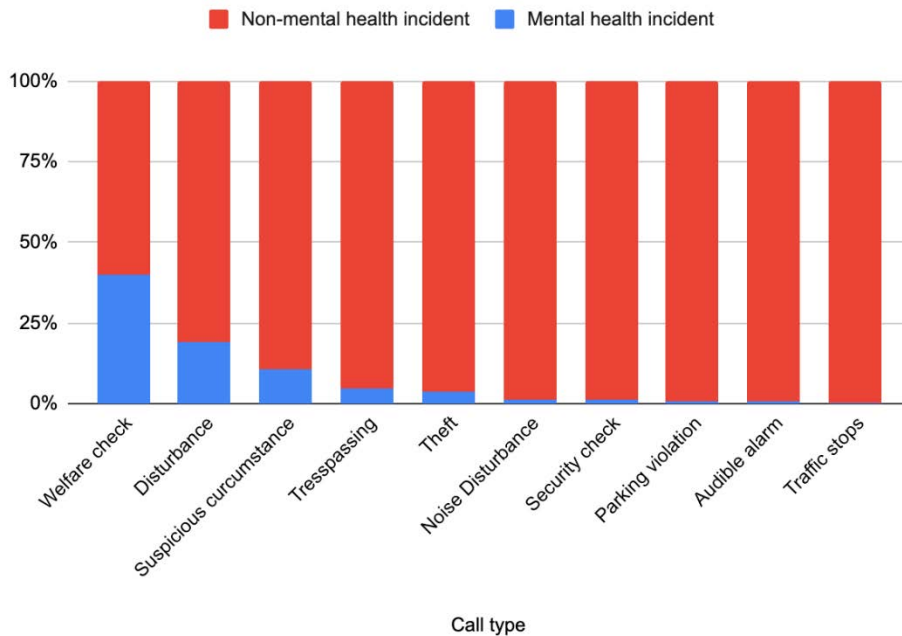


Disturbance, welfare check, mentally ill, and suicide were the most frequent incident types of all 5150 calls to BPD.

The Berkeley City Auditor conducted a qualitative analysis of its BPD call response data to explore the differences between calls that were or were not mental health related. Because BPD’s data does not have an explicit variable that denotes whether each call is mental health related or not, the Berkeley City Auditor did a keyword search for mental health related terms in the open narrative fields of BPD’s call entries. Figure 9 below shows the differences in mental health related and non-mental health related calls that BPD responded to between 2015-2019, stratified by call type.

Figure 9. Berkeley Police Department (BPD) Call Types, 2015-2019

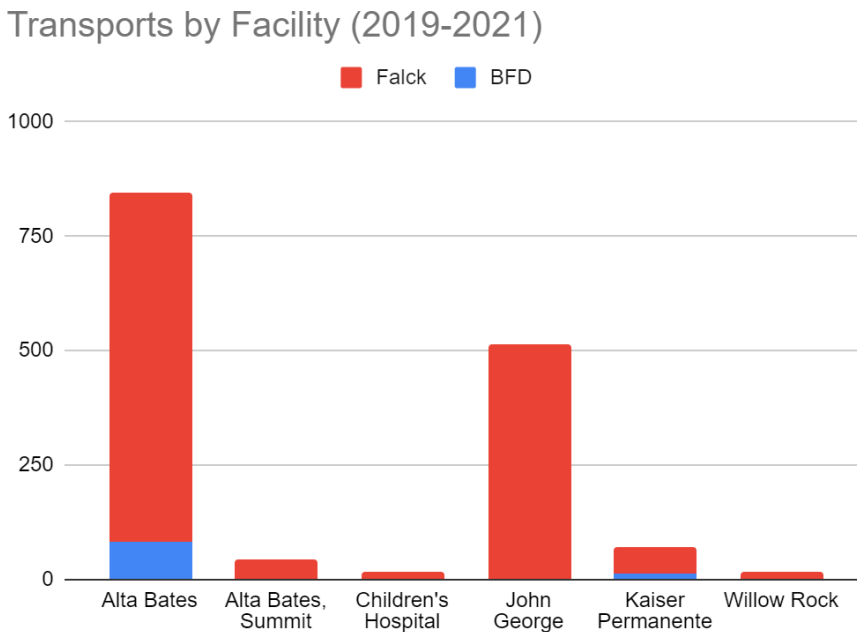
Top Call Types with Mental Health Incidents (2015-2019)



Around 40% of BPD’s welfare check calls included a mental health related facet to the response, followed by around 20% of disturbance calls, and around 10% of calls regarding suspicious circumstances.

Berkeley Fire Department: The data that BFD shared with RDA (which included data from BFD and Falck) included information on the facilities that BFD and Falck transported 5150 cases to between 2019-2021. Falck conducted the large majority of 5150 transports in Berkeley. Most 5150 transports were to Alta Bates Medical Center and John George Psychiatric Emergency Services. BFD only transported 5150 cases to Alta Bates, Oakland Children’s Hospital, and Kaiser. As contracted, Falck conducted 5150 transports to all the agencies noted below.

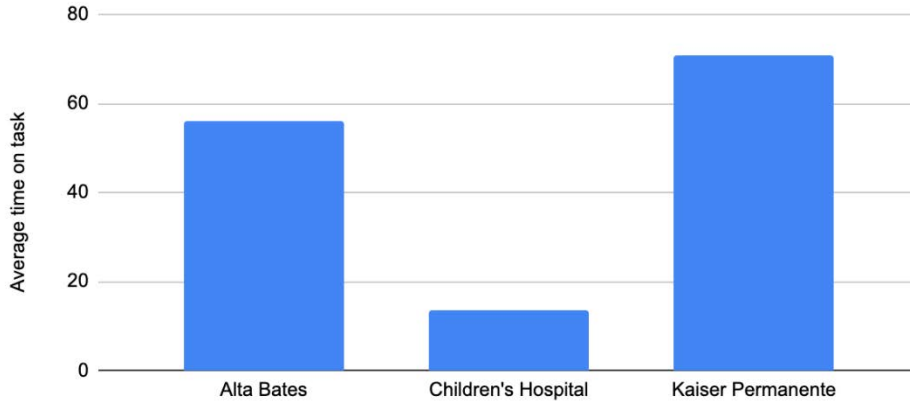
Figure 10. BFD and Falck 5150 Transports by Destination, 2019-2021



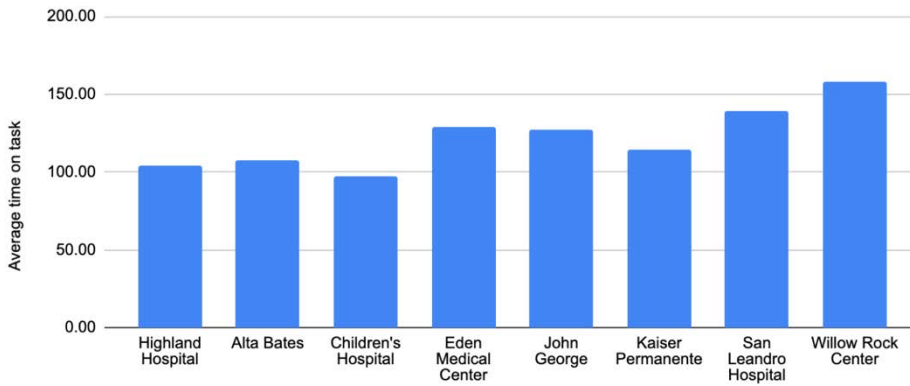
BFD also shared data regarding their and Falck’s time on task for each 5150 response and transport. Time on task represents the time from which BFD or Falck arrive at the scene to the point in which they complete the transport of the patient to the destination. Of the 95 5150 transports that BFD conducted between 2019-2021, BFD’s average time on task was 20 minutes. Of the 1,523 5150 transports that Falck conducted between 2019-2021, Falck’s average time on task was 115 minutes. This is because Falck is the designated ambulance provider who is transporting 5150 cases around Alameda County. These calls can take more time and can be to farther locations. Figure 11 below shows the average time on tasks for BFD and Falck.

Figure 11. BFD and Falck Time on Task for 5150 Transports, 2019-2021

Average Time on Task, BFD (2019-2021)



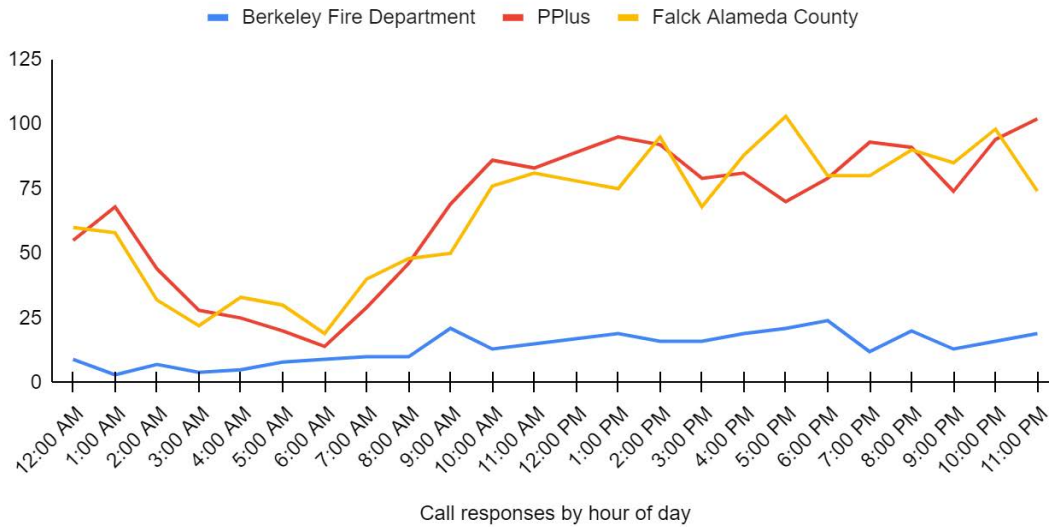
Average Time on Task, Falck (2019-2021)



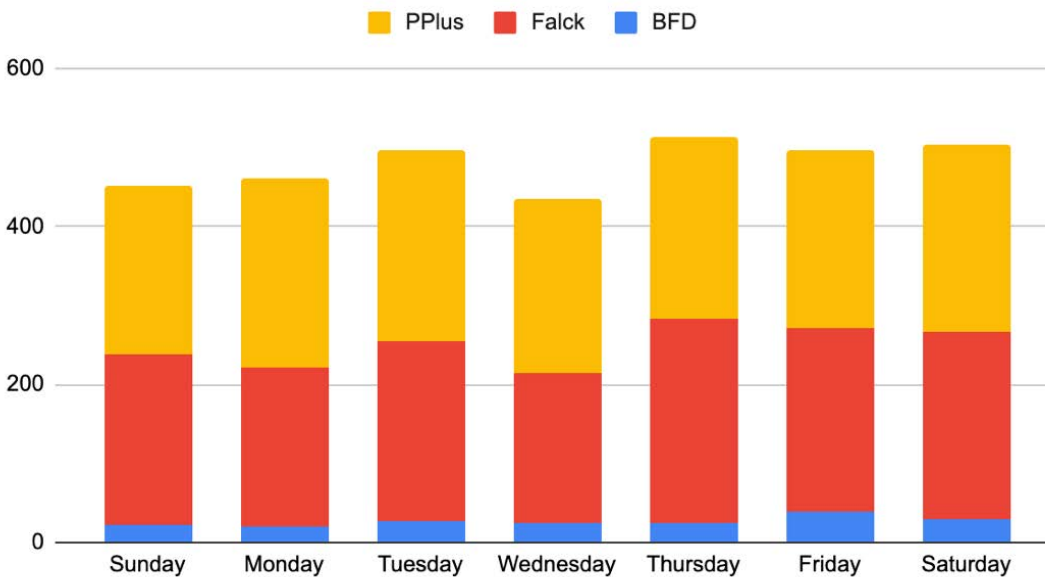
BFD, Paramedics Plus (or PPlus, the contracted ambulance provider prior to Falck), and Falck’s data on their 5150 call responses also included information on the day of the week and time that each 5150 call was initiated. RDA analyzed this data to search for any notable trends regarding when 5150 calls originate. Figure 12 below shows when each agency’s 5150 call responses occurred; this data spans the years 2018-2021. From this data, it appears that 5150s are least frequent during the very late-night and early-morning hours (2:00-8:00am), and the most frequent between 10:00am – midnight. There is no noticeable difference in the frequency of 5150s across the seven days of the week.

Figure 12. BFD, PPlus, Falck 5150 Transports by Time of Day and Day of Week, 2018-2021

Call Responses by Hour of Day (2018-2021)



Call Responses by Day of the Week (2018-2021)

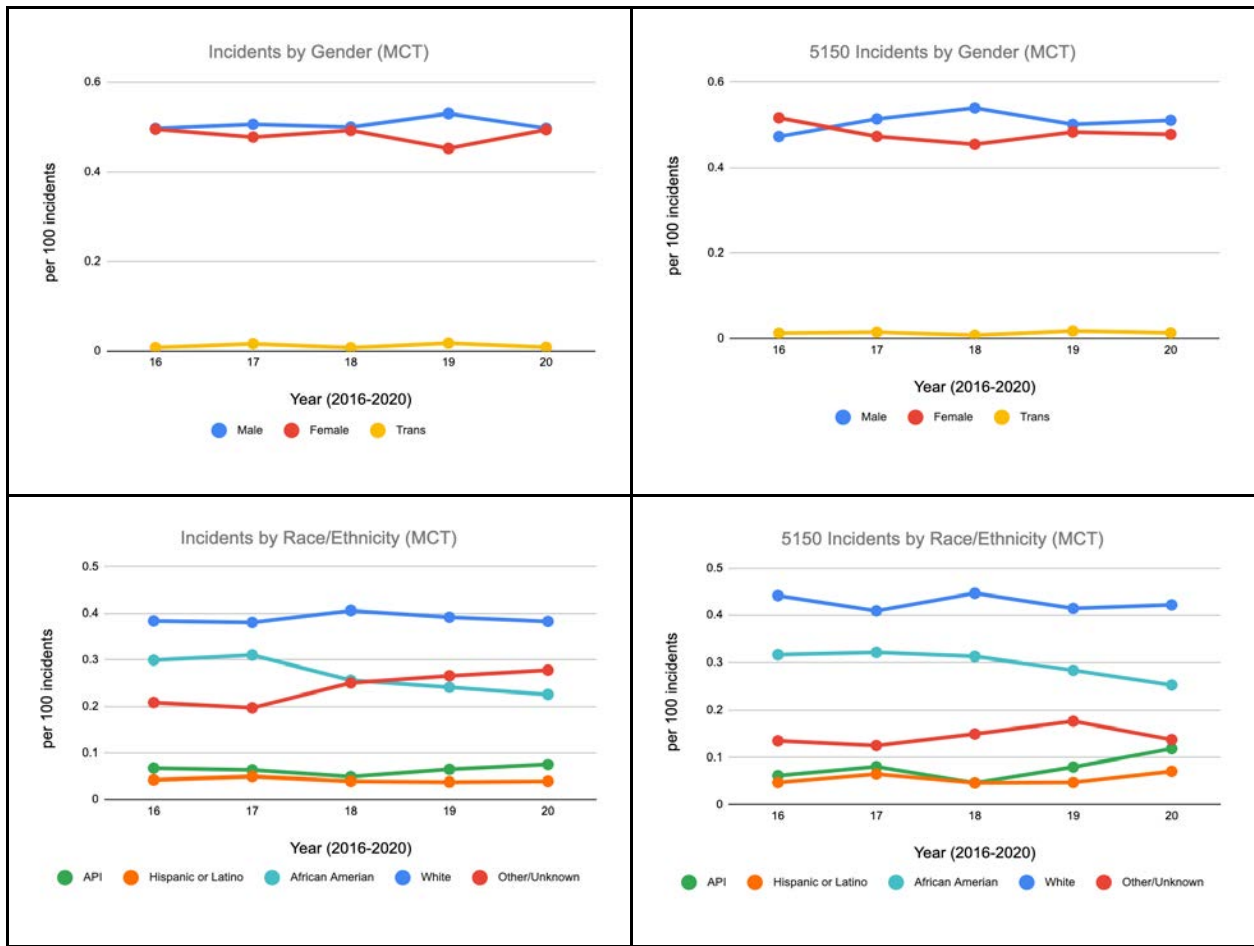


Demographics of Mental Health Call Responses

Mobile Crisis Team: For the five-year period of FY 15/16 through FY 19/20, the Berkeley Mental Health Division’s Mobile Crisis Team (MCT) shared data about both their overall volume of responses as well as those pertaining specifically to 5150 calls. Figure 13 below includes four figures that show MCT’s incidents by gender (first row), and then incidents by race/ethnicity (second row) by each fiscal year.

Figure 13. Mobile Crisis Team (MCT) Incidents in 2015-2020 - Gender, Race/Ethnicity

Total Incidents	5150s Only
-----------------	------------



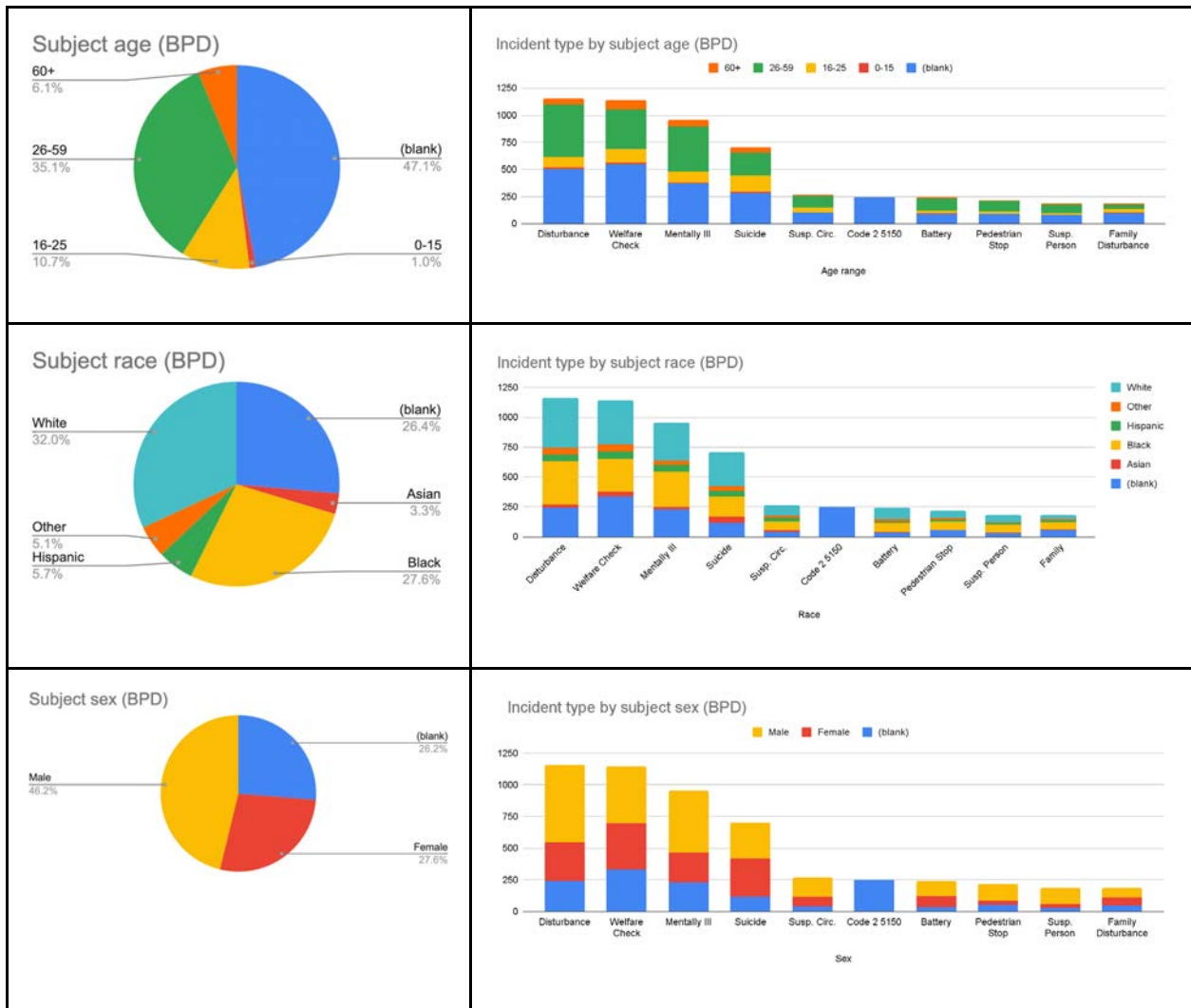
MCT incidents were with slightly more males than females, and very few trans individuals. And, regarding race/ethnicity, MCT cases were most often White, followed by African American, other/unknown, Asian Pacific Islander, and Hispanic or Latino. Given that African Americans comprise only 7.9% of Berkeley’s population (see Table 1), they are very overrepresented in MCT’s service utilizer population.

Berkeley Police Department: For the six-year period of CY 2014 through CY 2020, the Berkeley Police Department (BPD) shared data regarding demographics (age, race, and sex) for each of its calls that were originated as designated 5150 responses. Since 2019, the majority of 5150 responses were conducted by Falck - an ambulance services provider contracted by BFD - because Falck is the designated entity (between the two agencies) to conduct 5150 transports in Berkeley. Figure 14 below includes six figures that show: 1) the summative demographics of BFD’s 5150 subjects, and 2) the incident types stratified by subject demographics.

Figure 14. Berkeley Police Department (BPD) 5150 Subjects in 2014-2020 - Demographics and Incident Types³³

<u>Subjects by Demographics</u>	<u>Incident Types by Demographics</u>
---------------------------------	---------------------------------------

³³ Data noted as (blank) represent data points where data were missing.

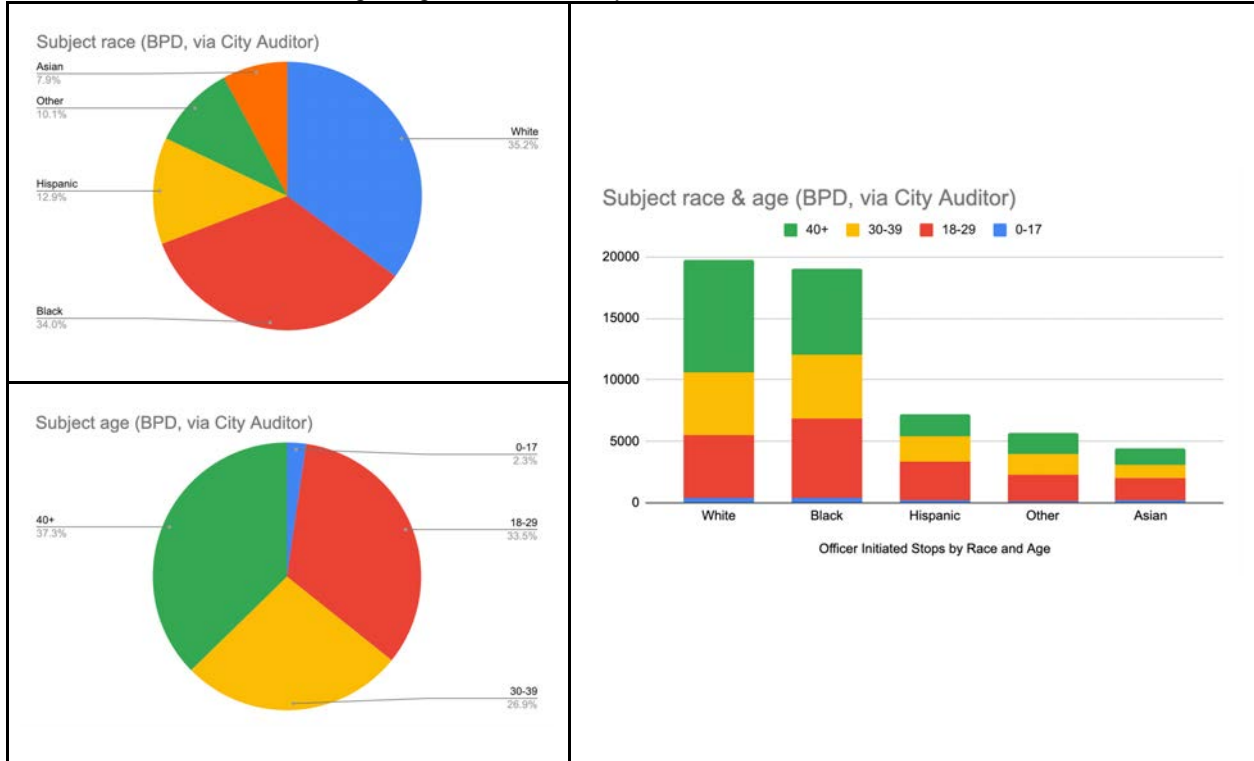


Of the BPD 5150 calls that had demographic variables coded, most responses were with individuals between ages 26-59, White, or male. Liked noted above with MCT’s service utilizer population, given that African Americans comprise only 7.9% of Berkeley’s population (see Table 1), they are also very overrepresented amongst BPD’s 5150 population. Most BPD 5150 calls were also coded as disturbance calls, welfare checks, mentally ill individuals, and suicide. Each incident type is not mutually exclusive, so any particular incident could have one or multiple more incident type logged towards it in addition to being a 5150.

The Berkeley City Auditor’s report (released in April 2021) on BPD call responses included a variety of tables with data on the demographics of the subjects of their officer-initiated stops by race and age; please refer to the Berkeley City Auditor’s Report in Figure 19: Officer-Initiated Stops by Race and Age, 2015-2019.³⁴ RDA took the data shared in that figure to produce different visual representations of all subjects that BPD responded to between 2015-2019; this data includes responses to non-mental health related calls, as well.

³⁴ Berkeley City Auditor. (2021, July 2). *Data Analysis of the City of Berkeley’s Police Response*. https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf

Figure 15. Berkeley Police Department (BPD) Officer-Initiated Calls in 2015-2020 - Race and Gender (via Berkeley City Auditor’s Report on BPD Calls)



Berkeley Fire Department: For the three-year period of CY 2019 through CY 2021, the Berkeley Fire Department (BFD) shared data regarding demographics (age, race, and gender) and incident type for each of its calls that were originated as designated 5150 responses. Figure 16 below includes six figures that show: 1) the summative and combined demographics of BFD and Falck’s 5150 patients, and 2) the differences in volume of BFD and Falck 5150 responses stratified by patient demographics. Figure 17 below shows the total combined 5150 responses by BFD and Falck, first grouped by gender by race, then by race by gender.

Figure 16. Berkeley Fire Department (BFD) and Falck 5150 Patients in 2019-2021 - Demographics

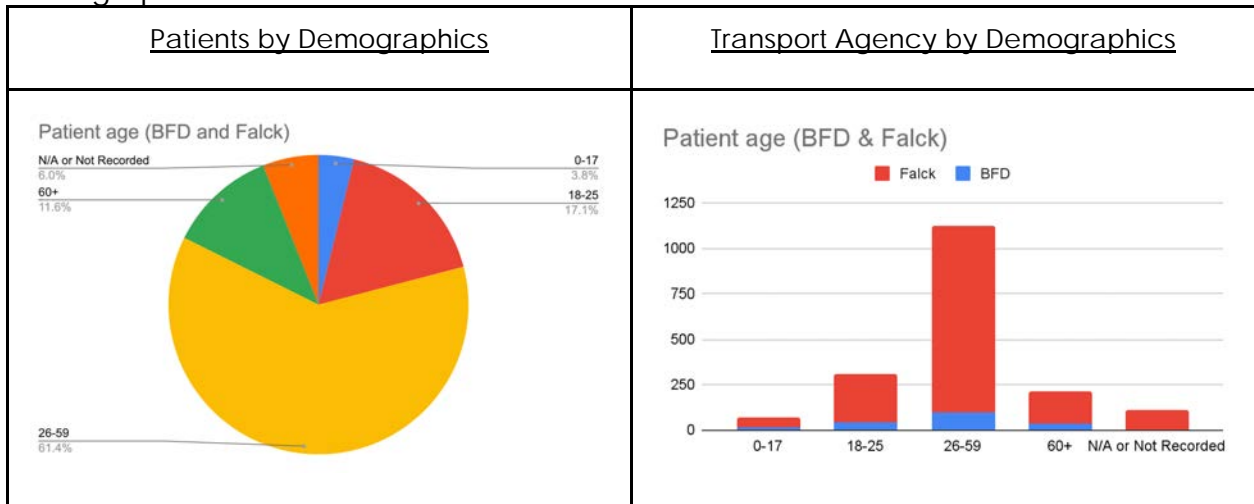
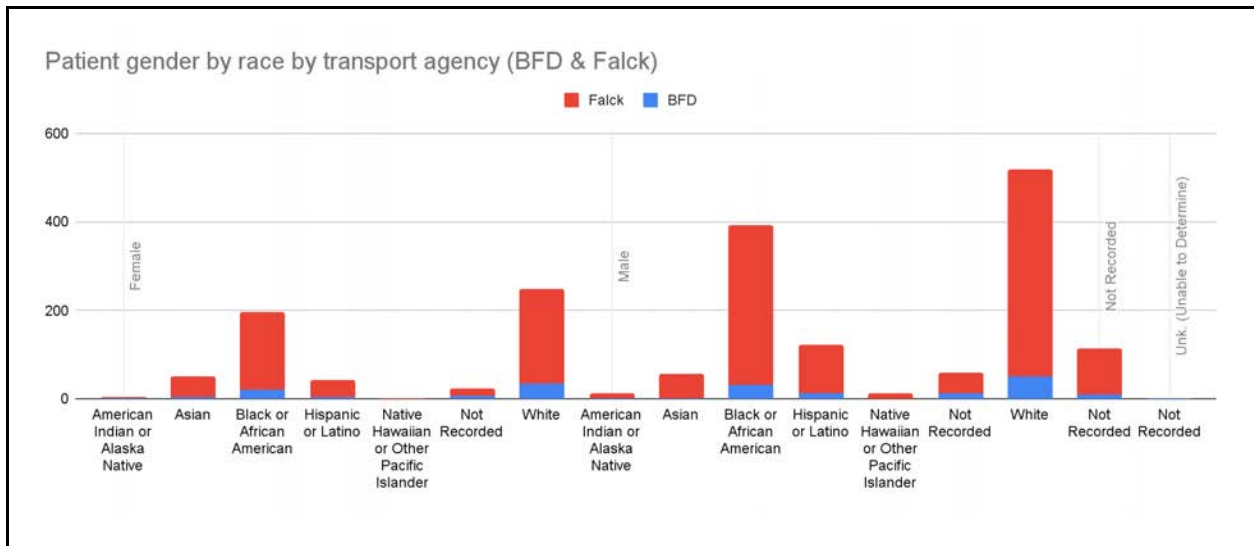
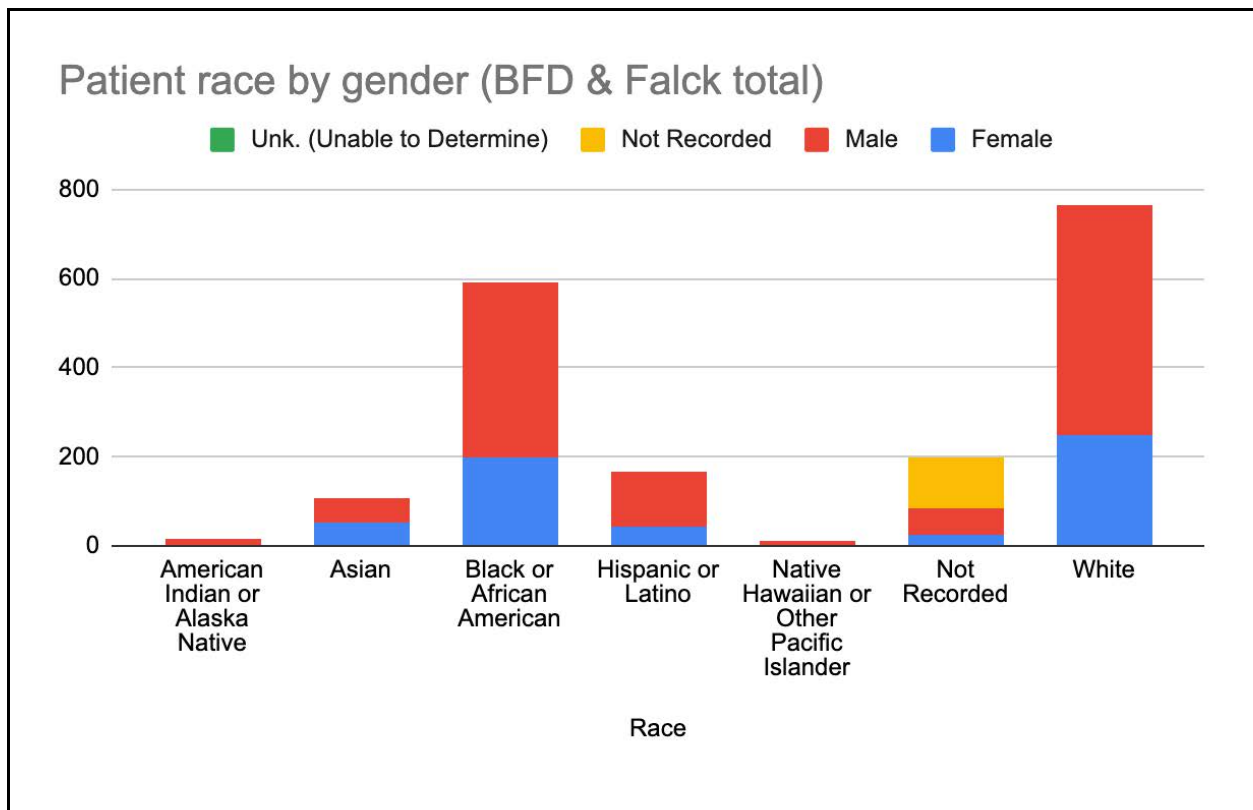




Figure 17. Berkeley Fire Department (BFD) and Falck 5150 Patients in 2019-2021 - By Gender and Race





Similar to the incidents that MCT responded to, the 5150 patients that BFD and Falck responded to are mostly between ages 26-59, White, or male. Falck also conducted a large majority of the 5150 transports in Berkeley, as compared to BFD.



City of Berkeley

Specialized Care Unit

Crisis Response Recommendations



City of Berkeley

Specialized Care Unit (SCU) Crisis Response Recommendations

Sarah Ferrell

Caroline de Bie

Sasha Gayle-Schneider

Amalia Egri Freedman

Nicole Gamache-Kocol

Jamie Dorsey

Kevin Wu

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Resource Development Associates, 2021





Table of Contents

Executive Summary	1
Introduction	3
The SCU Model	8
Recommendations	10
System-Level Recommendations	57
Conclusion	60
Appendix	64



Executive Summary

As part of the larger effort to Reimagine Public Safety, the City of Berkeley contracted with Resource Development Associates (RDA) to conduct a feasibility study for a Specialized Care Unit (SCU), an alternative mental health and substance use crisis response model that does not involve law enforcement.

This is the third of three distinct reports for this effort. The first report ("[Crisis Response Models Report](#)") presents a summary of crisis response programs in the United States and internationally. The second report ("[Mental Health Crisis Response Services and Stakeholder Perspectives Report](#)") is the result of engagement with stakeholders of the crisis system, including City of Berkeley and Alameda County agencies, local community-based organizations (CBOs), local community leaders, and utilizers of Berkeley's crisis response services, and presents a summary of key themes to inform the SCU model.

This third report is intended to guide implementation of the SCU model and includes:

- Core components and guiding aims of the SCU model;
- Stakeholder and best practice-driven design recommendations;
- Considerations for planning and implementation;
- A phased implementation approach;
- System-level recommendations; and
- Future design considerations.

Each recommendation put forth in this report is deeply rooted in the stakeholder feedback included in the two previous reports. This report presents RDA's recommendations based on this year-long project, which the City of Berkeley may adapt and adjust as necessary.

Key Recommendations

1. The SCU should respond to mental health crises and substance use emergencies without a police co-response.
2. The SCU should operate 24/7.
3. Staff a three-person SCU mobile team to respond to mental health and substance use emergencies.
4. Equip the SCU mobile team with vans.
5. The SCU mobile team should provide transport to a variety of locations.
6. Equip the SCU mobile team with supplies to meet the array of clients' needs.
7. Clearly distinguish the SCU from MCT.
8. Participate in the Dispatch assessment and planning process to prepare for future integration.
9. Ensure the community has a 24/7 live phone line to access the SCU.
10. Plan for embedding a mental health or behavioral health clinician into Dispatch to support triage and SCU deployment.
11. Fully staff a comprehensive model to ensure the success of the SCU mobile team, including supervisory and administrative support.
12. Operate one SCU mobile team per shift for three 10-hour shifts.
13. SCU staff and Dispatch personnel should travel to alternative crisis programs for in-person observation and training.
14. Prepare the SCU mobile team with training.
15. Contract the SCU model to a CBO.
16. Integrate the SCU into existing data systems.
17. Collect and publish mental health crisis response data publicly on Berkeley's Open Data Portal.
18. Implement care coordination case management meetings for crisis service providers.
19. Implement centralized coordination and leadership across city agencies to support the success of mental health crisis response.
20. Continue the existing SCU Steering Committee as an advisory body.
21. Solicit ongoing community input and feedback.
22. Adopt a rapid monitoring, assessment, and learning process.
23. Conduct a formal annual evaluation.
24. Launch a public awareness campaign to promote community awareness and education about the SCU.
25. The SCU mobile team should conduct outreach and build relationships with potential service utilizers.



Introduction

Project Background

In response to the killing of George Floyd by Minneapolis police in May 2020 and the ensuing protests across the nation for this and many other similar tragedies, a national conversation emerged about how policing can be done differently in local communities. The Berkeley City Council initiated a wide-reaching process to reimagine safety in the City of Berkeley. As part of that process, in July 2020, the Council directed the City Manager to pursue reforms to limit the Berkeley Police Department's (BPD) scope of work to "primarily violent and criminal matters." These reforms included, in part, the development of a Specialized Care Unit (SCU) to respond to mental health crises without the involvement of law enforcement.

In order to inform the development of an SCU, the City of Berkeley contracted with Resource Development Associates (RDA) to conduct a feasibility study that includes community-informed program design recommendations, a phased implementation plan, and funding considerations.

The Need for Specialized Mental Health Crisis Response

Just as a physical health crisis requires treatment from a medical professional, a mental health crisis requires response from a mental health professional. Unfortunately, across the country and in Berkeley, police are typically deployed to respond to mental health and substance use crises.

Without the proper infrastructure and resources in place, cities are unable to adequately meet the needs of people experiencing a mental health and/or substance use crisis. Relying on police officers to respond to the majority of mental health 911 calls endangers the safety and well-being of community members. Tragically, police are 16 times more likely to kill someone with a mental illness compared to those without a mental illness.¹ A November 2016 study published in the *American Journal of Preventative Medicine* estimated that 20% to 50% of fatal encounters with law enforcement involved an individual with a mental illness.² As a result, communities have begun to consider the urgent need for crisis response models that deploy mental health professionals rather than police. An analysis found that the 10 largest police departments in the U.S. paid out nearly 250 billion dollars in settlements in 2014, much of which were related to wrongful-

¹ Szabo, L. (2015). People with mental illness 16 times more likely to be killed by police. *USA Today*. <https://www.usatoday.com/story/news/2015/12/10/people-mentalillness-16-times-more-likely-killed-police/77059710/>

² DeGue, S., Fowler, K.A., & Calkins, C. (2016). Deaths due to use of lethal force by law enforcement. *American Journal of Preventive Medicine*, 51(5), S173-S187. [https://www.ajpmonline.org/article/S0749-3797\(16\)30384-1/fulltext](https://www.ajpmonline.org/article/S0749-3797(16)30384-1/fulltext)

death lawsuits of people in a mental health crisis.³ Law enforcement should not be the primary responders to mental health crises.

A 2012 Department of Justice report outlines that policing in the U.S. does not necessarily keep people safer but instead, militaristic policing causes more harm than good and disproportionately impacts communities of color. The report further assessed that over-policing requires more resources without producing benefits to public safety, draining resources that could otherwise be used for more effective public safety strategies.⁴

Nationally, the negative impacts of policing and police violence have been declared a public health issue.⁵ Extensive data shows that aggressive policing is a threat to physical and mental health: inappropriate stops are associated with increased anxiety, depression, PTSD, or long-term health conditions like diabetes. In 2016, at least 76,440 nonfatal injuries due to law enforcement were reported and at least 1,091 deaths were reported. However, due to insufficient monitoring and surveillance of law enforcement violence, these statistics are underestimated.⁶

The impacts of policing disproportionately harm people of color, especially Black Americans, making policing an issue of racial justice. Police disproportionately stop, arrest, shoot, and kill Black Americans. Other marginalized populations, such as people with mental illness, people who identify as transgender, people experiencing homelessness, and people who use drugs, are also subjected to increased police stops, verbal and sexual harassment, and death.⁷

In California, Alameda County has the highest rate of 5150 psychiatric holds in the entire state,⁸ which may indicate inadequate provision of mental health crisis services. Of those individuals placed on a 5150 psychiatric hold in Alameda County and transferred to a psychiatric emergency services unit, 75-85% of the cases did not meet medical necessity criteria to be placed in inpatient acute psychiatric care. This demonstrates an overuse of emergency psychiatric services in Alameda County. Such overuse creates challenges in local communities such as lengthy wait times for ambulance services which are busy

³ Elinson, Z. & Frosch, D. (2015). Cost of police-misconduct cases soars in big U.S. cities. *Wall Street Journal*. <https://www.wsj.com/articles/cost-of-police-misconduct-cases-soars-in-big-u-s-cities-1437013834>

⁴ Ashton, P., Petteruti, A., & Walsh, N. (2012). Rethinking the blues: How we police in the U.S. and at what cost. *Justice Policy Institute, U.S. Department of Justice*. <https://www.ojp.gov/ncjrs/virtual-library/abstracts/rethinking-blues-how-we-police-us-and-what-cost>

⁵ American Public Health Association. Addressing law enforcement violence as a public health issue. Policy number: 201811. 2018. <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2019/01/29/law-enforcement-violence>.

⁶ Ibid.

⁷ Ibid.

⁸ INN Plan – Alameda County: Community Assessment and Transport Team (CATT) (2018, October 25). *California Mental Health Services Oversight and Accountability Commission*. https://mhsoac.ca.gov/sites/default/files/documents/2018-10/Alameda_INN%20Project%20Plan_Community%20Assessment%20and%20Transport%20Team_8.6.2018_Final.pdf

transporting and discharging individuals on 5150 holds. The overuse of involuntary psychiatric holds can be traumatizing for people experiencing crisis, as well as for their friends and family.

The overuse of involuntary psychiatric holds is also an issue of racial justice. Police and ambulance workers have been found to bring Black patients with psychoses to psychiatric emergency service more frequently than non-Black patients with psychoses.⁹ For example, in San Francisco, Black adults are overrepresented in psychiatric emergency services, relative to overall population size.¹⁰

Based on 911 call data from 2001 to 2003 in San Francisco, a study found that neighborhoods with higher proportions of Black residents generate relatively fewer mental health-related 911 calls. The authors suggest that underutilization of 911 by the Black community can result in delayed treatment, therefore increasing the risk posed to the health and safety of people in crisis and their communities. The study highlights the common distrust of law enforcement among communities of color. Such distrust and fear of law enforcement may mean that people of color do not trust that mental health-related calls will be handled appropriately if they seek support for a mental health crisis through 911. The study reinforced that “law enforcement officers’ role in the disposition of calls makes them de facto gatekeepers to safety net services for persons with mental disorders.”¹¹

It is within this context that many Berkeley community members are calling for a more just, equitable, and health-focused crisis response system, in part due to the distrust of institutions of policing or those closely intertwined with police. A variety of stakeholder groups, including the Berkeley Mental Health Commission and the Berkeley Community Safety Coalition, have long advocated for a community-designed 24/7 crisis care model and to reduce the role of law enforcement in crisis response.

⁹ Kessell, E.R., Alvidrez, J., McConnell, W.A. & Shumway, M. (2009). Effect of racial and ethnic composition of neighborhoods in San Francisco on rates of mental health-related 911 calls. *Psychiatric Services*, 60(10), 1376-1378. <https://ps.psychiatryonline.org/doi/pdf/10.1176/ps.2009.60.10.1376>

¹⁰ Ibid.

¹¹ Kessell, E.R., Alvidrez, J., McConnell, W.A. & Shumway, M. (2009). Effect of racial and ethnic composition of neighborhoods in San Francisco on rates of mental health-related 911 calls. *Psychiatric Services*, 60(10), 1376-1378. <https://ps.psychiatryonline.org/doi/pdf/10.1176/ps.2009.60.10.1376>

In a concurrent project for the City of Berkeley’s Reimagining Public Safety initiative, the National Institute for Criminal Justice Reform found that among many Berkeley residents, there is a lack of trust in and satisfaction with the Berkeley Police Department. They found that:¹²

- Non-White respondents were more likely to indicate that the Berkeley Police Department is not effective at all compared to White respondents;
- 17.1% of Black respondents and 7.6% of Latinx respondents reported that police had harassed them personally in comparison to only 4.3% of White respondents;
- Respondents are less likely to call 911 during emergencies related to mental health or substance use crisis (57.9%) in comparison to an emergency not involving mental health or substance use (86.2%); and
- Substantially more Black respondents indicated extreme reluctance to call 911 as compared with other groups.

Additionally, the report shared that across all respondents, 65.9% indicated a preference for trained mental health providers to respond to mental health and substance use emergencies “with support from police when needed” and 14.9% indicated a preference “with no police involvement at all.” In total, 80.8% of respondents indicated a preference for trained mental health providers to respond to calls related to mental health and substance use.¹³

Clearly, there is an urgent need for a more racially just, equitable, and health-focused mental health crisis response system. The SCU could be well poised to address these inequities by providing specialized mental health crisis intervention, de-escalation, and stabilization without the presence of law enforcement.

Inputs to the Recommendations

This report includes core components and guiding aims of the SCU model, considerations for planning and implementing the SCU model, a phased implementation approach, stakeholder-driven design recommendations, system-level recommendations, and next steps and future design considerations. Each recommendation that RDA puts forth in this report is deeply rooted in the following sources of input:

- Crisis Response Models Report (Report 1 of this series of 3)
- Mental Health Crisis Response Services and Stakeholder Perspectives Report (Report 2 of this series of 3)
- Ongoing engagement with the SCU Steering Committee and the City’s Health, Housing & Community Services Department (HHCS)

¹² National Institute for Criminal Justice Reform (2021). Reimagining public safety: Draft final report and implementation plan. https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/Draft%20Final%20Report%20and%20Implementation%20Plan%20FNL%20DRFT%2010.30.21.pdf

¹³ Ibid.

- Learnings from the simultaneous Reimagining Public Safety initiative
- Best practices research

The recommendations presented in this report are directly informed from the strengths, challenges, gaps in services, and lessons learned from crisis response programs around the country. Those considerations, however, must be uniquely tailored to the Berkeley community based on the existing crisis response system and the needs and perspectives of Berkeley residents. Together, the recommendations and implementation approaches presented here are informed by findings from the robust community engagement and citywide processes of the past year.

Crisis Response Models Report

As part of this feasibility study, RDA reviewed the components of nearly 40 crisis response programs in the United States and internationally, including virtually meeting with 10 programs between June and July 2021. A synthesized summary of RDA's findings, including common themes that emerged across the programs, how they were implemented, considerations and rationale for design components, and overall key lessons learned can be found in the [Crisis Response Models Report](#).

Mental Health Crisis Response Services and Stakeholder Perspectives Report

With the guidance and support of the SCU Steering Committee, facilitated by the Director of City of Berkeley's Health, Housing and Community Services Department (HHCS), RDA conducted a large volume of community and agency outreach and qualitative data collection activities in June and July 2021. Because BIPOC, LGBTQ+, unhoused, and other communities are disproportionately represented in public mental health and incarceration systems—particularly ones designed for punishment and sentencing to prisons—their input was sought to advance the goal of achieving health equity and community safety.

Crisis response service users described their routes through these systems, providing their perspectives about their experiences and how these experiences impact their lives in a way that other stakeholders are not able or qualified to do. The goal of the immense amount of outreach and qualitative data collection was to understand the variety of perspectives in the local community regarding how mental health crises are currently being responded to as well as the community's desire for a different crisis response system that would better serve its population and needs. Such perspectives are necessary to improve the quality of service delivery and, moreover, to inform structural changes across the crisis response system.

The synthesis of the City of Berkeley's current mental health crisis system and themes from qualitative data collection can be found in the [Mental Health Crisis Response Services and Stakeholder Perspectives Report](#)



The SCU Model: Planning & Implementation

Core Components

The recommendations presented in this report represent a model that is responsive to community needs, but as planning continues throughout 2021 and into 2022, new considerations and constraints may arise. As dynamics evolve and more information is obtained and assessed, the model must be flexible and adaptable. There are several components that should, however, remain core to the SCU model:

- The SCU responds to mental health and substance use crises.
- The SCU responds with providers specialized in mental health and substance use.
- The SCU model does not include police as a part of the crisis response.
- The SCU is not an adjunct to nor overseen by a policing entity (e.g., Police, Fire, or CERN¹⁴).

With these core components in mind, the SCU model and phased approach were designed to address the challenges, gaps in services, and community aspirations shared by numerous stakeholders throughout Berkeley. The SCU model seeks to:

- Address the urgent need for a non-police crisis response.
- Disrupt the processes of criminalization that harm Black residents and other residents of color, substance users, people experiencing homelessness, and others who experience structural marginalization.
- Increase the availability, accessibility, and quality of mental health crisis services.
- Provide quality harm reduction services for substance use emergencies.
- Strengthen collaboration and system integration across the crisis and wraparound service network.
- Be responsive to ongoing community feedback and experiences.
- Build and repair trust with community members and increase public awareness of newly available services.

A System-wide Change Initiative

The development of a mental health crisis response model as a component of the City of Berkeley's emergency services should be understood as a systemwide change initiative of great magnitude. Developing a shared narrative around community health and well-being while reducing harm, trauma, and unnecessary use of force may build collective support for the SCU model across City of Berkeley agencies and departments. Other cities implementing non-police crisis response models found that garnering buy-in from other

¹⁴ Community Emergency Response Network (CERN) is a model recommended by the National Institute for Criminal Justice Reform through the Reimagining Public Safety process.

city or county departments requires collaboration from the earliest planning stages. Cities shared that when they focused these conversations about shared objectives between the crisis response program and the police, police began to see the program as a resource to them, as mental health professionals could often better handle mental health crises because of their training and backgrounds. Alignment on shared goals and values may support leadership across the City of Berkeley to identify and advance the best resource(s) for responding to mental health needs and substance use crises. An effective systemwide change initiative will also require all involved leaders to communicate and champion the shared vision.

The SCU model requires not only collaboration, but also structural changes and integration across other entities. For one, the SCU's ability to respond to crises relies in large part on the 911 Communications Center ("Dispatch"). However, in 2019, a Berkeley City Auditor's report¹⁵ elevated that the understaffing of Dispatch has led to staffing levels that cannot meet the call volume of residents and has increased call wait times. Increased wait times for 911 callers have negative implications for the safety and well-being of service utilizers and community members. Increased wait times also have negative implications for service providers and crisis responders that are responding to a potentially more advanced state of crisis. Additionally, inadequate staffing levels rely on overtime spending to fund Dispatch, which increases the cost of the entity.

The Auditor's report also recommended increased training for Dispatchers to manage and respond to mental and behavioral health crisis calls, including the management of suicidal callers and persons with mental illness. The well-being and stress of call takers are also of concern. In all, if they are not addressed, such resource shortages and unmet training needs could have a significant impact on the SCU's success.

Other entities that will be affected by the implementation of the SCU model include Berkeley Fire, who responds to crises through Dispatch, and the Mobile Crisis Team (MCT), who provide mental health crisis services in partnership with the Berkeley Police Department. These entities, in addition to Dispatch and the SCU, will have to establish new working relationships and protocols to effectively serve the community together.

Dispatch is an immensely complex system. Integrating the SCU into such a system, while addressing staff capacity and training needs, will take significant planning and coordination, as well as funding. For these reasons, the recommendations for the planning and implementation of the SCU model are laid out in a phased implementation approach to allow for sufficient preparation of Dispatch while providing urgently needed mental health crisis response to community members.

¹⁵ Berkeley City Auditor. (2019, April 25). 911 Dispatchers: Understaffing Leads to Excessive Overtime and Low Morale. https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Dispatch%20Workload_Fiscal%20Year%202018.pdf



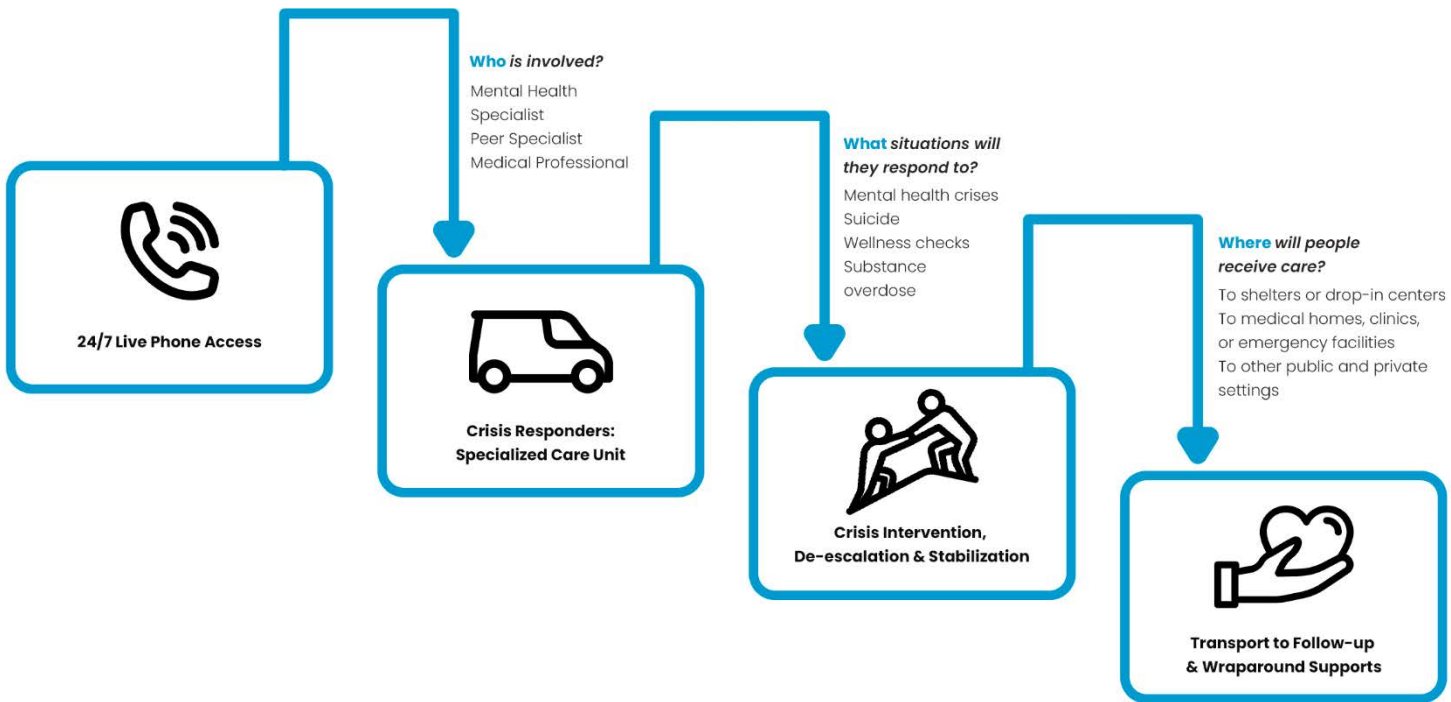
Recommendations

Overview

This report presents recommendations that address what is required for SCU model. Figure 1, below, provides an overview of the specialized care unit’s response. Figure 2 shows the many components required for a comprehensive 24/7 SCU model.

The Specialized Care Unit: Crisis Response

Figure 1: An overview of the SCU crisis response.

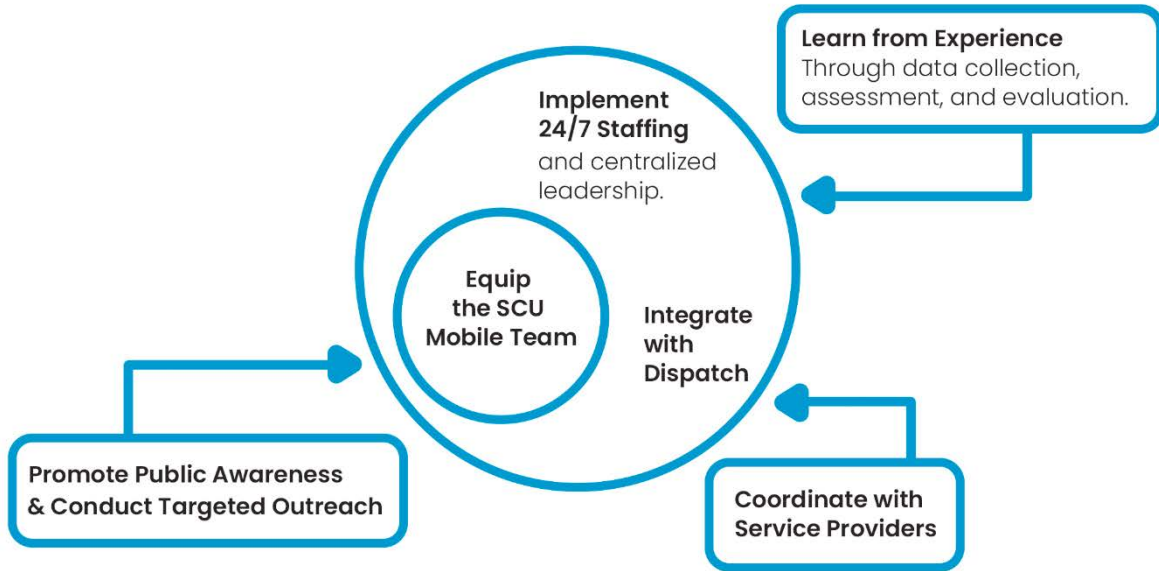


Community members experiencing or witnessing a mental health or substance use crisis will be able to call the SCU through a 24/7 live phone line, from which the SCU mobile team will be deployed to the crisis. The SCU mobile team will include specialists who support a person in crisis with intervention, de-escalation, and stabilization techniques. If necessary, the SCU will also be able to transport a person in crisis to locations that promote the person’s safety and care.



The SCU Model: A Comprehensive 24/7 Crisis Response

Figure 2: An Overview of the comprehensive 24/7 SCU model.



The SCU is not solely a mobile team that delivers specialized care during mental health and substance use crises, but rather requires a comprehensive model. This model includes clinical and administrative staff to ensure 24/7 live access to the phone line and SCU mobile team. The model also requires centralized leadership and system integration to realize systemwide changes. As this new model is implemented, it will require ongoing data collection, assessment, and iteration to ensure it is meeting the needs of the community. And, the model requires that community members know that they can call a non-police, specialized mental health and substance use crisis team.



Phased Implementation

A phased approach will support a successful rollout of the SCU model while planning for integration across city agencies. These timelines may be ambitious given the magnitude of this systems-change initiative and the dependencies of the various model components. While the phased implementation approach represents an ideal timeline and is responsive to the urgent need for specialized mental health and substance use crisis response in Berkeley, it may need to be adjusted to realize the success of the SCU.

Refer to **Appendix A** for a complete phased implementation roadmap.

Figure 3: An overview of the phased implementation approach.

PHASE 0	PHASE 1		PHASE 2
Nov 2021 – Aug 2022	Sept 2022 – Aug 2023	Sept 2023 – Feb 2024	Feb 2024+
<ul style="list-style-type: none"> • Engage SCU Steering Committee & community stakeholders on RFP; launch RFP • SCU staff: Contracting, hiring, training • Dispatch: Planning & assessment • Establish preliminary triage criteria, workflows and protocols • Launch public awareness campaign 	<ul style="list-style-type: none"> • SCU implements crisis response services • Dispatch implements integration or components based on Phase 0 planning • Conduct rapid assessment, monitoring, and iteration • Engage centralized leadership in coordination 	<ul style="list-style-type: none"> • Review annual evaluation and rapid assessments • Prepare for Phase 2 	<ul style="list-style-type: none"> • Implement changes based on evaluation and community need



SCU Mobile Team

The goal of the SCU is to provide specialized care during mental health crises and substance use emergencies, including crisis intervention, de-escalation, and stabilization. This specialized care does not require a police response but instead should be a three-person team of medical and behavioral health specialists. The SCU will need to be equipped to address the nuanced variety of crisis needs across mental health and substance use emergencies.

By providing 24/7 SCU services, the City of Berkeley asserts that mental health crisis response is of the same importance as other crisis services and limits the need to use the police to respond to such crises. Overall, the SCU model aims to disrupt the criminalization of substance use and mental illness and advance racial justice in the City of Berkeley. There are several considerations for how to most effectively promote the safety of crisis responders, persons in crisis, and general community members.

The following recommendations are aligned to best practices and emerging alternative models, while being rooted in community-driven recommendations. Each recommendation is tailored to the City of Berkeley and provides key considerations to support planning and implementation:



Key Recommendations

- 1. The SCU should respond to mental health crises and substance use emergencies without a police co-response.**
- 2. The SCU should operate 24/7.**
- 3. Staff a three-person SCU mobile team to respond to mental health and substance use emergencies.**
- 4. Equip the SCU mobile team with vans.**
- 5. The SCU mobile team should provide transport to a variety of locations.**
- 6. Equip the SCU mobile team with supplies to meet the array of clients' needs.**
- 7. Clearly distinguish the SCU from MCT.**

Recommendation #1

The SCU should respond to mental health crises and substance use emergencies without a police co-response.

The goal of the SCU is to provide specialized care during mental health crises and substance use emergencies. Below are suggested guidelines of when the SCU should and should not respond to a call.

Types of calls SCU **should** respond to:

- Suicide
- Drug overdose
- Welfare check
- Suspicious circumstance
- Complaint of an intoxicated person
- Social disorder
- Indecent exposure
- Trespassing
- Disturbance

Types of calls SCU should **not** respond to:

- Confirmed presence of firearm, knife, or other serious weapon
- Social monitoring and enforcement (e.g., of unsheltered residents in public spaces)
- Calls that Dispatch already deems do not need an in-person response (e.g., argument with a neighbor, minor noise violation)

Location of calls SCU should respond to:

- Public settings (e.g., parks, sidewalks, vehicles)
- Commercial settings (e.g., pharmacies, restaurants)
- Private settings (e.g., homes)

Note: These guidelines and types of calls will need to be further explored to develop triage criteria that adequately reflect all the considerations for when the SCU will respond to crises.

Why isn't the SCU responding with police?

Stakeholders consistently emphasized the need to provide non-police mental health crisis response options, noting that police are primarily trained in issues of imminent public safety threats, not mental health care. Rather than duplicating the MCT's model, the SCU model provides a new option for those better served by a non-police response. A dedicated response unit for mental health, behavioral health, and substance use emergencies will also help to build community trust and increase the likelihood that someone will call for help when they are in a crisis.

Why is the SCU responding to calls at public and private locations? Is that safe?

A mental health crisis can happen anywhere, so the SCU must be able to respond to mental health and substance use crises in both public and private settings. Any variables around the safety of responding to a crisis in a private setting should be assessed before deploying the SCU team (e.g., the presence of a serious weapon).

How were the types of calls decided?

Research from alternative models in other cities, community stakeholders' perceptions of existing needs in Berkeley, and input from crisis responders in the City of Berkeley all indicate that these call types may be well suited for behavioral health and mental health specialists instead of police. The nuances within any of these call types will be further planned for throughout Phase 0.

Considerations for Implementation**Safety & Weapons:**

- Not all weapons pose the same risk to crisis responders, so triage and deployment protocols should be aligned to best practices and standards of practice. The SCU may be able to respond to some calls where a weapon is present. The criteria for this safety precaution should be evaluated and planned for during Phase 0.
- If there is a mental health or substance use emergency where a weapon is present, then MCT-Police co-response should be deployed rather than the SCU.
- If the SCU mobile team is on scene but feels their safety is in imminent danger, they should have the ability to call in the MCT-Police co-response as backup support.

Coordinating with Other Entities

- Mobile Crisis Team: The types of calls, triage criteria, and workflows will need to be differentiated for deploying MCT versus SCU.
- Berkeley Police Department: When BPD is on scene and MCT is not available, BPD and SCU will need clear processes for whether police can bring the SCU to support. Similarly, BPD and SCU will need clear processes for when/how SCU leaves if they call the BPD to a scene.

Recommendation #2

The SCU should operate 24/7.

The SCU mobile team should be available to respond to a crisis in person 24 hours per day, 7 days per week. Not having services available 24/7 was the most common challenge expressed by stakeholders about the current mental health crisis response system. In contrast, other crisis services like Fire and Police are available 24/7. By operating the SCU 24/7, the City of Berkeley asserts that mental health crisis response is of the same importance as other crisis services and negates the need to use police to respond to such crises. The need for 24/7 service is supported by national trends, as although some cities have implemented alternative crisis models with limited hours, many of them shared that they plan to expand to 24/7 to meet community needs.

Why does the SCU need to be available 24/7? Why can't it operate only during peak hours?

A mental health or substance use crisis can happen at any time. Stakeholders stressed the importance of having mental health crisis response services available 24 hours per day and 7 days per week. If community members are to trust in the SCU as an ongoing and authentic alternative to police involvement, services need to be available whenever someone calls.

Considerations for Implementation

All other supporting elements described throughout this report will need to accommodate 24/7 availability, such as:

- Phone access to the SCU
- Certain personnel roles, like a Clinical Supervisor
- Staffing structure that allows redundancy of personnel to cover each shift
- Equipment and infrastructure including the number of vans for the mobile team

Recommendation #3**Staff a three-person SCU mobile team to respond to mental health and substance use emergencies.**

The array of mental health, behavioral health, and substance use services offered by the SCU require staff with varying professional specialties. The following roles are necessary to adequately provide these services:

1. A Mental Health Specialist

This role will be the primary provider of mental health services with the ability to conduct 5150 assessments, and therefore need to be licensed. They should have significant training in mental health and behavioral health conditions and disorders, crisis de-escalation, and counseling.

- Recommended position: Licensed Behavioral Health Clinician
- *Possible positions: Licensed Clinical Social Worker (LCSW), Associate Clinical Social Worker (ASW), SUD or AOD Counselor, psychologist*

2. A Peer Specialist

This role should have lived experience with mental health crises and systems, substance use crises or addiction, and be equipped to support system navigation for a person in crisis.

- Recommended position: Peer Specialist
- *Other possible positions: Community Health Worker, Case Manager*

3. A Medical Professional

This role should be able to identify physical health issues that may be contributing to or exacerbating a mental health crisis, including psychosomatic drug interactions. They should be able to administer single-dose psychiatric medicines and have training in harm reduction theory and approaches. They can also assess and triage for higher levels of medical care as needed.

- Recommended position: Psychiatric Nurse Practitioner (Psych-NP)
- *Other possible positions: Nurse Practitioner (NP), EMT, Paramedic*

Why a three-person team?

These three distinct roles create a team that can effectively provide the necessary range of specialized services and can engage in organic collaboration to address each crisis. Cities who have implemented similar models spoke to the advantage of team members taking different roles in each scenario based on each client's needs and preferences.

Why is the mental health specialist conducting 5150 assessments?

The SCU's aim is to reduce the overall number of involuntary holds through effective crisis intervention, de-escalation, and stabilization. However, ensuring the SCU has the ability to conduct 5150 assessments and involuntary holds rather than calling in the police to do the assessment can reduce interactions between people experiencing mental health crisis and police. Additionally, enabling the SCU to conduct the 5150

assessment is a more trauma-informed model because it eliminates the need for a person in crisis to interact with multiple teams and reduces the time it takes to respond to a crisis from start to finish.

Why is there a peer on the team?

The peer is a critical member of the crisis team. Other systems shared that a person in crisis may be most responsive to a peer who has gone through a similar experience and that, at times, peers' unique training and skills allow them to engage that person more effectively than other specialties. Berkeley stakeholder participants emphasized the invaluable contributions of peer specialists, noting that they may be best equipped to lead the de-escalation before the mental health specialist or medical professional steps in to administer care because a person in crisis may be most responsive to someone that has similar lived experience.

Why is there a medical professional on the team? Why a Psych-NP?

Mental health and physical health needs often co-present, with physical needs ranging from basic first aid (e.g., wound care, dehydration) to reactions to substances, such as overdoses or drug interactions. A medical professional, such as a Psych-NP, brings the clinical expertise to understand how physical ailments, chronic medical conditions, and psychiatric conditions affect a service utilizer (e.g., someone with hypertension and schizophrenia using methamphetamines). Other medical professionals, such as NPs, may also have sufficient training to meet the mental health and substance use needs of service utilizers. These situations do not require the expertise of a paramedic or doctor who are trained to respond to emergencies and deliver life-saving care.

Considerations for Implementation:

- The number of mobile teams required will be based on multiple variables including community needs, call volume, and budget (for a more in-depth description, *refer to recommendation #12*).
- There may be challenges in staffing the SCU mobile team with these specific roles, such as the Psych-NP. The SCU model may need to allow for a variety of specialists to fill each of the three main roles.
- Across these roles, the SCU mobile team should have the following competencies:
 - Lived experience of behavioral health or mental health needs, homelessness, addiction or substance use, and/or incarceration
 - Emphasis on dual diagnosis (mental health and substance use) training, psychosomatic interactions, substance use management, and harm reduction
 - Identities reflective of those most harmed by the current system of care and/or those who are most likely to use or benefit from the SCU services
 - Multilingual
- Across these roles, the SCU mobile team will need to be trained on a variety of topics (for a full list, *refer to recommendation #14*). These may be desirable prerequisite skills, such as:
 - Disarming without the use of weapon
 - Motivational interviewing
 - Naloxone administration
 - Harm reduction
 - Trauma-informed care

Recommendation #4**Equip the SCU mobile team with vans.**

Based on the scope of services, the SCU mobile team will need a vehicle to arrive at each call, carry equipment and supplies, and transport clients to another location. A well-equipped van should be both welcoming and physically accessible to clients and easily maneuverable by staff.

SCU vans should include:

- Wheelchair accessible features
- Lights affixed to the top of the van, allowing for sidewalk parking
- Locked supply cabinets
- Rear tinted windows for client privacy
- Rear doors not operable from the inside
- Power ports to charge laptops, tablets, and phones
- Comfortable seating
- SCU logo on the side of the van so the community can easily identify the team

SCU vans should **not** include:

- Sirens
- A plexiglass barrier between the front and back seats

Why not use an ambulance?

There are a several reasons why an ambulance is not the appropriate vehicle for the SCU:

- Ambulances must transport to a receiving emergency department when transporting from the field (a call for service from a community member), which may not always be the most appropriate end point for the level of care required (*refer to recommendation #5*).
- Ambulances require a special license to drive and would require the inclusion of an EMT or paramedic on staff and would therefore increase the expense of the SCU.
- Ambulances are more expensive to purchase and maintain than a van.
- A van is potentially less stigmatizing and traumatizing for a person in crisis.

Why were these specific features chosen?

All van specifications are based on lessons learned from alternative crisis response programs in other cities and experiences and insight shared by the Berkeley Fire Department. Many van features, such as locked supply cabinets and locked rear doors, are designed to increase the safety of both crisis responders and a person in crisis. Other van features support the SCU mobile teams to provide a variety of services.

Why shouldn't the van have sirens or a plexiglass barrier?

Sirens can draw unnecessary public attention, thereby reducing privacy for a person in crisis, while both sirens and plexiglass barriers can exacerbate the stigmatization, traumatization, and criminalization of mental health and substance use crises.

Considerations for Implementation

The number of vans required will be based on the number of SCU mobile teams and shift structure/overlap (*refer to recommendation #12*).

Recommendation #5

The SCU mobile team should provide transport to a variety of locations.

The SCU should provide a level of care appropriate to each specific crisis with the aim of de-escalating crises, preventing emergencies, and promoting well-being. The SCU will transport service utilizers in the SCU van (*refer to recommendation #4*) unless there is a medical need that requires the SCU to request an ambulance for transport.

The SCU will transport service utilizers to:

- Inpatient units of psychiatric emergency departments
- Primary care providers, psychiatric facilities, or urgent care
- Crisis stabilization units, detox centers, or sobering centers
- Drop-in centers and other CBOs
- Shelter or housing sites
- Domestic violence service sites
- Long-term programs including residential rehabilitation sites
- Requested public locations (e.g., parks)
- Requested private locations (e.g., home)

Considerations when deciding transport location:

- Transport can be voluntary or involuntary, based on a 5150 assessment
- The SCU should be able to deny the request of a person in crisis for transportation based on their assessment of the appropriate level of care
- The SCU will need to assess safety or liability concerns for the service utilizer or other bystanders based on transport location (e.g., not transporting an intoxicated person home where another person is present at the home)

Why should the SCU transport service utilizers to so many different locations?

The SCU model aims to support diversion of people experiencing crises away from jails and hospitals and into the appropriate community-based care and resources. Some crises can be resolved on scene, while others will require transport to another location. Even if a crisis is de-escalated on scene, service utilizers may benefit from being transported to another location for additional care or resources. Throughout this project, stakeholder participants emphasized that the level of need outweighs the available resources and providers in Berkeley and Alameda County. Providing transport to a variety of locations and resources allows the SCU to provide the level of care appropriate to each specific crisis and increases the possibility of providing care in an overwhelmed service network. *Refer to Section V for long-term recommendations for addressing the needs of the service network.*

Considerations for Implementation

- Established, trust-based relationships with community partners and warm handoff procedures will improve overall quality of care and can reduce the amount of time required when dropping off a client.
- Staff at emergency facilities will need to be familiar with the SCU, including the van, logo, and uniforms, to be prepared to receive transported clients in a timely and responsive manner, reducing “wall time.”
- Triage criteria and workflows should support the SCU in assessing where and how to transport a person in crisis.
- Triage criteria and workflows for transport should address the safety implications for both the person in crisis and other community members.

Recommendation #6

Equip the SCU mobile team with supplies to meet the array of clients' needs.

The SCU will be responding to a variety of calls, each with their own specific needs. The supplies needed will vary depending on the call. Below is a suggested list of supplies the SCU should carry, generated from the input of stakeholders and other alternative crisis response programs. These supplies will facilitate a harm reduction approach and directly contribute to the health and well-being of the person in crisis.

- | | |
|-------------------------|---|
| Medical supplies | <ul style="list-style-type: none"> • First aid kit • Personal protective equipment • Wound care supplies • Stethoscope • Blood pressure armband • Oxygen • Intravenous bags • Single-dose psychiatric medications |
|-------------------------|---|

- | | |
|--------------------------------|---|
| Client engagement items | <ul style="list-style-type: none"> • Food and water • Clothing, blankets, and socks • Transportation vouchers • "Mercy beers" and cigarettes • Tampons and hygiene packs |
|--------------------------------|---|

- | | |
|----------------------------------|--|
| Community health supplies | <ul style="list-style-type: none"> • Safe sex supplies and pregnancy tests • Naloxone • Clean needles and glassware • Sharps disposal supplies |
|----------------------------------|--|

- | | |
|-------------------|--|
| Technology | <ul style="list-style-type: none"> • Cell phones • Data-enabled tablets • Computer Aided Dispatch (CAD) • Police radio |
|-------------------|--|

- | | |
|-----------------|--|
| Uniforms | <ul style="list-style-type: none"> • Casual dress: polo or sweatshirt with the SCU logo |
|-----------------|--|

Why does the SCU need to carry client engagement items?

These items can help initiate an interaction while also meeting the basic needs of clients while they are experiencing a crisis.

Why does the SCU need to carry community health supplies?

These supplies can help address an underlying physical health need or provide harm reduction for substance use crises.

Why does the SCU need technology and uniforms?

The team needs cell phones and data-enabled tablets for mobile data entry. The tablets should be preloaded with an electronic health record (EHR) application so staff can access client history to provide more effective, tailored care. Wearing a casual uniform can help the team appear more approachable to clients and be easily identifiable. Uniforms that look more like traditional emergency response uniforms can be triggering for clients who have had traumatic experiences with emergency responders.

Considerations for Implementation

- The need for basic provisions among service utilizers is often significant and therefore affects the model's budget. To effectively plan for the program budget, San Francisco's Street Crisis Response Team shared that they budgeted for \$20 in supplies per client contact but quickly exceeded their \$10,000 annual budget. Denver's STAR program noted that these supplies were in high demand and the budget was supplemented with donations.
- Staff should track which supplies are used most often and which supplies are requested by clients that the SCU does not carry.

Recommendation #7

Clearly distinguish the SCU from MCT.

Once the SCU model is implemented, there will be two teams responding to mental health crisis calls in the City of Berkeley: the Specialized Care Unit and the Mobile Crisis Team. It will be necessary to clearly distinguish the role of these two teams so that the proper response is deployed for each situation. The general public will also need to be informed regarding the two teams, how to access them, and why.

Suggested scenarios when MCT and Police should be deployed instead of the SCU:

- If there is a confirmed presence of a serious weapon during a mental health crisis, the police and MCT would be deployed.
- If the police request mental health support during a crisis, MCT will be deployed as a co-response.
- If the SCU is on a call and needs backup or cannot successfully intervene, they would call for an MCT-police co-response.

If there's an SCU, why should the MCT still exist?

When the police respond due to the presence of a weapon or other element outlined above, a joint response that includes clinical staff to support the intervention is a best practice and community asset, delivering a trauma-informed response focused on de-escalation. This is especially true for a person in crisis with past traumatic experiences with the police. The MCT remains an important resource that can reduce the negative impacts of police presence during situations where a mental health crisis intersects with issues of imminent public safety.

Why is it important to distinguish MCT from the SCU?

Trust & Acceptability of SCU: MCT responds to the majority of their calls with police backup. Because SCU is a non-police crisis response option, clearly distinguishing the two models will be essential in establishing and maintaining community trust to increase utilization of the SCU, particularly among groups most at risk of harm from police violence.

Logistics for Deploying the Right Team: Dispatch will need tools and training to clearly differentiate the teams' roles to effectively deploy the right team for each mental health crisis call.

Considerations for Implementation

- All triage criteria and workflows need to be reflective of the differentiation between SCU and MCT. This includes the triage criteria and workflows for Dispatch and/or the alternative phone line and Alameda County's Crisis Support Services (CSS) (*refer to recommendation #9*).
- The distinction between MCT and the SCU, particularly around availability and police involvement, should be emphasized in the public awareness campaign (*refer to recommendation #24*).
- Tracking the acuity levels of calls, as well as whether MCT and police were called in for backup, can help refine the Dispatch process and ensure that the right team is deployed.

Accessing the SCU Crisis Response: Dispatch & Alternative Phone Number

Implementing the SCU as a 24/7 mental health and substance use crisis model requires that community members have reliable and equitable access to the team. By integrating the SCU crisis response into 911 and Dispatch's processes, mental health crisis services will be elevated to the same level of importance as Fire and Police when calling for emergency services, thus promoting community access to specialized crisis care. To reach this goal, the SCU model, City of Berkeley leadership, and Dispatch will need to work together during assessment and planning processes.

The need to develop and implement the SCU model is urgent. Yet Dispatch is a complex, under-resourced, and overburdened system. To achieve structural change that ensures sustainability, significant planning and coordination is essential.

There are several possibilities for how to advance the SCU-911 integration aligned to the phased implementation approach. The following recommendations are aligned to best practices and emerging alternative models and responsive to the needs and concerns expressed by community stakeholder participants. Each recommendation should be further explored, assessed, and discussed across City of Berkeley leadership:



Key Recommendations

- 8. Participate in the Dispatch assessment and planning process to prepare for future integration.**
- 9. Ensure the community has a 24/7 live phone line to access the SCU.**
- 10. Plan for embedding a mental health or behavioral health clinician into Dispatch to support triage and SCU deployment.**

Recommendation #8

Participate in the Dispatch assessment and planning process to prepare for future integration.

Ultimately, the SCU should be integrated into 911 and Dispatch protocols. To reach this goal, the SCU model, City of Berkeley leadership, and Dispatch will need to work together during assessment and planning.

Dispatch, through the Berkeley Fire Department, has conducted a Request for Proposal process and selected a consulting firm to support enhancements to the deployment of Fire and EMS/Ambulance services. That assessment and planning process should integrate SCU implementation, preparing for the SCU to be a mental health emergency response on par with police and fire emergency calls.

If this is a non-police response model, why is Dispatch involved?

An effective mental health crisis response that increases community safety, well-being, and health outcomes relies on the SCU actually being deployed to community members in crisis. Dispatch has established infrastructure and technology that could effectively and safely deploy the SCU mobile team. Moreover, 911 is a well-known resource to the general public, which many people do seek during crises. In 2017, Dispatch received 256,000 calls.¹⁶ For these reasons, integration of the SCU into 911 and Dispatch's processes is an important method for deploying the SCU team to people experiencing a mental health or substance use crisis.

Will another assessment and planning process delay the launch of the SCU?

Dispatch's expertise and experience are a critical asset to lead the assessment, planning, and implementation of revised 911 procedures that include the SCU. The Dispatch assessment and planning project is slated to begin in 2022; by incorporating assessment and planning for the SCU into an existing project, it will initiate the process several months sooner than if a separate and new project were to be initiated. Additionally, integrating both projects will ensure consistent and simultaneous efforts rather than disjointed efforts that require backtracking or undoing of work and decisions.

Considerations for Implementation

- A systems-change initiative of this magnitude will need identified shared aims and goals.
- A systems-change initiative of this magnitude will need Dispatch leadership to champion the effort and communicate early, often, and positively about the upcoming changes.
- By participating in Dispatch's assessment and planning processes, the SCU model can identify opportunities early on that support the integration, such as using aligned terminology and data collection processes.
- A Dispatch representative should join the SCU Steering Committee (*refer to recommendation #20*).
- Dispatch leadership should join the model's centralized coordinating body (*refer to recommendation #19*).

¹⁶ Berkeley City Auditor. (2019, April 25). 911 Dispatchers: Understaffing Leads to Excessive Overtime and Low Morale.

https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Dispatch%20Workload_Fiscal%20Year%202018.pdf

Recommendation #9

Ensure the community has a 24/7 live phone line to access the SCU.

Implementing the SCU as a 24/7 mental health and substance use crisis model requires a 24/7 live phone line to ensure community members have reliable and equitable access to mental health crisis response. The 24/7 availability is essential for community members to feel confident in the availability of the mental health crisis response, as stakeholders reported that MCT's alternative phone number—which is not live and relies on voicemail and callbacks—does not feel like a reliable resource during crises.

The need to develop and implement the SCU model is urgent and at the same time must achieve structural change to ensure sustainability. Implementing a process for the short-term that must be undone would be an inefficient use of funds and may confuse the public and exacerbate distrust. For these reasons, the following three options should be further considered and assessed for how to most effectively ensure 24/7 live access to the SCU crisis response:

1. Option A: Use the existing 911 Communications Center (“Dispatch”) to deploy the SCU.
2. Option B: Contract to a CBO that can staff and implement an alternative number phone line as part of the SCU model.
3. Option C: Use the 988 National Suicide Prevention Lifeline to receive, triage, and assess all mental health crisis calls.

Table 1 below highlights several factors to consider related to timeline and staff capacity, funding, safety, system integration, and public awareness. Based on these factors, it appears that Option A (using the existing 911 Communications Center to deploy the SCU) would be the best option for the City of Berkeley. However, these factors should be further discussed by City of Berkeley leadership across HHCS and Dispatch with careful consideration of the phased implementation approach and timeline.

Table 1: Options and factors to assess when planning for the community to have 24/7 live phone line access to the SCU.

	Option A *Recommended Option*	Option B	Option C
	Use 911 and existing Communications Center (“Dispatch”) to deploy the SCU.	Contract to a CBO that can staff and implement an alternative number phone line as part of the SCU model.	Use the 988 national phone line to receive, triage, and assess all mental health crisis calls.¹⁷
Timeline & Staff Capacity	<p>Assess Dispatch’s ability to recruit, hire, and train new staff on a timeline aligned to the phased implementation approach.</p> <p>Consider the amount of resources and time required for Dispatch to train existing staff on new protocols.</p> <p>Consider Dispatch’s capacity to support the SCU adoption and integration in addition to the current accreditation process.</p>	<p>Assess whether a CBO can realistically implement both the SCU model and an alternative phone number (i.e., call center), including recruiting, hiring, and training all new personnel.</p>	<p>Monitor the alignment of national, state, and county timelines for 988 implementation.</p> <p>Assess whether the 988 call center will be staffed appropriately for the additional call volume brought in by requests for SCU.</p>
Funding	<p>Estimate the additional funds required for Dispatch to recruit new personnel (i.e., a recruitment team) and manage the Human Resource capacity to support additional staff.</p>	<p>Estimate the cost to create and operate an independent 24/7 live alternative phone line.</p>	<p>Explore the amount of funding and resourcing available for 988 to assess whether the funds sufficiently support the 24/7 SCU.</p>

¹⁷ Gold, J. (2021). How will California’s new 988 mental health line actually work? *U.S. News*. <https://www.usnews.com/news/health-news/articles/2021-10-12/how-will-californias-new-mental-health-hotline-actually-work>

Option A (Recommended)

Option B

Safety Promotes Safety

Evaluate and compare each option’s ability to establish protocols or infrastructure to support the safety of crisis responders and community members.

Dispatch already has established protocols and technology to track the crisis responder’s location/position through CAD.

Assess the resources and timing required for a CBO to ensure sufficient training on the use of the CAD system and radio communication.

Assess the ability for existing Alameda CSS and 988 technology to integrate with Dispatch’s CAD system and radio communication.

Dispatch already has established protocols and technology to maintain radio communication between Dispatch and crisis responders, especially during rapid changes in a situation.

Assess workflows and processes that would affect the number of times a caller must repeat triage/assessment; estimate whether there will be an increase in dropped calls.

Evaluate the effectiveness of existing processes to transfer calls between Alameda CSS and Dispatch.

Dispatch already has established protocols and technology to streamline the handling and transfer of calls so that a person in crisis does not have to repeat their story multiple times, thereby reducing the number of dropped calls.

Consider if a non-911 entity will more effectively reduce police-community interactions during mental health and substance use crises.

Consider if the 988 entity will more effectively reduce police-community interactions during mental health and substance use crises.

Risks to Safety

Evaluate and compare the potential risks to the safety of crisis responders and community members across each option.

Consider whether Dispatch will be more likely to deploy the police than the SCU during initial model implementation.

Consider whether alternative phone line personnel will be more likely to deploy the SCU than transferring calls to 911.

Consider whether community members will be confused about 988 and may believe it is only for suicide prevention rather than the full spectrum of mental health and substance use crises, and therefore be less likely to call 988.

Evaluate whether community members’ fear of a police response, will reduce the utility, acceptability, and accessibility of the SCU.

Evaluate whether community members will be more likely to call an alternative phone number than 911 if they are experiencing a mental health or substance use crisis.

Option A (Recommended)

Option B

System Integration

N/A
(911 is already integrated with Berkeley Fire, Falck, and Alameda County CSS)

Explore the process for a CBO to assess and prepare callers if they need to transfer the call to 911, such as if the presence of weapons is confirmed. Evaluate the effects, such as a slowed response time or increased risk of a dropped call.

Consider whether the transfer of calls to 911 (i.e., calls ineligible for SCU) will undermine community trust in the alternative phone line.

Determine the feasibility of integrating a CBO’s technology to allow for the transfer of calls between Alameda CSS and Dispatch.

Determine the feasibility of a CBO’s technology to receive calls from Fire and Falck if they request the SCU.

Determine whether Alameda County will be able to deploy a Berkeley-specific team (the SCU) for only Berkeley residents as a component within the larger 988 model.

Assess what will be required for a county system to deploy a model administered by a CBO, such as additional contracts, MOUs, or staff licensure requirements.

Public Awareness

Consider what will be required of a public awareness campaign to build community trust in 911 to deploy the SCU as a non-police response.

Consider what will be required of a public awareness campaign to inform Berkeley residents both about the SCU as a non-police crisis response and promote an alternative phone number to access the SCU.

Assess the public awareness and education planned for 988.

Assess whether the Alameda County 988 public awareness campaign can be adjusted for Berkeley to communicate the availability of the SCU through 988.

Why consider different options for phone access to the SCU?

The numerous factors that should be assessed to determine the best option for phone access to the SCU will require a significant amount of collaboration and detailed planning across city leadership, which requires time throughout Phase 0. The general public is familiar with 911 as a crisis response resource. As a result, 911 could be an important method of ensuring mental health and substance use crises are routed to the SCU mobile team. However, stakeholders, especially residents of color and Black residents, consistently shared that the fear of physical violence, criminalization, or retaliation by police in response to mental health and substance use emergencies is a barrier to calling 911. Therefore, a non-911 option may support community members to feel confident in the SCU as a non-police mental health crisis response. Considering and assessing the full array of options will ensure the best approach for a reliable and equitable access to 24/7 mental health crisis response.

Why is Option A elevated as the recommended option?

Overall, Option A is recommended because it appears to be a better fit for the SCU model. It will most likely be the more cost-effective option, will allow for the SCU mobile team to be launched soonest, and will align to the phased implementation approach and the future integration of the SCU into 911.

By pursuing Option A, preparation with Dispatch can begin sooner than the other options, thus allowing for additional time to plan and prepare. This additional planning time can be used to address concerns regarding safety, community trust, and public awareness. Integrating the SCU into 911 from the initial phases of implementation may also support a streamlined and efficient integration. In contrast, Option B will likely require significantly more funding to create an entirely new call center, which may become obsolete once 988 is implemented, nationally. The feasibility and expense of standing up an entirely new call center (option B) may be prohibitive. Option C will require significant coordination with Alameda County and has many implications that are outside of the control of the City of Berkeley, which could cause delays or challenges to the implementation of the SCU model.

Additionally, 911 has established technology and infrastructure for receiving and triaging phone calls, deploying crisis responders, tracking the crisis response to promote responder safety, and collecting data that is essential for monitoring, evaluation, and follow-up. Moreover, for the public awareness campaign, it may be easier to communicate the SCU as a non-police response through 911 than it is to both communicate the SCU as a non-police response and to publicize an alternative phone number.

Why might the model implement an alternative phone number? (Option B or Option C)

First, due to existing community distrust of policing systems, it is important to establish the SCU response as a non-police response. By implementing the alternative phone number first, community members may be encouraged to utilize the SCU. Second, the existing Dispatch system is complex, overburdened, and underfunded. In order to have a successful integration of the SCU within 911, it may require more time for planning for a sustainable integration that ensures community safety. Third, lessons learned from other cities implementing alternative models may indicate this order would support SCU success. For example, the Portland Street Response team can be accessed through both 911 and a non-emergency phone number connected to Dispatch. However, they found that calls from 911 were prioritized rather than calls from the alternative line when deploying the team. Berkeley will need to establish clear prioritization and triage protocols so that the highest-acuity calls receive adequate responses, rather than the response being determined by the source of the call.

Do other cities use multiple phone numbers?

From the reviewed models, at least seven use two or more lines for emergency crisis calls:

- Olympia, WA: Crisis Response Unit
- Sacramento, CA: Department of Community Response
- Austin, TX: Expanded Mobile Crisis Outreach Team (EMCOT)
- Oakland, CA: Mobile Evaluation Team (MET)
- Portland, OR: Portland Street Response
- Eugene, OR: Crisis Assistance Helping Out on the Streets (CAHOOTS)
- Denver, CO: Supported Team Assisted Response (STAR)

If the model uses an alternative phone line, what happens if people still call 911 when they are having a mental health crisis?

Dispatch should have the option to forward calls to the SCU alternative phone line, where those staff can triage the call and deploy the SCU. Establishing these protocols will be part of the assessment and planning process. It is also important that a public awareness campaign promotes access to the SCU team (*refer to recommendation #24*).

Additional Considerations for Implementation:

- The phone line will require dedicated office space and equipment to process calls and deploy the SCU.
- The phone line will need technology and protocols to ensure data collection and integrity to support monitoring and evaluation (*refer to recommendations #22 and #23*).
- The phone line will require enough staff to maintain a 24/7 live response including staff to receive calls and supervisory staff. This team will need to be sufficiently staffed to account for shift overlap, sick leave, and vacation time.
- Additional data collection and planning will be required to determine the adequate number of call takers and fully implement the phone line.
- Option A may require that Dispatch makes more gradual changes to triage criteria, deploying the SCU to a more limited scope of call types with a gradual increase in SCU deployment through Phase 1 implementation.
- Either option B or option C would still require the phone line entity to collaborate with Dispatch to develop types of calls, triage criteria, and workflows to allow for future integration of SCU into Dispatch.
- The future structure of the 911 Communications Center within Berkeley Police Department should be evaluated (*refer to Section V*).

**Please note: Dispatch uses specific terminology that may not be accurately represented here. The language in these recommendations should be understood from a lay perspective rather than rigid technical language (e.g., call takers versus dispatchers, assessment versus triage versus decision-trees).*

Recommendation #10

Plan for embedding a mental health or behavioral health clinician into Dispatch to support triage and SCU deployment.

Embedding a mental or behavioral health clinician within the Dispatch represents a new process for Berkeley's Dispatch and broadens Dispatch's lens from being solely a Police entity to an entity that includes clinical specialists. Dispatch must be involved in planning for this additional team member.

Why should Dispatch have a clinician in the call center?

Embedding a mental health clinician in emergency call centers is an emerging best practice, though only a few cities nationally report staffing their call centers with clinicians. The few cities that have included mental health clinicians in their call centers have found them to be a useful resource. Where implemented, clinicians provide specialized training for call takers to handle behavioral health crisis calls, receive transferred behavioral health crisis calls, and provide guidance.¹⁸

How does having a clinician in Dispatch promote community or crisis responder safety?

Berkeley Dispatch is deeply committed to the safety of crisis responders. In interviews for this project, Austin's EMCOT program¹⁹ shared that embedding a clinician within their call center increased communication around safety and risk assessment during triage, including increased deployment of the crisis response team. They also shared that this integration improved handoffs for telehealth conducted by the clinician. Berkeley should plan for embedding a clinician in Dispatch to support with de-escalation and determinations because it could promote safety.

Why does the clinician need to be part of planning in Phase 0 if implementation is in Phase 1?

This change represents a structural shift for Dispatch, incorporates new roles for a specialized skillset, and changes several workflows. As a result, having a clinician participate in planning in Phase 0 will support successful implementation in future phases. Additionally, given the current significant understaffing and under-resourcing of Dispatch, the clinician can augment staff capacity without Dispatch having to acquire a new, specialized skillset.

Considerations for Implementation:

- Calls that do not require an in-person response should continue to be sent to Alameda County CSS for phone support.
- Staffing structures will need to be adapted, such as determining which roles supervise the clinician and which roles the clinician supervises.
- The clinician may be able to provide training and ongoing professional development to support call takers to identify and address mental health calls.
- There may be a need for multiple clinicians depending on their role and the call volume.
- This recommendation will need to be adapted based on how recommendations #8 and #9 are implemented.

¹⁸ Velazquez, T & Clark-Moorman, K. (2021). New research suggests 911 call centers lack resources to handle behavioral health crises. *ResearchGate*.

https://www.researchgate.net/publication/355684339_New_Research_Suggests_911_Call_Centers_Lack_Resources_to_Handle_Behavioral_Health_Crises

¹⁹ Read more about the EMCOT program here: <http://www.austintexas.gov/edims/pio/document.cfm?id=348966>

Implement a Comprehensive 24/7 Mental Health Crisis Response Model

There are many considerations for realizing the full implementation of a 24/7 model including hiring personnel, establishing clear roles, and providing office space and required materials. Staffing a comprehensive model should seek to address the perceived challenges of existing crisis response systems throughout Berkeley, such as not having 24/7 availability or sufficient staff capacity.

The following recommendations are designed to leverage the lessons learned from other cities implementing non-police crisis response models and be responsive to the needs and concerns expressed by community stakeholder participants. Each recommendation should be further explored as launch and implementation progresses:



Key Recommendations

- 11. Fully staff a comprehensive model to ensure the success of the SCU mobile team, including supervisory and administrative support.**
- 12. Operate one SCU mobile team per shift for three 10-hour shifts.**
- 13. SCU staff and Dispatch personnel travel to alternative crisis programs for in-person observation and training.**
- 14. Prepare the SCU mobile team with training.**

Recommendation #11

Fully staff a comprehensive model to ensure the success of the SCU mobile team, including supervisory and administrative support.

In addition to the three-person SCU mobile team (*recommendation #3*), the 24/7 live phone line (*recommendation #9*), and the clinician in Dispatch (*recommendation #10*), the SCU will require supervisory and administrative support roles. These roles will support the day-to-day services and operations of the SCU mobile team. They also will participate in case management meetings (*recommendation #18*), rapid assessment and monitoring (*recommendation #22*), and model evaluation (*recommendation #23*).

Recommended Personnel Roles & Types of Responsibilities²⁰:**Program Manager**

- Review data from implementation, lead rapid assessment process, support changes and iteration to model
- Liaise with city, Dispatch, and central leadership around implementation, rapid assessment, and coordination
- Manage contract and budget
- Manage scheduling and shifts

Clinical Supervisors

- Oversee and support SCU mobile team, provide consultation for medical and mental health services
- Plan and lead training and professional development for SCU mobile team
- Collaborate with peer specialist supervisor on how to best support SCU mobile team
- Share client and staff feedback to program manager for rapid assessment and monitoring

Peer Specialist Supervisor

- Oversee and support peer specialists on SCU mobile team with an emphasis on emotional support for peers
- Plan and lead training and professional development for SCU mobile team, with an emphasis on utilizing peer specialists and other forms of team communication and support (e.g., advocacy, equal value, communication)
- Collaborate with clinical supervisor

Call Takers / Call Center (*pending implementation of recommendations #8-10*)

- Receive calls from the 24/7 live phone line; triage calls and deploy SCU mobile team, as required
- Receive calls from Dispatch
- Transfer calls that do not require in-person services to Alameda County CSS
- Participate in case management care coordination meetings, as relevant

²⁰ Refer to **Appendix B** for the number of personnel, availability, shifts, and a sample shift structure

Considerations for Implementation

Availability or shift structure for roles:

- The program manager and peer specialist supervisor roles should be available during traditional business hours.
- The clinical supervisor role should be available 24/7 and will require redundancy in hiring.
- The call center will need to be staffed to ensure a 24/7 live phone line. If Option B is pursued (*refer to recommendation #9*), the call center should be situated within the SCU model rather than a separate CBO. This could promote morale and team identity and will increase the quality and efficiency of communication.

Office & Equipment Needs:

- The SCU model will need an office space that accommodates all personnel and their roles, such as daily huddles, desks, and equipment.²¹
- Stakeholders suggested that the SCU would benefit from developing relationships with service utilizers and their families. If these opportunities are pursued as part of the SCU's function, then office space could also accommodate service utilizer and family consultations and/or open "office hours" for relationship building.

²¹ Refer to **Appendix C** for the budget and additional office equipment needs, such as computers, phones, printers, etc.

Recommendation #12**Operate one SCU mobile team per shift for three 10-hour shifts.**

In order to staff a crisis response model that operates 24/7, the SCU should staff one mobile team per shift for three 10-hour shifts. We estimate that the SCU would respond to three to six incidents per 10-hour shift, with each incident requiring 20 to 120 minutes for response and closure. This should generally be manageable by one SCU mobile team.²²

Why 10-hour shifts?

Based on feedback from those operating similar models as well as from community stakeholders, 10-hour shifts are common in residential settings and tend to work well for clinical and mental health staff. There are often labor union protections for shifts longer than 10 hours. Three 10-hour shifts would provide 24/7 coverage while allowing for some overlap before and after each shift.

Why should shifts overlap?

The SCU mobile team shifts should overlap so that the team can conclude engagement with a person in crisis before their shift ends. The next shift would be able to respond to a crisis call that comes in towards the end of the preceding team's shift. The overlap also supports team huddles for care coordination. The shift structure and overlap should include time for the required paperwork at the end of the shift so that there is not an expectation that paperwork is completed during off hours.

Will one SCU mobile team be sufficient?

This estimate is comparable to the call and incident volume reported by Denver's STAR pilot, Portland's Street Response pilot, and Eugene's CAHOOTS program. Though the city population of Denver and Portland are 5.8 and 5.3 times larger than Berkeley's population, respectively, their pilots are restricted to smaller geographic units of the city; Denver and Portland both operate only 1 mobile crisis response team per shift. Eugene's city population is 1.4 times the population of Berkeley, and Eugene operates 1 crisis team per shift, with an additional team during peak hours of 10am-12pm and 5pm-10pm.²³

Considerations for Implementation

- Staffing structure will require redundancy to allow for personnel to take vacation and sick days, and in anticipation of periodic vacancies.²⁴
- Staffing structure may need to plan for on-call or floater shifts.

²² Estimates for SCU call volume are based on analysis of call and service volume by MCT from 2015 to 2019, the Auditor's Report and analysis of Berkeley Police Department's call and service volume from 2015 to 2019, and analysis of Berkeley Fire's and Falck's transport volume and time on task from 2019 to 2021. Please refer to **Appendix D** for more specific analysis and estimates.

²³ The City of Eugene (2019-03240). <https://www.eugene-or.gov/DocumentCenter/View/56579/2019-03240-White-Bird-CAHOOTS-Services---SIGNED>

²⁴ Refer to **Appendix B** for the number of personnel, availability, and a sample shift structure.

Recommendation #13

SCU staff and Dispatch personnel should travel to alternative crisis programs for in-person observation and training.

Although Berkeley's SCU model will be uniquely designed and tailored for the Berkeley community, there are many opportunities to learn from successes and challenges of other models that have implemented non-police mental health crisis response programs. For example, the Denver STAR team shared that their Dispatch team benefited greatly from traveling to Eugene, OR to observe and learn about the CAHOOTS model and plan their deployment protocols.

Options for city programs to visit:

- CAHOOTS: Eugene, OR
- STAR: Denver, CO
- EMCOT: Austin, TX

Recommended personnel to attend:

- Dispatch: Supervisor
- SCU: Clinical Supervisor and Program Manager
- Phone line staff, as relevant (refer to recommendation #9)

Potential program components to observe during site visit:

- Triage criteria and workflows
- Assessing for risk and safety
- Working with the mental health clinicians embedded in Dispatch
- Coordinating and prioritizing calls between 911 and an alternative phone number
- SCU mobile team services and team coordination
- Role clarification

Why should Dispatch and SCU staff travel to these sites together?

This training opportunity would support the collaboration between the SCU and Dispatch in planning for the phased integration. By traveling to the sites together, SCU and Dispatch will not only hear the same questions and answers but can ideate and collaborate on adaptations for the Berkeley SCU model. Finally, this is an important opportunity for relationship building between SCU staff and Dispatch, which is essential to this systems-change initiative.

Considerations for Implementation

- Travel costs will need to be included in the initial budget; estimates for consulting fees from the sites are already included.²⁵

²⁵ Refer to **Appendix C** for the estimated SCU model budget.

Recommendation #14

Prepare the SCU mobile team with training.

The SCU will require training in a set of specific skill areas to be best equipped to provide mental health crisis response. The personnel hired should already have demonstrated their specialized skill set in previous employment settings; training will therefore support the team to align on how to implement their skills. Training also supports teams to work together and with other entities effectively, such as Dispatch, which is essential in crisis response.

The SCU mobile team should be trained in the following topics:

- General de-escalation techniques
- Disarming without use of weapon
- Substance use management
- Naloxone administration
- Harm reduction theory and practice
- First aid
- Situational awareness and self-defense
- Radio communication
- Motivational interviewing
- Implicit bias, cultural competency, and racial equity
- Trauma-informed care
- Training on data collection protocols and data integrity (refer to recommendations #17 and #18)
- Compliance with confidentiality and HIPAA when interacting with Police and/or Dispatch

How long will it take to train staff?

Eugene's CAHOOTS program includes at least 40 hours of classroom training and 500 to 600 hours of field training for all new staff.²⁶ This equates to 12.5 to 15 weeks of training when calculated on a full-time basis.

What informed these suggested training topics?

These training topics were generated from a variety of alternative model program recommendations and input from Berkeley service providers and community stakeholders.

Considerations for Implementation:

- The phased approach timeline incorporates an estimate aligned to CAHOOTS' model, with room for adaptation.
- Training should be provided to all new SCU staff as they are added to the team, regardless of start date.
- Additional training topics may be identified by the SCU team.

²⁶ Beck, J., Reuland, M., & Pope L. (2020). Case Study: CAHOOTS. Vera. <https://www.vera.org/behavioral-health-crisis-alternatives/cahoots>

Administration and Evaluation

There are many considerations for effectively administering and monitoring implementation of a new, 24/7 mental health crisis response model. Effective implementation includes ongoing collaboration and decision-making at both the structural and provider levels.

At a structural level, the SCU model will require cross-system coordination for implementing new processes and therefore will require leadership across the City of Berkeley and SCU to collaborate around ongoing program monitoring, data review and transparency, and system integration. At a provider level, the SCU model will require collaboration and communication to support care coordination and case management for people that have experienced crisis as well as to elevate emerging challenges and successes.

Moreover, the community can—and must—provide essential advisory capacities. The community should be actively engaged to provide input and feedback throughout the planning and implementation of the SCU, including through the SCU Steering Committee and ongoing opportunities for the general public.

The following recommendations were informed by the lessons learned from other cities implementing alternative crisis models and aim to be reflective of the perspectives shared by the project's stakeholder participants. Each recommendation should be a starting point to promote cross-sector collaboration, adjusting to accommodate the evolution of the SCU:



Key Recommendations

- 15. Contract the SCU model to a CBO.**
- 16. Integrate the SCU into existing data systems.**
- 17. Collect and publish mental health crisis response data publicly on Berkeley's Open Data Portal.**
- 18. Implement care coordination case management meetings for crisis service providers.**
- 19. Implement centralized coordination and leadership across city agencies to support the success of mental health crisis response.**
- 20. Continue the existing SCU Steering Committee as an advisory body.**
- 21. Solicit ongoing community input and feedback.**
- 22. Adopt a Rapid Monitoring, Assessment, and Learning process.**
- 23. Conduct a formal annual evaluation.**

Recommendation #15

Contract the SCU model to a CBO.

The administrative structure of crisis response systems across the country varies significantly. Some are administered by government agencies, some are run in collaboration between a government agency and CBO, and some are entirely operated by CBOs. There are several reasons why the SCU model should be contracted to a CBO, at least through Phase 2 of the phased implementation approach.

The SCU crisis response model would benefit from being contracted to a CBO for several reasons:

- **Supports a quick launch:** CBOs are often able to move more nimbly than government agencies, especially as it relates to hiring; adequately staffing the SCU mobile crisis team is a critical element in timely implementation. Given the urgent need, the ability to launch the SCU quickly and provide non-police mental health crisis response services is critical.
- **Established relationships with community members:** Stakeholders made it clear that CBOs have developed strong relationships with service utilizers accessing mental health support, homelessness resources, street medicine, and system navigation and referrals. CBOs in Berkeley have expertise in the community that can be leveraged to advance the SCU's crisis response efforts.
- **Referral networks and partnerships:** A CBO with established networks and partnerships would be well positioned to support service utilizers with referrals as well as transport to community-based resources. Additionally, these relationships can support warm handoffs at transport locations.

Considerations for Implementation

- To contract with a CBO, the City of Berkeley will have to issue a Request for Proposals (RFP). The RFP process will need to evaluate a CBO's capacity to develop and implement a model of this size on this timeline.
- The City should identify a backup plan if no qualified CBOs respond to the RFP.
- The CBO's practices should align to the values and principles of the SCU. The City may need to use contracts and MOU specifications to require:
 - Adequate and equitable wages for all SCU staff and crisis responders, especially peer specialists and peer specialist supervisors.
 - A representative and equitable hiring process that prioritizes staff who are reflective of those most marginalized and harmed by existing crisis response options and the criminal legal system.
 - Necessary data and metrics to collect and report as well as ensuring sufficient technological systems to meet these needs.
- CBOs may face challenges inherent in the contract structure, which should be evaluated and protected against as these challenges can undermine sustainability and longevity.
 - Short-term funding: only funding the SCU in one-year increments can reduce staff retention and inhibit investments in operations (*refer to Section V*).
 - Overhead costs: allocate enough funds for overhead costs (e.g., salary, training, and office equipment), which are critical to SCU success.
 - Contract monitoring: data collection, monitoring, and evaluation are essential to the success and iteration of the SCU but should not be prohibitive to the work.
- There may be additional needs or considerations around data and system integration (*refer to recommendation #16*) and the collaboration across administration and leadership if a CBO implements the SCU; these may need to be included in the contract.
- All recommendations are written with a contracted CBO in mind; additional implications may arise during planning and Phase 0.

Recommendation #16

Integrate the SCU into existing data systems.

Having access to patient data will support the SCU to provide tailored, informed, and equitable services for those experiencing mental health and substance use crises. Access to existing data systems, such as an EHR, will not only ensure that the SCU has access to relevant patient information, but also that other providers are aware when, how, and why their client might be interacting with crisis response. Finally, integrating the SCU into existing data systems will ensure aligned and consistent data collection, which is essential for the rapid assessment monitoring (*refer to recommendation #22*) and evaluation (*refer to recommendation #23*).

There are many factors outside of the purview of the SCU, HHCS, or even that City of Berkeley that affect whether data and system integration can be achieved. These factors include patient privacy and legal protections (i.e., HIPAA), technological capabilities, available funding, logistics across private and government entities, and more. As a result, this recommendation is included as an aspiration that should be planned for in future phases and may not be realized during Phase 1 of implementation.

- Bidirectional, live data feeds should be integrated between the SCU and other data sources, including but not limited to:
 - EHRs used by major medical systems and Federally Qualified Health Centers (FQHC)
 - Alameda County's Community Health Record (CHR)
 - Alameda County's YellowFin

Why does the SCU need to access service utilizers' records, such as EHRs?

Access to an EHR allows crisis responders to make informed decisions based on a service utilizer's health history. This access also enables crisis responders to communicate directly with a service utilizer's existing support team, such as psychiatrists or case managers, when providing crisis response or referring the service utilizer for follow-up care.

Is it common for crisis responders and clinicians to have access to service utilizer records?

Many other crisis response programs enable access to these sources of data. For example, the Alameda County Community Assessment and Transport Team (CATT) has access to the county's CHR. Providers at FQHCs, including programs like Lifelong's Street Medicine Team, have access to an integrated EHR. Berkeley Mental Health (BMH) is already integrated with the county's YellowFin reporting system. Other city models, such as Denver STAR, enable their crisis responders to access existing data systems.

Why should the data feeds be bidirectional?

Not only do crisis responders need to access service utilizer medical history, but the data they collect during a crisis response should be entered into the centralized data systems so that a service utilizer's existing support team has an updated and complete case history. The county's CHR has live data feeds from many providers and so the SCU's data should also have bidirectional capabilities when possible.

Considerations for Implementation

- The Berkeley City Attorney and IT have signed onto the county's CHR, and many CBOs and medical providers have also already signed onto the CHR, which could facilitate the SCU's integration into this system.
- The SCU will need access to EHRs and the CHR to participate in client case management meetings (*refer to recommendation #18*).
- SCU team members will need training and support to accurately enter data into these platforms, which is essential to data integrity.
- Legal protections for confidentiality and consent will have to be carefully assessed to determine the feasibility of this recommendation and implementation approach.
- Many health conditions can be criminalized and prosecuted. The SCU data must be separate from Dispatch and CAD data because Dispatch is situated within Berkeley Police Department. Presently, Dispatch does not have access to EHRs or the CHR, and in the future, this separation should continue.

Recommendation #17

Collect and publish mental health crisis response data publicly on Berkeley's Open Data Portal

Data collection is essential to monitoring and evaluation and spans across the SCU mobile team and supporting personnel, Dispatch and/or the alternative phone line, and central leadership. Given how many different personnel and agencies will be collecting and reviewing data, it is essential that data collection be planned for early in Phase 0 to ensure alignment, accuracy, and data integrity.

- Types of data that should be collected and published:
 - Call volume
 - Time of calls received
 - Service areas
 - Response times
 - Speed of deployment
 - Determinations and dispositions of Dispatch (including specific coding for violence, weapons, and emergency)
 - All determinations and deployed teams from Dispatch
 - Percentage of calls responded to by SCU of all calls sent to SCU
 - Type or level of service needed compared to the initial determination at the point of Dispatch
 - Service utilizer outcomes
 - Number of 5150 assessments conducted
 - Number of 5150s confirmed and involuntary holds placed
 - Number of transports conducted
 - Location of transport destinations
 - Type of referrals made
 - Priority needs of clients served (housing, mental health)
 - Number of requests for police involvement
 - Racial demographics of service utilizers
 - Other relevant characteristics of service utilizers, such as homelessness status or dementia

Note: not an exhaustive list.

- Examples of public data dashboards from alternative crisis models:
 - [Portland's Street Response data dashboards](#)
 - [NYC's B-HEARD monthly data reports](#)

How does data collection promote community safety and health?

Nationally, many emergency call centers lack consistent data collection and internal sharing and review, suggesting city administrators and leaders are unable to effectively use data to understand the scope of behavioral crisis and response in their communities.²⁷ Collecting data in a way that can be used among program administrators will be essential in supporting the success of the SCU and positive outcomes for the community. Moreover, during this project, it was impossible for RDA to conduct an “apples-to-apples” analysis between data from any of the contributing agencies (Police, Fire and Falck, MCT, Dispatch/Auditor’s Report) because the data entry practices across each agency are inconsistent. Specifically, the variables that each agency records for each call response are not the same. In instances where there were similarities in the types of variables used between agencies, the values that they each used to enter or code their data were not comparable.

Why does publishing data publicly matter?

Publishing data through Berkeley’s Open Data Portal could promote transparency around crisis response services, address community stakeholders’ distrust of the system, and keep the community informed about the SCU and the city’s crisis response services.

Considerations for Implementation

- Multiple agencies are likely to engage in data collection that contributes to the SCU model. All data variables and definitions should be aligned to ensure system integration and data integrity, including:
 - CAD data
 - Additional 911 and Dispatch data (as applicable)
 - Alternative phone number data (as applicable)
 - SCU mobile team data
 - EHR data
 - CHR data
- Personnel will need ample training on data collection, including variable definitions and data entry processes, to ensure a high degree of data integrity.
- Staff will need adequate technology to collect and report on data (*refer to recommendation #6*).

²⁷ Velazquez, T & Clark-Moorman, K. (2021). New research suggests 911 call centers lack resources to handle behavioral health crises. *ResearchGate*.

https://www.researchgate.net/publication/355684339_New_Research_Suggests_911_Call_Centers_Lack_Resources_to_Handle_Behavioral_Health_Crises

Recommendation #18

Implement care coordination case management meetings for crisis service providers.

Service utilizers often receive care across multiple agencies and individual service providers, but transparency and visibility of service utilizers that move in and out of these agencies is a challenge. Regular case management coordination meetings across organizations and providers could help to address the perceived lack of coordination across different services and to improve the care coordination for service utilizers, such as those discharged from inpatient facilities.

Who should participate:

- SCU mobile team
- Service providers and case managers identified through CHR and EHRs
- Partners and those receiving referrals at CBOs
- A designated meeting coordinator (e.g., SCU program manager, city staff)

What the meetings should achieve:

- Discuss care for shared service utilizers
- Discuss needs of high service utilizers, services provided
- Discuss successes or challenges with warm handoffs and referral pathways

How is care coordination relevant to crisis response?

Care coordination supports providers in making informed decisions about the services to provide and can prevent future crisis. Throughout the project's qualitative data collection, service providers in Berkeley commonly provided the idea of care coordination meetings between the SCU and providers; they expressed that if their clients access SCU crisis services, they would benefit from collaborating with the SCU. The REACH Edmonton program also shared that meetings for frontline workers to discuss shared clients increased positive client outcomes. Finally, Berkeley's Transitional Outreach Team (TOT) shared challenges they have encountered when providing follow-up care after MCT responds to an incident, especially communicating with the many external providers that interact with a single service utilizer.

Why is there a coordinator role in these meetings? Who is that?

Based on the lessons learned from other cities implementing alternative crisis response models, such as the REACH Edmonton and Denver STAR programs, care coordination meetings will require a centralized coordinator or leader from the SCU. Frontline workers do not have the capacity to manage these meetings, which includes scheduling, note taking, preparing data, following up on items as necessary, and other duties. The care coordinator may be an administrative staff member of the SCU, such as the program manager, or a staff member from the City of Berkeley who oversees many of the relevant contracted providers (beyond the SCU).

Considerations for Implementation:

- These meetings will require a clear owner to manage meeting topics, prepare data, identify non-urgent items for follow-up, and ensure equitable power and time talking, especially for peer specialists. The SCU program manager may be best poised for this role.
- Integrated data systems that allow for sharing data and reviewing case history across providers would enhance care coordination and case management (*refer to recommendation #16*).
- There may be a benefit to call takers joining these meetings if they identify and document who is in crisis.

Recommendation #19

Implement centralized coordination and leadership across city agencies to support the success of mental health crisis response.

Overall, programs benefit from ensuring there are one or more people responsible for coordinating the program at a birds-eye view. As a new mental health crisis response initiative, the SCU model will require cross-system coordination for implementing new processes, training, monitoring, and evaluation. Moreover, because these initiatives span across Dispatch and/or an alternative phone number, the SCU mobile team, and other referral entities like Fire, Police, MCT, TOT, and mental health and social service providers, a centralized coordinating body will be essential to the success of this far-reaching initiative.

Who should participate:

- Berkeley Dispatch
- Berkeley Department of Public Health
- Berkeley Mental Health (BMH)
- Berkeley Health, Housing & Community Services Department (HHCS)
- SCU Program Manager
- Berkeley Fire Department
- Berkeley Police Department
- Other relevant parties as the project evolves

What the meetings should achieve:

- Progress along the phases of implementation
- Lead the rapid assessment processes and regularly review data
- Review SCU Steering Committee feedback
- Review service utilizer and stakeholder feedback
- Prioritize issues
- Make decisions

Additional outcomes:

- Increase open communication across city agencies
- Build trust across crisis responders and city departments
- Align all partners on shared values for increasing community health and well-being

Why is the Berkeley Police Department involved in this leadership body if the SCU is a non-police response?

Because the police currently respond to all mental health calls received through 911, any decision about shifting specific call and service types from police to SCU will require BPD buy-in, communication, and planning. Moreover, Dispatch is currently situated within BPD, and therefore, BPD leadership will be required to assess and approve changes to Dispatch. For instance, to ensure that all SCU data is kept confidential and separate from police, BPD will need to support planning for CAD data to integrate with SCU in a compliant manner. Finally, police may be able to request SCU deployment, so these types of protocols will need BPD's input.

Considerations for Implementation:

- These meetings will need a clear owner to schedule meeting times, prioritize agenda topics, prepare data, identify non-urgent items for follow-up, and coordinate follow-up communication to relevant stakeholders.
- A data dashboard will support data review and rapid assessment processes.
- Some agencies may have strong bargaining presence or positional power, such as BPD. It is important that these meetings uphold equitable power and weight in making decisions.
- Throughout Phase 0 and Phase 1, this group may need to meet on a weekly basis.
- Additional stakeholders may need to be added to this group (permanently or ad hoc for specific topics), such as representatives from emergency departments, John George Psychiatric Hospital, or other city or county stakeholders.
- As the model progresses, this group may discuss opportunities to improve the mental health crisis system at a broader scale, beyond the scope of the SCU's crisis response, such as more inter-county and inter-city coordination on systemic issues related to housing.

Recommendation #20

Continue the existing SCU Steering Committee as an advisory body.

Presently, the SCU Steering Committee has representatives with ties to community groups and stakeholders. The SCU Steering Committee should continue as an advisory body to incorporate into decision-making spaces the perspectives that may otherwise be neglected in government spaces.

The SCU Steering Committee should continue to advocate for marginalized communities in the SCU model design and delivery by taking on an advisory role through Phase 0 and Phase 1 of implementation, at a minimum.

The current participants should remain, if they choose, including:

- Berkeley Community Safety Coalition
- Representatives from the Mental Health Commission
- HHCS staff
- BMH staff
- Berkeley Fire

Additional participants should be added, including:

- Relevant staff from the SCU or administrative CBO, such as the program manager or clinical supervisor
- Dispatch personnel, particularly someone in a leadership position who can both promote change and holds expertise relevant to implementation

Considerations for Implementation

- HHCS staff should maintain the role of coordinating the SCU Steering Committee, even if a contracted CBO leads the SCU, because HHCS will lead other aspects of oversight including contract management.
- Additional participants may be added to the SCU Steering Committee at different times. For example, Dispatch personnel should join earlier in Phase 0 of implementation, while SCU personnel will join once that team is fully staffed in Phase 1.

Recommendation #21

Solicit ongoing community input and feedback.

Governments often face barriers in hearing from community members that are the most structurally marginalized. However, engaging existing coalitions and networks designed to represent marginalized service users' perspectives can support more equitable engagement. Intentional outreach for these opportunities is essential because, historically, government institutions and other structures have prevented the full and meaningful engagement of Black people, Indigenous people, people of color, working class and low-income people, immigrants and undocumented people, people with disabilities, unhoused people, people who use drugs, people who are neurodivergent, LGBTQ+ people, and other structurally marginalized people. Prioritizing the engagement, participation, and recommendations of the community members most harmed by existing institutions, including those most harmed by police violence, will ensure that systems of inequity are not reproduced by a crisis response model.

Instead, community engagement can support the SCU to address structural inequities. In addition to the SCU Steering Committee, ongoing opportunities for the community to provide input to decisions as well as feedback about their experiences will be valuable to the SCU model throughout Phase I.

Suggested methods to receive community input and feedback:

- Focus groups
- Town halls or community forums
- On-site outreach
- Questionnaire
- Online feedback "box"

Modalities should ensure equitable access to participation:

- Online and in person
- Large groups, small groups, and one-on-one
- Anonymous
- Written and verbal
- Translation and interpretation

Encourage participation among:

- Service utilizers
- Community members with mental health and behavioral health needs who have not yet engaged with the SCU
- Service providers at CBOs, especially those receiving SCU transports and referrals

Address structural barriers to participation by:

- Using convenient, accessible, and geographically diverse locations
- Offering events at varying times to accommodate different schedules
- Providing financial compensation
- Providing childcare

Why is more community engagement needed if community input informed the model?

The robust community engagement that contributed significantly to the development of this model demonstrates the valuable perspective and knowledge held by community members about the types of services needed and how to make them more accessible and acceptable. Soliciting ongoing feedback once the SCU is launched will provide insight to how well the model is meeting community members' needs and where barriers to crisis care persist, servicing both quality improvement and evaluative needs.

Why should ongoing community engagement be conducted?

Community input and feedback should not be limited to the end of Phase 1 as part of a summative evaluation, but instead be ongoing to account for the changing landscape of SCU model implementation and the needs of both service utilizers and the broader community. It will also support ongoing iteration of the SCU throughout Phase 1, while planning for more complex modifications in Phase 2.

Considerations for Implementation

- The opportunities for community input and feedback should be held regularly, such as monthly, or quarterly.
- Frequent service utilizers, perhaps identified during the SCU's first three months of implementation, could be the primary recruitment base for feedback.
- Address barriers to equitable participation in feedback, such as by providing childcare, transportation vouchers, or financial compensation for time.
- Community feedback should be evaluated as essential data points that directly inform the rapid assessment processes (*refer to recommendation #22*).

Recommendation #22

Adopt a rapid monitoring, assessment, and learning process.

Many crisis response programs use data to monitor their ongoing progress and successes, modify and expand program pilots, and measure outcomes and impact to inform ongoing quality improvement efforts. Data collection, data system integration, centralized coordination across city leadership, the SCU Steering Committee, and ongoing input and feedback from community members and service utilizers (*recommendations #16, #17, #19, #20, and #21*) should all contribute to the monitoring that supports ongoing implementation, assessment, and iteration.

A rapid assessment process will likely need to:

- Develop a shared vision for the SCU model.
- Develop goals for the SCU model.
- Create assessment questions to guide the monitoring and learning process.*
- Define indicators or measures.
- Use a mixed-methods approach, including quantitative programmatic data and feedback from service utilizers, staff, and other stakeholders.

All model components will benefit from assessment, including:

- Availability of the team, accessibility of Dispatch and/or alternative phone line, response time
- Services provided, expertise of mobile team, training
- Equipment, vehicles, and supplies
- Transport, service linkages and handoffs, partnerships with CBOs
- Case management meetings and centralized leadership coordination
- Data collection, data integration, data integrity, and data transparency
- Public awareness campaign

Consider using the Results-Based Accountability (RBA) framework²⁸ to assess SCU performance aligned to:

- Quantity of SCU services
- Quality of SCU services
- The impact or outcome of SCU services

*From the shared vision, create assessment questions to use throughout the duration of Phase 1, such as:

- Is there a need to scale and increase services?
- Are resources being used efficiently in the pilot? Will they be used efficiently with an increase in services?
- How effective is the current approach? Will it be effective with an increase in services?
- Is the current approach appropriately tailored to the Berkeley community? Is it appropriate for the Berkeley community?

²⁸ The City of Berkeley is using RBA for performance monitoring efforts and therefore may benefit from using RBA for the SCU model too.

Figure 4: Rapid Monitoring, Assessment, and Learning Process

A rapid monitoring, assessment, and learning process can happen in multiple venues. Some questions may be assessed on a quarterly basis, while others can happen on a monthly or weekly basis.

Considerations for Implementation:

- The rapid assessment process will need to establish clear roles for leading the meetings and decision-making, especially between the SCU program manager and central coordinating leadership.
- The rapid assessment process will benefit from clear timelines and processes for reviewing data, discussing changes and adaptations, and sharing findings across relevant stakeholders.
- The rapid assessment process may have multiple processes or venues based on specific data points or meeting frequencies. Clarify who should be attending, such as Dispatch, the alternative phone number (if applicable), the SCU mobile team, HHCS leadership, and others.

Recommendation #23**Conduct a formal annual evaluation.**

Several components of the SCU – including the model’s services, the SCU mobile team’s training, the deployment determinations of Dispatch and/or the alternative phone line, and impacts and outcomes for service utilizers – offer potential for demonstrating the success of the model through formal evaluation. The evaluation should measure whether the SCU model is progressing towards the intended outcomes, as well as suggest opportunities for modifications and expansion. Design of a formal, annual evaluation is best done early in program planning.

Evaluation may define:

- A Theory of Change or Logic Model
- Short-term and medium-term goals

Evaluation could measure:

- Fiscal analysis, especially evaluation of progress towards the City’s aim of reducing BPD’s budget by 50%
- Systems change effectiveness, including evaluation of progress towards City’s goal of reducing the footprint of BPD to criminal and imminent threats
- Program efficacy/effectiveness, quality of service
- Service utilizer outcomes
- Ongoing barriers and challenges that Phase 2 can address
- Effectiveness of public awareness campaign, whether community members know about it
- Impacts aligned to a Racial Equity Impact Assessment²⁹

Evaluation should include:

- Qualitative and quantitative data
- Perspectives from SCU personnel
- Perspectives from service utilizers
- Perspectives from adjacent organizations, staff, and SCU Steering Committee

How is the proposed evaluation different than rapid monitoring?

Evaluation and rapid monitoring, or quality improvement, are complementary and should inform each other. Rapid monitoring is intended for more immediate quality improvement and occurs on more frequent cycles to guide iterative implementation of specific model elements. Evaluation asks broader questions from a greater degree of distance to guide adjustments to the model that will support ongoing effectiveness and sustainability. Staff are typically central to rapid monitoring to facilitate ongoing improvements, but an evaluation is generally conducted by an outside team that has some distance from day-to-day operations.

Considerations for Implementation

- If the City of Berkeley intends to contract out the evaluation, then the RFP and contracting process should be initiated early in Phase 0 to allow for adequate planning.

²⁹ To learn more about Racial Equity Impact Assessments, visit:

https://www.raceforward.org/sites/default/files/RacialJusticeImpactAssessment_v5.pdf

Promoting Public Awareness

Promoting public awareness of the SCU and its aims will be essential to the SCU's success. Public education efforts should be advanced through a variety of methods, including a far-reaching campaign and targeted outreach. These efforts should emphasize that the SCU is a non-police crisis response service and promote how to access the SCU (i.e., which phone number to call). Overall, promoting public awareness is essential to building trust and addressing fears or reluctance that might inhibit people to call for support during a mental health or substance use crisis.

Promoting awareness and establishing relationships with other providers in the response network is also important, especially staff at emergency facilities who may interact with the SCU during the transport of a person who has experienced a mental health or substance use crisis. This type of relationship-building and education can streamline processes to promote positive outcomes for people in crisis.

The following recommendations should be adapted and implemented to advance public education and awareness about the SCU model:



Key Recommendations

- 24. Launch a public awareness campaign to promote community awareness and education about the SCU.**
- 25. The SCU mobile team should conduct outreach and build relationships with potential service utilizers.**

Recommendation #24

Launch a public awareness campaign to promote community awareness and education about the SCU.

For the community to be able to call for an SCU response, they must know that it exists. Stakeholder input throughout this project has indicated that community members must trust that the SCU provides a crisis response without the use of law enforcement for the SCU to be a viable and sought-after crisis response option. For these reasons, promoting public awareness of the SCU and its aims will be essential to the SCU's success.

Aims of the campaign:

- Emphasize the SCU as a non-police mental health and crisis response option
- Distinguish the roles and responses of SCU, MCT, and police
- Promote how to access the SCU (i.e., through 911, an alternative number, or 988)
- Describe when SCU will not respond (e.g., social monitoring, weapons) and when it will (e.g., types of services).
- Emphasize the community engagement that informed the model
- Share the availability of Berkeley Open Data
- Promote opportunities for ongoing stakeholder input and feedback

Why is it important to launch a public awareness campaign?

To inform the community of this new resource and to distinguish the SCU as a non-police response. Stakeholder input throughout this project has indicated that community members must trust that the SCU provides a crisis response without the use of law enforcement for the SCU to be a viable and sought-after crisis response option.

How do other cities promote their crisis response model?

Other cities provided examples of promoting awareness outside of mass media. For example, Portland's Street Response team contracts with street ambassadors with lived experience (via a separate contract with a local CBO) who perform direct outreach to communities and work to explain the team's services and ultimately increase trust with potential service utilizers.

Considerations for Implementation

- The methods of the campaign may need to be tailored to the targeted stakeholder groups and may include:
 - Mass media, billboards, advertisements on public transportation, radio announcements, local newspaper announcements, updates to the city's social media and websites, updates to service providers' and CBOs' social media.
 - Business cards with contact information for potential service utilizers.
 - "Meet-and-greets" that the SCU mobile team hosts with service providers at CBOs and emergency facilities.
- The public awareness campaign may have multiple phases, such as first promoting awareness of the SCU and how to access it, and then promoting opportunities for stakeholder feedback.

Recommendation #25

The SCU mobile team should conduct outreach and build relationships with potential service utilizers.

In addition to a public awareness campaign that promotes the SCU as a community resource, shares how to access the SCU, and emphasizes the non-police design, many service utilizers may still be reluctant to engage with a new entity. As a result, to most equitably meet the needs of potential service utilizers and especially substance users, the SCU may need to conduct in-person outreach. This outreach should be targeted to specific groups who are most likely to call the SCU with the aim of establishing trusting relationships and sharing more about their harm reduction approaches.

Targeted sites for relationship building with potential service utilizers:

- Encampments
- Safe parking RV lots
- Drop-in centers
- Downtown Berkeley
- People's Park
- Emergency department waiting rooms

Why might service utilizers be reluctant to engage in services with the SCU?

Many community members have personally experienced the criminalization of substance use and mental health emergencies, whether through their own experiences or having witnessed the experiences of family, friends, or community members. Such carceral approaches include involuntary psychiatrist holds and unnecessary transport to hospitals. In particular, unsheltered residents and substance users may be more distrustful of a new team and be less likely to call during a crisis. In interviews, unsheltered residents shared that not all of their substance use management are being adequately addressed by current crisis responders and they experience high rates of transport to emergency departments. Many also shared that they fear police retaliation for their substance use. In general, there are several reasons why community members may be hesitant about engaging crisis responders, which could be addressed by individual, relational outreach.

Why would relationship building improve utilization of the SCU?

Despite many service utilizers reporting overall distrust of first responders, they also shared that EMTs have developed trusting relationships and strong rapport for handling overdoses. Because of this relationship, service utilizers are more willing to call for an EMT to respond to an overdose. Similarly, having strong relationships built on trust will be key to the success of the SCU.

Considerations for Implementation

- If there are periods of low call volume, the SCU may use those times as opportunities to build relationships in communities of potential service utilizers and proactively provide services.
- This outreach may also be implemented based on data and findings or in preparation for Phase 2 expansion and changes.



System-Level Recommendations

The development of a mental health crisis response model as a component of the City of Berkeley's emergency services should be understood as a systems-change initiative of great magnitude. There are several critical factors that must be attended to in order to realize the full implementation of the SCU and to progress towards its intended outcomes.

Addressing the Needs of Dispatch

There is an urgent need for a 24/7 mental health and substance use crisis response model that does not rely on law enforcement to provide specialized mental health care. To provide this service, crisis responders must be connected to those in crisis. Thus, the role of Dispatch is essential.

Dispatch needs a full assessment and planning process to address the complexity of the 911 response system. This assessment and planning, though urgent, cannot be done hastily. The SCU will benefit if Dispatch is able to:

- Address the understaffing, under-resourcing, and identified training needs of call takers.
- Plan for a sustainable integration.
- Plan for a variety of scenarios to ensure crisis responder and community safety.
- Participate in the SCU phased-implementation approach and ongoing collaboration with SCU leadership.
- Establish trusting relationships and rapport with the SCU so that call takers are confident in deploying the SCU for scenarios they previously would have deployed MCT or Police.

A Sufficient Investment of Resources

A lack of sufficient resources is not only a challenge for Dispatch, but is a common challenge expressed by service providers in Berkeley and in other locales. Within the City of Berkeley, both TOT and MCT have challenges meeting the needs of community members because their hours of operation are limited, and they do not have enough staffing and resources to provide 24/7 services. This results in the perception of slow or delayed response times and can decrease the likelihood that callers continue to seek that service. Efforts in other cities, such as the Mental Health First and MACRO initiatives in Oakland and the Street Crisis Response Team in San Francisco, have also had to restrict their hours of availability and services due to a lack of sufficient funding.

Mental health crisis response could be essential in promoting health equity in the City of Berkeley. However, if it is not sufficiently resourced to provide 24/7 crisis response without long wait times, it will not achieve trust, and will become utilized less often and will therefore not achieve the desired systems-change results. This resourcing includes not only the SCU mobile crisis team, but the entirety of the model and related infrastructure, from the call center to program manager. Sufficient resourcing also includes dedicated time by city leadership to support coordination, collaboration, and problem-solving.

The Role of Trust

Trust was one of the most discussed factors across stakeholder engagement and will be a critical ingredient to the success of this system-wide change initiative. The public awareness campaign and all Phase 0 planning processes must address the concerns and doubts that could undermine trust across community stakeholders, the service provider network, and city leadership.

Trust will shape whether community members utilize the SCU. Community members must trust that the SCU:

- Is a non-police crisis response.
- Is accessible and available 24/7.
- Is responsive to emerging needs and ongoing community input and feedback.
- Provides competent harm reduction and non-carceral approaches to mental health and substance use crisis intervention.

Trusting relationships affect the quality of referrals, warm handoffs, and service linkages across the service provider network. Service providers emphasized that trust plays a role in:

- Whether they will refer a client to another provider.
- The amount and type of information they disclose about a shared client.
- Whether systems will choose to share and integrate data.

- The quality of collaboration and communication during warm handoffs, care coordination, or at client discharge.

Trusting relationships are essential to centralized coordination and collaboration among city leadership.

The SCU model will require a variety of agencies and departments to work together in new ways and toward new ends. Other cities implementing alternative crisis models shared that trust was enhanced across leadership by:

- Aligning on shared values and commitment to improving health outcomes for people in crisis.
- Recognizing and adapting to the varied cultures of city departments, agencies, and CBOs.
- Ensuring decision-making power is allocated in alignment with the aims of the crisis model, such as ensuring that law enforcement does not have an unaligned or inequitable of voice or power in making decisions.
- Reviewing data to promote accountability and celebrate successful outcomes.
- Planning for sufficient time to prepare and participate in collaboration.



Conclusion: Next Steps & Future Considerations

This report presents recommendations for a model that is responsive to community needs. Still, there were numerous questions, issues, needs, and considerations that surfaced that were beyond the scope of the project. Decisions around those factors could significantly shape the types of services the SCU provides as well as how it is coordinated and administered across agencies. Such considerations are pertinent to the future of the SCU, crisis response, and the mental health service system in Berkeley, and therefore should continue to be discussed by city leadership and those implementing the SCU.

Long-Term Sustainable Funding

The SCU model requires long-term sustainable funding. A sound fiscal strategy must recognize the robustness of costs associated with the SCU and plan for institutionalizing and sustaining those costs. There are a number of potential funding sources for the SCU model, including Medi-Cal reimbursement, Medi-Cal opportunities through CalAIM, and DHCS grants. However, these funding streams are unlikely to sustain a crisis response model on their own. Other funding and resources may need to be braided into the SCU to effectively implement this model.

While braiding allows for maximizing funding resources, it also requires clear and separate tracking of services based on funding sources and requirements. With multiple funding streams, the target populations, reporting requirements, eligibility criteria, and performance measures can vary greatly. A braided funding model, therefore, requires knowledgeable administrators as well as dedicated time to manage. This can be especially resource-intensive for a CBO implementing the SCU. The SCU model will need to be very clear about the funding requirements and develop an appropriate system for ongoing tracking and reporting.

Different financing mechanisms provide varying levels of sustainability and predictability, considerations which should inform the development of a fiscal strategy for the SCU model. Unfortunately, these recommendations may not be fully realized if there is not a long-term sustainable fiscal strategy. Modifications to the SCU model could negatively impact the quality of service delivery or lessen the population impact.

Across the country, some cities have used a sales tax to fund their alternative crisis response models while others have redirected funds away from police departments. Rather than identifying new or short-term grant awards, a primary consideration for the City of Berkeley should be to look to dollars that can be reinvested from the Berkeley Police Department, in alignment with the Reimagining Public Safety initiative, to develop a sustainable and comprehensive SCU model.

Continue Planning for 24/7 Live Phone Access to the SCU

Significant planning will be required to fully realize the 24/7 live phone access to the SCU (*refer to recommendations #8, 9, and 10*). Reaching out to existing call centers—such as Alameda County CSS—or to other cities implementing similar crisis models could support the development of the phone access to the SCU. Additional planning is needed to determine, at a minimum:

- Equipment and technology needs
- Staffing requirements for the estimated call volume
- Recruitment, hiring, and training
- Workflow and protocol development
- Cost and funding availability

The Location of 911 Dispatch Within the Berkeley Police Department

The 911 Communications Center is currently operated by the Berkeley Police Department. This structure affects how Dispatch is funded and who makes decisions. As the role of Dispatch is broadened to coordinate a greater variety of responses to emergencies, there may be advantages to moving Dispatch outside of the Berkeley Police Department, such as improved communication and coordination across relevant agencies. For instance, it has been expressed that Dispatch call takers are currently more comfortable deploying the police than other crisis responders given their long tenure and rapport with police officers, so call takers' ability to establish rapport with the SCU team is needed for them to be comfortable deploying the SCU. Structural changes like this may also align to several of the Reimagining Public Safety initiative's aims. This consideration can be explored as part of the assessment and planning processes of the phased implementation approach.

Preventing Social Monitoring: Clarifying the SCU's Guiding Principles

The SCU model is designed to ensure that mental health specialists respond to people experiencing mental health crises. However, there is significant and justified concern that the SCU could be co-opted to support the social monitoring and enforcement of unsheltered residents. Clarifying the SCU's guiding principles could support in reifying the intentions of the model to ensure that all practices are aligned with those principles.

There are several elements within the model design where data, ongoing conversation, and service utilizer feedback can ensure that the SCU lives out its intention. One such example is whether and how the SCU would be deployed with the police and/or how the SCU is distinguished from MCT. For example, if a caller reports an unsheltered neighbor is residing on their sidewalk or driveway, this may not qualify for an SCU response. However, if that call is deployed to the police, then the response effectively criminalizes unsheltered Berkeley residents. Such scenarios should be explored as the SCU model is implemented, refined, and expanded.

Address the Full Spectrum of Mental Health and Substance Use Crisis Needs

Mental health and substance use crises vary in severity along a spectrum. A crisis can present as someone in immediate danger to themselves or others, someone who needs regular support to address their basic needs, or someone who is generally able to manage their needs but needs occasional support to prevent a future crisis.

Throughout this project, many stakeholders expressed that in order to effectively address the challenges of the current system, solutions and changes must engage with the nuances and spectrum of mental health crises:

- Some forms of crisis are readily visible while others are not.
- Some forms of neurodivergence are reported as a mental illness or crisis, but they are not.
- Some forms of crisis occur because the person is unable to access services to meet their needs.
- Some forms of emergency service utilization stem from ongoing unmet basic needs such as food and affordable housing.

Stakeholder participants urged that the concept and definition of a mental health crisis and crisis services be expanded to not only support crisis intervention but also prevention, diversion, and follow-up. The following two considerations should be further explored because they may support the SCU model. Both considerations represent a form of

reimagined public safety and may be realized with additional resources, such as funds divested from Berkeley Police Department:

Expand the SCU Model to Include a Follow-up Care and Coordination Team

There will likely be a need for a team to receive referrals from the SCU mobile team and connect with service utilizers for follow-up care. Follow-up care could include referrals, system navigation, and case management support. This team may also need to conduct outreach to make contact with service utilizers and address barriers to care as needed. For example, some service utilizers may be unable to follow through with a referral if they do not have reliable access to transportation or experience challenges maintaining scheduled appointments. This team could potentially be funded by the 988 funding allocated to dedicated follow-up teams deployed from 988 crisis call centers.³⁰

There are many lessons that should be learned from the existing Transitional Outreach Team (TOT), such as challenges they face with adequate staffing and funding or constraints and limitations with who they can serve. Any initiatives around follow-up care should augment rather than duplicate the TOT.

Increase the Number of Sites for Non-emergency Care for Berkeley Residents

Throughout this project, stakeholder participants emphasized the need for sites for non-emergency care, such as drop-in centers, day centers, sobering sites, and respite centers. These services are important for harm reduction and crisis prevention, and as such would support the outcomes of the SCU model. There may be opportunities in Phase 0 or Phase 1 to reserve beds at a shelter or similar care facility as a temporary measure, ensuring persons in crisis have access to these beds after engaging with the SCU. However, increasing the overall number of sites for non-emergency care would require a longer-term investment

³⁰ Santos, M (2021). New suicide prevention hotline aims to divert callers from police. *Crosscut*. <https://crosscut.com/politics/2021/07/new-suicide-prevention-hotline-aims-divert-callers-police>

 **Appendix**



Appendix A: Launch Timeline & Phased Implementation Approach

Phase 0 – Launch Timeline

Nov 2021 – May 2022

System-Level: Planning, Launch, Implementation		HHCS	Steering Committee	Dispatch	Contracted CBO
	Engage community on feedback to SCU Model recommendations	X	X		
	Engage community on SCU RFP requirements	X			
Dec	Dispatch leadership communicates and champions (internally) the SCU change-initiative			X	
	Plan for Dispatch assessment (e.g., determine if RFP needed)	X		X	
Jan	Make decisions about 24/7, live phone line to SCU (option A, B, C)	X	X	X	
Feb	Issue RFP for SCU	X			
	Issue RFP for SCU alternative phone line (TBD)	X			
	RFP Deadline				
Mar	Review all RFPs	X	X		
	Select awardee for SCU	X	X		
	Begin planning for site visits	X		X	X
Apr	Contract process for SCU	X			
May	Hire SCU personnel (mobile team, supportive and administrative roles, Dispatch/phone staff)				X
	Hire mental health clinician to support Dispatch assessment & planning	X		X	
	Build relationships across all new personnel	X	X	X	X
June - Aug	Plan & Implement Recommendations: Refer to Phase 0 Implementation Approach				

Phased Implementation Approach

Phased Implementation Approach	Phase 0	Phase 1		Phase 2	Future, Beyond Phase 2
	Nov 2021 - Aug 2022	Implementation Sept 2022 - Aug 2023	Planning for Phase 2 Sept 2023 - Feb 2024	Feb 2024+	2
SCU Mobile Team Recommendations					
1 The SCU should respond to mental health crises and substance use emergencies without a police co-response	<p>Clarify specific factors and codes for all suggested SCU call types</p> <p>Develop triage criteria and workflows across all SCU call-types and services.</p> <p>Coordinate with other entities (BPD, MCT, UCPD) for differentiation and/or collaboration.</p>	<p><i>SCU mobile team goes live, providing services</i></p>		<p>Consider additional types of calls for service that they can respond to where armed police officers are not needed or aligned to a reimagined definition of public safety, such as:</p> <ul style="list-style-type: none"> - Completing documentation while providing crisis services where a traditional "police report" is needed, such as in cases of sexual assault, sexual harassment, and rape - Petty theft - Nonviolent conflicts, such as neighbor disputes or youth behavioral issues - Minor assaults, with no weapons present - Proactive support at events that may trigger a crisis (e.g., during an encampment sweep) 	<p>Integrate other SCU model elements (e.g., follow-up care team [Report Section V])</p>
2 The SCU should operate 24/7					
3 Staff a 3-person SCU mobile team to respond to mental health and substance use emergencies					
4 Equip the SCU Mobile Team with vans	<p>Procure vans</p>				
5 The SCU Mobile Team should provide transport to a variety of locations	<p>Introduce SCU to emergency facility staff at all transport destinations</p>				
6 Equip the SCU mobile team with supplies to meet the array of clients' needs	<p>Procure supplies</p>				
7 Clearly distinguish the SCU from MCT	<p>Develop clear roles and parameters for SCU and MCT teams by collaborating across Dispatch, the SCU Steering Committee, the current MCT team, and other relevant leadership</p> <p><i>Note: These decisions are essential for developing triage criteria and workflows and for communicating to the general public in a public awareness campaign.</i></p>		<p>Evaluate the role of MCT and the efficacy of having both teams.</p> <p>Make recommendations for Phase 2, such as changes to each team's scope or processes.</p>	<p>Communicate to general public and relevant service providers about changes relevant to the distinguished roles of MCT and SCU</p>	

Phased Implementation Approach	Phase 0		Phase 1		Phase 2	Future, Beyond Phase 2
	Nov 2021 - Aug 2022		Implementation Sept 2022 - Aug 2023	Planning for Phase 2 Sept 2023 - Feb 2024	Feb 2024+	2
Accessing the SCU Crisis Response						
8 Participate in the Dispatch assessment and planning process to prepare for future integration	<p>Decide the most effective method for 24/7, live phone access to the SCU (Option A, B, C)</p> <p>Dispatch makes investments in staffing and technologies, as needed</p> <p>SCU model discusses with Dispatch the necessary data (variables, definitions, timelines, privacy, etc.) to be collected during each Phase of implementation</p> <p>Dispatch begins planning for changes to CAD or other data systems</p>	<p>Dispatch makes investments in staffing and technologies, as needed</p> <p><i>Dispatch implements Phase 1 protocols, as determined by Phase 0 planning (Option A, B, C)</i></p>	<p>Implement new triage criteria and workflows</p>			
9 Ensure the community has a 24/7 live phone line to access the SCU	<p>Implement and adapt 24/7, live phone line access to SCU (Option A, B, C)</p> <p>Adapt protocols for other Berkeley crisis responders (Fire, EMS/Falck, MCT, Police) to request SCU support through the alternative phone number</p> <p>Dispatch and HHCS/SCU identify opportunities for Phase 1 implementation (based on Option A, B, C), such as: - Phase 1 call types for SCU deployment OR preliminary calls that Dispatch will transfer to the alternative phone line in early Phase 1 (e.g., welfare checks) - Dispatch supports alternative phone line to develop aligned triage criteria and workflows to support future integration</p>	<p><i>If Option B or C: Plan for how calls will be triaged and prioritized from the two separate sources (alternative number and 911) in deploying the SCU mobile teams in Phase 2</i></p>	<p>Determine if the SCU should respond to crises by sight ("proactive" deployment and intervention)</p> <p>Determine if the SCU should self-deploy by listening to the police radio (based on other models: Eugene's CAHOOTS, Denver's STAR, and San Francisco's Street Crisis Response Team)</p>	<p><i>If Option B or C: Integrate SCU into 911</i></p>		
10 Plan for embedding a mental health or behavioral health clinician(s) into Dispatch to support triage and SCU deployment	<p>Dispatch hires one clinician to support the Dispatch assessment process and to support triage criteria and workflow development for calls routed to SCU</p> <p>Clinician attends trainings and site observations with Dispatch and SCU</p> <p>Clinician(s) supports planning for triage criteria, call-types, etc. (as relevant: Option A, B, C may affect timing of this)</p> <p><i>If Option A: Dispatch prepares for fully embedding clinician(s), including clarifying their roles and supervision structure</i></p> <p><i>If Option B or C: implement this in Phase 2</i></p>	<p>Clinician(s) support Dispatch based on the assessment findings and next steps, such as: - supervises call-takers triaging mental health crisis calls - provides trainings to call-takers based on 2019 Auditor's Report and ongoing assessment</p>				<p>Assess whether clinician(s) can provide services beyond SCU deployment, including basic telemedicine and psychiatric screenings or psychiatric crisis assessment</p>

Phased Implementation Approach

Phased Implementation Approach	Phase 0	Phase 1		Phase 2	Future, Beyond Phase
	Nov 2021 - Aug 2022	Implementation Sept 2022 - Aug 2023	Planning for Phase 2 Sept 2023 - Feb 2024	Feb 2024+	2
Implement a Comprehensive, 24/7 Mental Health Crisis Response Model					
Fully staff a comprehensive model to ensure the success of the SCU mobile team, including supervisory and administrative support roles for SCU					
11					
12 Operate one SCU mobile team per shift for three 10-hour shifts					
13 SCU staff and Dispatch personnel should travel to alternative crisis programs for in-person observation and training	<p>incorporate into training itineraries to allow for these periods of travel and training.</p> <p><i>Note: City of Berkeley and/or the contracted CBO may need to reach out to the other cities and programs to solidify travel and training plans prior to the hiring of any individual personnel.</i></p> <p>Allot time after the site visit(s) for debriefing, reflecting on lessons learned, and discussing how to integrate key takeaways into the SCU model.</p> <p>Include in debrief and planning conversations personnel that traveled for site observations, HHCS staff, additional Dispatch leadership, and Steering Committee members as needed.</p>				
14 Prepare the SCU mobile team with training, informed by community needs	Plan the training schedule based on community needs, ongoing assessment and planning, and prerequisite skills and experiences of hired personnel				

Phased Implementation Approach	Phase 0		Phase 1		Phase 2	Future, Beyond Phase 2
	Nov 2021 - Aug 2022		Implementation Sept 2022 - Aug 2023	Planning for Phase 2 Sept 2023 - Feb 2024	Feb 2024+	2
Administration and Evaluation						
15 Contract the SCU Model to a CBO				Extend contract and provide funding for Phase 2, as applicable		Determine if the SCU can be administered through the City of Berkeley, elevating it to the status of Police and Fire as an essential citywide emergency service and ensuring long-term sustainability
16 Integrate SCU into existing data systems	Assess feasibility of data integration across various systems and sources: assess system capacity needs to realize integration, seek consultation on legal issues surrounding patient protections and sharing health data across providers Evaluate implications for Recommendation 18 (care coordination case management meetings) based on feasibility and adaptations from this recommendation (Recommendation 16) Maintain and strengthen data privacy before SCU is integrated with Dispatch (given that Dispatch is situated within Berkeley Police and that many health conditions can be criminalized and prosecuted)		Continue: Assess feasibility of data integration across various systems and sources: assess system capacity needs to realize integration, seek consultation on legal issues surrounding patient protections and sharing health data across providers Coordinate with Alameda County Care Connect to plan for bi-directional data feeds with the Community Health Record (CHR) Plan for access to EHRs and other relevant data systems			
17 Collect and publish mental health crisis response data publicly on Berkeley's Open Data Portal	Coordinate with City of Berkeley to add new data to Portal Plan for how regularly data will be refreshed/updated on Portal	Publish data regularly				
18 Implement care coordination case management meetings for crisis service providers	Involve all relevant agencies in planning to define, align, and adjust data definitions, variables, and collection practices. (e.g., 911-Dispatch, MCT, BPD, BFD, Falck, HHCS, SCU, etc.) Engage potential participants to plan for Phase 1 implementation of care coordination case management meetings (identify and confirm participants, confirm meeting intervals, set meeting times, etc.)	Convene and implement care coordination meetings				
19 Implement centralized coordination and leadership across city agencies to support the success of mental health crisis response	Engage potential participants to plan for Phase 1 implementation of centralized coordination and leadership meetings (identify and confirm participants, confirm meeting intervals, set meeting times, etc.)	Convene and implement centralized coordination and leadership meetings				

Phased Implementation Approach	Phase 0	Phase 1		Phase 2	Future, Beyond Phase
	Nov 2021 - Aug 2022	Implementation Sept 2022 - Aug 2023	Planning for Phase 2 Sept 2023 - Feb 2024	Feb 2024+	2
<i>Administration and Evaluation (continued)</i>					
20 Continue the existing SCU Steering Committee as an advisory body	Identify additional Steering Committee members Invite and engage new members Adapt processes, group norms and agreements, and/or meeting schedules, as relevant Decide on methods and intervals for collecting community input and feedback during Phase 1	Hold regular meetings of SCU Steering Committee; incorporate decision-making processes across other Recommendations			
21 Solicit ongoing community input and feedback	Develop a plan to communicate the opportunities for community and feedback; incorporate into public awareness campaign	Solicit ongoing community input and feedback; incorporate decision-making processes across other Recommendations			
22 Adopt a rapid monitoring, assessment, and learning process					
23 Conduct a formal, annual evaluation	Plan for the evaluation and rapid assessment processes to use overlapping data and be mutually-supportive and streamlined Plan for all data definitions and collection processes to be aligned across rapid assessment and evaluation aims.	Ensure that the evaluation findings are available for the latter six-months of Phase 1 to support planning for Phase 2	Review evaluation findings Plan for Phase 2		
24 Launch a public awareness campaign to promote community awareness and education about the SCU	Plan for public awareness campaign, including targeted modalities, targeted audiences, and/or phased timing Launch public awareness campaign	Continue public awareness campaign, as necessary			
25 The SCU mobile team should conduct outreach and build relationships with potential service utilizers	Conduct targeted outreach and establish trusting relationships between SCU and community members, promoting utilization of SCU	Continue targeted outreach and build relationships as necessary			

Appendix B: Sample Shift Structure & Redundancy Needs

Model Component	Phase	Staffing Needs	Shift Type	M	T	W	Th	F	Sa	Su	No. of shifts (week 1)	No. of shifts (week 2)	No. of staff per unit	No. of units	No. of FTE needed	Notes	
SCU	Phase 1	Shift 1	10-hour shift	mobile unit A	mobile unit A	mobile unit A	mobile unit B	mobile unit E	mobile unit E	mobile unit E	mobile unit a	3	4	3	6	18	Assumes one mobile unit per shift
		Shift 2	10-hour shift	mobile unit B	mobile unit B	mobile unit B	mobile unit C	mobile unit F	mobile unit F	mobile unit F	mobile unit b	4	3	3			Assumes a three-person mobile unit
		Shift 3	10-hour shift	mobile unit C	mobile unit C	mobile unit C	mobile unit D	mobile unit D	mobile unit D	mobile unit D	mobile unit c	4	3	3			Six clinicians, six peers, six therapists
											mobile unit d	4	3	3			
											mobile unit e	3	4	3			
											mobile unit f	3	4	3			
SCU	Phase 1	Shift 1	10-hour shift	clinical supervisor A	clinical supervisor A	clinical supervisor A	clinical supervisor B	clinical supervisor E	clinical supervisor E	clinical supervisor E	clinical supervisor A	3	4	1	6	6	
		Shift 2	10-hour shift	clinical supervisor B	clinical supervisor B	clinical supervisor B	clinical supervisor C	clinical supervisor F	clinical supervisor F	clinical supervisor F	clinical supervisor B	4	3	1			
		Shift 3	10-hour shift	clinical supervisor C	clinical supervisor C	clinical supervisor C	clinical supervisor D	clinical supervisor D	clinical supervisor D	clinical supervisor D	clinical supervisor C	4	3	1			
											clinical supervisor D	4	3	1			
											clinical supervisor E	3	4	1			
											clinical supervisor F	3	4	1			

SCU	Phase 1	shift busines	8-hour shift	progra m manag er	progra m manag er	progra m manag er	progra m manag er	progra m manag er	-	-	progra m manag er	5	n/a	1	1	1	Assumes mobile unit peers are supervised by clinical supervisor during shift; this specialist is for other professional supports for Peer Specialists
		shift busines	8-hour shift	peer supervi sor	peer supervi sor	peer supervi sor	peer supervi sor	peer supervi sor	-	-	peer supervi sor	5	n/a	1	1	1	
Alternati ve Phone Line	Phase 1	Shift 1	12-hour shift	call team A	call team A	call team A	call team B	call team D	call team D	call team D	call team a	3	4	2	4	8	Assumes two call receptionists per shift
		Shift 2	12-hour shift	call team B	call team B	call team B	call team C	call team C	call team C	call team C	call team b	4	3	2			
											call team c	4	3	2			
											call team d	3	3	2			
Dispatch	Phase 0	shift busines	8-hour shift	BH/MH triage clinicia n	BH/MH triage clinicia n	BH/MH triage clinicia n	BH/MH triage clinicia n	BH/MH triage clinicia n	-	-	BH/MH triage clinicia n	5	n/a	1	1	1	
	Phase 1	Shift 1	12-hour shift	BH/MH triage clinicia n A	BH/MH triage clinicia n A	BH/MH triage clinicia n A	BH/MH triage clinicia n A	BH/MH triage clinicia n C	BH/MH triage clinicia n C	BH/MH triage clinicia n C	BH/MH triage clinicia n A	4	3	1	4		Assumes one clinician per dispatch shift

	Shift 2	12-hour shift	BH/MH triage clinician B	BH/MH triage clinician B	BH/MH triage clinician B	BH/MH triage clinician B	BH/MH triage clinician D	BH/MH triage clinician D	BH/MH triage clinician D	BH/MH triage clinician B	4	3	1				
										BH/MH triage clinician C	3	4	1				
										BH/MH triage clinician D	3	4	1				

Appendix C: Budget

Salaries, wages, benefits	FTE	Salary	Cost/Year	Notes	Source
BH Licensed Clinician / Psych-NP	6	\$ 178,000.00	\$ 1,068,000.00	JobsEQ "Nurse Practitioner"	JobsEQ Mean Annual Wages for San Francisco-Oakland-Bay Area
Mental Health Peer Specialist	6	\$ 77,500.00	\$ 465,000.00	JobsEQ "Health Education Specialists"	JobsEQ Mean Annual Wages for San Francisco-Oakland-Bay Area
BH Licensed Therapist / LCSW	6	\$ 85,800.00	\$ 514,800.00	JobsEQ "Mental Health and Substance Abuse Social Worker"	JobsEQ Mean Annual Wages for San Francisco-Oakland-Bay Area
Clinical Supervisor	6	\$ 178,000.00	\$ 1,068,000.00	JobsEQ "Nurse Practitioner"; unable to find accurate salaries for a supervisory position	
Peer Specialist Supervisor	1	\$ 85,800.00	\$ 85,800.00	unable to find accurate salary range; using LCSW range	
Program Manager	1	\$ 105,000.00	\$ 105,000.00		
Phase 0 Dispatch MH/BH Clinician	1	\$ 105,782.00	\$ 105,782.00	"SUPERV PUBLIC SFTY DISP"	https://www.cityofberkeley.info/uploadedFiles/Human_Resources/Level_3_-_General/ClassificationAndSalaryListingByTitle.pdf
Subtotal			\$ 3,412,382.00	Total FTE Salary	
Subtotal			\$ 853,095.50	Fringe Benefits, 25%	
Total Salary + Benefits			\$ 4,265,477.50		
Ongoing materials and services			Cost/Year	Notes	
Evaluation			\$ 185,000.00	Used cost of RDA feasibility study as estimate	
Vehicle maintenance	4	\$ 20,000.00	\$ 80,000.00	Estimate provided by Berkeley Fire	
Advertisement & PR	12	\$ 2,000.00	\$ 24,000.00	Includes community education workshops, advertising, outreach and engagement	
Small equipment & supplies	1200	\$ 20.00	\$ 24,000.00	Wound care, hygiene, harm reduction, meals, transportation vouchers,	

				clothing, blankets, etc. Based on SF SCRT data, assumes 100 contacts with clients per month, \$20 per client contact; SF SCRT budgeted 10k and said they needed more	
Office supplies and postage	12	\$ 200.00	\$ 2,400.00		
Communications	12	\$ 600.00	\$ 7,200.00		
Printing and copying	12	\$ 100.00	\$ 1,200.00		
Travel and transportation	12	\$ 100.00	\$ 1,200.00	Local travel for care coordination & meetings	
Training and meetings	12	\$ 1,000.00	\$ 12,000.00	Equity, team dynamics, and other ongoing training	
Licenses/fees/subscriptions	12	\$ 50.00	\$ 600.00		
Insurance			\$ -		
Contract services			\$ -		
Legal services			\$ -		
Audit and consulting			\$ -		
Utilities			\$ -		
Facilities			\$ -		
Subtotal			\$ 337,600.00	ongoing materials and services	
Subtotal: Personnel and non-personnel recurring subtotal			\$ 4,603,077.50		
Administrative overhead			\$ 276,184.65	6% for all recurring costs	
Total recurring cost			\$ 4,879,262.15		
One time cost			Cost/Year	Notes	
Vehicle	5	\$ 60,000.00	\$ 300,000.00	Assume 60k per van with wheelchair capacity	
Recruitment	27	\$ 4,000.00	\$ 108,000.00	Median national average of recruiting new employee	

Training (SCU staff and Dispatch)			\$ 75,000.00	Assume training for all Dispatch, BPD, Fire, MCT, & SCU staff; both program onboarding and emerging best practices related to crisis response
Technology (computers, phones, etc.)			\$ 25,000.00	Laptop/tablets, cell phones for all staff, MiFi, portable chargers
Rapid assessment			\$ 40,000.00	Evaluation planning meetings, data request development, community-input meetings
Community outreach and education (including materials development)			\$ 25,000.00	Curriculum development, materials, advertisement, outreach (SF SCRT hired consultant to do this work)
Subtotal			\$ 573,000.00	
Administrative overhead			\$ 34,380.00	6% for all one-time costs
Total one-time cost			\$ 607,380.00	
Recommendations			Cost/Year	Notes
Signing bonus	7	\$ 5,000.00	\$ 35,000.00	Signing bonus recommended for licensed clinical staff
Technical Assistance			\$ 15,000.00	Consultation from existing similar alternative models
Total additional recommendations			\$ 50,000.00	
Total cost with recommendations			\$ 5,536,642.15	Estimated cost for program and recommendations

Appendix D: Anticipated Incident Volume

		Potential Daily Incidents for SCU (Average)	Potential Incidents per shift for SCU (Average)
Average daily BMH-Crisis incidents (FY15-19) <i>MCT, TOT, CAT</i>	10.73 incidents	19.82	6.61
Average daily BPD MH Incidents (FY14-20)	28.91 incidents		
Average time on task for transports BFD & Falck	101.48 minutes		

	Denver ³¹ 6 months, 1 team, not citywide, not 24/7	Portland ³² 6 months, 1 team, not citywide, not 24/7	CAHOOTS ³³ Annual, 1-2 teams, 24/7
Average incidents per shift	5.75	3	(Per hour) 1.81
% incidents that resulted in a transport	14.30%	6.27%	23.38%
% transports that were to the hospital	16.82%	58.33%	
Average minutes on task	24.65	19.33	
Reduction of BPD calls	2.75%	4.60%	5-8%

³¹ STAR Program Evaluation (2021, January 08). https://wp-denverite.s3.amazonaws.com/wp-content/uploads/sites/4/2021/02/STAR_Pilot_6_Month_Evaluation_FINAL-REPORT.pdf

³² City of Portland

Bureau of Fire and Rescue (2021, October). Portland street response: Six-month evaluation. <https://www.portland.gov/sites/default/files/2021/psu-portland-street-response-six-month-evaluation-final.pdf>

³³ Eugene Police Department Crim Analysis Unit (2020, August 21). CAHOOTS program analysis. <https://www.eugene-or.gov/DocumentCenter/View/56717/CAHOOTS-Program-Analysis>



Reimagining Public Safety in Berkeley:

FINAL REPORT AND IMPLEMENTATION PLAN



TABLE OF CONTENTS

Introduction3

Report Infographic Summary4

Background5

NICJR Reports 10

Implementation Plan..... 13

Conclusion..... 38

Appendices..... 39





INTRODUCTION

On July 14, 2020, the Berkeley City Council (Council) made a historic commitment to reimagine the City's approach to public safety with the passage of an omnibus package of referrals, resolutions, and directives known as The George Floyd Community Safety Act. Central to the proposal was a commitment to achieve a "new and transformative model of positive, equitable, and community centered safety for Berkeley."¹

Direction was given to the City Manager to collaborate with the Mayor and select Councilmembers to inform City of Berkeley (City) investments and reallocations to be incorporated into future Budget processes and to contract with independent subject matter experts to analyze the scope of work and community needs addressed by the Berkeley Police Department (BPD), to identify a more limited role for law enforcement, and to identify elements of police work that could be achieved through alternative programs, policies, systems, and community investments.

The National Institute for Criminal Justice Reform (NICJR) was selected through a Request for Proposal process to conduct this work in partnership with Bright Research Group, which led the community engagement; Renne Public Law Group, who has provided guidance on policy recommendations; Pastor Michael Smith, who supported the community engagement and outreach; and Jorge Camacho, the Policy Director of the Justice Collaboratory at Yale Law School.

This Final Report and Implementation Plan is the culmination of NICJR efforts over the past 10 months, a body of work reflected in the following deliverables:

1. **New and Emerging Models of Community Safety and Policing** report;
2. **Berkeley Calls for Service Analysis**;
3. **Alternative Responses** report;
4. **Community Engagement** report; and
5. A project **website**.

¹ <https://www.cityofberkeley.info/RIPST.aspx>

REPORT INFOGRAPHIC SUMMARY



The City of Berkeley's George Floyd Act referenced NICJR's reform model of Reduce – Improve – Reinvest. This report is also primarily organized in those sections: Reduce the footprint of law enforcement; Improve the quality of law enforcement and public safety; and Reinvest into community and services. Some of the recommendations in this report are programs or policies that have been tried in other jurisdictions and have a track record of effectiveness or promise, other recommendations are new ideas, aligned with the goal of Reimagining!

The body of this report is already 40 pages for a total of 272 pages, including the appendices, therefore the below graphic provides a quick overview of the detailed recommendations included in this report instead of repeating the narrative.

Reduce

- › Implement Tiered Dispatch & CERN model, thereby reducing BPD patrol duties
- › End pre-text stops
- › Eliminate BPD vacant positions through attrition
- › Creation of BerkDOT

Improve

- › Implement Highly Accountable Learning Organization (HALO)
- › Launch new Progressive Police Academy
- › New Police Accountability Board
- › Implement BPD improvement measures

Reinvest

- › Launch Guaranteed Income program
- › Launch Community Beautification Employment Program
- › Increase funding to CBOs for “fundamental cause” services:
 - › Poverty
 - › Homelessness
 - › Education
 - › Substance abuse
 - › Unemployment and underemployment



BACKGROUND

Berkeley City Council George Floyd Act

In response to the national outcry for police reform, and in line with the City's long history of progressive policy making, the Berkeley City Council formally adopted the George Floyd Community Safety Act which included the following package of referrals, resolutions, and directions:

1. Have the City's elected Auditor perform an analysis of the City's emergency 9-1-1 calls-for-service and responses, as well as analysis of the Berkeley Police Department's (BPD) budget.
2. Create plans and protocols for calls for service to be routed and assigned to alternative preferred responding entities and consider placing dispatch in the Fire Department or elsewhere outside the Police Department.
3. Analyze and develop a pilot program to re-assign non-criminal police service calls to a Specialized Care Unit. This Specialized Care Unit (SCU) consists of trained crisis-response field workers who would respond to calls that the Public Safety Communications Center operator evaluated as non-criminal and that posed no imminent threat to the safety of community members and/or Police Department or Fire Department personnel.
4. Evaluate initiatives and reforms that reduce the footprint of the Berkeley Police Department and limit the Police Department's scope of work primarily to violent and criminal matters. This work should include an evaluation of programs and services currently provided by the Police Department that could be better served by trained non-sworn city staff or community partners.
5. Aspire to reduce the Police Department's budget by 50% to generate resources to fund the following priorities:
 - Youth programs;
 - Violence prevention and restorative justice programs;
 - Domestic violence prevention;
 - Housing and homeless services;
 - Food Security;
 - Public health and Mental Health services including a specialized care unit;
 - Healthcare;
 - New city jobs;
 - Expanded partnerships with community organizations, and
 - Establishing a new Department of Transportation to administer parking regulations and traffic laws
6. Engaging a qualified firm(s) or individual(s) to lead a robust, inclusive, and transparent community engagement process with the goal of achieving a new and transformative model of positive, equitable and community-centered safety for Berkeley.
7. Pursue the creation of a Berkeley Department of Transportation to ensure a racial justice lens in traffic enforcement and the development of transportation policy, programs and infrastructure, and identify and

implement approaches to reduce and/or eliminate the practice of pretextual stops based on minor traffic violations.

8. Analysis of litigation outcomes and exposure for city departments in order to guide the creation of city policy to reduce the impact of settlements on the General Fund.

Recent History of Problems with Policing in Berkeley

Although immediately inspired by the events of 2020, the Council's George Floyd Act came on the heels of a period of challenges with the BPD:

February 12, 2013: Death of Kayla Moore, Black transgender woman in mental health distress

Kayla Moore, a Black transgender woman with schizophrenia, died in her apartment on Allston Way while BPD officers were responding to a call for a "wellness check." During the incident, half a dozen police officers forcibly held her down. The family of Kayla Moore filed a lawsuit in 2014 against the City of Berkeley, however, the City contended that minimal and appropriate force was used and sought a dismissal of the lawsuit in federal court, which was ultimately granted.



December 6, 2015: Use of Force at Black Lives Matter protests

During a Black Lives Matter protest in Berkeley on December 6, BPD was accused of beating peaceful protesters and journalists, and using excessive amounts of teargas without justification.²

In 2017, the City of Berkeley reached a settlement with several plaintiffs who sued the City and BPD for the attack. Seven plaintiffs received \$125,000 and BPD agreed to amend its use of force policy.³

March 26, 2018: Black child falsely accused, chased, and run over by car

On March 26, 2018, on Telegraph and Stuart, a Black child in the 7th grade was chased and grabbed by a white man, who mistook the Black child roughhousing with a white female classmate on the sidewalk as an assault. The boy was then struck with a car by another man as he ran in fear of his safety. The family was told by a white police sergeant that nothing unlawful actually happened, and determined that the man chasing the child did not commit any crime, rather he was lawfully attempting to make a citizen's arrest. In addition, the child's grandmother, who is his legal guardian, reported that she was told by BPD that she had no right to any written reports or documentation of the incident without a court order.⁴

² <https://www.kqed.org/news/10402266/berkeleys-police-chief-on-protests-tear-gas-use>

³ <https://www.dailycal.org/2017/02/05/city-berkeley-reaches-conditional-settlement-lawsuit-regarding-police-use-force/>

⁴ <https://www.berkeleyside.org/2018/05/18/opinion-the-willard-school-community-wants-answers-fromberkeley-police-about-a-troubling-incident>

May 2018: Report Reveals Racial Disparities in BPD Stops and Searches

An **analysis** by the nationally renowned Center for Police Equity published in May 2018 found the stops and searches conducted by BPD were racially disproportionate. The report states:

“Our analysis of BPD vehicle and pedestrian stops found that Black and Hispanic persons were more likely than White persons to be stopped by BPD. Black persons in Berkeley were about 6.5 times more likely per capita than White persons to be stopped while driving, and 4.5 times more likely to be stopped on foot. Hispanic persons were about twice as likely, per capita, as White persons to be stopped while driving, and slightly less likely to be stopped on foot. In addition to their much higher stop rates, Black and Hispanic drivers (and pedestrians) were also searched at much higher rates. Once stopped, Black drivers were searched at a rate four times higher than their White counterparts (20% compared to 5%), while Hispanic drivers were searched at three times the White rate (15%).”

March 14, 2020: Less-lethal shooting of unarmed Black man, Ashby & Sacramento St.,

A BPD officer used a less-lethal weapon to shoot William Dean Brown, a Black man kneeling on the ground with his empty hands in the air. He was shot within a distance of 12 feet and was hit in the torso, and quickly handcuffed and tackled by three officers as soon as he hit the ground.

June 9, 2020: BPD Chief mentions shooting protesters at City Council Meeting

Just after a march organized by The Way church protesting the killing of George Floyd, then BPD Chief Andrew Greenwood made a comment during a Council meeting to discuss whether to permanently ban the use of tear gas as a method of crowd control. City Councilmember Susan Wengraf asked Greenwood what kind of alternative tools would be best to use if a crowd turned violent and police could not use tear gas, to which Greenwood replied “Firearms. We can shoot people.” His statement immediately prompted a call from the community for his resignation.⁵

June 30, 2020: Officer shooting at Black man and minors in vehicle, North Berkeley

BPD Officer Cheri Miller fired her gun at three teenagers accused of shoplifting at CVS. Miller got out of her vehicle with her gun drawn, and, within less than a minute of her arrival, she had ordered the driver, 19-year-old Brandon Owens of Concord, a young Black man, to get into his car and put his keys on the roof. When Brandon got back into his vehicle, he began to drive away from the officer who then shot at the moving vehicle three times. There were two minors in the car with Brandon. Miller was found not to have committed any crime, but was found in violation of BPD’s deadly force policy and was fired.

December 17, 2020: Use of force Parker and Mathews St., Southwest Berkeley

55-year-old David Frazier and an unnamed passenger were pulled over for multiple vehicle code violations. The initial call was categorized as a routine traffic stop. When Frazier finally stopped after multiple attempts from BPD, two officers approached Frazier’s vehicle and began to forcefully attempt to pull Frazier out of the front seat, punching and pulling on him. The three officers were unsuccessful in gaining control over Frazier and then stepped back and pulled out their batons and began to beat Frazier while he sat in the front seat. Two more officers then approached the passenger side of the vehicle with their guns drawn, broke the passenger window, pulled the passenger out, handcuffed him and dragged him away. Frazier was dragged out of the car and tackled by five or six officers, handcuffed, and forced to sit upright on the hood of a police vehicle.

⁵ <https://www.berkeleyside.org/2020/06/13/marchers-in-berkeley-demand-resignation-of-police-chief>

January 2, 2021: Use of force on unhoused Black man with mental illness, Shattuck Ave., Downtown Berkeley

Bryant, a 50-year-old unhoused Black man who suffers from mental illness, tried to purchase a sandwich, bag of chips, and a bag of candy from Walgreens with \$1.00 in coins. He attempted to walk out of the store without paying for the remaining amount owed, but security locked the doors on him. Bryant then pulled out a bike chain from his backpack which prompted security to open the doors and let Bryant leave the store. Dispatch categorized the initial call as a possible 5150 (mental health hold) based on employees' description of the event. The arriving officer shot Bryant in the face, shattering his jaw, within 20 seconds of arriving on the scene.

Reimagining Public Safety Task Force

As part of the George Floyd Act, the City created the Reimagining Public Safety Task Force (RPSTF), which was charged with making recommendations to the consultant (NICJR) and city staff on structures and initiatives to outline a new, community-centered safety paradigm as a foundation for deep and lasting change, grounded in the principles of Reduce, Improve and Reinvest as proposed by the NICJR, considering, among other things:

- The social determinants of health and changes required to deliver a holistic approach to community-centered safety;
- Defining an appropriate response to calls-for-service including size, scope of operation and powers and duties of a well-trained police force;



- Limiting militarized weaponry and equipment; and
- Identifying alternatives to policing and enforcement to reduce conflict, harm, and institutionalization, introduce restorative and transformative justice models, and reduce or eliminate use of fines and incarceration. Options to reduce police contacts, stops, arrests, tickets, fines, and incarceration and replace these, to the greatest extent possible, with educational, community serving, restorative, and other positive programs, policies, and systems.

The Task Force is comprised of:

- One (1) representative appointed by each member of the City Council and Mayor,
- One (1) representative appointed from the Mental Health Commission, Youth Commission and Police Review Commission,
- One (1) representative appointed by the Associated Students of the University of California (ASUC) External Affairs Vice President,
- One (1) representative appointed by the Berkeley Community Safety Coalition (BCSC) Steering Committee, and
- Three (3) additional members appointed “At-Large” by the Task Force.

District 1 - Margaret Fine	Youth Commission - Nina Thompson
District 2 - Sarah Abigail Ejigu	Police Review Commission - Nathan Mizell
District 3 - boona cheema	Mental Health Commission - Edward Opton
District 4 - Jamie Crook	Berkeley Community Safety Coalition - Jamaica Moon
District 5 - Dan Lindheim	Associated Students of U. California - Alecia Harger
District 6 - La Dell Dangerfield	At-Large - Vacant
District 7 - Barnali Ghosh	At-Large - Liza Lutzker
District 8 - Pamela Hyde	At-Large - Frances Ho
Mayor - Hector Malvido	



NICJR REPORTS

NICJR produced drafts of the following series of reports then received feedback from the RPSTF and City staff and made necessary edits and additions then finalized:

1. New and Emerging Models of Community Safety and Policing Report
2. Berkeley Calls For Service Analysis Report
3. Alternative Responses Report
4. Community Engagement Report

Included below is a brief description and summary of each of those reports. Links to the full reports are included below and the reports are appendices G through J.

New and Emerging Models of Community Safety and Policing Report

The **New and Emerging Models of Community Safety and Policing** report includes detailed overviews of a variety of examples of Emerging Non-Enforcement Models of Community Response; Non-Law Enforcement Crime Reduction Strategies; Community Driven Violence Reduction Strategies; and Policing Strategies. Highlighted below are some of the programs included in that report that informed NICJR's final recommendations for the City's reimagining work:

Emerging Non-Enforcement Models of Community Response include the Crisis Response Unit (CRU) and Street Crisis Response Team (SCRT).

The City of Olympia, Washington implemented the CRU in April of 2019 to serve as an option to respond to behavioral health calls for service. CRU teams consist of mental health professionals that provide support such as mediation, housing assistance, and referrals to additional services to their clients.⁶ Calls for service for the CRU originate from community-based service providers, the City's 911 hub, and law enforcement personnel.⁷

The SCRT is a pilot program launched in November 2020 and administered by the Fire Department in San Francisco, California. The program targets individuals experiencing behavioral health crises. SCRTs consist of a behavioral health specialist, a peer interventionist, and a first responder. 911 calls that are determined to be appropriate for a SCRT are routed accordingly by dispatch. A team responds to calls in an average of 15 minutes.⁸

Non-Law Enforcement Crime Reduction Strategies include the Mayor's Action Plan (MAP) in New York City, NY. Launched in 2014 in fifteen New York City Housing Authority properties, MAP was designed to foster productive dialogue between local residents and law enforcement agencies, address physical disorganization, and bolster pro-social community bonds. MAP's focal point is NeighborhoodStat, a process that allows residents to have a say in the way NYC allocates its public safety resources.⁹ Early evaluations show a reduction in various crimes as well as increased perception of healthier neighborhoods.¹⁰

⁶ <https://olympiawa.gov/city-services/police-department/Crisis-Response-Peer-Navigator.aspx>

⁷ <https://www.vera.org/behavioral-health-crisis-alternatives/cru-and-familiar-faces>

⁸ <https://sfmayor.org/article/san-franciscos-new-street-crisis-response-team-launches-today>

⁹ <https://www.americanprogress.org/issues/criminal-justice/reports/2019/10/02/475220/neighborhoodstat-strengthening-public-safety-community-empowerment/>

¹⁰ https://johnjayrec.nyc/wp-content/uploads/2020/10/MAP_EvalUpdate06.pdf

Calls for Service Analysis

The Berkeley City Auditor conducted an extensive report on BPD Calls For Service (CFS or events) which was published in July of 2021. NICJR conducted a complementary **Calls for Service Analysis** as part of its work on the City's remaining effort.

The three primary objectives for the NICJR CFS report were to 1) provide an analysis of BPD CFS according to NICJR's crime categories; 2) map NICJR's crime categories to NICJR's proposed Tiered Dispatch model; and 3) identify which CFS should be responded to by a non-BPD alternative.

The proposed Tiered Dispatch model and Community Emergency Response Network (CERN) reduce the burden on police to respond to certain calls for service and improve outcomes through community response to lower level and non-criminal incidents. The CERN will use community safety and problem solving responders who have expertise in community engagement, crisis response, de-escalation, and conflict mediation and resolution skills. Implementing the Tiered Dispatch and CERN can serve to increase public safety by refocusing law enforcement officers on the most serious crimes, applying a more appropriate response to public health and quality of life CFS, and more effectively utilizing public dollars and resources.

A review of over 358,000 CFS over the 5-year study period (2015-2019) found that over 81 percent of BPD CFS were for non-criminal events. Only 7.4 percent of CFS were for felonies of any kind. NICJR's assessment of viable alternative responses indicated that 50 percent of CFS can be responded to with no BPD involvement, with another 18 percent of CFS requiring BPD to be present, but to serve in a support, rather than a lead role.

As a result of an assessment of the CFS and the narrative of the actual incidents, NICJR recommended that alternative response options be developed for the 50 percent of CFS that were determined to not require a law enforcement response.

Alternative Response Report

The **Alternate Responses Report** expands upon the Calls for Service analysis, providing a detailed overview of NICJR's Tiered Dispatch model, the CERN, and describes how specific call types are assigned to the four tiers:

- **Tier 1:** Non-Criminal: 911 calls and other CFS that are not crimes, like noise complaints or suspicious persons
- **Tier 2:** Misdemeanors
- **Tier 3:** Non-violent felonies
- **Tier 4:** Serious and violent felonies

Eventually, all Tier 1 and some Tier 2 CFS should be able to be responded to by the CERN or other non-police responders.

The report concludes with an overview of a framework for the City's alternative response model, drawing upon both existing and planned City resources.

A description and implementation plan utilizing Tiered Dispatch and the CERN model are outlined in detail in the Implementation Plan below.

Community Engagement Report

Berkeley's Reimagining Public Safety process has included comprehensive outreach and engagement of local community members in an effort to develop a community safety model that reflects the needs of the community and creates increased safety for all. In collaboration with the City of Berkeley's RPSTF and the City Manager's Office, Bright Research Group (BRG) developed and conducted a community survey to gather residents' experiences with and perceptions of BPD and crisis response; and their perspectives on and priorities for reimagining public safety. More than 2,700 people responded to the survey. NICJR and its partners, as well as RPSTF members, held 14 listening sessions to hear from community members, especially hard to reach community members and those not well represented in the survey, including: the unhoused residents, formerly incarcerated, youth, Black residents and Latinx residents. Details of the survey responses and listening session feedback are contained in the [Community Engagement Report](#).



IMPLEMENTATION PLAN

Based on the extensive research that was conducted by NICJR and partners, input from the community engagement process, feedback from the Task Force and other stakeholders, NICJR provides the following detailed recommendations to the City of Berkeley categorized in the Reduce – Improve – Reinvest framework.

REDUCE

To achieve the goal of a smaller law enforcement footprint and to reallocate a portion of the BPD budget towards more community supports, NICJR recommends the following measures:

- Implementation of the Tiered Dispatch/CERN model
- End pretextual stops
- Implementation of BerkDOT, which should further reduce the size of BPD

Tiered Dispatch/Emergency Response Network

The graph below depicts the response to certain 911 and other calls for service based on the Tiered Dispatch model, which contemplates a tiered response to CFS based on the nature of the call as reflected below:



As reflected in the CFS Analysis, 81 percent of the 358,000 calls for service to BPD between 2015 -2019 were for non-criminal events. While some of these calls were determined not to be appropriate for non-police response based on an analysis of call narratives, NICJR recommends that 50 percent of these non-criminal calls be handled by a non-police response.

With BPD freed up to focus its efforts and attention on serious and violent crime, community-based responders can focus on the variety of needs that fall into the identified 50 percent of non-police calls. In addition to being available twenty-four hours a day, seven days a week, the CERN would be designed to build on the professional skills and expertise of non-sworn staff and to utilize collaborative community partnerships and the other necessary resources to appropriately and holistically respond to individuals in need. Some examples of this in practice include:

- **The Albuquerque Community Safety Department** provides a third option when individuals call 911, instead of only having the option of police or fire department services. Community Safety responders are dispatched with and without other first responders (Police and Fire). Community Safety responders may have backgrounds as social workers, peer to peer support, clinicians, counselors, or other similar fields.¹¹
- **The Durham Community Safety Department** dispatches trained, unarmed responders that may include licensed clinical social workers and mental health clinicians paired with paramedics to calls involving mental or behavioral health needs, minor traffic accidents, quality of life issues (trespassing, loitering, panhandling, etc), and calls for general assistance.¹²
- **New York City B-HEARD (Behavioral Health Emergency Assistance Response Division) Program** focuses on using a mental-health centered response to 911 mental health calls. The B-HEARD teams have the expertise to respond to a range of behavioral health problems, such as suicide ideation, substance misuse, and mental illness, including serious mental illness, as well as physical health problems, which can be exacerbated by or mask mental health problems.¹³

A national poll conducted in June of 2021 found that 70 percent of likely voters support a non-police response for 911 calls about mental health crises, and 68 percent support the creation of non-police emergency response programs.¹⁴ In many jurisdictions, police are the first to respond to 911 calls about people experiencing issues related to mental health, homelessness, and substance use. However, police officers report not having the proper training or expertise to appropriately respond to those situations and often resort to their training and treat non-criminal situations as crimes.

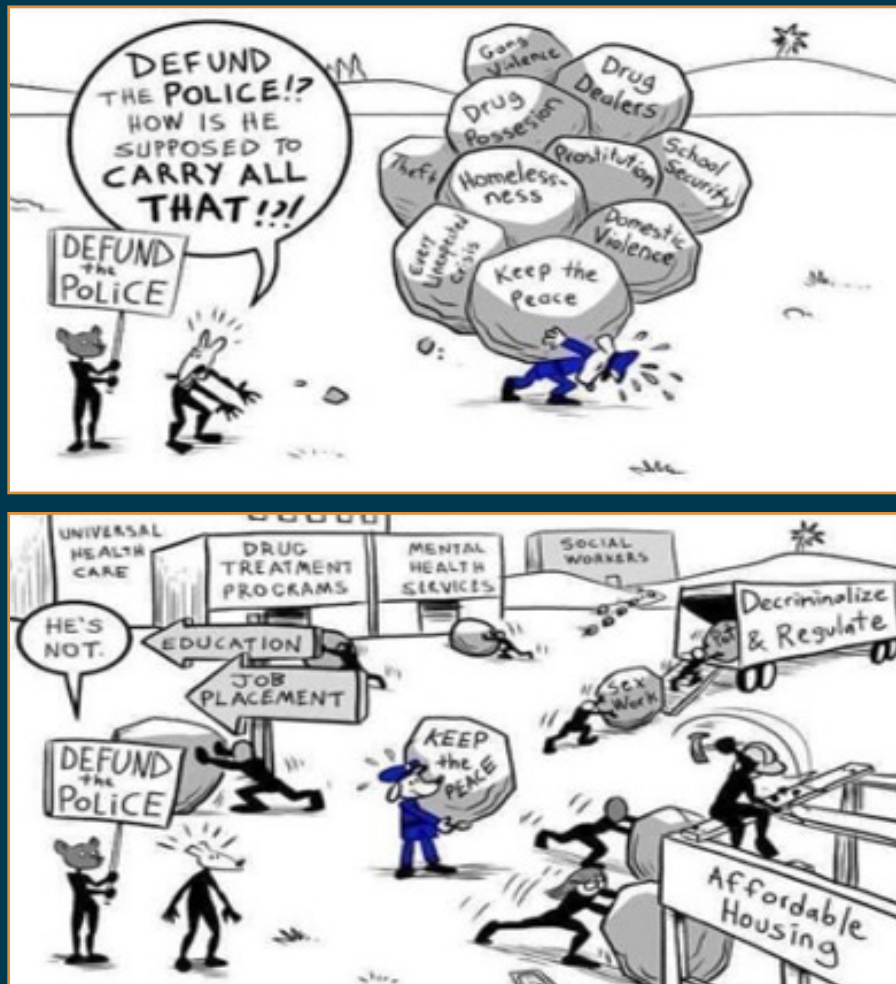
Chief Eric Hawkins of the Albany, NY police department said, “Fundamentally I don’t have a problem with the basic premise to defund the police, and that is police officers should be doing police work and not social work. Police officers shouldn’t be the point of contact for individuals with mental health issues, substance abuse issues, or unhealthy family structural issues.”

11 <https://www.cabq.gov/acs>

12 <https://durhamnc.gov/4576/Community-Safety>

13 https://www1.nyc.gov/assets/nypd/downloads/pdf/public_information/b-heard-public-faqs-5-27-2021.pdf

14 <https://theappeal.org/the-lab/polling-memos/likely-voters-support-non-police-emergency-response/>



Development and implementation of the Tiered Dispatch model advances the Berkeley City Council's July 14, 2020, direction "to evaluate initiatives and reforms that reduce the footprint of the Police Department and limit the Police's scope of work primarily to violent and criminal matters".¹⁵

Tiered Dispatch/CERN Pilot Program

Based on the information garnered from the preparation of its deliverable reports and an understanding of the approaches being taken by jurisdictions across the country, **NICJR recommends the establishment of a Tiered Dispatch/CERN Pilot Program, focused on a subset of the Tier 1 call types that can be used in the pilot phase in order to work out logistical and practical challenges prior to scaling up the program.** Upon implementation of the pilot phase of the Tiered Dispatch/CERN, BPD would no longer respond to the identified subset of Tier 1 (non-criminal) calls for service which would instead be handled by the CERN responders.

NICJR recommends contracting with local Community Based Organizations (CBOs) who are best prepared to successfully navigate and leverage local resources, services, and supports, to respond to the pilot Tier 1 calls.

The call types designated for the pilot phase are the 13 call types listed in the Table below. This subset of Tier 1 calls, selected due to the combination of high volume of calls and incidents that could be effectively handled by community responders, accounts for 89,283 total calls or approximately 25 percent of all calls over the 5-year study period.

¹⁵ <https://www.cityofberkeley.info/RIPST.aspx>

Tier 1 Subset of CFS for Pilot	# of calls in 2015	# of calls in 2016	# of calls in 2017	# of calls in 2018	# of calls in 2019
Abandoned Vehicle	403	449	481	476	496
Disturbance	6741	6955	7447	7540	6709
Found Property	900	914	888	779	726
Inoperable Vehicle	-	-	-	1	6
Lost Property	16	16	17	15	14
Noise Disturbance	3359	3307	3239	3158	2709
Non-Injury Accident	561	617	571	564	492
Suspicious Circumstances	2586	2354	2254	2184	2041
Suspicious Person	1628	1698	1756	1653	1479
Suspicious Vehicle	1560	1687	1626	1385	1448
Vehicle Blocking Driveway	-	-	-	345	953
Vehicle Blocking Sidewalk	-	-	-	15	45
Vehicle Double Parking	-	-	-	6	14
Total	17,754	17,997	18,279	18,121	17,132

Tiered Dispatch/CERN Pilot Program Implementation Steps

NICJR recommends that the City develop and issue a request for proposals to contract with Community Based Organizations (CBOs) to become CERN responders.

NICJR's recommendation is to divide the City into two CERN districts and award contracts to two CBOs to cover each district. Each CERN district should have three teams (one team per shift) of two CERN responders or Community Intervention Specialists, plus two additional Community Intervention Specialists as floaters to cover staff who call out or are on vacation.

For the pilot program, each CERN district would include the following staff:

- 8 Community Intervention Specialists
 - 3 of the Community Intervention Specialists would be leads, to have a lead Community Intervention Specialist (CIS) on each shift
- 1 CERN Supervisor
- 3 CERN Dispatch/Administrative staff

A position overview for the Community Intervention Specialist is included as Appendix A.

Although as a part of the RFP process applicant CBOs would submit proposed budgets, a sample budget of one CERN team is included in Appendix B. According to BPD's June 10, 2021, budget presentation to the City

Council, the Department is currently holding \$6.4 million in annual salary savings in vacant positions while the Reimagining Public Safety process plays out. These funds more than cover the costs of a CERN pilot. This budget does not include training and technical assistance for the CERN and BPD dispatch that NICJR suggest be provided by an organization that has implemented an alternative response program.

Dispatch

The following information was provided by BPD about dispatch:

Dispatchers are trained to identify approximately 170 pre-established call types for CFS in the CAD system. Some call types may be administrative and specific to BPD or categorized by California penal or vehicle code, and others are categorized by the Berkeley municipal code. Dispatchers are also trained to identify about 40 pre-determined call types for fire and EMS CFS.

The dispatcher identifies an applicable call type to assign the CFS based on what the caller is describing. The call type also determines the response level priority. The reliability of the call type assignment is dependent upon what the dispatcher is being told by the caller. Often the information the dispatcher obtains is unclear, fractured, or incomplete.

If the information or circumstances of an incident do not clearly fit a call type, BPD uses a 'catch all' call type description that dispatchers apply to initiate a response to the CFS. Some examples of call types include:

- 415 (Disturbance)
- SUSCIR (Suspicious Circumstance)
- 10-42 (Welfare Check)
- UNK (Unknown Problem)
- PCVIO (Miscellaneous Penal Code Violation)
- ADVICE (Advice)

Therefore, the outcome of the CFS can be very different from the original call type assignment. Call types may change based on receiving new information prior to an officer arriving on-scene. Once an officer arrives on-scene the call type remains the same, but the final disposition or outcome of the CFS can be different from the call type when dispatched.

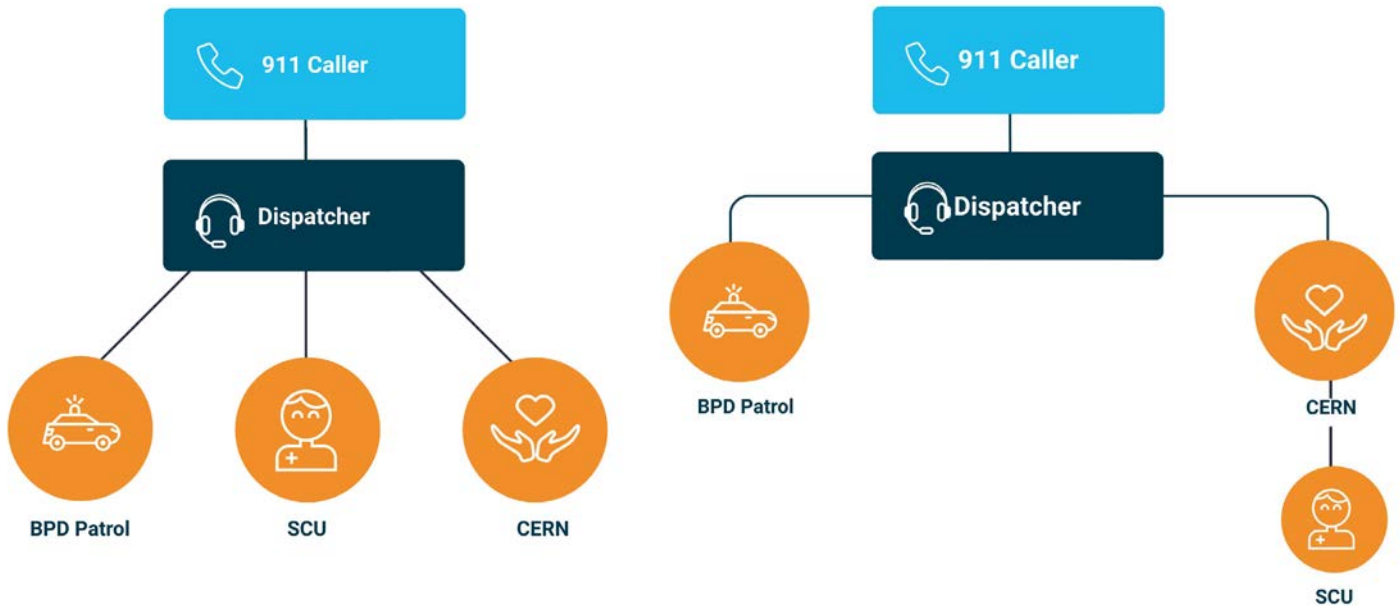
To implement the Tiered Dispatch/CERN model, training will be needed for dispatchers. But, per the process described above by BPD, there is not much of a change to how dispatchers will be asked to operate. When dispatchers identify a call as one of the 13 pilot program call types, they will send that call to the CERN Dispatch in the CERN district the call is coming from.

NICJR has suggested the 13 call types for the pilot initiative based on an examination of the call for service data including the call type at intake as well as final disposition. Appendix C includes a summary of and some actual Berkeley 911/CFS incidents among the 13 suggested call types to be in the pilot.

BPD currently receives many calls to its non-emergency phone line and often dispatches officers to those CFS. The CERN would also receive those CFS through BPD dispatch but the CERN should also have its own direct non-emergency line to receive CFS directly from the community that do not have to be routed through BPD.

Specialized Care Unit (SCU)

The City of Berkeley has initiated several police reform/public safety reimagining initiatives in the past 18 months, including the development of a SCU that was separate from this Reimagining Public Safety process. NICJR consultants worked with the Task Force and consultants on the SCU project to collaborate on community outreach addressing response to mental health calls. In the broad survey that received more than 2800 responses, a large majority of the respondents (80.8%) indicated a preference for trained mental health providers to respond to calls related to mental health and substance use, with most among those respondents indicating that police support should be available when needed.¹⁶ NICJR has received occasional updates on the SCU development process. The final report on the SCU is due to be released on the same day as the submission of the draft of this Final Report to the City and Reimagining Public Safety Task Force. With the understanding that the SCU will respond to calls for service related to mental health and substance abuse, NICJR recommends that either the SCU becomes a division of the CERN and responds to the specified call types identified in the SCU development process or that the SCU becomes a separate, third dispatch option. Both options are depicted below:



16 Page 16 of the Community Engagement Report

Example Tiered Dispatch/CERN Response from Call to Completion

A Berkeley resident who lives in an apartment building calls 911 at 2:00 a.m. saying there has been ongoing loud music and noises coming from a nearby unit in the apartment building. The dispatcher determines that the call is a 415E - Noise Disturbance call in South Berkeley and routes the call information to the South Berkeley CERN. The CERN dispatcher calls or radios the Community Intervention Specialist team on duty and provides them information about the call, both verbally and in the CAD, and directs them to the call.

The CIS team arrives on scene and hears the loud music. They knock on the door that the music is emanating from and talk with the occupants. After some discussion using their mediation training, the CIS team convinces the occupants to turn down their music. The lead CIS enters notes into the CAD (or other data system if an alternative is decided upon)

In 2019, according to the BPD CAD data, there were at least 1,000 disturbance calls for service involving loud music. Nearly all of those calls were responded to by a sworn police officer.

Once the pilot has been initiated, NICJR recommends the following steps:

1. Assess the pilot program, including response times, resolution of emergency, how often officers are being requested to the scene by the CERN, and other measures;
2. Implement regular CERN debriefs to assess circumstances in which officers were asked to respond and the associated outcome, as well as when they were not called and the associated outcome -- this will assist in identifying potential expansion or reduction of specific types of CFS in each response tier and allow the City to better tailor the program to the community needs;
3. Evaluate administrative, budget, and staffing implications from the transfer of services, noting both successes and challenges that impact program implementation - i.e. vacant positions, staff turnover, access to data, additional or specific training needed etc.;
4. Gradually expand the pilot to have CERN respond to all Tier 1 CFS

Alternative responses should be piloted and scaled after proven effective. As the Tiered Dispatch system is built out, BPD patrol staffing can be reduced through attrition and the budget can be reduced, and more funds can continue to be made available to support alternative responses and investment in addressing root cause issues.

NICJR is not recommending officer layoffs, but reducing the BPD budget through attrition. According to data provided by BPD, in the five years between 2016-2020, an average of 17 officers per year left the Department.

As alternative response is implemented, BPD should concentrate its officers' efforts on serious, violent felonies, with a top priority on gun crimes. We also recommend shifting BPD resources and staff time (sworn and non-sworn) to investigations, with a focus on solving violent crimes and improving clearance rates.

Potential CERN CBO Providers

There are a small number of community based organizations in Berkeley that could operate a CERN. Three of these are briefly highlighted below:

Building Opportunities for Self-Sufficiency (BOSS)

Established in 1971, Building Opportunities for Self-Sufficiency (BOSS) oversees a variety of programs and services encompassing housing, reentry, violence prevention, employment, education, and criminal justice policies. A major initiative BOSS has created is Neighborhood Impact Hubs, which provide resources and services to neighborhoods in Alameda County that experience concentrated poverty and violence. Supports provided include job training, community outreach, peer support, mediation, and others.¹⁷

BOSS also operates many transitional and permanent housing sites for individuals experiencing homelessness. Specialists known as Housing Navigators work to provide housing to individuals and families in the BOSS Network as well as those referred to the organization by way of the 211 Coordinated Entry System and Alameda County Behavioral Health Care Services.¹⁸ BOSS also manages Street Outreach teams in Oakland, working in neighborhoods with high rates of violence. BOSS has worked in Berkeley since its inception.

Bonita House, Inc.

Bonita House, Inc. is a non-profit organization that provides an array of services ranging from treatment for psychiatric and substance use disorders, intensive residential treatment, independent living programs, housing and employment assistance, and outpatient case management. The organization takes a social rehabilitative approach to assisting people recovering from mental health and substance use disorders.¹⁹

Currently, Bonita House, Inc.'s Creative Wellness Center (CWC) is funded by the City of Berkeley and serves as an entry point for recovery and supportive services for people with mental health needs and co-occurring conditions. Bonita House recently launched a Community Assessment and Transport Team (CATT) to serve as a crisis response system. This program is a joint effort among Alameda County Health Care Services Agency programs, 911 dispatch, the County Sheriff's Office, and others. Through CATT, a mental health provider and an Emergency Medical Technician will be available in a mobile transport unit to assist clients with a medical assessment along with transport to further services.²⁰

Bay Area Community Services (BACS)

Bay Area Community Services (BACS) was established in 1953 to elevate under-served individuals and families by supplying innovative behavioral health and housing assistance in northern California. BACS' philosophy centers on a trauma-informed, person-centric approach.²¹ The organization's North County Housing Resource Center (HRC) connects adults across Alameda County with housing opportunities. Services include housing navigation, financial assistance, legal workshops, and connections to additional resources.²² The HRC is a part of Berkeley's Coordinated Entry System (CES), an initiative which aims to more effectively tackle homelessness.²³

Another major program BACS administers is the Berkeley Pathways STAIR Center. The Berkeley Pathways STAIR Center is a re-housing program that assists individuals experiencing homelessness with transitioning into permanent housing in West Berkeley.²⁴ Open twenty-four hours a day, seven days a week, individuals at the STAIR Center are connected to case managers, supplied with meals and storage, and provided mental health services.²⁵ A critical component of the program is street outreach, in that outreach workers sustain

¹⁷ <https://www.self-sufficiency.org/supportsjcf>

¹⁸ <https://www.self-sufficiency.org/housingnavigation>

¹⁹ <https://bonitahouse.org/about-us/>

²⁰ <https://bonitahouse.org/catt/>

²¹ <http://bayareacs.org/who-we-are/>

²² <http://www.bayareacs.org/wp-content/uploads/2019/07/HS-Flyer-HRC-North-County.pdf>

²³ <https://www.cityofberkeley.info/homeless-entry/>

²⁴ <https://alamedakids.org/resource-directory/view-program.php?id=1223>

²⁵ <https://chancellor.berkeley.edu/sites/default/files/berkeleypathwaysinformation.pdf>

a presence in Berkeley's encampments and build relationships with their residents. During the first year of the STAIR Center, 170 individuals acquired a STAIR bed, with 101 clients exiting the shelter to permanent housing.²⁶

Berkeley Police Department Staffing & Budget Implications with Implementation of Tiered Dispatch & CERN

Implementation of the Community Emergency Response Network (CERN) Pilot:

According to BPD's June 10, 2021 budget presentation to the City Council, the Department is currently holding \$6.4 million in annual salary savings in 30 vacant positions (23 sworn/7 un-sworn) while the Reimagining Public Safety process plays out. These funds more than cover the costs of implementing a CERN pilot, which is estimated to cost \$2.5 million.

Full Implementation of Tiered Dispatch and CERN:

BPD has 164 total sworn officers.²⁷

According to a BPD presentation to the RPSTF, as of March 2021, there were 97 officers assigned to the Patrol Division, not including 16 reserve officers.²⁸

Based on NICJR's assessment of Calls for Service (CFS), it was determined that 50% of CFS could be responsibly responded to by an alternative response program, like CERN. If fully implemented well, in stages to ensure safety and quality, Tiered Dispatch and CERN could result in a 50% reduction in the BPD's Patrol Division.

Reduce BPD Patrol Division by 50%:

- Reducing the Patrol Division by 50% would equate to 49 officer positions.
- We suggest transferring 5 officers to the recommended Quality Assurance and Training Bureau under the new HALO initiative.
- We suggest transferring another 5 officers to investigations to increase the solve rates of serious and violent crime.
- This would leave 39 officer FTEs to eliminate.
- Cost per officer: \$245,656 annually
 - Step 3 Median salary: \$56.24 per hour x 2080 hrs (year of work) + 110% for benefits and other compensation (this fringe rate verified by City Administrator)
 - Does not include equipment costs (car, gun, computer, phone, protective equipment etc.)

Savings:

- Eliminating 39 FTEs in the patrol division would generate an annual savings of \$9,580,584.
- These dollars can be used to fund the CERN as well as increased investment in fundamental cause issues (education, housing, employment, drug treatment, mental health, etc).

²⁶ https://www.cityofberkeley.info/Clerk/City_Council/2019/09_Sep/Documents/2019-09-24_Item_41_Pathways_STAIR_Center__First_Year_Data_Evaluation.aspx

²⁷ Quick Facts - City of Berkeley, CA

²⁸ Berkeley Patrol Operations (cityofberkeley.info)

Time Frame:

- Reallocate funds from current vacant BPD positions to fund the CERN pilot and investment in community based services as identified in the Reinvest section of this report.
 - 23 current sworn vacancies x \$245,656 = \$5,650,088²⁹
- Three CERN teams (which would serve one CERN district for 24 hours) have an estimated annual cost of \$1.26 million (see Example CERN Budget in Appendix B)
 - The proposed pilot includes 6 CERN teams (two districts, one team per shift for three shifts a day) for an estimated annual cost of \$2.52 million
- BPD Annual attrition rate: 17 officers per year at annual savings of \$4,176,152.
- With the annual attrition savings: Expand CERN each year by 6 CERN teams (doubling each district's staff or dividing the city into three districts) at an estimated cost of \$2.52 million and invest the remaining \$1.65 million in community-based services.
- Though the final decision will have to be determined by the outcomes of the pilot, NICJR estimates a fully implemented CERN in Berkeley would have:
 - 3 CERN Districts: 2 teams per shift, per district for a total of 6 teams per shift across the 3 districts, for a total of 18 teams.
 - 18 CERN teams = estimated cost of \$7.59 million.
 - Full implementation can be achieved two years after the pilot is initiated.
 - Two years of attrition equals 34 eliminated positions, 5 positions short of the full 39 identified as able to safely reduce from the Patrol Division. Revaluation after two years can determine the need for those 5 positions or move forward with elimination to increase investment in community-based services.

A Note about Violent Crime: (Update by BPD on 10/19/21)

- In 2020, total Part One crime in Berkeley decreased by 11% overall.
- Part One Violent Crime decreased by 13% (81 crimes), and Part One Property Crimes decreased by 11% (738 crimes).
- In the first six months of 2021, total Part One crime in Berkeley decreased by 12% overall compared to the same timeframe in the prior year. Part One Violent Crime decreased by 10% (29 crimes), and Part One Property Crimes decreased by 12% (362 crimes).
- Homicides increased from zero in 2019, to five murders in 2020. There were no homicides in the first six months of 2021.
- Robberies decreased by 26% with 274 incidents as compared to 369 in 2019.
- In the first half of 2021, robberies decreased by 1% with 148 incidents as compared to 150 in the same timeframe in 2020.
- Shootings: There were 40 confirmed shooting incidents in 2020 versus 28 in 2019. There were 38 confirmed shooting incidents in the first nine months of 2021 versus 26 incidents in the same timeframe in 2020.
 - Confirmed shooting incidents include loud report calls where shell casings or other evidence of gunfire is found. In 2019 and 2020, arrests were made in at least a third of these incidents.

²⁹ Budget (cityofberkeley.info)

End Pretextual Stops

Pretextual or “pretext” traffic stops occur when police officers stop a driver for a minor violation, like vehicle equipment failure, and then try to leverage that opportunity to find evidence of a more significant crime, or when officers have made the stop on a low level violation assuming the driver or vehicle occupants are guilty of more serious offenses the officer is trying to find. A recent evaluation of 100 million traffic encounters demonstrated that Black and Latino drivers experience higher rates of pretextual stops and searches.³⁰ However, most of these stops do not actually yield any contraband or weapons.³¹ Because the nature of pretextual stops relies heavily on officer discretion, there is a high likelihood that implicit racial biases come into play. Such stops that end in violence or death disproportionately affect Black and Latino drivers.³²

Despite public concern, elimination of pretextual stops does not increase crime rates. An analysis by the police department in Fayetteville, North Carolina showed that violent crime was not affected after the police department reformed its use of pretextual stops.³³

Pretextual stops are in the process of being regulated in many states across the country. Oregon’s Supreme Court ruled in November 2019 that it was unconstitutional for police to stop a driver and proceed to ask unrelated questions, thereby effectively banning pretextual stops.³⁴ Virginia policymakers recently passed a bill restricting pretextual stops.³⁵ Other legislation has been introduced across the country that prevents police officers from conducting certain types of pretextual stops including, for example, broken tail or brake lights, objects obstructing the rearview mirror, and tinted windows.³⁶ Advocates of these bills state the proposed limitations would decrease racial incongruities in traffic stops.³⁷ The Berkeley City Council has already approved the formation of BerkDOT in order to address and decrease the frequency of pretextual traffic stops.³⁸ The City Council also approved the recommendations of the Mayor’s Workgroup on Fair and Impartial Policing, which included the elimination of pretext stops.

BerkDOT

Another element of the George Floyd Act passed by the Berkeley City Council was to create the Berkeley Department of Transportation (BerkDOT), the purpose of which would be to enhance safety and mobility in Berkeley. Although California law does not currently allow for an alternative response to traffic stops, the vision for the new civilian-staffed BerkDOT combines the current Public Works Department’s above-ground street and sidewalk planning, maintenance, and engineering responsibilities and the current transportation-related BPD functions of parking enforcement, traffic law enforcement, school crossing guard management, and collision response, investigation, data collection, analysis, and reporting.

30 <https://www.vera.org/blog/ending-pretextual-stops-is-an-important-step-toward-racial-justice>

31 <https://www.law.upenn.edu/live/files/7898-rudovskyoslj>

32 <https://www.berkeleyside.org/2021/03/02/opinion-for-berkeley-to-reimagine-public-safety-we-must-grapple-with-traffic-enforcement>

33 <https://inpejournal.biomedcentral.com/articles/10.1186/s40621-019-0227-6>

34 <https://www.opb.org/news/article/oregon-supreme-court-bans-police-officers-random-questions/>

35 <https://lis.virginia.gov/cgi-bin/legp604.exe?202+sum+HB5058>

36 <https://theappeal.org/traffic-enforcement-without-police/>

37 <https://www.dailypress.com/news/crime/dp-nw-northam-legislation-traffic-20201021-3f2tmucyl5csdmhbhv2zh3atya-story.html>

38 <https://www.berkeleyside.com/2021/03/02/opinion-for-berkeley-to-reimagine-public-safety-we-must-grapple-with-traffic-enforcement>

IMPROVE

This section focuses on how BPD and the public safety system in Berkeley can improve its quality, increase its accountability, and become more transparent. NICJR recommends the following improvement strategies:

- Implementation of HALO
- Creation of Bay Area Progressive Police Academy
- Implement additional police reform measures: Increase diversity of BPD leadership; Increase standards for Field Training Officers; and further amend the BPD Use of Force policy

Highly Accountable Learning Organization

During community listening sessions with Black, LatinX, system-impacted, and unstably housed / food-insecure residents there was a common perception amongst participants that the BPD is racist and classist. They expressed feeling targeted and unsafe with a militarized, aggressive approach to policing by BPD.³⁹ A Highly Accountable Learning Organization (HALO) is one that holds



staff accountable and continues to learn and grow. A HALO police department is one where staff hold each other accountable, where management trains, coaches, and encourages staff and admonishes and disciplines when necessary. A HALO police department continually learns and improves its performance. It immediately responds to poor performance, critical incidents, and problematic staff with accountability, learning, training, and correction. A HALO police department provides significantly more training than the minimum required by the California Peace Officer Standards and Training (POST).

NICJR recommends that the Berkeley Police Department become a Highly Accountable Learning Organization. BPD's HALO initiative would include the following:

- Implementation of a peer intervention program like EPIC and ABLE which train officers to intervene when they observe fellow officers engaged in inappropriate behavior.
- In line with recommendations from the Mayor's Task Force on Fair and Impartial Policing which were adopted by the Council, BPD should implement or improve on the Early Intervention System (EIS). The EIS should be designed to catch problematic officers early and provide appropriate training and correction or discipline and dismissal.
- Creation of Quality Assurance and Training Division: Significantly expand the current Training Unit and develop a Quality Assurance and Training Division that provides additional training, reviews body worn camera footage, and reviews critical incidents and complaints to develop officer and squad specific trainings.
- Increase Transparency: Provide regular reports to the public and increase the open data portal.

Ethical Policing Is Courageous (EPIC)

The EPIC program is a peer-to-peer intervention strategy that was created by the police department in New Orleans, Louisiana in 2016. EPIC involves training officers to be accountable to each other and to intervene before an unlawful act takes place, irrespective of hierarchy. This initiative aims to alter the culture surrounding policing in order to limit police misbehavior and promote a collaborative environment.⁴⁰

³⁹ Page 38 of the Community engagement report

⁴⁰ <http://epic.nola.gov/home/>

The EPIC program is founded on active bystandership psychology, which explains that active bystanders intercede when they are made aware of problematic behavior. EPIC training allows officers to overcome factors that may prevent them from intervening. These factors include a lack of confidence in their ability to deescalate a situation, uneasiness about potential retribution, and worry about breaking an unwritten code of silence.⁴¹

Leadership in police departments who participate in the EPIC program must be committed to changing their organizational culture. Police departments implementing EPIC must provide education, training, and on-going learning and support to officers for the initiative to be successful. EPIC can also integrate with other initiatives to boost officer well-being, including counseling and trauma assistance as well as stress reduction education.⁴²

Data has shown that police departments where EPIC programs have been implemented have better community relations, lower rates of misconduct, and lower rates of public grievances. The majority of the feedback from New Orleans police officers has also been positive.⁴³ Moreover, there is strong research that peer intervention is effective when successful strategies for interceding are provided.⁴⁴

Project Active Bystandership for Law Enforcement (ABLE)

Project ABLE is a joint effort between the Georgetown Innovative Policing Program and the Sheppard Mullin law firm to train officers to be able to properly intervene in a crisis situation and promote a policing atmosphere that reinforces peer intervention. Project ABLE is based on the principles of the New Orleans EPIC Peer Intervention Program and curriculum created by Dr. Ervin Staub for California law enforcement. Through Georgetown, law enforcement agencies are able to receive training in Project ABLE along with a host of other resources to assist them in advancing their own bystandership strategies.⁴⁵ ⁴⁶ The training consists of a minimum of a one-time, eight hour ABLE-specific training along with a minimum of two hours of annual refresher training.⁴⁷ All of these resources are provided to law enforcement agencies free of charge.

Project ABLE's aim is to reduce police misconduct and errors and assist in improving officer health and well-being. In order to prevent any retaliation from occurring to those officers who intervene, police departments must implement stringent anti-retaliation guidelines. Since its inception, over 70 police departments have enlisted in Project ABLE.⁴⁸

Research has shown that there are many advantages to the implementation of significant bystander training. This is critical because most police departments have a culture that dissuades officers from intervening when they see problematic behaviors.⁴⁹ Identified benefits include a decrease in violence to civilians, a decrease in violence to police officers, enhanced relationships between community residents and the police officers, and growth in officer well-being.⁵⁰ Evidence also suggests a strong correlation between departments that maintain robust duty to intervene protocols and decreased rates of police deaths per capita.

BPD should join the ABLE program to receive training and technical assistance and use the new Quality Assurance and Training Bureau discussed below to ensure the department adheres to the training, principles, and practices of the program.

41 <http://epic.nola.gov/epic/media/Assets/EPIC-Overview.pdf>

42 Id.

43 <https://www.apa.org/monitor/2017/10/police-misconduct>

44 <https://epic.nola.gov/epic/media/Assets/Aronie-Lopez,-Keeping-Each-Other-Safe.pdf>

45 <https://www.law.georgetown.edu/cics/able/>

46 <https://www.law.georgetown.edu/innovative-policing-program/active-bystandership-for-law-enforcement/our-mission/>

47 <https://www.law.georgetown.edu/innovative-policing-program/active-bystandership-for-law-enforcement/able-program-standards/>

48 <https://www.wsj.com/articles/nypd-officers-to-get-training-on-speaking-up-against-bad-policing-11611838809>

49 https://assets.foleon.com/eu-west-2/uploads-7e3kk3/41697/pdf_-_duty_to_intervene.6e39a04b07b6.pdf

50 <https://www.law.georgetown.edu/innovative-policing-program/active-bystandership-for-law-enforcement/able-program-standards/>

Early Intervention System

Early intervention systems (EIS) – also known as Early Warning System (EWS) or Early Warning and Intervention System (EWIS) – can be thought of as a personnel management or risk management tool designed to identify potential problematic behavior that puts the individual, organization, and/or community at risk. These systems consolidate a variety of data as well as indicators to analyze for potentially problematic behavior as early as possible. Indicators include but are not limited to: use of force incidents; citizen complaints; and disciplinary history. Identification of habitual misconduct by officers is often accomplished through a “peer officer comparison system” where officers assigned to the same beat are juxtaposed.⁵¹ Once an officer is identified by the EIS for habitual misconduct, training, supports, and services to aid the officer are provided to encourage officer wellbeing and aid in behavioral change that is consistent with organizational and community goals. Continued monitoring of officer progress, as well as frequent reviews of EIS data, is necessary for successful implementation.⁵² The collection and analysis of aggregate data within EIS is also recommended to be utilized to identify problem areas within teams, units, departments, or entire organizations.

Examples of areas that EIS commonly tracks are:

Performance category	Possible considerations
Arrests, especially excessive ‘discretionary’ arrests	May signify underlying bias of officer or over-zealousness; or could be due to agency reinforcement of arrests as a “good statistic” (therefore an agency-level problem)
Traffic Stops	May highlight concern over bias if indicative of profiling, may be due to agency reinforcement of arrests as a “good statistic” (therefore an agency-level problem)
Use of force by type (e.g., baton, pepper spray, gun, etc.)	Limited use of less lethal may indicate underlying fear or lack of confidence in ability to resolve encounters with a minimal amount of force. May uncover bias, overly aggressive tendencies, lack of verbal ability, lack of skill or training in de-escalation.

In February 2021, the Mayor’s Task Force on Fair and Impartial Policing recommended the implementation of an EIS and outlined the following seven areas in which the EIS should focus:

1. Evaluate and assess stop incidents for legality and enforcement yield.
2. Analyze data to determine whether racial disparities are generalized across the force or are concentrated in a smaller subset of outlier officers or squads/groups of officers. To the extent that the problem is generalized across the department, supervisors as well as line officers should be re-trained and monitored, and department recruitment, training, and structure should be reviewed. In addition, department policy should be examined for their impacts.
3. Where disparities are concentrated in an individual or a group of officers, with no race-neutral legitimate evidence for this behavior in specific cases, initiate an investigation to determine the cause for the disparity. Evaluate whether there are identifiable causes contributing to racially disparate stop rates and high or low rates of resulting enforcement actions exhibited by outlying officers. Determine and address any trends and patterns among officers with disparate stop rates. In the risk management process, the responsible

⁵¹ <https://samuelwalker.net/issues/early-intervention-systems/>

⁵² <https://www.policefoundation.org/publication/best-practices-in-early-intervention-system-implementation-and-use-in-law-enforcement-agencies/>



personnel in the chain of command reviews and discusses the available information about the subject officer and the officer's current behavior.

4. Absent a satisfactory explanation for racially disparate behavior, monitor the officer. Options for the supervisor in these cases include reviewing additional body-worn camera footage, supervisor ride-alongs, and other forms of monitoring. Further escalation to intervention, if necessary, may include a higher form of supervision, with even closer oversight. If performance fails to improve, command should consider other options including breaking up departmental units, transfer of officers to other responsibilities, etc. The goal of this process is to achieve trust and better community relations between the department as a whole and all the people in Berkeley. Formal discipline is always a last resort unless there are violations of Department General Orders, in which case this becomes an IAB matter.
5. Identify officers who may have problems affecting their ability to make appropriate judgments, and monitor and reduce time pressures, stress and fatigue on officers.
6. An outside observer from the PRC shall sit in on the risk management and/or EIS program. Reports from these meetings, or other accurate statistical summary, can be given to the commission without identifying any officers' names.
7. Report the results of this data analysis quarterly.

In response to the Fair and Impartial Policing recommendations, BPD has indicated it is implementing an EIS for traffic, bike, and pedestrian stops, which is a very good start. NICJR recommends that the EIS should also be expanded to assess all Use of Force incidents, complaints, and information gleaned from the Body Worn Camera (BWC) footage reviewed by the Quality Assurance and Training Bureau described below.

Quality Assurance and Training Bureau

In order for BPD to become and maintain a Highly Accountable Learning Organization, it must have an internal accountability and continual improvement process and structure. To this end, as a part of the HALO initiative, **NICJR recommends that BPD either expand its current Personnel and Training Bureau or create a new Quality Assurance and Training (QAT) Bureau.** The QAT Bureau would be responsible for supporting officers and personnel throughout the Department to maintain and increase high standards and professionalism, as well as quickly detect and correct any patterns of misconduct.

The QAT Bureau should examine every complaint filed, every Use of Force, and regularly examine BWC footage to assess where individual officers, squads, and the entire Department need additional training, specialized training, and coaching, to address the specific deficiency discovered through the complaint, incident, or pattern observed.

Unlike current operations, if the QAT Bureau observed discourteous treatment by an officer, they would be authorized and required to pull that officer into a special training and/or coaching session. The QAT Bureau would then review the BWC footage of officers in that squad to determine if there was an issue with the entire squad and sergeant.

The QAT Bureau would also increase the number and quality of trainings currently offered in the Department. POST, which oversees mandated training of officers in California, only requires 40 hours of training per year, but local departments can go beyond that minimum. Under the HALO initiative, BPD officers should receive far more training than the minimum POST requirements. In addition to *more* training, the QAT unit would provide not just one-size fits all training to a group of officers, but specifically tailored training to individual officers and squads based on their needed improvements or after critical incidents.

BPD has conducted a number of good trainings for its officers and non-sworn staff, including: Fair and Impartial Policing; Principled Policing; Bias Based; Communication-Keeping Your Edge; and Implicit Bias (a full listing of the trainings BPD provided to NICJR is in Appendix D). Based on the information BPD provided, there has not been a single Fair and Impartial Policing training in five and a half years, and not one held for all officers for the past seven.

Increased training and education programs are frequently promoted to police departments to help improve the quality of policing and support officers in gaining new skills. As noted by two Columbia Law School professors in an article on police reform, "... training does not take root unless officers are held accountable for obeying the rules and practicing the skills they are taught."⁵³ **Training alone is not adequate to transform a police department or change the behavior of an officer. But combined with culture change, new policies and accountability, training can be an effective tool to improve and reform the police.**⁵⁴

One of the trainings BPD should add for all officers is a full day Procedural Justice course. According to the Department of Justice's Community Oriented Policing Services, "Procedural justice refers to the idea of fairness in the processes that resolve disputes and allocate resources. It is a concept that, when embraced, promotes positive organizational change and bolsters better relationships."⁵⁵

A comprehensive evaluation of procedural justice trainings found that "training increased officer support for all of the procedural justice dimensions. Post-training, officers were more likely to endorse the importance of giving citizens a voice, granting them dignity and respect, demonstrating neutrality, and (with the least enthusiasm) trusting them to do the right thing."⁵⁶ Several evaluations of procedural justice have found the education has been correlated with an improvement in relations between a community and a police department. In Oakland, CA, the police department trained all officers in procedural justice and provided specialized procedural justice training to the department's gun violence reduction unit. Oakland's police department was also the first department in the country to have members of the community teach a portion of the procedural justice training. BPD should increase its use of local community members providing training to officers.

To implement the QAT Bureau, **NICJR recommends that BPD transfer five officers from the patrol division and two civilian staff into what is now the Personnel and Training Bureau and rename it the Quality Assurance**

53 <https://www.themarshallproject.org/2014/12/19/the-new-new-policing>

54 <https://nicjr.org/wp-content/uploads/2021/08/GeneralNewAndEmergingReport.pdf>

55 <https://cops.usdoj.gov/proceduraljustice>

56 <https://www.scholars.northwestern.edu/en/publications/training-police-for-procedural-justice>

and Training Bureau and amend the duties of those officers to achieve the above goals. With the implementation of the Tiered Dispatch model, the patrol division will have significantly less work load and officers can be reassigned to other duties, like the QAT Bureau.

Increased training hours will require negotiation with the union and the City Manager's Office will have to engage with the Meet and Confer process to implement these changes.



Greater Transparency

The issues of accountability and transparency in policing are intertwined and efforts to address each often include both. There are, however, specific efforts that work to daylight information about departmental activities as well as individual officers' behaviors for the purposes of identifying patterns and problems.

BPD should provide semi-annual reports to the public on stops, arrests, complaints, and uses of force, including totals, by race and gender, by area of the city, and other aggregate outcomes.

The Oakland Police Department (OPD) recently implemented a series of Microsoft Power BI (Business Intelligence) dashboards that allow for a precise review of police behavior. Working with Slalom, a data consulting firm, OPD has increased transparency and accountability through data analysis. Patterns of enforcement, historical activity, and performance over time are all monitored in close to real-time.⁵⁷

The dashboards were created with input from OPD staff and leadership, community based organizations, other law enforcement agencies, and Stanford University's SPARQ (Social Psychological Answers to Real-world Questions). Each dashboard can be accessed by OPD leadership, depending on security clearance. The dashboards have a simple interface, allowing supervisors to access and understand the data easily. Police supervisors can access a variety of data, from long-term information to arrests made within the last twenty-four hours.⁵⁸ Dashboards allow for an easy breakdown of incidents by factors including race, gender, ethnicity, and officer. This permits police departments to monitor problematic patterns and address them quickly.⁵⁹ One necessary improvement with these systems is allowing the public access to the information.

Bay Area Progressive Police Academy

The following section of this report provides detailed research, components, and recommendations to support the development of a Bay Area Progressive Police Academy (BAPPA) to address what has been identified as a significant and stark mismatch between the primary reasons for calls for service and the training that officers receive to appropriately respond to those calls.

A progressive training program like BAPPA understands, values, and reinforces through the appropriate proportion of skill building and practice that first and foremost an officer must create a positive relationship with the community and that relationships are built on communication and personal interaction. BAPPA instructors would teach using guidance, coaching, and feedback, rather than humiliation or demands for

⁵⁷ <https://www.slalom.com/case-studies/city-oakland-creating-police-transparency-and-trust-data>

⁵⁸ <https://medium.com/slalom-data-analytics/data-is-the-new-sheriff-in-town-but-is-it-biased-4aa140904dd7>

⁵⁹ <https://cao-94612.s3.amazonaws.com/documents/Police-Commission-7.23.20-Agenda-Packet.pdf>

compliance. The approach emphasizes critical thinking, active and engaged learning, and thoughtful, informed, and quick analysis. It also prioritizes a strong understanding of human behavior including behaviors exhibited by individuals experiencing high degrees of stress, shock, trauma, or in more extreme circumstances, a mental health crisis, and integrates real-life scenarios and debriefs that teach which responses are likely to escalate or de-escalate a situation.

The BAPPA structure would be centered on adult learning models and focus on the demonstrated acquisition and application of well-practiced skill as opposed to rote memorization. The content of the curriculum will include honest discussions about civil rights, the Constitution, what it means to connect to, uphold, and exhibit the values inherent in a community guardian, and to serve a community in which you are responding to highly vulnerable, rather than just potentially threatening people. The program's focus is to hold both officer safety and public trust in equal proportions -- not in competition or as mutually exclusive.

Although activists' concerns and complaints dominate the headlines, when asked to reflect on the relevance and utility of their academy experience, much of the criticism has come from officers themselves.^{60 61} Police administrators have also expressed that they do not believe that police academy training is sufficient in preparing officers for the reality of the work they are asked to do.⁶²

The general disconnect between academy training and job preparation tends to revolve around two interrelated topics concerning the content and delivery of academy curriculum: 1) the typical paramilitary format fails to prepare recruits to work in a manner consistent with the community-oriented police services model; and 2) it is delivered in a manner that is inconsistent with basic principles of adult-learning theory and styles. Essentially, in order to produce officers who are able to successfully perform community-oriented policing techniques (e.g., proactive collaboration with community members), **police academies must train recruits to be independent, creative problem solvers who are connected to the human impact of their decisions and see their role as a guardian, not a warrior.**⁶³

According to a resolution authored by Berkeley City Councilmember Ben Bartlett and co-sponsored by Mayor Jesse Arreguin in June 2020:

“Berkeley Police Department recruits currently train at the Contra Costa County Sheriff’s Office Academy Training Center, Sacramento Police Academy, Santa Clara County Sheriff’s Office Justice Training Center, and Alameda County Sheriff’s Office Academy Training Center. Unfortunately, these facilities are paramilitary in structure, potentially instilling the warrior mentality that forces a divide between law enforcement and the public and promotes fear. Additionally, the Alameda County Sheriff’s Office’s history of using military technology, deploying armored vehicles, equipping deputies with automatic rifles, and support for Urban Shield casts doubt on the ability of the Alameda County Sheriff’s Office Regional Training Center in Dublin to train cadets in a progressive, non-paramilitary manner.” The resolution goes on to say:

“Rooting out the paramilitary aspect of policing begins with transforming police training. It necessitates equipping officers with practical and effective decision-making methods that prioritize de-escalation and reserve use of force as a last resort. It necessitates teaching police officers that they have the power and the choice to perpetuate or defeat injustice. It necessitates engaging officers with the history of their profession and challenging their socioeconomic and racial biases.”⁶⁴

60 <https://www.emerald.com/insight/content/doi/10.1108/13639519810206600/full/html>

61 <https://psycnet.apa.org/record/1987-29889-001>

62 <https://heinonline.org/HOL/LandingPage?handle=hein.journals/injposcim4&div=25&id=&page=>

63 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6950698/#B2-ijerph-16-04941>

64 <https://www.cityofberkeley.info/uploadedFiles/Clerk/Progressive%20Police%20Academy%20June%202020.pdf>

Unfortunately, the approach in which most police academies continue to be conducted is in a paramilitary fashion. This means that recruits are held to a high standard of discipline and regimentation seemingly for discipline and regimentation sake. They utilize the mentality of a warrior going to battle and view the police force as being an occupying army. This approach has been referred to as the “warrior mentality” for many years. Instilled or reinforced in police officers at the academy, the warrior concept is saturated throughout police culture. Another, more insidious problem in a military-style academy is the behavior modeled by academy staff. Those without power (recruits) submit without question to the authority of those who have power (academy staff). In this way, academy training staff are often indistinguishable from military drill sergeants, who verbally harass and even demean recruits who are not measuring up.⁶⁵ Pushups, extra running, and writing reports are used as punishment for failure to demonstrate skills and/or properly follow directions. Although this type of approach can sometimes build camaraderie, it has not been shown to effectively build recruits’ skill. There are, however, many other ways to build camaraderie while achieving the primary goal of improving the recruit’s skill and ability to do their job. What the paramilitary model has been shown to do is contribute to a fairly high dropout rate. This is especially true in organizations that have implemented newer hiring practices that recruit more mature individuals, with advanced degrees and whose education, training, and life experience has taught them to ask questions, critically analyze, debate, and discuss rather than just follow orders. Which means that the paramilitary training model results in high drop-out or failure rates amongst the very recruits departments are attempting to attract and retain.



The contrast to the warrior mentality is the guardian mentality, which promotes community engagement, the establishment of meaningful relationships, and providing support to residents. The notion of being a guardian or protector of the public is a noble one, one in which trust and respect can replace fear and intimidation. If police agencies are committed to hiring officers who will do things differently and exemplify the guardian qualities, they must create agencies that exhibit those same qualities and train recruits in a manner that reinforces them.

NICJR recommends that the preceding information be used to develop a Bay Area Progressive Police Academy built on adult learning concepts and focused on helping recruits develop the psychological skills and values necessary to perform their complex and stressful jobs in a manner that reflects the guardian mentality. In order to leverage resources as well as build a regional approach, BAPPA is proposed as a partnership between area cities that may have similar goals to transform their police departments, which may include: Berkeley, Albany, and potentially Oakland.

NICJR recommends that the preceding information be used to develop a Bay Area Progressive Police Academy built on adult learning concepts and focused on helping recruits develop the psychological skills and values necessary to perform their complex and stressful jobs in a manner that reflects the guardian mentality. In order to leverage resources as well as build a regional approach, BAPPA is proposed as a partnership between area cities that may have similar goals to transform their police departments, which may include: Berkeley, Albany, and potentially Oakland.

⁶⁵ Couper, D.C., *Arrested Development: A Veteran Police Chief Sounds Off About Protest, Racism, Corruption and the Seven Steps Necessary to Improve Our Nation’s Police*, Indianapolis, Indiana: Dog Ear Publishing, 2011.

Other Police Reform Measures:

Increase Diversity of BPD Leadership

Overall, BPD has a relatively diverse sworn staff as it relates to Berkeley's demographics in terms of race and ethnicity. But there is a significant disparity in gender, with males making up 86 percent of sworn staff. BPD also only tracks gender as male or female; this should be changed. Another concern is that, of the 13 executive staff in the Department (Lieutenants/Captains/Chief), nine are white, three are Asian, one is Black, and none are Latinx (a chart of BPD personnel by race and rank is in Appendix E). Intentional focus on increasing the racial and gender diversity of BPD line staff and leadership will be important in the near term.

Increase Standards for Field Training Officers

The Minneapolis police officer who murdered George Floyd was a Field Training Officer (FTO) despite having 13 previous complaints leveled against him and he was involved in three previous shootings.

BPD should amend its policy to disallow any officer from becoming a Field Training Officer who has either more than two complaints or any one sustained complaint in any 12 month period.

Further Amend the BPD Use of Force Policy

NICJR recommends that BPD's Use of Force policies be revised to limit any use of deadly force as a last resort to situations where a suspect is clearly armed with a deadly weapon and is using or threatening to use the deadly weapon against another person. All other force must be absolutely necessary and proportional.



REINVEST

Berkeley is an affluent city with resources, one of the most well regarded academic institutions in the country, and a progressive electorate that supports social programs. Unfortunately, this combination of assets has not resulted in appropriate and sustained investment in the most vulnerable populations in the city.

The City of Berkeley must increase its investment in communities, families, and individuals who: live in poverty, are unhoused, are unemployed, are underemployed, have mental health challenges, and/or have substance abuse challenges. Particular attention to racial and ethnic intersectionality with respect to these socio-economic demographic characteristics is critically important (especially in relation to Black and Latinx communities). The Community Engagement Report, Appendix J, includes a wealth of input and ideas for investment from many of Berkeley's most vulnerable populations. The information contained in this report can serve an ongoing benefit in addressing the needs of the community and its unique diversity.

When the Tiered Dispatch/CERN model is fully implemented, up to 50 percent of calls for service in the City can be diverted to a non-police response, allowing for BPD staffing to be responsibly and safely reduced and the Department's budget to be significantly reallocated.

Even before the BPD budget can be reduced and reallocated, the City should use General Fund dollars and other revenue sources to increase investment in "fundamental cause" drivers of trauma, crime, and violence. These fundamental causes include, but are not limited to:

- Poverty
- Homelessness
- Education
- Substance Abuse
- Unemployment and underemployment

NICJR recommends that the City take the following measures to increase investment in vulnerable communities and fundamental cause issues:

- Launch a Guaranteed Income program to provide monthly stipends to individuals and families living under the poverty level
- Launch a Community Beautification Employment Program
- Increase Funding for Community Based Organizations

Guaranteed Income

The poverty rates from the national to the local level show deepening poverty levels as we get closer to home. In 2019, the national poverty rate was 10.5 percent and in California it was 11.8 percent.⁶⁶ Drilling down, we find that Alameda County's poverty rate was 14.1 percent and that Berkeley's was 19.2 percent.⁶⁷ The 2019 American Community Survey conducted by the U.S. Census Bureau reveals that nearly 36 percent of Black and 24 percent of Latino residents live below the poverty line, compared to only 12 percent of white residents.⁶⁸ Consistent with those findings, immigrant Californians experienced a poverty rate of 21.6 percent, compared to 14.4 percent for non-immigrants, and poverty among undocumented immigrants was 35.7 percent. More

⁶⁶ <https://www.statista.com/statistics/205434/poverty-rate-in-california/>

⁶⁷ <https://www.census.gov/quickfacts/berkeleycitycalifornia>

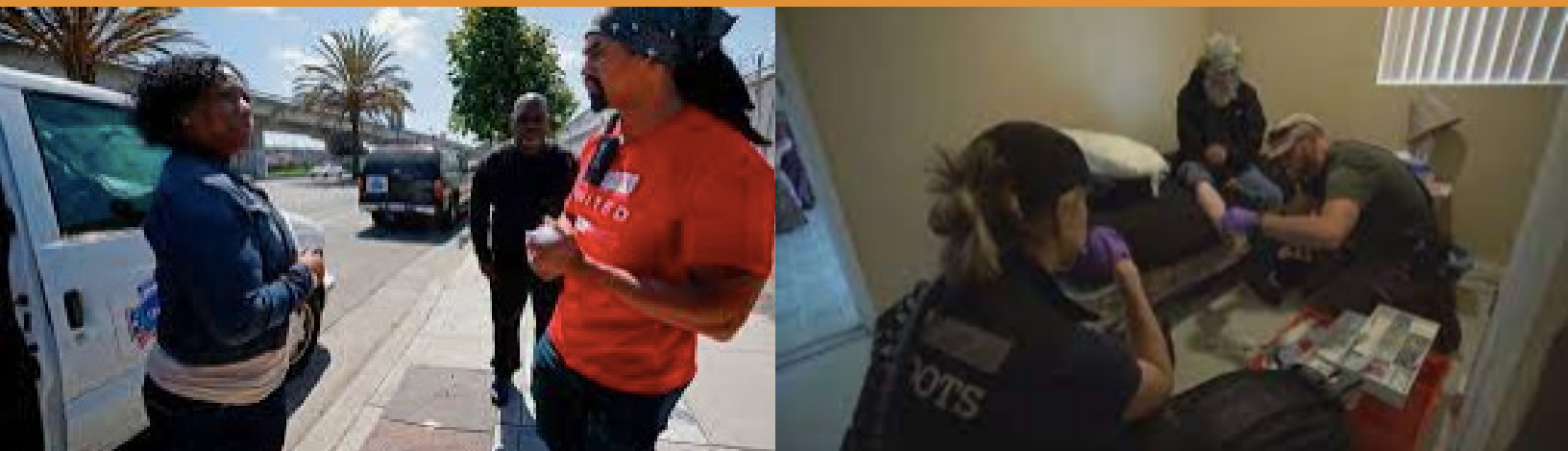
⁶⁸ <https://www.census.gov/programs-surveys/acs>

than one in five (21.4 percent) Latinos lived in poverty, compared to 17.4 percent of African Americans, 14.5 percent of Asian Americans/Pacific Islanders, and 12.1 percent of whites.⁶⁹

While Guaranteed Income or Universal Basic Income (UBI) programs have recently become popular in the United States, the state of Alaska has a program that provides regular unconditional payments to residents. The Eastern Band of Cherokee Indians Casino Dividend in North Carolina has given every tribal member between \$4,000 and \$6,000 per year since 1997. Studies of both efforts have shown a reduction in crime associated with the unconditional cash payments. These findings have been replicated in international studies, including one in Namibia which showed a direct correlation between UBI and crime reduction. There are smaller pilot efforts currently underway in the United States. Oakland recently launched a Guaranteed Income program and San Francisco is starting in 2022. In Jackson, Mississippi, Springboard to Opportunities and the Magnolia Mothers Trust are giving \$1,000 per month to Black mothers.

In Stockton, California, 125 residents have been receiving \$500 per month, since February 2019. Former Stockton mayor Michael Tubbs launched the initiative in the city and championed several Mayors from across the country in coming together to pledge to launch UBI initiatives in their cities through Mayors for a Guaranteed Income. A preliminary study of the Guaranteed Income program in Stockton found several positive outcomes, including that recipients were “healthier, showing less depression and anxiety and enhanced well-being.”⁷⁰

Berkeley should launch a Guaranteed Income pilot program similar to other cities in the region. The pilot program should select a subpopulation of 200 Black and Latinx families that have children under 10 years of age and have household incomes below \$50,000. These families should be provided a monthly stipend of \$750 at an annual cost to the City of \$1.8 million, a sum that can be taken from: the General Fund; federal funding already received or forthcoming, or the soon to be passed Infrastructure Bill; or raised through philanthropy akin to the approach in other cities.



Community Beautification Employment Program

NICJR recommends that the City launch a crew-based employment program, or expand an existing program that employs formerly incarcerated and unhoused people to help beautify their own neighborhood. Hire and train no less than 100 formerly incarcerated and unhoused Berkeley residents to conduct Community Beautification services, including: blight abatement, tree planting, plant and maintain community gardens, make and track 311 service requests, and other community beautification projects.” has been changed to

⁶⁹ <https://www.census.gov/programs-surveys/acs>

⁷⁰ [SEED_Preliminary+Analysis-SEEDs+First+Year_Final+Report_Individual+Pages+.pdf \(squarespace.com\)](#)

“blight abatement, tree planting, planting and maintenance of community gardens, making and tracking 311 service requests, and other community beautification projects.

There are many Berkeley and Bay Area CBOs that are capable of implementing this program, including the Center for Employment Opportunity (CEO) that operates a crew-based employment program for people on probation in Alameda County or BOSS, which has also provided similar services. However, this program would be focused on beautifying Berkeley neighborhoods and employing Berkeley residents.

A recent study showed that community beautification efforts in Philadelphia had a direct impact in reducing violence in those neighborhoods.⁷¹

Under AB 109 Criminal Justice Realignment, each year Alameda County receives an allotment of funds from the state to serve adults in the community who are under probation supervision and for other related operations. The Alameda County Board of Supervisors has mandated that half of those funds be allocated to community based services. In fiscal year 2019-2020, Alameda County received more than \$50 million in Realignment funds from the state, with \$25 million of it dispersed to community services.⁷²

According to Alameda County Probation Department data, five percent of probation caseloads are from Berkeley. Of the annual \$25 million in Realignment funds allocated to community services each year, 5%, or \$1.25 million, should be spent on Berkeley residents. CEO also provides a crew based employment program in Oakland, which serves 80 people at an annual cost of \$345,000. If Berkeley receives its fair share of Realignment funding, it would more than cover the cost of the Community Beautification Employment program.

Increase Funding to Community Based Organizations

CBOs that provide services to those who are unhoused, live in poverty, have mental health challenges, have substance abuse challenges, are system-involved, and/or are LGBTQ should receive an increase in funding using Reinvest dollars. A list of Berkeley CBOs that provide such services are included as Appendix F.

For FY 2022, the City of Berkeley plans to spend \$20,484,394 to support CBOs; this allocation level represents a 22 percent decrease from the \$26,311,113 amount allocated to these organizations in FY 2021.⁷³ At the same time, BPD’s FY 2022 budget saw an increase, from \$65,460,524 (adopted FY21) to \$73,228,172 (proposed FY22), an 11.9 percent increase.⁷⁴

Increased funding can come from Measure W funds (described below); when the BPD’s budget is gradually reduced; the soon to be passed Infrastructure Bill; and concerted efforts to increase philanthropic dollars. Many Foundations, locally and nationally, are interested and have funded Reimagine Public Safety efforts. If the City of Berkeley adopts the innovative measures in this report and through other efforts being developed from the George Floyd Act, it will attract greater investment from philanthropy.

The City of Berkeley should increase funding to CBOs in one of two ways:

- An across the board 25% increase of grant amounts to currently funded CBOs
- Create a local government agency to be the centralized point of coordination, such as a Department of Community Development to develop a detailed plan to increase the investment in local CBOs that provide services to address fundamental cause issues.

⁷¹ Citywide cluster randomized trial to restore blighted vacant land and its effects on violence, crime, and fear | PNAS

⁷² http://www.acgov.org/board/bos_calendar/documents/DocsAgendaReg_12_12_19/PUBLIC%20PROTECTION/Regular%20Calendar/item_3_AB_109_rpt_12_12_19.pdf

⁷³ <https://www.cityofberkeley.info/uploadedFiles/Manager/Budget/cob-proposed-budget-fy2022.pdf>

⁷⁴ <https://www.cityofberkeley.info/uploadedFiles/Manager/Budget/cob-proposed-budget-fy2022.pdf>

In Oakland, the Reimagining Public Safety Task Force recommended a \$20 million increase in funding to CBOs to be distributed through the Department of Violence Prevention. In response, the City Council allocated \$17 million to DVP and required the Department to develop a plan on how to disperse the funds to local CBOs. Berkeley could do something similar through the creation of the Department of Community Development.

Measure W

In November of 2020 Alameda County voters passed Measure W, a sales tax measure that is anticipated to generate \$150 million per year to provide housing and services for the unhoused. The funds are to be distributed geographically based on the number and percentage of unhoused individuals in each jurisdiction. The measure will establish a half percent (0.5%) sales tax increase for 10 years to provide essential County services such as housing, mental health services, job training, and other social safety services. Funded housing programs will include rapid rehousing, ongoing rental subsidies, expanded emergency shelters, and permanent supportive housing in certain cases.

As of 2019, there were approximately 1,108 unhoused people living in Berkeley, constituting 13.8 percent of Alameda County's unhoused population.⁷⁵ Berkeley should therefore expect to receive 13.8 percent of the \$150 million annually, which amounts to \$20.7 million for housing and other social services. The measure contemplates annual audits and citizen oversight, program components that Berkeley residents can leverage to ensure adequate spending and care is provided to unhoused people and people experiencing mental health crises in Berkeley in addition to ensuring safe, secure housing.



⁷⁵ [Berkeley+Homeless+Count+2019.pdf \(squarespace.com\)](#)

Implement Advance Peace Program

Berkeley has a relatively low rate of gun violence, but has experienced an increase in the past year. As of December 9, 2021, Berkeley has had 48 confirmed calls regarding gunfire compared to the same time last year when 39 calls were recorded⁷⁶. This represents an increase of approximately 23 percent. When compared with the numbers from 2019 (28 incidents of confirmed gun violence), the increase is further magnified resulting in a 71 percent increase. NICJR recommends the City implement the renowned Advance Peace program.

Advance Peace is a nonprofit organization that focuses on achieving tangible reductions in cyclical and retaliatory firearm-related assaults and deaths. The organization was formed in response to an analysis done by the City Council in Richmond, CA that found gun violence disproportionately affected Black men aged 18-24, with that population constituting 73 percent of homicide fatalities.⁷⁷ This goal is achieved through the implementation of strategic partnerships and interventions that strengthen neighborhood ties and promote community welfare. Advance Peace works to provide resources including life skills training and mentoring to individuals who are at greatest risk of being involved in gun violence.

Leveraging their relationships in the community, Advance Peace staff known as Neighborhood Change Agents (NCAs) conduct daily sweeps of their communities, an effort that provides a continuous flow of critical information that informs staff response. Advance Peace's main program is the Peacemaker Fellowship, which provides transformational opportunities to young men involved in lethal firearm offenses by placing them in a high-touch, personalized fellowship. The Fellowship provides life coaching, mentoring, connection to needed services, and cultural and educational excursions to those deemed to be the very most dangerous individuals in the city. Fellows can also receive significant financial incentives for participation and positive behavior as a gateway to developing intrinsic motivation. Since the establishment of the ONS, firearm-related homicides have declined in Richmond by more than 70 percent. For individuals enrolled in the Peacemaker Fellowship, 77 percent have not been involved in any gun violence activity.⁷⁸ The Peacemaker Fellowship has been replicated in the cities of Stockton and Sacramento, CA, with promising outcomes.⁷⁹

Implementation of the Advance Peace program will cost the City approximately \$500,000 per year.

⁷⁶ <https://www.berkeleyside.org/2021/05/22/2021-berkeley-gunfire-map>

⁷⁷ https://www.evidentchange.org/sites/default/files/publication_pdf/ons-process-evaluation.pdf

⁷⁸ <https://www.advancepeace.org/about/the-solution/>

⁷⁹ <https://www.advancepeace.org/about/learning-evaluation-impact/>

CONCLUSION

NICJR is proud to present this Final Report and Implementation Plan to the Mayor, City Council, City Manager and the Reimagining Public Safety Task Force.

The research and experience of NICJR and its partners; the feedback and input from the Task Force and City staff; and the engagement with and input from the community all culminated in the innovative ideas presented in this Final Report. This report and our recommendations provide a blueprint to move toward a public safety model that is community centered. As police reform efforts move forward, the City will have greater resources and additional information on continuing the process of mental health specialists and CBOs taking leadership of responding to the needs of the communities most impacted by the inequities in the current system and provide the necessary supportive resources for those in greatest need.

Through implementing the recommendations in this report and the other parallel processes (SCU, BerkDOT, etc), the City of Berkeley is poised to transform its public safety system, improve the outcomes of Berkeley residents, and become a national model for other cities to emulate.

By safely and responsibly reducing the footprint of law enforcement in Berkeley, vastly improving the quality of policing, and significantly increasing investment into community based services, Berkeley will have truly reimagined public safety.

NICJR would like to thank its partners: Bright Research Group, Pastor Michael Smith, Renne Public Law Group, and Jorge Camacho of the Justice Collaboratory at Yale Law School. NICJR would also like to thank the Task Force, a group of passionate and committed volunteers who spent many hours working to make Berkeley a better city for all its residents. Lastly, NICJR thanks and appreciates all the members of the community who participated in a listening session, completed the survey, attended a community meeting, or in any way participated in this process.

IMPLEMENTATION PLAN			
REDUCE			
Recommendation	Estimated Cost	Funding Source	Timeline
Establishment of a Tiered Dispatch/CERN Pilot Program.	\$2,532,000, plus some costs associated with training for Dispatch.	Current BPD vacant positions.	Issue RFP 30 days after City Council approval, select vendors 90-120 days afterward, and begin pilot six months after City Council approval.
Contracting with local Community-Based Organizations (CBOs).			
Full Implementation of Tiered Dispatch/CERN Pilot Program and reduction of BPD patrol division of 50%.	\$7,596,000	Reduction of BPD Patrol Division by 50%.	Two years after implementation of the pilot initiative.
IMPROVE			
Recommendation	Cost	Funding Source	Timeline
Berkeley Police Department should become a Highly Accountable Learning Organization (HALO).			
BPD should join the ABLE program to receive training and technical assistance and use the new Quality Assurance and Training Bureau discussed below to ensure the department adheres to the training, principles, and practices of the program.	Joining ABLE is free of cost.	N/A	Within six months of approval from City Council.
Expand the Early Intervention System to assess all Use of Force incidents, complaints, and information gleaned from the Body Worn Camera (BWC) footage reviewed by the Quality Assurance and Training Bureau.	No additional costs.	N/A	Within six months of approval from City Council.
Transfer five officers from the patrol division and two civilian staff into what is now the Personnel and Training Bureau. Rename it the Quality Assurance and Training Bureau and amend the duties of those officers to achieve the above goals.	No additional costs.	N/A	Within six months of approval from City Council.
BPD should provide semi-annual reports to the public on stops, arrests, complaints, and uses of force, including totals, by race and gender, by area of the city, and other aggregate outcomes.	Internal re-organization can achieve this goal without additional costs.	N/A	First report should be issued July 1, 2022.

Develop a Bay Area Progressive Police Academy (BAPPA).	An analysis of police academies throughout the Bay Area found that the cost per student range is roughly \$4,300 - \$4,600 per student, with a significant proportion of costs eligible for reimbursement through the Commission on Peace Officers Standards and Training (POST.) The development of the BAPPA would include certification through POST in order to satisfy State requirements. NICJR recommends that collaboration with Albany and potentially Oakland be explored.	Reduced BPD budget through eliminating patrol positions through attrition, revenue from partner law enforcement agencies.	Launch two years after City Council approval.
Revise BPD's Use of Force policies to limit any use of deadly force as a last resort to situations where a suspect is clearly armed with a deadly weapon and is using or threatening to use the deadly weapon against another person.	Training costs.	Savings from eliminating patrol positions through attrition.	Within six months of approval from City Council.

REINVEST

Recommendation	Cost	Funding Source	Timeline
Launch a Guaranteed Income pilot program.	\$1,800,000	General Fund; federal funding already received or forthcoming, from the Infrastructure Bill; or raised through philanthropy akin to the approach in other cities.	Launch within six months of approval from City Council.
Launch a Community Beautification Employment Program.	\$1,250,000	5% of County Criminal Justice Realignment funds allocated to community services for Berkeley residents.	Launch one year after approval from City Council.
Increase Funding for Community-Based Organizations.	\$25,605,492.50	Measure W funds, when the BPD's budget is gradually reduced; the Infrastructure Bill; and concerted efforts to increase philanthropic dollars.	FY 22-23.
Launch the Advance Peace Program	\$500,000	General fund	Launch in first quarter of FY 2023, on going for at least three years.

APPENDICES

- A. Overview of Duties for CERN Positions**
- B. Example Annual CERN Team Budget**
- C. Tiered Dispatch/CERN Pilot Calls for Service Summaries**
- D. FIP and Related Course Training History**
- E. FY 2020 Year End Workforce Report**
- F. Community Based Organizations and Nonprofits Providing Services in Berkeley**
- G. New and Emerging Models of Community Safety and Policing Report**
- H. Berkeley Calls for Service Analysis**
- I. Alternative Responses Report**
- J. Community Engagement Report**

APPENDIX A

Community Intervention Specialist Position Overview

A Community Intervention Specialist (CIS) responds to non-criminal and low level 911 and other Calls for Service (CFS) in Berkeley as a part of the Community Emergency Response Network (CERN). CISs help to address, mediate, and resolve challenges, emergencies, conflicts, and other causes for CFS.

CISs will respond to a wide array of calls and situations and must engage the community in a thoughtful, patient, serious and compassionate manner.

Although the work of a CIS will evolve as the CERN develops and will always be dynamic and fluid, the following are the general duties of a CIS:

- Respond to emergency and non-emergency calls for services in Berkeley and attempt to resolve the problem, like noise complaints and neighbor disputes.
- Use mediation and de-escalation skills and tactics to ease tensions and mediate conflict
- Help those in need of support, including providing water, food, and encouragement.
- Communicate well with your team and with the CERN dispatcher
- Use compassion and empathy when engaging with the community and those in crisis
- If a situation escalates and proves dangerous and/or a deadly weapon is involved, call for an officer to respond
- Write notes and reports and perform other administrative tasks

Necessary Qualifications

- Experience working in diverse communities
- Experience working in crisis and/or high stressful situations
- Experience with mediation
- Lived experience in the justice system and/or neighborhood groups is welcome and encouraged
- Works in a professional manner
- Is energetic and passionate about serving the community
- Proficient in writing and use of a computer
- Bachelor's degree, preferably in social work or public health field, or no less than five years of experience relevant to this position

APPENDIX B

Example Annual CERN Team Budget

Personnel		FTE %
ED or other Org Manager	25%	\$50,000.00
CERN Supervisor	100%	\$90,000.00
CERN Dispatcher (3)	100%	\$75,000.00
Lead CIS (3)	100%	\$75,000.00
CIS (5)	100%	\$70,000.00
Subtotal		\$ 360,000.00
Fringe (25%)		\$90,000.00
Total Personnel		\$360,010.00
Operations		
Office Rent		\$36,000.00
Supplies		\$6,000.00
Vehicles (3)		\$105,000.00
Fleet gas and maintenance		\$32,400.00
Insurance		\$10,000.00
Radios (6)		\$1,500.00
Cell Phones (10)		\$2,000.00
Cell Phone lines		\$12,000.00
Water & Snacks		\$3,000.00
Uniforms		\$1,000.00
Total Operations		\$208,900.00
Subtotal		\$568,910.00
In-Direct (10%)		\$56,891.00
TOTAL		\$625,801.00

APPENDIX C

Tiered Dispatch/ CERN Pilot Calls for Service Summaries

Vehicle Double Parking, Blocking Driveway or Sidewalk, Inoperable or Abandoned

Calls for service (CFS) BPD receives related to vehicles blocking driveways, sidewalks, being double parked, inoperable or abandoned are call types that lend themselves to having an alternate response. Of the 3,690 CFS in the tier 1 subset of call types that were for the previously mentioned, only 56 percent were handled by BPD Parking Enforcement Division.

Any reason for parking enforcement not handling closer to 100 percent of call types falls short because the aforementioned call types are non-criminal and not likely to necessitate a sworn police response. Examples of CFS related to vehicles blocking driveways, sidewalks, being double parked, inoperable or abandoned, include an array of narratives that summarily and accurately capture the call type.

General Disturbance and Noise Disturbance

CFS BPD receives related to general disturbances or noise disturbances are also call types that may be better served with an alternate response. CERN community responders who are better equipped to mediate conflicts or de-escalate situations through a community centered approach may serve as a better option than dispatching sworn officers. BPD would not be precluded from responding to the call types, but rather a second option if needed.

Disturbance and Noise Disturbance CFS are generally non-violent and non-criminal in nature. In some cases, an argument or heated debates are categorized as disturbances and in other cases petty theft from retail stores are categorized as disturbances. In other cases, by the time an officer arrives to the scene the responsible parties are either unable to locate or gone on arrival. In many of the Noise Disturbance call types, officers were able to make contact with the responsible parties and ask them to cease what they were doing or move along. These types of calls are prime examples of how an alternate response would work in Berkeley.

Found and Lost Property

Found and lost property call types include calls where an individual has either found or lost money, credit cards, their wallets, and other personal property.

Non-Injury Accident

Calls for service (CFS) BPD receives related to certain non-injury collision may be better served with an alternate response. Civilian personnel should be the primary handlers of these types of CFS. Unless there are barriers that legally preclude civilian personnel from handling certain types of property, civilian personnel or telephone reporting can serve to address these call types.

Although there may be some cases where major injury collisions occur, most collisions that occur in Berkeley are relatively minor and can be handled by civilian personnel within a traffic unit or the Berkeley Department of Transportation (BerKDOT) that is being developed. In cases where there are no injuries to be reported, civilian personnel or BerKDOT can handle these calls to take reports. Individuals may also call in to a telephone reporting unit to make a report.

Suspicious Person, Vehicle, Circumstances

Calls for service (CFS) BPD receives related to suspicious person, vehicle, or circumstances may be better served with an alternate response. Civilian personnel should be the primary handlers of these types of CFS. CERN allows for community responders to request officer assistance if needed. In some cases, an officer is needed, but in many other cases, the suspicious person or vehicle is gone on arrival or unable to be located. Suspicious circumstances call types are usually a suspicious person or vehicle driving around or someone doing something seemingly out of the ordinary leading someone to call 911. Most of the time, the call types do not necessitate the need for a sworn response, even for welfare checks.

911 Call Narratives from Computer Aided Dispatch (CAD) Data

Disturbance Call Narratives:

"2 MALES HEARD IN A 415, CLOSE TO THE CLUBHOUSE, TOO DARK TO GET ANY FURTHER, Dispatch received by unit 4A9, 1194 on 2, 4 people admonished and moved along." (Sworn Officer)

"Refusing to leave for 3 hours .. Smell of marijuana .., nature of call: refuse to leave, rp is front office manager, guest, guest, resp / guest in room 3128; wm mid 50's 507 wild hair grey north face jacket and blue jeans guest has two boxer dogs brown in color aggressive with guest, dispatch received by unit 5a16, dispatch received by unit 5a18, dispatch received by unit 5a16, subject gone on arrival unable to locate from room, no further service requested." (Sworn Officer)

Noise Disturbance Call Narratives:

"4 or 5 people on the sidewalk talking loudly, dispatch received by unit 6a7, quiet on arrival and departure 1008 no paper." (Sworn Officer)

"Very loud music, walls are shaking, dispatch received by unit 4a7, code 4, dispatch received by unit 4a7, secured apt bldg, u/r rp, unable to gain access to complex, no answer on intercom, quite from street." (Sworn Officer)

"Nature of call: loud music, loud music coming from van ifo rp wants quieted, dispatch received by unit 2a7, music was coming from an rv. The driver was a dj and was practicing. Driver agreed to stop." (Sworn Officer)

Found and Lost Property Call Narratives:

"rp at 1630 berkeley way, found credit card, Dispatch received by unit 7A4, The credit card was not active. I destroyed the credit card." (Sworn Officer)

"Found wallet, has dl, rp will leave the wallet on her front steps if she leaves her house, found in front of her garage, dispatch received by unit 1a16, dispatch received by unit 1a16, dispatch received by unit 1a16." (Sworn Officer)

Non-Injury Accident Report Call Narratives:

"UCPD was flagged down, req bpd response, blk toyota highlander vs silver buick sentry, dispatch received by unit 3a6, silver buick, reg valid from: 05/02/14 to 05/02/15 yrmd:05 make:buick btm :4d vin : 1040 jackson st apt 423 city:albany c.c.:01 zip#:94706, 11-82 only. Parties exchanged info." (Sworn Officer)

"Rp driving a "bauer's" company bus, hit a parked a vehicle on the street, victim vehicle is silver volvo rp req'ing pd due to it being a company vehicle - and so the victim doesn't think he is a victim of 20002, dispatch received by unit 7a6, contacted the rp pannell who advised that he hit a parked vehicle causing minor damage. Pannell's vehicle also had minor damage. I stood by while pannell left a company print out with the victim vehicle that contained the insurance information and contact information. No further service was requested." (Sworn Officer)

Suspicious Circumstances Call Narratives:

"On ca between delaware and francisco, 2 males poss working on a car, rp thinks looks sus, 1 of the males shined a green led light on the rp, veh is a red sportscar, poss corvette, hood was up on car, occ: 5 min ago, rp is passerby, walking dog, rp unable to give desc on subjects, dispatch received by unit 6a5, dispatch received by unit 7a2, reg valid from: 09/24/14 to 09/24/15 yrmd:76 make:chev btm: 9405 bass rd city:kelseyville c.c.:17 zip#:95451, proves ok" (Sworn Officer)

"Someone left a bag outside rp's house yesterday, rp is concerned because it has a gang mark on it, bldg is not secure, bag is outside apt #3, dispatch received by unit 5a6, black faux purse with no id and a meth pipe and two baggies of crystalized substance." (Sworn Officer)

"Ladder leaned up against the fence and a bag of potato chips in the backyard, occ: 0830 - 1830 hours, nature of call: 1021, dispatch received by unit 7a12, i contacted rp via telephone. He advised that he did not think that a crime occurred, but rather

someone may have used his backyard as an escape route during a police pursuit. Ladder granted access to the eastern neighbors yard. That neighbor advised nothing was taken. I thanked him for the information and advised that i would pass it on to my supervisors. He did not have cameras in his backyard that would assist pd tho. No further pd service requested. Nfi msc only.” (Sworn Officer)

Suspicious Person Call Narratives:

“2 males out in the area on bikes with flashlights 10 prior both poss bma’s 20’s both tall-- 600 thin build both in dark heavy coats or parkas unknown description pants no bags seen, nature of call: poss casing, nature of call: poss casing -10 prior, reg mens style bikes no further desc last wb stuart then nb college, broadcast, rp at 2745 stuart st in #2 will be leaving in 20 mins for work, dispatch received by unit 5a8, dispatch received by unit 5a10, unable to locate.” (Sworn Officer)

“On grant between parker st and blake, male living in a camper, house is under construction, bma, 50-60 5’8 med build with dark color sweat shirt, occ 2 mins prior tor, camper dark green is parked ifo the vacant house , rp thinks subj is casing the house under construction, dispatch received by unit 4a17, dispatch received by unit 4a5, dispatch received by unit 4a11, vehicle is gone on arrival c4 doing area check, unable to locate, susper is gone on arrival, attempted to contact rp with negative results” (Sworn Officer)

“2 bm’s with ties and clip boards, unknown what they wanted., ls eb on woolsey on ft, no further desc, dispatch received by unit 7a6, dispatch received by unit 6a7, 2nd caller from woolsey, 2 bm’s, 20’s.... #1 whi shirt, a tie and clipboard. #2 red and black jacket, no further desc., gone on arrival unable to locate.” (Sworn Officer)

Suspicious Vehicle Call Narratives:

“White van light off running and creeping around neighborhood for past 30 mins, 2 males in vehicle, wm’s or hm’s, flat bcst, vehicle still in the area, now ifo 2808 garber, gmc van, plate, now headed towards college, 2nd rp, dispatch received by unit 4a15,

dispatch received by unit s11, dispatch received by unit 3a6, dispatch received by unit s11, gone on arrival unable to locate.” (Sworn Officer)

“Ongoing issues with same vehicle driving around the elmwood area at night, rp thinks vehicle is casing, vehicle is now parked at elmwood laundry in parking lot, white gmc, washington plate, unknown if occupied, usually occupied by 2 hm’s aprox late 20’s - 30’s, dispatch received by unit 2a7, unoccupied.” (Sworn Officer)

“Blk chrysler with red rims, 4 yr old child in the car all by herself, rp is a witness just driving by, unknown plate on the chrysler, dispatch received by unit 2a3, rp now says there is an adult asleep in the car still thinks we should check it out, nature of call: 1042, dispatch received by unit 2a5, proves ok mother and daughter waiting for their father, who is a mechanic across the street, to get off work.” (Sworn Officer)

Vehicle Double Parking Call Narratives:

“Vehicle blocking roadway, construction vehicle, near Malcolm x school, double parked, large white work truck. Vehicle moved.” (Parking Enforcement)

“Vehicle double parked / blocking reporting parties vehicle from getting out, blk Audi sedan, hazards are on, reporting party in beige Nissan alt, gone on arrival.” (Parking Enforcement)

Vehicle Blocking Sidewalk Call Narratives:

“Blk Honda accord 8jdt371, no record, neighbor is in wheelchair has not been able to pass by, waiting for lock smith.” (Sworn Officer)

Vehicle Blocking Driveway Call Narratives:

Vehicle: white Honda, information given to parking, vehicle is a Honda clarity, the vehicle is in compliance and is not blocking the driveway homeowner can get into and out of the driveway, i will call and advise the reporting party of this.” (Parking Enforcement)

Abandoned Vehicle Call Narratives:

“Car has been at location for 2 1/2 weeks, vehicle: blk Dodge min van, nothing suspicious about vehicle per reporting party.” (Sworn Officer)

“Nature of call: 1 week, parked on sidewalk, windows down, back full of garbage, white ford pickup (late 80s) Husteads Towing en route.” (Sworn Officer)

Inoperable Vehicle Call Narratives:

“Across from, need flat bed, silver ford titanium sedan (TN), whole front end is smashed, tire is pushed in backwards with rim down to the ground, SVR Notes: BERRY BROS TOW, SILV FORD TITANIUM DWIGHT WY, #821, 19-1967, berry bros tow advised eta 20-30 min.” (Sworn Officer)

“Gold Toyota camry no rear lic plate, nb adeline from stanford seen just prior, rear tire look as if it's about to fly off, rear right, unable to locate, gone on arrival.” (Sworn Officer)

APPENDIX D

FIP and Related Course Training History

Professional Standards Division Personnel and Training Bureau

Fair and Impartial Policing:

Description: The science of human bias indicates that even the best officers might manifest bias and therefore even the best agencies must be proactive to achieve Fair and Impartial Policing. This training presents what is known about human biases and provides guidance to promoting Fair and Impartial Policing in the areas of policy, training, supervision/accountability, leadership, recruitment/hiring, institutional practices/priorities, outreach and measurement.

Keynote Speaker is Dr. Lori Fridell, former Director of PERF and a nationally recognized expert on Racially Biased Policing. BPD Instructors certified by Dr. Fridell.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
8/17/10	Dr. Lori Fridell	12	8 and Community Members
11/5/12	Dr. Lori Fridell	12	10
11/16/13	Dr. Lori Fridell	12	4***Train-the Trainer Course***
4/22/14 to 10/31/14	BPD	8	267
11/18/14	Dr. Lori Fridell	12	11 and Community Members
4/9/16	Dr. Lori Fridell	12	17 and Community Members

Fair and Impartial Policing Policy Training:

Description: The Berkeley Police Department will hold trainings on General Order B-4, Fair and Impartial Policing. The training will cover the purpose, definition, and policy related to Fair and Impartial Policing as well as the responsibility to report misconduct. Statistical dispositions and common questions related to this new policy will also be addressed. Presented by BPD Instructors certified by Dr. Fridell.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
11/23/14 to 11/25/14	BPD	1	167

Biased Based Policing:

Description: California State Commission on Peace Officers Standards and Training has developed a DVD course, "Bias Based Policing: Remaining Fair and Impartial" (formerly known as racial profiling) to satisfy the Continuing Professional Training requirement. This course is mandated by POST. This course was administered by supervisors and requires group discussion on topic.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
11/1/14 to 2/27/15	BPD	2	177

Principled Policing:

Description: This course provides a “how to” on teaching policy approaches that emphasize respect, listening, neutrality, and trust, while also addressing the common implicit biases that can be barriers to these approaches (implicit bias). Instructors were certified and trained by the California Department of Justice.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
9/21/16	DOJ	16	3***Train-the-Trainer Course***
5/15/17	CA POST	16	3***Train-the-Trainer Course***
12/28/17 to 1/25/18	BPD	8	64
12/17/20 & 1/14/21	BPD	4	88

Crisis Intervention Training:**36 to 40-hour Crisis Intervention Course:**

Description: Law enforcement personnel will receive information about mental illnesses, crisis and suicide intervention techniques, common psychiatric medications, crisis intervention training for adolescents, cultural competency in the community, post-traumatic stress disorder and officer resiliency, assessing the risk for violence in a mentally ill individual, Welfare & Institution Code 5150 “(mental health hold) procedures, Mobile Crisis information and community resource contacts. CIT trained officers develop an increased understanding of mental illness which enables them to effectively coordinate appropriate interventions for individuals with mental illness.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
7/28/11 to 10/26/18	Various	36-40	75 and counting

8-hour Crisis Intervention Course:

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
1/31/13 to 5/13/13	BPD	8	106

2-hour Crisis Intervention Update:

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
12/28/15 to 4/21/16	BPD	2	181
12/27/18	Berkeley Mental Health	2	17

Crisis Intervention for Dispatchers:

Description: This course is designed to provide Public Safety Dispatchers with an overview of mental illness, tools to assess suicidal callers, and crisis intervention techniques. Mental health issues unique to the youth, veterans, and senior citizens are discussed. Excited delirium and agitated chaotic events are explained.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
5/21/14 to 8/30/17	Alameda County Behavioral Health	16	17

Crisis Negotiations for Dispatchers:

Description: This course will provide the student with an understanding of hostage negotiations principles, knowledge of the various roles, responsibilities and challenges a Dispatcher may face in such a situation. Students will also learn techniques used by negotiators; field unit response to negotiations incidents; and techniques for dealing with the aftermath and stress management. It will also provide the student with the necessary information to practically apply these principles during critical incidents such as: Hostage situations Barricaded subjects Suicidal subjects when the student may be the call taker. This course also addresses “Swatting”.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
11/30/16 and 9/21/17	IXII Group	8	2

Communication- Keeping Your Edge:

Description: California State Commission on Peace Officers Standards and Training has developed a web based course, “Communications-Keeping Your Edge” to satisfy the Perishable Skills Continuing Professional Training requirement. This course is available to POST regulated employees at the POST Learning Portal online and its completion is mandated every two years.

The training will include verbal and non-verbal communication techniques, including responding to rude and abusive individuals, active listening, deflection, re-direction, and other communication techniques.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
Ongoing	POST	2	All Sworn

Tactical De-escalation:

Description: ***First POST approved Tactical De-escalation training***

The student will receive instruction designed to educate law enforcement officers in the theory, methodology, and application of tactical de-escalation skills. Course instruction is intended to provide the student with an in-depth understanding of tactics used to handle unarmed non-compliant subjects, subjects armed with weapons other than firearms, and subjects who may attempt suicide by cop. The course consists of lecture, video review and hands-on/practical tactical de-escalation training for in-service officers.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
6/14/16 to 10/27/16	BPD	8	135
8/13/18 to 3/12/20	BPD/Various	8	76

Harassment Prevention Training:

Description: Gov. Code 12950.1 (Amended by **SB 1343**) and the City of Berkeley prohibit harassment on the basis of sex, race, age, religion, color, national origin, ancestry, physical disability, mental disability, medical condition (associated with cancer, a history of cancer, or genetic characteristics), HIV/AIDS status, genetic information, marital status, pregnancy, sexual orientation, gender, gender identity, gender expression, military and veteran status, and any other classifications protected by state or federal law.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
Ongoing	COB/BPD	1 to 2 depending on rank.	All Personnel

LGBT Awareness for Law Enforcement:

Description: This interactive course includes five modules that are designed to address the following learning outcomes:

1. The student will explain the difference between sexual orientation and gender identity and how these two aspects of identity relate to each other and to race, culture and religion.
2. The student will define terminology used to describe sexual orientation and gender identity.
3. The student will identify ways to create an inclusive workplace and to support LGBTQ+ co-workers.
4. The student will identify key moments in the LGBTQ+ civil rights movement.
5. The student will understand how hate crimes and domestic violence impact LGBTQ+ people.

DATE	PROVIDER	HOURS	PERSONNEL TRAINED
June - July 2021	Out to Protect	4	All Personnel

Upcoming Trainings:

Personnel and Training are currently in the process of scheduling additional 8 hour Implicit Bias training for the Fall 2021

APPENDIX E

FY 2020 Year End Workforce Report

**ATTACHMENT 16: POLICE DEPARTMENT WORKFORCE
BY OCCUPATIONAL CATEGORIES, RACE & GENDER**

POLICE DEPARTMENT	TOTAL	M	F	WHITE		BLACK OR AFRICAN AMERICAN		HISPANIC OR LATINO		ASIAN		NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER		AMERICAN INDIAN AND ALASKA NATIVE		TWO OR MORE RACES		MINORITIES
				M	F	M	F	M	F	M	F	M	F	M	F	M	F	
DEPARTMENT * REPRESENTATION	160	134 83.8%	26 16.3%	76 47.5%	15 9.4%	19 11.9%	4 2.5%	20 12.5%	3 1.9%	16 10.0%	2 1.3%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	3 1.9%	2 1.3%	69 43.1%
ALAMEDA ACS		85.7%	14.3%	47.7%	7.4%	11.7%	3.8%	9.6%	0.4%	11.8%	2.5%	2.9%	0.0%	0.3%	0.0%	1.8%	0.3%	45.0%
POLICE CHIEF REPRESENTATION	1	1 100.0%	0 0.0%	1 100.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
ALAMEDA ACS		80.2%	18.7%	49.5%	13.2%	20.9%	0.0%	8.7%	0.0%	0.0%	6.6%	0.0%	0.0%	2.2%	0.0%	0.0%	0.0%	38.4%
CAPTAINS REPRESENTATION	3	2 66.7%	1 33.3%	1 33.3%	1 33.3%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 33.3%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 33.3%
ALAMEDA ACS		80.2%	18.7%	49.5%	13.2%	20.9%	0.0%	8.7%	0.0%	0.0%	6.6%	0.0%	0.0%	2.2%	0.0%	0.0%	0.0%	38.4%
LIEUTENANTS REPRESENTATION	9	8 88.9%	1 11.1%	5 55.6%	1 11.1%	1 11.1%	0 0.0%	0 0.0%	0 0.0%	2 22.2%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	3 33.3%
ALAMEDA ACS		80.2%	18.7%	49.5%	13.2%	20.9%	0.0%	8.7%	0.0%	0.0%	6.6%	0.0%	0.0%	2.2%	0.0%	0.0%	0.0%	38.4%
SERGEANTS REPRESENTATION	31	23 74.2%	8 25.8%	16 51.6%	5 16.1%	3 9.7%	0 0.0%	2 6.5%	1 3.2%	2 6.5%	1 3.2%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 3.2%	10 32.3%
ALAMEDA ACS		80.2%	18.7%	49.5%	13.2%	20.9%	0.0%	8.7%	0.0%	0.0%	6.6%	0.0%	0.0%	2.2%	0.0%	0.0%	0.0%	38.4%
POLICE OFFICERS REPRESENTATION	117	101 86.3%	16 13.7%	54 46.2%	8 6.8%	15 12.8%	4 3.4%	18 15.4%	2 1.7%	11 9.4%	1 0.9%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	3 2.6%	1 0.9%	55 47.0%
ALAMEDA ACS		86.4%	13.6%	47.3%	6.6%	10.4%	4.3%	9.8%	0.4%	13.3%	2.0%	3.3%	0.0%	0.0%	0.0%	2.0%	0.3%	45.8%
NON - SWORN REPRESENTATION	91	30 33.0%	61 67.0%	10 11.0%	13 14.3%	12 13.2%	27 29.7%	3 3.3%	10 11.0%	5 5.5%	6 6.6%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	5 5.5%	68 75%
ALAMEDA ACS		57.9%	42.1%	19.7%	19.7%	2.0%	10.2%	11.4%	11.0%	19.7%	0.8%	0.0%	0.0%	0.8%	0.0%	2.4%	0.8%	59.1%



APPENDIX F

Community Based Organizations and Nonprofits Providing Services in Berkeley

Youth after-school and recreational programs

Youth Spirit Artworks

Youth Spirit Artworks works to empower homeless and low-income young people in Berkeley by teaching youth-specific vocational skills related to commercial arts and entrepreneurship, providing youth with an income from jobs training and sales of art and teaching budgeting and money management skills, helping youth modeling experiences of healthy family and community relationships, and promoting youth commitment to personal health and wholeness, including a commitment to nonviolence.¹

Currently the City of Berkeley only funds the Youth Spirit Artworks' (YSA) Youths TAY Tiny Homes Management program, which is discussed below, but funding could be expanded to their Fine Arts program that uses art jobs and jobs training to empower and transform the lives of youth, giving young people the skills, experience, and self-confidence needed to meet their full potential, and the Community Arts programs, that centers around public artmaking for community revitalization.²

Berkeley Youth Alternatives

Berkeley Youth Alternatives (BYA) uses a strength-based, holistic, continuum of care approach that emphasizes education, health and well-being, and economic self-sufficiency in order to help children, youth, and their families build capacity to reach their innate potential. BYA uses preventative measures by reaching youth before their problems become crises and uses intervention measures by providing support services to youth engaged in the youth justice system.

The City of Berkeley's fiscal year 2022 budget reflects an allocation of \$30,000 to the BYA After School Program³ and \$30,000 to BYA's Counseling program for children.⁴

¹ <https://youthspiritartworks.org/>

² <https://youthspiritartworks.org/programs/community-art-program/>

³ <https://www.cityofberkeley.info/uploadedFiles/Manager/Budget/cob-proposed-budget-fy2022.pdf>

⁴ <https://www.byaonline.org/programs/afterschool-center>

Other programs at the BYA that would benefit from City funding are the Environmental Training Center, a youth internship program for youth ages 16-24 that teaches basic work ethic, professionalism and skills necessary for future employment,⁵ the youth and Family Opportunity Hub that focuses on increasing access to health and wellness services for low-income and uninsured children and their families⁶, Career Development Center which administers multiple employment readiness strategies for youth and young adults ages 16-24⁷, and lastly; Sports and Fitness which provides a structured and disciplined environment for participants to learn quality values such as teamwork, confidence building and self-discipline.⁸

Violence Prevention and Restorative Justice Programs

SEEDS Community Resolution Center will expect to see a \$22,553 allocation of City funding to provide facilitation, training, and coaching in restorative justice, community building, conflict resolution, restorative inquiry, verbal de-escalation, harm repair, and positive school culture and climate development. SEEDS School Services help to foster positive relationships among and between educators and students, thereby increasing students' engagement in school, and maximizing the effectiveness of the adults who serve them. SEEDS School Services can serve to strengthen the essential links between students, their peers, their families, and their educators.⁹

SEEDS also offers community mediation services that offer a supportive place where people can talk through their conflict in a productive manner,¹⁰ and conflict coaching to help people process and problem solve specific issues.¹¹

⁵ <https://www.byaonline.org/programs/health-and-environment/environmental-training-center>

⁶ <https://www.byaonline.org/programs/teen-center/youth-and-family-opportunity-hub>

⁷ <https://www.byaonline.org/programs/career-development-and-prevent-center>

⁸ <https://www.byaonline.org/programs/sports-and-fitness/sports-and-fitness>

⁹ <https://www.seedscrc.org/school-services>

¹⁰ <https://www.seedscrc.org/community-mediation>

¹¹ <https://www.seedscrc.org/community-conflict-coaching>

Intimate Partner Violence, Sexual Violence and Sexual Exploitation Prevention and Intervention

The City of Berkeley does not currently fund any CBOs that work explicitly with survivors of intimate partner violence, sexual violence, or sexual exploitation; however, the City does fund two women's specific shelters. The Women's Daytime Drop-In Center's¹² Bridget Transitional House Case Management component will receive \$118,728, the Daytime Drop-In Services will receive \$48,153, and the Homeless Case Management – Housing Retention will receive \$100,190.¹³ Berkeley Food & Housing Project's Women's Shelter receives \$230,644 in City funding.

Organizations identified by members of the Task Force that support these population specifically, but who do not receive City funding include Motivating, Inspiring, Supporting and Serving Sexually Exploited Youth (MISSEY)¹⁴, Bay Area Women Against Rape (BAWAR)¹⁵, and the Family Violence Law Center¹⁶. The City could also be innovative and develop RFPs for CBOs that work directly to support these populations of people. It should be noted that, while a large proportion of women experience these types of issues, men and LGBTQ populations experience them as well, which should be taken into consideration in the creation of RFPs.

Housing and Homeless Services

Building Opportunities for Self-Sufficiency (BOSS)

BOSS, which was summarized previously, currently receives \$932,975 which is the most funding of all the CBOs contracted in the City and centered on homelessness. BOSS current receives funding for their BOSS House Navigation Team that provides needs assessments, housing education, access to listings, advocacy with landlords, help filling out housing applications, connection to subsidies as available, and case management to facilitate a successful transition to housing along with critical time intervention to

¹² <https://www.womensdropin.org/>

¹³ <https://www.cityofberkeley.info/uploadedFiles/Manager/Budget/cob-proposed-budget-fy2022.pdf>

¹⁴ <https://misssey.org/>

¹⁵ <https://bawar.org/>

¹⁶ <http://fvlc.org/get-help/resources/>

ensure stabilization, Representative Payee Services to individuals who have been designated by Social Security as needing a payee to manage their income, or who have been referred for this assistance, Ursula Sherman Village Families Program and Village Singles Shelter a shelter for homeless disabled adults.

Youth Spirit Artworks (YSA); Tiny House Village

Youth Spirit Artworks' Tiny House Village¹⁷ was built in early 2021 for homeless Transitional Age Youth; age 18-23 in crisis. YSA partnered with a non-profit developer to create a multi-faceted, community-led Village with 26 tiny homes that was designed by the young people it will benefit. The completed Village features on-site communal bathrooms and showers, a kitchen yurt for residents to cook weekly communal meals and securely store their own food, community gathering space for meetings, and on-site Resident Assistants who live in the community. Residents in the Village, are engaged in building a strong and connected community, have opportunities for personal and professional growth, including access to training and mentorship in the following areas: artmaking, art entrepreneurship and sales, nonprofit management, gardening, sewing, medicine, music, biking and exercise, cooking, construction, and more. Residents are supported in developing a responsibility to the community at large, achieved through connections to local faith organizations and active involvement with local social justice projects. Additionally, all residents at the Village take part in YSA's core jobs training program, where they will receive wrap-around case management services and engage in youth-led workshops around healthy interpersonal relationships, restorative practices, and more.¹⁸

YSA is expected to receive an \$117,000 allocation from the City for the case management component¹⁹ of the initiative, however expanding funding to build up the community would be incredibly impactful.

Rebuilding Together

Rebuilding Together works to bring warmth, safety, and independence to Berkeley residents by

¹⁷ <https://youthspiritartworks.org/programs/tiny-house-village/>

¹⁸ <https://youthspiritartworks.org/programs/tiny-house-village>

¹⁹ <https://www.cityofberkeley.info/uploadedFiles/Manager/Budget/cob-proposed-budget-fy2022.pdf>

revitalizing homes and neighborhood facilities.²⁰ The City is expected to allocate \$98,275, to the Our Safe at Home program, which provides safety assessments and hazard elimination for qualified applicants. By implementing safety modifications such as grab bars in the bathroom, handheld shower heads, elevated toilet seats, exterior handrails, or wheelchair ramps, the Safe at Home program helps prevent accidents or exposure that can cause injury, illness, or even death. The Safe at Home program improves quality of life for its clients by performing upgrades including painting, lead abatement, repairing/installing heating systems, replacing electrical panels, smoke alarm installation, fire extinguishers, and carbon monoxide detectors to address environmental hazards in the home.²¹

City funding could be expanded to the Community Facility Improvement program which provides local nonprofits and community centers with much-needed repairs and upgrades, which will contribute to an organizations' ability to effectively serve the Berkeley community. Rebuilding Together also provides emergency repairs services and energy and efficiency upgrades, reducing the number of residents living in uninhabitable conditions.²²

Food security, increased access to nutritious food

Healthy Black Families Inc.

Healthy Black Families Inc, educates, engages, and advocates for the holistic growth and development of diverse Black individuals and families. They will receive funding for their Sisters Together Empowering Peers (STEP) program; a peer-led support and empowerment group that addresses health and social inequities for African American parenting women in our community, but funding could be expanded to their program; Thirsty for Change (T4C), a healthy eating and nutrition education and advocacy program that engages Black families in South and West Berkeley through a wide array of activities to improve the health of the community.²³

²⁰ <https://rtebn.org/>

²¹ <https://rtebn.org/our-work/#our-programs>

²² <https://rtebn.org/our-work/#our-programs>

²³ <https://www.healthyblackfamiliesinc.org/t4c>

Mental Health and Co-Occurring Conditions

Bonita House

As previously explained, Bonita House provides mental health and addiction treatment, intensive residential treatment, independent living programs, housing and employment assistance, and outpatient case management. The City currently allocated \$24,480 to its case management services, which could be increased substantially to build capacity and efficacy of its services.

Bay Area Community Resources; School Based Behavioral Health Services (BACR)

BARC provides school-linked mental health and prevention services for middle and high school children and their families, in high-need. BACRs prevention and early intervention approach draws from evidence-based practices and proven resiliency models utilizing experienced licensed and pre-licensed clinicians.²⁴ BACR offers restorative, culturally humble, and trauma-informed mental health services to help youth cope with challenging life circumstances and develop positive strategies to be successful and healthy in and out of school.

Substance Use and Addiction

New Bridge Foundation

The New Bridge Foundation (NBF) is a residential and outpatient addiction treatment center that provides comprehensive services and has a community outreach component to their program. It does not currently receive City funding but is a well-known and respected CBO in the community, and could benefit from expanded funding.

Healthcare Management

Lifelong Medical Care (LMC)

The City will allocate a total of \$304,398 for some treatment services such as geriatric and hypertension care, however LMC also has initiatives such East Bay Community Recovery Project, which supports the self-sufficiency and wellness of individuals and

²⁴ <https://www.bacr.org/behavioral-and-mental-health>

families by providing comprehensive and integrated services for mental health, substance use and related health conditions while addressing housing and employment.²⁵ They also have a program called Heart to Heart which fosters the idea that community connectedness and cohesion through community engagement, building relationships, and trust are critical for improving community health.

Heart 2 Heart works to prevent high blood pressure and heart disease while connecting community members to resources and services they need. The Heart 2 Heart program serves as a bridge between community members and health centers throughout the Heart 2 Heart community.²⁶ Funding can also be increased for their Case Management Tied to Permanent Housing program (\$163,644), Supporting Housing Program (\$55,164), and Street Medicine/ Trust Clinic (\$50,000).²⁷

Berkeley Free Clinic

The Berkeley Free Clinic is a health collective that provides free medication, supplies, dental and medical care, peer counseling, and community referrals. The Clinic relies solely on individual or organizational donations and government support and is one of the only clinics in California offering primary health care free of charge. The clinic maintains that health care should be available at a level and quality sufficient to meet the basic needs of everyone regardless of race, gender, age, immigration status, income level, or any other characteristic, and believes health care is a right, not a privilege. The clinic is expected to receive only \$15,858 for the Free Women and Transgender Health Care Service. Funding for this program could be significantly increased. Funding could additionally be expanded to services such as the Outreach Team which uses volunteers to hand out hot meals, hygiene supplies, and more to people in need, TB Tests, Local, Resource Navigation & Referrals, Health Insurance & Food Benefits, Peer Counseling, STI, Screenings & Treatment, UTI Testing & Treatment, Hepatitis, HIV, and TB Counseling +, Screenings, and Dental Services.²⁸

25 <https://lifelongmedical.org/ebcrp/>

26 <https://lifelongmedical.org/heart-2-heart/>

27 <https://www.cityofberkeley.info/uploadedFiles/Manager/Budget/cob-proposed-budget-fy2022.pdf>

28 <https://www.berkeleyfreeclinic.org/servicesupdate>

Economic development and new city jobs

Inner-City Services (ICS)

ICS will receive just \$101,351 of City funding to provide comprehensive employment training and job placement services to thousands of Bay Area residents. ICS combines traditional content-based education with hands-on classroom training and cutting-edge computer technology. ICS's main objective is to instill workplace character values: a sense of pride and professionalism, dignity, respect, integrity, and excellence throughout our diverse student body, in order to help people thrive in society and the business world.²⁹

Multicultural Institute

Multicultural Institute (MI) helps increase access to opportunities for immigrant families to reach economic stability, and their programming uses strategies to enhance economic, educational, and skill opportunities, cultivate leadership development, provide direct services, and stimulate positive transformation of individuals, families, and communities. These programs ultimately, assist individuals in contributing and participating in the civic life and well-being of their community. MI will receive \$68,136 for their Lifeskills Program³⁰ that provides economic development, vocational skill development, learning opportunities, and immigration and health services to people living in Berkeley.³¹ In addition to their Lifeskills program MI will receive \$33,603 in City funding for their Youth Mentoring program.³²

29 <https://www.icsworks.com/about.php>

30 <https://www.cityofberkeley.info/uploadedFiles/Manager/Budget/cob-proposed-budget-fy2022.pdf>

31 <https://mionline.org/what-we-do/>

32 <https://www.cityofberkeley.info/uploadedFiles/Manager/Budget/cob-proposed-budget-fy2022.pdf>

Parks and open spaces including activities for young people and families

Berkeley Community Gardening Collaborative (BCGC)

Berkeley Community Gardening Collaborative is a diverse group of community garden members who share a commitment to organic, urban agriculture and access to healthy food for all residents of Berkeley. They protect existing gardens, facilitate the formation of new gardens, and advocate for food security initiatives in local schools and within the city. BCGC actively seeks to create a more sustainable society by engaging in urban agriculture, the preservation of open space, habitat restoration, and cultivating community. To broaden its impact and build alliances, BCGC partners with other organizations that share its goals. BCGC will receive \$11,895 in City funding, which could be expanded to strengthen their impact on communities in Berkeley.³³

Moving South Berkeley Forward (MSBF)

Moving South Berkeley Forward is a youth-driven environmental, social justice project focused on community health and educational equity in South Berkeley and is spearheaded by youth of color and the South Berkeley community. This project is a joint effort between the Berkeley Community Gardening Collaborative, UC Berkeley's Environmental Science, Policy & Management Department, Berkeley High School, and the community of South Berkeley. MSBF wants the community to have accessible health resources and a better future.³⁴ MSBF does not currently receive any City funding.

Childcare

BANANA

BANANAS works in partnership with early education providers in order to provide support for families in their parenting journey. BANANAS programs and services include assisting families find and pay for quality childcare, parenting workshops, playgroups, and professional development for all types of early care and education providers. Their services and

³³ <https://ecologycenter.org/bcgc/>

³⁴ <https://movingsouthberkeleyforward.weebly.com/>

support allow working families to thrive and be confident their children are in quality and nurturing learning environments.³⁵ BANANA Currently receives funding for childcare subsidies (\$283,110), playgroups (\$10,527), and Quality Rating and Improvement System services (\$95,000).

The City could additionally, expand funding subsidies to early childcare providers such as Nia House Learning Center in West Berkeley, and Bay Area Hispano Institute for Advancement, Inc. (BAHIA Inc.). Nia House Learning Center's mission is to bring together children from different socio-economic backgrounds to grow and work in harmony and cooperation, and to actively work toward all of Dr. Maria Montessori's concepts, especially that of peace through education.³⁶ BAHIA Inc. is a nonprofit organization that provides high quality, bilingual learning environments where children grow to become successful lifelong bilingual learners. BAHIA is the only full-time; Latino nonprofit in Berkeley providing bilingual (Spanish-English) childcare and education to children ages 2-10 years of age. BAHIA is a respected leader in the community that strives to improve the quality of life of children and their families in the community.³⁷

Bay Area Hispano Institute for Advancement

Bay Area Hispano Institute for Advancement, Inc. (BAHIA Inc.) is a nonprofit organization that provides high quality, bilingual learning environments where children grow to become successful lifelong bilingual learners. BAHIA is the only full-time; Latino nonprofit in Berkeley providing bilingual (Spanish-English) childcare and education to children ages 2-10 years of age. BAHIA is a respected leader in the community that strives to improve the quality of life of children and their families in the community.³⁸

LGBTQ Services and Support

Pacific Center for Human Growth (PCHG)

Pacific Center for Human Growth is the oldest LGBTQIA+ center in the Bay Area, the third oldest

³⁵ <https://bananasbunch.org/about/>

³⁶ <http://www.niahouse.org/>

³⁷ <https://www.bahiainc.com/about-us>

³⁸ <https://www.bahiainc.com/about-us>

in the nation, and operates the only sliding scale mental health clinic for LGBTQIA+ and QTBIPOC people and their families in Berkeley.³⁹ PCGH helps enhance the mental health and overall well-being of LGBTQIA+ and QTBIPOC communities by providing culturally responsive therapy, peer to peer support groups, community outreach services, and facilitated workshops. The City will allocate \$23,245 to their Safer Schools Project, but funding could be expanded to their Youth Program that supports young people in feeling connected, supported, and uplifted.⁴⁰

Community Alternative Placement Hub (CAPH)

In order to complement the CERN as it relates to a response to a CFS, certain CBOs should be designated as “community alternative placement hubs” (CAPH) which can serve as an alternative to jail or mental institutions for people in need or immediate shelter or services who have not committed any crime.

BOSS, Bonita House New Bridge Foundation and Bay Area Community Services (BACS) have already been identified above in and previous section and could additionally be well positioned CBOS to build out the CERN and serve as CAPHs. BOSS, which was summarized in an above section, currently receives the most funding of all the homeless CBOs contracted in the City could be best positioned to serve as a general CAPH for people in crisis or experiencing a high need of services or intervention. Bonita House could serve as a hub that specifically handles people with mental health crises and co-occurring conditions cases, and the Newbridge Foundation could be utilized specifically for people experiencing substance abuse crises. BACS can also serve as a candidate for a CAPH for people experiencing crises related to homelessness and behavioral health needs.

Additionally, and specific for youth in need of immediate shelter and services, the **Youth Spirit Artworks**; TAY Tiny Homes could also be utilized. Lastly, the New Bridge Foundation, which does not currently receive City funding could also be utilized as a CAPH, for people with mental health challenges.

³⁹ <https://www.pacificcenter.org/about-us>

⁴⁰ <https://www.pacificcenter.org/youth-programs>

APPENDIX G

Berkeley Calls for Service Analysis

EXECUTIVE SUMMARY

The Berkeley City Auditor conducted an extensive report on Berkeley Police Department (BPD) calls for service (CFS or events) which was published in July of 2021. This report has been prepared to illustrate the application of NICJR’s CFS classification methodology to BPD CFS data. To the extent possible, the City Auditor’s analyses have not been replicated.

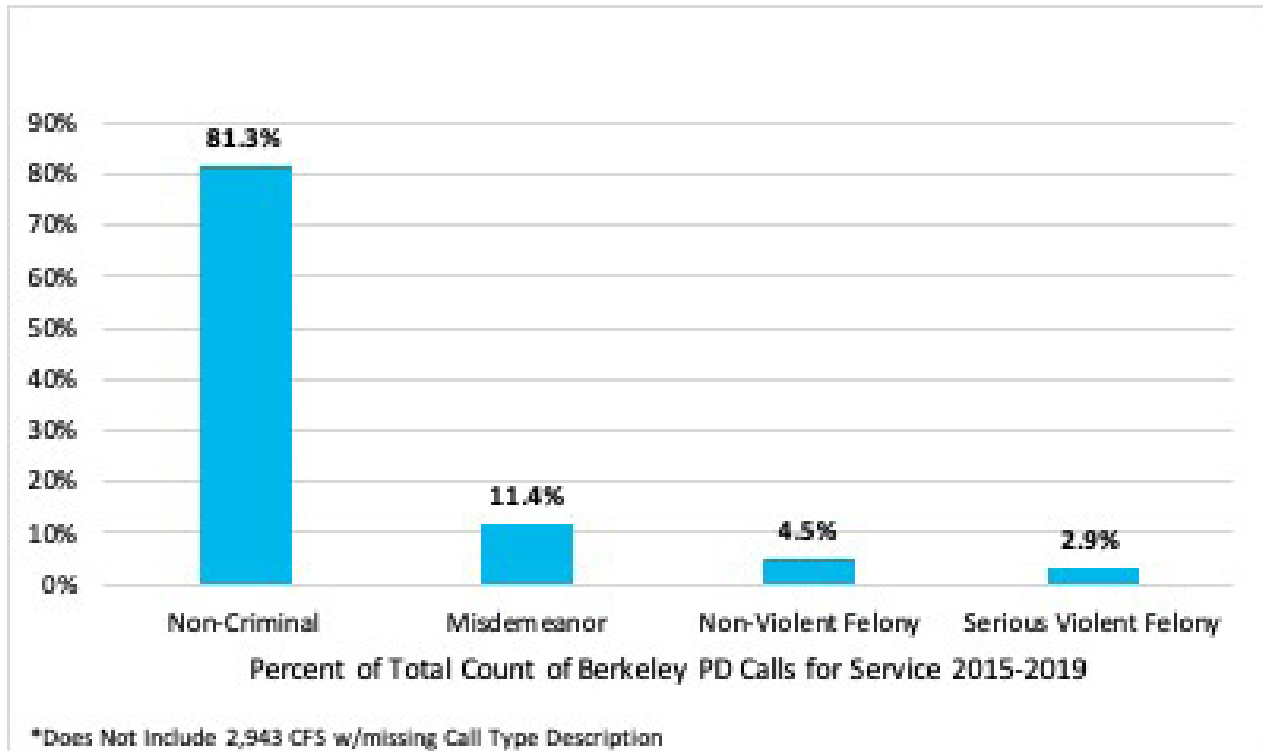
Specific Analysis Objectives

1. Provide an analysis of BPD calls for service according to NICJR’s Crime Categories
2. Map NICJR’s Crime Categories to NICJR’s proposed Community Emergency Response Network (CERN)
3. Identify which calls for service should be responded to by a non-BPD alternative

Findings

A review of over 358,000 calls for service covering the period 2015-2019 found that over 81 percent of BPD calls were for Non-Criminal events. Only 7.4 percent of calls were associated with felonies of any kind.

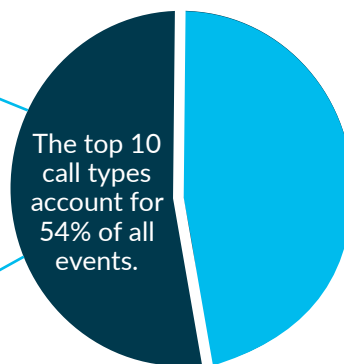
Figure 1. Calls for Service by Crime Category



Although the BPD utilized nearly 200 call types during the study period, just ten comprised over half of all events.

Table 1. Top 10 Call Types, Auditor Report

Call Types	Total Events
Traffic Stop	44,795
Disturbance	35,696
Audible Alarm	19,920
Noise Disturbance	15,773
Security Check	15,262
Welfare Check	15,030
Suspicious Circumstance	11,547
Trespassing	11,058
Theft	10,556
Wireless 911	9,899



NICJR has developed a tiered dispatch model for CFS, one that includes a robust, structured, and well-trained team of community responders – a Community Emergency Response Network. Pursuant to the NICJR methodology, CFS are initially allocated to CERN Tiers based on a standardized approach outlined below:

Tier 1: CERN dispatched only

- Event type: Non-Criminal

Tier 2: CERN lead, with officers present

- Event type: Misdemeanor with low potential of violence
- If CERN arrives on scene and determines there is low potential for violence and an arrest is unnecessary or unlikely, officers leave.

Tier 3: Officers lead, with CERN present

- Event type: Non-Violent Felony or an arrest is likely
- If officers arrive on scene and determine there is no need for an arrest or an arrest is unlikely and violence is unlikely, officers step back and CERN takes the lead.

Type 4: Officers only

- Event type: Serious Violent Felony or high likelihood of arrest

Default Tier assignments are adjusted based on factors including call type arrest rates and a qualitative assessment of whether specific call types would benefit from an alternate response; the arrest analysis typically results in CFS “moving up” a Tier, whereas the alternate response benefit analysis generally results in CFS moving down a level. In Berkeley, application of the default Tier assignment, adjusted to take into account arrest rates and alternate response benefit, results in 50 percent of BPD events being categorized as Tier 1; CERN would play a lead role in responding to over 64 percent of all CFS.

Table 2. Recommended Tiered Dispatch Model

Crime Category	CERN	BPD	% of Call Types	# of Call Types in Each Tier
Tier 1	Only		50%	92
Tier 2	Lead	Present	10%	19
Tier 3	Present	Lead	18%	33
Tier 4		Only	21%	39

Of the top ten call types by call initiation source, 100 percent of On-View, and 80 percent of 911 and Non-Emergency event types are assigned to CERN Tier 1.

Table 3. Top Ten Call Types by Initiation Source and Tier

Officer Initiated	CERN Tier	911 Emergency	CERN Tier	Non-Emergency Line	CERN Tier
Traffic	1	Disturbance	1	Disturbance	1
Security Check	1	Wireless 911	1	Audible Alarm	1
Pedestrian Stop	1	Ascertain 911	1	Noise Disturbance	1
Officer Flagged Down	1	Welfare Check	1	Welfare Check	1
Suspicious Vehicle	1	Suspicious Circumstances	1	Trespassing	1
Parking Violation	1	Battery	3	Petty Theft	2
Bike Stop	1	Suspicious Person	1	Advice	1
Abandoned Vehicle	1	Family Disturbance	1	Suspicious Circumstances	1
Found Property	1	Petty Theft	2	Parking Violation	1
Disturbance	1	Mental Illness	1	Suspicious Person	1

An average of slightly more than 2 officers responds to each CFS, spending an average of .61 hours event, as measured by arrival on-scene to call clearance.

Table 4. Time Spent Responding to Events

Crime Category	Total Hours Arrival to Close	Average Hours Per Event	Proportion of Total Officer Time
Non-Criminal	98,119	.38	52.3%
Misdemeanor	20,414	.53	10.9%
Non-Violent Felony	33,836	.79	18.0%
Serious Violent Felony	35,275	.74	6.9%
Total	187,644	.61	18.8%

KEY RECOMMENDATIONS

Analysis of BPD CFS data for the period 2015-2019 indicates that over 81 percent of CFS were for Non-Criminal events, and that the non-emergency line was the single largest event generating source. Although the vast majority of CFS during the analysis period were Non-Criminal, an average of 2.4 officers was dispatched per event response. NICJR's assessment of viable alternate responses indicates that 50 percent of CFS can be responded to with no BPD involvement, with another 18 percent requiring BPD to be present, but to serve in a support, rather than a lead, role.

With these results in mind, NICJR recommends that alternative response options be developed for the 50 percent of CFS that do not require a law enforcement response. This process should involve an assessment of both relevant municipal and community-based resources that can serve as the basis for the Berkeley CERN.

OBJECTIVES, SCOPE, AND METHODOLOGY

This report is designed to:

1. Provide an analysis of BPD CFS according to NICJR's Crime Categories
2. Map NICJR's Crime Categories to NICJR's proposed Community Emergency Response Network (CERN)
3. Identify which calls for service should be responded to by a non-BPD alternative

NICJR has developed a tailored approach to the analysis of CAD (Computer Aided Dispatch) calls for service data based on hands-on experience in multiple cities nationwide. NICJR CFS analyses use the following categorization of *final disposition* CAD events: Non-Criminal (NC), Misdemeanor (MISD), Non-Violent Felony (NV FEL), and Serious Violent Felony (SV FEL). NICJR categories are aligned with state specific penal codes and their associated penalties. If a call type is not found in the penal code, it is placed into the Non-Criminal Category.

NICJR uses this method of categorizing events because it affords the most linear correlation between the event and its associated criminal penalty. By categorizing events in this manner, NICJR can clearly identify the portion of CFS that are either non-criminal or are for low-level and non-violent offenses. Categorizing call data into a simple criminal vs. non-criminal, violent, vs. non-violent, structure also supports conversations with the community about alternatives to policing for specific call types grounded in easily understandable data.

NICJR's methodology was informed by an assessment of the limitations of other approaches to categorizing CAD data. Alternative approaches include matching CFS to Federal Bureau of Investigation (FBI) Uniform Crime Report (UCR) categories or to the newer National Incident Based Reporting System (NIBRS) categories. Both options have serious limitations. The UCR data set only includes violent and property crimes, while the more expansive NIBRS platform has not been widely adopted by policing agencies. In 2018, for example, UCR data was submitted for 16,659 (out of 18,000) law enforcement agencies across the country, while only 7,283 reported crime data via NIBRS.¹

With respect to the present analysis, the BPD provided NICJR with a comprehensive CFS data set for calendar years 2015-2019, representing 358,269 unique calls for service.

Each year's worth of data included the call type descriptions for the respective reporting period. There were 183 available call type descriptions for each year. The data set included 18 non-traffic related disposition codes by which calls were cleared or disposed. There were also numerous Racial Identity and Profiling Advisory (RIPA) Board disposition codes as required by Assembly Bill 953, which requires law enforcement agencies to collect "perceived demographic and other detailed data regarding pedestrian and traffic stops."

NICJR consolidated these call types into four descriptive Crime Categories for reporting purposes: Non-Criminal, Misdemeanor, Non-Violent Felony, and Serious Violent Felony. Call types were assigned to Crime Categories based on mapping to the California Penal Code Part 1, Title 1-15. A crosswalk of BPD call types used during the 2015-2019 period, and Crime Categories, is provided in [Appendix A](#).

¹ [dd_number_of_leas_enrolled_part_status_and_method_of_data_sub_by_pop_group-2018_final.pdf \(fbi.gov\)](#)

Table 5. NICJR Crime Categories

Crime Category	Description
Non-Criminal (NC)	Any event not identified in the California State Penal Code
Misdemeanor (MISD)	Any event identified in the California State Penal Code as a Misdemeanor
Non-Violent Felony (NV FEL)	Any event identified in the California State Penal Code as a Non-Violent Felony
Serious Violent Felony (SV FEL)	Any event identified in the California State Penal Code as a Serious Violent Felony

Call type description variables also allowed NICJR to determine CFS initiation source – BPD Public Safety Communications Center, officer-initiated activity or On-View, CHP transfer, telephone, VOIP, or other source.

In addition, CFS response time data was used to determine how long it takes BPD officers to respond to CFS and how much time officers spend on CFS by incident type once they arrive on-scene. There were five-time variables provided in the data. To determine how long it took officers to respond to CFS, NICJR assessed the length of time between call dispatch and an officer arriving on-scene. To determine how long officers spent responding to events, NICJR analyzed the length of time between an officer arriving on-scene and clearing the call. NICJR was also able to use CAD data to determine the mean number of officers responding to each type of call by Crime Category.

Table 6. Berkeley CAD Data Time Variable Descriptions

CAD Data Variable Label	CAD Translation
CreateDateTime	Time call first came into the Communications Center
DispatchTime	Time call was first dispatched to an officer
EnRouteTime	Time officer is enroute to the scene of a call
OnSceneTime	Time officer arrived on-scene
ClearTime	Time officer is back in service to take new calls

CHARACTERISTICS OF CALLS

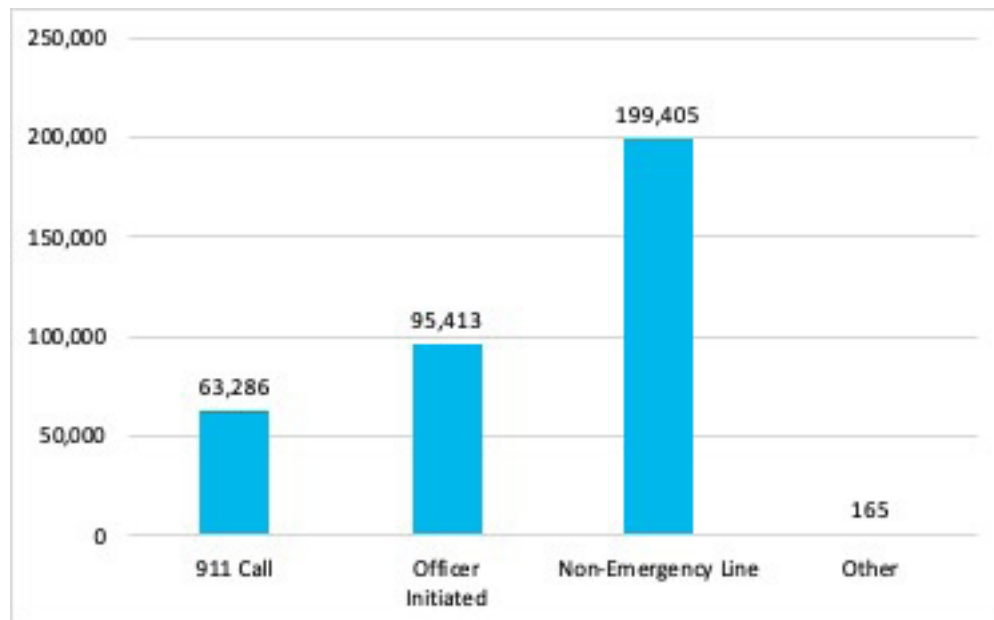
Analysis of 358,269 events from 2015-2019

NICJR analyzed the CFS data set across a number of metrics including overall call type frequency, call initiation source, and call Crime Category. Figures and tables in this section draw from a sample of 358,269 unique calls for service covering the period 2015-2019 within the CAD files NICJR obtained from BPD. As noted in the Objectives, Scope, and Methodology, section above, BPD used 183 unique call types during the reviewed period. This section provides various analyses of this data.

Event Initiation

Calls for service may be initiated in three primary ways: by calling 911, by calling the BPD non-emergency line, or by officer-initiated call. The other ways in which a CFS may be initiated are through a CHP transfer, telephone, VOIP, alarm, cell phone, on view, traffic stop, or other means. Figure 1 shows the proportion of events by initiation source. Over 55 percent of all calls during the 2015-2019 period were initiated through the non-emergency line.

Figure 2. Events by Initiation Source



* Does not include calls with missing values

Top Ten Events

Table 7 provides the top ten events by Initiation Source. Together, these call types comprised 68 percent of all BPD events over the study period.

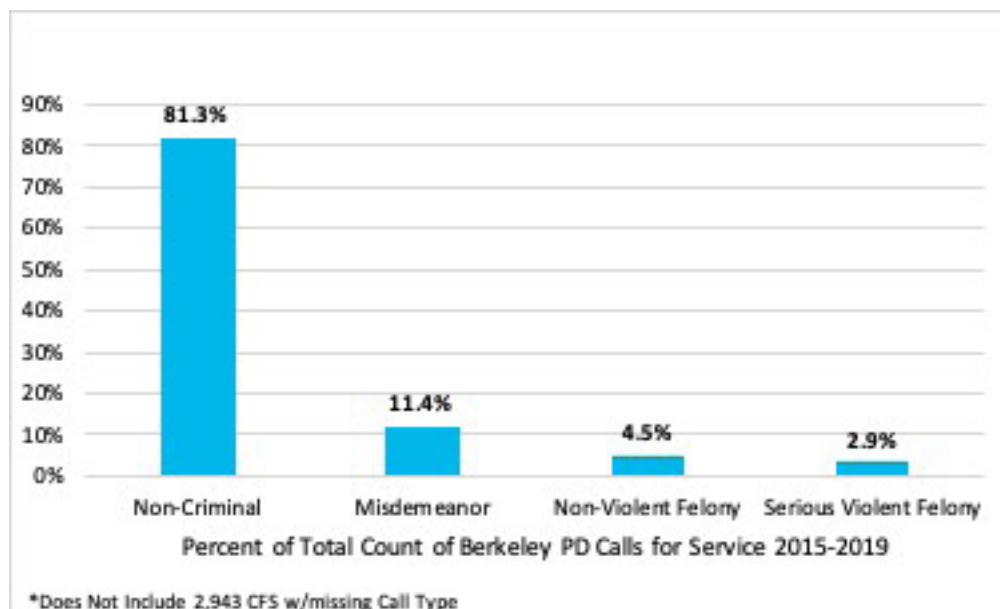
Table 7. Top 10 Calls by Initiation Source

Officer Initiated	911 Emergency	Non-Emergency Line
Traffic	Disturbance	Disturbance
Security Check	Wireless 911	Audible Alarm
Pedestrian Stop	Ascertain 911	Noise Disturbance
Officer Flagged Down	Welfare Check	Welfare Check
Suspicious Vehicle	Suspicious Circumstances	Trespassing
Parking Violation	Battery	Petty Theft
Bike Stop	Suspicious Person	Advice
Abandoned Vehicle	Family Disturbance	Suspicious Circumstances
Found Property	Petty Theft	Parking Violation
Disturbance	Mental Illness	Suspicious Person

Events by Crime Category

Figure 2 shows the frequency of call types by Crime Category. BPD averaged 71,654 events per year during the analysis period. The vast majority of these CFS, 81.3 percent, are classified as Non-Criminal; as reflected in Appendix B, Non-Criminal CFS consistently comprised a majority of events during the 2015 to 2019 period.

Figure 3. Percent of Events by Crime Category



*Does Not Include 2,943 CFS w/missing Call Type Description

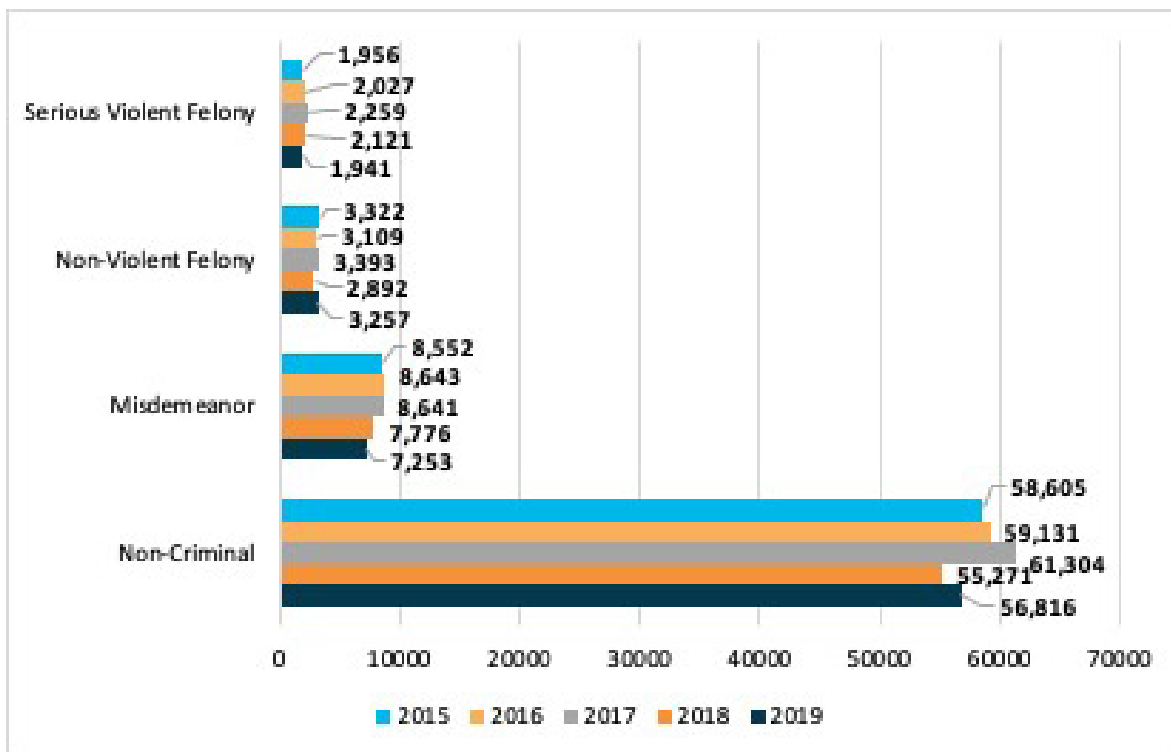
During the five-year period reviewed, at least 96.7 percent of On-View events were Non-Criminal and over 76 percent of 911 calls comprised Non-Criminal events. Interestingly, Officer-Initiated calls were the most likely to be Non-Criminal.

Table 8. Percent of Non-Criminal Events by Initiation Source

Event Initiation Source	Year				
	2015	2016	2017	2018	2019
911 Calls	77.5%	76.6%	76.6%	76.7%	72.7%
Non-Emergency Calls	72.3%	72.7%	72.8%	73.5%	71.1%
Officer-Initiated	98%	98.3%	98.1%	96.7%	96.9%

Figure 3 identifies the number of events by Crime Category over the review period. The total number of events across all categories declined between 2015 and 2019.

Figure 4. Number of Events by Crime Category



NUMBER OF RESPONDING PERSONNEL

The number of personnel who responded to CFS varied depending on the event type. Table 9 shows the average number of personnel who responded to a CFS by Crime Category. As expected, when dealing with a call that is more serious in nature, the average number of responding officers was higher than for a less serious event. The average number of responding personnel across all event types was 2.4.

Table 9. Responding Personnel by Crime Category

	Non-Criminal	Misdemeanor	Non-Violent Felony	Serious Violent Felony
2015	1.8	1.7	1.9	4.2
2016	1.8	1.7	1.7	4.5
2017	1.8	1.7	1.9	4.4
2018	1.7	1.7	1.8	3.7
2019	1.7	1.7	1.9	3.8

Time Spent Responding to Calls

Tables 10 and 11 outline the total amount of time spent on CFS by Crime Category. In determining the time spent on event response, NICJR analyzed two time periods. First, the time period beginning when an officer arrived on-scene to when the officer closed or “cleared” the call and was back “in-service” and able to take other calls. Using this methodology, NICJR was able to identify how much time officers actually spent handling a specific call. An alternate and more comprehensive view of officer response time accounts for the time from event initiation to close.

Table 10. Time Spent Responding to Events, On-Scene to Close

Crime Category	Total Hours Arrival to Close	Average Hours Per Event	Proportion of Total Officer Time
Non-Criminal	98,119	.38	52.3%
Misdemeanor	20,414	.53	10.9%
Non-Violent Felony	33,836	.79	18.0%
Serious Violent Felony	35,275	.74	6.9%
Grand Total	187,644	.61	100.0%

Note* Excludes calls with missing on-scene or clear times.

Table 11. Time Spent Responding to Events, Initiation to Close

Crime Category	Total Hours Initiation to Close	Average Hours Per Event	Proportion of Total Officer Time
Non-Criminal	266,832	1.0	42.1%
Misdemeanor	120,063	2.9	18.9%
Non-Violent Felony	161,656	4.8	25.5%
Serious Violent Felony	85,703	2.5	13.5%
Grand Total	634,254	3.4	100.0%

Note* Excludes calls with missing on-scene or clear times.

NICJR CERN CATEGORIZATION

In our work to Reimagine Public Safety and transform policing, NICJR has developed a tiered dispatch system to provide alternatives to police response to CFS, increase public safety, and improve the quality of emergency response. This model, the Community Emergency Response Network (CERN), builds upon NICJR's CFS classification structure.

Once each call type is associated with one of NICJR's four CFS Categories, an additional step is taken to do a default assignment of CFS to CERN Tiers as follows:

Figure 5. Tiered Dispatch



CERN default Tier assignments for the 2015-2019 BPD CFS analyzed are outlined below.

Table 12. CERN Tier Default Assignment Table

Crime Category	CERN	BPD	% of Call Types	# of Call Types in Each Tier
Tier 1	Only		50%	92
Tier 2	Lead	Present	14%	25
Tier 3	Present	Lead	9%	16
Tier 4		Only	27%	50

Default Tier Assignment Modified Based on Arrest Data and Other Factors

A. Arrest Rates

Subsequent to the default classification, NICJR examines arrest data to determine if adjustments to default Tier assignments are warranted. Most typically, this results in CFS “moving up” a Tier based on the likelihood of arrest. The arrest analysis includes the identification of the overall jurisdiction arrest rate, as well as the high-end of that rate, below which the vast majority of CFS arrest rates fall. For Berkeley, 10 percent was set as the arrest rate triggering Tier assignment review; only 6 of 91 CFS that resulted in an arrest had an arrest rate in excess of 10 percent in the years 2015 to 2019. Call types with arrest rates that significantly exceed the triggering arrest rate generally moved to higher Tiers. For example, the Non-Criminal CFS *warrant service* was moved from Tier 1 to Tier 4 based on arrest rate data.

Figure 6. Total Arrest Rate Count Dispersion Scatterplot

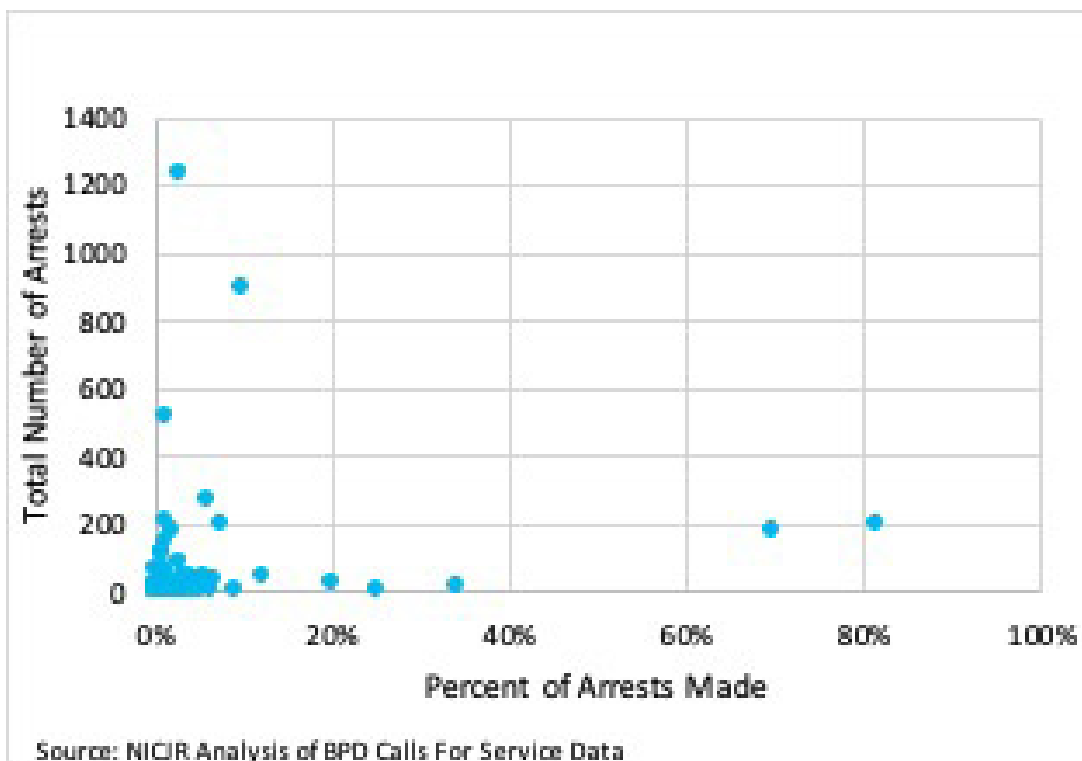


Table 13. CFS CERN Tier Assignments After Arrest Review

Crime Category	CERN	BPD	% of Call Types	# of Call Types in Each Tier
Tier 1	Only		50%	91
Tier 2	Lead	Present	13%	24
Tier 3	Present	Lead	9%	16
Tier 4		Only	28%	52

B. Alternate Response Warranted

Beyond arrest data, CERN Tier assignment is modified based on NICJR's assessment of call types that would benefit from an alternate response. Some Serious Violent Felony call types typically move from Tier 4 to Tier 3 pursuant to this aspect of the analysis, in order to allow for a CERN response with an officer leading. For example, the call type *assault, gang related* has been downgraded from a Tier 4 to a Tier 3 in order to allow the CERN to assist officers involved. Warrants have similarly been downgraded from a Tier 4 to a Tier 3 with this rationale in mind. Conversely, some call types moved from lower to higher Tiers as a result of this aspect of the default Tier assignment modification methodology. Various events that fall under the assist call type, for example, are allocated to Tier 4 even though these CFS are Non-Criminal in nature. The rationale here is that if the BPD is being asked to assist another law enforcement agency, for example, a BPD response is required.

Table 14. CFS CERN Tier Assignments After Alternate Response Review

Crime Category	CERN	BPD	% of Call Types	# of Call Types in Each Tier
Tier 1	Only		50%	92
Tier 2	Lead	Present	10%	19
Tier 3	Present	Lead	18%	33
Tier 4		Only	21%	39

Based on NICJR's analysis, and as reflected in Table 14, 50 percent of BPD CFS could be handled solely by a community-response, reflecting 76 percent of BPD calls for service.

NICJR appreciates that there may be questions about the assignment of certain call types to Tier 1. Selected Tier 1 event types have been tagged for additional explanation of Tier assignment in that vein; the explanations can be found following in [Appendix C](#).

As a final cut of the data, Table 15 depicts the top ten call types by initiation source and CERN Tier. One hundred percent of the top ten On-View event types, and 80 percent of top ten 911 and Non-Emergency event types, are assigned to CERN Tier 1.

Table 15. Top Ten Call Types by Initiation Source and Tier

Officer Initiated	CERN Tier	911 Emergency	CERN Tier	Non-Emergency Line	CERN Tier
Traffic	1	Disturbance	1	Disturbance	1
Security Check	1	Wireless 911	1	Audible Alarm	1
Pedestrian Stop	1	Ascertain 911	1	Noise Disturbance	1
Officer Flagged Down	1	Welfare Check	1	Welfare Check	1
Suspicious Vehicle	1	Suspicious Circumstances	1	Trespassing	1
Parking Violation	1	Battery	3	Petty Theft	2
Bike Stop	1	Suspicious Person	1	Advice	1
Abandoned Vehicle	1	Family Disturbance	1	Suspicious Circumstances	1
Found Property	1	Petty Theft	2	Parking Violation	1
Disturbance	1	Mental Illness	1	Suspicious Person	1

RECOMMENDATIONS AND CONCLUSION

Analysis of BPD CFS data for the period 2015-2019 indicates that over 81 percent of CFS were for Non-Criminal events, and that the non-emergency line was the single largest event generating source. Although the vast majority of CFS during the analysis period were Non-Criminal, an average of 2.4 officers was dispatched for event response. NICJR's assessment of viable alternate responses indicates that 50 percent of CFS types, representing 76 percent of all calls for service, can be responded to with no BPD involvement, with another 18 percent requiring BPD to be present, but to serve in a support, rather than a lead, role.

With these results in mind, NICJR offers the following recommendations:

Key Recommendations

1. Alternative response options should be developed for the 50 percent of CFS that do not require a law enforcement response or are appropriate for a dual response by law enforcement and a community-based/non law enforcement service provider.

Data-Specific Recommendations

2. Develop a mechanism for clear identification of mental health related calls within the data including ones that overlap with homelessness.
3. Provide a coding element in the data that allows a researcher or analyst to identify those types of calls that result in a use of force including the type of use of force.
4. Create a publicly accessible data key for all of the variable code types in BPD data.

APPENDIX H

Berkeley Calls for Service Analysis

Table of Contents

Introduction	85
Emerging Non-Enforcement Models of Community Response	86
Eugene Crisis Assistance Helping Out on the Streets (CAHOOTS).....	86
Denver Support Team Assisted Response (STAR).....	87
Olympia Crisis Response Unit (CRU)	87
San Francisco Street Crisis Response Team (SCRT).....	88
Austin Expanded Mobile Crisis Outreach Team (EMCOT)	89
Houston Crisis Call Diversion (CCD).....	90
City of Albuquerque Community Safety Department (ACS)	90
Los Angeles County Alternative Crisis Response (ACR)	90
Seattle Department of Community Safety & Violence Prevention.....	91
Ithaca Department of Community Solutions and Public Safety	91
Tiered Dispatch & Community Emergency Response Network.....	91
Non-Law Enforcement Crime Reduction Strategies	93
New York City Mayor's Action Plan (MAP) for Neighborhood Safety	93
Domestic Violence	94
Commercial Sexual Exploitation	94
Traffic Enforcement	95
Neighbor Disputes.....	96
Substance Use	97
Community Driven Violence Reduction Strategies	100
Gun Violence Reduction Strategy	100
Hospital-Based Violence Intervention Programs (HVIPs).....	102
Office of Neighborhood Safety/ Advance Peace.....	102
Street Outreach.....	103
Police Training	105
SARA Problem Solving Model	105
Ethical Policing Is Courageous (EPIC).....	105

Project Active Bystandership for Law Enforcement (ABLE)..... 106

Community Safety Partnership (Watts)..... 107

Focused Deterrence 107

Elimination of Pretextual Stops 108

Ethical Society of Police (ESOP)..... 108

Chicago PD Black Public Safety Alliance (BPSA) 109

Police Diversity..... 109

Warrior vs. Guardian Mentality..... 110

Accountability 110

Law Enforcement Officers’ Bill of Rights 110

Qualified Immunity 111

Additional Accountability Measures of Note..... 111

Procedural Justice..... 112

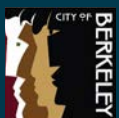
Police Training 112

 Implicit Bias 113

 De-escalation..... 113

 Community Engagement..... 114

 Data Driven Risk Management 114



INTRODUCTION

As a part of the City of Berkeley's Reimagining Public Safety process, the National Institute for Criminal Justice Reform (NICJR) was commissioned to conduct an assessment of programs and models that increase safety, properly respond to emergencies, reduce crime and violence, and improve policing. The New and Emerging Models of Community Safety and Policing report has been prepared in response to that charge. NICJR submits this report to the Reimagining Public Safety Taskforce (RPSTF) to inform the RPSTF's development of recommendations for submission to the Berkeley City Council (Council) on alternative responses and police reforms.

The report comprises a brief overview of several examples of Emerging Non-Enforcement Models of Community Response; Non-Law Enforcement Crime Reduction Strategies; Community Driven Violence Reduction Strategies; and Policing Strategies. As hundreds of cities across the country engage in reimagining public safety processes and launching new programs or altering existing models, this report could not possibly be universally comprehensive; it does however provide the RPSTF and the Council with illustrative examples of key options to consider as the City of Berkeley (City) reimagines its public safety system. The programs and strategies featured in this report were selected based on a number of factors including relationship to the core pillars of NICJR's reimagining framework: **Reduce, Improve, Reinvest**; level of institutionalization and track record; City of Berkeley staff and RPSTF request; and relevance to particular reform efforts underway or likely to be underway in Berkeley.

Note that one aspect of police reform, relating specifically to police oversight, is not directly addressed in this report. Review of these bodies was not included due to the City's new Police Accountability Board, approved overwhelmingly by the voters in November 2020. The Berkeley Police Accountability Board will be one of the most expansive and progressive of its kind in the country when launched in the summer of 2021.

NICJR's second commissioned report for the City, *Alternative Responses to Law Enforcement*, will draw from and build upon several of the new and emerging models outlined herein.

This report last updated October 2021. Due to the evolving nature of these models, information may be outdated.

EMERGING NON-ENFORCEMENT MODELS OF COMMUNITY RESPONSE



Police departments receive a large volume of 911 calls or other Calls for Service (CFS) requesting emergency response. In the past several decades policing has evolved from officers walking beats to departments primarily responding to CFS with patrol officers in squad cars. A number of new assessments of these CFS have revealed that a majority are low-level or even non-criminal in nature, like noise complaints, abandoned cars, and petty theft. Multiple analyses have estimated that less than 2 percent of CFS are for violent incidents.^{1,2} Retired Chicago police officer David Franco explains “We spend entire shifts dealing with noncriminal matters from disturbance and suspicious person calls...With so many low-level issues put on our shoulders, police cannot prioritize the serious crimes.”³

In addition to responding to a high volume of low-level and non-criminal 911 CFS, police have also been increasingly asked to respond to people experiencing mental health crises. Many of these encounters have resulted in uses of force by police, including deadly officer involved shootings. A number of the emerging examples of effective community driven crime reduction and emergency response models focus specifically on mental health incidents.

Eugene Crisis Assistance Helping Out on the Streets (CAHOOTS)

Crisis Assistance Helping Out on The Streets, or CAHOOTS, is a mobile emergency intervention

service established in 1989 in Eugene, Oregon.⁴ This program is free and readily available twenty-four hours a day for mental health and other non-violent related calls.⁵ CAHOOTS is directed by the White Bird Clinic, a regional health center in partnership with the City of Eugene. Each CAHOOTS unit is comprised of an emergency medical technician (EMT) and a mental health service provider.⁶

CAHOOTS staff are required to go through 40 hours of classroom education and over 500 hours of field work that is supervised by a qualified guide. Their education consists of de-escalation methods and emergency response services. CAHOOTS personnel are able to perform wellness checks, offer mental health services and substance use resources, administer medical aid, and provide mediation assistance.⁷

More than 60 percent of CAHOOTS clients are experiencing homelessness and nearly 30 percent have serious mental illness. CAHOOTS had some level of involvement in nearly 21,000 public-initiated CFS in 2019, with the number of calls having steadily increased since the program’s inception. Among all adults involved with CAHOOTS, the average age was 45.5 years.

Numerous evaluations have shown consistent, robust results for the CAHOOTS program. Approximately 5-8 percent of calls are diverted from the police to CAHOOTS, comprising nearly 14,000 calls annually that CAHOOTS alone responds to annually, according

1 <https://www.vera.org/downloads/publications/understanding-police-enforcement-911-analysis.pdf#page=134>

2 <https://www.nytimes.com/2020/06/19/upshot/unrest-police-time-violent-crime.html>

3 <https://chicago.suntimes.com/2020/12/9/22166229/chicago-police-department-911-calls-civilian-community-responders-cpd>

4 Id.

5 <https://www.americanprogress.org/issues/criminal-justice/reports/2019/10/02/475220/neighborhood-strengthening-public-safety-community-empowerment/>

6 <https://www.mentalhealthportland.org/wp-content/uploads/2019/05/2018CAHOOTSBROCHURE.pdf>

7 <https://www.mentalhealthportland.org/wp-content/uploads/2019/05/2018CAHOOTSBROCHURE.pdf>

to an analysis of 2019 CFS. Of these, only 2.2 percent necessitated backup or police involvement.⁸ The program costs approximately \$2 million annually and generates an estimated \$8.5 million in savings for the Eugene Police Department along with an additional \$2.9 million in savings for other city government agencies.^{9,10}

Several cities have explored or are currently implementing replications of CAHOOTS. In Oakland, the city is preparing to launch the Mobile Assistance Community Responders of Oakland (MACRO) initiative.¹¹ The pilot program will be managed by the Oakland Fire Department and will be available twenty-four hours per day, seven days per week in two-person teams.¹² The City of Oakland has allocated \$4.5 million for the year 2022-2023 along with \$10 million in other funding. The program is projected to pilot in East Oakland neighborhoods anywhere from November 2021 to February 2022.¹³

Denver Support Team Assisted Response (STAR)

Based on the CAHOOTS program in Eugene, Oregon, STAR is a community responder model created in 2020. STAR is a joint effort between many stakeholders, including the Denver Police Department (DPD), Denver's Paramedic Division, Mental Health Center of Denver, and community-based organizations. STAR provides direct, emergency response to residents of the community who are experiencing difficulties connected to mental health, poverty, homelessness, or substance use. The STAR transport vehicle operates seven days a week from 6 AM to 10 PM.¹⁴ The time frame of operation was

chosen based on an analysis of CFS data.¹⁵ STAR unit staff are made up of unarmed personnel, with each team including a mental health service provider and a paramedic.¹⁶

Before the implementation of STAR, calls to 911 were either transmitted to the DPD or the hospital system. The majority of calls (68 percent) routed to STAR concerned individuals that were experiencing homelessness. Around 41 percent of individuals who STAR had been involved with were referred to additional services by the STAR unit staff.¹⁷

In just half a year after the program was established, the STAR unit had addressed 748 calls. The DPD was never called to support the unit in responding to these CFS. Moreover, there were no arrests made in any of the calls evaluated during the initial six months of program operation. To expand the program, the City of Denver has approved \$1 million from the City's supplemental fund to go along with the already allocated \$1.4 million in the original 2021 budget.¹⁸

Olympia Crisis Response Unit (CRU)

Incorporating both CAHOOTS principles and crisis intervention teams, the Crisis Response Unit (CRU) was implemented in Olympia, Washington in April 2019, as a result of a 2017 citywide safety measure that allocated an initial half million dollars for an improved crisis response model. The Olympia Police Department (OPD) contracted with a community-based organization to serve as a new option for behavioral health calls for service. The CRU team consists of six mental health professionals that operate in pairs. Along with a state certification in behavioral health, CRU staff must undergo training that includes police patrol exposure, community engagement, and education about available community support.¹⁹

8 <https://www.eugene-or.gov/DocumentCenter/View/56717/CAHOOTS-Program-Analysis>

9 <https://www.vera.org/behavioral-health-crisis-alternatives/cahoots>

10 <https://www.mentalhealthportland.org/wp-content/uploads/2019/05/2018CAHOOTSBROCHURE.pdf>

11 https://urbanstrategies.org/wp-content/uploads/2020/06/USC-MACRO-REPORT-6_10_20.pdf

12 <https://abc7news.com/macro-oakland-civilian-crisis-response-team-mental-health-police-dept/10430680/>

13 <https://www.ktvu.com/news/oakland-leaders-push-to-start-urgently-needed-macro-program-create-oversight>

14 <https://denver.cbslocal.com/2021/08/31/star-program-mental-health-denver-police/>

15 https://wp-denverite.s3.amazonaws.com/wp-content/uploads/sites/4/2021/02/STAR_Pilot_6_Month_Evaluation_FINAL-REPORT.pdf

16 <https://www.9news.com/article/news/denver-star-program-results-police/73-90e50e08-94c5-474d-8e94-926d42f8f41d>

17 Id.

18 <https://denver.cbslocal.com/2021/08/31/star-program-mental-health-denver-police/>

19 <https://www.vera.org/behavioral-health-crisis-alternatives/cru-and-familiar-faces>



CRU operates from 7 AM to 8:40 PM Monday through Thursday and 10 AM to 8:40 PM Friday through Sunday, supplying clients with supports such as mediation, housing assistance, and referrals to additional services.²⁰ Police lines of communication are utilized by CRU staff to identify situations that necessitate CRU response. The City's 911 operations hub and law enforcement personnel can also refer callers directly to CRU. Often, 911 callers request CRU assistance specifically, as the team has fostered strong community ties. Moreover, a significant portion of calls for service referred to CRU originate from community-based service providers, as opposed to the 911 system itself. When CRU staff encounter an individual the team has been called on to support multiple times, they refer the individual to Familiar Faces, a peer navigation program.²¹

Most individuals who were assisted by CRU were experiencing homelessness or mental health issues at the time of service. Out of the 511 calls CRU engaged with from April to June of 2020, OPD was

only needed 86 times. Establishing and maintaining trust between CRU and residents is an essential part of the initiative.²² Post-implementation surveys show that many police officers became advocates of the model after seeing the program in action for six months.

San Francisco Street Crisis Response Team (SCRT)

The City and County of San Francisco has implemented a pilot alternative response program for individuals experiencing a behavioral health crisis. The San Francisco Fire Department, in conjunction with the Department of Public Health and the Department of Emergency Management, responds to 911 calls related to these issues via Street Crisis Response Teams (SCRT). Street Crisis Response Teams include a community paramedic, behavioral clinician, and peer specialist.²³ Currently, there are six teams that provide an around-the-clock response.²⁴

²⁰ https://www.olympiawa.gov/services/police_department/crisis_response___peer_navigators.php

²¹ <https://www.vera.org/behavioral-health-crisis-alternatives/cru-and-familiar-faces>

²² <https://www.americanprogress.org/issues/criminal-justice/reports/2020/10/28/492492/community-responder-model/>

²³ <https://sf.gov/street-crisis-response-team>

²⁴ <https://sf.gov/sites/default/files/2021-10/SCRT%20September%20Update%20%281%29.pdf>

SCRT collaborated with community-based organizations including RAMS, Inc. (Richmond Area Multi-Services) and HealthRIGHT360 to ensure that community providers and local residents would be able to provide feedback and input about the new program.²⁵ The proposed SCRT budget for fiscal year 2021-2022 is approximately \$13.5 million, which includes staff training and team expansion. An evaluation of the pilot program place is currently underway.²⁶

When 911 calls come into the dispatch center that are determined to be appropriate for SCRT, SCRT is dispatched; a team responds on average in fifteen minutes. No calls for service routed to SCRT required police action or backup in the first two months of the pilot. Approximately 74 percent of individuals assisted by SCRT had their issues resolved, whether it be through transfers to additional supports or de-escalation techniques.²⁷ Initial analyses show that SCRT could respond to up to 17,000 behavioral health calls each year. Because of the small scope of the initial pilot, only 20 percent of behavioral health calls received during the first two months of implementation were able to be responded to by the SCRT.

Austin Expanded Mobile Crisis Outreach Team (EMCOT)

In order to reduce the burden on the Austin Police Department (APD) associated with mental health calls, the City of Austin, Texas established the Expanded Mobile Crisis Outreach Team (EMCOT) in conjunction with Integral Care, the City's community-based mental health service provider. EMCOT assists individuals undergoing a behavioral or mental health crisis. Agencies such as APD or the Sheriff's Office are able to call for EMCOT services by way of the 911 dispatch hub. EMCOT provides its clients with supports in the form of therapy, life coaching, rehabilitation, and other services.²⁸

Since its establishment in 2013, EMCOT has assisted 6,859 clients. The most recently available data is

²⁵ <https://sf.gov/street-crisis-response-team>

²⁶ https://www.sfdph.org/dph/files/IWG/SCRT_IWG_Issue_Brief_FINAL.pdf

²⁷ Id.

²⁸ <https://www.austintexas.gov/edims/document.cfm?id=302634>

from FY2017, which shows that EMCOT responded to 3,244 CFS, at a rate of approximately 9 times per day. Each client was served for an average of 21 days and provided three different types of supports. In general, post-crisis services are available for up to 3 months after initial contact.²⁹ Integral Care reported that 86 percent of calls routed to a mental health response did not require police backup.³⁰

EMCOT is currently available from 8AM to 12AM Monday through Friday and 10AM to 8PM on Saturday and Sunday.³¹ With the additional funding, EMCOT is now projected to provide around-the-clock availability for calls for service. Expansion of telehealth services for the program is also included in the new funding.³² For all CFS involving EMCOT, 85.4 percent were handled without police officers.³³

In 2020, a new dispatch system was established in Austin and a mental health paraprofessional was permanently stationed in the 911 dispatch center. Callers to 911 now have the option to request mental health services instead of police.³⁴ If the operator determines the caller would benefit from these supports, the call is handed over to a mental health professional. If a clinician is unavailable at the time, an EMCOT staff member is deployed. Currently, the clinicians are present all week for a set number of hours each day. This initiative was funded by the reallocation of \$11 million from the Austin Police Department's budget. The EMCOT budget itself was also recently increased to \$3.15 million, a 75 percent increase in funding for the program.³⁵⁺

²⁹ Id.

³⁰ <https://www.kxan.com/news/local/austin/new-911-call-option-offers-direct-mental-health-help-that-one-attorney-says-may-have-saved-one-familys-son/>

³¹ <https://www.fox7austin.com/news/crisis-counselors-responding-to-more-mental-health-calls-in-austin>

³² <http://www.austintexas.gov/edims/pio/document.cfm?id=320044>

³³ <https://www.austinmonitor.com/stories/2020/08/integral-care-set-to-address-most-mental-health-emergency-calls-without-involving-apd/>

³⁴ <https://www.kvue.com/article/news/health/apd-adds-mental-health-services-to-911-answering-script/269-e7dde2e6-4a65-4d5c-a2a7-a26e57110a81>

³⁵ <https://www.austinmonitor.com/stories/2020/08/integral-care-set-to-address-most-mental-health-emergency-calls-without-involving-apd/>

Houston Crisis Call Diversion (CCD)

The Crisis Call Diversion (CCD) program in Houston, Texas is a joint effort between the fire department, police department, emergency center, and mental health service providers in the area. In 2017, the Houston Police Department (HPD) received 37,032 calls for service that involved behavior or mental health problems. When calls for service come in, dispatchers flag any that would necessitate CCD response-- non-emergency behavioral and mental health calls. Once flagged, these callers are connected to CCD counselors. The CCD counselor evaluates the situation and the mental health of the caller and attempts to provide assistance over the phone.³⁶

If additional community response or police presence is needed, the dispatcher can request that as well. The call is taken off the police dispatch line when the CCD dispatcher verifies that the CCD team is on the way to the scene. CCD teams can contact the caller while traveling to the specified location in order to collect as much relevant information as possible. Upon examination of the data, each rerouted call generates savings of nearly \$4,500. The CCD costs approximately \$460,000 annually and is estimated to generate over \$860,000 in annual savings.³⁷

City of Albuquerque Community Safety Department (ACS)

The City of Albuquerque's recently created Community Safety Department (ACS) serves as the third branch of Albuquerque's first responder system. The ACS responds to non-violent and non-medical Calls for Service (CFS) related to mental health, substance use, and homelessness as well as non-behavioral issues such as abandoned vehicles and needle pickups.³⁸ Once a call is received through 911, it is routed to the Albuquerque Police Department (APD) Dispatch Center, who will then facilitate the deployment of ACS responders.

ACS' Field Response Unit is made up of four types of responders: Behavioral Health Responders,

Community Responders, Street Outreach and Resource Coordinators, and Mobile Crisis Team (MCT) Licensed Clinicians.

Each responder's role is as follows³⁹:

- Community Responders: provide support to community members related to inebriation, homelessness, addiction, mental health as well as minor injuries, incapacitation, abandoned vehicles, non-injury accidents, and needle pickups
- Behavioral Health Responders: respond in pairs to requests for assistance regarding mental and behavioral health, inebriation, homelessness, addiction, chronic mental illness, etc.
- Street Outreach and Resource Coordinators: provide street outreach to individuals experiencing homelessness in encampments
- Mobile Crisis Team (MCT) Licensed Clinicians: co-respond to high acuity mental and behavioral health emergencies

In its first operational month (August 30- October 1, 2021), ACS responders addressed an average of nine calls daily, for a total of 212 CFS. 50% of those CFS were provided with either resources, direct services, or transportation. The average response time for ACS responders is slightly over 14 minutes.⁴⁰ Once ACS is fully scaled, as many as 3,000 calls could be diverted per month.⁴¹

Los Angeles County Alternative Crisis Response (ACR)

The LA County Alternative Crisis Response is a collaboration between the Department of Mental Health (DMH) and the Chief Executive Office's (CEO) Alternatives to Incarceration Initiative to address gaps within LA County's current crisis response system.⁴² Set to rollout in July of 2022, preliminary recommendations put forth to the Los Angeles County Board of Supervisors include designing and implementing a Regional Crisis Call Network,

³⁹ <https://www.cabq.gov/acs/our-response>

⁴⁰ <https://www.cabq.gov/mayor/news/albuquerque-community-safety-responders-hit-the-streets>

⁴¹ <https://www.abqjournal.com/2428380/abqs-community-safety-department-launches-patrols.html>

⁴² <https://ceo.lacounty.gov/ati/alternative-crisis-response/>

³⁶ <https://www.americanprogress.org/issues/criminal-justice/reports/2020/10/28/492492/community-responder-model/>

³⁷ <https://www.houstoncit.org/ccd/>

³⁸ <https://www.cabq.gov/acs/our-role>

instituting a crisis mobile response team, and increasing behavioral health bed capacity.⁴³

In accordance with recent ACR recommendations, the Los Angeles Police Department (LAPD) expanded its Didi Hirsch Pilot, which diverts 911 behavioral health CFS to the Didi Hirsch Suicide Prevention Center. The ACR will utilize a 988 number for behavioral health emergency needs also overseen by the Didi Hirsch Suicide Prevention Center.⁴⁴

Seattle Department of Community Safety & Violence Prevention

The Seattle City Council passed Resolution 31962 in August of 2020, which lays the foundation for a civilian led Department of Community Safety & Violence Prevention. This Department, which is expected to be up and running by the fourth quarter of 2021, will assume responsibility for manning 911 call lines, replacing police operators with “civilian-controlled systems.”⁴⁵

Ithaca Department of Community Solutions and Public Safety

In February 2021, the Mayor of Ithaca, New York, proposed the creation of a new Department of Community Solutions and Public Safety that would replace the Ithaca Police Department.⁴⁶ This new department would include both armed officers and unarmed workers who focus on crime and neighborhood service. The department would work with a new alternative service provider that provides non-law enforcement crisis intervention and support. All current police officers would have to reapply to be employed by the new department.

The proposal is a part of the Ithaca Reimagining Public Safety Collaborative and a response to the New York State Governor’s Executive Order mandating every

police department in the state to submit a reform plan by April 1, 2021.⁴⁷

The new Department of Community Solutions and Public Safety would be charged with implementing an alternative to the police response system and establishing a pilot program for non-emergency calls, implementing a culturally responsive training program that includes de-escalation techniques, and developing a comprehensive community healing plan.

Other initiatives proposed under this strategy include standardizing a data review process on traffic stops as well as consistent reviews of officers’ body camera footage. Minor grievances would be outsourced to neighborhood mediation centers. Adolescent engagement support programs would be broadened in order to reach those at high risk of violence. The new personnel of the Department would be recruited from a more varied body of applicants as well to reflect the residents of the city in which they operate.⁴⁸

In order to oversee the recommendations made by the Mayor and Ithaca Reimagining Public Safety Collaborative, the City of Ithaca has arranged for the creation of an operations hub known as the Community Justice Center (CJC). The CJC will have its own full-time staff including but not limited to a project manager and a data analyst. The CJC is set to give progress updates to the Tompkins County Legislature and the City of Ithaca Mayor to ensure each recommendation is properly addressed.⁴⁹

Tiered Dispatch & Community Emergency Response Network

NICJR has developed a tiered dispatch model for CFS, one that includes a robust, structured, and well-trained team of community responders – a Community Emergency Response Network (CERN). Pursuant to the NICJR methodology, CFS are initially allocated to CERN Tiers based on a standardized approach outlined below:

43 <https://file.lacounty.gov/SDSInter/bos/supdocs/149254.pdf>

44 <https://file.lacounty.gov/SDSInter/bos/supdocs/149282.pdf>

45 <https://www.washingtonpolicy.org/publications/detail/seattle-city-council-passes-cuts-to-police-budget-and-resolution-to-establish-civilian-led-department-of-community-safety-violence-prevention>

46 <https://www.gq.com/story/ithaca-mayor-svante-myrick-police-reform>

47 <https://www.governor.ny.gov/news/governor-cuomo-announces-new-guidance-police-reform-collaborative-reinvent-and-modernize>

48 <https://drive.google.com/drive/u/0/folders/1NTZ6j6WRze75m5fTuf-wC4BgC-1ddJnO>

49 Id.



Tier 1: CERN dispatched only

- › Event type: Non-Criminal



Tier 2: CERN lead, with officers present

- › Event type: Misdemeanor with low potential of violence
- › If CERN arrives on scene and determines there is low potential for violence and an arrest is unnecessary or unlikely, officers leave.



Tier 3: Officers lead, with CERN present

- › Event type: Non-Violent Felony or an arrest is likely
- › If officers arrive on scene and determine there is no need for an arrest or an arrest is unlikely and violence is unlikely, officers step back and CERN takes the lead.



Type 4: Officers only

- › Event type: Serious Violent Felony or high likelihood of arrest

NON-LAW ENFORCEMENT CRIME REDUCTION STRATEGIES



New York City Mayor's Action Plan (MAP) for Neighborhood Safety

The Mayor's Action Plan for Neighborhood Safety (MAP) was launched in 2014 in fifteen New York City Housing Authority (NYCHA) properties. MAP was designed to foster productive dialogue between local residents and law enforcement agencies, address physical disorganization, and bolster pro-social community bonds. Disorganized neighborhoods are characterized by dense poverty, a lack of social mobility, and underdeveloped community connections. These factors contribute to circumstances that make a given neighborhood more vulnerable to crime and violence.⁵⁰ The 15 housing developments chosen for the program account for approximately 20 percent of violence in NYCHA housing.⁵¹

MAP's focal point is NeighborhoodStat, a process that allows local officials and residents to communicate directly with each other. Issues in each particular housing development are addressed in local meetings which involve multiple stakeholders, including residents, community-based organizations, law enforcement, and government officials. NeighborhoodStat allows residents to have a say in the way New York City (NYC) allocates its public safety resources. The process is facilitated by a team of 15 community members who conduct polls and interviews to determine what the residents feel are the biggest issues in their neighborhoods. NeighborhoodStat also utilizes data analyses regarding employment, physical structure, access to resources, and other metrics in developing its recommendations for key areas of focus. At

⁵⁰ http://www.children.gov.on.ca/htdocs/English/professionals/oyap/roots/volume5/chapter04_social_disorganization.aspx

⁵¹ <https://criminaljustice.cityofnewyork.us/programs/map/>

community meetings, this data and other benchmarks for performance are presented by community-based partners, allowing for full transparency. Residents and law enforcement also put forward their concerns and ideas. Once problems are pinpointed through meaningful dialogue, residents and NYC officials come together to generate solutions, which are then implemented by the Mayor's Office and assessed over time.⁵²

Other initiatives MAP has undertaken include providing employment and life coaching services to youth who are at most risk for violence. MAP also focuses on addressing major chronic disease determinants, including low physical activity levels and nutrient-poor diets. Programs such as NYPD Anti-Violence basketball games and pop-up healthy food stands have been established. In addition, public infrastructure has been improved through enhanced lighting, green spaces, and park improvements.⁵³

Early evaluations of MAP show promising results for a reduction in various crimes as well as increased perception of healthier neighborhoods. Significantly, misdemeanor offenses against individuals decreased in developments where residents expressed a positive change in their neighborhood's condition.⁵⁴ Furthermore, shootings in MAP sites decreased by 17.1 percent in 2015 and 2016 when compared with non-MAP sites.⁵⁵

⁵² <https://www.americanprogress.org/issues/criminal-justice/reports/2019/10/02/475220/neighborhoodstat-strengthening-public-safety-community-empowerment/>

⁵³ <https://criminaljustice.cityofnewyork.us/programs/map/>

⁵⁴ https://johnjayrec.nyc/wp-content/uploads/2020/10/MAP_EvalUpdate06.pdf

⁵⁵ https://www1.nyc.gov/assets/operations/downloads/pdf/mmr2016/mayors_action_plan_for_neighborhood_safety.pdf

Domestic Violence

Every year, an estimated 10 million people in the US experience domestic and family violence. Often a cycle of abuse is perpetuated in these situations, as experience with previous violence is a strong predictor for future abuse.⁵⁶ The financial expense of domestic and family violence is projected to be \$12 billion each year. In Berkeley, approximately 2,000 reports related to domestic violence are registered annually; the actual number of incidents is probably much higher.⁵⁷

Domestic violence is a difficult and complex problem. Laws have been established that mandate arrests even for minor incidents; these same laws have generated a growing movement of survivors calling for non-enforcement responses. The challenges here are significant, as a lack of intervention can lead to serious injury and death, primarily of women and transgender women.

An additional complication in domestic violence work is the retraumatization of survivors that occurs in the judicial system. When survivors of domestic violence endeavor to obtain recourse through the courts, they are often blamed for the abuse and undergo a disparagement of their character. Moreover, testimony is often given in an open court setting, which requires that a survivor recount the abuse they have undergone while simultaneously appearing composed in order to credibly convey their trauma, often in the presence of their abuser.⁵⁸ Reliving one's trauma and facing an abuser can cause feelings of helplessness, anxiety, and PTSD to surface in the survivor. Unfortunately, retraumatization often results in a major roadblock for survivors to pursue justice in domestic violence cases.⁵⁹

There is a significant overlap in addressing domestic violence incidence and anti-poverty work, as intimate partner violence is correlated with devastating monetary effects on survivors who seek to leave their abusive situations. Interventions such as economic education and employment training can both reduce

56 <https://www.ncbi.nlm.nih.gov/books/NBK499891/>

57 https://www.cityofberkeley.info/uploadedFiles/Health_Human_Services/Level_3_-_General/dvfactsheet.pdf

58 <https://www.seattletimes.com/opinion/a-justice-system-that-re-traumatizes-assault-survivors/>

59 <https://arizonalawreview.org/pdf/62-1/62arizrev81.pdf>

violence and provide critically necessary financial support.

Major domestic violence support programs implemented by the Centers for Disease Control (CDC) include STOP Sexual Violence (SV) and the Preventing Intimate Partner Violence (IPV).⁶⁰ According to the CDC, these strategies focus on promoting social norms that protect against violence; teaching skills to prevent SV; providing opportunities, both economic and social, to empower and support girls and women; creating protective environments; and supporting victims/survivors to reduce harms. Research indicates that IPV is most prevalent in adolescence and young adulthood and then begins to decline with age, demonstrating the critical importance of early prevention efforts.⁶¹ Analyses of these financial support programs have demonstrated results including increased confidence for survivors as well as decreases in domestic assault incidences.⁶²

Another area of focus has been to revisit the mandatory arrest policies for domestic violence calls in place in many jurisdictions.⁶³ Alternatives to this approach emphasize coordinated community response teams that maximize the role of community. An effective model integrates other providers, including faith leaders and the courts.⁶⁴

Commercial Sexual Exploitation

Sexual exploitation of minors has historically been difficult to adequately address. This is due to a plethora of factors, ranging from difficulty in identifying adolescents who experience sexual exploitation to a limited understanding of the various methods used to traffic children and the best approaches to engage the victims.⁶⁵ Too often, sexually exploited minors have faced arrest and incarceration instead of

60 <http://www.preventconnect.org/2019/08/addressing-poverty-to-prevent-violence/>

61 <https://www.cdc.gov/violenceprevention/pdf/ipv-technicalpackages.pdf>

62 <https://vawnet.org/material/economic-empowerment-domestic-violence-survivors>

63 <https://opdv.ny.gov/help/fss/part22.html>

64 <https://www.bwjp.org/our-work/topics/ccr-models.html>

65 <https://ojjdp.ojp.gov/mpg/literature-review/csec-sex-trafficking.pdf>

intervention and support.⁶⁶ More than 1,000 children are arrested for “prostitution” annually. However, anywhere from 57,000 to 63,000 individuals are estimated to be involved in commercial sexual exploitation in the United States, a disproportionate number being youth of color.⁶⁷

The Vera Institute has produced a screening procedure for service providers to follow when encountering an individual who could potentially be a survivor of sexual exploitation. Consisting of a thirty-subject questionnaire, the Trafficking Victim Identification Tool (TVIT), serves to aid in trafficking victim identification. Evaluations have proven that the tool has high accuracy and validity rates.⁶⁸ Health care providers, social workers, legal aid personnel, and others can use the screening tool to better identify those who have experienced commercial sexual exploitation.⁶⁹

Jurisdictions have also begun to halt prosecution of prostitution. In April of 2021, the District Attorney’s Office of Manhattan, New York, announced it would dismiss all open cases with a prostitution charge. Prostitution adjacent crimes such as sex trafficking and soliciting sex workers would still be charged. The cities of Baltimore, Maryland, and Philadelphia, Pennsylvania, have stopped any prosecution of sex workers as well.⁷⁰

Many community-based organizations have established programs that outreach, support, and provide services to minors who have been sexually exploited. It is critical that community-based service providers have the requisite training and education to provide appropriate services and interventions to this population who have experienced abuse, trauma, and exploitation. The training should be trauma-informed, and screeners should be focused on



establishing trust with their clients.⁷¹ Organizations like FAIR Girls (Washington, D.C.) and MISSEY (Oakland, CA) have initiatives that intervene directly with girls who have been exploited. At MISSEY, case workers engage at-risk youth in the Alameda County foster system and offer them support and services in the form of financial resources, life coaching, and housing.⁷² In Washington DC, young girls that stayed at the FAIR Girls group home had a 58 percent higher likelihood of permanently withdrawing from commercial sexual exploitation when compared with those who were not provided housing.⁷³

Traffic Enforcement

Data from The Stanford Open Policing Project shows that Black men and women are stopped at a higher rate than white drivers and are more likely to be

⁶⁶ <https://www.washingtonpost.com/posteverything/wp/2014/12/05/child-prostitutes-arent-criminals-so-why-do-we-keep-putting-them-in-jail/>

⁶⁷ <https://www.vera.org/publications/out-of-the-shadows-identification-of-victims-of-human-trafficking>

⁶⁸ <https://www.vera.org/downloads/publications/human-trafficking-identification-tool-summary-v2.pdf>

⁶⁹ <https://www.vera.org/publications/out-of-the-shadows-identification-of-victims-of-human-trafficking>

⁷⁰ <https://www.nytimes.com/2021/04/21/nyregion/manhattan-to-stop-prosecuting-prostitution.html>

⁷¹ <https://www.nytimes.com/2021/04/21/nyregion/manhattan-to-stop-prosecuting-prostitution.html>

⁷² <https://missey.org/foster-youth-program/>

⁷³ <https://fairgirls.org/vida-home/>

fatally shot during the course of that traffic stop.⁷⁴ To significantly lessen the exposure of the general public to the police and instead address transportation violations without law enforcement involvement, a number of strategies have been employed including: reallocation of certain traffic services to non-law enforcement organizations; the implementation of automation; and decriminalization.

In the City of Berkeley, the Berkeley Police Department (BPD) performed approximately 11,000 traffic stops in 2019. Black people were stopped by BPD at a rate 4.3 times than their representative population in the City.⁷⁵ This disproportionate traffic enforcement highlights the need to change policies and practices regarding traffic stops.

Reducing the use of police officers in traffic enforcement is one potential solution; this approach can be greatly enabled by technology. Speeding and red-light violations are two areas that constitute a large portion of traffic enforcement. There are 19 states that allow speed cameras, and 21 states that allow red-light camera usage.⁷⁶ Implementing automatic speed citations along with red-light cameras could allow for a reduction of up to 20 percent of police interactions. It is important to note that although this technology is successful at reducing the need for police, it can generate other issues such as enforcement problems and privacy concerns.⁷⁷

As Berkeley is considering through the Berkeley Department of Transportation (BerKDOT) initiative, transferring traffic enforcement duties to an agency of unarmed staff can limit problematic police contact with motorists. Analogous programs have been proposed in Cambridge, Massachusetts; St. Louis Park, Minnesota; and Montgomery County, Maryland.⁷⁸ In 2019, automation-based traffic enforcement capabilities were transferred to the

Department of Transportation in Washington, D.C.⁷⁹ New York's Attorney General proposed the end of the NYPD's involvement with traffic enforcement in September of 2020.⁸⁰

Another potential strategy can be illustrated by a pilot program in Staten Island, New York, aimed at reducing the number of calls for service related to minor collision.⁸¹ When a call comes in regarding a collision, dispatch will determine if the collision is minor or serious enough to merit police response. If a collision is deemed to be minor, all individuals involved in the crash simply complete a collision report and then exchange contact and identification information.⁸²

Lastly, ending pre-textual stops for minor traffic infractions, as proposed by the Berkeley Mayor's Fair and Impartial Policing Workgroup and approved by the City Council in March 2021, could significantly reduce traffic stops. This issue is addressed in more detail in the Policing section of this report.

Neighbor Disputes

Police officers are frequently the first personnel called in when there is a dispute, even a minor one, between neighbors. These events can encompass a broad array of issues, from property damage, blocking a driveway, to noise complaints. Even if police do intervene, the solution is often only temporarily, rather than resolving the root problems that caused the conflict. Police response wastes time and resources and can lead to escalation and violence. Furthermore, neighbor conflicts in low-income and communities of color have a higher likelihood of resulting in an arrest.⁸³

⁷⁴ <https://openpolicing.stanford.edu/findings/>

⁷⁵ <https://sites.google.com/view/saferstreetsberkeley/home>

⁷⁶ <https://www.ghsa.org/state-laws/issues/speed%20and%20red%20light%20cameras>

⁷⁷ <https://www.governing.com/archive/gov-cities-hit-brakes-red-light-cameras.html>

⁷⁸ <https://theappeal.org/traffic-enforcement-without-police/>

⁷⁹ <https://www.washingtonpost.com/transportation/2019/10/01/bowser-does-an-end-run-around-dc-council-transfers-speed-red-light-camera-program-ddot/>

⁸⁰ <https://apnews.com/article/bronx-arrests-traffic-archive-new-york-c93fa5fc03f25c2b625d36e4c75d1691>

⁸¹ <https://www.silive.com/news/2019/03/nypd-dont-call-911-for-crashes-without-injuries.html>

⁸² <https://abc7ny.com/traffic/nypd-rolls-out-pilot-program-wont-respond-to-every-accident/5205383/>

⁸³ https://mdmediation.org/wp-content/uploads/2019/10/Giving_Police_and_Courts_a_Break.pdf

Community mediation is a strategy that has proven to reduce police calls for service and decrease the burden on police for nuisance complaints. Several cities have implemented community mediation programs to utilize non-enforcement options to resolve neighbor disputes. In areas where community mediation is prioritized, neighborhood social ties are strengthened, and communities are more harmonious. Moreover, residents who participate in community mediation use less court and police resources. In a study analyzing mediation's effect in Baltimore, Maryland, for example, researchers found that community mediation for neighbor disputes decreased calls for service to the Baltimore Police Department. For a single mediation session, the Baltimore Police Department produced cost savings between \$208 and \$1,649. Among individuals who went through a mediation, the likelihood of arrest and prosecution was lower when compared to those who did not participate.⁸⁴

Neighbor disputes can also be triaged through a 311 system. Priority is given to complaints based on frequency and the potential to escalate into violence. Outsourcing responses to neighborhood organizations and associations that can operate in conjunction with police officers can be valuable in order to promote a peaceful resolution to violent disputes. These organizations can also conduct sweeps through neighborhoods in order to gain valuable information regarding any disputes.⁸⁵

Substance Use

In 2016, 25 percent of lethal law enforcement shootings in the US affected individuals undergoing behavioral health or substance use crises.⁸⁶ Data regarding drug-related charges demonstrates that Black and LGBTQIA+ individuals are disproportionately charged and experience lower rates of treatment.^{87,88} In addition, calls for service

stemming from substance use place an undue strain on emergency departments as well as jails, both of which are often ill-equipped to handle substance use crises. Amid the COVID-19 pandemic, increases in drug and opioid related overdoses have been observed across California, underscoring the need for adequate substance use response.⁸⁹

It is important to note that this "adequate response" must reflect the reality that successfully addressing substance use is about management, not halting usage.

The establishment of safe injection facilities (SIF) is a potential avenue for reduction of drug-related deaths. These facilities are supervised areas that allow the uptake of drugs in a safe and hygienic setting.

There are a plethora of positive impacts that stem from SIF implementation. SIF have prevented thousands of overdoses with most reporting zero overdose fatalities.⁹⁰ Studies have noted a significant decrease in transference of blood-borne diseases such as HIV and Hepatitis B/C at SIFs due to their clinical standards.⁹¹ An increase in uptake of treatment for substance use disorder was also observed after SIF involvement. An evaluation done by the Vancouver Mental Health and Addiction Services demonstrated a significant curtailment of drug injection in public areas as well as a reduction in associated litter post-SIF implementation.⁹² SIFs have also been shown to reduce emergency ambulatory calls for service while open.⁹³

San Francisco recently approved a bill that would implement safe injection facilities in the City.⁹⁴ The Department of Public Health would oversee the establishment of two pilot SIFs. The City estimates that cost savings generated by reducing HIV and Hepatitis C caseload would be approximately \$3.5 million annually.⁹⁵

89 <https://www.ama-assn.org/system/files/2020-12/issue-brief-increases-in-opioid-related-overdose.pdf>

90 <https://www.ohtn.on.ca/rapid-response-83-supervised-injection/>

91 Id.

92 <http://www.healthyalamedacounty.org/promiseppractice/index/view?pid=3840c>

93 https://kingcounty.gov/~media/depts/community-human-services/behavioral-health-recovery/documents/herointf/Safe_Consumption_Facilities_Evidence_Models.ashx?la=en

94 <https://www.ktvu.com/news/san-francisco-supervisors-unanimously-approve-legislation-for-safe-injection-sites>

95 <https://www.glide.org/safe-injection-sites-are-coming-to-san-francisco/>

84 Id.

85 https://popcenter.asu.edu/sites/default/files/2020-spi_spotlight_series-retailiatoryviolentdisputes_final.pdf

86 <https://www.washingtonpost.com/graphics/national/police-shootings-2016/>

87 <https://www.americanprogress.org/press/release/2016/02/23/131547/release-broken-criminal-justice-system-disproportionately-targets-and-harms-lgbt-people/>

88 <https://www.marylandaddictionrecovery.com/impact-of-addiction-african-american-community/>

Syringe services programs (SSPs), also known as Needle Exchange Programs (NEPs), are a harm reduction mechanism that offer individuals with hygienic and safe needles and syringes along with referrals to other services. These services can include further medical care, treatment programs, and therapy access. SSPs also provide testing for diseases, vaccinations, and naloxone dispensation. A critical component of SSPs is the communication of education regarding overdose signs and proper injection technique. They are typically overseen by local public health departments that work in conjunction with community-based organizations.⁹⁶

Numerous benefits have been linked to proper SSP implementation including decreases in the rate of drug use frequency when compared with individuals who have never utilized an SSP.⁹⁷ Sterile equipment provided by SSPs is also associated with a reduction in bloodborne infections, sexually transmitted diseases, and other health issues. When an SSP is instituted in a community, there is no corresponding increase in drug usage or crime in the area.⁹⁸

The Needle Exchange Program in Baltimore, Maryland provides clean needles to intravenous drug users in order to reduce related health issues. There are currently 16 locations across Baltimore, with plans for expansion.⁹⁹ An evaluation of the intervention program found that participation in the program was correlated with a 33 percent increase in the likelihood of entering treatment.¹⁰⁰

Berkeley's Needle Exchange Emergency Distribution (NEED) is an SSP operating out of a mobile van created in 1990. Naloxone training, fentanyl testing strips, and screening for HIV/ AIDS are all offered via one of NEED's three sites.¹⁰¹ Berkeley's NEED program is currently funded by grants from the City of Berkeley and Alameda County.¹⁰²

⁹⁶ <https://www.cdc.gov/ssp/syringe-services-programs-faq.html>

⁹⁷ <https://pubmed.ncbi.nlm.nih.gov/11027894/>

⁹⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446444/>

⁹⁹ <https://health.baltimorecity.gov/hiv-std-services/community-risk-reduction>

¹⁰⁰ <https://pubmed.ncbi.nlm.nih.gov/16364566/>

¹⁰¹ <https://www.berkeleyneed.org/sp/index.php>

¹⁰² <https://pha.berkeley.edu/2019/12/01/the-needle-exchange-program-crisis/>

Street outreach programs that connect intravenous drug users and individuals suffering from substance use disorder to services are also beneficial.

The City of San Francisco is launching a sobering site for individuals using methamphetamines. In non-emergent cases, clients will be transported to the sobering site and offered medication such as antipsychotics or sedatives. This site will reduce the burden on emergency departments and free up psychiatric services in hospitals.¹⁰³ HealthRIGHT 360, a community-based organization, will oversee the sobering site after it is opened.¹⁰⁴ In order to recruit clients to the sobering center, the site will collaborate with San Francisco's Street Crisis Response Team (SCRT), referenced in detail in the Emerging Non-Enforcement Models of Community Response section of this report.

The Arlington Opiate Outreach Initiative was created in 2015 in Arlington, Massachusetts. The partnership brings together social workers, community-based organizations, health workers, and public health clinicians housed in the Arlington Police Department in order to foster relationships with residents of the community and then connect them to treatment and supports. Individuals in the community are identified for possible treatment after frequent police encounters, prior history of drug usage, or previous hospitalization related to overdoses.¹⁰⁵ Public health clinicians will then attempt to engage the identified community member through home visits, contact with family/ friends, and provision of naloxone kits.

Conversations for Change, a program based in Dayton, Ohio, is marked by its emphasis on meetings that serve to engage the community and offer residents education regarding potential treatment choices and services. The program is a partnership between the Dayton Police Department and East End Community Services, a non-profit, community-based organization. Individuals are recruited through an array of avenues, from parole officers to community-based organizations that are involved

¹⁰³ https://www.sfdph.org/dph/files/MethTaskForce/Meth%20Task%20Force%20Final%20Report_FULL.pdf

¹⁰⁴ <https://www.sfexaminer.com/news-columnists/new-search-launched-for-meth-sobering-center-site/>

¹⁰⁵ <https://icjia.illinois.gov/researchhub/articles/rethinking-law-enforcement-s-role-on-drugs-community-drug-intervention-and-diversion-efforts#fnref52#fn44>

with substance use disorders. Monetary benefits in the form of grocery store gift cards are used to incentivize individuals to attend meetings. Meetings first involve a direct, one-on-one conversation with a motivational mediator from the Dayton Mediation Center about a client's current status and goals. After this initial conversation, presentations from health officials and residents with similar lived experiences are given. Providers finally offer naloxone training to the clients at the meetings.¹⁰⁶ The Conversations for Change program also includes an SSP.¹⁰⁷

A more direct approach to curbing the impact of substance use disorders on the demand for policing is decriminalization.

Oregon became the first state in the United States to decriminalize the possession of all drugs effective February 2021. Possessing heroin, cocaine, methamphetamine and other drugs for personal use is no longer a criminal offense in Oregon.¹⁰⁸

Those drugs are still against the law, as is selling them. But possession is now a civil – not criminal – violation that may result in a fine or court-ordered therapy, not jail.

There are three main arguments for decriminalization:

1 Criminalization has failed

The reason for punishing drug users is to deter drug use. But decades of research have found the deterrent effect of strict criminal punishment to be small, if it exists at all. This is especially true among young people.

Because criminalizing drugs does not really prevent drug use, **decriminalizing has not been found to increase it**. Portugal, **which decriminalized the personal possession of all drugs in 2001** in response to high illicit drug use, has much lower rates of drug use than the European average. Use of cocaine among young adults age 15 to 34, for example, is 0.3 percent in Portugal, compared to 2.1 percent across the EU.

2 Decriminalization allows reinvestment in treatment

Arresting, prosecuting and imprisoning people for drug-related crimes is expensive.

The Harvard economist Jeffrey Miron estimates that all government drug prohibition-related expenditures were \$47.8 billion in 2016. Money spent arresting, prosecuting and incarcerating individuals for drug-related offenses can be more effectively, from both outcomes and cost perspectives, reinvested in treatment services.

3 The drug war disproportionately impacts people of color

Another aim of decriminalization is to mitigate the significant **racial and ethnic disparities associated with drug enforcement**.

Illegal drug use is roughly comparable across races in the U.S. But people of color are significantly more likely to be **searched, arrested and imprisoned for a drug-related offense**.

¹⁰⁶ Id.

¹⁰⁷ <https://icjia.illinois.gov/researchhub/articles/rethinking-law-enforcement-s-role-on-drugs-community-drug-intervention-and-diversion-efforts#fnref52#fn46>

¹⁰⁸ Oregon discussion draws heavily from: <https://www.usnews.com/news/best-states/articles/2020-12-10/oregon-just-decriminalized-all-drugs-heres-why-voters-passed-this-groundbreaking-reform>

COMMUNITY DRIVEN VIOLENCE REDUCTION STRATEGIES



Crime is often concentrated in low-income neighborhoods, with Black and Latinx individuals disproportionately experiencing higher rates of violence. These 'hot spots' of violent crime experience a complex array of challenges, ranging from high rates of poverty and incarceration to poor quality education and a lack of trust in government institutions. Unfortunately, the effects of exposure to violence are widespread, affecting the health and development of not only those directly involved but also that of their families and communities. Neighborhoods with these characteristics necessitate immediate intervention to disrupt the cycle of interpersonal violence and its devastating consequences.¹⁰⁹

There has however been consistent success in a small number of effective strategies summarized briefly below and described more comprehensively in a 2021 NICJR publication, *Four Proven Violence Reduction Strategies*. When implemented with fidelity, these interventions have been successful at reducing violence, with many initiatives showing improvements in the first six to twelve months of implementation.

The four highlighted strategies, Gun Violence Reduction Strategy, Hospital-Based Violence Intervention, Office of Neighborhood Safety/Advance Peace, and Street Outreach – all incorporate similar best practices:

- Identifying and focusing on individuals, groups, and communities at the highest risk of being involved in violence;
- Employing Credible Messengers/community outreach workers to engage those individuals/groups in a positive and trusting manner; and

- Providing ongoing services, supports, and opportunities to high-risk individuals.

These core elements are essential to the success of any violence intervention strategy.

Gun Violence Reduction Strategy

Gun Violence Reduction Strategy (GVRs) is known by many other names: Ceasefire, Focused Deterrence, and Group Violence Intervention. GVRs is a comprehensive strategy that utilizes a data-driven process to identify the individuals and groups at the highest risk of committing or being involved in gun violence and deploying effective interventions with these individuals. Initially developed in Boston, where it was referred to as the “Boston Miracle”, GVRs has evolved as it has been implemented in cities including **Oakland** and Stockton, California, to include more in-depth and intensive services and supports.¹¹⁰

Identification of Program Participants

GVRs employs a data-driven process to identify the individual and groups who are at the very highest risk of being involved in a shooting. This involves an initial Gun Violence Problem Analysis, which provides a thorough examination of the shootings and homicides in a given city over the past two to three years in order to produce information about victim and suspect demographics, group conflicts in the area, prior history of violence, and general trends.

¹⁰⁹ <https://www.huduser.gov/portal/periodicals/em/summer16/highlight2.html>

¹¹⁰ <https://www.theguardian.com/cities/2018/dec/06/bostons-miracle-how-free-nappies-and-a-little-mentoring-are-curbing>



Engagement: Direct and Respectful Communication

Once high-risk individuals and groups are identified, the GVRS strategy requires immediate engagement. This engagement involves direct and respectful communication to inform identified individuals of their risk and offering them services. There are two primary formats for these discussions: Group meetings, referred to as “Call-Ins” and individual meetings, sometimes referred to as “Customized Notifications”. At Call-Ins, the recently identified very high-risk individuals are invited to attend a meeting with community leaders, law enforcement officials, formerly incarcerated individuals, survivors of violence, and service providers. Custom Notifications convey similar messages about the risk of violence and the availability of services. However, Custom Notifications are individual meetings where a high-ranking police officer and a community leader directly make contact with an individual at their home or community.

Provision of Services

Subsequent to a Call-In or a Custom Notification, individuals identified as being at very high risk of gun violence are directly connected to available services, supports, and opportunities. The first and primary service is a positive and trusting relationship with a Life Coach or Violence Intervention worker, someone with similar lived experiences as the people they are serving. These individuals are often known as Credible Messengers. The Life Coach or Intervention Worker is an intensive and personal relationship – which is the most important aspect of the services. Unlike service brokering based case management, contact between the Life Coach and the client must be frequent, flexible, consistent, and on-going for a long period of time.

In Oakland’s GVRS, clients are also eligible to receive monthly, modest financial incentive stipends for achieving certain milestones.

Focused Enforcement

One of the overt goals of GVRs is to reduce the footprint of police by focusing enforcement on serious and violent crime. For those individuals and groups who do not respond to the GVRs message and continue to engage in violence, this means that there is follow-up supervision and focused enforcement by police, probation, parole, and prosecutors; enforcement action is not taken simply for failure to participate in GVRs programming.

Hospital-Based Violence Intervention Programs (HVIPs)

Hospital-Based Violence Intervention Programs (HVIP), view violence through a public health-centered lens. Analogous to the spread of an illness, violence has been shown to proliferate with increased proximity and exposure to others.¹¹¹ That is, contact with violence itself increases the probability that those exposed will be directly involved in violence.¹¹²

Identification of Program Participants

Under the HVIP model, the physical location of a trauma center or emergency room is seen as valuable in the fight against violence. One of the major risk factors for future violence is a history of previous violence. With this in mind, the HVIP model places the responsibility for identifying clients with hospital workers who pinpoint patients that are at highest likelihood for future victimization.

Engagement Strategy

HVIPs make use of the distinct cross-section of time—known as a “teachable moment”—in which after an injury an individual is open to making changes in their behavior and circumstances. During this time period, specialized hospital staff and community-based partners come together in support of the patient in order to diminish the chance of retaliation and further violence. HVIPs are especially important right now in the fight against violence, as injury recidivism

rates have been shown to be as high as 60 percent in certain areas.¹¹³

Provision of Services

Once this initial bond is created, Intervention Specialists construct a comprehensive plan with their clients to spur on meaningful change. These plans typically include non-violent crisis management methods, counseling for both the client and their family, information on risks and outcomes associated with violence, as well as access to community services including employment assistance, mentoring, education, and court assistance. Consultation with family and health providers is necessary to develop a plan that is feasible and trauma-informed.

Office of Neighborhood Safety/ Advance Peace

In 2007, the City of Richmond, CA launched the Office of Neighborhood Safety (ONS), amid escalating homicide rates and increasing numbers of firearm cases. Prior to the establishment of the ONS, the Richmond City Council analyzed violence in Richmond and found that gun violence disproportionately affected Black men aged 18-24, with that population constituting 73 percent of homicide fatalities.¹¹⁴ This finding served as the basis for the creation of the Office of Neighborhood Safety.

Identification of Program Participants

The ONS employs a data-driven approach in identification of individuals at highest risk. Leveraging their relationships in the community, ONS Neighborhood Change Agents (NCA) conduct daily sweeps of their communities, an effort that provides a continuous flow of critical information that informs staff response. NCAs are able to gather information regarding those individuals that are most prone to violence, current conflicts or family issues that may result in violence, and other information that is used to directly inform subsequent intervention activity.

¹¹¹ <https://www.cdc.gov/injury/wisqars/fatal.html>

¹¹² <https://www.ncbi.nlm.nih.gov/books/NBK207245/>

¹¹³ https://journals.lww.com/jtrauma/Abstract/2020/08000/Recidivism_rates_following_firearm_injury_as.17.aspx

¹¹⁴ https://www.evidentchange.org/sites/default/files/publication_pdf/ons-process-evaluation.pdf

In addition, ONS obtains data from the Richmond Police Department (RPD) to support identification of those individuals at highest risk based on the data from law enforcement.

Provision of Services

ONS’s main program is the Peacemaker Fellowship.® The Peacemaker Fellowship interrupts gun violence by providing transformational opportunities to young men involved in lethal firearm offenses and placing them in a high-touch, personalized fellowship.

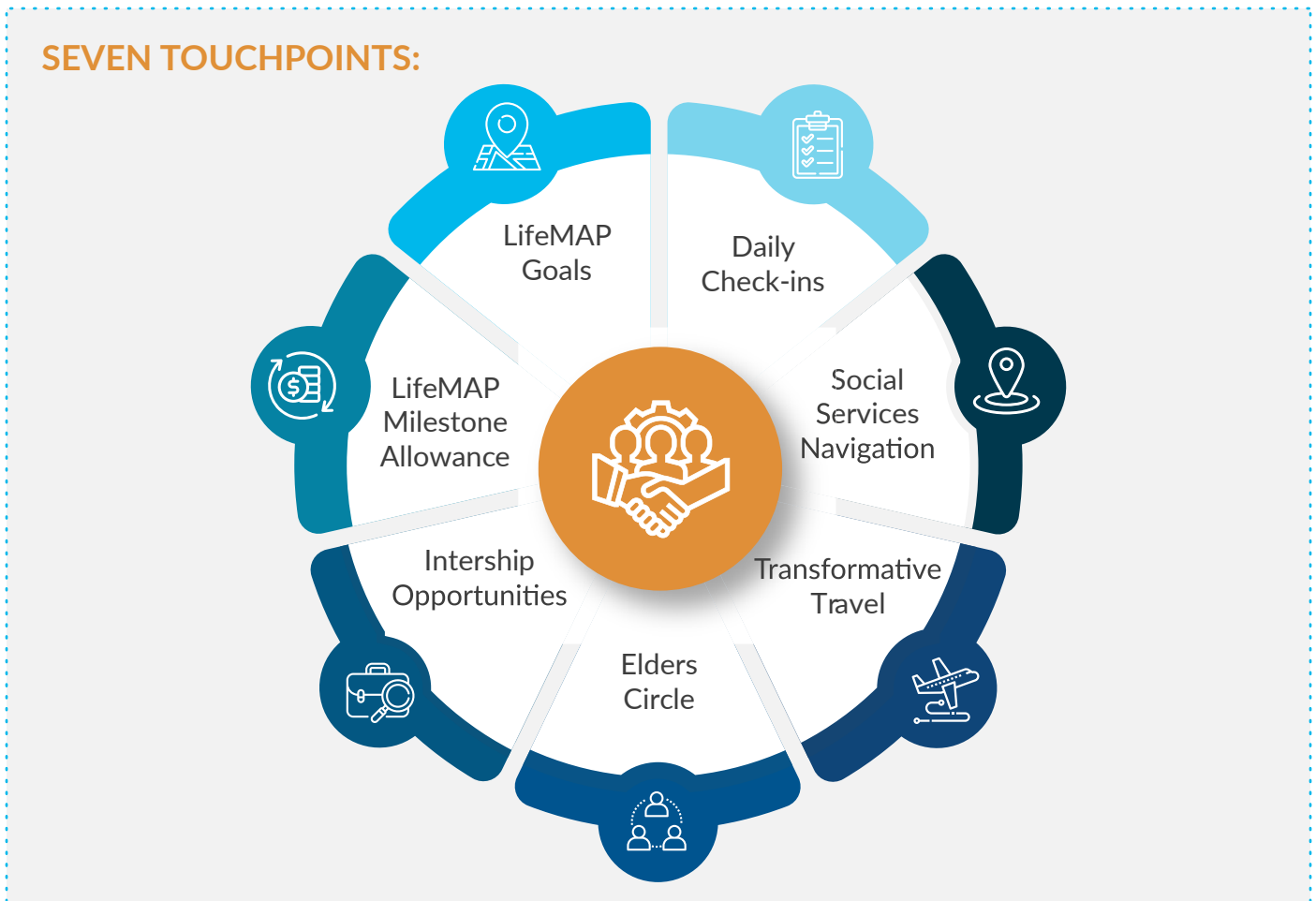
The Fellowship provides life coaching, mentoring, connection to needed services and cultural and educational excursions, known as Transformative Travel, to those deemed to be the most dangerous individuals in the city. Fellows travel across the country and to several international destinations. Fellows can also receive significant financial incentives for participation and positive behavior as a gateway to developing intrinsic motivation that arises from internal and not external rewards.

Street Outreach

Referred to by a variety of names and long seen as the primary entry point for violence reduction programs, Street Outreach can be an effective intervention when implemented correctly. A number of organizations and programs throughout the country have successfully operated Street Outreach initiatives, including **Urban Peace Initiative** in Los Angeles, who also provide a Street Outreach training academy; the **Newark Community Street Team**; and the **Professional Community Intervention Training Institute**.

Identification of Program Participants

Street Outreach programs are designed to address the manner in which violence spreads from person to person. Studies show that those who have been continually in contact with violence can be thirty times more likely to commit a violent act in the



future.¹¹⁵ Moreover, violence often has ripple effects in the community, whether it be in the form of retaliation or further escalation of conflict.¹¹⁶

Because of this pattern in violence, Street Outreach programs recognize potentially lethal conflicts in the community by utilizing trained Violence Interrupters. These Violence Interrupters identify ongoing conflicts by speaking to key members of the community about ongoing disputes. Information regarding arrests, prison releases, and prior criminal history are also utilized to pinpoint violent outbreaks.¹¹⁷

Engagement and Services Strategy

Engagement is primarily facilitated by the work of trained Violence Interrupters. Following a shooting, these individuals immediately operate in the community and at hospitals to pacify heightened emotions and prevent retaliations. This involves coordination with local groups and business owners to hold constructive dialogue around community violence and the appropriate actions to take in response. Events are then organized by Violence Interrupters to promote a change in overall neighborhood attitudes towards violence.

115 <https://1vp6u534z5kr2qmr0w11t7ub-wpengine.netdna-ssl.com/wp-content/uploads/2019/09/Infographic-Top-10-v1.pdf>

116 <https://www.lagryd.org/mission-comprehensive-strategy>

117 <https://cvg.org/what-we-do/>

POLICE TRAINING

The following strategies have shown to be effective in reducing crime, resolving incidents, and improving the quality of policing without a focus on heavy-handed enforcement.

SARA Problem Solving Model

The Scanning, Analysis, Response, and Assessment (SARA) model was created in Virginia in 1987 to facilitate the problem-oriented policing procedure.¹¹⁸ The cornerstone of this model is a priority on outcomes; the model outlines four steps that are necessary for a proper police response to problems within their jurisdictions. To ensure proper implementation, a significant facet of this method is that officers must be ready to build trust between the community and the police department through the establishment of interpersonal relationships.¹¹⁹

Scanning. This step consists of pinpointing and then triaging repeated issues that necessitate a response from the police department.¹²⁰ Frequent problems that occur in the community are given priority. Relevant outcomes of the problem are matched to their corresponding cause. For example, examining which properties in a given area have the highest number of calls for service in a year or given time period is an important initial step in the SARA model.

Analysis. Here, law enforcement officers examine the root causes of the issue, community sentiment regarding the problem, and gather needed contextual data.⁴⁸ This step also involves assessing the status quo response to the problem and identifying the shortcomings of that strategy. Ultimately, the cause of the problem and potential solutions are determined during this phase.

Response. Officers utilize collected data to ascertain potential intervention strategies. When determining

¹¹⁸ https://www.researchgate.net/publication/297556988_Police_innovation_Contrasting_perspectives

¹¹⁹ <https://movementforward.org/a-look-inside-strategies-contributing-towards-community-policing-sara-model/>

¹²⁰ <https://www.evidence-basedpolicing.org/refresher-sara-model-and-problem-oriented-policing/>

strategies, a thorough review of implemented interventions in different areas with comparable issues is critical. Once a strategy is selected, clear goals must also be established. Execution of the chosen plan is the last part of this step.

Assess. After a plan is implemented and officers have attempted to address a problem, the police department must analyze the efficacy of their strategy. Continued evaluation of the intervention is necessary to guarantee lasting success. Alternatives or additions to the strategy are considered as well.¹²¹

Many police departments have incorporated the SARA model into their interventions. In San Diego, the police department reported that a trolley station was the location of gang fights, violent crimes, and narcotic activity. A squad of officers collected information to show the local transit board that the design of the station contributed to crime. Based on the information provided by the officers, the transit board agreed to provide funds to redesign the station.¹²²

Ethical Policing Is Courageous (EPIC)

The EPIC program is a peer-to-peer intervention strategy that was created by the police department in New Orleans, Louisiana in 2016. EPIC involves training officers to be accountable to each other and intervene before an unlawful act takes place, irrespective of hierarchy. This initiative aims to alter the culture surrounding policing in order to limit police misbehavior and promote a collaborative environment.¹²³

The EPIC program is founded on active bystandership psychology, which explains that active bystanders intercede when they are made aware of problematic behavior. EPIC training allows officers to overcome factors that may prevent them from intervening.

¹²¹ <https://movementforward.org/a-look-inside-strategies-contributing-towards-community-policing-sara-model/>

¹²² <https://www.sandiego.gov/department/problem-oriented-policing>

¹²³ <http://epic.nola.gov/home/>



These factors include a lack of confidence in their skills to deescalate a situation, uneasiness about potential retribution, and worry about breaking an unwritten code of silence.¹²⁴

Leadership in police departments who participate in the EPIC program must be committed to changing their organizational culture. Police departments implementing EPIC must provide education, training, and on-going learning and support to officers for the initiative to be successful. EPIC can also integrate with other initiatives to boost officer well-being, including counseling and trauma assistance as well as stress reduction education.¹²⁵

Areas where EPIC programs have been implemented have better community relations, lower rates of misconduct, and lower rates of public grievances. The majority of the feedback from New Orleans police officers has also been positive.¹²⁶ Moreover, there is strong research that peer intervention is effective when successful strategies for interceding are provided.¹²⁷

Project Active Bystandership for Law Enforcement (ABLE)

Project ABLE is a joint effort between the Georgetown Innovative Policing Program and the Sheppard Mullin law firm to train officers to be able to properly intervene in a crisis situation and promote a policing atmosphere that reinforces peer intervention. Project ABLE is based on the principles of the New Orleans EPIC Peer Intervention Program

¹²⁴ <http://epic.nola.gov/epic/media/Assets/EPIC-Overview.pdf>
¹²⁵ Id.

¹²⁶ <https://www.apa.org/monitor/2017/10/police-misconduct>

¹²⁷ <https://epic.nola.gov/epic/media/Assets/Aronie-Lopez,-Keeping-Each-Other-Safe.pdf>

and curriculum created by Dr. Ervin Staub for California law enforcement. Through Georgetown, law enforcement agencies are able to receive training in Project ABLE along with a host of other resources to assist them in advancing their own bystandership strategies.^{128,129} The training consists of a minimum of a one-time eight hour ABLE-specific training along with a minimum of two hours of annual refresher training.¹³⁰ All of these resources are provided to law enforcement agencies free of charge.

Project ABLE's aim is to reduce police misconduct and errors and assist in improving officer health and well-being. In order to prevent any retaliation from occurring to those officers who intervene, police departments must implement stringent anti-retaliation guidelines. Since its inception, over 70 police departments have enlisted in Project ABLE.¹³¹

Research has shown that there are many advantages to the implementation of significant bystander training. This is critical because most police departments have a culture that dissuades officers from intervening when they see problematic behaviors.¹³² Identified benefits include a decrease in violence to civilians, a decrease in violence to police officers, enhanced relationships between community residents and the police officers,

¹²⁸ <https://www.law.georgetown.edu/innovative-policing-program/active-bystandership-for-law-enforcement/>

¹²⁹ <https://www.law.georgetown.edu/innovative-policing-program/active-bystandership-for-law-enforcement/our-mission/>

¹³⁰ <https://www.law.georgetown.edu/innovative-policing-program/active-bystandership-for-law-enforcement/able-program-standards/>

¹³¹ <https://www.wsj.com/articles/nypd-officers-to-get-training-on-speaking-up-against-bad-policing-11611838809>

¹³² https://assets.foleon.com/eu-west-2/uploads-7e3kk3/41697/pdf_-_duty_to_intervene.6e39a04b07b6.pdf

and growth in officer well-being.¹³³ Evidence also suggests a strong correlation between departments that maintain robust duty to intervene protocols and decreased rates of police deaths per capita.

Community Safety Partnership (Watts)

Established in November 2011, the Community Safety Partnership (CSP) is a joint effort between the Los Angeles Police Department (LAPD), the Housing Authority of the City of LA (HACLA), and local residents.¹³⁴ The program was created in order to address the high violence levels in housing developments in the Watts area and offer residents there supports and services. The broader goal of the CSP is to implement “relationship-based policing.” This process involves police officers creating legitimate relationships with residents of their precinct in order to meaningfully benefit community wellness for the long-term.¹³⁵ One of the major stakeholders in the project is the Watts Gang Task Force, a team of neighborhood residents, local faith leaders, and other community-based organizations.

Along with high violence rates, the community was also grappling with concentrated poverty, low education quality, and deteriorating physical infrastructure. Community engagement initiatives the CSP implemented in response include a football team coached by police officers, Fun Runs, health fairs, and organized walks for residents to interact with officers in a non-confrontational setting.^{136,137}

In 2020, the CSP Bureau was formed within LAPD to expand the work that was achieved in Watts citywide. The LAPD also consolidated CSP programs creating a centralized point of contact and engagement for the community. The main objectives of the CSP Bureau

133 <https://www.law.georgetown.edu/innovative-policing-program/active-bystandership-for-law-enforcement/able-program-standards/>

134 <https://www.lamayor.org/mayor-garcetti-announces-new-expansion-community-safety-partnership>

135 <https://static1.squarespace.com/static/55b673c0e4b0cf84699bdfbf/t/5a1890accec212d9bd3b8f52d/1511559341778/President%207s+Task+Force+CSP+Policy+Brief+FINAL+02-27-15updated.pdf>

136 <https://lasentinel.net/hundreds-of-south-la-residents-attend-launch-of-community-safety-partnership-in-harvard-park.html>

137 <https://empowerla.org/lapds-community-relationship-division/>

were to serve as a resource for officer--community interaction and promotion of neighborhood safety.¹³⁸

The CSP Bureau is also responsible for certifying and training officers for 5-year terms. CSP officers undergo over 100 hours of education from the nonprofit Urban Peace Institute. The training centers on cultural competency, de-escalation skills, and understanding community data.¹³⁹

Originally formed for one housing site, CSP has spread to ten additional developments. In 2017, the program was broadened to the Harvard Park area due to its efficacy. During the initial three years after the CSP’s formation, both violent offenses and arrest rates decreased by over 50 percent in the Watts housing developments. One Watts location even had three consecutive years without a homicide. Residents of these Watts developments have even reported increased perceptions of safety along with greater trust in the police.¹⁴⁰ An evaluation of CSP by UCLA found that this effort reduced crime, arrest rates, and use of force grievances from residents.¹⁴¹

Focused Deterrence

Focused Deterrence strategies involve the communication of risks, ramifications, and avenues of support to individuals involved in gun violence. This strategy is based on the fact that a very small number of people are responsible for a large portion of gun violence.

One of the most prominent implementations of focused deterrence is Boston, Massachusetts’s Operation Ceasefire. Experiencing an increase in violence, Boston police identified and communicated with individuals and groups that were pinpointed as most at risk of engaging in violence.¹⁴² Boston police also partnered with the Boston Ten Point Coalition, a group of faith and community leaders,

138 <https://www.lamayor.org/mayor-garcetti-announces-creation-lapd-community-safety-partnership-bureau>

139 <https://static1.squarespace.com/static/55b673c0e4b0cf84699bdfbf/t/5a1890accec212d9bd3b8f52d/1511559341778/President%207s+Task+Force+CSP+Policy+Brief+FINAL+02-27-15updated.pdf>

140 *Id.*

141 <https://www.lamayor.org/mayor-garcetti-announces-creation-lapd-community-safety-partnership-bureau>

142 <https://cebcp.org/evidence-based-policing/what-works-in-policing/research-evidence-review/focused-deterrence/>

in order to provide support and services to these targeted individuals and groups. Oakland has also implemented a version of Focused Deterrence that is profiled in the Gun Violence Reduction section of this report.

Focused Deterrence strategies are often tailored to the location in which they are being implemented. Project Safe Neighborhoods in Lowell, Massachusetts, instituted this strategy in areas of high crime. Lowell dealt with a significant Asian gang presence largely comprising youth involved in illicit gambling operations. In order to address the youth violence, the City of Lowell worked with older Asian males in charge of the gambling. The older Asians intervened in youth violence in order to prevent their gambling enterprise from being destroyed. Lowell experienced a major decline in adolescent violence following the implementation of this Focused Deterrence strategy.¹⁴³

After Ceasefire was implemented in Boston, evaluations found a 63 percent drop in youth homicides and a 32 percent decline in calls for service related to gun violence.¹⁴⁴ A meta-analysis of several Focused Deterrence strategies found steady reductions in violent crime of up to 60 percent, particularly for group and gang related violence.¹⁴⁵

Elimination of Pretextual Stops

Pretextual or pretext traffic stops occur when police officers stop a driver for a minor violation, like vehicle equipment failure, and then try to leverage that opportunity to find evidence of a more significant crime. A recent evaluation of 100 million traffic encounters demonstrated that Black and Latino drivers experience higher rates of pretextual stops and searches.¹⁴⁶ However, most of these stops do not actually yield any contraband or weapons.¹⁴⁷ Because the nature of pretextual stops relies heavily on officer discretion, there is high likelihood that implicit racial biases come into play. Such stops that end in violence

143 <https://cebcp.org/evidence-based-policing/what-works-in-policing/research-evidence-review/focused-deterrence/>

144 <https://www.ojp.gov/pdffiles1/nij/188741.pdf>

145 <https://prohic.nl/wp-content/uploads/2020/11/2020-03-31-FocussedDeterrenceBraga.September2019.pdf>

146 <https://www.vera.org/blog/ending-pretextual-stops-is-an-important-step-toward-racial-justice>

147 <https://www.law.upenn.edu/live/files/7898-rudovskyslj>

or death disproportionately affect Black and Latino drivers.¹⁴⁸

Elimination of pretextual stops does not negatively affect crime. An analysis by the police department in Fayetteville, North Carolina showed that violent crime was not affected after the police department reformed its use of pretextual stops.¹⁴⁹

Pretextual stops are in the process of being regulated in many states across the country. Oregon's Supreme Court ruled in November 2019 that it was unconstitutional for police to stop a driver and proceed to ask unrelated questions, thereby effectively banning pretextual stops.¹⁵⁰ Virginia policy makers are also considering restricting pretextual stops.¹⁵¹ Other legislation has been introduced across the country that prevents police officers from conducting certain types of pretextual stops including, for example, broken tail or brake lights, objects obstructing the rearview mirror, and tinted windows.¹⁵² Advocates of these bills state the proposed limitations would decrease racial incongruities in traffic stops.¹⁵³ The Berkeley City Council has already approved the formation of BerkDOT in order to address and decrease the frequency of pretextual traffic stops.¹⁵⁴ The City Council also approved the Mayor's Fair and Impartial Policing Workgroup's recommendations, which includes elimination of pretextual stops.

Ethical Society of Police (ESOP)

Instituted in 1972 by Black St. Louis Metropolitan Police Department officers, the Ethical Society of Police (ESOP) is a police union that was created in order to combat systemic racism within the

148 <https://www.berkeleyside.com/2021/03/02/opinion-for-berkeley-to-reimagine-public-safety-we-must-grapple-with-traffic-enforcement>

149 <https://injepijournal.biomedcentral.com/articles/10.1186/s40621-019-0227-6>

150 <https://www.opb.org/news/article/oregon-supreme-court-bans-police-officers-random-questions/>

151 <https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2020/09/03/police-pretext-traffic-stops-need-to-end-some-lawmakers-say>

152 <https://theappeal.org/traffic-enforcement-without-police/>
153 <https://www.dailypress.com/news/crime/dp-nw-northam-legislation-traffic-20201021-3f2tmucyl5csdmbhhv2zh3atya-story.html>

154 <https://www.berkeleyside.com/2021/03/02/opinion-for-berkeley-to-reimagine-public-safety-we-must-grapple-with-traffic-enforcement>

department and greater community. The group is comprised of 220 members, who are either police officers or civilian contractors.¹⁵⁵ The organization recently scaled up to include the St. Louis County Police Department. ESOP has been particularly outspoken in cases of police wrongdoing. The group places a higher premium on ethical decision making, even though openly criticizing actions of their fellow police officers can be difficult.

Most recently, ESOP condemned the actions of a police officer in Brooklyn Center, Minnesota that resulted in the death of Daunte Wright, expressing that the officer was irresponsible in upholding her duties.¹⁵⁶ ESOP has also sponsored many events in order to improve relationships between police officers and their community including Pizza with a Cop, community clean-up days, and basketball games. In August of 2020, ESOP also released a groundbreaking report that details systemic racism throughout the St. Louis Metropolitan Police Department.

Chicago PD Black Public Safety Alliance (BPSA)

A group of Black Chicago Police Department (CPD) officers created the Black Public Safety Alliance (BPSA) in 2021.¹⁵⁷ The organization serves to give Black police officers a voice amidst the deep-rooted issues between communities of color and the CPD. The BPSA was created in response to concerns with the broader Fraternal Order of Police (FOP).¹⁵⁸ Officers in the BPSA have explained they “...do not feel supported or comfortable at the FOP,” especially after the local police union refused to undergo mandated precinct reform to promote trust in the community.¹⁵⁹

155 https://img1.wsimg.com/blobby/go/64ce42b7-f768-43ed-9590-dbd611afb7b6/downloads/1c6lj3b8j_482336.pdf?ver=1618276018416

156 <https://www.nytimes.com/2021/04/14/opinion/police-officer-unions.html?action=click&module=Opinion&pgtype=Homepage>

157 <https://www.wbez.org/stories/black-chicago-police-officers-form-new-group/abb12a96-1103-4ced-a068-0ffbfb158da9>

158 <https://movementforward.org/a-look-inside-strategies-contributing-towards-community-policing-sara-model/>

159 <https://www.chicagotribune.com/news/criminal-justice/ct-black-chicago-police-organization-20210225-dvzbzcs4z3feqvix4sumhcbgru-story.html>

The formation of the alliance is a reflection of the national conversation that was ignited by George Floyd’s death. The members of BPSA have expressed that advocating for the Black community is one of their main goals, even if that involves challenging the status quo. Currently operating as a nonprofit, the BPSA has established working groups on diversity policies, adolescent coaching, and police reform.¹⁶⁰

Police Diversity

With the recent demands for law enforcement to address racial injustice and the disparate impact of policing on communities of color, diversity in the ranks of officers has emerged as a potential area of reform. In a New York Times analysis of federal Bureau of Justice Statistics data on nearly 500 police departments across the country, more than 66 percent of the departments experienced a reduction in diversity and became more white from 2007 to 2016. Although the share of police officers of color has risen in that time period as well, the demographics of police departments do not reflect the demographics of communities they serve.¹⁶¹ Black officers are twice as likely than their white counterparts to espouse the belief that the deaths of people of color at the hands of police officers are a legitimate problem.¹⁶²

Diversity in law enforcement is correlated with stronger bonds between a department and the community they serve, particularly communities of color. Use of force grievances have also been shown to decrease when there are more non-white officers in leadership positions.¹⁶³ A new comprehensive study of police diversity in Chicago, Illinois was conducted by a group of academics from Princeton University, Columbia University, the Wharton School of Business, and the University of California at Irvine. Their research concluded that, “Relative to white officers, Black and Hispanic officers make far fewer stops and arrests, and they use force less often, especially against Black civilians. These effects are

160 Id.

161 <https://www.nytimes.com/interactive/2020/09/23/us/bureau-justice-statistics-race.html>

162 <https://www.pewresearch.org/fact-tank/2017/01/12/black-and-white-officers-see-many-key-aspects-of-policing-differently/>

163 <https://www.nytimes.com/interactive/2020/09/23/us/bureau-justice-statistics-race.html>

largest in majority-Black areas of Chicago and stem from reduced focus on enforcing low-level offenses, with greatest impact on Black civilians. Female officers also use less force than males, a result that holds within all racial groups.”¹⁶⁴

Warrior vs. Guardian Mentality

The mentality of a warrior going to battle and the police force being an occupying army has been referred to as the “warrior mentality” for many years. Instilled, or reinforced, in police officers at the academy, the warrior concept is saturated throughout police culture. The guardian mentality is a newer idea that promotes community engagement, the establishment of meaningful relationships, and providing support to residents.¹⁶⁵

“From Warriors to Guardians: Recommitting American Police Culture to Democratic Ideals,” a report by the Harvard University Kennedy School of Government and the National Institute of Justice, directly addresses the problems of the warrior culture in policing. The report states: “In some communities, the friendly neighborhood beat cop – community guardian – has been replaced with the urban warrior, trained for battle and equipped with the accouterments and weaponry of modern warfare.”¹⁶⁶

The report goes on to highlight problems with police academies and the aggressive, warrior type manner in which new recruits are trained: “Another, more insidious problem in a military-style academy is the behavior modeled by academy staff. Those without power (recruits) submit without question to the authority of those who have power (academy staff). Rule violations are addressed by verbal abuse or physical punishment in the form of pushups and extra laps.”¹⁶⁷

A novel initiative has been implemented at the Washington State Criminal Justice Training Commission (WSCJTC) to try to instill the guardian culture in police departments in the state. The WSCJTC

conducts and implements training of over 10,000 police officers annually. Curricular and approach changes include the removal of salute requirements for recruits, motivating instead of criticizing recruits during training, and the incorporation of behavioral education into the curriculum. Early longitudinal evaluations of the WSCJTC program show that the officers that participated in the training felt more comfortable responding to behavioral and mental health crises when compared with officers that did not receive the training.¹⁶⁸ Gains in emotional intelligence and peer support were observed as well.

Accountability

Current police accountability mechanisms are largely perceived to be ineffective. While the challenges in this area are myriad, there are two particularly critical areas of focus in the police accountability conversation, the Law Enforcement Officers’ Bill of Rights and Qualified Immunity.

Law Enforcement Officers’ Bill of Rights

Sixteen states currently employ some sort of police officer bill of rights, including California. These bills provide workplace safeguards for police officers, including but not limited to erasing misconduct complaints after a time period, a bar against civilian investigation, and a waiting period before any investigation can begin.¹⁶⁹ They have been consistently cited as a central barrier to police accountability in jurisdictions across the country.

Maryland, the state which enacted the first police officer bill of rights and had what many consider the most draconian, recently repealed its Law Enforcement Officers’ Bill of Rights in April 2021 in order to increase police accountability drastically.¹⁷⁰ Maryland’s replacement legislation involves a stringent use-of-force measure, incorporation of

164 <https://scholar.princeton.edu/sites/default/files/bkmr.pdf>

165 <https://www.sciencedaily.com/releases/2019/02/190226155011.htm>

166 <https://www.ojp.gov/pdffiles1/nij/248654.pdf>

167 <https://www.ojp.gov/pdffiles1/nij/248654.pdf>

168 https://www.seattleu.edu/media/college-of-arts-and-sciences/departments/criminaljustice/crimeandjusticeresearchcenter/documents/Helfgott-and-Hickman-2021_Longitudinal-Study-of-the-Effect-of-Guardian-Training-for-LE.pdf

169 <http://www.cato.org/blog/police-misconduct-law-enforcement-officers-bill-rights>

170 <https://www.washingtonpost.com/history/2020/08/29/police-bill-of-rights-officers-discipline-maryland/>

civilian panels for discipline, and an emphasis on de-escalation tactics.¹⁷¹

Qualified Immunity

Qualified immunity, established by the Supreme Court in 1967, effectively protects state and local officials, including police officers, from personal liability unless they are determined to have violated what the court defines as an individual's "clearly established statutory or constitutional rights." The doctrine can be used only in civil cases, not criminal, and allows victims to sue officials for damages only under those circumstances.

Critics and reform advocates say that the doctrine gives officers free rein to use excessive force with impunity and argue that what it defines as "clearly established" law remains largely elusive and difficult to prove, as it requires the victim to present a previous case with nearly identical circumstances that a court ruled as unconstitutional. They also assert the law helps officers escape accountability and prevents victims from achieving justice.

Elimination of qualified immunity is thus another component of increasing police accountability. Colorado and New Mexico¹⁷² have recently passed legislation modifying their respective qualified immunity provisions; similar legislation in California is pending.

The George Floyd Justice in Policing Act of 2020 calls for the national elimination of qualified immunity.¹⁷³

Additional Accountability Measures of Note

A routine check of officers' social media can also be a powerful tool to address potentially racist or other problematic posts. After a 2019 analysis of approximately 4 million stops by police in California, the Racial and Identity Profiling Advisory Board has recommended that police departments perform

checks on assigned department software as well as social media accounts in order to identify and hold accountable officers who are actively biased and reflect that bias on the job.¹⁷⁴

Early intervention systems (EIS) are an additional mechanism by which police accountability can be fostered. These systems analyze a variety of indicators for potentially problematic behavior including use of force incidents, citizen grievances, and disciplinary history. Identification of habitual misconduct by officers is often accomplished through a 'peer officer comparison system,' where officers assigned to the same beat are juxtaposed.¹⁷⁵ Once an officer is identified by the EIS for habitual misconduct, supports, and services to aid the officer are provided in order to encourage officer well-being and aid in

behavioral change. Continued monitoring of officer progress as well as frequent reviews of EIS data are necessary for successful implementation.¹⁷⁶

¹⁷¹ Id.

¹⁷² https://custom.statenet.com/public/resources.cgi?id=ID:bill:NM2021000H4&ciq=ncsl&client_md=562236734bdbcb53a3148c2e8d11ebbd&mode=current_text

¹⁷³ <https://www.congress.gov/bill/116th-congress/house-bill/7120/text>

¹⁷⁴ <https://www.policemag.com/589521/advisory-board-recommends-ca-agencies-check-officers-social-media-activity-for-r>

¹⁷⁵ <https://samuelwalker.net/issues/early-intervention-systems/>

¹⁷⁶ <https://www.policefoundation.org/publication/best-practices-in-early-intervention-system-implementation-and-use-in-law-enforcement-agencies/>

POLICE TRAINING

Increased training and education programs are frequently promoted to police departments to help improve the quality of policing and support officers in gaining new skills. As noted by two Columbia Law School professors in an article on police reform, "... training does not take root unless officers are held accountable for obeying the rules and practicing the skills they are taught."¹⁷⁷ Training alone is not adequate to transform a police department or change the behavior of an officer. But combined with culture change, new policies and accountability, training can be an effective tool to improve and reform the police.

Procedural Justice

Procedural Justice in policing improves police-community relations and emphasizes police departments and officers being transparent in their actions, fair in their processes, allowing community voice, and using impartiality in decision making.

According to the Department of Justice's Community Oriented Policing Services, "Procedural justice refers to the idea of fairness in the processes that resolve

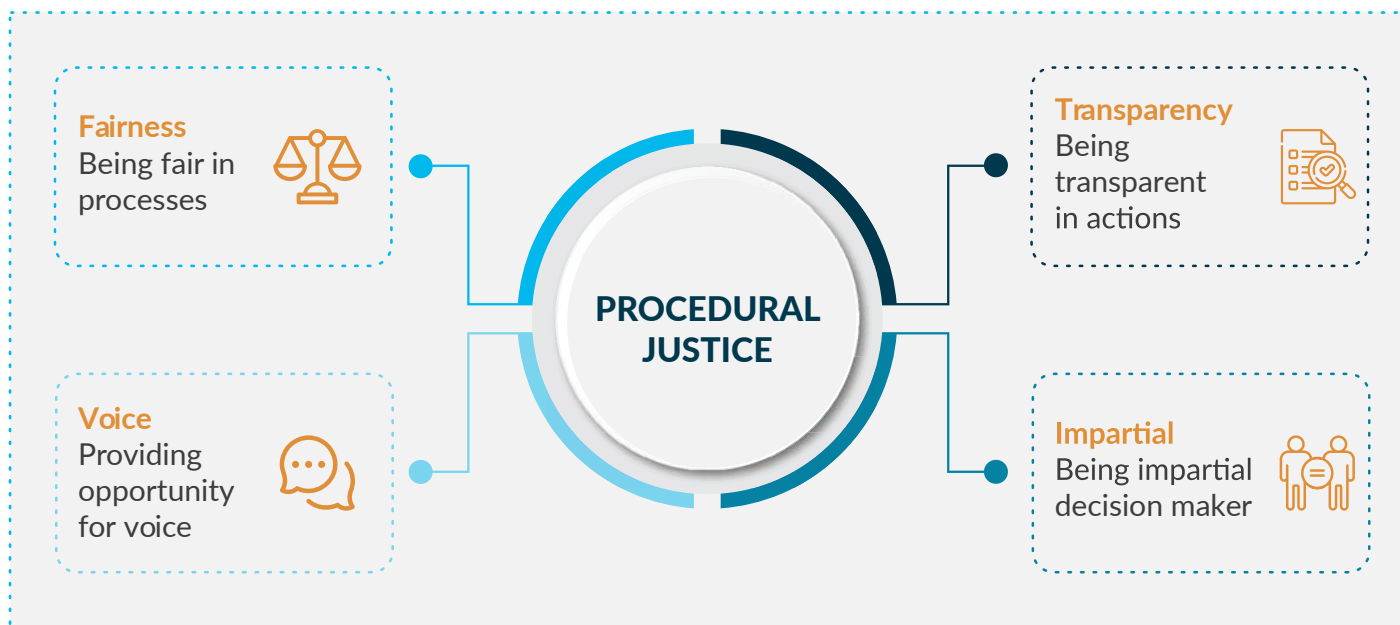
¹⁷⁷ <https://www.themarshallproject.org/2014/12/19/the-new-new-policing>

disputes and allocate resources. It is a concept that, when embraced, promotes positive organizational change and bolsters better relationships."¹⁷⁸

A comprehensive evaluation of procedural justice training found that "training increased officer support for all of the procedural justice dimensions. . . Post-training, officers were more likely to endorse the importance of giving citizens a voice, granting them dignity and respect, demonstrating neutrality, and (with the least enthusiasm) trusting them to do the right thing."¹⁷⁹

Several evaluations of procedural justice have found the education has been correlated with an improvement in relations between a community and a police department.¹⁸⁰ In Oakland, the police department trained all officers in procedural justice and provided specialized procedural justice training to the department's gun violence reduction unit. Oakland's police department was also the first department in the country to have members of the

¹⁷⁸ <https://cops.usdoj.gov/procdceduraljustice>
¹⁷⁹ https://www.researchgate.net/publication/269723704_Training_police_for_procedural_justice
¹⁸⁰ https://www.cityofberkeley.info/uploadedFiles/Police/Level_3_-_General/Principled%20Policing_outline.pdf



community teach a portion of the procedural justice training.

To aid in procedural justice incorporation into police departments, the Justice Collaboratory at Yale Law School has created a compilation of procedural justice training guides, departments who have implemented procedural justice training, and other pertinent resources.¹⁸¹

While also suggesting procedural justice training as a way to combat the “warrior mentality” in police departments, a Harvard University Kennedy School of Government report advises that “Police leaders dedicated to establishing practices in their agencies based on procedural justice principles must ensure that their organizational culture is not in conflict with these same principles.”¹⁸²

Implicit Bias

Implicit bias, as the name denotes, is an unconscious belief, attitude or bias against another race, ethnicity, or group. When Stanford University psychologist Jennifer Eberhardt conducted a large-scale study of policing, she discovered that the unconscious link between Black individuals and criminality is so high that even contemplating lawlessness can cause someone to fixate on Black people.¹⁸³ These societal biases end up affecting the judgment of police officers whether they are aware of it or not.

In Oakland, Professor Eberhardt and her team reviewed body camera footage from 1,000 traffic stops to elucidate the difference in officer language in encounters with Black versus white drivers. The research found that Oakland Police Department (OPD) officers consistently communicated with Black drivers in a less civil manner when compared with white drivers they addressed.¹⁸⁴ Various programs to address implicit bias were then recommended for implementation in OPD in response to these findings. Short, repeated education sessions were found to be associated with higher levels of officer

181 <https://law.yale.edu/justice-collaboratory/procedural-justice/guides-practitioners>

182 <https://www.ojp.gov/pdffiles1/nij/248654.pdf>

183 <https://psychology.stanford.edu/news/we-understand-implicit-bias-now-what-conversation-stanford-psychologist-jennifer-eberhardt>

184 Id.

comprehension and knowledge.¹⁸⁵ The training was accompanied by more community engagement and data transparency in order to allow officers to start the process of unlearning implicit biases.

A novel approach to implicit bias training is the Counter Bias Training Simulation (CBTSim). This strategy utilizes shooting automation and video sequences to demonstrate the risks of implicit bias in a realistic setting.¹⁸⁶ In the curriculum, officers are forced to deal with potentially explosive situations without reacting in a way that reflects preconceived notions.¹⁸⁷

De-escalation

With an increase in the number of deadly interactions between police and unarmed civilians going viral, there has been an on-going call for officers to be required to utilize effective verbal de-escalation strategies. Law enforcement officers in the United States kill nearly 1,000 civilians annually, many of whom are unarmed.¹⁸⁸ However, many law enforcement agencies provide little to no de-escalation training to officers, and 34 states have no mandate for de-escalation training.

Successful de-escalation programs operate to assist law enforcement personnel in relaxing the situation in order to gain valuable time in a crisis. Ideal guidance for officers suggests that 40 hours of de-escalation instruction is needed. The Police Executive Research Forum (PERF) de-escalation training is a program that has seen substantial reductions in use of force complaints and civilian injury. The training includes active listening, forming physical space between the individual and officer, and education regarding mental illness and well-being.¹⁸⁹

When the Dallas Police Department implemented a training curriculum involving de-escalation tactics,

185 <https://news.stanford.edu/2016/06/15/stanford-big-data-study-finds-racial-disparities-oakland-calif-police-behavior-offers-solutions/>

186 <https://www.npr.org/2020/09/10/909380525/nypd-study-implicit-bias-training-changes-minds-not-necessarily-behavior>

187 <https://www.faac.com/milo/cognitive/cbtsim/>

188 https://www.washingtonpost.com/local/deescalation-training-police/2020/10/27/3a345830-14a8-11eb-ad6f-36c93e6e94fb_story.html

189 Id.

use of force grievances declined by 18 percent the following year. After the San Francisco Police Department incorporated de-escalation training into their curriculum, use of force incidents dropped by 24 percent annually.¹⁹⁰

Community Engagement

A tense relationship between police and the community, especially communities of color, has been a long, intractable problem. Mistrust of law enforcement is not just theoretically problematic; it has also been proven to be linked to an increase in crime and violence.¹⁹¹ Police officers should work to develop meaningful and positive relationships with members of the community by taking measures including regularly and actively attending community meetings, special events, neighborhood gatherings, positively communicating with area youth, and participating or hosting local sporting events. By doing so law enforcement conveys the message that residents have a voice and that their input matters. Police should also connect with individuals in the community who advocate for greater social cohesion, such as faith leaders, in order to successfully engage a broad swath of the community.¹⁹²

Crime Prevention Through Community Engagement (CPTCE), an extensive training guide for improving relations between police departments and the community, was recently developed by The American Crime Prevention Institute (ACPI). The training consists of strategies to engage communities of color, employ social media to interact with residents, coordinate with faith-based leaders, and partner with community-based organizations.¹⁹³

In New Haven, Connecticut, the police department implemented 40-hours of community engagement education for its recruits, including education about the area's history as well as continuous outreach activities. Officers overwhelmingly supported the initiative and reported having positive interactions.

190 https://www.washingtonpost.com/local/deescalation-training-police/2020/10/27/3a345830-14a8-11eb-ad6f-36c93e6e94fb_story.html

191 <https://giffords.org/wp-content/uploads/2020/01/Giffords-Law-Center-In-Pursuit-of-Peace.pdf>

192 <https://courses.acpionline.com/community-engagement/>

193 <http://acpionline.com/seminars/cptcelou/>

After the pilot, the police department expanded the program to partner with the local community-based organization, Leadership, Education, & Athletics in Partnership (LEAP).¹⁹⁴ Community engagement training for law enforcement in general is correlated with increased trust and stronger social ties in neighborhoods.

Open Policing is a research-based strategy that incorporates elements of procedural justice to improve police-community relations. Residents of communities are able to offer their comments and observations regarding their exchanges with police officers anonymously. All comments are collated into Agency Pages, which can be explored by residents and officers.¹⁹⁵ In addition to the Open Policing policy, some departments have initiated CFS reviews. After any call for service, community members are able to give details about their interaction in a three-minute review without any fear of consequence.¹⁹⁶

The four main components of procedural justice have been assimilated into Open Policing, including promotion of vocalization from the community, serving individuals with respect, objectivity in decision-making, and credibility with the community. The main goals of the strategy are to improve officer-civilian relations and responses to incidents as well as promoting accountability within the department. All comments are collated into Agency Pages, which can be explored by residents and officers.¹⁹⁷ Open Policing has been correlated with a 35 percent decrease in resident grievances and increased trust in police departments.¹⁹⁸

Data Driven Risk Management

The Oakland Police Department (OPD) recently implemented a series of 15 Microsoft Power BI (Business Intelligence) dashboards that allow for a precise review of police behavior. Working with Slalom, a data consulting firm, OPD has increased transparency and accountability through data

194 https://www.policefoundation.org/wp-content/uploads/2017/08/IAP_Outside-the-Academy-Learning-Community-Policing-through-Community-Engagement.pdf

195 https://www.policylink.org/sites/default/files/pl_police_commun%20engage_121714_c.pdf

196 <https://www.openpolicing.org/how-open-policing-works/>

197 Id.

198 <https://www.openpolicing.org/try-open-policing/>

analysis. Patterns of enforcement, historical activity, and performance over time are all monitored in close to real-time.¹⁹⁹

The dashboards were created with input from OPD staff and leadership, community-based organizations, other law enforcement agencies, and Stanford University's SPARQ (Social Psychological Answers to Real-world Questions). Each dashboard can be accessed by OPD leadership, depending on security clearance. The dashboards have a simple interface, allowing supervisors to access and understand the data easily. Police supervisors can access a variety of data, from long-term information to arrests made within the last 24 hours.²⁰⁰ Dashboards allow for an easy breakdown of incidents by factors including race, gender, ethnicity, and officer. This permits police departments to monitor problematic patterns and address them quickly.²⁰¹ Early Intervention Systems (EIS) such as these dashboards have been correlated with increased personnel safety, improved officer welfare, and an increase in police accountability.²⁰² One necessary improvement to these systems and their deployment is to universally allow the public to have access to the information they capture.

199 <https://www.slalom.com/case-studies/city-oakland-creating-police-transparency-and-trust-data>

200 <https://medium.com/slalom-data-analytics/data-is-the-new-sheriff-in-town-but-is-it-biased-4aa140904dd7>

201 <https://cao-94612.s3.amazonaws.com/documents/Police-Commission-7.23.20-Agenda-Packet.pdf>

202 <https://www.emerald.com/insight/content/doi/10.1108/PIJPSM-02-2020-0027/full/html>

APPENDIX I

Alternative Responses Report

INTRODUCTION AND REPORT OVERVIEW

In the effort to provide meaningful information and recommendations to the Berkeley Reimagining Public Safety process, the National Institute for Criminal Justice Reform (NICJR) was tasked by the City Manager's Office to conduct research and analysis to produce a series of reports for the Taskforce, City of Berkeley (City) leadership, and the public. NICJR reviewed the City Auditor's Calls for Services assessment, conducted further analysis of Berkeley Police Department Calls for Service (CFS), used the previously submitted New and Emerging Models of Public Safety report, and drew upon our team's experience and expertise, to develop this Alternatives Responses report.

This report provides an actionable roadmap for providing community and other non-law enforcement alternatives to a police response for 50 percent of CFS types to which the Berkeley Police Department (BPD) currently responds.

The initial section of this report presents the NICJR analysis of BPD's CFS and compares that analysis to the Berkeley City Auditor's report. The next section provides an overview of NICJR's alternative response model – Tiered Dispatch, which includes the Community Emergency Response Network (CERN) – and describes how specific call types are assigned to CERN tiers.

The report concludes with an overview of a framework for the City's alternative response model, drawing upon both existing and planned City resources. The specific parameters and scope of the Specialized Care Unit (SCU) have not yet been defined. The present analysis assumes that the SCU's role will be focused on mental-health and substance abuse related call responses.

CALLS FOR SERVICE ANALYSIS

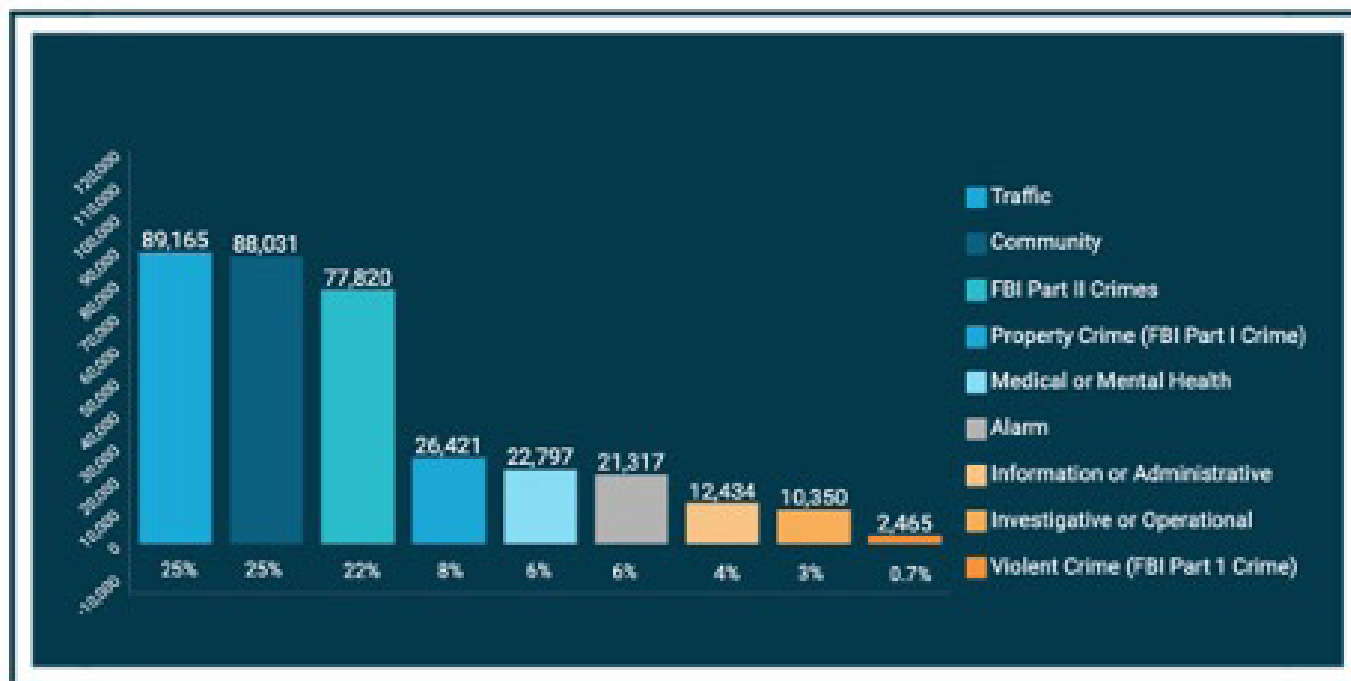
Summary of City Auditor Findings, NICJR Category Assignment and Crosswalk

The Berkeley City Auditor (Auditor) recently conducted an analysis of over 350,000 BPD calls for service covering calendar years 2015-2019. The BPD CFS audit, which can be found [here](#), focused on the following questions:

1. What are the characteristics of calls for service to which Berkeley Police respond?
2. What are the characteristics of officer-initiated stops by Berkeley Police?
3. How much time do officers spend responding to calls for service?
4. How many calls for service are related to mental health and homelessness?
5. Can the City improve the transparency of Police Department calls through the City of Berkeley's Open Data Portal?

The Auditor categorized over 130+ call types into 9 categories in an effort to answer these questions: Violent Crime (FBI Part 1), Property Crime (FBI Part I), FBI Part II Crimes, Investigative or Operational, Medical or Mental Health, Information or Administrative, Community, Traffic, and Alarm.

Figure 1. BPD Calls by Auditor Call Categories



Between 2015 and 2019 the Auditor found that BPD responded to an average of 70,160 CFS annually, and that ten call types accounted for 54 percent of all CFS.

Table 1. Top Ten Call Types, Auditor Report

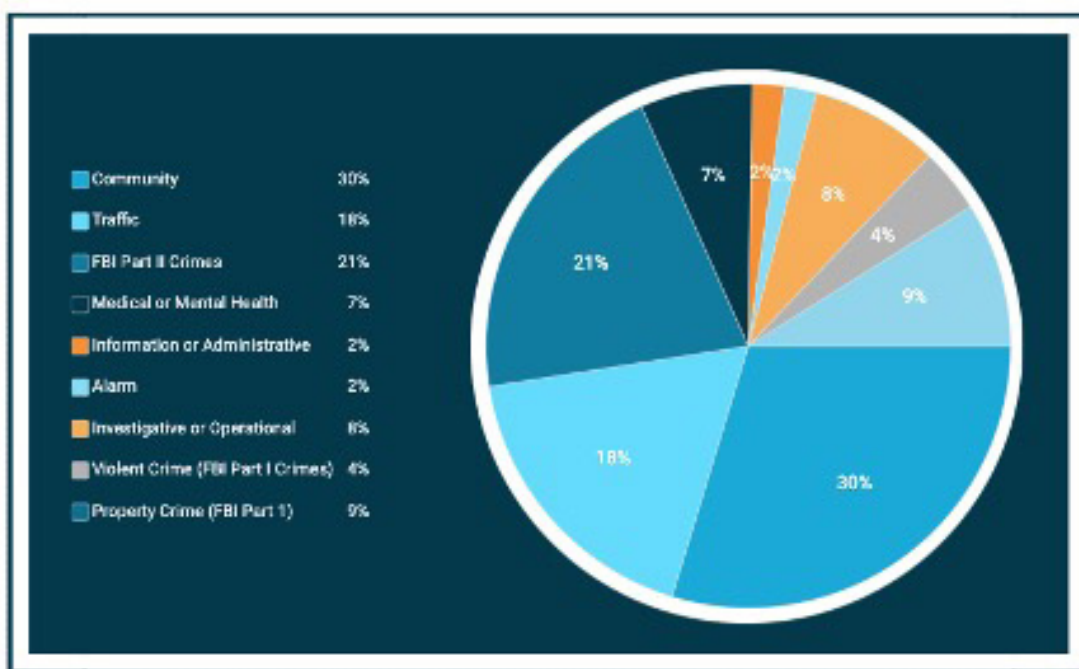
Call Types	Total Count
Traffic Stop	44,795
Disturbance	35,696
Audible Alarm	19,920
Noise Disturbance	15,773
Security Check	15,262
Welfare Check	15,030
Suspicious Circumstance	11,547
Trespassing	11,058
Theft	10,556
Wireless 911	9,899

Top 10 call types account for 54% of all events

The top ten call types fell into four categories: Traffic, Community, Alarm, and Property Crime. Mental health related CFS accounted for approximately 12 percent of all call types, while homelessness CFS accounted for 6.2 percent of all events. These types of CFS were identified by looking at keywords in narrative reports, disposition codes, call types, and/or Mobile Crisis Team response.

During the period reviewed, BPD officers spent most of their time (69 percent) responding to CFS that were categorized as Traffic (18 percent), Community (30 percent), or FBI Part II crimes (21 percent). Seven percent of BPD officers' time was spent handling Medical Mental Health CFS, another 9 percent on Property Crime CFS, and 2 percent on Alarms. The remainder of BPD officer time (14 percent) was spent on Information or Administrative, Investigative or Operational, and Violent Crime CFS.

Figure 2. BPD Officer Time Allocation, Auditor Report



NICJR EXPANDS UPON AUDITOR'S ANALYSIS

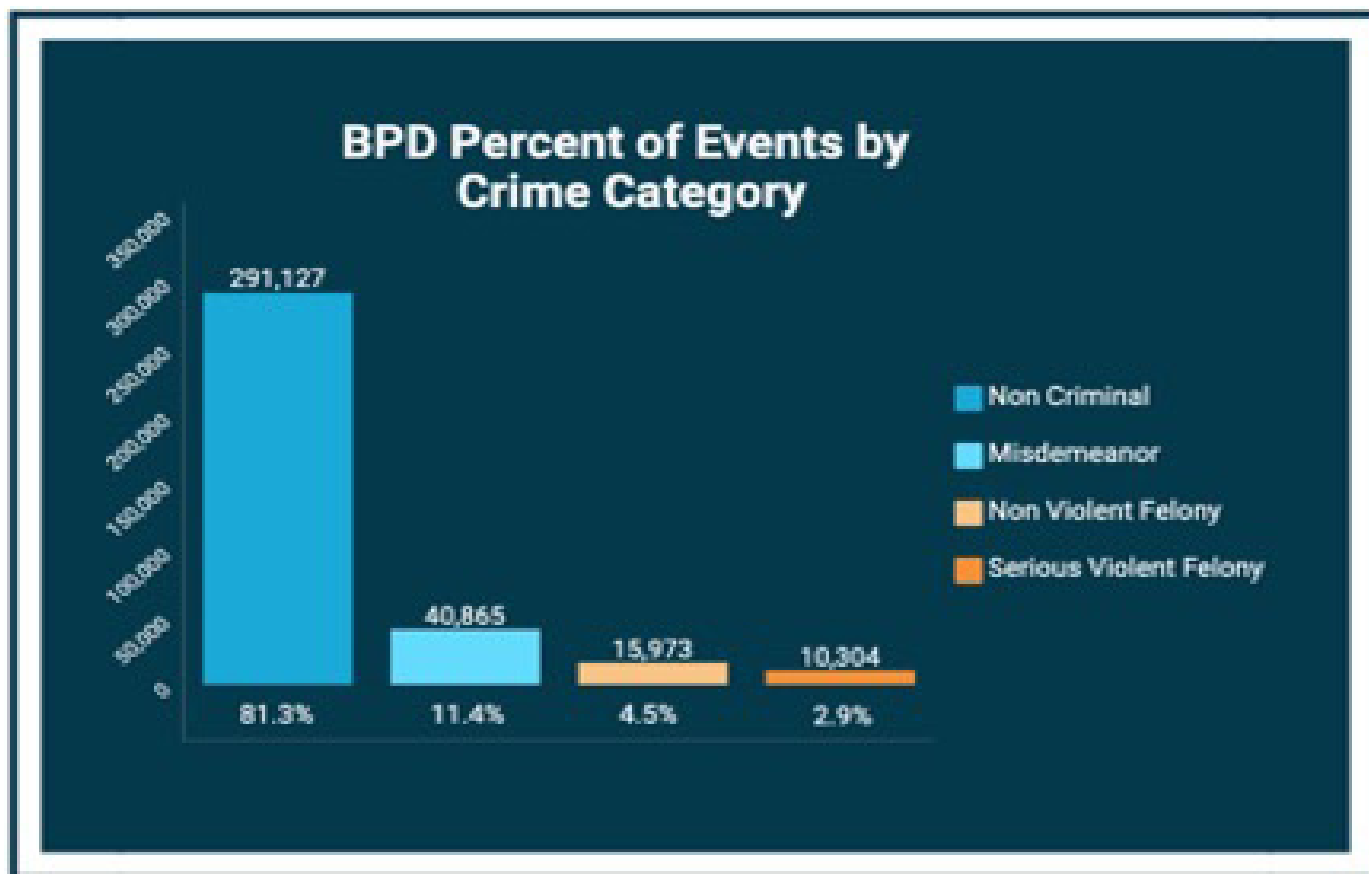
As a first step in developing this Alternative Response Report, NICJR reviewed the CFS analysis completed by the Auditor and compared the results of that analysis to its own CFS classification results.

As outlined above, the Berkeley City Auditor aggregated all BPD call types into 9 categories, while NICJR uses 4 Categories to organize the same events. A crosswalk between the Auditor's 9 and NICJR's 4 CFS Categories is outlined in Table 2. NICJR categories are aligned with state specific penal codes and their associated penalties. If a call type is not found in the penal code, it is placed into the Non-Criminal Category.

Table 2. Crosswalk, Berkeley City Auditor and NICJR Call Type Categories

Berkeley Auditor Categories	NICJR Categories
Violent Crimes (FBI Part I)	Serious Violent Felony: Any event identified in the California Penal Code as a Serious Violent Felony
Property Crimes (FBI Part I)	Non-Violent Felony: Any event identified in the California Penal Code as a Non-Violent Felony
FBI Part II Crimes	Misdemeanor: Any event identified in the California Penal Code as a Misdemeanor
Community	Non-Criminal: Any event not identified in the Penal Code
Medical or Mental Health	
Traffic	
Informational or Administrative	
Investigative or Operational	
Alarm Calls	

NICJR uses this method of categorizing events because it affords the most linear association between the event and its associated criminal penalty. By categorizing events in this manner, NICJR can clearly identify the portion of CFS that are either non-criminal or are for low-level and non-violent offenses. Categorizing call data into a simple criminal vs. non-criminal, violent, vs. non-violent, structure also supports conversations with the community about alternatives to policing for specific call types grounded in easily understandable data.

Figure 3. BPD Events by NICJR Crime Category¹

There were 22 call types² (11 percent) that differed in assignment when comparing the Auditor's report to NICJR results. A summary of these variances is outlined in Table 3 and described below.

Table 3. Key Variances, NICJR vs. Auditor Call Type Categorization

NICJR Classification	Auditor Classification	# of Impacted Call Types
Non-Criminal	FBI Part II Crimes	7
Serious Violent Felony	Traffic, Property Crimes (FBI Part I, FBI Part II Crimes)	10
Non-Violent Felony	Investigative/Operational	1
Misdemeanor	Traffic, Informational or Administrative	4

Of the 22 call types, 7 (31.8 percent) were assigned to NICJR's Non-Criminal Category whereas the Auditor classified the same 7 as FBI Part II Crimes. For example, *family disturbance* is classified by the Auditor as an FBI Part II Crime while NICJR places it in the Non-Criminal Category. The largest source of variance between

¹ Figure excludes null or missing values in the dataset.

² There is a discrepancy in the number of call types evaluated by the Auditor versus NICJR. The Auditor evaluated approximately 130 CFS types; NICJR, 183. Part of this discrepancy is due to the fact that the Auditor and NICJR reviewed slightly different data sets. Additionally, NICJR reviewed all CAD data while the Auditor only reviewed those CFS resulting in a sworn response.

NICJR's Non-Criminal Category and the Auditor's classifications relates to the call type disturbance, which the Auditor classifies as an FBI Part II Crime while NICJR categorizes it as Non-Criminal. The *disturbance* call type accounted for nearly 10 percent of the 360,242 CFS reviewed in the Auditor's analysis.

Four out of the 22 (18.1 percent) differing call types were assigned to NICJR's Misdemeanor Category while the Auditor assigned them as Traffic and Informational or Administrative. These call types include *reckless driver*, *hit and run with injuries*, and *exhibition of speed*. Both *reckless driver* and *hit and run with injuries* were assigned as Traffic by the Auditor while NICJR assigns them as Misdemeanors. *Property Damage* was classified by the City Auditor as Informational or Administrative. NICJR classifies this call type as a Misdemeanor.

One out of the 22 (4.5 percent) differing call types, lo jack stolen vehicle, was assigned to NICJR's Non-Violent Felony Category while the Auditor assigned it as Investigative or Operational.

A final source of the variation in call type categorization between the Auditor and NICJR stems from NICJR's Serious Violent Felony assignment. The auditor used FBI UCR categories while NICJR used the California Penal Code to determine the penalty associated with the qualifying offense. Ten out of the 22 (45.4 percent) differing call types were assigned to NICJR's Serious Violent Felony Category. Out of the total 360,242 calls for service analyzed, NICJR classified 2.9 percent in the Serious Violent Felony Category. The Auditor only classified 0.7 percent of CFS in its Violent Felony Category. The variance is due to the fact that 9 call types classified by the Auditor as Traffic, Property Crime (FBI Part I), and FBI Part II Crimes fall into NICJR's Serious Violent Felony Category. This scenario is illustrated by the call types *hit and run with injuries* and *vehicle pursuit*. Both are classified by the Auditor as Traffic. NICJR classifies both calls in its Serious Violent Felony Category. Another example is arson, which is classified by the Auditor as Property Crime (Part I) while NICJR classifies arson as a Serious Violent Felony. Other call types generating this variance include battery, bomb threats, kidnapping, spousal or domestic abuse, child abuse, and sexual molestation.

The complete crosswalk is provided as [Appendix A](#).

NICJR CERN CATEGORIZATION

In our work to Reimagine Public Safety and transform policing, NICJR has developed a tiered dispatch system to provide alternatives to police response to CFS, increase public safety, and improve the quality of emergency response.³ This model includes the CERN, which builds upon NICJR’s CFS classification structure.

Once each call type is associated with one of NICJR’s four CFS Categories, they are given a default assignment on the Tiered Dispatch depicted in Figure 4:



The Tiered Dispatch assignments for the 2015-2019 BPD CFS analyzed are outlined below.

Table 4. Tiered Dispatch Default Assignment Table

Crime Category	CERN	BPD	% of Call Types	# of Call Types in Each Tier
Tier 1	Only		50%	92
Tier 2	Lead	Present	14%	25
Tier 3	Present	Lead	9%	16
Tier 4		Only	27%	50

Default Tier Assignment Modified Based on Arrest Data and Other Factors

A. Arrest Rates

Subsequent to the default classification, NICJR examines arrest data to determine if adjustments to default Tier assignments are warranted. Most typically, this results in CFS “moving up” a Tier based on the likelihood of arrest. The arrest analysis includes the identification of the overall jurisdiction arrest rate, as well as the high-end of that rate, below which the vast majority of CFS arrest rates fall. For Berkeley, 10 percent was set as the arrest rate triggering Tier assignment review; only 6 of 91 CFS that resulted in an arrest had an arrest rate in excess of 10 percent in the years 2015 to 2019. Call types with arrest rates that significantly exceed the triggering arrest rate generally moved to higher Tiers. For example, the Non-Criminal CFS *warrant service* was moved from Tier 1 to Tier 4 based on arrest rate data.

Table 5. CFS CERN Tier Assignments After Arrest Review

Crime Category	CERN	BPD	% of Call Types	# of Call Types in Each Tier
Tier 1	Only		50%	91
Tier 2	Lead	Present	13%	24
Tier 3	Present	Lead	9%	16
Tier 4		Only	28%	52

B. Alternate Response Warranted

Beyond arrest data, CERN Tier assignment is modified based on NICJR’s assessment of call types that would benefit from an alternate response. Some Serious Violent Felony call types typically move from Tier 4 to Tier 3 pursuant to this aspect of the analysis, in order to allow for a CERN response with an officer leading. For example, the call type *assault, gang related* has been downgraded from a Tier 4 to a Tier 3 in order to allow the CERN to assist officers involved. Warrants have similarly been downgraded from a Tier 4 to a Tier 3 with this rationale in mind. These call types would be led by police only, but members of the CERN would be present to provide family members with information and support. Conversely, some call types have been moved from lower to higher Tiers as a result of this aspect of the default Tier assignment modification methodology. Various events that fall under the assist call type, for example, are allocated to Tier 4 even though these CFS are Non-Criminal in nature. The rationale here is that if the BPD is being asked to assist another law enforcement

agency, for example, a BPD response is required. Additionally, traffic-related calls are in Tier 3 or 4 due to current state law requiring sworn officers, but in the event that state law is amended as envisioned in some of the discussion related to BerkDOT, the calls would move to Tier 1. Appendix D includes calculations of calls and expenses with traffic calls shifted to Tier 1.

Table 6. CFS CERN Tier Assignments After Alternate Response Review

Crime Category	CERN	BPD	% of Call Types	# of Call Types in Each Tier
Tier 1	Only		50%	92
Tier 2	Lead	Present	10%	19
Tier 3	Present	Lead	18%	33
Tier 4		Only	21%	39

Based on NICJR's analysis, and as reflected in Table 6, 50 percent of BPD CFS could be handled by a community-response, only. A detailed breakdown of Berkeley CFS by CERN Tiers can be found in [Appendix B](#).

FISCAL IMPLICATIONS OF CERN ASSIGNMENT

A major driver of the police reform conversation has been the desire to shift resources from traditional law enforcement to alternative, more appropriate, responses for specific types of calls for service. As Table 6 illustrates, the City can realistically expect to divert nearly 50 percent of call types from the BPD to an alternate response that requires no law enforcement involvement. In order to understand the potential fiscal impact of the adoption of this type of alternate response model, various analyses of the BPD budget were conducted.

As outlined in Table 7, the BPD budget grew from approximately \$61 million to \$69 million during the period of CFS review, reflecting a nearly 15 percent increase; CFS remained steady during the same period, experiencing a slight decline of approximately 4 percent. The Police Operations Division budget, which houses costs associated with Patrol, comprised between 52 and 60 percent of the Department's budget during the review period; Patrol is responsible for responding to CFS in the City of Berkeley.

Table 7. BPD and Patrol Operations Division Budget, 2015-2019

	FY15	FY16	FY17	FY18	FY19
Total Budget	\$60,832,054	\$63,115,430	\$66,428,530	\$66,351,534	\$69,567,103
General Fund (GF)	\$57,057,838	\$59,074,465	\$62,156,096	\$62,628,518	\$65,493,664
Police Operations (OPS) Division	\$34,781,350	\$37,050,106	\$39,867,224	\$39,673,087	\$36,284,878
OPS Division % of Total Budget	57.2%	58.7%	60.0%	59.8%	52.2%

In order to determine the proportion of Operations Division expenses that are directly attributable to responding to CFS, NICJR undertook several analyses:

Calculating Officer Time:

- **Responding to CFS: On-Scene to Close.** The time between when an officer arrives on-scene to a particular CFS and closes the call. This time frame is used to measure the actual time officers spend on calls for service. This calculation does not include travel time; the time officers take to write incident reports is only accounted for if the officer does this before a particular CFS is closed.
- **Responding to CFS: Event Creation to Close.** The time between when a call comes in and is created in the Computer Aided Dispatch (CAD) system and when an officer closes the call. This time period is used to capture the total amount of time from when a caller calls into the Communications Center to when an officer closes the call, accounting for the totality of time it takes to complete a CFS.
- **Officer Time.** Under either the On-Scene to Close or Event Creation to Close approaches, officer time is calculated based on the number of responding officers to a unique call multiplied by the amount of time spent on the call.

Identifying Median Officer Hourly Rates:

- Median hourly rates were generated from the City of Berkeley's **Salary List** for benefited employees. The minimum salary (step 1) in that schedule is \$49.73/hr and the maximum, (step 7), \$61.90/hr. The median salary is \$56.24 (step 4).

Applying Applicable Overhead Rate to Median Officer Hourly Rate:

- As of the City's 2021 **Benefits and Compensation Matrix**, this rate was 110 percent.

The results of this analysis are provided in Table 8.

Table 8. Cost of Responding to CFS: On-Scene to Close and Create to Close

Officer Costs Associated with Responding to CFS: On-Scene to Close	
Total Hours 2015 - 2019, CERN Tier 1 Calls (BPD Response Hours)	98,119
Total Hours 2015-2019, All other CERN Tiers (BPD Response Hours)	89,525
Median BPD Officer Salary	\$56.24
BPD Officer Salary Range	\$49.73 - \$61.90
Berkeley Composite Fringe Benefit Rate	110%
Calculation of CERN Tier 1 Costs (# of hours * Median Salary * Benefit Rate)	\$11,587,854
Calculation of All other CERN Tier Costs (# of hours * Median Salary * Benefit Rate)	\$10,572,903
Average Annual CERN Tier 1 Officer Costs, On-Scene to Close	\$2,317,571
Average Annual Officer Costs Tiers 2-4	\$2,114,581

Officer Costs Associated with Responding to CFS: Create to Close	
Total Hours 2015 - 2019, CERN Tier 1 Calls (BPD Response Hours)	266,832
Total Hours 2015-2019, All other CERN Tiers (BPD Response Hours)	367,422
Median BPD Officer Salary	\$56.24
BPD Officer Salary Range	\$49.73 - \$61.90
Berkeley Composite Fringe Benefit Rate	110%
Calculation of CERN Tier 1 Costs (# of hours * Median Salary * Benefit Rate)	\$31,512,859
Calculation of All other CERN Tier Costs (# of hours * Median Salary * Benefit Rate)	\$43,392,538
Average Annual CERN Tier 1 Officer Costs, Create to Close	\$6,302,572
Average Annual Officer Costs Tiers 2-4	\$8,678,508

*Note: Berkeley PD salaries used for this analysis are based on the MOU which expired June 30, 2021. A new MOU has resulted in a salary increase not reflected in this report.

Depending on the officer time calculation used, and using 2019 budget data alone, the costs associated with responding to Tier 1 CFS range from between **approximately 7 (On-Scene to Close) and 19 (Create to**

Close) percent of the Police Operations Division budget, and **4 and 10** percent of the total BPD budget. Costs associated with responding to CFS Tiers 2-4 comprise between approximately **5 (On-Scene to Close) and 23 (Create to Close)** percent of the Police Operations Division budget and **3 and 12** percent of the total BPD budget.

Table 9. Tier 1 CFS as % of Operations Division and BPD Overall Budget

Implementation converts the estimated number of officer hours saved into FTEs as reflected in Table 10 on the following page.

Table 10. CFS FTE Analysis

CERN Tier	Total Hours (Create to Close) (Avg Annual)	Average Hours ⁴ , 1 FTE Officer	Estimated # of FTE Per Tier
1	53,366	2080	25.7
2	24,012	2080	11.5
3	32,331	2080	15.5
4	17,140	2080	8.2

Redirection of Tier 1 CFS to a CERN would thus generate approximately \$6.8 million in annual BPD savings annually, equating to slightly less than 26 FTE.

⁴ 2080 is the standard number of working hours per year for a full-time equivalent position; BPD actual annual hours/FTE may vary.

BUILDING THE ALTERNATIVE RESPONSE INFRASTRUCTURE

In order to facilitate the development of Berkeley's own alternate response network or CERN, NICJR further analyzed the 92 CFS in CERN Tier 1. Although an alternate response is also contemplated in response to CFS in Tiers 2 and 3, as the CFS category which contemplates no corresponding police response, Tier 1, is an appropriate focal point for initial alternate response analyses.

To facilitate this assessment, Tier 1 CFS were divided into 11 topical/activity-based sub-categories as outlined in Table 11.

Table 11. CERN Sub-Category

CERN Category	Definition	Example Call Type(s)
Administrative	Calls that involve administrative duties	subpoena service; VIN verification; information bulletins, test call, report writing
Alarm	Calls that involve activation of alarms	residential alarm, commercial alarm, bank alarm, audible alarm, GPS alarm
Animal	Calls that involve animals	stray animals, barking dogs, cat in a tree
Investigation	Calls that require some form of investigation to ensure all is in order	investigating an open door, residential welfare checks, business premise checks, follow up on previous crime to collect evidence (witness statements, video footage, etc.)
Medical or Mental Health	Calls that require or involve medical or mental health assistance	mutual aid medical support, gunshot victim, suicide, 5150 transport
Municipal	Calls that involve municipal issues	fall on city property; COVID-related violations; BPC violations - signage, lighting, etc.; sidewalk regulations
Other	Call types that do not fit into any of the other CERN categories	create new call; no longer used, wireless 911 call got dropped
Public Order	Calls that interfere with the normal flow of society	demonstrations, civil unrest
Quality of Life	Calls that create physical disorder or reflect social decay	loitering (homeless), panhandling, noise, trash/dumping, urinating in public

CERN Category	Definition	Example Call Type(s)
Substance Use	Calls that involve substance use	open air drug use and distribution, overdose related, down and out, public intoxication
Traffic	Calls that involve traffic or vehicle related concerns	abandoned vehicles

Leveraging Existing and Planned City Resources and Ideas from New and Emerging Models Report

CERN Team Types

The Community Emergency Response Network may need to have different types of teams that respond to certain calls.

- **SCU:** Respond to Mental Health & Drug issue calls
- **Mediation Team:** Respond to Disturbance and Noise calls
 - Possibly include specialists in Family Disturbance calls
- **Report Takers/Technicians:** Take crime reports
 - Specialists for evidence collection as the City has now
- **Outreach:** Respond to non-MH homeless calls, welfare checks, etc.
- **BerkDOT:** Respond to traffic calls
 - Including technology

In an effort to identify existing and planned resources by Tier 1 Category, NICJR reviewed:

- The list of City-funded community-based organizations (CBOs) provided in the City Manager's Proposed Annual Budget Fiscal Year 2022, submitted to the City Council on May 25, 2021
- City Boards, Commissions, and Departments, as identified on the City's website
- Relevant examples of potential programs or approaches as provided in the [New and Emerging Models of Community Safety and Policing Report](#)
- Other relevant local CBOs/resources

Table 12, which can be found on the next several pages, summarizes the results of NICJR's services scan; a list of the specific CBOs identified by Tier 1 sub-category can be found in [Appendix C](#). A detailed description of each Table 12 organizing category follows.

Table 12. CERN Build Out: CBO's, City Departments, Other Resources

CERN Category	Call Type(s)	Existing City-Contracted CBOs	Existing City Departments	Planned City Resources	Other Relevant Resources	Potential Oversight Commission/Board	Innovations, New and Emerging
Administrative	subpoena service; VIN verification; information bulletins, test call, report writing			BerkDOT (VIN verification)	Private subpoena servers		
Alarm	residential alarm, commercial alarm, bank alarm, audible alarm, GPS alarm	The Downtown Berkeley Association/ Downtown Ambassadors Street Team provides alarm assistance services			UCPD Community Service Officers provides alarm assistance services		
Animal	stray animals, barking dogs, cat in a tree etc.	Animal Rescue	City Manager's Office: Berkeley Animal Care Services			Animal Care Commission	

CERN Category	Call Type(s)	Existing City-Contracted CBOs	Existing City Departments	Planned City Resources	Other Relevant Resources	Potential Oversight Commission/Board	Innovations, New and Emerging
Investigation	investigating an open door, residential welfare checks, business premise checks, follow up on previous crime to collect evidence (witness statements, video footage, etc.)	Downtown Berkeley Association/ Downtown Ambassadors Street Team: investigating open doors, residential welfare checks, business premise checks			UCPD Community Service Officer (CSO) Program: investigating open doors, residential welfare checks, business premise checks		

CERN Category	Call Type(s)	Existing City-Contracted CBOs	Existing City Departments	Planned City Resources	Other Relevant Resources	Potential Oversight Commission/Board	Innovations, New and Emerging
Medical or Mental Health	mutual aid medical support, gunshot victim, 5150 transport, mental illness, suicide attempt, threat of suicide, mental health	4 CBOs contracted for health services; 1 CBO contracted for mental health services (Alameda County Network of Mental Health Clinics); several homeless oriented CBOs include a mental health component	Fire Department; Mental Health Division Mobile Crisis Team, and Crisis, Assessment, and Triage Team (loitering, panhandling, urinating in public); Health, Housing, and Community Services Department	SCU	Bonita House's Bridges to Recovery In-Home Outreach Team (IHOT) Bonita House's Community Assessment & Transportation Team (CATT) program New Bridge Foundation: drug and alcohol rehabilitation center in Berkeley, California that offers inpatient and outpatient services as well as detoxification treatment	Community Health Commission; Mental Health Commission	Crisis Response Unit (CRU), Olympia, Washington
Municipal	fall on city property; COVID-related violations; BPC violations - signage, lighting, etc.; sidewalk regulations		City Manager's Office: Code Enforcement, Public Works			Public Works Commission	

CERN Category	Call Type(s)	Existing City-Contracted CBOs	Existing City Departments	Planned City Resources	Other Relevant Resources	Potential Oversight Commission/Board	Innovations, New and Emerging
Other	create new call; no longer used, wireless 911 call got dropped	NA	NA	NA	NA	NA	NA
Public Order	Demonstrations, civil unrest	Downtown Berkeley Association's Safety Ambassadors Program: provides public order services/ assistance			UCPD Community Service Officer (CSO) Program: provides public order services/ assistance		
Quality of Life	loitering (homeless), panhandling, noise, trash/dumping, urinating in public	16 CBOs contracted for homeless services, approximately 50% with case management component. These resources could be leveraged to address loitering, panhandling, and public urination/intoxication complaints. Other CBOs (Eden Information and Referral as well Telegraph Business Improvement District) assist with quality of life calls as well. Downtown Berkeley Association's Safety Ambassadors Program: all Quality of Life CFS	Mental Health Division, Mobile Crisis, and Crisis, Assessment, and Triage Team (loitering, panhandling, urinating in public); City Manager's Office: Code Enforcement (trash/dumping)		UCPD Community Service Officer (CSO) Program: all Quality of Life CFS	Homeless Commission; Human Welfare and Community Action Commission	Mayor's Action Plan (MAP) for New York City

CERN Category	Call Type(s)	Existing City-Contracted CBOs	Existing City Departments	Planned City Resources	Other Relevant Resources	Potential Oversight Commission/Board	Innovations, New and Emerging
Substance Use	open air drug use and distribution, overdose related, down and out, public intoxication	1 CBO directly contracted for substance abuse services (Options Recovery Services); other homeless-oriented CBO's provide various substance abuse related services	Mental Health Division Mobile Crisis Team, and Crisis, Assessment, and Triage Team (loitering, panhandling, urinating in public)		New Bridge Foundation: drug and alcohol rehabilitation center in Berkeley, California that offers inpatient and outpatient services as well as detoxification treatment Bonita House's Bridges to Recovery In-Home Outreach Team (IHOT) Bonita House's Community Assessment & Transportation Team (CATT) program	Health Commission, Community; Homeless Commission; Mental Health Commission	Arlington Opiate Outreach Initiative
Traffic	abandoned vehicles, speeding, reckless driving		City Manager's Office: Code Enforcement (abandoned vehicles)	BerkDOT		Transportation Commission	NYPD Staten Island's Motor Vehicle Accident Program

CERN Category	Call Type(s)	Existing City-Contracted CBOs	Existing City Departments	Planned City Resources	Other Relevant Resources	Potential Oversight Commission/Board	Innovations, New and Emerging
Weapon	person with a gun				Building Opportunities for Self-Sufficiency appears to be only City-contracted CBO with significant experience with and focus on incarcerated/ formerly incarcerated. May be a resource for this particular CFS and others in that vein.	Peace and Justice Commission	

Existing City-Contracted Community Based Organizations

NICJR reviewed all City-contracted CBOs and, where possible, aligned CERN Tier 1 sub-categories with community-based organizations; identified organizations are those that could potentially be leveraged to build out the CERN approach. Although the City has contracts with a number of CBOs, there is a significant concentration in homeless services, with few contracted providers in many of the other CERN Tier 1 sub-categories. Where able to identify, NICJR has lifted up those CBOs working in any area that appear to be doing some type of case management or street outreach work, as well as those that have experience with a criminal justice population. These organizations are likely best positioned to serve as the starting point for the development of the CERN infrastructure. There is at least one City-contracted CBO that NICJR is aware of that engages in case management and outreach work *and* has extensive experience with justice-involved community members; that organization, Building Opportunities for Self Sufficiency (BOSS), is an obvious candidate to serve as one of the City's anchors and foundational CERN partners. BOSS is an example of a capable organization, but there are others in Berkeley as well. The City would need to conduct a Request for Proposals process to select the most appropriate service provider(s).

The Downtown Berkeley Association (DBA), an independent non-profit organization that has recently contracted with the City, provides a variety of services including but not limited to cleaning and beautification, hospital and outreach, marketing and business support, and prevention of crime and other threats to merchants.⁵ Positions encompass hospitality workers, cleaners, social workers, and trained guards, known as Safety Ambassadors. Safety Ambassadors carry batons, pepper spray, and handcuffs and are outfitted with neon vests.

Safety Ambassadors often have backgrounds in law enforcement and are required to undergo an 8-hour general training along with additional trainings covering topics such as sexual harassment, mental illness, and de-escalation tactics. The stated objective of this program is to increase the quality of life in downtown Berkeley and ensure that any potential disturbances are curtailed.⁶ Low-level municipal or quality of life violations, open use of illicit drugs, and threats to businesses are all addressed by the Safety Ambassadors. As such, the DBA itself may serve as an important CERN resource. However, it is important to note that many community members and organizations have expressed concerns with the enforcement-type equipment that Safety Ambassadors carry.

Lastly, the Mental Health Division's (MHD) Mobile Crisis Team provides immediate crisis intervention services for the community and supports BPD in capacities including co-responding to calls for service upon BPD request. This Team, as well as the MHD's Crisis, Assessment, and Triage Team, are obvious foundations for the SCU which is currently under development. The Mobile Crisis Team has very limited resources and available hours. At the time of this report, the Team only has two members. In Listening Sessions held with BPD officers, many expressed the need to expand the work of the Mobile Crisis Team.⁷

Existing City Departments

There are a number of City Departments that are either currently deployed, or could be deployed to address CERN Tier 1 sub-categories. For example, the BPD currently partners with the Mental Health Division's Mobile Crisis Team, and the Code Enforcement Unit within the City Manager's Office is responsible for addressing illegal dumping. The roles and responsibilities of existing City Departments could be expanded to support absorption of specific Tier 1 CFS. BPD also employs civilian technicians who could be used to take reports or collect evidence in cold CFS that may not need an officer present.

⁵ <https://www.downtownberkeley.com>

⁶ <https://www.berkeleyside.org/wp-content/uploads/2020/09/Safety-Ambassador-Pilot-Program-2-Month-Report.pdf>

⁷ Community members have expressed concerns about the Mobile Crisis Team's ability to properly assist with calls for service.

Existing Berkeley Commissions, Boards and Departments

NICJR reviewed the City's Boards and Commissions to identify those that might be most appropriate for supporting the development and oversight of various components of the CERN. While ultimately the effort is likely most effectively administered by a single oversight body, the development of various components of the alternate response model may lend itself to disaggregation by topic, although an effective coordination and overall project management approach should be employed from the outset.

Planned City Resources

The City has two significant alternative response initiatives currently underway: the Berkeley Department of Transportation (BerkDOT) and the Specialized Care Unit (SCU). While the scope of these efforts is unclear, NICJR has assigned Tier 1 sub-categories to these City-initiated alternate responses as follows:

- **BerkDOT:** All traffic CFS
- **SCU:** All mental health and drug use CFS

The following relevant excerpts from the City Manager's *Proposed Annual Budget Fiscal Year 2022* suggest that the 2021-2022 budget year is a planning period for BerkDOT, while the SCU is on more accelerated implementation timeline:

BerkDOT

"The Public Works Department is evaluating the potential to create a Berkeley Department of Transportation to ensure a racial justice lens in traffic and parking enforcement and the development of transportation policy, programs, and infrastructure.⁸

- **Estimated Budget:** \$75,000
- **Description:** Develop plans for establishing a Berkeley Department of Transportation to ensure racial justice and equity in Transportation policies, programs, services, capital projects, maintenance, and enforcement. Coordinate this with the Reimagining Public Safety effort."

Current state law does not allow non-law enforcement to conduct traffic stops. Given the City's decision to establish BerkDOT, in Appendix D we have assigned all traffic CFS to CERN Tier 1.

SCU

"The Health, Housing and Community Services Department is working with a steering committee to develop a pilot program to re-assign non-criminal police service calls to a Specialized Care Unit."⁹

- \$8 million is currently allocated for programs addressing community safety and crisis response.¹⁰
- Before the SCU is deployed, community safety concerns have been proposed to be addressed through:
 - Expanding prevention and outreach
 - Leverage existing teams and CBOs
 - Address basic needs (i.e., wellness checks, food, shelter)
 - Equipment and supplies

⁸ Page 24, *Proposed Annual Budget Fiscal Year 2022*

⁹ Page 24, *Proposed Annual Budget Fiscal Year 2022*

¹⁰ https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_City_Council/FY%202022%20CM%20Proposed%20Budget%20Recommendations.pdf

- Estimated budget: \$1.2 million
- Crime prevention and data analysis to support data driven policing and identify areas of community need
 - Establish data analysis team (2 non-sworn positions)
 - Deploy Problem Oriented Policing Team (overtime)
 - Estimated budget: \$1.0 million

Other Relevant Resources

NICJR has identified three non-City funded CBOs as potential alternate response providers related to Tier 1 sub-categories: the New Bridge Foundation (NBF); Bonita House's Community Assessment and Transport Team (CATT) and Bridges to Recovery In-Home Outreach Team (IHOT); and the University of California's Community Service Officer Program. Again, these are examples, the City would need to conduct a Request for Proposals process to select the most appropriate service providers.

Members of the RPSTF have compiled a master list of local community-based organizations to assist in the CERN build-out process as well. This list can be found in Appendix E.

New Bridge Foundation

NBF was identified as a possible alternative solution by Berkeley Reimagining Public Safety Task Force Members. NBF is a residential and outpatient addiction treatment center that provides comprehensive services and has a community outreach component to their program. NBF was assigned to the Tier 1 sub-category, substance use.

Bonita House

While Bonita House receives City funding for its Creative Wellness Center (CWC) which serves as an entry point for recovery and supportive services for people with mental health needs and co-occurring conditions, it does not currently receive financial support for its *Community Assessment and Transport Team (CATT)*; a crisis response system to get clients "to the right service at the right time", or its *Bridges to Recovery In-Home Outreach Team (IHOT)*; a short-term outreach, engagement and linkage to community services program for individuals with severe mental illness. Both of these teams could potentially play important roles in a new alternate response network.

University of California Police Departments (UCPD)

Most University of California Police Departments (UCPD) have some type of Community Service Officer (CSO) Program.¹¹ CSOs are uniformed, civilian personnel comprised of students that assist the UCPD in a variety of ways. They provide evening and night escorts, patrol campus buildings and residence halls, perform traffic control duties, and act as liaisons between university students and their corresponding police departments.¹² CSOs generally carry pepper spray and work anywhere from 10-20 hours each week. The majority of UCPD CSO Programs also employ tasers.¹³ Some are trained to aid in cases of medical emergencies.¹⁴ General security and deterrence of crime are the goals of the CSO program.¹⁵

¹¹ It's important to note that there have been use of force concerns expressed by UC students about the UCPD CSOs. This should be taken into account by the City when allocating Tier 1 responsibilities.

¹² <https://www.police.ucla.edu/cso>

¹³ <https://dailybruin.com/2006/11/28/a-closer-look-uc-campuses-exhi>

¹⁴ <https://police.ucsd.edu/services/cso.html>

¹⁵ <https://www.police.ucla.edu/cso/about-cso>

At UC Berkeley, the CSO Program is made up of 60 part-time students. CSOs offer the BearWalk, a night escort for all faculty and students at the University. Berkeley CSOs are also contracted to patrol residence areas and university buildings. Often, CSOs assist in special events or sports games to promote safety and security. Applicants to the CSO Program must be in good academic standing, undergo a background check, and an oral board interview as part of the hiring process.¹⁶ Because the CSO program is already established in the campus area, it may make sense for the City to partner with the University to expand the responsibilities of this student-staffed community service to include for example responding to suspicious circumstances or vehicles CFS. Other example CSO activities include processing complaints and taking reports.

New and Emerging Models

In addition to reviewing existing and planned local resources, NICJR reviewed the New and Emerging Models of Community Safety and Policing Report, to identify programs that might be appropriate for Berkeley implementation. Five initiatives were identified pursuant to this review: San Francisco's Street Crisis Response Team (SCRT); Olympia, Washington's Crisis Response Unit (CRU); Mayor's Action Plan (MAP) for New York City; The Arlington Opiate Outreach Initiative; and NYPD Staten Island's Motor Vehicle Accident Pilot Program. Seattle, Washington's new Specialized Triage Response System is also highlighted.

The Street Crisis Response Team (SCRT) is a pilot program administered by the Fire Department in San Francisco, California, for individuals experiencing a behavioral health crisis. SCRT Teams consist of a behavioral health specialist, peer interventionist, and a first responder who work in 12-hour shifts. 911 calls that are determined to be appropriate for the SCRT are routed to SCRT by dispatch. A team responds in an average of fifteen minutes.

The City of Olympia, Washington implemented their **Crisis Response Unit (CRU)** in April of 2019 to serve as an option for behavioral health calls for service. The CRU teams consist of mental health professionals that provide supports such as mediation, housing assistance, and referrals to additional services to their clients. Calls for service for the CRU originate from community-based service providers, the City's 911 hub, and law enforcement personnel.

The Mayor's Action Plan (MAP) for New York City (NYC) was launched in 2015 in fifteen NYC Housing Authority properties with high violence rates in order to foster productive dialogue between local residents and law enforcement, address physical disorganization, and bolster pro-social community bonds. MAP's focal point is NeighborhoodStat, a process that allows residents to have a say in the way NYC allocates its public safety resources. Early evaluations show a reduction in various crimes as well as increased perception of healthier neighborhoods.

The Arlington Opiate Outreach Initiative was established in 2015 in Arlington, Massachusetts and brings together social workers, community-based organizations, and public health clinicians housed in the Arlington Police Department in order to foster relationships with residents of the community and then connect them to treatment and supports. Individuals in the community are identified for possible treatment after frequent police encounters, prior history of drug usage, or previous hospitalization related to overdoses.

NYPD Staten Island's **Motor Vehicle Accident Pilot Program** is aimed at reducing the number of calls for service related to minor collisions. When a call for service comes in regarding a collision, dispatch will determine if the collision is minor or serious enough to merit police response. If the collision is deemed to be minor, all individuals involved in the crash will simply complete a collision report and then exchange contact information.

In partnership with the City of Seattle, NICJR produced a report analyzing the 911 response of the Seattle Police Department and suggested CFS that can be addressed by alternative community response. This analysis

¹⁶ <https://ucpd.berkeley.edu/services/community-service-officer-cso-program>

was instrumental in Seattle's new commitment to a Specialized Triage Response System, a response that at full operational capacity will be able to potentially respond to 8,000 to 14,000 non-emergency calls. This new department will be receiving training from CAHOOTS and STAR staff.¹⁷

¹⁷ <https://durkan.seattle.gov/2021/07/mayor-jenny-durkan-announces-proposal-to-create-a-new-specialized-triage-response-to-provide-alternative-to-sworn-police-response/>

COMMUNITY SURVEY

In partnership with the City of Berkeley's (City) Reimagining Public Safety Task Force and the City Manager's Office, Bright Research Group (BRG) conducted an online-based community survey (survey) in both English and Spanish between May 18 and June 15, 2021. The survey was disseminated by the City of Berkeley, the Reimagining Public Safety Task Force, community-based organizations, and other key partners. The survey was designed to gather insight into residents' perceptions and experiences in three primary areas: the Berkeley Police Department (BPD) and crisis response; priorities for reimagining public safety; and recommendations for alternative responses for calls for service. A total of 2,729 responses were collected.

SURVEY SUMMARY

Community Safety

While most survey respondents indicated that they view Berkeley as safe or very safe, these results were not consistent across all demographic groups. Slightly over 30 percent of respondents perceived Berkeley as safe or very safe; an additional 46.4 percent of respondents perceived Berkeley as somewhat safe. White residents were more likely to perceive Berkeley as safe or very safe; Black, Latin, Asian and Other Non-white residents were more likely to perceive Berkeley as unsafe or very unsafe.

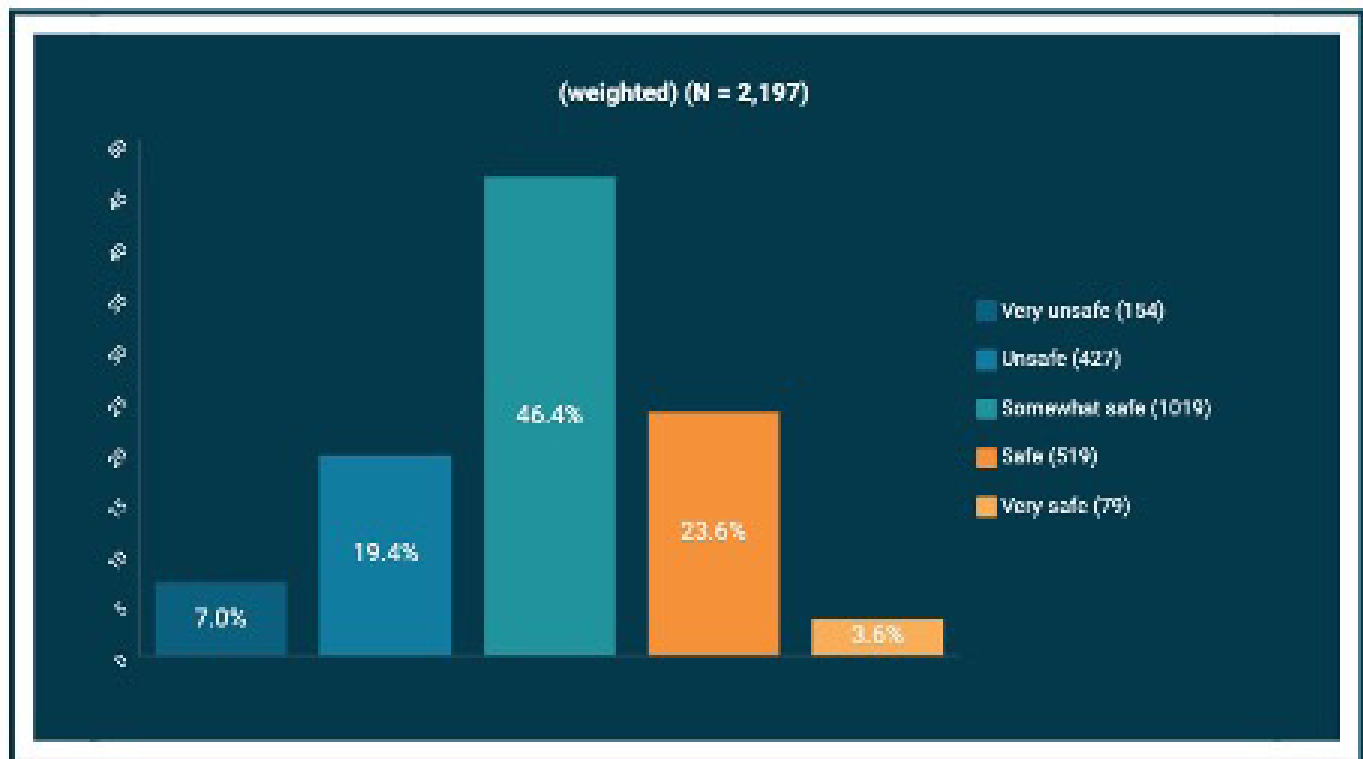


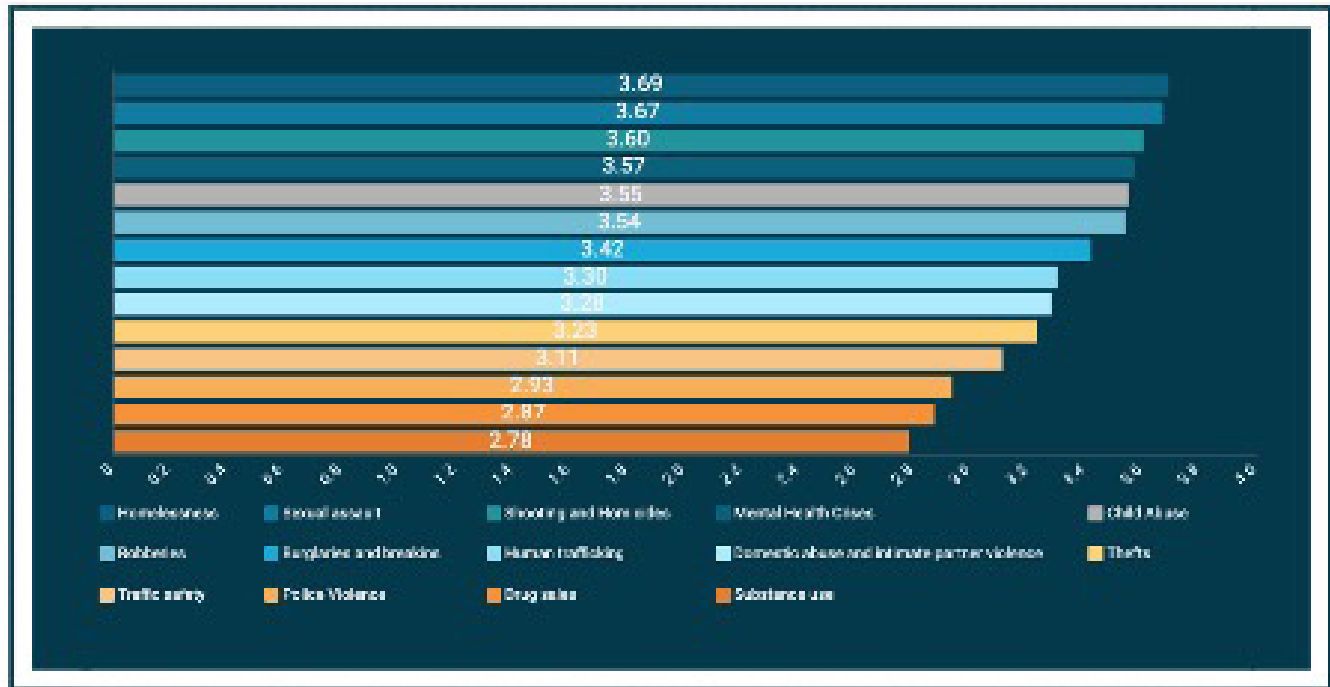
Table 12. How safe do you think Berkeley is? By race and ethnicity.

	White N = 1,622	Black N = 139	Latin N = 103	Asian N = 159	Other Nonwhite N = 168	Undisclosed N = 478
Very unsafe	4.0%	14.4%	9.7%	7.5%	15.5%	19.5%
Unsafe	14.7%	25.9%	25.2%	24.5%	23.2%	34.9%
Somewhat safe	50.5%	36.0%	46.4%	45.3%	46.4%	33.1%
Safe	26.2%	22.3%	13.1%	20.8%	13.1%	10.0%
Very safe	4.6%	1.4%	1.8%	1.9%	1.8%	2.5%

Key Public Safety Concerns

Survey respondents ranked homelessness and sexual assault as the most important public safety concerns. These were followed by shootings and homicides and mental health crises. The lowest priorities were substance use, drug sales, and police violence.

Figure 6. How important are the following issues to community health and safety in Berkeley to you? (weighted)¹⁸



Nearly half of survey respondents reported experiencing street harassment, and 41 percent reported being the victim of a crime. Black survey respondents reported experiencing higher rates of mental health crisis, homelessness, and family victimization, as well as police harassment and arrest, than did other survey respondents.

Patterns in priorities for safety were consistent across race and ethnicity, except for survey respondents with an undisclosed race and ethnicity.

When assessing the findings on priorities of Berkeley residents for community health and safety, survey respondents ranked investments in mental health, homeless and violence prevention services highest. There are differences along race and ethnicity for investment priorities, with White respondents rating all listed programs higher overall. Black respondents were also rated an investment in mental health services higher in comparison to other prevention services.

¹⁸ 4: very important; 3: important; 2: somewhat important; 1: not important

Figure 7. How important is it to you for the City of Berkeley to invest in each of these programs and services to ensure a public safety system that works for all? (weighted)¹⁹



Table 13. How important is it to you for the City of Berkeley to invest in each of these programs and services to ensure a public safety system that works for all? By race and ethnicity.²⁰

	White N = 1,599	Black N = 136	Latin N = 103	Asian N = 154	Other Nonwhite N = 167	Undisclosed N = 462
Not important at all	6.8%	8.8%	4.9%	5.2%	10.2%	5.2%
Somewhat Important	36.3%	36.0%	41.7%	43.5%	30.5%	35.9%
Important	43.4%	27.2%	32.0%	35.1%	39.5%	34.0%
Very Important	13.4%	27.9%	21.4%	16.2%	19.8%	24.9%

Views on the Berkeley Police Department

A majority of respondents (53.3 percent) perceived the BPD as being effective or very effective. Only 6.7 percent of respondents perceived BPD as being not effective at all. Nonwhite respondents were more likely to indicate that BPD is not effective at all, while White respondents were more likely to indicate that BPD is effective.

¹⁹ 4: very important; 3: important; 2: somewhat important; 1: not important

²⁰ 4: very important; 3: important; 2: somewhat important; 1: not important

When assessing experiences of residents when contact is made with BPD, survey results found that almost 75 percent of respondents who indicated they've had contact with BPD indicated their experience was positive or very positive, while Black and Asian residents were more likely to report negative experiences with BPD.

Table 14. When it comes to public safety, how effective is the Berkeley Police Department? By race and ethnicity.

	White N = 1,599	Black N = 136	Latin N = 103	Asian N = 154	Other Nonwhite N = 167	Undisclosed N = 462
Not effective at all	6.8%	8.8%	4.9%	5.2%	10.2%	5.2%
Somewhat effective	36.3%	36.0%	41.7%	43.5%	30.5%	35.9%
Effective	43.4%	27.2%	32.0%	35.1%	39.5%	34.0%
Very effective	13.4%	27.9%	21.4%	16.2%	19.8%	24.9%

Views on Alternative Responses to Calls for Service

A large majority of survey respondents (81 percent) among all racial and ethnic groups indicated a preference for trained mental health providers to respond to calls related to mental health and substance use, with most also indicating that police should be available to support a response to those calls if needed.

An even greater percentage (83.6 percent) of survey respondents indicated a preference for homeless services providers to respond to calls related to homelessness, with police present when necessary.

Figure 8: Who should respond to calls related to mental health and substance use?

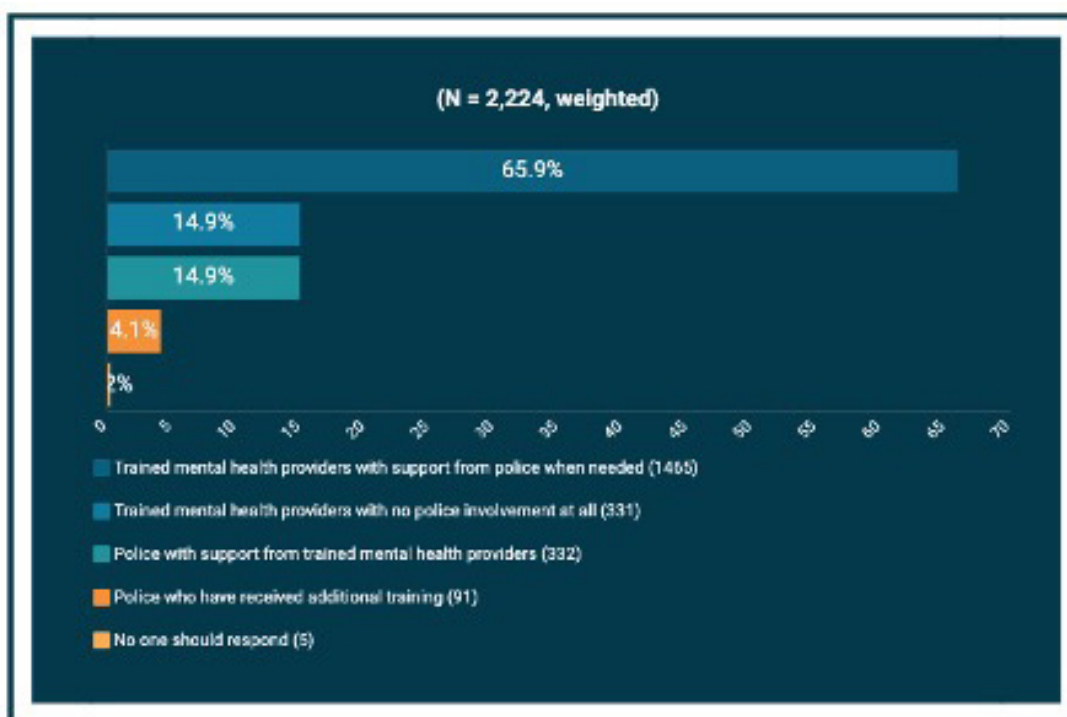
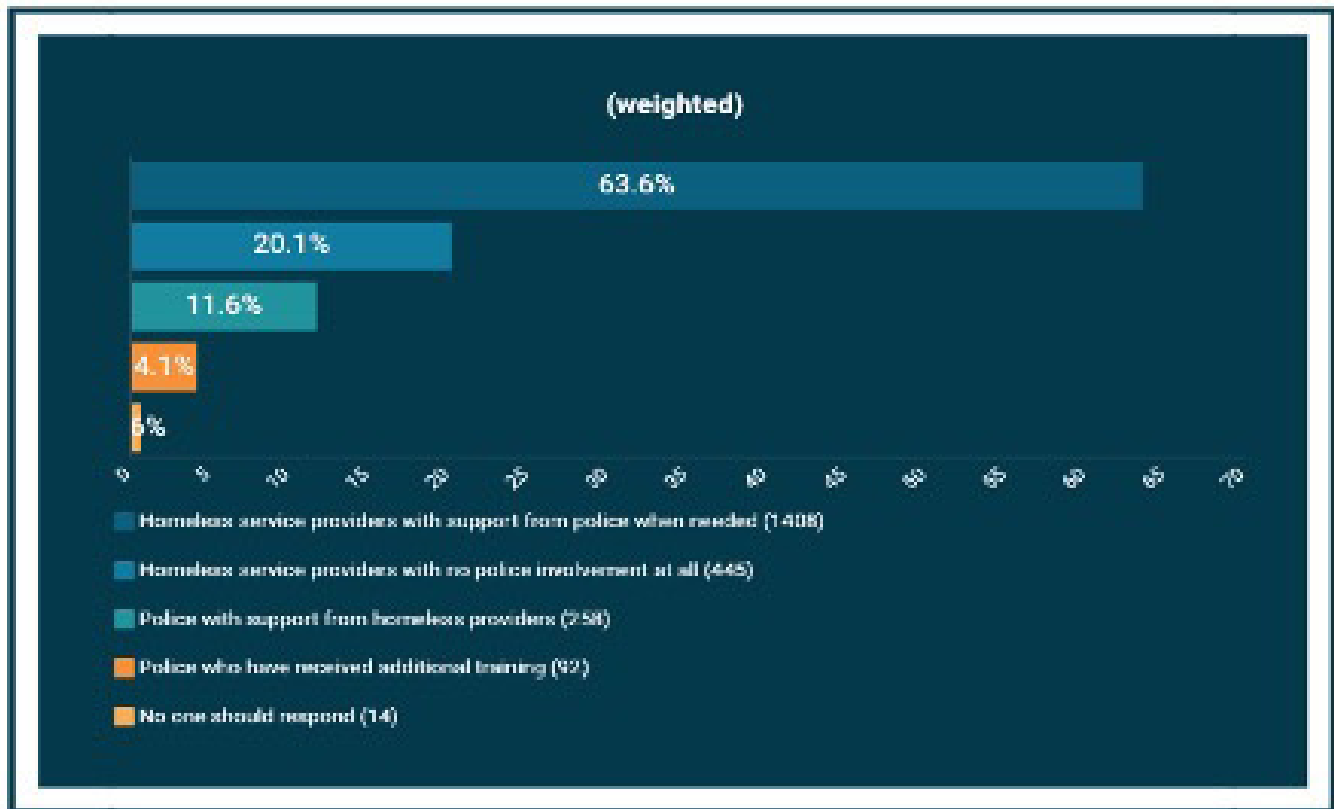


Figure 9. Who should respond to calls related to homelessness?



Focus Group Feedback

In collaboration with NICJR, Bright Research Group facilitated a series of focus groups to gather data on community sentiment regarding the current state of public safety, the role of the Berkeley Police Department (BPD), and the future of public safety. Outreach to Black, Latino, system-impacted, and unstable housed/food-insecure residents was facilitated by the McGee Avenue Baptist Church, Center for Food, Faith, and Justice, and the Berkeley Underground Scholars. Researchers conducted four focus groups comprised of 55 individuals.

Youth under the age of 18 and Latino residents are underrepresented in the focus groups. The qualitative data collected is also not necessarily representative of Black, Latino, formerly incarcerated, or housing-insecure residents.

Table 15. Focus Group Participants

Focus Group Description	Number of Participants
Black Residents	18
Housing- / Food-Insecure Residents	27
Black and Latin Youth	4
Justice-System-Impacted Students	6
Total Stakeholders	55

Focus group participants shared concerns regarding gang involvement, racism, and the availability of guns in Berkeley. Black and Latino youth and Justice-System-Impacted students expressed significant concerns about their personal safety and police violence. Participants identified homelessness and the housing crisis as critical public health and safety issues. Black residents, housing-insecure residents, and system-impacted individuals all expressed distrust in the City government. Black residents, youth, system-impacted students, and low-income residents also expressed that policing in Berkeley allows for race and income-related profiling. Focus group participants also stated that police resources are mismanaged.

Diverse perspectives were collected regarding the future role of BPD. Youth would like police officers who are part of the community and interact positively with young people. Participants who discussed divestment from police recommended investment in trained peacekeepers and community safety patrols as alternatives.

With regard to mental health crises and homelessness, focus group participants across demographic groups suggested that clinicians and social workers play a role in interventions. Focus group participants expressed broad support for the power of community-driven crime prevention strategies and expressed trust in community-based and faith-based organizations; conversely, there was some suspicion expressed regarding the idea that BPD functions would simply be performed by another government agency.

PROPOSAL: TIERED DISPATCH SYSTEM

Based on the information and analysis described above, and in accordance with City Council ordinances and the Berkeley Reimagining Public Safety Process, NICJR and its team recommends that Berkeley initiate a phased implementation of a Tiered Dispatch system, reflecting the CERN framework described above, and tailored to the needs of the City.

The Tiered Dispatch model contemplates diverting a substantial portion of calls for service that are currently handled by BPD sworn officers to a newly-established CERN that leads with a non-law-enforcement response. This diversion includes “Tier 1” responses, which do not include dispatch of law enforcement officers (at least at the outset), and “Tier 2” responses, which are led by alternative responders but include presence of officers as a precaution. The model also includes non-law-enforcement participation in “Tier 3” responses that are led by sworn officers.

The CERN – which should be robust, structured, and well-trained – will have radio connection directly into BPD dispatch in order to be able to call for an officer if needed. On Tier 2 responses, the alternative responders leading the team will determine the necessity for active engagement of the on-site officers. During the pilot phase, the frequency of active police assistance can be assessed and certain call types can be moved to different tiers based on the assessment.

Our analysis of call-for-service data indicates that over 80 percent of the calls are for non-criminal matters (see Fig. 3, above). A substantial subset of these calls can be handled as Tier 1 and Tier 2 responses, led by alternative responders.

Alternative responders may include: non-governmental entities, including community-based organizations retained by the City through service contracts; City employees, who are staff of departments other than BPD; and/or BPD employees who are not sworn officers. Each arrangement presents a variety of benefits and challenges, and different approaches can be adopted for different elements of the Tiered Dispatch program. The new BerkDOT and the SCU may be integrated as appropriate, as these new arms of City government get off the ground. These decisions can be made during the phased implementation described below.

Alternative responses should be piloted and scaled after proven effective. As the Tiered Response system is built out, BPD budget needs will be reduced, and more funds should be available to support alternative responses, whether performed by City staff or community-based organizations under contract with the City.

Development and implementation of the Tiered Dispatch advances the Berkeley City Council’s July 14, 2020, direction “to evaluate initiatives and reforms that reduce the footprint of the Police Department and limit the Police’s scope of work primarily to violent and criminal matters.”²¹ In addition, phased implementation of the Tiered Dispatch model would reflect substantial public and community sentiment expressed in the surveys described above, and in Task Force discussions to date. Finally, the model builds on innovative best practices being advanced in various cities around the country; Berkeley can learn from initial experiences in this rapidly-changing field, and develop an approach suitable to the City’s needs.

²¹ Berkeley City Council, Omnibus Motion on Public Safety Items (Council Agenda Items 18a-e, Recommendation #2), approved July 14, 2020.

Implementation of Tiered Dispatch System

As described above, we recommend that the Tiered Dispatch system be implemented on a phased basis over time, commencing with a pilot program. This will enable assessment for efficacy; give time for administrative, employment, and contracting structures to be put in place; and allow for thorough and focused program development. NICJR will provide detail on a proposed implementation plan in its final report, but includes some initial thoughts at this stage for public consideration.

Pilot Program

As a first step, we recommend establishment of an Alternative Response Pilot Program, focused on a subset of the “Tier 1” calls. The following subset of BPD call types can be used in the pilot phase in order to work out logistical and practical challenges.

Table 16. Tier 1 Subset of Call Types

	2015	2016	2017	2018	2019
Abandoned Vehicle	403	449	481	476	496
Disturbance	6741	6955	7447	7540	6709
Found Property	900	914	888	779	726
Injury Accident Report	-	-	-	31	29
Inoperable Vehicle	-	-	-	1	6
Lost Property	16	16	17	15	14
Noise Disturbance	3359	3307	3239	3158	2709
Non-Injury Accident	561	617	571	564	492
Suspicious Circumstances	2586	2354	2254	2184	2041
Suspicious Person	1628	1698	1756	1653	1479
Suspicious Vehicle	1560	1687	1626	1385	1448
Vehicle Blocking Driveway	-	-	-	345	953
Vehicle Blocking Sidewalk	-	-	-	15	45
Vehicle Double Parking	-	-	-	6	14
Total	17754	17997	18279	18152	17161

Once the pilot has been initiated then we recommend the following steps:

1. Assess the pilot program, including response times, resolution of emergency, how often officers are being requested to the scene by the CERN, and other measures;
2. Evaluate administrative, budget, and staffing implications from the transfer of services;
3. Expand additional alternative response programs, over time, to achieve City Council's direction of concentrating police response on violent and criminal matters;

With the implementation of alternative responses through the phased in Tiered Dispatch approach, we anticipate that a hiring freeze and natural attrition will reduce the numbers of sworn officers employed by BPD, as the alternative response system is built out. NICJR is not recommending layoffs of officers. As alternative response is implemented, BPD should concentrate its officers' efforts on serious, violent felonies, with a top priority on gun crimes. We also recommend shifting BPD resources and staff time (sworn and non-sworn) to investigations, with a focus on solving violent crimes and improving clearance rates.

CONCLUSION

Berkeley is a relatively safe and well-resourced city. However, thefts, robberies, and incidents involving people with potential mental health and/or substance use challenges are of significant concern. By reducing BPD's focus on non-criminal and low-level CFS, the Department can improve its response, investigation, and prevention of more serious crime. Over time, a transition of responsibility for response to Tier 1 CFS could generate between \$2-\$6 million of annual savings to the BPD budget.²² If invested in the build-out of the alternative response network, these funds would comprise a 35 percent increase in the City Manager's proposed FY22 funding level for community-based organization, or alternative City staffing. This type of targeted redirection of BPD resources would represent a significant and meaningful step in the City's efforts to reimagine public safety.

These new, reimagined ideas will take time and effort to implement successfully. Any reduction in policing services should be measured, responsible, and safe. A Final Report and Implementation Plan will be submitted to the City that includes detailed recommendations. Financial and organizational impacts and resources for implementation recommendations as well as a detailed timeline and plan for implementation will be included.

²² See Fiscal Implications section above, estimating Tier 1 savings at \$6.3 million.

APPENDIX

Appendix A. NICJR/ Auditor Crosswalk

Appendix B. Breakdown of Berkeley CFS by CERN Tiers

Appendix C. CBOs by Tier 1 Subcategory

Appendix D. Tiered Dispatch with Traffic Calls as Tier 1

Appendix E. Master List of CBOs*

*Courtesy of Janny Castillo, boona cheema, and Margaret Fine

APPENDIX J

Community Engagement Report

Table of Contents

Overview..... 156

Community Engagement Timeline 156

Community Survey Summary Analysis..... 158

Community Perceptions Summary..... 187

Latin Community Perceptions Summary 196

Abbreviated Summarized Responses Berkeley Police Department Listening Groups 202

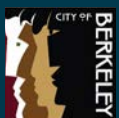
Reimagining Public Safety Berkeley Merchants Association Listening Session..... 204

PEERS Listening Session Report..... 207

Pacific Center for Human Growth LGBTQIA+ Staff/Provider Listening Session..... 216

Gender-Based Violence Subcommittee Report 221

Berkeley Community Meeting Feedback..... 270



OVERVIEW

The Reimagining Public Safety process in Berkeley includes comprehensive outreach and engagement of local community members. The National Institute for Criminal Justice Reform (NICJR) and our partners Bright Research Group (BRG), with significant support and input from the Reimagining Public Safety Taskforce, developed a multi-pronged community engagement strategy. The process included a broadly distributed survey along with a series of listening sessions designed to engage marginalized, hard to reach, or communities with high rates of police contact. With guidance from the City Manager's Office, BRG focused on four populations for listening sessions: Black, Latinx, formerly incarcerated and low-income individuals struggling with food and/or housing insecurity. The following report includes initial findings from these events and the survey.

Additional Community Engagement efforts were organized and facilitated by Task Force members with the support of NICJR in an effort to include additional marginalized populations: LatinX, those who have experienced mental health challenges, the LGBTQIA+ community, and those who have experienced partner violence. Following the initial release of the draft final report, three community wide virtual listening sessions were held to gather feedback and input from the broader Berkeley community. Information and perspectives garnered from this wide array of community engagement provide valuable information for the work of the Taskforce and the City of Berkeley moving forward.

Berkeley Reimagining Public Safety Process Community Engagement Timeline

Community Engagement Event	Lead Entity	Date	Attendance	Status of Summary Data
BPD focus group with command staff	NICJR	May 6, 2021		In report
Community Survey	BRG	May 14, 2021	2,729	In report
Listening Session/Community meeting – focus on Black community	BRG-Pastor Smith	May 25, 2021	18	In report
BPD focus group with line staff	NICJR	June 2, 2021 & June 3, 2021		In report
Berkeley Merchant Association Focus group	NICJR - In coordination with Telegraph BA and Downtown BA	June 2, 2021	6	In report
Listening Session/Community meeting – Housing Unstable and Formerly Incarcerated (focus on POC)	BRG-Center for Faith Food and Justice	June 9, 2021	27	In report
Vulnerable Youth Listening Session (ages 13-17)	BRG-Pastor Smith	Jun 28, 2021	4	In report

Community Engagement Event	Lead Entity	Date	Attendance	Status of Summary Data
Listening Session for residents experiencing mental health challenges	NICJR - In coordination with CE TF Commissioner Fine	June 29, 2021	14	In report
BIPOC students Listening Session	BRG-Underground Scholars	Jun 30, 2021	4	In report
LGBTQ/Trans Community Listening Session	NICJR - In coordination with CE TF Commissioner Fine	July 1, 2021	0	In report
Develop Report on process and findings from Community Engagement/Outreach and Community Survey results	BRG	Jul 6, 2021		In report
Latinx Listening Session	TF Commissioner Malvido-with support from NICJR	July 8, 2021		Pending submission of notes from TF members
Latinx Listening Session Youth from Berkeley High School	TF Commissioner Malvido-with support from NICJR	no updates as of 10/25/2021		Pending submission of notes from TF members
Gender-Based Violence	Gender-Based Violence Subcommittee	8/19/2021	8 organizations represented	In report
Gender-Based Violence	Gender-Based Violence Subcommittee	9/21/2021		In report
Citywide Community Meetings: 3 virtual 1 in-person (The in-person Community Meeting was canceled due to public health/safety concerns)	NICJR/Task Force CE Subcommittee/City Mgr's office	11/10/2021 11/15/2021 11/23/2021 In-person 11/30/2021		In report
A toll free number will be available for community members to add additional feedback on the Final report	888-299-1118			Two messages have been received as of the publication of this report. Both messages left were related to procedural matters; i.e. Task Force meeting schedules and postings on the City website.



City of Berkeley Reimagining Public Safety Survey— Summary Report

Moira DeNike, PhD., and Alice Hu-Nguyen, MSPH
Bright Research Group | July 1, 2021

INTRODUCTION

The City of Berkeley is developing a community safety model that reflects the needs of the community and creates increased safety for all. In collaboration with the City of Berkeley's Reimagining Public Safety Task Force and the City Manager's Office, Bright Research Group (BRG) developed and conducted a community survey to gather residents' experiences with and perceptions of the Berkeley Police Department and crisis response; their perspectives on and priorities for reimagining public safety; and recommendations for alternative responses for community safety. This report summarizes the key quantitative findings from the City of Berkeley's Reimagining Public Safety Survey.

METHODS AND SAMPLE

A total of 2,729 responses were collected between May 18 and June 15, 2021. The City of Berkeley, the Reimagining Public Safety Task Force, community-based organizations, and other key partners disseminated the community survey through various online channels and websites to those who live, work, and study in Berkeley, in English and Spanish. Respondents completed the survey online.

Descriptive and statistical analyses were conducted. To allow for disaggregated analysis by race and ethnicity, the survey responses were recoded into six discrete race and ethnicity categories: white, Black, Latin, Asian, Other Nonwhite, and Undisclosed. For all the findings provided below in aggregate (i.e., not disaggregated by race and ethnicity), the analysis includes weighting by the race and ethnicity factors in order to correct for the disproportionate representation among some racial and ethnic groups in the sample. Cross-tabulations and a chi-square test for significance were conducted to examine the relationship between race and ethnicity and categorical survey responses. A comparison of means and an analysis of variance (ANOVA) test for significance were also used. Both of these tests look at differences across the independent variables as a whole. These tests can show whether the differences observed on the basis of race and ethnicity are different from one another in general, but cannot tell us if answers from one racial and ethnic group are specifically different from another. Given that race and ethnicity have been shown to be substantive factors associated with perceptions of community safety (Whitfield, et al., 2019), and given the limitations with respect to the representativeness of this sample, this analysis is particularly attentive to racial and ethnic differences in responses. All reported differences by race and ethnicity in the findings are statistically significant ($p < .05$) for both chi-square tests and ANOVA test.

LIMITATIONS

The survey sample was not representative of the Berkeley population with regard to race and ethnicity, sexual orientation, zip code, and age. White, older (45 years and older), women, and LGBTQ residents, as well as those who live in the 94702, 94705, and 94707 zip codes, were overrepresented in the sample. Black, Latin, Asian, male, and younger residents were underrepresented in the sample. The nonrepresentative nature of the sample should be noted when interpreting the findings from this survey. The results of this survey are likely to be biased and may not truly reflect community impressions of safety.

See the Appendix for detailed methods and a sample profile.

SUMMARY OF FINDINGS

COMMUNITY PERCEPTIONS AND PRIORITIES FOR SAFETY IN BERKELEY

Perceptions of Safety in Berkeley

The respondents expressed a range of perspectives regarding the safety of Berkeley, with a plurality selecting “Somewhat safe” in response to this item. Respondents who indicated they are white were more likely to perceive Berkeley as safe and very safe. Respondents who are Black or Other Nonwhite were significantly more likely to perceive Berkeley as unsafe and very unsafe. Respondents who identified as Latin and Asian were more likely than white respondents, but less likely than Black and Other Nonwhite respondents, to perceive Berkeley as unsafe and very unsafe. Unexpectedly, respondents who declined to indicate their race and ethnicity were the most likely to perceive Berkeley as unsafe and very unsafe.

It is worth noting that while Middle Eastern / North African and Native Americans each represented a small number of the respondents (42 and 33, respectively), they were substantially more likely to perceive Berkeley as unsafe and very unsafe than most other racial and ethnic groups (52% and 42%, respectively). Similarly, Pacific Islander / Native Hawaiian respondents represented a small number (N = 22) but were substantially less likely to perceive Berkeley as safe and very safe (0%), but they were not more likely to indicate it as unsafe with 60% selecting somewhat safe.

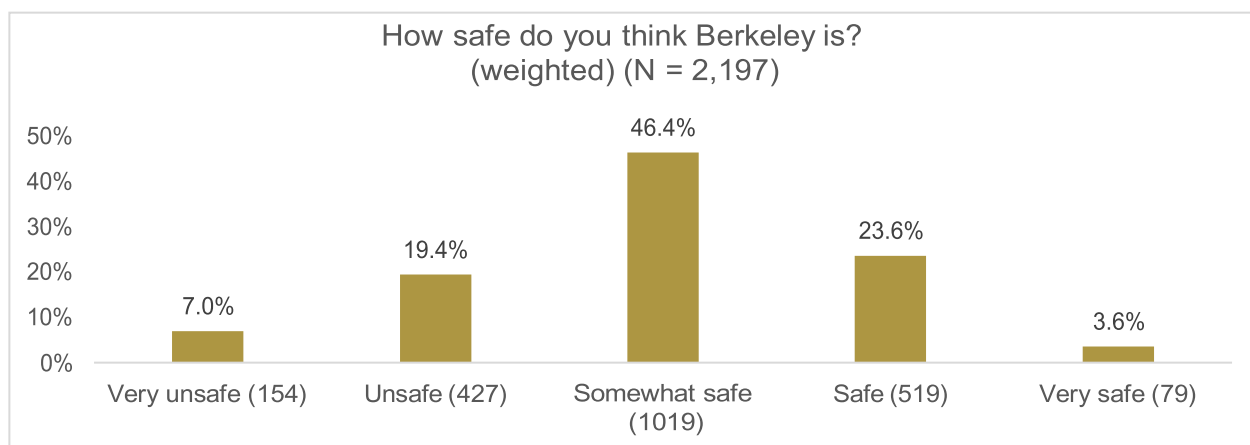


Table 1. How safe do you think Berkeley is? By race and ethnicity.

	White N = 1,622	Black N = 139	Latin N = 103	Asian N = 159	Other Nonwhite N = 168	Undisclosed N = 478
Very unsafe	4.0%	14.4%	9.7%	7.5%	15.5%	19.5%
Unsafe	14.7%	25.9%	25.2%	24.5%	23.2%	34.9%
Somewhat safe	50.5%	36.0%	46.4%	45.3%	46.4%	33.1%
Safe	26.2%	22.3%	13.1%	20.8%	13.1%	10.0%
Very safe	4.6%	1.4%	1.8%	1.9%	1.8%	2.5%

Resident Priorities for Safety

Survey respondents ranked homelessness and sexual assault as the most important public safety concerns, followed by shootings and homicides and mental health crisis. Respondents ranked substance use, drug sales, and police violence as their lowest priorities.

Some responses varied on the basis of the respondents’ race and ethnicity—although the differences were not large—and patterns were fairly consistent across the array of race and ethnicity groups, with the exception of the respondents with an undisclosed race and ethnicity. Notably, this group collectively rated police violence substantially lower in importance to community health and safety as compared with other groups. This group was also far more likely to indicate that theft was an important issue in Berkeley.

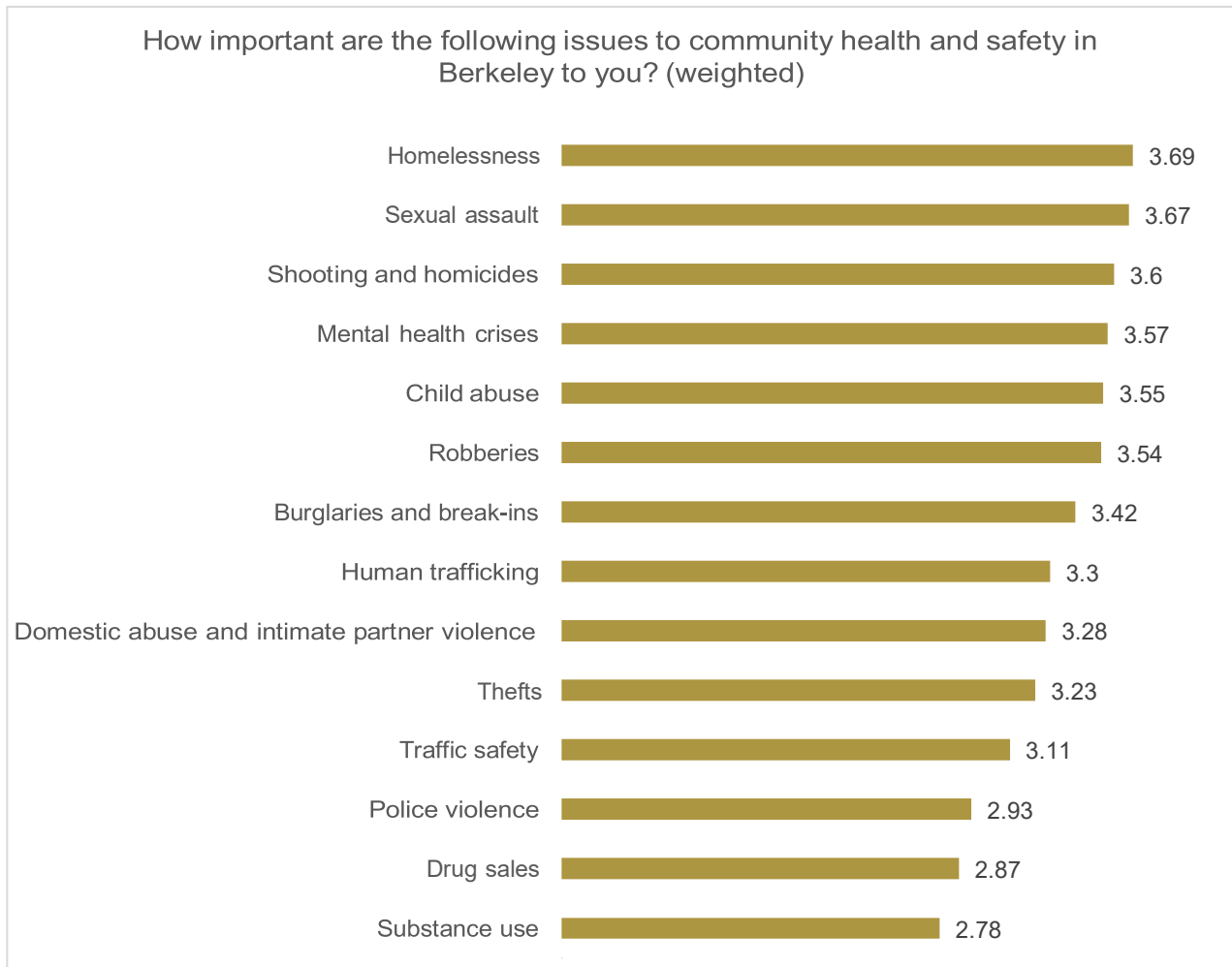


Table 2. How important are the following issues to community health and safety in Berkeley to you? By race and ethnicity.

	White	Black	Latin	Asian	Other Nonwhite	Undisclosed
Substance use	2.68	2.97	2.73	2.91	2.95	2.97
Drug sales	2.77	3.00	2.86	3.01	3.03	3.14
Police violence	3.00	2.90	2.74	2.95	2.76	2.34
Traffic safety	3.07	3.24	3.09	3.13	3.22	3.18
Thefts	3.16	3.35	3.26	3.32	3.25	3.57
Domestic abuse and Intimate partner violence	3.28	3.31	3.34	3.23	3.24	3.18
Human trafficking	3.27	3.48	3.38	3.23	3.42	3.27
Burglaries and break-ins	3.35	3.51	3.46	3.50	3.46	3.73
Robberies	3.46	3.67	3.59	3.64	3.56	3.82
Child abuse	3.54	3.68	3.63	3.47	3.63	3.55
Mental health crises	3.59	3.68	3.50	3.54	3.48	3.45
Shooting and homicides	3.51	3.77	3.69	3.67	3.68	3.77
Sexual assault	3.61	3.80	3.77	3.70	3.77	3.71
Homelessness	3.71	3.59	3.65	3.73	3.59	3.60

Priorities for Community Health and Safety

The mean responses show the highest community support for investment in mental health services, with investment in homeless services programs and violence prevention program also rating fairly high. There are some differences along race and ethnicity in terms of investment priorities, with white respondents rating all listed program investments higher overall, and those with an undisclosed race and ethnicity rating all listed program investments lower overall. While all racial and ethnic groups rated mental health services higher than the other listed program investments, Black respondents rated it particularly high in comparison to other investment options.

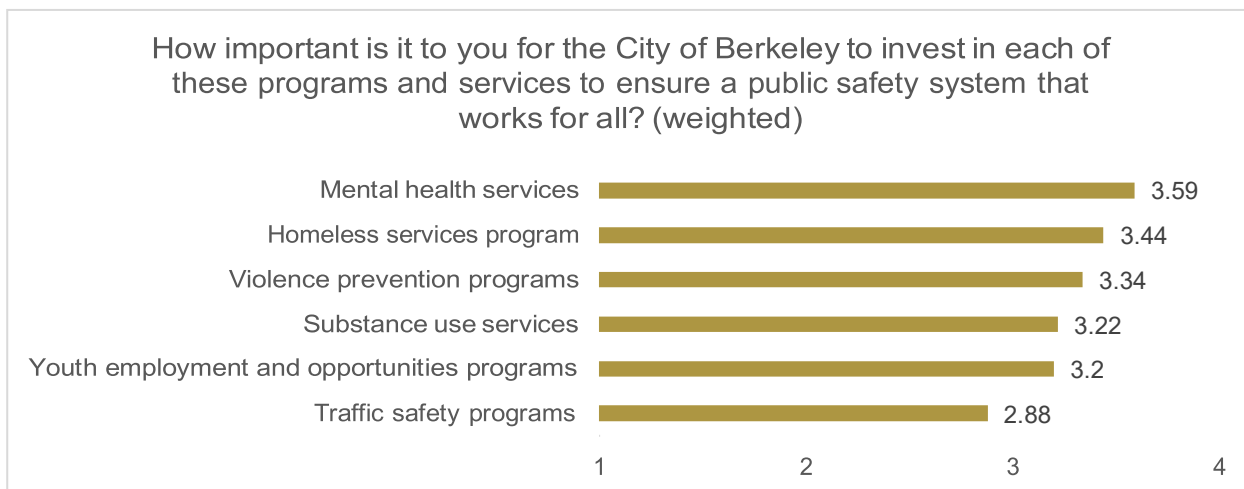


Table 3. How important is it to you for the City of Berkeley to invest in each of these programs and services to ensure a public safety system that works for all? By race and ethnicity.

	White	Black	Latin	Asian	Other Nonwhite	Undisclosed
Traffic safety programs	2.91	2.90	2.77	2.84	3.02	2.81
Youth employment and opportunities programs	3.26	2.99	3.23	3.15	3.14	2.74
Substance use services	3.27	3.03	3.21	3.19	3.17	2.81
Violence prevention programs	3.35	3.19	3.32	3.33	3.41	3.06
Homeless services program	3.56	3.12	3.26	3.44	3.22	2.86
Mental health services	3.69	3.48	3.46	3.53	3.43	3.15

Experiences in Berkeley

Nearly half of the respondents reported experiencing street harassment, and 41% reported being the victim of a crime. Differences along race and ethnicity appear on a number of self-reported personal experiences. Black respondents were more likely to indicate that they have experienced multiple incidents and conditions, including arrest, police harassment, a mental health crisis, homelessness, family victimization, and crime victimization.

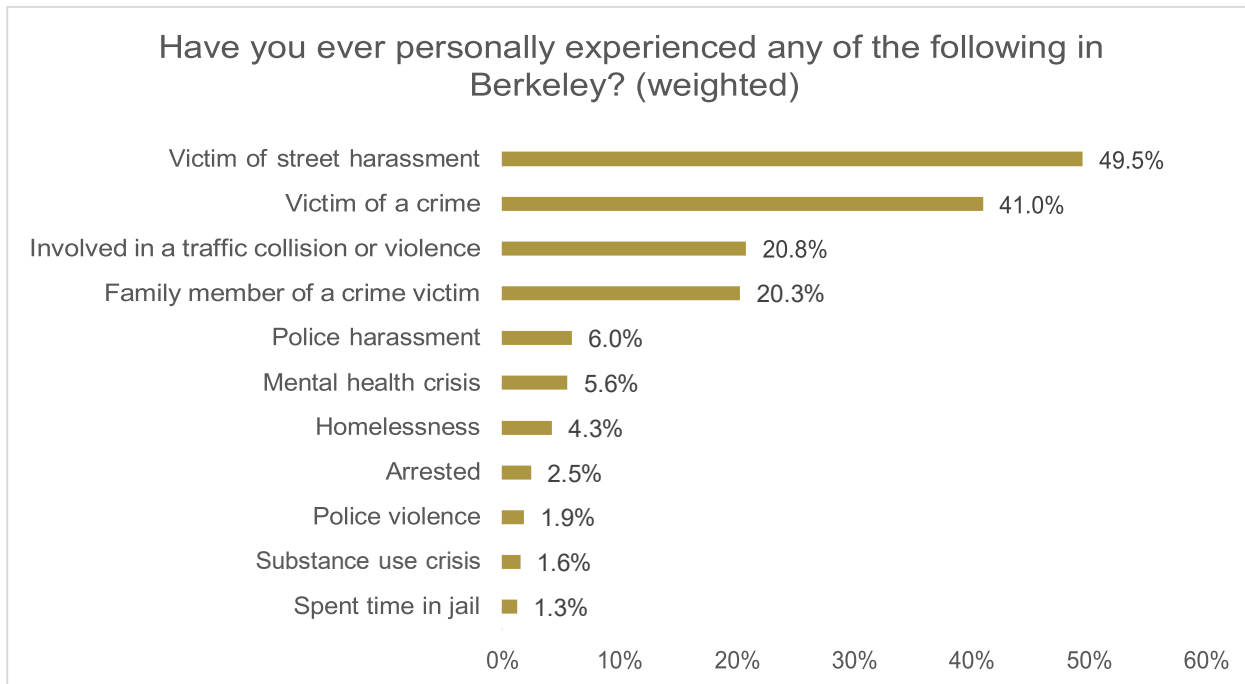
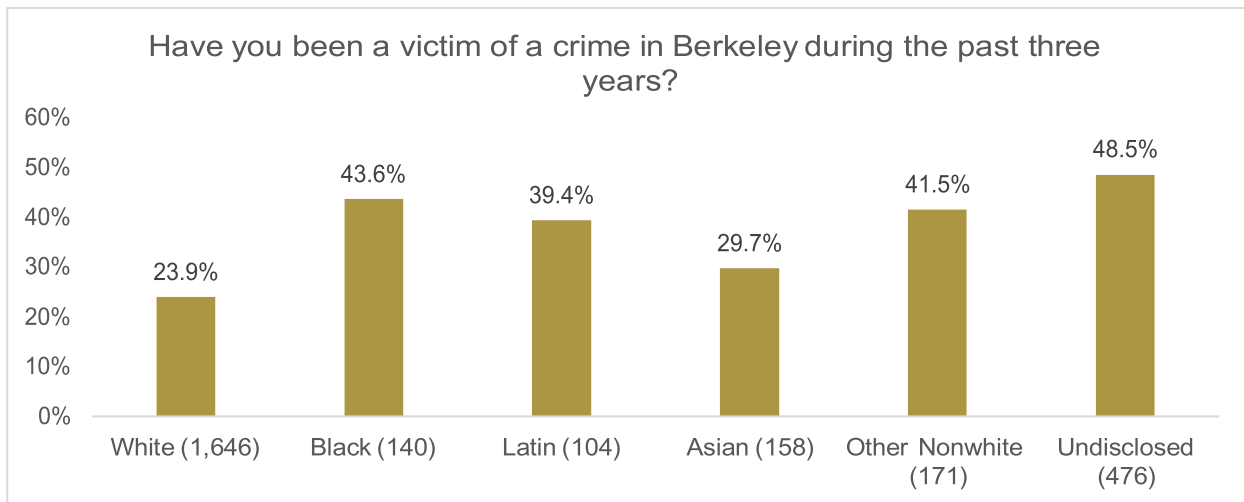


Table 4. Have you personally experienced any of the following in Berkeley? By race and ethnicity.

	White	Black	Latin	Asian	Other Nonwhite	Undisclosed
Spent time in jail	1.3%	5.0%	1.9%	0.0%	.6%	1.4%
Substance use crisis	1.3%	4.3%	4.8%	0.0%	1.7%	1.0%
Police violence	1.5%	2.1%	2.9%	2.5%	1.7%	.8%
Arrested	1.8%	7.1%	4.8%	1.9%	.6%	2.2%
Homelessness	3.1%	12.1%	7.6%	1.9%	6.4%	6.6%
Mental health crisis	5.1%	8.6%	7.6%	4.3%	5.8%	6.2%
Police harassment	4.3%	17.1%	7.6%	5.0%	6.4%	4.0%
Family member of a crime victim	17.0%	35.0%	24.8%	16.8%	32.0%	32.5%
Involved in a traffic collision or violence	20.5%	22.9%	20.0%	21.1%	20.3%	25.9%
Victim of a crime	40.2%	50.7%	43.8%	37.3%	43.0%	53.3%
Victim of street harassment	43.1%	55.7%	61.9%	52.2%	64.0%	64.1%

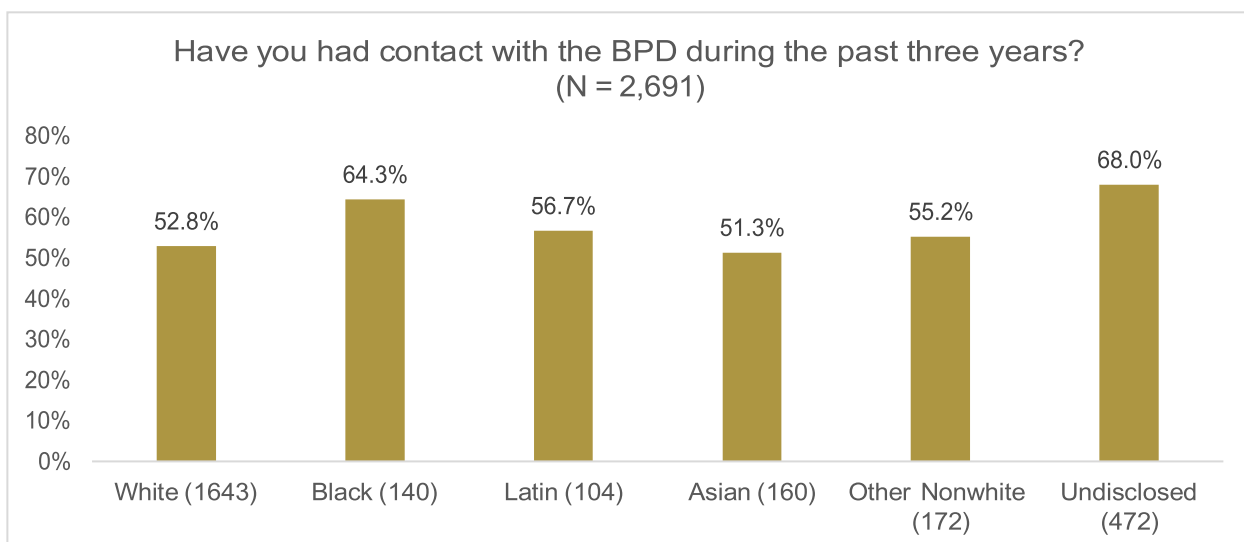
Crime Victimization

Approximately 30% of the respondents indicated having been a crime victim in the City of Berkeley during the past three years. Respondents who are Black and who declined to disclose race and ethnicity were the most likely to indicate that they have been the victim of a crime in Berkeley during the past three years. White respondents were the least likely to do so.



EXPERIENCE WITH THE BERKELEY POLICE DEPARTMENT

Over half of the respondents (54%) indicated that they have had contact with the Berkeley Police Department (BPD) during the past three years. Respondents who are Black and who declined to disclose race and ethnicity were the most likely to report that they have had contact with the BPD during the past three years.



Perceived Effectiveness of the Berkeley Police Department

Many respondents (38%) perceived the department to be somewhat effective and over half (55.3%) perceived it to be effective or very effective. Only a small number and percentage of the respondents (6.7%) indicated that the Berkeley Police Department is not effective at all.

Some differences in perceived effectiveness of the Berkeley Police Department emerged when the data were disaggregated by race and ethnicity. Nonwhite respondents were more likely to indicate that the

BPD is not effective at all; Asian and Latin respondents were more likely to indicate that the BPD is somewhat effective; and white respondents were more likely to indicate that the BPD is effective. Black residents held diverse views regarding the BPD, and the analysis found that they were more likely to view the BPD as either very effective or not effective at all compared to other groups. Those with undisclosed race and ethnicity were more likely to indicate that the BPD is very effective.

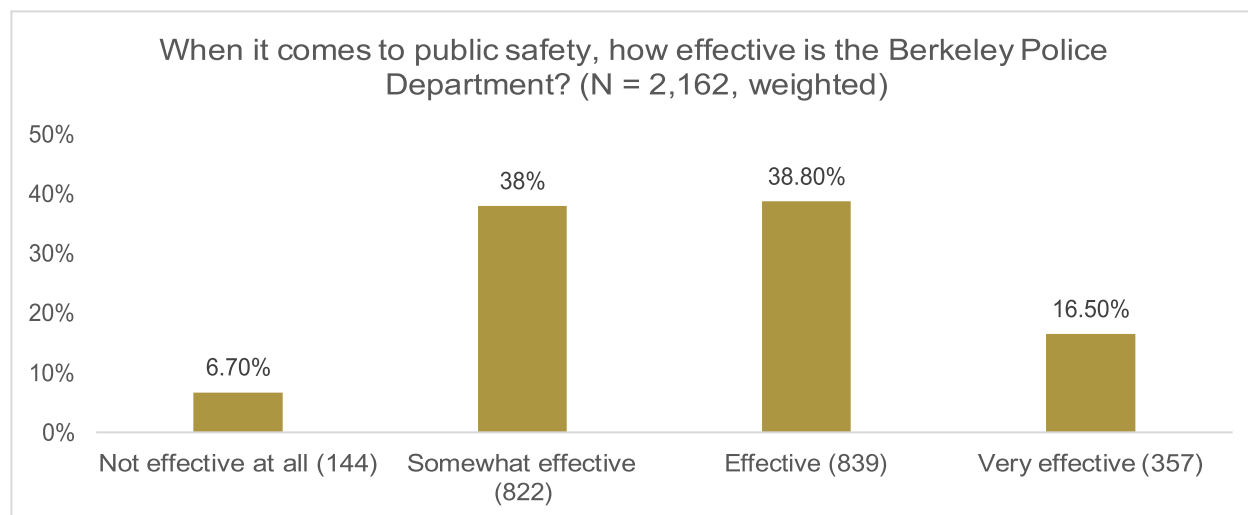


Table 5. When it comes to public safety, how effective is the Berkeley Police Department? By race and ethnicity.

	White N = 1,599	Black N = 136	Latin N = 103	Asian N = 154	Other Nonwhite N = 167	Undisclosed N = 462
Not effective at all	6.8%	8.8%	4.9%	5.2%	10.2%	5.2%
Somewhat effective	36.3%	36.0%	41.7%	43.5%	30.5%	35.9%
Effective	43.4%	27.2%	32.0%	35.1%	39.5%	34.0%
Very effective	13.4%	27.9%	21.4%	16.2%	19.8%	24.9%

Trust that the Berkeley Police Department treats all people fairly and equitably

A little over half of the respondents trust the BPD to usually treat people fairly and equitably, with the remaining 26% demonstrating low confidence in the police on this measure. A minority of the respondents (22%) always trust the BPD to treat people fairly and equitably. Some differences emerged along race and ethnicity with respect to confidence in the BPD to exercise fairness and equity. Black and Latin respondents hold a variety of perspectives on police. They were more likely than other groups to either not trust the BPD or to have confidence in them. Respondents with an undisclosed race and ethnicity were the most likely to demonstrate confidence in the BPD in this regard, and the least likely to demonstrate low confidence.

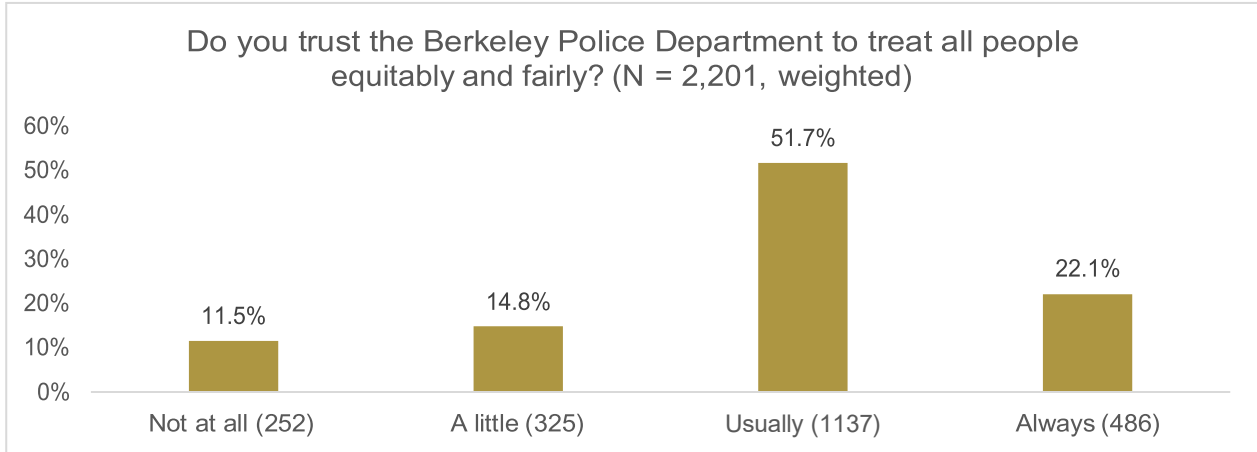


Table 6. Do you trust the Berkeley Police Department to treat all people equitably and fairly? By race and ethnicity.

	White (N = 1,632)	Black (N = 139)	Latin (N = 102)	Asian (N = 159)	Other Nonwhite (N = 169)	Undisclosed (N = 474)
Not at all	10.3%	16.5%	16.7%	10.1%	10.7%	3.0%
A little	16.1%	12.9%	12.7%	13.9%	12.4%	8.2%
Usually	55.0%	38.8%	37.3%	56.3%	48.5%	44.9%
Always	18.6%	31.7%	33.3%	19.6%	28.4%	43.9%

Quality of Experience with the Berkeley Police Department

Among the respondents who indicated that they've had contact with the BPD and chose to report on the quality of those experiences, three out of four (74.8%) indicated that the experience was positive or very positive. Differences in experiences with police across race and ethnicity include Black and Asian respondents as the most likely to report negative experiences, and respondents with undisclosed race and ethnicity as the least likely to report negative experiences and the most likely to report positive experiences with the BPD.

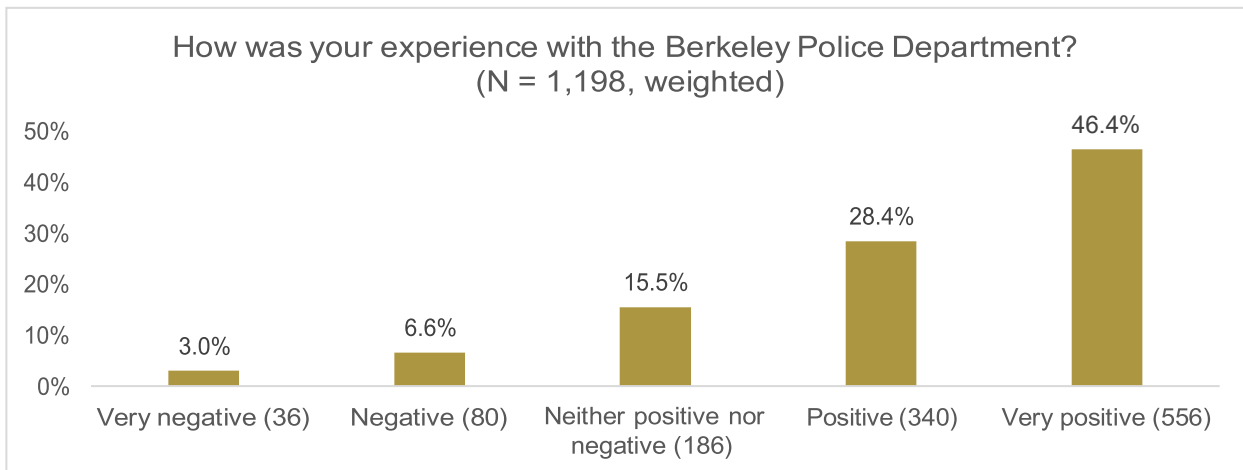


Table 7. How was your experience with the Berkeley Police Department? By race and ethnicity.

	White N = 864	Black N = 90	Latin N = 59	Asian N = 82	Other Nonwhite N = 95	Undisclosed N = 318
Very negative	2.3%	4.4%	5.1%	2.4%	4.2%	0.6%
Negative	6.1%	6.7%	1.7%	11.0%	5.3%	3.8%
Neither positive nor negative	17.0%	13.3%	20.3%	11.0%	13.7%	12.6%
Positive	31.0%	21.1%	18.6%	31.7%	25.3%	15.1%
Very positive	43.5%	54.4%	54.2%	43.9%	51.6%	67.9%

LIKELIHOOD TO CALL EMERGENCY RESPONSES

Respondents are far more likely to call 911 in response to an emergency situation *not* involving mental health or substance use (86.2%) than they are to an emergency that does relate to a mental health or substance use crisis (57.9%). Over half of the respondents did, however, indicate that they are likely or very likely to call 911 in response to a mental health or substance-use-related crisis (57.9%).

Black and Latin respondents indicated a wide range of responses to the question regarding their likelihood of calling the 911 in response to a mental health or substance use crisis. On the other hand, racial and ethnic groups responded similarly in response to the question about calling 911 when there's an emergency *not* related to mental health or substance use. Substantially more Black respondents indicated extreme reluctance as compared with other groups.

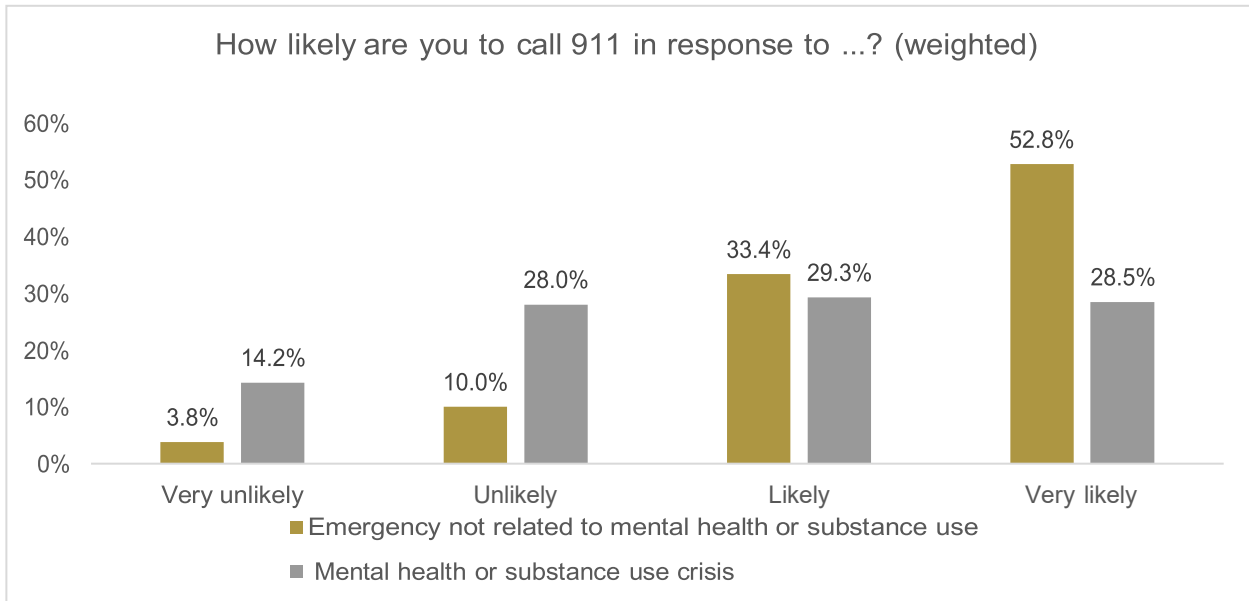


Table 8. How likely are you to call emergency services (911) in response to an emergency NOT related to a mental health or substance use crisis? By race and ethnicity.

	White N = 1,632	Black N = 140	Latin N = 104	Asian N = 156	Other Nonwhite N = 171	Undisclosed N = 468
Very unlikely	3.7%	9.3%	3.8%	1.9%	2.9%	4.1%
Unlikely	10.9%	11.4%	7.7%	8.3%	10.5%	9.8%
Likely	33.8%	27.9%	33.7%	34.6%	32.2%	26.7%
Very likely	51.5%	51.4%	54.8%	55.1%	54.4%	59.4%

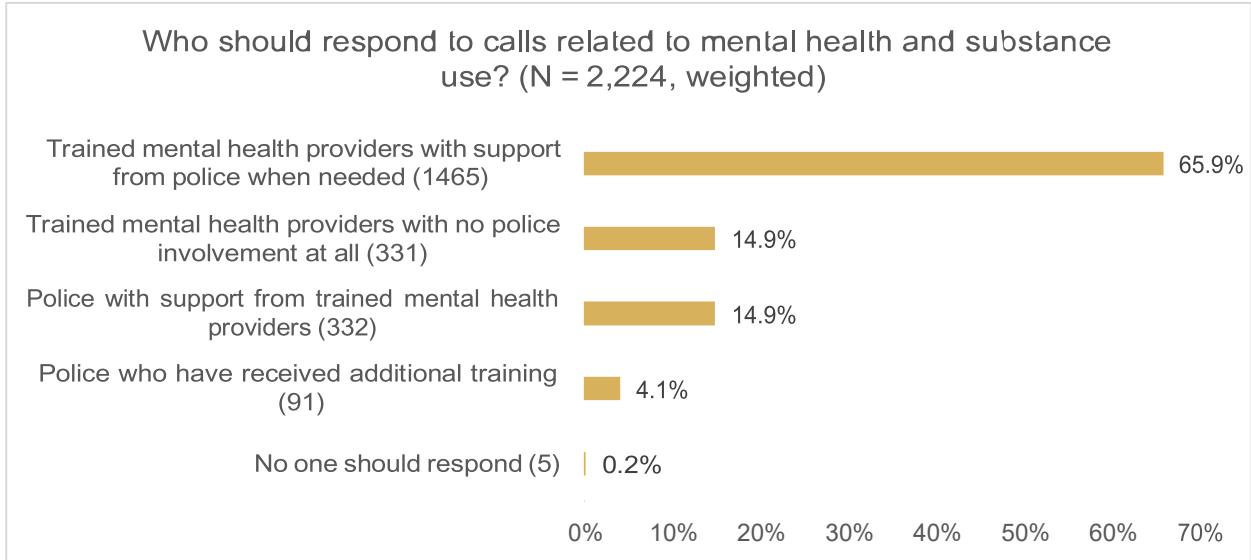
Table 9. How likely are you to call emergency services (911) in response to a mental health or substance use crisis? By race and ethnicity.

	White N = 1,628	Black N = 140	Latin N = 104	Asian N = 158	Other Nonwhite N = 170	Undisclosed N = 471
Very unlikely	15.2%	20.0%	20.2%	6.3%	14.7%	15.9%
Unlikely	26.7%	25.0%	20.2%	35.4%	31.2%	22.9%
Likely	30.8%	20.7%	21.2%	32.9%	28.8%	28.5%
Very likely	27.4%	34.3%	38.5%	25.3%	25.3%	32.7%

PREFERENCE FOR CRISIS RESPONSE

A large majority of the respondents (80.8%) indicated a preference for trained mental health providers to respond to calls related to mental health and substance use, with most among those respondents indicating that police support should be available when needed. Some respondents (19%) indicated a preference for a police response, with over two-thirds of those respondents indicating that mental health providers should be available for support.

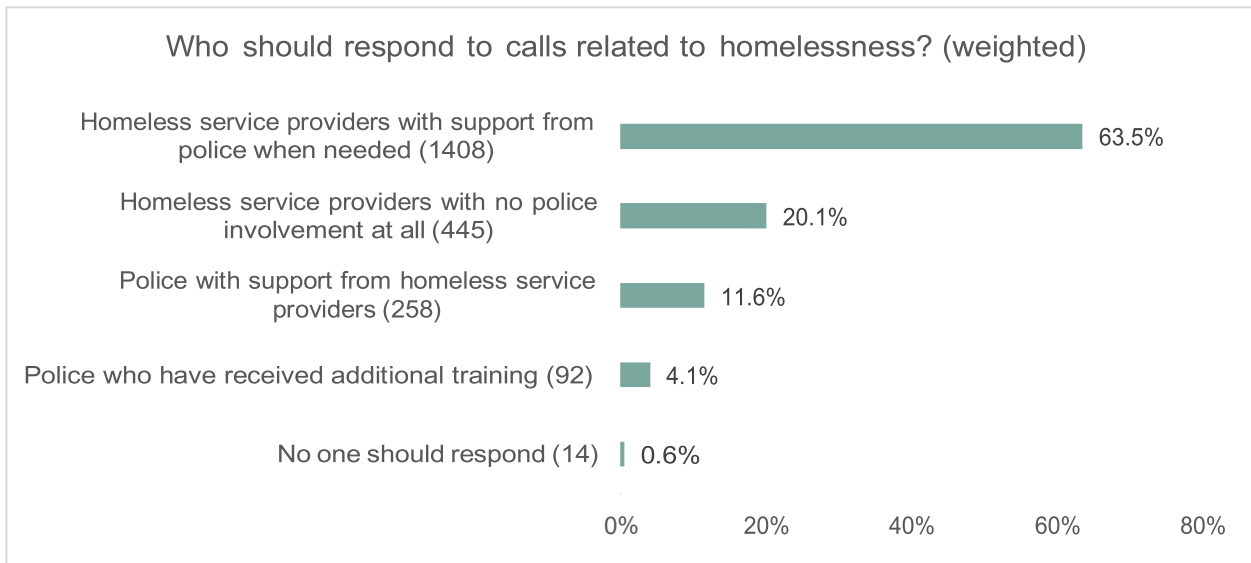
All racial and ethnic groups show a preference for “Trained mental health providers, with support from police when needed” to respond to calls related to mental health and substance use. Respondents whose race and ethnicity were undisclosed were the most likely to prefer a police response (42%) in comparison to other groups.



PREFERENCE FOR RESPONSE TO HOMELESSNESS

A large majority of the respondents (83.6%) indicated a preference for homeless services providers to respond to calls related to homelessness, with most among those respondents indicating that police support should be available when needed. Some of the respondents (15.7%) indicated a preference for a police response, with the majority of those respondents indicating that homeless services providers should be available for support.

All racial and ethnic groups show a preference for homeless services providers, with support from police when needed to respond to calls related to homelessness. Respondents whose racial and ethnic were undisclosed were the most likely to prefer a police response (41%) in comparison to other groups.



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APPENDIX

SAMPLE PROFILE

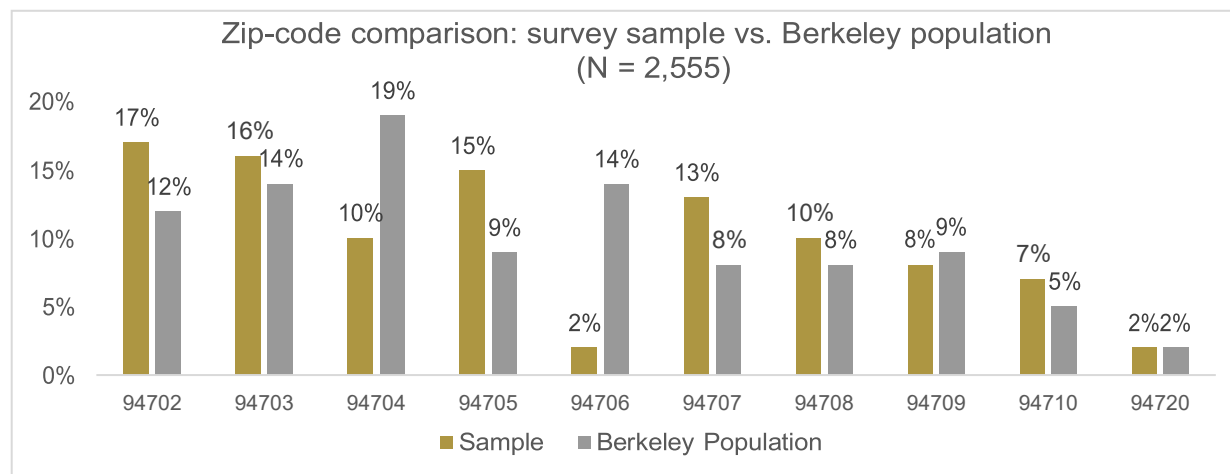
Relationship to City of Berkeley

The vast majority of the survey respondents live in Berkeley (84.4%). A portion work in Berkeley (but don't live there), and a small number have other situations or provided no information. Notably, very few houseless residents responded to the survey.

Live or work in Berkeley (N = 2,729)	Percent
Live in Berkeley	84.4%
Work in Berkeley	12.0%
I am currently experiencing homelessness	0.1%
I do not live or work in Berkeley	2.3%
No information	1.1%

Zip Code

The Berkeley population is spread out primarily across the 10 zip codes listed in the table and chart below, which compare the survey responses with Berkeley population figures.¹ These data show that certain zip codes are overrepresented in the sample (e.g., 94702, 94705, 94707), while others are underrepresented (e.g., 94704, 94706).

**Age**

The sample skews significantly toward older respondents, with approximately 70% of the respondents who provided information on their age identifying themselves as 45 years or older, and over 40% of the respondents identifying themselves as 60 years or older. By comparison, among the adult population of

¹ Zip-code data for the residents of Berkeley from Zip-code.com. Retrieved on 6/24/21 from <https://www.zip-codes.com/city/ca-berkeley.asp>.

Berkeley, 42% is estimated to be 45 or older, and only 25% is estimated to be 60 or older.² Note that there were 55 respondents who did not respond to this question.

Age Range (N 2,674)	Percent
Under 14 years (1)	0.04%
14–17 (3)	0.1%
18–29 (182)	6.8%
30–44 (21)	23.2%
45–59 (788)	29.5%
60+ years (1,079)	40.4%

Sexual Orientation

Of the respondents who responded to the question pertaining to sexual orientation (84 respondents declined to answer the question), 67% indicated that they are heterosexual or straight; nearly 17% indicated a preference not to disclose; and approximately 16% indicated a sexual orientation generally classified under the umbrella of LGBTQ. While there are no reliable existing figures to show the percentage of the LGBTQ population among Berkeley residents, it is reasonable to speculate that the LGBTQ population is overrepresented in the sample on the basis of recent figures estimating that the LGBTQ population in the wider Bay Area is 6.7% (Conron, et al., 2021). Furthermore, new analyses show that younger populations are more likely to indicate an LGBTQ identification as compared with older populations (Jones, 2021). Given this research and the age of the sample, one would anticipate a lower-than-average LGBTQ percentage in the sample rather than a higher-than-average percentage—which again suggests over-sampling of the LGBTQ population.

Sexual Orientation (N = 2,645)	Percent
Heterosexual or straight (1,771)	67.0%
Prefer not to say (447)	16.9%
Gay or lesbian (155)	5.9%
Bisexual (133)	5.0%
Queer (72)	2.7%
Questioning or unsure (16)	0.6%
Other, please specify (51)	1.9%

² Population estimates from Census Reporter. Retrieved on 6/24/21 from <https://censusreporter.org/profiles/16000US0606000-berkeley-ca/>.

Gender Identity

In terms of gender, men are underrepresented in the sample. A substantial portion of the respondents (nearly 10%) preferred not to disclose their gender identity.

Gender Identity (N = 2,662)	Percent
Woman (1,439)	54.1%
Man (893)	33.5%
Genderqueer / nonbinary / other (73)	2.7%
Prefer not to say (257)	9.7%

Race and Ethnicity

The table below represents all survey responses to the question of race and ethnicity before any recoding or weighting, so the total number exceeds the number of respondents. Please note that for this survey, respondents were invited to select all racial and ethnic categories that applied to them. In other words, an individual who selected White, as well as Black or African American and South Asian is counted three times in the table below.

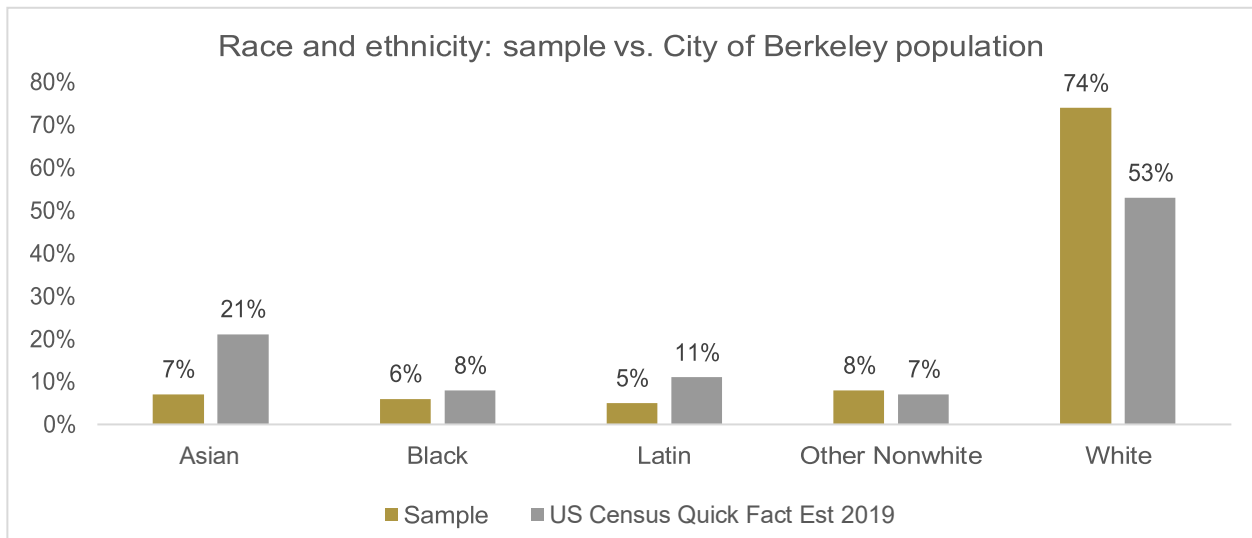
Race and ethnicity	Number	% of Total
White	1787	65.5%
Black or African American	137	5.0%
Latin	126	4.6%
East Asian	168	6.2%
South East Asian	53	1.9%
South Asian	47	1.7%
Middle Eastern / North African	42	1.5%
American Indian / Native American / Alaskan Native	33	1.2%
Pacific Islander or Native Hawaiian	22	0.8%
Other	113	4.1%
Prefer not to say	409	15.0%

In order to simplify the data to allow for disaggregated analyses and to enable the creation of a weighting scheme, the analysts created a reduced number of discrete (i.e., not overlapping) racial and ethnic categories. To condense the data into discrete categories, the data were recoded in the following manner:

- **White:** Respondents who selected only White as their race and ethnicity were coded as white; respondents who selected “Other” and then wrote in only an ethnicity that is considered white (e.g., European, Irish, Jewish, etc.) were coded as white.
- **Black:** Respondents who selected Black were coded as Black, even if they also selected other racial and ethnic identities.

- **Latin:** Respondents who had selected Latin were coded as Latin, even if they also selected other racial and ethnic identities (unless they also selected Black, in which case they were recoded as Black).
- **Asian:** Respondents who selected East Asian, Southeast Asian, or Other and then wrote in an ethnicity that is considered Asian (e.g., Japanese, Chinese, etc.) were coded as Asian, even if they also selected other racial and ethnic identities (besides Black or Latin)
- **Other Nonwhite:** All other nonwhite racial and ethnic categories were combined into a single “Other Nonwhite” variable, including Native American / Alaskan, South Asian, Arab / Middle Eastern, and Pacific Islander / Native Hawaiian, as well as anyone who selected multiple racial and ethnic identities that did not include Black, Latin, or Asian, and anyone who selected “Other” and then wrote in an ethnicity that was outside the aforementioned categories.

Notably, after White the most common response in the data set was “Prefer not to say,” which was recoded to include blank responses as well as anyone who selected “Other” and then wrote in a nonresponsive category (e.g., “human race,” “race does not exist,” or “irrelevant”). These respondents comprise 18% of the sample (478 out of 2,708) and are listed as Undisclosed under race and ethnicity. In the disaggregated analyses, their responses are included to show how this group’s answers differed from those of other groups, but for the purposes of devising a weighting scheme on the basis of race and ethnicity, these respondents are omitted, as the race and ethnicity data for them is essentially missing.



	Sample		Berkeley Population US Census QuickFacts Est. 2019	Weighting Factor
Asian	161	7%	21%	3
Black	140	6%	8%	1.333
Latin	105	5%	11%	2.2
Other Nonwhite	172	8%	7%	0.875
White	1652	74%	53%	0.716
Subtotal	2230	100%	100%	--

Undisclosed	478	18%	--	--
Total sample	2708	100%	--	--

The Berkeley Community Safety survey sample (respondent population) is not representative of the Berkeley population in terms of race and ethnicity. The table above shows the breakdown of race and ethnicity for the Berkeley population and the sample (for the respondents who provided race and ethnicity information).

For all findings provided below in aggregate (i.e., not disaggregated by race and ethnicity), the analysis includes weighting by the race and ethnicity factor (as listed above) in order to correct for the disproportionate representation of some racial and ethnic groups in the sample. So, for example, respondents who are Asian comprise only 7% of the sample but 21% of the Berkeley population. So in the frequency tables in the findings section, responses from Asian-identified respondents are amplified by a factor of 3. Similarly, white and Other Nonwhite respondents are overrepresented in the sample, so the value of their responses is discounted to 71.6% and 87.5% of their original value, respectively.

Race and ethnicity by Zip Code

Ethnicity		Blank	94701	94702	94703	94704	94705	94706	94707	94708	94709	94710	94712	94720	Not sure	Total
White	#	48	4	264	247	126	264	33	229	186	129	91	1	25	5	1652
	%	2.9%	.2%	16.0%	15.0%	7.6%	16.0%	2.0%	13.9%	11.3%	7.8%	5.5%	.1%	1.5%	.3%	100.0%
Black	#	4	0	31	24	16	11	2	6	9	7	24	0	4	2	140
	%	2.9%	0.0%	22.1%	17.1%	11.4%	7.9%	1.4%	4.3%	6.4%	5.0%	17.1%	0.0%	2.9%	1.4%	100.0%
Latin	#	3	0	18	15	15	22	7	7	5	4	6	0	0	3	105
	%	2.9%	0.0%	17.1%	14.3%	14.3%	21.0%	6.7%	6.7%	4.8%	3.8%	5.7%	0.0%	0.0%	2.9%	100.0%
Asian	#	7	0	27	27	19	14	2	10	18	19	11	0	7	0	161
	%	4.3%	0.0%	16.8%	16.8%	11.8%	8.7%	1.2%	6.2%	11.2%	11.8%	6.8%	0.0%	4.3%	0.0%	100.0%
Other Nonwhite	#	11	1	19	23	28	15	6	15	18	15	13	0	7	1	172
	%	6.4%	.6%	11.0%	13.4%	16.3%	8.7%	3.5%	8.7%	10.5%	8.7%	7.6%	0.0%	4.1%	.6%	100.0%
Undisclosed	#	63	3	72	75	56	56	8	53	32	25	30	0	8	18	499
	%	12.6%	.6%	14.4%	15.0%	11.2%	11.2%	1.6%	10.6%	6.4%	5.0%	6.0%	0.0%	1.6%	3.6%	100.0%
Total	#	136	8	431	411	260	382	58	320	268	199	175	1	51	29	2729
	%	5.0%	.3%	15.8%	15.1%	9.5%	14.0%	2.1%	11.7%	9.8%	7.3%	6.4%	.0%	1.9%	1.1%	100.0%

CITY OF BERKELEY REIMAGINING PUBLIC SAFETY SURVEY

If you would like to take this survey in Spanish, please select Spanish on the right (in the black bar above).

Si le gustaría responder a esta encuesta en español, por favor escoja “Español” a la derecha (en la barra color negro que aparece arriba).

The City of Berkeley is looking to create a community safety model that reflects the needs of the community. We invite those who live, work, and study in the City of Berkeley to provide their input on the following:

- The current state of public safety in Berkeley
- The role of the Berkeley Police Department
- Your ideas for the future

Your participation in the survey will inform our decisions about funding and strategy for community safety in Berkeley.

We want your honest feedback and perspective. **Your survey responses are completely anonymous and confidential.** You can skip any questions and end the survey at any time. Only [Bright Research Group](#), a third-party outside research firm, will have access to the survey responses. Bright Research Group will summarize de-identified survey responses in a report to the City of Berkeley.

If you have any questions, please contact David White at rpstf@cityofberkeley.info.

Community Safety

1) How safe do you think Berkeley is?

Very safe

Safe

Somewhat safe

Unsafe

Very unsafe

2) For you, what would make Berkeley a safer city?

3) How important are the following issues to community health and safety in Berkeley to you? Please rate each of the issues.

	Very important	Important	Somewhat important	Not important
Shooting and homicides				
Robberies				
Domestic abuse and intimate partner violence				
Sexual assault				
Child abuse				
Burglaries and break-ins				
Thefts				
Traffic safety				
Mental health crises				
Homelessness				
Drug sales				
Substance use				
Human trafficking				
Police violence				

4) *Have you personally experienced any of the following in Berkeley? Please check all that apply.*

Homelessness

Arrested

Spent time in jail

Victim of a crime

Family member of a crime victim

Victim of street harassment

Involved in a traffic collision or traffic violence

Mental health crisis

Substance use crisis

Police harassment

Police violence

None of the above

5) *Have you been a victim of a crime in the City of Berkeley in the past 3 years?*

Yes

No

6) *Have you had contact with the Berkeley Police Department in the past 3 years?*

Yes

No

7) *How was your experience with the Berkeley Police Department?*

Very positive

Positive

Neither positive nor negative

Negative

Very negative

8) What recommendations do you have to improve police response?

9) *When it comes to public safety, how effective is the Berkeley Police Department?*

Very effective

Effective

Somewhat effective

Not effective at all

10) Please share examples of how the Berkeley Police Department *has worked well* in your community.

If you feel it would be helpful, please describe your community (for example, by race and ethnicity, sex, gender identity or expression, sexual orientation, housing status, age, physical or mental disabilities, class, religion, immigration status).

11) Please share examples of how the Berkeley Police Department *has not worked well* in your community.

If you feel it would be helpful, please describe your community (for example, by race and ethnicity, sex, gender identity or expression, sexual orientation, housing status, age, physical or mental disabilities, class, religion, immigration status).

12) *Do you trust the Berkeley Police Department to treat all people fairly and equitably?*

Always

Usually

A little

Not at all

13) In what ways could the Berkeley Police Department work to build more trust with the community?

Reimagining Public Safety

14) How important is it to you for the City of Berkeley to invest in each of these programs and services to ensure a public safety system that works for all?

	Very important	Important	Somewhat important	Not important
Youth employment and opportunities programs				
Homeless services program				
Mental health services				
Substance use services				
Violence prevention programs				
Traffic safety programs				

15) What other programs and services do we need to invest in within our community to ensure a public safety system that works for all?

As part of the city's Reimagining Public Safety Initiative, the city is developing a pilot program to *reassign noncriminal police service calls to a Specialized Care Unit*.

This Specialized Care Unit (SCU) will consist of trained crisis-response workers who will respond to calls that are determined to be noncriminal and that pose no immediate threat to the safety of community members and/or responding personnel.

Your answers to the following questions will help the city in the design of the pilot program.

16) How likely are you to call emergency services (9-1-1) in response to a mental health or substance use crisis?

Very Likely

Likely

Unlikely

Very unlikely

*17) How likely are you to call emergency services (9-1-1) in response to an emergency **not related** to mental health or substance use ?*

Very likely

Likely

Unlikely

Very unlikely

18) Who should respond to calls related to mental health and substance use?

Trained mental health providers, with no police involvement at all

Trained mental health providers, with support from police when needed

Police, with support from trained mental health providers

Police who have received additional training

No one should respond

19) Who should respond to calls related to homelessness?

Homeless service providers, with no police involvement at all

Homeless service providers, with support of police when needed

Police, with support from homeless service providers

Police who have received additional training

No one should respond

20) Please share any experiences you have had with mental health and/or substance use crisis response services in Berkeley.

21) What recommendations do you have to improve mental health and/or substance use crisis response in Berkeley?

Demographic Information

22) *What best describes you?*

Live in Berkeley

Work in Berkeley

I am currently experiencing homelessness

I do not live or work in Berkeley

23) *Which City of Berkeley zip code do you live or work in?*

94701

94702

94703

94704

94705

94706

94707

94708

94709

94710

94712

94720

Not sure

24) *How old are you?*

Under 14 years

14–17

18–29

30–44

45–59

60+ years

25) *What is your race and ethnicity? (Check all that apply.)*

Black or African American

Latinx

White

East Asian

South Asian

South East Asian

Pacific Islander or Native Hawaiian

American Indian, Native American, or Alaskan Native

Middle Eastern or North African

Prefer not to say Other—

please specify:

26) *Do you identify as transgender?*

Yes

No

Unsure / prefer not to say

27) *What is your gender?*

Woman

Man

Genderqueer

Nonbinary Other—

please specify: Prefer

not to say

28) *How would you describe your sexual orientation?*

Gay or lesbian

Bisexual

Queer

Questioning or unsure

Heterosexual or straight

Other—please specify: *

Prefer not to say

29) *Are you familiar with the City of Berkeley's efforts to reimagine public safety?*

Yes

No

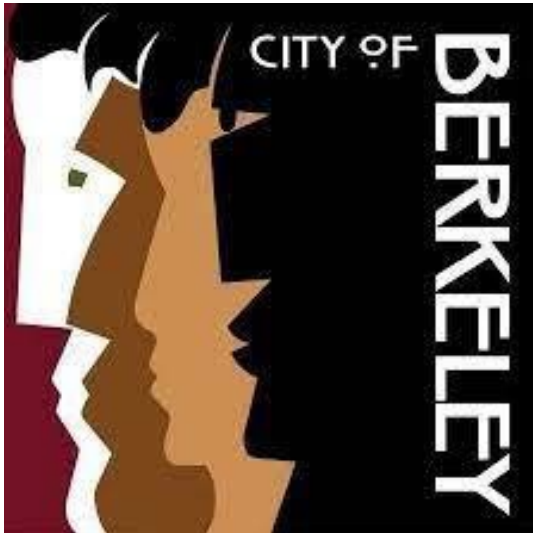
30) *Would you like to know more about the city's efforts to reimagine public safety?*

Yes

No

Thank you

Thank you for taking our survey! Your response is very important to us. You can find more information about the City of Berkeley's ongoing efforts to reimagine public safety at <https://berkeley-rps.org>.



CITY OF BERKELEY: REIMAGINING PUBLIC SAFETY COMMUNITY PERCEPTIONS

Summary of Findings—July 2021



Bright Research Group
1211 Preservation Park Way
Oakland, CA 94612
www.BrightResearchGroup.com

INTRODUCTION

The City of Berkeley is working to develop a community-safety model that reflects the needs of the community and creates increased safety for all. In collaboration with the National Institute for Criminal Justice Reform, Bright Research Group (BRG) facilitated a series of focus groups to gather community perspectives on the current state of public safety, the role of the Berkeley Police Department (BPD), and the future of public safety. The McGee Avenue Baptist Church; the Center for Food, Faith & Justice; and the Berkeley Underground Scholars facilitated outreach to Black, Latin, system-impacted, and unstably housed / food-insecure residents. This report summarizes the key findings from the focus groups conducted in the spring and summer of 2021.

METHODOLOGY

Bright Research Group worked with the National Institute for Criminal Justice Reform and the Berkeley City Manager's Office to identify several priority populations for community focus groups—Black, Latin, formerly incarcerated, and low-income individuals struggling with food and/or housing insecurity. The research aimed to gather community insights from those most impacted by disparate policing and was guided by the following research questions:

- How do community members view public safety in Berkeley? How safe do they feel in Berkeley, and what are their most pressing public-safety priorities?
- What ideas does the community have when it comes to reimagining public safety? How should public safety issues be addressed and by whom?
- How do community members experience and view the BPD? How does the BPD currently operate in communities, and what role should they play in future public safety efforts?

DATA COLLECTION AND ANALYSIS

Bright Research Group researchers conducted four focus groups and spoke with 55 individuals. The focus groups ran for 60–90 minutes and included questions about the participants' perceptions of public safety in Berkeley, including their opinions about existing and proposed responses to crime, mental health crises, homelessness, traffic safety, priorities as they relate to increasing public safety, and their experiences with and opinions about the role of the BPD.

Focus Group Description	Number of Participants
Black Residents	18
Housing- / Food-Insecure Residents	27
Black and Latin Youth	4
Justice-System-Impacted Students	6
Total Stakeholders	55

BRG analyzed the data from the focus groups and conducted a thematic analysis by research question. The themes uncovered during the thematic analyses are documented in this report as findings and recommendations, and they are intended to support the City of Berkeley and the Reimagining Public Safety Task Force as they work to develop a community safety model that reflects the needs of the community, creates increased safety for all, and reduces inequities and disparities about access to safety.

Limitations: The focus groups reached 55 individuals. A key limitation is that the qualitative data is not necessarily representative of the perspectives of Black, Latin, formerly incarcerated, and houseless residents. Additionally, youth under age 18 and Latin residents were not well-represented in the focus groups.

As part of the community-engagement process, BRG developed a community-safety survey that was distributed by the Berkeley City Manager's Office, the Reimagining Public Safety Task Force, and other community partners. As a group, focus group participants were more critical of the Berkeley Police Department than survey participants.

FINDINGS

COMMUNITY PERCEPTIONS AND PRIORITIES FOR SAFETY IN BERKELEY

When it comes to feelings of safety from crime, the focus group participants described Berkeley as a city divided. The focus group participants agreed that many areas of Berkeley are relatively safe but pointed to significant disparities in neighborhood safety. Black residents named the neighborhoods below Martin Luther King Boulevard as unsafe and the hills and neighborhoods above Martin Luther King Boulevard as safe. They indicated that feelings of safety for some come at the expense of younger adults, Black people, and unhoused residents, who are targets of greater surveillance and looming displacement. Black residents and students who participated in the focus groups emphasized that gentrification is detrimental to community safety, erodes community cohesion, and negatively impacts their sense of belonging in their own neighborhoods.

Focus group participants shared concerns about gang involvement, racism, and the availability of guns in Berkeley. Black residents expressed concerns about low-income Black youth's involvement in regional gang and group activity connected to Oakland and Richmond and described a need for deeper recognition of the vulnerability of Black youth. They called for increased investments in community-based and peer-led violence-prevention programs and named a specific need for Black-centered and Black-led mentorship interventions.

Black and Latin youth and students expressed significant concerns about their personal safety and worry most about being victims of robberies, shootings, and police violence. When asked about how safe Berkeley is, students and youth said they do not feel comfortable while walking the streets or enjoying public spaces in Berkeley and therefore move through the city cautiously. Black and Latin students and youth feel hyper visible while living in Berkeley. The students described feeling equally surveilled by neighbors and police and shared that living under a

"A lot of people in our community don't feel safe around Black bodies and the reality is that there are less Black bodies in Berkeley. That may be the plan from the perspective of those who don't feel safe around Black bodies..."
—Resident

constant veil of suspicion is stressful, makes them feel like outsiders in their own city, and prevents them from fully engaging in the community. Black students pointed to the decreasing number of Black residents and the racism expressed by some locals as a source of stress. One Black student shared a story of being profiled by a neighbor who accused her of stealing packages from his porch.

In addition, the Black youth who participated in the focus group expressed dismay at the ease with which children and teenagers can purchase guns in the City of Berkeley. They spoke about a bustling, well-known, and easily accessible illegal gun market operating in the city and were troubled by the inability of the police and city leaders to stop the flow of guns into their communities. They named ending gun violence and police harassment of youth of color as Berkeley's most pressing community safety priorities.

The focus group participants lifted homelessness and the housing crisis as one of the most critical public safety issues in Berkeley; they feel strongly that the city is responsible for providing for the basic needs of every resident. The

participants expressed dissatisfaction with the city's current management of homeless services and supports. When asked about the existing crisis system and the approach to homeless services, many of the participants explained that the police should have limited or no involvement in the issue. They cited the need to provide wraparound supports, including long-term housing, mental health care, drug treatment, and skills training for homeless residents.

Residents across the focus groups believe that most crimes in Berkeley are crimes of survival or the result of mental health issues and asserted that building an infrastructure to support a higher quality of life for homeless and low-income residents would make Berkeley safer. They called for more investment in housing, health care, and youth programs.

"It's not as safe as it used to be. It's too many people on the streets with severe mental health issues and nobody to monitor them."

—Resident

During the focus group with housing-insecure residents, the participants shared their critiques of the current approach to public safety advanced by city leadership. From their perspective, the city leadership prioritizes investments that fulfill the demands of wealthy residents. As examples, they cited the installation of speed bumps on roadways and the placement of surveillance cameras on city streets, while the critical needs of homeless, low-income, and formerly incarcerated residents are ignored. They recommended 24-hour street teams to provide medical and mental health care in communities, safe indoor and outdoor public spaces that stay open late, more community-run drop-in programs with the capacity to meet their basic needs, and expanded access to education, job training, and healing arts.

The focus group participants rely on each other and community-based organizations for safety and support. Black residents, housing-insecure residents, and system-impacted students expressed significant distrust in the city government. When asked about who or what makes them feel safe in Berkeley, they emphasized that they do not feel seen, heard, or protected by government entities. Instead, they rely on one another and community-based organizations for safety and supports. At the same time, they have an expectation that the government should care about, work for, and be accountable to them as tax-paying and contributing residents of Berkeley. They were frustrated by what they see as the failure of city leaders to recognize their value, voice, and legitimacy when it comes to

influencing the way the city is run. They called for greater decision-making power when it comes to how resources are deployed in their communities.

COMMUNITY LENS ON THE BERKELEY POLICE DEPARTMENT

The focus group participants do not view the BPD as a community resource and instead rely on themselves and their communities for safety. Black residents, youth, system-impacted students, and low-income residents experiencing housing/food insecurity agreed that the current practices of the BPD are not in alignment with the needs and priorities of their communities. When it comes to crime and violence, the focus group participants across the demographics indicated that officers are largely absent in their communities and questioned the police department's commitment, skill, and capacity to prevent, intervene in, and solve serious crimes.

Focus group participants believe that police resources are mismanaged. They explained that the police currently prioritize high-income residents' low-level calls for service and spend too much time enforcing quality-of-life issues and recommended that the city prioritize improvements in police response times to emergencies identified by residents, as well as building relationships with the communities who experience both the disparate impacts of policing and violence/crime.

When asked about their experiences with and perceptions of the BPD, the participants in the focus groups shared a common perception that policing in Berkeley is racist and classist. They said that they do not look to the BPD for protection and instead feel targeted and unsafe when in their presence. They asserted that the city leadership is complacent in the BPD's racism and allows racial profiling and the harassment of Black, brown, and low-income residents to go on unchecked in the city. Many long-time Black residents described an increasingly aggressive style of policing and militarization in recent years that stands in sharp contrast to the friendlier community policing style they experienced while growing up in Berkeley. Black men, women, and youth shared recent personal experiences of being racially profiled and stopped by the BPD and expressed feelings of anger about their experiences. Similarly, individuals struggling with housing insecurity reported being targeted by the police due to their race and income level. Two Latin students explained that they and their friends are often stopped on and near the campus by both the campus police and the BPD because they do not fit the profile of the average UC Berkeley student. In addition, the youth who participated in the focus group said they'd witnessed the police harassing homeless people and immigrants working as street vendors. In response, the Black, housing insecure, student, and youth participants attempt to avoid the police whenever possible.

"They {police} were people persons back in the day and now they are not. It was a different mentality."

—Resident

The focus group participants shared a range of perspectives regarding the future role of the BPD. Although they agree on the current state of policing in Berkeley, there are diverse opinions regarding the future role of the police. Some of the focus group participants believe the city should focus on police reform, while others think significant divestment from policing is needed. For those who discussed reforms, increased police training—including de-escalation, trauma-informed response, and racial-bias curriculum—were lifted as priorities along with a focus on hiring Black officers and officers of

color from the community to improve police-community relationships and increase trust. During the focus groups, Black participants, youth, and people experiencing food/housing insecurity lifted the importance of expanding community policing in the form of foot and bicycle patrols. In addition, residents named a need for increased police accountability in the form of mandatory body-worn-camera policies; community-led police commissions staffed with low-income people of color; the proactive, regular release of police performance and misconduct data; and swift terminations of officers who practice racially biased policing.

“The police are supposed to be superheroes who protect us, but they’ve turned against us.”

—Youth, age 13

Youth recognized and named the power of the BPD and wish the police would use their power to protect them and support their communities. They would like to have police officers who are part of the community, live in the community, and interact positively with young people through sports and mentoring.

The focus group participants who discussed divesting from policing recommended that the city invest in trained peacekeepers and community safety patrols focused on crime prevention and intervention strategies. They lifted relationship building, cultural competency, de-escalation techniques, and restorative justice as the core strategies to be deployed by these community patrols.

Overall, the focus group participants believe that investing in community health and ensuring that all residents have equitable access to quality education, food, shelter, and jobs should be the priority over investments in and reliance on the police to create community safety.

COMMUNITY IDEAS ABOUT ALTERNATIVE RESPONSES

When it comes to mental health crises and homelessness, the focus group participants across the demographic groups suggested that clinicians and social workers play a role in interventions and responses. While most of the focus group participants characterized the police as not fit or qualified to respond to these calls and wanted police response limited to situations involving violence, they described an expectation that when police do respond, they are skilled in crisis intervention, de-escalation, and cultural competency.

“They need more street teams; they drive around looking for tents and sign people up for services. Back then there used to be street teams, but now there’s not as many. They need mental health teams, not the police”

—Resident

“Police ask if they can search the car, if you are on probation or parole, and if there are any drugs or guns in the car before they even tell the driver why they were pulled over.”

—Resident

The focus group participants across the demographic groups viewed traffic enforcement as a low-priority public safety issue in Berkeley. They recommended that the role of the police be streamlined and believe that officers currently spend too much time involved in car stops, which disparately target Black residents. When presented with the idea of unarmed staff handling traffic enforcement, most were open to the idea, but some expressed concerns about the safety of civilian staff. Although Black residents expressed support for non-police responses, they have little confidence in the city’s ability to decrease racism and disparate stops through the creation of unarmed civilian units.

The Black residents who participated in the focus group do not trust that the city's proposed alternative programs will reduce racial oppression and racial disparities, noting that the racism and anti-blackness that exists within the police department exists throughout the city government. They feared that without a true commitment to an antiracist approach to program design and implementation, as well as an authentic process to co-create these programs with the most impacted communities, the new programs will simply replicate the racist abuse, oversurveillance, and lack of responsiveness to community needs currently practiced by the police department. They explained that hiring local Black social workers, mental health clinicians, and traffic-enforcement staff will be essential to ensuring equitable interactions between Black residents and any new programs or city departments.

COMMUNITY-CENTERED VISION OF PUBLIC SAFETY

The focus group participants shared a common vision of public safety beyond the absence of crime as the presence of community health and equitable access to a higher quality of life for low-income, homeless, and Black and brown residents. The focus group participants expressed hope in the future of Berkeley and a desire to build close-knit, inclusive communities capable of taking care of all residents. Across the focus groups, the residents called for the city to make long-term investments in housing, educational enrichment, mentoring, health care, and job-training programs for youth and low-income residents. These, they maintained, would create authentic community safety. Other investment priorities include drug-treatment services, programs to interrupt recidivism, and prevention and advocacy to address gender-based violence and intimate-partner abuse.

Black residents expressed willingness to work collaboratively with the City of Berkeley and the BPD on relationship building, reform, and reimagining efforts, but in the meantime, they named a need for safety ambassadors who can act as a bridge between the Black community and the police. They expressed frustration about what they see as the city government's failure to listen to and act on their experiences and expertise when it comes to designing public safety strategies. Black residents believe they have a lot to offer when it comes to creating and implementing new programs and strategies and see their involvement in reimagining efforts as essential to increasing equity, reducing harms, and increasing safety.

The focus group participants expressed broad support for and belief in the power of community-driven crime prevention strategies and expressed trust in community-based and faith-based organizations. They believe the city government should make deeper investments in the community-based organizations run by leaders of color from the community. In addition, marginalized communities want increased access to power in the city in the form of representation. They explained that seeing more Black, Latin, and people from low-income backgrounds who share similar experiences in city-leadership positions, on committees, and within the police department will make Berkeley a safer city.

SUMMARY OF FINDINGS



RECOMMENDATIONS

The following recommendations represent a compilation of the focus group participants' ideas for improving public safety.

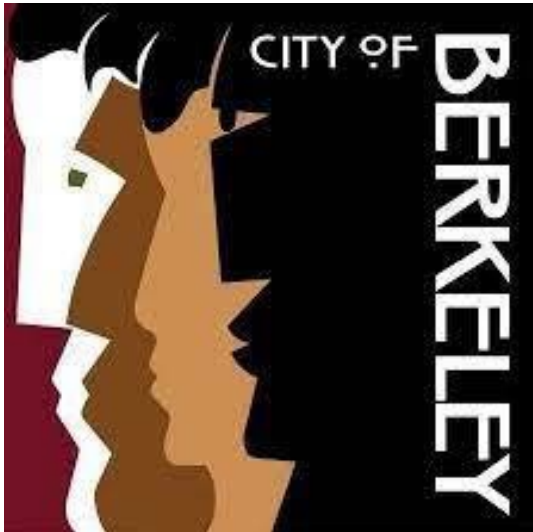
KEY RECOMMENDATIONS

- Expand the city's definition of public safety to include community health and equity
- Prioritize long-term investments in housing, mental health care, and drug treatment for homeless residents
- Increase investments in community-based and peer-led crime prevention programs
- Create 24-hour street teams to provide medical and mental health care in communities
- Invest in community-based drop-in centers
- Train community peacekeepers and create community safety patrols
- Hire local Black social workers, mental health clinicians, and traffic-enforcement staff to support equitable interactions between Black residents and any new public safety programs
- Streamline the role of the police to focus on violence prevention and intervention and responses to emergency calls for service
- Increase transparency and accountability of the BPD regarding racially disparate policing
- Increase opportunities for positive police engagement with Black and Latin community members and youth
- Identify opportunities to partner with impacted communities on reimagining public safety strategies

Prioritize the representation of Black, Latin, youth, and criminal-justice-impacted individuals, as well as people who've experienced homelessness, in city leadership, police-department staffing, and committee appointments

CONCLUSION

The City of Berkeley and the Reimagining Public Safety Task Force are well-positioned to use their power and positionality to develop a community safety model that reflects the needs of the community, reduces inequities and disparities, and creates increased safety for all. This report summarizes the key findings from the focus groups conducted in the spring and summer of 2021 and represents an important step in building understanding of community strengths, needs, and public safety priorities.



**CITY OF BERKELEY:
REIMAGINING PUBLIC SAFETY SURVEY
COMMUNITY PERCEPTIONS**

Latin Community Perceptions Summary of Findings—July 2021



Bright Research Group
1211 Preservation Park Way
Oakland, CA 94612
www.BrightResearchGroup.com

INTRODUCTION

The City of Berkeley is working to develop a community-safety model that reflects the needs of the community and creates increased safety for all. In collaboration with the National Institute for Criminal Justice Reform, the City of Berkeley, and the Reimagining Public Safety Task Force, Bright Research Group (BRG) developed and conducted a community survey to gather residents' experiences with and perceptions of the Berkeley Police Department and crisis response, perspectives on and priorities for reimagining public safety, and recommendations for alternative responses for community safety. This report summarizes the key qualitative findings from survey respondents who identified as Latin.

METHODOLOGY

A total of 2,729 survey responses were collected between May 18 and June 15, 2021. The City of Berkeley, the Reimagining Public Safety Task Force, community-based organizations, and other key partners disseminated the community survey through various online channels and websites to those who live, work, and study in Berkeley, in English and Spanish. Respondents completed the survey online.

The survey included the following six open-ended questions related to community perceptions of safety and preferences regarding public safety strategies:

- What recommendations do you have to improve police response?
- Please share examples of how the Berkeley Police Department has *worked well* in your community.
- Please share examples of how the Berkeley Police Department has *not worked well* in your community.
- In what ways could the Berkeley Police Department work to build more trust with the community?
- What other programs and services do we need to invest in within our community to ensure a public safety system that works for all?
- Please share any experiences you have had with mental health and/or substance use crisis response services in Berkeley.

During the research design, Bright Research Group worked with the National Institute for Criminal Justice Reform and the Berkeley City Manager's Office to identify several priority populations for engagement beyond the community survey. The McGee Avenue Baptist Church; the Center for Food, Faith & Justice; and the Berkeley Underground Scholars facilitated outreach to the identified priority populations. Bright Research Group conducted a series of focus groups to gather their perspectives on the current state of public safety, the role of the Berkeley Police Department (BPD), and the future of public safety. Although the focus groups engaged 55 individuals, Latin residents were not well-represented. In order to learn more about the priorities of Latin residents, BRG analyzed the qualitative data responses from survey respondents who identified as Latin. Of the 2,729 survey respondents, 126 individuals identified as Latin. BRG conducted a thematic analysis by qualitative research question. This report documents the key findings and recommendations from this thematic analysis.

Limitations: Of the 126 Latin respondents, only 2 completed the survey in Spanish. This suggests that the opinions, experiences, and preferences of recent immigrant, monolingual Spanish speakers are under-represented. Latin respondents were under-represented in the survey responses and these results may not be generalizable to the city as a whole.

FINDINGS

COMMUNITY PERCEPTIONS AND PRIORITIES FOR SAFETY IN BERKELEY

When it comes to feelings of safety in Berkeley, the survey respondents expressed significant concerns related to their safety and the safety of their family members and were dissatisfied with the city's response. Many Latin survey respondents associated the homeless crisis with feeling unsafe in Berkeley. Respondents described homelessness as the source of crime and reason that Berkeley is unsafe. Respondents recounted instances of street harassment by unhoused residents and expressed frustration that many parks, streets, and neighborhoods including downtown are not usable due to blight and on-going street harassment associated with the homeless population. The current state of public spaces in Berkeley negatively impacts Latin residents' quality of life and influences their decisions about how they and their children move through the city. In addition, some Latin respondents expressed concerns about traffic safety and violent crime including gang violence, robberies, and shootings in Berkeley.

Overall, Latin respondents expressed dissatisfaction with the city's current approach to public safety and shared a common expectation that city leaders should prioritize cleaning up streets and public parks, installing additional lighting in neighborhoods, improving traffic control, and urgently address the issue of a growing homeless population in Berkeley. Additionally, they called for increased gun control, investments in youth prevention and intervention programs, and more visible police presence, such as officers patrolling on foot and bicycles.

Latin survey respondents lifted homelessness and the housing crisis as the most critical public safety issues in Berkeley but expressed divergent views about the best way to address the issues.

Many respondents expressed dissatisfaction with the city's current response to homelessness in Berkeley. While residents concurred that the city's current response to homelessness is inadequate and needs to be reconstructed, they offered a wide range of solutions. Recommendations ranged from enforcing a zero-tolerance approach to illegally parked RV's, criminalizing substance use and removing encampments to investing in upstream efforts to tackle homelessness and mental illness, such as investments in affordable housing, therapeutic services, and living wage employment.

When asked about the crisis response system, Latin residents offered few perspectives related to the current crisis system. Instead, they wanted the city to address the root causes of homelessness such as affordable housing, economic opportunity and treatment options. When asked specifically about their experiences with the existing crisis system and the city's response to calls for service associated with homeless services, mental health, and substance abuse, a small number of respondents offered feedback on the existing crisis response system. Many responses

"The city needs to have actual housing with requirements for homeless and facilities that can actually deal with mental health issues as well as drug and alcohol issues. The current county systems do not work."

—Resident

"The level of people experiencing homelessness that are directly affecting people's day to day lives has gotten to a tipping point. From being accosted on the street to having to swerve while driving from people in encampments....we need to address the homeless issue immediately!"

—Resident

collapsed mental health, substance use, and homelessness and expressed frustration with the city's inability to identify and implement solutions. For those who did share personal experiences with the current crisis response system, there was a range of opinions about its effectiveness. Some respondents dealt only with the police during a mental health crisis and felt that they were professional and efficient while others expressed an unmet need for a counselor or clinician. A few respondents described positive regard for a collaborative team that includes the police and a mental health professional during crisis situations.

Overall, respondents focused on the need for long range solutions that prioritize early intervention, prevent crisis from occurring, and support people in achieving and maintaining sobriety, stability, and housing. They expressed frustration with what they see as a revolving door of people in and out of justice and mental health systems and called for strategies that effectively stop cycles of violence and recidivism, chronic homelessness, and drug abuse. When it comes to investments, respondents expressed diverse views. Some articulated growing frustration with the tax burden associated with program investments and believe that Berkeley attracts people from out of town struggling with homelessness, mental health issues, and substance abuse because of the city's tolerant attitudes and readily available supports. Others named the need to increase investments in long-term care facilities, treatment programs, therapeutic services, and job training.

COMMUNITY LENS ON THE BERKELEY POLICE DEPARTMENT

Latin respondents expressed a wide range of perspectives regarding their overall satisfaction with the police with many expressing positive perceptions of the police. Many respondents held favorable views of the police and experienced positive interactions with BPD; they described the police as responsive, professional, effective, and supportive of community safety. Some respondents with favorable views of the police expressed a belief that the current political climate and movement to divest from policing does not represent the majority of residents' views. Additionally, respondents conveyed frustration with the city council who they characterized as a hindrance to effective policing. They believe that the BPD should focus on increasing community safety through crime prevention, intervention, and response. Some promoted a tough on crime perspective and expressed a belief that the BPD are mismanaged, over-controlled, and under-appreciated by city government. These respondents called for increased police presence, more investment in community policing, and proactive policing.

Latin respondents who held unfavorable views of the police, cited slow response times, inability to prevent and solve crimes, and harassment of residents as the most salient features of the BPD.

Respondents expressed concerns about racial profiling by the Berkeley Police and named it as a priority public safety issue. This sentiment was expressed by respondents supportive and unsupportive of the

"The department needs to be supported by our community and allowed to do their jobs rather than being hamstrung by members of the city council..."

—Resident

"The police have stopped members of my family in West Berkeley in what was clearly racial profiling (Hispanics) on several occasions ."

—Resident

police and was recognized as an issue that must be addressed by the Berkeley Police Department. Many respondents described specific instances of racial profiling and overly aggressive interactions between Black and Latin residents and the BPD. Although a few respondents called for divestment from the police department, the majority of respondents expressed an expectation for a high-functioning, service-oriented, police department responsive to the needs of communities of color and capable of equitable interactions. They recommended training on implicit bias, racial profiling, cultural competency, community policing, and de-escalation and expressed an unmet need for increased transparency, greater community engagement, and positive interactions between the police and communities.

SUMMARY OF FINDINGS



RECOMMENDATIONS

The following recommendations represent a compilation of the focus group participants' ideas for improving public safety.

KEY RECOMMENDATIONS

- Prioritize clean-up of streets and public parks
- Install additional lighting in neighborhoods
- Increase traffic control, create car free zones and areas where speed limits are reduced
- Focus on long-term planning to address homelessness
- Identify early intervention and prevention strategies to prevent mental health crisis and substance abuse issues
- Increase police visibility via walking and bicycle patrols

Reduce police response times to calls for service

Expand community policing initiatives and increase opportunities for positive engagement between the police and communities

Address racial profiling and aggressive police encounters by the BPD with cultural competency, anti-bias, and de-escalation trainings and deepened relationships between the police and communities of color

CONCLUSION

The City of Berkeley and the Reimagining Public Safety Task Force are well-positioned to use their power and positionality to develop a community safety model that reflects the needs of the community, reduces inequities and disparities, and creates increased safety for all. This report summarizes the key findings from the Latin survey respondents' answers to open-ended questions and represents an important step in building understanding of community strengths, needs, and public safety priorities.

ABBREVIATED SUMMARIZED RESPONSES BERKELEY POLICE DEPARTMENT LISTENING GROUPS

Facilitator Question: *How do you respond when you hear the phrase or idea “Reimagining Public Safety”?*

Strong themes emerged around officer’s feeling a lack of voice or input, the Berkeley Police Department being compared to or attacked for incidents that happened elsewhere, or not being recognized for policies and programs that have been in place for years that other departments are just now enacting. Officers recognized the community may have ideas as to how to change processes in the police department but wanted to be able to share their successes and efforts and not be seen as defensive especially around low numbers of complaints and uses of force. Officers expressed a clear desire to be a meaningful part of the reimagine process, and for their expertise and efforts to be heard, considered and valued.

Facilitator Question: *Officers we have talked with have agreed that police are asked to do too much, including non-police work. What do you think of this and are there responsibilities that should be taken off of your plate?*

Some officers felt there are definitely some calls, such as civil matters that police would like to remove themselves from, however we are not sure the public understands the nuances of the job and the fact that BPD are currently the only operational response to many of society’s emergencies. Police investigations of crimes demand a great deal of department resources, as does the investment in police community engagement; we have to find the best way to do both with the limited resource of police officers.

Officers understand and appreciate that there may be alternative responses and services other than the police. While the infrastructure is created to possibly access those alternatives the community demand of emergency calls to the police will continue, and

the police response will be necessary. We need to continue to support the police department, while investigating possible alternatives that are realistic and viable, long-term solutions.

Facilitator Question: *What are your thoughts on having trained mental health providers/responders respond to disturbance incidents, like someone screaming outside of a business, but is not harming or threatening anyone?*

BPD currently works with Berkeley Mobile Crisis Team (MCT) members, who have been part of our culture at BPD for over 40 years. MCT members are a valued part of our organization, and they will not go to calls without the police. MCT members are concerned for their safety without police presence, in fact a few years ago a suspect was charged with the attempted murder of an MCT member who was responding to a call of a person exhibiting symptoms of being in a mental health crisis.

Many officers regularly work with MCT and believe it is an effective and proven approach.

We need to fix the back end of the mental health system, the aftercare for a patient once they are placed on a 5150 hold has to be addressed. We will continue to see the cycle of hospitalization until the overburdened Mental Health system receives the support it so desperately needs.

Facilitator Question: *What do you think is the biggest crime problem in Berkeley?*

Property crime is a significant crime in the city, however of great concern to the community is the quality of life crimes which many times stem from mental health and/or addiction. People who are afflicted by mental health and/or addiction, are repeatedly contacted by the police because they are quickly released from custody/hospitalization, and

never have the opportunity to receive the proper interventions or support necessary to create the positive behavior change they may desire.

Facilitator Question: *What is the greatest need for improvement in BPD?*

We need a crime analysis unit to track and identify the who, what, when, where and why of crimes in our city, so that we may deploy the most precise and appropriate police intervention, thereby addressing the crime while leaving the smallest police footprint. We need police officers, as our police department is shrinking, the city population is increasing and those numbers just don't work as greater demands are put onto fewer officers.

Facilitator Question: *Comments from PEOs related to BerkDoT:*

The PEOs are the most diverse group of officers in the department and just moving the PEOs from the police department to transportation is not genuinely reimagining. The community shows more respect to the badge of the PEO, as the badge indicates we have gone through a validated hiring process which means we get quality people who are working as PEOs. When PEOs came to be under the police department in 1991 it changed the culture of PEOs and made the department more professional. Maintaining PEOs in the police department produces a more professional and respected workforce both internally and externally.

REIMAGINING PUBLIC SAFETY BERKELEY MERCHANTS ASSOCIATION LISTENING SESSION

NICJR facilitated a Listening Session with the Berkeley Downtown Merchants' Association and the Telegraph Merchants' Association on June 2, 2021. Thirteen people attended the listening session. Following closely to the guidelines defined by BRG, the facilitators engaged in a robust discussion with participants. Below are summary findings from the Listening Session:

Concerns over the Safety of Berkeley and the most pressing public safety issues:

Participants shared concerns over the safety of the City, the most pressing concerns their employees and patrons face, as well as their perceptions on how these concerns are being addressed. They expressed their disheartening perception that the city council and mayor are less than responsive to the needs of the business community and have allowed a permissive environment that creates the opportunity for crime to take place with an "apathetic enforcement policy". Some participants feel as though businesses deal with a lot of problematic street behavior with ambassador staff regularly called upon to respond to situations where merchants and shopkeepers can't deal with the situations. Sharing specific stories of people experiencing homelessness and/or substance use addiction attacking employees and customers and creating unsafe and unhealthy conditions, participants feel that the current environment has definitely had an impact on people who visit local businesses because they have to park around the corner, and walk to businesses.

"It does not feel safe especially during the later hours of the day."

Addressing how these public safety issues should be approached:

Participants feel there is a contradiction in saying that we stand united against hate and we are reimagining public safety and allow people to smoke crystal methamphetamine on our streets. There is a fear that with continued acceptance of specific drugs being used on the streets that the incidents of people experiencing mental health breakdowns will increase and that a stronger use of punishment to deter this behavior is warranted. Some participants expressed the need for there to be a choice: we can choose to allow those drugs to be used and then we can expect more violence or we can actually take a stand against that.

Additionally, members of the business association feel that prevention is what's going to shift the environment. They recognize that the City of Berkeley has mental health services but feel they are really not getting support from the city, when they have seen the mobile crisis unit drive away from a situation because it was deemed that no one was an immediate danger to themselves or others. There is a perception that there is no follow through with identifying a person with a problem and then going forward with next steps.

"We need to focus on Berkeley Mental Health as an institution and get them more deeply involved with the police department and the community."

Community investments that would support increased public safety:

The participants engaged in a discussion around the complexity and depth of the issues that need to be addressed, for example, where do those experiencing

homelessness go? At the same time, there is an acknowledgement that businesses are seeing a drop in patrons and employees because of safety concerns.

In response to questions regarding a trained, alternative, civilian response that was trained to be able to engage with this population and might include people who have had similar experiences of being unhoused, the Berkeley Mental Health department was identified as already available, but having been less visible downtown, limited in their ability to take valuable, sustainable steps to help someone in crisis unless there is a direct and immediate threat of harm and/or unsupported by the city in recent years. A participant identified the call center now under construction near a local synagogue and expressed the desire to see the community do more of that type of thing. A suggestion was also made that the City should look into a policy that can allow the mental health units to take more initiative.

Addressing the ways in which the Berkeley Police Department currently works in the community:

A general sentiment was that merchant interactions with the police have been very positive, yet there is often a hesitation to call on them for concern over unnecessarily escalating a situation. Concern was expressed that there is a national narrative demoralizing police departments as a whole and police departments are not given the tools they need to do their jobs. In Berkeley it was expressed that there was a shift in the amount of police presence and response in the community and that police officers were told by the City to not do anything.

In addressing some areas where the Berkeley Police Department's presence has been particularly effective, the bike detail was mentioned with the sentiment that this unit is about community policing and they get to know the street population and merchants which is helpful in problem solving and helping people. The Ambassador program was also identified as a unit that is helpful in de-escalating individuals in crisis, and working well in collaboration when police officers are present. With the CAHOOTS model and the SCU - the biggest issue participants feel the City faces is beds and how to get people into

care 'with a little bit of tough love'. The possibility was raised of mental health professionals and police officers working together when responding to a situation.

"I have great support for what the bike detail is doing since they have been back on the force. They have a calming effect for a lot of the folks out there that get a little wild, actually seeing a person in a position of authority calms them down."

BerkDOT and SCU Program Opportunities:

There was a desire to learn more about exactly how these programs would be able to best serve the community with the current policies in place. Additional concern was expressed with the national narrative and how the City of Berkeley needs to ensure that whatever changes are being made, need to address the specific issues and needs facing the residents of Berkeley.

With respect to the BerkDOT program a participant shared: "I don't understand why that was even thought of. It just seems like we are focusing energy away from the problem, which is the fact that we have a ginormous mental health, drug, and homelessness problem in Berkeley. I do not agree that adding that additional agency would help the problem."

For the SCU, the specific need for case management and a presence in the community later at night was discussed. An overlap with the Police Department to partner with mental health workers in responding to situations and help assess whether SCU is reducing the number of calls and can cut back on the overload of the work of the Police Department. A suggestion was made for the SCU to work with both the Downtown and Telegraph Business Associations to identify the handful of folks that are causing a majority of the problems.

"Until we enforce our sidewalk ordinances, until we make people go to sanctioned encampments, stop the revolving door of violent crime and until we stop the hard drug use and open-air Drug Market this is an absolute waste of your time and our tax dollars. Prevention first."

Visioning community-centered public safety:

Considering what public safety can and should look like, a question was raised asking for better use of vacant space to set up housing and full services that could be helpful for as many Berkeley residents as possible. It was expressed that Berkeley has an abundance of laws and ordinances currently that don't get enforced, which is helping to create the unsafe environment that exists. Therefore compiling new variables instead of using existing laws to address the foundational issues did not sound like a good idea. There was frustration that participants themselves have invested hundreds of hours into issues of public safety and nothing ever gets done.

“If you look at the relationship between what we pay in taxes and regulations and everything else versus what we get back, the disparity is anything but equitable and people love to throw the word Equity around in Berkeley.”

PEERS LISTENING SESSION REPORT

by Janavi Dhyani and Margaret Fine¹

The Peers² Listening Session raised fundamental questions about how people who live with mental health challenges experience and perceive “safety” in the Berkeley community.

Throughout the Peers Listening Session the participants described their notions of “safety” in terms of their own safety; the safety of people who they observed in the community living with mental health challenges; their “safety” as a collective group of people in the “Peers community;”³ and “public safety” at-large as a pressing societal issue such as homelessness.⁴ The participants spoke about their interactions and perceptions of Berkeley police, and how that impacts their feelings of “safety” in their

1 Janavi Dhyani is the Associate Executive Director for the Alameda County Network for Mental Health Clients, and Project Manager and Youth Empowerment Consultant at the Mosaic Collaborative, LLC. She was also a Peace Corps Volunteer in KwaZulu-Natal, South Africa from 2018-2020. Janavi has dual Bachelor degrees in Economics and International Relations. Margaret Fine is a Commissioner on the Reimagining Public Safety Task Force and Chair of the Mental Health Commission for the City of Berkeley. Since 1991, she has worked as a legal aid lawyer and a deputy city attorney in child welfare for the Philadelphia Law Department. She earned a master’s degree in criminal justice and human rights in 2010, and a PhD in sociology (and human rights) in 2016 in the UK. Janavi and Margaret have written this report in their individual capacities and do not represent any organization or the City of Berkeley.

2 A **Peer** is a person who self-identifies with lived experience with mental health challenges, substance use experience, and/or someone with experience navigating the public behavioral health care system.

3 The **Peer Community** is composed of diverse people who use their lived experience with mental health challenges, substance use experience, housing challenges, and/or navigation of the public behavioral health care system to increase peer-led support and services for people in the mental health community. The Peer Community is also active in de-stigmatizing mental health challenges, and normalizing wellness and recovery.

4 For the purposes of this report, **homelessness** is defined as housing insecurity ranging from being at risk of losing housing, being in transition of unstable housing (i.e. staying temporarily in a housed location like a friend’s house or shelter, but not maintaining a personal address), or living in a location not intended to house humans (i.e. a car, an underpass, or in a tent).

community as Peers. Primarily they expressed their fears, based on lived experiences, interacting with police during a mental health crisis⁵ in the community, and how a policing response generally had a negative impact on their ability to feel “safe” in Berkeley. Peers offered several recommendations about how they would like to experience “safety” including increasing their involvement as responders to mental health crises. It is noteworthy that additional research with Peers would be highly useful to account for the role of race, ethnicity, gender identity and expression, sexual orientation, disability, age, class and other factors, and their impact on a policing response to a mental health crisis.

Additionally during this Listening Session participants expressed the need for police to acknowledge when they are “wrong” in their treatment of Peers, particularly for purposes of establishing trust and rapport with the overall Peers community. Moreover, when discussing a non-police crisis response through a Specialized Care Unit (SCU) to non-violent events in the community, one participant said they “like the idea but it takes the onus off the cops to do better” and that it “still feels troubling, seems like a Band-Aid,” as opposed to addressing systemic mistreatment by police of people living with mental health challenges and overall within the Peers community. Based on the lived experiences expressed during this Listening Session, it is indicated there is a need for a reconciliation process, particularly as a response to traumatic experiences with police. A reconciliation process, as well as a restorative justice process, with people living with mental health challenges may help build trust and rapport with police officers in the future.

5 A mental health crisis is an umbrella term that may refer to: 1) different levels of personal distress such as anxiety, depression, anger, panic and hopelessness; 2) changes in functioning including neglect of personal hygiene, unusual behavior; and/or 3) life events which disrupt personal relationships, support systems, living arrangements, and result in victimization and loss of autonomy.

It is also important to recognize that the Public Safety Dispatch Operators in the Communications Center located at the Berkeley Police Department address emergency and non-emergency dispatch calls for service, including for people experiencing a mental health crisis in the community. It is understood that police act on their own accord responding to these crises in Berkeley; some police have CIT training (Crisis Intervention Training) and in some instances police co-respond with the Mobile Crisis Team (MCT) of the Division of Mental Health to assist people experiencing a mental health crisis in the community. The MCT currently operates in Berkeley for 10.5 hours/day, 5 days/week, excluding holidays (see City of Berkeley, MCT webpage). In the systems currently in place, it appears protocol mandates that police first secure the scene before an MCT clinician can step up and support the person experiencing a crisis (including to interact with an individual experiencing an “altered state of consciousness”).⁶ Please kindly inform if incorrect. It is noted that the Fire Department, including an EMT, may also respond to mental health crises in the community with other first responders or on their own accord.

In addition, there were participants at the Listening Session who have used emergency services to address a person experiencing a mental health crisis, saying that “I’ve had to call the police on people with mental health issues and it broke my heart and that is something I would not like to do.” Indicating that folks did not feel proud of their decision to call emergency services, knowing that police would arrive, but did so because they did not feel like they had alternative options to provide that person with appropriate support.

There is a need for clarification about how Public Dispatch Operators and the police use their discretion to make decisions about “public safety threats.” It is not clear if the current protocol is designed to not only determine if someone is a “danger to themselves or others,” or “gravely disabled” to meet the standard

for a 5150⁷ involuntary hold, and/or if the assessment offers a more nuanced evaluation for persons who do not meet this standard, particularly to assist with next steps in care if needed. There is a need for people with mental health challenges to provide nuanced input about their perceptions and experiences in this context, particularly given that a “crisis” can be used as an umbrella term for diverse array of human behavior; and the role of race, ethnicity, gender identity and expression, sex, sexual orientation, disability, age, class and their intersections can impact the nature of a policing or co-responder crisis response in the community.

Further participants talked about their own lived experiences with police during a time of crisis and whether they felt “safe,” as well as their overall perceptions and feelings about them. Specifically, the main emerging themes included their perceptions and experiences about: 1) officers unease connecting with people experiencing a mental health crisis; 2) feeling stigmatized as dangerous and regarded so by officers; 3) the role of de-escalation if any; 4) feeling traumatized or re-traumatized by police during a mental health crisis; and 5) recommendations to improve mental health crisis response in Berkeley. At the outset it is noted one participant felt treated “pretty good” by police despite run-ins over four years.

Another participant talked about witnessing the police when someone was lying on the ground. He described how the police, fire, and ambulance showed up, “asked the person do they know where they are, asked them a variety of questions, stayed there with them, and even seen them give them a blanket before.” However among many experiences and perceptions described during the Peers Listening Session, these experiences were outliers.

⁷ In the State of California, a 5150 is “when a person, as a result of a mental health disorder, is a danger to self or others, or gravely disabled, a peace officer, professional person in charge of a facility designated by the county for evaluation and treatment, member of the attending staff, as defined by regulation, of a facility designated by the county for evaluation and treatment, designated members of a mobile crisis team, or professional person designated by the county may, upon probable cause, take, or cause to be taken, the person into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment in a facility designated by the county for evaluation and treatment and approved by the State Department of Health Care Services. See WIC 5150(a).

⁶ An altered state of consciousness may be defined as a temporary change in the overall pattern of subjective experience, such that the individual believes that his or her mental functioning is distinctly different from certain general norms for normal waking state of consciousness.

Section 1: Peers and Mental Health Crisis Response

I. “Really important to speak their own language”—participant

Peers indicated the importance of understanding and empathy during a crisis.

During the Peers Listening Session some participants raised questions about how police approach them and/or other Peers in the community. They discussed their perceptions and feelings about being seen as “public safety threats;” and generally as something to be controlled rather than human beings who need emotional “safety” to resolve their crisis. In

particular, the participants expressed their fears of being met with police violence instead of with compassion and empathy for their plights. The notion of “safety” ranged from people feeling exceedingly vulnerable and “unsafe” while experiencing a mental health crisis in the community to a wide variety of crisis responses (based on actions, words, physical harm, and/or lack of response/over response) by police to them. Overall participants mentioned that most people experiencing a mental health crisis are not violent.

Consequently, it is critical to further explore how Peers would describe developing a human connection, and develop trust and rapport, with a distressed person in terms of defusing a situation. People living with mental health challenges may experience a non-threatening altered state of consciousness and the police presence may exacerbate the intensity of their situation. Instead, Peers indicated that it would be more effective to make a human connection with the distressed person and de-escalate the situation so they felt “safe.” Moreover, public safety dispatch operators and police officers may not be trained to understand the intersecting challenges and systems that may be contributing to and/or exacerbating the Peer in crisis and the mental health community as a group.

Specifically, one participant commented that Berkeley police are “not ready to deal with people who are upset with emotional disturbances,” and that people in crisis “don’t need violence when people

are angry” to resolve their crisis. Another participant felt the police “get scared of mental health” and said they “need to not be afraid of people, people who are eccentric.” This participant spoke to the stigmatization of the Peers Community, and

the need for additional training and public education about how to interact with community members who interact with the world differently than they do. Peers indicated the need to further explore the types of human behaviors that meet the 5150 standards and/or constitute criminal behavior, as opposed to other behaviors that may not fall within social norms but do not pose a threat to the public.

A second participant expressed concern that “some cops [do] not feel safe...don’t speak a whole lot.” She commented about feeling “really uneasy” when you need “someone to talk more, like hostage negotiator, convey sort of friendship and comradery.” She discussed seeing someone “high energy, manic, talking real fast, as an opportunity for person in the crisis to grow rather than shut down with drugs, incarceration, hospitalization,” and stated,

“we need to learn, develop a field of knowledge of people in altered states.” This participant alluded to a common understanding in the Peers Community that mental health crises can bring about positive change for the person involved and should be allowed to occur in a safe setting when possible. There is a need to further explore perceptions and experiences of people living with mental health challenges to better understand the nature of stigmatization, and how it impacts a policing and mobile crisis response, especially when addressing intersecting identities of Peers based on race, ethnicity, gender identity and expression, sexual orientation, disability, age, class, and other factors.

This same participant attributed the lack of human connection exhibited by police with people experiencing a mental health crisis “as most cops [are] not trained that way.” The participant went on to say that police officers “use major tool like [a] gun and bullets; something startles them, go for the gun.” The point was further underscored by another participant, who stated based on their experience with police, “that it is always with guns;

it's a threat, always a threat of violence out there, police come with their guns," and that we are "much better served with people not heavily armed, I don't know how, I think the conversation and non-violent tactics." It is noted that the lack of Peer involvement in the training of police officers, and the resistance to use Peers in the response to mental health crises, can inhibit responders from understanding how Peers would like to experience "safety" in a time of crisis.

Participants talked about the lack of Peers in crisis response, that Peers have been left out of the conversation, and that for crisis response to improve, trained Peer Specialists⁸ need to be involved. This perspective became clearer when talking about the Specialized Care Unit (SCU) program that Berkeley will be implementing as a non-police crisis response in the community. Everybody in the group generally liked the idea of non-police responders to non-violent calls, however, with two exceptions: 1) one person named that without retraining police officers, police would still respond in public with the ability to cause harm; and 2) that Peers would feel safer if the SCU team included Peers. The importance of Peer staffing on the SCU team was highlighted by different participants.

"Facilitator: Who do you think should do the training for the SCU?"

⁸ A Peer Support Specialist is a peer (a person who draws on lived experience with mental illness and/or substance use experience and recovery) who has completed a specialized training to deliver valuable support services in a mental health and/or substance use setting and/or in the community. According to the Peer Certification Fact Sheet from Senator Jim Bael on SB 803: "Studies demonstrate that use of peer support specialists in a comprehensive mental health or substance disorder treatment program helps reduce client hospitalizations, improve client functioning, increase client satisfaction, alleviate depression and other symptoms, and diversify the mental health workforce." As of SB 803 Peer Support Specialist Certification Act of 2020, Peer Support Specialists in the State of California will have a standardized certified body to regulate and certify Peer Support Specialists. SB 803 will allow Peer Support Specialists to bill Medi-Cal for the services they offer to their peer partners in the State of California. With SB 803 California will join 48 other states in the country that have peer certification programs as part of their Medicaid behavioral health network. https://namisantaclara.org/wp-content/uploads/2020/09/SB_803_Beall_Peer_Certification_2020_Fact_Sheet.pdf https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=2019202005B803

Participant 1: Someone with lived experience.

Participant 2: I agree.

Participant 3: I agree. I totally agree."

During the Listening Session, it became clear that the Peer participants could clearly identify that it was important for the crisis response training to include people who have lived experiences alongside other first responders as a team. Another participant explained the importance of peer specialists for training by saying, "***What better person can teach them how to respond, body language, than someone who is on the other end and who has walked the walk, and already been through it.***" The participants seemed to be in agreement that one Peer could not respond to crisis situations alone, but was an essential part of the team in both training and in-person response situations. Moreover, participants underscored the importance of Peer-involvement in ongoing post-crisis support to "***Make sure there is continuity of care***" and pointed out that "***The peer specialists are helpful for transition to a wellness center or the next social service.***" This continuum of care would include: wrap-around services and support in navigating the intersecting and often complicated systems of care (i.e. housing, public benefits [SSI, SSDI, SNAP, GA, Medi-Cal, Medicare]; disability; health, mental health, and substance use support; meal assistance; support groups; drop-in services; community programming; employment support). There is a need for further input from people living with mental health challenges about the community-based services they use in Berkeley and Alameda County, particularly ones considered to be compassionate and effective in providing tailored culturally safe and responsive services.

II. "When I see police, it can be triggering, it can be negative, not friendly" – participant

Peers indicated a history of mistrust towards police officers.

In addition, there were emerging themes about how people living with mental health challenges have experienced police as threatening, which may perpetuate and reinforce trauma in responding to

mental health crises. One participant stated that “many people have negative feelings on police” and when they see police “it can be triggering, it can be negative, not friendly, open.” Another participant “witnessed police in action in Berkeley,” and said they did not want police on mental health calls, as they were traumatized to the point of seeing police in a “whole different light.” Yet another participant stated that “So many of us have been harmed when we are treated when we are in crisis” and mentioned Soteria House, a community service that provides space for people experiencing mental distress or crisis, as a recovery model. Other participants also discussed how drop-in centers can offer this space, provide a restroom, a cup of coffee, and a welcoming space in which the person can get their basic life needs met and make meaningful connections with other Peers. Peers indicated that distress could be better met by safe spaces in which a person is allowed to move through the emotions they are feeling without fear of judgment, retaliation, or incarceration while being met with basic life needs (food, water, bathroom, a sense of safety, and human connection). There is an essential need to explore how a Peer can feel “safe” transitioning from experiencing a crisis in the community to a respite space with the support of a Peer specialist and other responders, as opposed to feeling treated as dangerous and in need of social control and being subdued.

Participants further talked about how the presence of police could exacerbate the intensity of personal distress and create feelings of extreme terror and instant fear of extinction, as opposed to creating ones of emotional “safety.” While the participant did not describe the basis for officers’ arriving at the scene, he described his feelings about a police response by stating “it is multiple police cruisers, you feel like the world out to get you and annihilate you, officers are intimidating, 3-4 cruisers with multiple cops, very, very troubling and high-risk situation.” This feeling of being responded to, instead of being met *with*, is a sentiment people shared. One participant said that “If someone is having a mental health crisis, sit **with** them and let them be.” Peers indicated that they are not “safety threats” that need to be responded to, rather they are humans that need to be met and supported *with* and *through* a situation they are not able to safely endure alone. It would be beneficial to

further understand when Peers perceive their own behavior as threatening and how they expect first responders to interact with them as a result.

III. Policing and mental health crisis response

During the Listening Session, it was clearly conveyed by the majority of the participants that police officers should not be the first responders to mental health crises. When asked what situations police would be able to respond to appropriately, the Peer participants discussed when they would feel police intervention may be necessary. Overall there was a range of different perspectives about the role of the police officers in the mental health community. Initially, Peers felt police officers need specific training for crisis response. One participant questioned the amount of de-escalation training that police receive as he regarded it as the “major pain point” in defusing a mental health crisis. In this light, another participant asked about situations where a person may have a weapon and the type of response to them.

Another participant indicated having a mental health person upfront and police shadowing if needed. A fourth participant stated he would want police if his car was burglarized, but he wants a skilled person with lived experience to respond and police second to ensure safety if needed. This area deserves considerably more exploration about the nature of situations where people with mental health challenges may feel police need to respond. Generally, participants suggested that there may be different people and/or teams responding depending on the type of situation. There is a further need to explore the nuances of specific situations among people living with mental health challenges in order to better understand from Peers when they perceive certain types of teams responding to a mental health crisis in the community. Moreover, there is a need for Peers to discuss their lived experiences and perceptions of crisis response; the role of race, ethnicity, gender identity and expression, sexual orientation, disability, class, and age; and its impacts on police response to those living with mental health challenges.

IV. De-escalation is the “Major Pain Point”—participant

Further research is needed with people who live with mental health challenges, including the PEERS community for understanding peer-informed/peer-created de-escalation practices.

There is a critical need to have a nuanced understanding about how people with lived experience of the mental health crisis in the community describe levels of personal distress such as anxiety, depression, anger, panic, and hopelessness and how to meet their needs for “safety,” as well as how changes in basic functioning can impact the capacity to stay “safe” and not be a danger to themselves or others, or deemed gravely disabled—the 5150 involuntary hold standard in California. Depending on the type of crisis response provided to individuals experiencing distress, the physical and psychological impacts on “safety” may vary widely. They can range from de-escalating crises using specific mental health practices to using coercive controls and force to restrain individuals in crisis. In the latter circumstance, an individual may be restrained, arrested, taken into custody, transported, put in secure detention and there may be violence, brutality, or even death. It is critical to extending this research in order to clarify the levels and types of personal distress, and how they impact functioning according to Peers who are living with mental health challenges, and the types of crisis response that work for them in the community.

There is a specific critical need to explore the degree to which police approach a distressed person and defuse the situation versus using coercion, particularly during 5150 assessments. Both commissioned consultants, National Institute for Criminal Justice Reform and Research Development Associates, should account for the role of police and policing interactions when conducting research with people experiencing mental health challenges and providers, particularly to understand how people can work collaboratively with providers in order to facilitate productive relationships. Whether the research focuses on police interactions with people experiencing mental health challenges in the community on their own accord or

when corresponding with the Mobile Crisis Team of the Division of Mental Health, police play a significant role and impact the nature of crisis response. Without this key data, the consultant researchers will be gathering unrepresentative pieces about a comprehensive crisis response system that operates at all times with the police. Moreover, people living with mental health challenges may have lives that interplay among multiple systems, including policing and mobile crisis response systems, and it is critical to understand the overarching impacts and how to support their well-being and recovery.

During the Peers Listening Session, participants had overriding concerns about police choosing to use violence and guns as a first resort during a mental health crisis in the Berkeley community and not communication and non-violent tactics to de-escalate the situation. It is further important to gather data about policing behavior and accountability during Mobile Crisis Team calls. Gathering this data is essential to the Reimagining Public Safety Initiative and the Specialized Care Unit for the City of Berkeley and the overlap among systems means we need to include not only these inherently critical pieces but analysis about how the systems interplay and impact people living with mental health challenges and their well-being and recovery.

Overall crisis response to people experiencing mental health challenges in the community requires a commitment to conducting empirical research that is nuanced so we understand the complexities required to properly serve and protect all of our community members. It is clearly evident that the role of police during a mental health crisis is a turning point for people with mental health challenges in the community and we must thoroughly understand the nature of their police behavior in order to begin healing. It is further important again for people with lived experience of mental health challenges to have restorative justice and reconciliation processes to describe events such as police responses to their crisis and how they can disrupt relationships, social networks and communities, living arrangements, and other mainstays of personal life, as well as to understand when a police crisis response is necessitated for “public safety” reasons in the Berkeley community.

Section 2: Peers and Homelessness

Several participants considered “homelessness” as one of the most pressing public safety issues both in Berkeley and generally. Participants shared their perspectives based on: 1) lived experiences of homelessness in the past; 2) living as a housed person with unhoused neighbors and/or 3) being Peer advocates for partners with housing challenges. One person saw the homeless conditions such as lack of safe water, toilets, rodents and other problems impacting both those housed and homeless. She had mixed feelings about the encampments, particularly given the chaos and havoc at night. Another participant talked about how he “enjoyed living on fringe of society without any accountability, really free, [but said] looking back, I was really incarcerated.” He is now housed.

Generally the participants felt it was “unsafe” to be homeless and even harder for people living with mental health challenges. For people living with mental health challenges and homelessness, one participant described their difficulties: “the ones that have had problems, have gone through what they have gone through, makes [it] harder to want to be in a home....” Another participant further talked about the intricate nature of homelessness, and the intersectional approach necessary to meet the needs of unhoused folks. He was someone who experienced homelessness, as well as mental health and substance use challenges. This participant clarified how organizations may offer a free shower and food to “clean people up;” but are not designed to house people (using a Housing First model); provide wrap-around services; or job training for work.

A third participant talked about how homelessness does not “build healthy [a] community” as you’re “living where you shouldn’t really live,” while another pointed to issues like

“deprivation and exhaustion that these poor people go through.” Potentially further research with people living with mental health and housing challenges could inform how homelessness impacts the nature of people’s mental health challenges, and the type of services needed—one person suggested crisis management and conflict resolution. Another person had sympathy for folks’ experiences of homelessness

and having their possessions thrown away. Participants generally described the grinding efforts needed to survive, including constantly dealing with lack of necessities and fear of having their household belongings abruptly discarded.

In addition another participant talked about one of the driving forces of homelessness being the increase of housing prices in Berkeley, saying “gentrification and homelessness...Some people can’t afford to live in a home on their own.” This participant indicated that homelessness is not a challenge that can be met by services alone, but that economic disparity continues to play a role in people becoming unhoused. Another participant echoed this comment by saying, “most homeless people not [the] problem, situation drives it, it’s an economic thing.” He indicated that homelessness cannot be met with social services, but needs to also look at through an economics-informed lens.

A few participants discussed other services that were offered in San Francisco that they did not believe are currently available in the City of Berkeley. One participant liked that “In San Francisco they are doing foot patrol” and indicated it would be helpful to have people who provide services going directly to the unhoused in their community too. Another participant mentioned that in San Francisco “they have peers in the library” and said they liked that idea and that Berkeley might also benefit from having Peers in public spaces where unhoused people congregate. More about San Francisco’s street crisis response, that the participants may have been indicating, can be found here: <https://sfmayor.org/article/san-franciscos-new-street-crisis-response-team-launches-today>

It is important to indicate that further research is needed with the unhoused population to understand the intersecting nature of mental health and substance use challenges and homelessness, particularly to explore the nature of policing and crisis response and whether the systemic responses are service-oriented and/or designed to stigmatize and criminal human behavior or both. It is also important to further understand this intersectional approach as including exploration about the role of race, ethnicity, gender identity, and expression, sexual orientation, disability, age, class, and potentially other factors.

Although it is indicated that further research is recommended, the Peers Listening session did provide considerable insight on the intersection between mental health challenges and homelessness. The majority of the participants agreed that the most important pressing public safety concern is homelessness. One participant pointed out that “mental health crisis[es] and homelessness are synonymous,” and as such should not be treated as completely independent challenges. Within the challenge of housing insecurity, several other sub-concerns were addressed including: (1) the lack of intervention by systems of safety in Berkeley; (2) economic disparity and increasing housing prices driving long-time residents out of their homes; (3) lack of wrap-around services, and systems of care addressing challenges in isolation instead of as addressing homelessness as a product of other underlying challenges, which are often intersecting and multi-dimensional.

Peers Recommendations

1. The first and most important recommendation is to outreach and includes Peers who have worked on mental health reforms since the 1990s, when this movement began. There are trained Peers in Berkeley who are experts in crisis response, and they would be invaluable to developing responses to mental health crises and supporting the transition to new systems of safety in Berkeley. This role is, especially, crucial for unpacking the scope and nature of mental health crises to provide a nuanced understanding, approach, and framework for responding with appropriate levels of care to people with mental health challenges in the community—particularly for a non-police crisis response through a Specialized Care Unit. Peer participants discussed the San Francisco Crisis Response Street Team, and how this city is employing Peer Specialists on foot patrol as part of its team.
2. Drop-in and wellness centers for people living with mental health challenges need sufficient funding and staff with full-time Peer Support Specialists where folks experiencing non-threatening altered states and/or mental health crises can move through their crisis in a safe and supported state (in opposition to tactics which aim to shutdown mental health and/or altered states at any means necessary). It would be essential to make drop-in and wellness centers available 24/7 and on holidays, and to make sure there are also Peers involved in the transit from the mental health crisis to the Peer staffed drop-in/wellness center. Peer navigators are also key to assisting people in navigating complex systems, including how to get appropriate services in the City of Berkeley and Alameda County.
3. There is a need to account for intersectionality and the role of race, ethnicity, gender identity and expression, sexual orientation, disability, age, class and other factors that can impact the scope and nature of crisis response for diverse people living with mental health challenges in the community. It is, particularly, important to address the stigmatization of diverse people living with mental health challenges and how the role of these additional demographic characteristics may or may not perpetuate and/reinforce problems during a mental health crisis (including as to the roles of people such as police, fire, mental health clinicians, peer specialists responding in the community). There is a specific need to focus on interviewing diverse people with mental health challenges who are unhoused in order to explore the nature of policing and systemic responses to people, particularly to examine if human behavior is criminalized and/or met with service delivery.
4. There is a further need to account for overlapping systems of care, including medical, mental health, substance use, social services and other systems. Participants in the Peers Listening Session, who identify with homelessness, discussed how current systems are not set up in a way that enables long-term sustainable wellness of the mental health community. Housing-first methods, for instance, are only successful in addressing homelessness if the other factors that contribute to housing insecurity are also addressed such as mental health and substance use services. Overall creating comprehensive wrap-around services may be the key to addressing public safety concerns. Moreover, including people with lived experiences of mental health, substance

use, and homelessness will enable systems to be consumer-informed, and in turn more sustainable in the long term.

5. There is a further need to conduct research with people who use alcohol and drugs and have lived experiences with policing and mobile crisis response, as this qualitative research focused almost solely on people living with mental health challenges. It is crucial to consider the nature of trauma-informed, de-escalation and harm reduction approaches for people who use alcohol and drugs during crisis response in order to discern how service-oriented practices may reduce harms from alcohol and drug use and avoid punitive measures resulting from criminal legal and incarcerations involvement due to alcohol and drug use. Specifically there is a need to assess how systemic responses to people who use alcohol and drugs may result in fluctuating among multiple systems without well-integrated coordination of care.

PACIFIC CENTER FOR HUMAN GROWTH

LGBTQIA+ Staff/Provider Listening Session⁹

Note: The following information represents an LGBTQIA+ mental health provider's perspective that serves Berkeley and other cities in Alameda County. It is important to note that by-proxy information can be useful in providing context for the systems that LGBTQIA+ people may navigate in order to obtain services, however, it cannot be used to assume the exact lived experiences of the individuals/clients using them.

The Pacific Center for Human Growth

The Pacific Center for Human Growth, or namely the Pacific Center, is a LGBTQIA+ mental health provider serving LGBTQIA+ people, or Queer and Trans people including QTBIPOC, with individual, peer support and community mental health programs and services. The Center is designed to serve LGBTQIA+ people with mild to moderate mental health needs, and not those who are experiencing severe, persistent mental illness or substance use disorder, or in crisis. The Center operates from a Victorian house on Telegraph Avenue south of the University of California in Berkeley, California in Berkeley. Clients and community members come from Berkeley and other cities in Alameda County. Currently the Pacific Center offers a full range of programs and services remotely due to COVID.

The Pacific Center as a Socially Constructed Space

The Pacific Center is well-known as the largest regional LGBTQIA+ mental health provider, including for its physical space located in a Victorian house and

the LGBTQ+ and Trans flags flying from outside of it. While the Pacific Center's programs and services are designed to support Queer and Trans people, including QTBIPOC, with their mental health and substance use struggles, there have been incidents in front of the Pacific Center. There has been hate crime by people outside of the community that can be perceived as violently challenging the legitimacy of LGBTQIA+ people, as well as a negative incident from a person within the community who did not feel as though they were served.

In one instance a person burned a flag and punched one of the Pacific Center staff, and they called the police as a result of feeling scared for their safety—although the staff did not want to call. In another instance, a man yelled “You should have bi groups for people like me, for men like me.” He was a community member and upset that the Pacific Center staff did not meet his needs. This man seemed to feel unsafe and marginalized as a result of perceiving the Pacific Center's services as excluding him. The Pacific Center staff felt threatened by people both inside and outside its own community. Likewise a Pacific Center provider mentioned people can feel scared entering a building marked with flags—some even wait in their cars until they enter the building. The socially constructed meaning of the Pacific Center space can challenge notions of “safe” space for Queer and Trans people who are seeking a sense of belonging to people violently challenging the existence and cultural representation of LGBTQIA+ people as a group in the community at-large.

More than one provider talked about the lack of Queer and Trans “safe” spaces in the community at-large, especially for transgender women of color, unhoused, youth and BIPOC. Historically the Pacific Center's service model resembled more of an LGBTQIA+ community center (1980s-1990s). The Center had a men's night and a hotline to call for assistance. Now the Pacific Center is closer to a mental health

⁹ This report is developed from the Pacific Center's Listening Session and a qualitative interview with a staff member who could not attend that session. Please contact Margaret Fine and Janavi Dyhani with questions or concerns: margaretcarrifine@gmail.com.

and medical model, although one person mentioned interest in a hybrid model. There is a further need to know more about how organizations, outside of the Pacific Center, can support and respect Queer and Trans people, and ways that they can be educated to include LGBTQIA+ community members and groups—from posting material in organizational settings to hiring experienced people from the Queer and Trans community, particularly for QTBIPOC. It was noted the Berkeley Wellness Center has not created time/space for Queer and Trans groups

Crisis Response/Intervention, De-Escalation and the Presence/Role of Police

The Pacific Center staff had several comments and recommendations about crisis response and the presence/role of police:

This LGBTQIA+ provider listening session highlighted the critical need to have a nuanced understanding about how Queer and Trans people, particularly QTBIPOC people, describe their lived experiences with crisis response. There is a need to understand their levels of distress and how crisis first responders met their needs for “safety” or do not meet them. Specifically the providers discussed the role of police and how there may be psychological impacts as a result of the mere presence of police, or further escalation of a crisis due to the presence or role of the police.

One provider described how crisis response with police presence made her immediately think of trauma, including for everyone involved. She stated, “I think of families, traumatic for everyone, police show up, it makes a huge scene for the neighborhood, flashing lights, and then having to unpack it with families, clients...” She further commented about how people are resistant to services because of traumatic experiences, and how they need a calm, peaceful approach to addressing crisis and to abide by the ethical standard, “do no harm.” She mentioned it may require a lengthy time period to unpack the trauma.

In addition there was also a provider who dreaded if police were present and thought they tend to escalate a situation for a person who is feeling fearful and unsafe. Another provider commented that it takes time to de-escalate a crisis by talking to someone

in order to calm down at the scene, particularly so people in crisis do not perceive the team as seeking to incarcerate or institutionalize them. This provider described the “need to get rid of the urgency” or the notion of an “immediate solution” during the crisis response. The provider discussed how they should not immediately think about removing the person from public space, and avoid “twisting” the situation into a public safety and policing issue. Overall the provider stated there is a need for a “triage” approach to crisis management and not “moving from 0 to 60” in record time. This provider also had concern about how the “urgent” approach was “rubbing off” on the crisis management team/mobile crisis team.

One provider, who was very explicit about their feelings about the police, said: “I stay away from the Berkeley Police Department and advise young people to do the same. The Berkeley Police Department are not my friends, they are not people who I trust as an entity, and not people I say should be called for help. There are difficult situations in which there is a Queer Black Femme Cis Woman and warm violence, but the person does not want to call the police. Every single interaction will not lead to hot violence, but we know statistically that Queer Trans BIPOC people with mental health issues, who are disabled or developmentally challenged, are far more likely to experience violence, be harmed and be killed.”

This provider further brought up an important note that providers with lived experience similar to clients they serve (in this case Queer and or/Trans BIPOC provider serving diverse Queer and/or Trans clients) may also be shielding their clients from the police based on their own lived experiences. The provider brought up the importance of intersectionality when talking about police response, and additional identity markers that statistically place QTBIPOC people at risk—which is different from factors based solely on race and ethnicity and reflects non-binary gender identity and expression and non-heterosexual orientation. This provider indicated that the role of police would be that they support services to the community, especially LGBTQIA+ police officers supporting LGBTQIA+ community members.

Moreover, the provider recommended that crisis response workers have an accumulation of direct experience with Queer and Trans people including

QTBPOC. In this regard, one provider gave an example about how there is a need for a crisis team member to recognize a meth-induced episode, and understand the cycle of peaking and coming down in order to inform the crisis response, including to know the options for follow-up and the next step in care. The provider mentioned Herrick and John George will not individuals for substance use treatment.

One provider also commented on how diverse crisis team members can provide multiple opportunities for a person in crisis to: 1) gravitate towards one person and 2) feel a sense of safety, human connection and community. Some of the recommendations for crisis team members included people with different identity markers, lived experiences, and professional training (such as an EMT, peer support specialist, and a mental health clinician—noting that developing the critical rapport is not necessarily tied to education).

A provider added that having “a few different eyes to have different perspectives” can allow for assessing and consulting continually to help the person in crisis to feel safe and calm down. Another provider mentioned how peer support specialists are “great at telling when someone is triggered,” building rapport and being a role model for change, particularly when they represent the community served—and do not misgender people and create emotionally damaging experiences. Another provider recommended that the Specialized Care Unit, a non-police crisis response program, should be as separate from the police as possible. It was recommended to house the SCU in a human services department or other city department and not the Berkeley Police Department.

“Public Safety”

Note: Providers cannot represent their clients’ perspectives in determining the most pressing “public safety” concerns in our community. One provider pointed this out by

saying, “I think that one of the most important factors is group determination, or rather the group’s ability to determine what feels like safety as a group. The violence is systemic, and the group must hold responsibility for telling us what the issues are, and what would be helpful solutions, to feel safety.” The upcoming listening session with LGBTQIA+

community members will likely provide better understanding about the most pressing “public safety” concerns.

In terms of violence being a threat to “public safety,” this provider talked about the two kinds of violence currently inhibiting “safety” for the LGBTQIA+ community: “There is hot and cold violence happening for LGBTQ folx and most marginalized Black and Brown people, especially Trans Femme Black and Brown people—most susceptible.” This provider was able to define the terms “hot violence” and “cold violence” as the following:

Hot violence is immediate, active, perceptible violence that touches you. It can be physical or verbal, very loud, aggressive, and immediately unsafe. Hot violence can change the dynamic in the situation instantly.

Cold violence is a more underlying source of violence than hot violence, and is more than a microaggression, like an intentional micro aggression. An example is a Queer Trans BIPOC looking for an appropriate bathroom and being surveilled by police. Cold violence reflects the way in which systems are set up by police to surveil and monitor human behavior where it does not feel safe to move around fear freely.

On the topic of intersectionality, one provider explained the importance of factoring in additional identity markers by saying “it is hard to conceptualize intersectionality, especially to understand how Queer Black women are different from Queer women and from heterosexual normative women. If you do not have lived experience, it is hard to conceptualize how positionality—how you present to the world—changes everything.” Given this perspective, it is important to ensure diverse Queer and Trans community members have the opportunity to define and explore their lived experiences in terms of race, ethnicity, gender identity and expression, sexual orientation, disability, age, class and other identity markers in order to understand the impacts of policing and notions of “public safety”—which is different from solely racial, ethnic and heterosexual norms.

“Public Safety” as Having Resources and Support to Meet Basic Human Needs

In this Queer and Trans Listening Session, the providers discussed the conceptualization of “public safety” or “community safety” as not related to the police but rather to people having sufficient resources and support in order to have their basic human needs met and a stable life existence. Like many of the other providers, this provider recommends that the way to make Berkeley safer “is not rooted in police surveillance but rather rooted in resources and access to them.” Access to resources was a clear emerging theme when talking about the topic of “public safety” in order to create a sense of security for LGBTQIA+ people in Berkeley. One provider saying “The main point is to have resources so that there is a way to decrease people from feeling unsafe”.

Wraparound Services

The Pacific Center providers further talked about basic needs in terms of food security, housing, mental health, substance use, wellness, wraparound services. There was a discussion about what constitutes wraparound services, and efforts to fully provide them. One provider referred to formally working at GLIDE where they had food, a free clinic, health services, acupuncture, and housing vouchers. One provider mentioned the term “wraparound” may be a misnomer; that it may mean referrals; and that organizations are pressured to use the term. It was also acknowledged that substance use is a significant problem in the Queer and Trans community, and that emergency rooms cannot provide tailored care for substance use problems.

Housing and Homelessness

In addition one provider further noted that Queer and Trans people will arrive on the Pacific Center’s front porch from other states and need support to find housing. The provider described the individuals as very vulnerable and marginalized, and shelters as not designed for low-income, non-binary and transgender people. The staff mentioned how Queer and Trans people need a sense of autonomy and agency in order to feel safe in a shelter environment, and choosing a women’s or men’s side

of a shelter does not necessarily respect gender, much less prevent discrimination against non-binary, transgender people. (Note: There may also be gay, lesbian or bi-sexual people with another perspective, and it is noted that gender identity and expression are not separate or mutually exclusive from sexual orientation. A transgender person may also be gay, lesbian or bi-sexual.) In fact, one provider further described how police can raid encampments, which is very stressful and creates trauma, and results in more instability for the unhoused population than any sense of protection.

Moreover, it seemed people are not having a seamless entry into the government systems designed to serve them, and the Pacific Center does not have case management services to guide them in an ongoing, consistent relationship to meet these needs. The staff discussed how they’re understaffed, there are more referrals than staff available, and they’re under resourced for serving the Queer and Trans community. Sometimes they indicated it can prove difficult to connect to case management services in the wider community. Ultimately, the provider indicated LGBTQIA+ people may use an emergency room for ongoing services. They may also potentially become destabilized from being “pushed around” as a result of emergency room visits with no continuity of care and vulnerability to experiencing crisis—particularly for low-income, unhoused QTBIPOC.

We spoke to Queer and Trans mental health and community program professionals who are trained and educated to guide clients in navigating these systems; however they also described the systems as “not really clear” and that there are “blockages” due to grant specifications, which can deny service delivery to people who need them. Specifically, there were frustrations with how the narrow grant criteria could eliminate access to services for a person that is nominally above the income eligibility line. Other difficulties reflected the challenges that vulnerable, marginalized LGBTQIA+ people face when attempting to navigate intricate systems that are designed, ostensibly, to provide for their needs.

It is noted that there is considerable need for mental health workers, such as peer navigators, who can directly guide clients in navigating these systems—

particularly given the shortage of case management services available from CBOs in the community at-large.

Ultimately, as one provider mentioned, collaboration among service providers is key in to become a more well-integrated system with coordinated services tailored to meet client needs, including ones that are culturally safe and responsive.

It is important to do a follow-up listening session with the Queer and Trans populations as providers can shed light on critical issues they are unable to speak on their clients behalf. Further it is important to move forward with reforms using an intersectional lens that accounts for the overlapping and intersecting identity markers, which create inequities, disparities and systems of oppression for Queer and Trans people of color.

Gender-Based Violence Subcommittee Report

Reimagining Public Safety Task Force, City of Berkeley

November 2021



“Gender-based violence is endemic in our communities. In the United States, about one in four women and nearly one in ten men reported being impacted by sexual violence, physical violence, and/or stalking by an intimate partner. Globally, one in three women across their lifetime are subjected to physical or sexual violence by an intimate partner or sexual violence from a non-partner.”¹

¹ <https://www.whitehouse.gov/wp-content/uploads/2021/10/National-Strategy-on-Gender-Equity-and-Equality.pdf>

Overview

This subcommittee formed to identify the needs of community members who often face the most barriers when seeking help and safety. Historically, intimate partner violence, also called “domestic violence” or “domestic abuse,” was treated as a personal problem or family dispute. This view dismissed the community’s role and obligation in addressing these issues. In the last few decades, federal and state laws have passed, including the Violence Against Women’s Act (VAWA), to recognize the role the government must play in preventing and intervening in gender-based crimes. In October of 2021, the first ever report was released by the Biden/Harris Administration on a national strategy to address gender equity and gender equality.

And change starts here, at the community level. The City of Berkeley (the City) is uniquely situated to address gender-based violence in innovative ways. Berkeley has been seen as a place of change and progress, home to students, thought leaders, and academic experts at UC Berkeley, as well as its proximity to experts who call the Bay Area home. This subcommittee offers a number of recommendations that fall squarely within the City’s reimagining priority areas, including domestic violence prevention, restorative justice programs, housing and homelessness services, and expanding partnerships and community organizations.”²

Information Gathered

This subcommittee hosted two listening sessions for providers who serve domestic violence, human trafficking, and sexual abuse survivors. The first listening session, hosted in September of 2021, focused on alternative non-police responses—eight organizations were represented at this session. The second session was hosted in October of 2021 and focused on police response—three organizations were represented. It is important to note that this subcommittee did not host any listening sessions specifically for victims and survivors. Because of the COVID-19 pandemic, the subcommittee was not confident in its ability to provide a safe remote space. The subcommittee erred on the side of caution and instead hosted spaces for providers to share their ideas, on behalf of the clients they serve. This subcommittee strongly believes that any work done by the City in this area, must be done in partnership with providers, who can help facilitate direct feedback from victims and survivors in a safe and supportive way.

In addition, subcommittee members reached out to the Berkeley Police Department for information on existing policies, and training. Specific questions were sent by this subcommittee to the department. Those questions and the department’s responses are included at the end of this report (see Appendix). All information gathered from this subcommittee, along with the expertise of subcommittee members, form the basis for the recommendations provided below.

Recommendations

All recommendations put forth by this task force should be centered around the needs of people in our community. This means that people in our community need options to choose from to

² [cite City resolution]

address their well-being and safety. Victims and survivors of domestic violence, human trafficking and sexual abuse can experience a number of barriers in accessing help and justice. Providing a range of options will ensure that these barriers do not prevent someone from achieving safety.

Barriers include:

- Limited or no English proficiency
- Impact of trauma
- Systemic racism and colonization
- Discrimination based on gender identity or perceived gender identity
- Discrimination based on sexual orientation or perceived sexual orientation
- Lack of affordable housing and access to other basic needs
- Being unhoused
- Fear of immigration consequences
- Lack of behavioral health resources
- Stigma and victim blaming

Prevention and Intervention: Non-Police Response Recommendations

Recognizing that some people will not look to the police for help, the City should provide alternative services for community members seeking help. The City should also invest in prevention efforts.

This subcommittee proposes the following to address prevention and non-police intervention and resources (estimated costs on page 8):

1. **Increase the capacity of community-based organizations** serving Berkeley residents, students, and employees by providing additional funding. The City should consider providing grants to various organizations. Funding should be flexible so providers can decide the best way to support victims and survivors. This would include using funds for housing, childcare, transportation, and other crucial resources.

Rationale: Providers report that existing resources are insufficient to meet the needs of Berkeley community members, especially for those who require more care and resources including people who are unhoused and people with complex mental health issues. A person seeking to leave an abusive relationship will likely need a range of services, including advocacy/case management; legal services for child custody, restraining order or other family law issue; and other support services like housing and childcare. To provide effective intervention in domestic violence cases, the City should fund long-term solutions. Solutions should include legal services, intensive case management to individuals with high needs, advocacy services in languages other than English, restorative justice programs, healing practices, and job training.

- 2. Train and provide technical assistance to faith-based leaders** on domestic and family violence issues.

Rationale: Many people turn to faith-based leaders for help. These leaders, like others, need training to understand the complexities of domestic violence, identify effective tools to create safe spaces for those seeking help, learn about existing domestic violence resources to refer people to, and help change cultural norms that perpetuate domestic violence. In California, domestic violence agencies have partnered with faith-based leaders to address domestic violence in their communities. Examples include A Safe Place³ in Oakland, and Korean Family Services in Los Angeles⁴. The latter has trained over 1700 faith leaders in the last 10 years.

- 3. Provide services for people who cause harm.**

Rationale: While survivor-centered services are essential, services for the person causing harm are also crucial to stopping gender-based violence. The City should invest in programs that target people who cause harm, including men and boys, to provide services and prevention efforts.

- 4. Prevention education for K-12 to provide, and coordinate prevention work**

Rationale: Breaking the cycle of violence requires changing cultural norms and practices that perpetuate violence and gender inequities. In addition to the recommendations related to intervention listed above, this subcommittee recommends additional funding for education for K-12 and to create peer-based models, when appropriate. Providers report that more education is needed to teach on toxic masculinity, consent, healthy relationships, and sex education, including sexual pleasure.

Intervention: Police Response Recommendations

The Yurok word for police translates into “they take people”⁵ illustrating the deep distrust certain communities have not only with the police, but the police as an arm of the government that colonized, enslaved, and took their children. To move forward, this subcommittee recommends strengthening the relationships of those most impacted by police action and most in need of safe intervention. Specific actions that the Berkeley Police Department and the City should take include the following (estimated costs on pages 8–9):

- 1. Provide City leadership to host regular meetings and coordinate services.** The City should create a forum for service providers, advocates, community members and response teams (police department, mental health crisis) to address issues related to domestic violence, human trafficking, and sexual abuse. This group should meet regularly. City

³ <https://www.asafeplace.org/>

⁴ <https://www.kfamla.org/upage.aspx?pageid=u06>

⁵ <https://www.theguardian.com/us-news/2020/sep/25/california-native-american-women-police-violence>

leadership should also participate in county-wide efforts, like the Family Violence Council in Alameda County⁶

Rationale: Having the City serve as lead will institutionalize these much-needed partnerships. These meetings would be especially important if a tiered response system is adopted by the City, as victims and survivors of crime will be captured in all tiers (e.g. domestic violence may be reported by a caller as a noise disturbance). During the first listening session, many of the providers noted that the listening session was the first time that they had been asked for their feedback. Establishing a forum would forge new and ongoing partnerships between the City and providers. For survivors of intimate partner violence, a coordinated community response serves as a protective factor against future violence.⁷ Outreach should be done to ensure that BIPOC leaders are at the table.

2. **Coordinate with court and other local law enforcement to implement new firearm and ammunition surrender laws.** Countywide coordination will be needed to implement Senate Bill 320⁸, which would require law enforcement to act quickly to enforce firearm and ammunition restrictions for domestic violence restraining orders.

Rationale: Starting January 1, 2022, local courts will be required to notify law enforcement when the court has found that a person is in possession of a firearm or ammunition, in violation of a domestic violence restraining order. Law enforcement would have to take all necessary actions to obtain the identified firearms or ammunition.

3. **At least once a year, update the police department's domestic violence policies and victim resource materials,** in consultation with domestic violence and community providers.

Rationale: California law frequently changes in the area of domestic violence. For example, during the 2021-2022 state legislative cycle, at least five bills passed that change the law for domestic violence restraining orders, including SB 320 noted above. Updating these procedures regularly and in coordination with providers, will ensure that policies reflect current laws and address community-based concerns.

4. **Regular domestic violence and trauma-informed training for officers, dispatch and any community-based officer** who responds to 911 or non-emergency calls. These trainings should be designed in partnership with community-based providers so that the

⁶ The Family Violence Council is led by the Superior Court of Alameda County, for stakeholders to improve coordination and cooperation between the court and public and private agencies. This body meets at least four times a year. For more information: [http://www.alameda.courts.ca.gov/Resources/Documents/2020-04%20Family%20Violence%20Council\(1\).pdf](http://www.alameda.courts.ca.gov/Resources/Documents/2020-04%20Family%20Violence%20Council(1).pdf)

⁷ <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/riskprotectivefactors.html>

⁸ https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=20210220SB320

information is tailored to local needs and issues. This training would be in addition to statewide training requirements through POST (Peace Officer Standards Training).

Rationale: Providers report that victims and survivors seeking help from police often feel unheard and further traumatized by the experience with police. Examples include allowing other family members to speak or translate for the victim, when family members may be related to the abuser. This recommendation is consistent with NICJR's recommendation that the department increase its use of local community members to provide training.

5. **Victim resources should be in plain language and translated** into multiple languages, including, but not limited to, Spanish, Chinese (simplified), Tagalog, Vietnamese and Korean.⁹ Other languages that are spoken in Berkeley should also be included.

Rationale: Provides more access to people who have limited English proficiency, do not speak English, or have low literacy.

6. **Domestic violence should be screened** for in all 911 and non-emergency line calls and by the responding officer, including community-based officers (e.g. CERN). This would include collecting information regarding the alleged victim and alleged suspect's relationship to one another.

Rationale: This would lead to better data on the number of domestic violence cases the police and others respond to in the city. Noting the penal code or city ordinance section alone would not capture all domestic violence cases.

7. **A female officer (over a male officer)** should be provided to interview, examine, or take pictures of an alleged victim, at the alleged victim's request.

Rationale: This policy would acknowledge that some victims and survivors will feel uncomfortable with having a male officer examine or question them. This could result in the victim giving an incomplete statement (e.g. not disclosing sexual abuse or showing an injury) and further traumatize the victim.

8. **Police response to DV calls should be accompanied or coordinated with a DV advocate.** This could involve a victim advocate being present at the scene or a warm handoff to a victim advocate over the phone or immediately following a police response.

Rationale: This practice is especially important in cases where there is a high risk of lethality, language or cultural barriers that could lead to miscommunication or further traumatization, and high needs cases where victim or family members require a number of services to achieve stability. Having a victim advocate present will help ensure that victims are heard and not further traumatized. Providers report that advocates sometimes must act

⁹ These languages represent the top five languages spoken in the Bay Area and California. At a minimum, victim resources should be translated into these languages.

as a safe middle person between the victim and police, to ensure that the victim is not mistreated or further traumatized by the interaction with police. This feedback is consistent with information gathered from the community engagement process where black residents spoke of the need for a safety ambassador to act as a bridge between the community and police (see page 40 of Summary of Findings report from Bright Research Group).

Conclusion

Investments by the City to address gender-based violence could have a profound impact on the community, not only in preventing further abuse, but in building a future in which all community members feel safe at home, and in their communities. While this report in no way represents a complete list of actions the City could take to address gender-based violence, the subcommittee believes that these recommendations represent a significant step in the right direction. Of course, more information and input is needed, especially to address the impact of structural racism on victims, survivors and those that cause harm, as well as the experiences of LGBTQ+ members of our community. Forging partnerships and building meaningful community engagement will help support a response that is centered around the needs of the people.

Special thanks to the people who show up every day for victims and survivors. And many thanks to the organizations and individuals who participated in the listening sessions. Your time and expertise were crucial to this process. We could not and cannot do this work without you all.

Subcommittee members (in alphabetical order):

boona cheema

Barnali Ghosh

Frances Ho

Recommended Costs	
Prevention and Intervention: Non-police response	
<p>1. Increase the capacity of community-based organizations</p> <p>(Fund 3-4 organizations to provide the services and resources mentioned on page 2.)</p>	\$500,000
<p>2. Training and technical assistance for faith-based leaders</p> <p>(This amount would be used to hire consultants to provide training and resources or provide funding directly to a number of faith-based organizations to hire experts directly).</p>	\$50,000
<p>3. Services for people who cause harm</p> <p>(Fund 2-3 organizations to provide services to people who cause harm (see #3 on page 3).</p>	\$150,000
<p>4. Prevention education for K-12 to provide, and coordinate prevention work</p> <p>(Fund one full-time person to increase prevention education by developing curricula and coordinating with all schools in the Berkeley School District. This would include working with student groups from Berkeley High School to develop peer-based education.)</p>	\$125,000
Intervention: Police response	
<p>1. City leadership to work on gender-based violence issues, including leading a forum for community providers and members.</p>	In-kind from the City
<p>2. Coordinate with court and other local law enforcement to implement new firearm and ammunition surrender laws</p>	In-kind from police department and the City

3. Update DV policies annually and as needed.	In-kind from police department
4. DV and trauma-informed training	\$5,000 for contracted speakers In-kind from police department
5. Translation of DV resource cards into multiple languages (Cost to translate resource cards and other materials into at least five most common languages.)	\$15,000 (<i>one-time investment with some funding needed to update resources</i>)
6. Screen for domestic violence for every call for help	In-kind from all responding agencies
7. Female officer available	In-kind from police department
8. Advocate to accompany DV call and provide crisis intervention	\$125,000 (two advocates at 0.5FTE)
Total	\$970,000

Appendix

Questions to Berkeley Police Department (BPD) from GBV subcommittee of Reimagining Public Safety Task Force

1. When an alleged victim or suspect needs language assistance, who provides interpretation?

BPD response: When an alleged victim or suspect needs language assistance, we first look to fellow officers for translation services. The Berkeley Police Department employs officers and other department personnel that speak many different languages - about 12 different languages are spoken. Berkeley Police Officers also use the AT&T “Language Line” for languages that are not spoken by fellow officers/Berkeley Police employees. When an exigency exists, officers also use family members and/or friends to translate, where appropriate.

2. If an alleged victim or suspect needs language assistance, is this noted in the police report, including the language spoken and who provided interpretation?

BPD response: Berkeley Police officers document when an alleged victim or suspect requires language assistance in their police reports. The documentation also includes what language the victim or suspect speaks, and who provided the translation. The Domestic Violence supplemental report specifically asks the officer to document whether the victim/suspect has difficulty with English, and if so, what language is preferred. The report also has a field for the officer to input who provided translation.

3. Are resources, like domestic violence pamphlets and resource cards, translated into different languages? If so, what languages?

BPD response: The Berkeley Police Department stocks Victims of Crime Resource pamphlets and Marsy’s Rights cards in Spanish.

4. If an alleged victim is unhoused and does not have a phone, how does the department contact the victim if follow-up is needed?

BPD response: When an alleged victim is unhoused and does not have a phone, officers will try to obtain alternate means of communication for the

victim (e.g. email account, social media accounts, etc.). If the alleged victim does not have any means of contact, officers will try to obtain information about where the victim will be staying so that personal contact can be made by detective(s) conducting follow-up investigation. Patrol officers are often very knowledgeable about where specific victims live or areas they frequent. Officers are diligent about documenting various ways - unique to every victim - to contact them.

5. Can you provide a copy of any pamphlet or brochure that is provided to an alleged domestic violence victim by responding officers?

BPD response: [Pamphlet/brochures provided to DV victim] See attached.

6. How often does the department update its domestic violence policies?

BPD response: The Berkeley Police Department does not currently have a set revision schedule for updating its Domestic Violence policy and related policies. The Berkeley Police Department just migrated its policies to Lexipol. Policies are updated as revisions are needed. The DV policy was last updated October 5, 2018.

7. Are domestic violence advocacy groups consulted when the department updates its internal domestic violence policies?

BPD response: No, a domestic violence advocacy group was not consulted when the department updated its internal domestic violence policies. Per city protocol the domestic violence policy was written in conjunction with the Police Review Commission (now the Police Accountability Board). However, we are in weekly collaboration with our domestic violence advocate at the Family Justice Center. She helps coordinate all aspects of care and resource procurement for victims.

8. Does the department use the relationship between the alleged victim and suspect to indicate that a case involves DV allegations? For example, in some cases the alleged violation per the penal code would not reveal that the case involves DV, but knowing that the

parties are married or in a dating relationship would (e.g. PC 422, false imprisonment, annoying or harassing phone calls).

BPD response: Yes, the Berkeley Police Department uses the relationship between the alleged victim and suspect when investigating reports of criminal violations. The Department treats all reports of criminal activity seriously, however, those involving intimate partner violence are of particular concern due to the elevated emotional component and frequent volatility of such incidents. Domestic abuse/violence incidents tend to repeat and intensify in nature if the cycle of violence is not interrupted.

9. What training do responding officers and specially assigned detectives receive in the areas of domestic violence, sexual assault and human trafficking? How often is this training provided? Please provide examples of topic areas and the provider of the training, if possible.

BPD response: If the DV subcommittee is interested in topics that are trained for sexual assault and/or human trafficking we could work on this information in the future. Domestic Violence Related training topics for Officers and Detectives:

Academy POST Training:
 Domestic Violence related laws
 Batterer and victim characteristics
 Victim Protections
 Types of court orders
 Emergency Protective Orders
 Support Services for Victims
 Reporting and Documentation

POST ICI Domestic Violence Investigations:
 Search Warrants
 Stalking
 Strangulation
 DA Presentation
 Equality, power and control, abusive relationships
 Power and Control for Lesbian, gay, bisexual and Trans Relationships
 Abuse in Later life
 People with Disabilities in Partner Relationships

Impact on Children
DV Injuries
Officer Involved DV
Lethality



**RECURSOS PARA VÍCTIMAS
DE CRIMEN**

RECURSOS PARA VICÍMAS DE CRIMEN

Arresto Policial

El Departamento de Policía de Berkeley se compromete a proteger a las personas que sean víctimas de un crimen, incluyendo Violencia Doméstica. Los agentes policiales consideran la Violencia Doméstica como conducta delictuosa, cual se investigará como cualquier otro crimen. En los casos de delitos mayores o lesiones graves, el agente policial puede efectuar un arresto del sujeto en base al motivo fundado de que el sujeto cometió el delito.

Arresto Ciudadano

Bajo ciertas circunstancias, los agentes policiales no pueden efectuar un arresto directamente, pero le deben pedir hacer el arresto ciudadano (excepto en los casos de Violencia Doméstica) al agente policial. Una persona particular puede arrestar a otra por un crimen cometido en su presencia. El agente pondrá bajo custodia al sospechoso cuando exista motivo fundado.

ATENCIÓN: La persona sujeta a la acusación puede depositar una fianza o ser puestos en libertad con una citación. Las víctimas no deberán depender en el arresto como garantía de su propia seguridad.

Presentar Cargos

Usted tiene el derecho de pedirle al Fiscal que entable una denuncia. Al siguiente día hábil después de su denuncia a la policía, debe comunicarse con la División de Investigaciones al número escrito en su recibo del informe. Es muy importante que haga esto sin importar si el sospechoso haya sido arrestado.

En casos de Violencia Doméstica el Fiscal toma la decisión final para decidir si se presentan cargos o no en contra del agresor.

Usted tiene el derecho de que el Fiscal lo(a) escuche, y el derecho de pedirle al Fiscal que presente una denuncia penal.

Oficina de la Fiscalía del Condado de Alameda (510) 268-7500
 Defensor de Víctimas de Violencia Familiar (510) 268-7276
 de la Fiscalía

INFORMACIÓN LEGAL

Programas de Asistencia para Víctimas

La oficina de la Fiscalía del Condado de Alameda tiene personal que puede brindarle información y asistir a víctimas de crímenes.

Fiscalía del Condado de Alameda – Servicios para Víctimas y Testigos
 1401 Lakeside Dr., Ste. 802, Oakland, CA 94612
 (510) 272-6180

Centro Familiar de Justicia del Condado de Alameda
 470 27th St., Oakland, CA 94612 (510) 267-8800

La Oficina de la Fiscalía también tiene un Defensor de víctimas que le puede brindar información sobre el estado de casos penales. Se puede comunicar con la Oficina de la Fiscalía al (510) 268-7276.

BPD – Violencia Doméstica y Agresión Sexual

El Departamento de Policía de Berkeley tiene un equipo de Detectives y un Defensor de Víctimas que le puede brindar información sobre el proceso judicial y ofrecerle asistencia adicional.

Detective de Violencia Doméstica (510) 981-5736
 Defensor de Violencia Doméstica (24 horas) (510) 757-5123
 Detective de Agresión Sexual (510) 981-5735

Información para Víctimas y Notificación Diaria (VINE por sus siglas en inglés)

Para averiguar si un agresor está bajo custodia en el estado de California o para que se le notifique cuando un agresor es puesto en libertad, llame (877) 411-5588. Necesita un teléfono con teclado. También necesita saber el nombre de la persona que se encuentra bajo custodia.

Las víctimas no deberán de confiar en esto para garantizar su propia seguridad.

Visa U

La Ley Federal creó la Visa U para animar a víctimas de crímenes sin ciudadanía a cooperar con agencias del orden público proporcionándoles protección de deportación y un camino para obtener una Tarjeta de Residente Permanente. Puede encontrar más información en el sitio web del Departamento de Justicia de California Oficina de la Procuraduría www.oag.ca.gov al igual que en el sitio de Servicios de Ciudadanía e Inmigración de los Estados Unidos (USCIS por sus siglas en inglés) www.uscis.gov. También puede pedir ayuda comunicándose con el Centro Familiar de Justicia del Condado de Alameda (510)267-8800.

Visa T

La Visa T le permite a víctimas de trata severa de personas permanecer en los EE.UU para ayudar a las autoridades con su investigación. Puede encontrar más información en el sitio web de Servicios de Ciudadanía e Inmigración de los Estados Unidos www.uscis.gov. También puede pedir ayuda comunicándose con el Centro Familiar de Justicia del Condado de Alameda (510)267-8800.

INFORMACIÓN – ORDEN DE RESTRICCIÓN

Si lo han amenazado, acosado o agredido, puede solicitar un Orden de Restricción. Si el agresor es o fue su esposo(a), pareja o con quien tiene hijos en común, puede solicitar una “Orden de Restricción por Violencia Doméstica.” Si está casado(a) con el agresor, no tiene que obtener un divorcio para obtener una Orden de Restricción. Si el agresor es un vecino, amigo, o conocido, puede pedir una “Orden por Acoso Civil.” Hay un cobro por una Orden de Restricción por Acoso Civil. Si usted es de bajos recursos, puede solicitar una exención de pago.

Como solicitar. Puede solicitar una Orden de Restricción en el:

1. René C. Davidson Courthouse, 1225 Fallon St., Oakland, CA
2. George E. McDonald Hall of Justice, 2233 Shoreline Dr., Alameda, CA
3. Hayward Hall of Justice at 24405 Amador St., Hayward, CA

Puede obtener los documentos e instrucciones detalladas en el Tribunal o en línea www.courts.ca.gov. El Defensor de víctima al (510) 757-5123 o Centro de Derecho de Violencia Familiar al (800) 947-8301 también puede asistirle a obtener una Orden de Restricción por Violencia Doméstica.

Costo. No hay costo para obtener una “Orden de Restricción por Violencia Doméstica.” Sí hay costo para obtener una “Orden por Acoso Civil.” Si usted es de bajos recursos, puede solicitar una exención de pago. No necesita un abogado para obtener una Orden de Restricción, pero sí es buena idea tener uno si tiene uno disponible

¿Cuánto tiempo toma para obtener una Orden de Restricción?

Es posible obtener una Orden de Restricción Temporal dentro de 24 horas, o puede tomar hasta una semana. Es importante comenzar temprano el proceso para obtener una Orden de Restricción a largo plazo. Si el agente policial le da una “Orden de Protección de Emergencia”, no espere hasta que se venza esta Orden antes de solicitar una Orden de Restricción a largo plazo.

¿Qué hace una Orden de Restricción?

1. Ordenar al acusado mantenerse a cierta distancia de usted, su familia, y/o miembros de su hogar.
2. Ordenar al acusado a mantenerse alejado de su casa, sitio de trabajo, casa de su familia, sitio de escuela/guardería de sus hijos, y si es necesario alguna otra dirección.
3. Ordenar al acusado a mudarse de su casa o departamento, aunque el nombre del acusado se encuentre en el contrato de alquiler o sea copropietario.
4. Que se le de custodia de sus hijos y exigir una orden de visitas.
5. Ordenar Manutención para sus hijos.
6. Ordenar al acusado que no acose, maltrate o se comunique con usted, su familia o miembros de su hogar.
7. Que se le dé uso de cierta propiedad.
8. El reembolso por la pérdida de ingresos y/o el gasto real causado directamente por la violencia como cobros médicos y daño a propiedad.
9. Ordenar al acusado que pague ciertas deudas.
10. Ordenar el acusado que cumpla con un programa de intervención para agresores de 52 semanas.

ATENCIÓN: No se puede hacer cumplir una Orden de Restricción hasta que sea emplazada, que significa que se le ha notificado al acusado en persona, en el tribunal o por un agente policial que están sujetos a una restricción.

Guarde la Orden de Restricción consigo.

Si usted obtuvo una Orden de Restricción la cual le prohíbe al agresor pegarle o acosarlo(a), y el agresor a sabiendas quebranta la Orden, pueden ser arrestados y en la mayoría de los casos encarcelados. A pesar de que el Departamento de Policía debe de tener su Orden de Restricción en el sistema de datos, es extremadamente importante que guarde una copia de su Orden de Restricción y Comprobante de Emplazamiento (Proof of Service) consigo en todo momento.

¿Qué debe hacer si el acusado quebranta la Orden de Restricción?

1. Llame a la Policía.
2. Pida que se prepare un informe formal, aunque se haya ido el acusado.
3. Si se le emplazó la Orden de Restricción al acusado y el(ella) sigue ahí cuando llegue la policía, pueden ser arrestados.
4. Comuníquese con la División de Investigaciones de BPD al próximo día hábil después de su denuncia policial para informarse sobre el procesamiento de su caso por el quebrantamiento de la Orden de Restricción.

Demandando al agresor

Usted puede tener el derecho a demandar al agresor en el tribunal civil aparte de presentar cargos penales. Si usted perdió ingresos, acumuló cobros médicos, tuvo daños de propiedad, u otras pérdidas debido al abuso, puede consultar con un abogado. Comuníquese con el Servicio de Recomendaciones de Abogados del Condado de Alameda (510) 302-2222.

LESIONES

Puede ser que encuentre más lesiones o el empeoramiento de lesiones después de que se haya ido la policía o de cuando tomaron su denuncia.

Por ejemplo, durante los días después de la agresión se pueden marcar más los moretes. Los Detectives le pueden pedir que se tome más fotos de sus lesiones.

ESTRANGULACIÓN

La estrangulación puede causar lesiones internas graves y se les sugiere a las víctimas que inmediatamente busquen atención médica. Infórmele al agente o al personal médico si el agresor lo(a) estranguló o trato de sofocarlo.

INFORMACIÓN DE AGRESIÓN SEXUAL

Como Pedir Ayuda.

La agresión sexual es un crimen grave y emocional. Puede implicar a alguien que usted conoce o a un desconocido. El denunciar una violación o agresión sexual a la policía puede ser una decisión difícil. Para recibir ayuda y orientación, llame al Centro de Crisis de Violaciones.

BAWAR (Bay Area Women Against Rape) –Mujeres contra la Violación
470 27th St., Oakland, CA 94612 24 horas al día (510) 845-7273

Centro de Justicia Familiar del Condado de Alameda
470 27th St., Oakland (510) 430-1298

RAINN (Rape, Abuse & Incest National Network)
(Red Nacional de Violación, Abuso e Incesto) (800) 656-4673

VÍCTIMAS DE AGRESIÓN SEXUAL: DERECHOS

Esta información se le debe proporcionar por escrito a las víctimas de agresión sexual antes de la investigación.

Como víctima de agresión sexual tiene los siguientes derechos específicos a la agresión sexual:

No se le requiere participar en el sistema judicial ni de reportarlo a la policía.

Tiene el derecho de tener un terapeuta/defensor de víctimas y por lo menos a una persona de apoyo que usted escoja que esté presente durante la examinación médica forense, examinación física, o entrevista de investigación a raíz de la agresión sexual. Los Terapeutas/Defensores de víctimas de agresión sexual están inmediatamente disponibles 24 horas al día.

No se le obliga participar en una examinación médica física o probatoria.

Las pruebas forenses de agresión sexual serán examinadas y analizadas en el laboratorio a menos que la víctima pida que no se examinen las pruebas.

Las víctimas pueden recibir información sobre los resultados de análisis de todas las pruebas forenses de agresión sexual del hospital que está llevando a cabo el examen o del Departamento de Policía de Berkeley.

Tiene el derecho de pedir que el agente policial sea hombre o mujer cuando lo entrevisten.

Las pruebas de agresión sexual se deterioran con el tiempo. Con el paso del tiempo podría ser imposible recuperar pruebas biológicas. Las pruebas biológicas se deben de recopilar y preservarse lo antes posible.

Las pruebas forenses de agresión sexual se conservan por 20 años por lo menos. Si la víctima es menor de 18, se conservan hasta que la víctima cumpla 40 años.

Tiene disponible Ordenes de Restricción y Ordenes de Protección y también en este folleto se incluye información de cómo recibir ayuda y obtenerlas.

Como víctima de un crimen, también tiene los derechos tal y como se describen al final de este folleto bajo **DECLARACIÓN DE DERECHOS DE LA VÍCTIMA SEGÚN LA LEY DE MARSY**.

Si tiene la intención de denunciar una violación o agresión sexual a la policía:

1. Ayuda preservar las pruebas. No se bañe, no use la ducha vaginal, no se cambie ni lave su ropa. Tampoco cambie nada en el lugar donde sucedió la agresión.
2. Comuníquese con la policía lo antes posible para que lo puedan llevar al hospital y preparar un informe.
3. Aunque la policía preparará un informe detallado, usted les puede pedir que su nombre no se incluya en la parte pública del informe.
4. Tiene el derecho de tener un Defensor y una persona que usted elija de apoyo durante su examen en el hospital y durante la interrogación policial.

RECURSOS EN LA COMUNIDAD PARA VÍCTIMAS

Servicios de Emergencia.

Los Terapeutas de Violencia Doméstica están disponibles 24 horas al día si necesita terapia profesional por situación de crisis, reubicarse de emergencia a un lugar seguro, buscar un plan de seguridad, o para obtener información sobre orden de restricción. Se puede comunicar con el equipo de respuesta móvil FVLC (Centro de Derecho de Violencia Familiar por sus siglas en inglés) al (800) 947-8301.

Asistencia Legal

Family Violence Law Center (FLVC)	(800) 947-8301 (510) 208-0255
Bay Area Legal Aid	(510) 250-5270
East Bay Community Law Center	(510) 548-4040
Alameda County Bar Association	(510) 302-2222
Legal Assistance for Seniors	(510) 832-3040
Asian Pacific Islander Legal Outreach	(510) 251-2846

Refugios y Líneas Directas

A Safe Place	(510) 536-7233
	(510) 836-2456
Building Futures w/Women & Children	(866) A-WAY-OUT
	(866) 292-9688
Safe Alternative to Violent Environments	(510) 794-6055
STAND	(888) 215-5555
Tri-Valley Haven	(800) 884-8119
Marin Abused Women's Shelter	(415) 924-6616
Asian Women's Shelter	(877) 751-0880
EDEN (shelter referrals)	(510) 537-2552
National Domestic Violence Hotline	(800) 799-SAFE
	(800) 799-7233
Narika Hotline (South Asian Languages)	(800) 215-7308
Shimtuh Hotline (Korean Center East Bay)	(510) 547-2662
Deaf Hope	hotline@deaf-hope.org
Community United Against Violence (LGBTQ)	(415) 777-5500
Bay Area Crisis Nursery	(925) 685-8052

Consejería para los Sobrevivientes

Ser víctima de un crimen puede ser extremadamente difícil y traumático. Es muy importante que obtenga el apoyo necesario para cuidarse. Las siguientes agencias proporcionan asesoría y asistencia.

Family Violence Law Center	(800) 947-8301
Clearwater Counseling	(510) 596-8137
A Safe Place	(510) 536-7233
Tri-Valley Haven	(800) 884-8119
SAVE	(510) 794-6055
Building Futures w/Women & Children	(866) 292-9688
La Clínica de la Raza (Español)	(510) 535-4170
Pacific Center for Human Growth (LGBTQ)	(510) 548-8283
Community United Against Violence (LBBTQ)	(415) 777-5500
Alameda Family Services	(510) 522-8363
Deaf Hope	hotline@deaf-hope.org
National Domestic Violence Hotline	(800) 799-7233

Asesoría para Niños

Family Violence Law Center	(800) 947-8301
Clearwater Counseling	(510) 596-8137
DOVES at Oakland Children's Hospital	(510) 428-3135
The Link to Children (TLC)	(510) 428-2028

Asesoría para Agresores

Alameda Community Recovery SVS	(510) 522-8363
John Hamel & Associates (Berkeley)	(925) 686-2921
Allen Temple Baptist Church	(510) 544-3914
Peace Creations	(510) 834-7088
Psychological Services Center	(510) 628-9065
West Oakland Health Council	(510) 465-1800

JUNTA DE COMPENSACION PARA VICTIMAS DE CALIFORNIA

El Estado de California le puede pagar a las víctimas de crimen o sus dependientes los gastos relacionados a actos criminales. Este Programa de Compensación para Víctimas de California le podría pagar los siguientes gastos:

- Tratamiento medico y dental
- Servicios de salud mental
- Reubicación por su seguridad
- Seguridad en el hogar
- Pérdida de ingresos

ATENCIÓN: El Programa de Compensación para Víctimas de California no puede pagarle gastos por daños a la propiedad.

Para obtener más información sobre este Programa o para obtener una solicitud por favor llame al:

Programa de Compensación para Víctimas de California

Estado de California	(800) 777-9229
Condado de Alameda	(510) 272-6180

Programa para asistir a Víctimas/Testigos Fiscalía del Condado de Alameda

1401 Lakeside Drive, Suite 802
Oakland, CA 94612 (510) 272-6180

Centro Familiar de Justicia de Condado de Alameda
470 27th Street Oakland, CA 94612 (510) 267-8800

DECLARACIÓN DE DERECHOS DE LA VÍCTIMA SEGÚN LA LEY DE MARSY.

La Constitución de California, Artículo 1, Sección 28, confiere ciertos derechos a víctimas de crímenes, según lo define la ley. Los derechos son:

1. Justicia y Respeto

A que se le trate con justicia y respeto a su privacidad y dignidad, no ser intimidado, acoso y abuso, durante todo el proceso penal o el proceso jurídico de menores.

2. Protección del acusado

A que se le proteja razonablemente del acusado y las personas que actúen en nombre del acusado.

3. Consideración de la Seguridad de la Víctima para Fijar Fianza y Condiciones de Libertad

A que se considere la seguridad de la víctima y de los familiares de la víctima al momento de fijarse el monto de la fianza y las condiciones de la liberación del acusado.

4. Evitar la Divulgación de Información Confidencial

A evitar la divulgación de información o registros confidenciales al acusado, al abogado del acusado o cualquier persona que actué a nombre del acusado, que se pudieran utilizar para ubicar u hostigar a la víctima o la familia de la víctima, o que divulgaran comunicaciones confidenciales llevadas a cabo durante el tratamiento médico o de consejería, o que de otra forma se consideren privilegiados o confidenciales ante la ley.

5. Rechazar una entrevista por parte de la Defensa

A reusarse a una entrevista, declaración o petición de revelación de pruebas de parte del acusado, del abogado del acusado o cualquier persona que

actúe en nombre del acusado, y a establecer condiciones razonables para llevar a cabo dicha entrevista en caso de que la víctima acepte.

6. Consultar con la Agencia Acusadora y Notificación de la Resolución antes del Juicio

A recibir aviso razonable y a consultar razonablemente con la agencia acusadora, por solicitud, en cuanto al arresto del acusado si el procurador lo conoce, los cargos presentados, la decisión de extraditar al acusado y, de ser solicitadas, a que se le notifique e informe antes de cualquier resolución previa a un juicio del caso.

7. Notificación y Presencia en Procesos Judiciales

A recibir aviso razonable de todos los procesos judiciales públicos, incluyendo los procesos judiciales de delincuencia, de ser solicitado, en los que el acusado y el procurador puedan estar presentes, y de todos los procesos judiciales de libertad condicional u otras liberaciones posteriores a la condena, y a estar presente en esos procesos judiciales.

8. Presencia en Procesos Judiciales y Expresión de Opinión

A que se le escuche, de ser solicitado, en cualquier procedimiento, incluidos procedimientos de delincuencia, que incluyan una decisión de liberación tras el arresto, alegato, sentencia, decisión de liberación tras la condena, o cualquier procedimiento en el que esté en juego un derecho de la víctima.

9. Juicio con celeridad y Conclusión Inmediata del Caso

A un juicio sin demora y a una conclusión inmediata y final del caso y cualquier proceso relacionado tras la imposición de la condena.

10. Proveer Información al Departamento de Libertad a Prueba

A brindarle información a un oficial del departamento de libertad a prueba que realice una investigación previa a la imposición de pena sobre el impacto del crimen en la víctima y la familia de la víctima, y cualquier recomendación de la pena antes de su imposición al acusado.

11. Recibir el Informe Previo a la condena

A recibir, de ser solicitado, el informe previo a la condena disponible para el acusado, excepto aquellas partes que sean legalmente confidenciales.

12. Información de la Condena, Pena, Encarcelación, Libertad, y Escape

A recibir información, por solicitud, de la condena, la pena, el lugar y la hora de encarcelamiento u otra resolución del acusado, la fecha programada de liberación del acusado y la liberación o el escape del acusado de la custodia.

13. Indemnización

- A. Es la intención inequívoca del pueblo del estado de California que todas las personas que sufran pérdidas como resultado de actividad criminal tengan derecho a buscar y asegurar la indemnización de las personas condenadas por los crímenes que causaron la pérdida que han sufrido.
- B. La indemnización debe salir del malhechor condenado en todos los casos, sin importar la pena ni resolución impuesta, en los que una víctima de crimen sufra una pérdida.
- C. Todos los pagos monetarios, fondos y propiedad recaudada de cualquier persona que deba resarcir se aplicarán primero al pago de los montos ordenados como indemnización a la víctima.

14. Devolución Rápida de Propiedad

A la devolución rápida de la propiedad cuando ya no se necesite como pruebas.

15. Aviso de Libertad Condicional y sus Procedimientos

A estar informada sobre todos los procedimientos de libertad condicional, a participar en el proceso de libertad condicional, a brindarle información a la autoridad de libertad condicional para que se le tenga en cuenta antes de la libertad condicional del acusado, y a que se le notifique, si así lo solicita, sobre la libertad condicional u otra liberación del agresor.

16. La Seguridad de la Víctima y de la Comunidad son Factores para la Libertad Condicional

A que se tenga en cuenta la seguridad de la víctima, la familia de la víctima y el público general antes de que se tome cualquier decisión de libertad condicional u otra liberación tras la imposición de la condena.

Información sobre estos 16 Derechos

A que se le informe sobre los Derechos enumerados en los párrafos (1) al (16).

Para más información sobre la Ley de Marsy, visite el sitio web del Procurador General de Justicia al: www.ag.ca.gov/victimservices.

Para obtener información sobre el Centro para Asistir a Víctimas/Testigos más cercano a usted, llame:

Attorney General's Victim Services Unit (877) 433-9069
(Servicios para Víctimas del Procurador General de Justicia)

Información Adicional para los Afiliados con la Universidad de California

Si usted está afiliado con UC Berkeley se le está proporcionando con este guía de recursos indispensable por que recientemente tuvo un impacto por actividad criminal, o tal vez necesite recursos que la Universidad le puede brindar. La Universidad de California en Berkeley tiene muchos recursos disponibles para ayudarle durante un momento difícil. Nos comprometemos a dar atención a sus necesidades en colaboración con nuestros socios en la comunidad.

UCPD Berkeley
Para más Información visite:
<http://safetycounts.berkeley.edu>



Reportar

Center for Student Conduct

(510) 643-9069, <http://studentconduct.berkeley.edu>

Office for the Prevention of Harassment and Discrimination

(510) 643-7985, <http://ophd.berkeley.edu>

University of California Police Department, Berkeley

(510) 642-6760, <http://police.berkeley.edu>

Apoyo

Gender Equity Resource Center

Sexual Harassment/Sexual Assault Resource Specialist

(510) 643-5727, <http://geneq.berkeley.edu>

University Health Services, Social Services

(510) 642-6074, socsvrs@uhs.berkeley.edu

<http://uhs.berkeley.edu/students/counseling/socialservices.shtml>

University Health Services, CARE Services

(510) 643-7754, careserv@uhs.berkeley.edu
<http://uhs.berkeley.edu/facstaff/care/>

Ombudsperson for Students and Postdoctoral Appointees

(510) 642-5754 for referral, <http://sa.berkeley.edu/ombuds>

Ombuds Office for Faculty

(510) 642-4226

The Staff Ombuds Office

(510) 642-7823

Division of Student Affairs, Student Legal Services

(510) 642-3916, <http://sa.berkeley.edu/legal>

Student Advocate

(510) 642-6912, <http://advocate.berkeley.edu>

MEDICO**University Health Services, Urgent Care Clinic**

2222 Bancroft Way (The Tang Center)

(510) 643-7197 (advice after hours), www.uhs.berkeley.edu

Este material está disponible en formatos alternativos, de ser solicitados. Formatos alternativos incluye, formato audio, braille, de letra grande, texto electrónico, etc. Por favor comuníquese con los Especialistas de Servicios para los Discapacitados y permita que pasen de 7 a 10 días para producir el material en un formato alternativo.

Especialistas de Servicios para los Discapacitados

Correo Electronico: ADA@cityofberkeley.info

Teléfono: (510) 981-6418

TTY: (510) 981-6347

Revised February 2019 G:\p_admin\DD DV\2019 Resources for Victims - Spanish

NOTICE OF REPORT

Berkeley Police Department
 Tsukamoto Public Safety Building
 2100 Martin Luther King Jr. Way
 Berkeley, CA 94704
 (510)981-5900 VM#(510)981-5990
www.CityofBerkeley.info/police

Report number (Numero de Informe):

Date(Fecha):

Type of Report/Offense (Clase de Informe/Crimen):

Officer's name(Nombre del Agente Policial):

Badge #(Número de Placa):

Officer's duty hours (Horario de turno del Agente):

Days off (Días de descanso):

Si tiene alguna pregunta sobre el estado de investigación de su caso, por favor comuníquese con el Departamento Policial indicado abajo. Debe de hacer sus preguntas de lunes a viernes, de 8:00am a 4:30pm.

Crimes Against Property (Crimen de Propiedad)	(510) 981-5737
Domestic Violence (Violencia Doméstica)	(510) 981-5736
Sex Crimes (Crimen Sexual)	(510) 981-5716
Youth Services (Servicios para Jóvenes)	(510) 981-5715
Homicide/Assault (Homicidio/Agresión)	(510) 981-5741
Robbery (Robo)	(510) 981-5742
Traffic (Tránsito)	(510) 981-5980



**RESOURCES FOR VICTIMS
OF CRIME**

32

RESOURCES FOR VICTIMS OF CRIME

Officer Arrest

The Berkeley Police Department is committed to protecting persons who are victims of crime, including Domestic Violence. Officers shall consider Domestic Violence as criminal conduct, which shall be investigated as any other crime. In cases involving felonies or serious injuries, the officer may make an arrest on probable cause that the suspect committed the offense.

Citizen's Arrest

In certain circumstances, officers cannot make an arrest directly, but must ask you to make a citizen's arrest (with the exception of Domestic Violence cases). A private person may arrest another for a public offense committed in their presence. The officer will take the suspect into custody in circumstances where probable cause exists.

NOTE: Suspects may post bail or may be released on a citation. Victims should not rely on arrests as a guarantee of their personal safety.

Pressing Charges

You have the right to ask the District Attorney to file a criminal complaint. On the next work day after you have made a police report, you should contact the Investigations Division at the phone number listed on your report receipt. It is very important that you do this whether or not the suspect has been arrested.

In Domestic Violence cases, the ultimate decision as to whether a suspect is charged with a crime or not is made by the District Attorney.

You have the right to have your voice heard by the District Attorney, and the right to ask the District Attorney to file a criminal complaint.

Alameda County D.A.'s Office	(510) 268-7500
D.A.'s Domestic Violence Advocate	(510) 268-7276

LEGAL INFORMATION**Victim Assistance Programs**

The Alameda County D.A.'s Office has staff members who are able to provide information and assist victims of crime.

Alameda County DA - Victim Witness Services
1401 Lakeside Dr., Ste. 802, Oakland, CA 94612
(510) 272-6180

Alameda County Family Justice Center
470 27th St., Oakland, CA 94612 (510) 267-8800

The District Attorney's Office also has an Advocate that can provide information about the status of criminal cases. The District Attorney's Advocate can be reached at (510) 268-7276.

BPD - Domestic Violence and Sex Crimes

The Berkeley Police Department has a team of Detectives and a Victim Advocate that can provide information on the criminal justice process and offer additional assistance.

Domestic Violence Detective	(510) 981-5736
Domestic Violence Advocate (24 hour)	(510) 757-5123
Sexual Assault Detective	(510) 981-5716

Victim Information & Notification Everyday (VINE)

To find out if and where an offender is in custody in the State of California or to be notified when an offender is being released from custody, call (877) 411-5588. You need a touchtone telephone. You will also need to know the name of the person in-custody. Victims should not rely on this as a guarantee of their personal safety.

U Visas

U Visas were created by Federal Law to encourage non-citizen crime victim cooperation with law enforcement by providing victims protection from deportation and a pathway to a green card. More

information can be found at the California DOJ's Office of the Attorney General website at www.oag.ca.gov as well as the US Citizenship and Immigration Services website at www.uscis.gov. You can also contact the Alameda County Family Justice Center for assistance (510)267-8800.

T Visas

T Visas allow victims of severe forms of human trafficking to remain in the US to assist authorities in their investigation. More information can be found at the US Citizenship and Immigration Services website at www.uscis.gov. You can also contact the Alameda County Family Justice Center for assistance (510)267-8800.

RESTRAINING ORDER INFORMATION

If you have been threatened, harassed, abused, or assaulted, you can apply for a Restraining Order. If the offender is your current or former spouse, partner, or someone with whom you have a child, you can apply for a "Domestic Violence Restraining Order." If you are married to the offender, you do not have to get a divorce to get a Restraining Order. If the offender is a neighbor, friend, or acquaintance, you may request a "Civil Harassment Order." There is a fee for Civil Harassment Restraining Orders. If you are low-income, you can apply for a fee waiver.

How to apply. You can apply for Restraining Orders at the:

1. René C. Davidson Courthouse, 1225 Fallon St., Oakland, CA 94612
2. George E. McDonald Hall of Justice, 2233 Shoreline Dr., Alameda, CA
3. Hayward Hall of Justice at 24405 Amador St., Hayward, CA.

You can obtain the paperwork and detailed instructions at the Courthouse or online at www.courts.ca.gov. The Victim Advocate at (510) 830-3663 or the Family Violence Law Center at (800) 947-8301 may also be able to assist you in obtaining a Domestic Violence Restraining Order.

Cost. There is no fee for obtaining a "Domestic Violence Restraining Order." There is a fee for obtaining a "Civil Harassment Order." If you are low-income, you can apply for a fee waiver. You do not need an attorney to obtain a Restraining Order, but it is a good idea to have one if one is available to you.

How long does it take to get a Restraining Order?

It is possible to get a Temporary Restraining Order within 24-hours, or it may take as long as a week. It is important to start the process of obtaining a long-term Restraining Order early. If the police gave you an "Emergency Protective Order," do not wait until this Order expires before applying for a more long-term Restraining Order.

What the Restraining Order can do?

1. Order the defendant to stay a specified distance away from you, your family, and/or members of your household.
2. Order the defendant to stay away from your home, your workplace, your family's home, your children's school/childcare location, and other addresses if necessary.
3. Order the defendant to move out of your home or apartment even if the defendant's name is on the lease or he/she is a co-owner.
4. Give you custody of your children and mandate a visitation order.
5. Order child support.
6. Order the defendant not to contact, harass, or abuse you, your family, and members of your household.
7. Give you the use of certain property.
8. Reimburse you for lost earnings and/or actual expenses caused directly by the violence such as medical bills and property damage.
9. Order the defendant to pay certain debts.
10. Order the defendant to complete a 52-week Batterer's Intervention Counseling Program.

NOTE: A Restraining Order is not enforceable until it has been served, meaning the defendant has been notified in person in court or by a police officer that they are restrained.

Keep your Restraining Order with you.

If you have obtained a Restraining Order which stops the offender from beating or harassing you, and the offender knowingly violates the Order, they can be arrested and, in most cases, taken to jail. Even though the Police Department should have your Restraining Order in their computer system, it is extremely important that you keep a copy of your Restraining Order and Proof of Service with you at all times.

What should you do if the defendant violates your Restraining Order?

1. Call the Police.
2. Ask that a formal report be taken even if the defendant has left.
3. If the defendant has been served with the Restraining Order and is still there when the police arrive, they can be arrested by the police.
4. Contact the BPD Investigations Division the next work day after you have made a police report to follow-up regarding prosecution of your Restraining Order violation case.

Suing the Offender

You may have a right to sue the offender in civil court in addition to pressing criminal charges. If you have lost wages, accumulated medical bills, property damage, or other losses because of the abuse, you may contact a lawyer. For assistance in locating an attorney, contact the Alameda County Lawyer Referral Service at (510) 302-2222.

INJURIES

You may notice additional or worsening injuries after the police have taken your report and left. For example, bruising may be more pronounced in the days following an assault. Detectives may ask for additional photos to be taken of your injuries.

STRANGULATION

Strangulation may cause serious internal injuries and victims are highly encouraged to seek medical attention right away. Tell officers or medical personnel if the suspect strangled or attempted to suffocate you.

SEXUAL ASSAULT INFORMATION**How to Get Help.**

Sexual assault is a serious and emotional crime. It can involve someone you know, or a stranger. Reporting a rape or sexual assault to the police can be a difficult decision. For assistance, call a Rape Crisis Center for help and guidance.

BAWAR (Bay Area Women Against Rape) www.bawar.org
 470 27th St., Oakland, CA 94612 24 hour (510) 845-7273

Alameda County Family Justice Center
 470 27th St., Oakland (510) 430-1298

RAINN (Rape, Abuse & Incest National Network) (800) 656-4673

SEXUAL ASSAULT VICTIMS: RIGHTS

This information is to be provided to victims of sexual assault in writing before investigating further.

As a sexual assault victim you have the following rights specific to sexual assault:

You are not required to participate in the criminal justice system or to make a police report.

You have a right to have a sexual assault counselor/victim advocate and at least one support person of your choosing present at any initial medical evidentiary examination, physical examination, or investigative interview arising out of a sexual assault. Sexual assault counselors/advocates are available immediately 24 hours a day.

You are not required to participate in a medical evidentiary or physical examination.

You will not incur any out of pocket expenses for any forensic examinations.

Sexual assault forensic evidence will be sent to the lab to be tested and analyzed unless the victim requests the evidence not be tested.

Victims may request information about the results of analysis of any sexual assault forensic evidence from the hospital conducting the exam or the Berkeley Police Department.

You have the right to request to be interviewed by a male or female officer.

Sexual assault evidence deteriorates over time. Biological evidence may become impossible to recover as time passes. Biological evidence should be collected and preserved as soon as possible.

Sexual assault forensic evidence will be retained for at least 20 years, or if the victim is under 18, until the victim's 40th birthday.

Restraining Orders and Protective Orders are available to you and information on how to obtain them and get assistance is included in this pamphlet.

As a victim of crime, you also have the rights outlined at the end of the pamphlet in the **VICTIM'S BILL OF RIGHTS MARSY'S LAW** section.

If you intend to report a rape or sexual assault to the police:

1. Help preserve the evidence. Do not bathe, douche, change or wash your clothes, or alter anything at the location of the assault.
2. Contact the police as soon as possible so they can take you to a hospital and make a report.
3. Although the police will take a detailed report, you can ask that your name not become a matter of public record.
4. You have the right to have an Advocate and a support person of your choice with you during the hospital exam and police questioning.

COMMUNITY RESOURCES FOR VICTIMS

Emergency Services.

Domestic Violence Counselors are available 24-hours a day if you are in need of crisis counseling, emergency relocation to a safe place, seeking safety planning, or restraining order information. You can contact the Family Violence Law Center's Mobile Response Team at (800) 947-8301.

Legal Assistance

Family Violence Law Center	(800) 947-8301 (510) 208-0255
Bay Area Legal Aid	(510) 250-5270
East Bay Community Law Center	(510) 548-4040
Alameda County Bar Association	(510) 302-2222
Legal Assistance for Seniors	(510) 832-3040
Asian Pacific Islander Legal Outreach	(510) 251-2846

Shelters and Hotlines

A Safe Place	(510) 536-7233 (510) 836-2456
Building Futures w/Women & Children	(866) A-WAY-OUT (866) 292-9688
Safe Alternative to Violent Environments	(510) 794-6055
STAND	(888) 215-5555
Tri-Valley Haven	(800) 884-8119
Marin Abused Women's Shelter	(415) 924-6616
Asian Women's Shelter	(877) 751-0880
EDEN (shelter referrals)	(510) 537-2552
National Domestic Violence Hotline	(800) 799-SAFE (800) 799-7233
Narika Hotline (South Asian Languages)	(800) 215-7308
Shimtuh Hotline (Korean Center East Bay)	(510) 547-2662
Deaf Hope	hotline@deaf-hope.org
Community United Against Violence (LGBTQ)	(415) 777-5500
Bay Area Crisis Nursery	(925) 685-8052

Counseling for Survivors

Being the victim of a crime can be extremely traumatic and difficult. It is very important that you get the support that you need to take care of yourself. The following agencies provide counseling and assistance.

Family Violence Law Center	(800) 947-8301
Clearwater Counseling	(510) 596-8137
A Safe Place	(510) 536-7233

Tri-Valley Haven	(800) 884-8119
SAVE	(510) 794-6055
Building Futures w/Women & Children	(866) 292-9688
La Clinica de la Raza (Spanish)	(510) 535-4170
Pacific Center for Human Growth (LGBTQ)	(510) 548-8283
Community United Against Violence (LBBTQ)	(415) 777-5500
Alameda Family Services	(510) 522-8363
Deaf Hope	hotline@deaf-hope.org
National Domestic Violence Hotline	(800) 799-7233

Counseling for Children

Family Violence Law Center	(800) 947-8301
Clearwater Counseling	(510) 596-8137
DOVES at Oakland Children's Hospital	(510) 428-3135
The Link to Children (TLC)	(510) 428-2028

Counseling for Offenders

Alameda Community Recovery SVS	(510) 522-8363
John Hamel & Associates (Berkeley)	(925) 686-2921
Allen Temple Baptist Church	(510) 544-3914
Peace Creations	(510) 834-7088
Psychological Services Center	(510) 628-9065
West Oakland Health Council	(510) 465-1800

STATE OF CALIFORNIA CRIME VICTIM COMPENSATION PROGRAM

Victims of crime or their dependents may be paid by the State of California for expenses relating to the criminal act. California's Victim Compensation Program may pay for expenses such as:

- Medical and dental treatment
- Mental health counseling
- Relocation for your safety
- Home security
- Lost income

NOTE: California Victim's Compensation Program cannot pay for property damages.

For further information about this Program or to get an application, please contact:

California Victim Compensation Program

Statewide (800) 777-9229
Alameda County (510) 272-6180

Alameda Co. District Attorney's Victim/Witness Assistance Program

1401 Lakeside Drive, Suite 802
Oakland, CA 94612 (510) 272-6180

Alameda County Family Justice Center

470 27th Street Oakland, CA 94612 (510) 267-8800

VICTIM'S BILL OF RIGHTS MARSY'S LAW

The California Constitution, Article 1, Section 28, confers certain rights to victims of crime as they are defined in the law. Those rights include:

1. Fairness and Respect

To be treated with fairness and respect for his or her privacy and dignity, and to be free from intimidation, harassment, and abuse throughout the criminal or juvenile justice process.

2. Protection from the Defendant

To be reasonably protected from the defendant and persons acting on behalf of the defendant.

3. Victim Safety Considerations in Setting Bail & Release Conditions

To have the safety of the victim and the victim's family considered in fixing the amount of bail and release conditions for the defendant.

4. The Prevention of the Disclosure of Confidential Information

To prevent the disclosure of confidential information or records to the defendant, the defendant's attorney, or any other person acting on behalf of the defendant, which could be used to locate or harass the

victim or the victim's family, or which disclose confidential communications made in the course of medical or counseling treatment, or which are otherwise privileged or confidential by law.

5. Refusal to be interviewed by the Defense

To refuse an interview, deposition, or discovery request by the defendant, the defendant's attorney, or any other person acting on behalf of the defendant, and to set reasonable conditions on the conduct of any such interview to which the victim consents.

6. Conference with the Prosecution and Notice of Pretrial Disposition

To reasonable notice of and to reasonably confer with the prosecuting agency, upon request, regarding the arrest of the defendant if known by the prosecutor, the charges filed, the determination whether to extradite the defendant and, upon request, to be notified of and informed before any pretrial disposition of the case.

7. Notice of and Presence at Public Proceedings

To reasonable notice of all public proceedings, including delinquency proceedings, upon request, at which the defendant and the prosecutor are entitled to be present and of all parole or other post-conviction release proceedings, and to be present at all such proceedings.

8. Appearance at Court Proceedings and Expression of Views

To be heard, upon request, at any proceeding, including any delinquency proceeding, involving a post-arrest release decision, plea, sentencing, post-conviction release decision, or any proceeding in which a right of the victim is at issue.

9. Speedy Trial and Prompt Conclusion of the Case

To a speedy trial and a prompt and final conclusion of the case and any related post-judgment proceedings.

10. Provision of Information to the Probation Department

To provide information to a Probation Department official conducting a pre-sentence investigation concerning the impact of the offense on the victim and the victim's family and any sentencing recommendations before the sentencing of the defendant.

11. Receipt of Pre-Sentence Report

To receive, upon request, the pre-sentence report when available to the defendant, except for those portions made confidential by law.

12. Information on Conviction, Sentence, Incarceration, Release, and Escape

To be informed, upon request, of the conviction, sentence, place and time of incarceration, or other disposition of the defendant, the scheduled release date of the defendant, and the release of or the escape by the defendant from custody.

13. Restitution

- A. It is the unequivocal intention of the People of the State of California that all persons, who suffer losses as a result of criminal activity, shall have the right to seek and secure restitution from the persons convicted of the crimes causing the losses they suffer.
- B. Restitution shall be ordered from the convicted wrongdoer in every case, regardless of the sentence or disposition imposed, in which a crime victim suffers a loss.
- C. All monetary payments, monies, and property collected from any person, who has been ordered to make restitution, shall be first applied to pay the amounts ordered as restitution to the victim.

14. The Prompt Return of Property

To the prompt return of property when no longer needed as evidence.

15. Notice of Parole Procedures and Release on Parole

To be informed of all parole procedures, to participate in the parole process, to provide information to the parole authority to be considered before the parole of the offender, and to be notified, upon request, of the parole or other release of the offender.

16. Safety of Victim and Public are Factors in Parole Release

To have the safety of the victim, the victim's family, and the general public considered before any parole or other post-judgment release decision is made.

Information about these 16 Rights

To be informed of the Rights enumerated in paragraphs (1) through (16).

For more information on Marsy's Law, visit the Attorney General's website at: www.ag.ca.gov/victimservices.

To obtain information on the Victim Witness Assistance Center nearest to you, contact:

Attorney General's Victim Services Unit (877) 433-9069

Additional Information for University of California Affiliates

If you are affiliated with UC Berkeley you are being provided with this valuable resource guide because you have been recently impacted by criminal activity, or may need resources the University can provide. The University of California, Berkeley has many resources available to assist you during what may be a difficult time. Please know we are committed to addressing your needs in conjunction with our community partners.

UCPD Berkeley

For more information visit:

<http://safetycounts.berkeley.edu>

<http://survivorsupport.berkeley.edu/>

CARE Confidential Advocates:



(510) 642-1988

REPORT**Center for Student Conduct**

(510) 643-9069, <http://studentconduct.berkeley.edu>

Office for the Prevention of Harassment and Discrimination

(510) 643-7985, <http://ophd.berkeley.edu>

University of California Police Department, Berkeley

(510) 642-6760, <http://police.berkeley.edu>

SUPPORT**Gender Equity Resource Center**

Sexual Harassment/Sexual Assault Resource Specialist

(510) 643-5727, <http://geneq.berkeley.edu>

University Health Services, Social Services

(510) 642-6074, socsrvs@uhs.berkeley.edu

<http://uhs.berkeley.edu/students/counseling/socialservices.shtml>

University Health Services, CARE Services

(510) 643-7754, careserv@uhs.berkeley.edu
<http://uhs.berkeley.edu/facstaff/care/>

Ombudsperson for Students and Postdoctoral Appointees

(510) 642-5754 for referral, <http://sa.berkeley.edu/ombuds>

Ombuds Office for Faculty

(510) 642-4226

The Staff Ombuds Office

(510) 642-7823

Division of Student Affairs, Student Legal Services

(510) 642-3916, <http://sa.berkeley.edu/legal>

Student Advocate

(510) 642-6912, <http://advocate.berkeley.edu>

MEDICAL**University Health Services, Urgent Care Clinic**

2222 Bancroft Way (The Tang Center)
 (510) 643-7197 (advice after hours), www.uhs.berkeley.edu

This material is available in alternative formats upon request. Alternative formats include audio-format, braille, large print, electronic text, etc. Please contact the Disability Services Specialist and allow 7-10 days for productions of the material in an alternative format.

Disability Services Specialist

Email: ADA@cityofberkeley.info

Phone: (510) 981-6418

TTY: (510) 981-6347

Revised February 2019 G:\p_admin\DD DV\2019 Resources for Victims Pamphlet

NOTICE OF REPORT
 Berkeley Police Department
 Tsukamoto Public Safety Building
 2100 Martin Luther King Jr. Way
 Berkeley, CA 94704
 (510)981-5900 VM#(510)981-5990
www.CityofBerkeley.info/police

Report number: _____

Date: _____

Type of Report/Offense: _____

Officer's name: _____

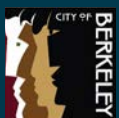
Badge #: _____

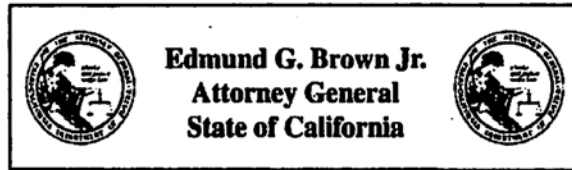
Officer's duty hours: _____

Days off: _____

If you have questions regarding the status of the investigation of your case, please contact the Police detail indicated below. Inquiries should be made Monday – Friday, 8:00am-4:30pm.

Crimes Against Property	(510) 981-5737
Domestic Violence	(510) 981-5736
Sex Crimes	(510) 981-5716
Youth Services	(510) 981-5715
Homicide/Assault	(510) 981-5741
Robbery	(510) 981-5742
Traffic	(510) 981-5980





Victims' Bill of Rights
Marsy's Law

The California Constitution, Article 1, Section 28, confers certain rights to victims of crime as they are defined in the law. Those rights include:

- 1. Fairness and Respect**
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To be reasonably protected from the defendant and persons acting on behalf of the defendant.
- 3. Victim Safety Considerations in Setting Bail and Release Conditions**
To have the safety of the victim and the victim's family considered in fixing the amount of bail and release conditions for the defendant.
- 4. The Prevention of the Disclosure of Confidential Information**
To prevent the disclosure of confidential information or records to the defendant, the defendant's attorney, or any other person acting on behalf of the defendant, which could be used to locate or harass the victim or the victim's family or which disclose confidential communications made in the course of medical or counseling treatment, or which are otherwise privileged or confidential by law.
- 5. Refusal to be Interviewed by the Defense**
To refuse an interview, deposition, or discovery request by the defendant, the defendant's attorney, or any other person acting on behalf of the defendant, and to set reasonable conditions on the conduct of any such interview to which the victim consents.
- 6. Conference with the Prosecution and Notice of Pretrial Disposition**
To reasonable notice of and to reasonably confer with the prosecuting agency, upon request, regarding, the arrest of the defendant if known by the prosecutor, the charges filed, the determination whether to extradite the defendant, and, upon request, to be notified of and informed before any pretrial disposition of the case.
- 7. Notice of and Presence at Public Proceedings**
To reasonable notice of all public proceedings, including delinquency proceedings, upon request, at which the defendant and the prosecutor are entitled to be present and of all parole or other post-conviction release proceedings, and to be present at all such proceedings.
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To be heard, upon request, at any proceeding, including any delinquency proceeding, involving a post-arrest release decision, plea, sentencing, post-conviction release decision, or any proceeding in which a right of the victim is at issue.

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To a speedy trial and a prompt and final conclusion of the case and any related post-judgment proceedings.
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To provide information to a probation department official conducting a pre-sentence investigation concerning the impact of the offense on the victim and the victim's family and any sentencing recommendations before the sentencing of the defendant.
- 11. Receipt of Pre-Sentence Report**
To receive, upon request, the pre-sentence report when available to the defendant, except for those portions made confidential by law.
- 12. Information About Conviction, Sentence, Incarceration, Release, and Escape**
To be informed, upon request, of the conviction, sentence, place and time of incarceration, or other disposition of the defendant, the scheduled release date of the defendant, and the release of or the escape by the defendant from custody.
- 13. Restitution**
- A. It is the unequivocal intention of the People of the State of California that all persons who suffer losses as a result of criminal activity shall have the right to seek and secure restitution from the persons convicted of the crimes causing the losses they suffer.
 - B. Restitution shall be ordered from the convicted wrongdoer in every case, regardless of the sentence or disposition imposed, in which a crime victim suffers a loss.
 - C. All monetary payments, monies, and property collected from any person who has been ordered to make restitution shall be first applied to pay the amounts ordered as restitution to the victim.
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To the prompt return of property when no longer needed as evidence.
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To have the safety of the victim, the victim's family, and the general public considered before any parole or other post-judgment release decision is made.
- 17. Information About These 16 Rights**
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To obtain information on the Victim Witness Assistance Center nearest to you contact:

Attorney General's Victim Services Unit
1-877-433-9069
50

BERKELEY COMMUNITY MEETING FEEDBACK

Overview:

The three virtual Community Meetings were the culmination of the Community Engagement process. Following the distribution of the survey and 15 listening sessions focused on vulnerable populations and stakeholders, the Community Meetings were scheduled after the submission of NICJR's Draft Final Report and Recommendations. The intention with the timing of these events was to offer the broader Berkeley community an opportunity to provide feedback on the Draft Final Report while also sharing thoughts and ideas on ways in which the City of Berkeley can continue this process of Reimagining Public Safety.

Each meeting identified a specific group of districts listed below:

January 13, 2022: Districts 1,2

January 20, 2022: Districts 3,4

February 3, 2022: Districts 5, 6, 7, 8

NICJR incorporated several ways in which feedback could be provided during the Community Meetings. In addition to a Question and Answer session the following pages include direct feedback from interactive platforms Mentimeter and Jamboard; which was utilized during the Breakout Rooms.

What are the most pressing public safety issues impacting you and your community?



What are the most pressing public safety issues impacting you and your community?



What are the most pressing public safety issues impacting you and your community?



What are the most important investments in the community that would support increased public safety?



What are the most important investments in the community that would support increased public safety?



What are the most important investments in the community that would support increased public safety?



Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

Cheryl-some of your retorts are invalidating. *Listening* doesn't require a response. The purpose of these meetings should be *listening* to what the community's concerns, not railroading through your agenda

In my experience, the BPD have been professional and courteous. I do not agree with the premise that fewer officers will result in increased safety.

2017 through September 2021 shows the department responded to an average of 72,738 calls for service per year and averaged 2,804 arrests. = 0.038! Why are reimagining safety for such a small

It sounds like you are removing the ability of officers to be proactive - by reducing interactions, by reducing police, by reducing their ability to be effective. This is not what we want.

CIT left out of the report.

made, Berkeley's Police Department needs to maintain the ability to respond to and investigate violent crime, they are an essential institution in Berkeley and have made me and my family safer as we have experienced

there are only ~50 people at this meeting out of ~120k Berkeley residents, how will this potentially dramatic departure from current policies be communicated to a much wider audience?

I am deeply concerned about the implementation of the CERN program. Replacing 911 calls with community personnel instead of police is extremely high risk.

triage of different calls relies on accurate information from callers- this is often not the case, and a well staffed call center, which Berkeley currently does not have. Will the proposed system work without this triage?

less- I am worried this "reimagining" process is being used as an excuse to raise taxes for more from an already overburdened tax base. I would feel much more comfortable supporting this initiative with a pledge for funding

we have CERN and SCU? Should be 1 entity. Seems problematic. We need 1 additional new phone line mental health crisis/ overdoses, etc. Only 1% of calls are actually violent crime in Berkeley. We need police out of mental



Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

Glad to see Advance Peace has been added to list of recommendations

please don't reinvest further in police reform (such as the new police academy or new QAT bureau)

council members have been for years talking about spending money for a cease fire program and it never happens. looking at our history and why there isn't better community engagement is important.

didn't hear mention of the gangs which have been in the city for a long time

Safety for all - without displacing is complicated and not a concept we actually understand well. A lot of it has to do with actually educating everyone. Berkeley schools hopefully will be engaged in this process and held

While the study is very interesting and great - it takes a lot of effort and openness to change the status quo. How can we build that willingness amongst community members.

we need buy in of city staff for any of the recommendations to work. our elected officials often make policies that staff often doesn't know how to implement and doesn't buy into. I didn't see suggestions for staff

I agree we already have social programs for youth - Under-funding limits their impact.

many of the "recommendations" from NICJR are things already in place/in progress in Berkeley - not sure how helpful they are (e.g., EIS, ending pretext stops)

Very helpful presentation. I see a level of humility that is appropriate in any ground-breaking proposal like this. But we are also being appropriately ambitious due to the challenges we face in revisioning public

Question. Is it possible to train responders into compassion? Compassion would have saved the life of the man who died this weekend just outside the police station.

Training of CERN and who could fill those roles is not well researched/explained

In addition to history of policing, it would have been helpful for report to describe how policing fails to actually prevent most crime and how police "reform" efforts are mostly unsuccessful

concern about nonsworn officers handling DV and traffic stops. also concerned that police are needed to secure situations before mental health and others respond

concerned that some alternatives like CAHOOTS have low percentage effectiveness. again, as i stated, 30-40% of crime in berkeley is committed by out of city offenders.

An A/B pilot test seems reasonable. The other two seem like massive overkill in time, money, and effort in a town where there are mental health services, police review, etc.

Planting trees and neighborhood clean up matters. I've seen research showing that it has a substantial impact on property crime and violence.

Having appropriate non-police response to behavior problems will be a great improvement

Very little here to actually "reimagine" and provide solutions to the underlying root causes of crime (e.g., lack of housing, health care, jobs)

Lighting is a big issue in the city - it makes streets / parks and public spaces safer

we already have social programs for youth

How do the CBOs access the money which supposedly exists for more interaction with the community?

the guaranteed income is really not okay when so many community members are struggling to pay taxes here, which are about the highest in the area

City needs to invest substantially in BerkDOT and self-enforcing streets

I am glad to hear positive mention of the Fair and Impartial Policing plan proposed by the mayor's working group and adopted by the city council. However, the specifics of the program are vital for the "Improve"

Are black community members in favor of these changes? elsewhere that has not been the case, I believe

reflect reality of policing in Berkeley by including officers in your discussions. So far it all seems disrespectful to the folks who make life in Berkeley possible.

Significant need for job training and opportunities for youth starting early (e.g., middle school)

agree with writer about lack of mention of gang in Berkeley

City already has many many programs. Are they working? How will new ones help?

Should also think about traffic safety in terms of passive devices: red light cameras; speeding cameras; speed bumps.

Having lived many places, BPD seems like a good police department if under-staffed.



Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

What's the process for intervening with people who live outside the area who are committing (violent) crime within the City. How do we find the people who are causing the crime?

The call types currently assigned to CERN have overlap with calls that the SCU should be responding to. CERN and SCU should be combined into one program that addresses non-criminal calls,

It is confusing and rather unproductive to have CERN separated from the SCU and will likely lead to confusion with dispatch, overlapping jurisdiction and uncertainty within the community. Not to mention the

The mayor asserted a "fair and objective data based" process. I haven't been hearing or seeing the data base for the need for an "alternative" scheme. Nor am I seeing or hearing a data base in terms of any expected results

what does success look like here? What is the problem we're trying to solve? If we're a pilot and the metrics aren't achieved then what?

Being sure things are adequately funded will be so important. CBOs are always underfunded. They will step up to be helpful but will not be able to succeed w/o needed funding. Police are extraordinarily well

Were there recommendations/solutions that are suggested/implemented in other cities, but weren't made to our city/Berkeley, and why?

The inclusion of police at any level will taint the CERN/SCU programs entirely. Rather than working in concert with police, the CERN/SCU should work solely on calls that do not require police assistance or backup.

The problem we are trying to solve is systemic racism and injustices. Restate the facts/evidence of this in Berkeley. That is why we are here.

I passionately support these solutions. We need to implement reimagining public safety in Berkeley

The section on the history of policing in Berkeley doesn't include the history of corruption within the BPD

support the recommendations and curious to see the data that shows what the issue is and how it is addressed through the recommendations

How do we as a community define Public Safety?

Can't find police when you need them.

Is this effort just a new way of framing police and fire and emergency services or are we really reimagining public safety?

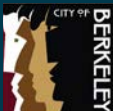
word cloud indicates general fear of Berkeley residents. What part of plan (particularly reinvest) addresses/mitigates community fear, thus helping community embrace change from the Reduce Improve and Reinvest

CERN/SCU should not respond to misdemeanors as this will lead them towards being an enforcement power (aka policing power). It is crucial that CERN/SCU value safety over enforcement in order

Suggest a Community Based Organization assessment, showing what the coverage in skills and areas already exists, and where there are gaps. So that reinvestment can proactively start building capacity in gap areas.

The creation of a "progressive" police academy will adversely affect attempts to shrink the footprint and budget of BPD. Instead, create a Public Safety Academy to train CERN/SCU employees, other first responders,

Casual reference to "programs" elsewhere does not provide us "data". Nor do advocacies for alleged "community members" wanting various things is not quantified. Nor results. WHERE IS THE DATA?



Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

Click on the "sticky note" icon on the left side of the screen. You will be able to write your feedback on the sticky note, click save and place it on the screen.

We've spent a lot on police and we still have rising crime! Time for a new approach! We need to address the root causes of crime.

Emphasize more how police attention to category 3 and 4 crimes will be enhanced

I have done a lot of podcast listening and reading on RPS and really support the NICJR report!

Is there a recommendation for how the city should organize the implementation of the RPS process? There is a lot to do! Does there need to be a new Department of RPS?

How should the city track the progress of the pilot? What metrics should be used? This seems important to be able to show reduced calls, increased CBO budgets, etc. so we can track successes and lack of successes.

Who will train the CERN staff?

I'm concerned about a lack of city focus on carrying this forward. Seems to me that it should be housed in the city, outside of the PD, with an RPS commission.

How is the savings going to be reinvested? Transparency with how the 6 million mentioned will be spent is important.



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What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

Concerns about a decrease in the number of police responding to calls for service.

Thanks for the presentation. I had no idea about this process until now.

Questions about how the CERN pilot is being funded.

How will the CERN pilot be evaluated?

Concerns about non-criminal calls that lead to violent crimes.

Are police involved in the RPSTF process? What are their thoughts on this?

Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

Loved the question on How do we get ACTION from the City Council?

Will be effective IF implemented

Some aspects of these recommendations should be put under oversight of Police Accountability Board

Need a "czar" in city government whose job it is to KEEP THIS REIMAGINING EFFORT MOVING FORWARD!

Invest serious funding in implementation!

Will be of no use if NOT implemented.

Great report, NIJCR!

How do we respond to South Berkeley concerns about gunfire?

What other ways can we ensure that South Berkeley's concerns about gunfire will be more effectively addressed under a re-imagined framework? For example, funds for cameras.

effective traffic (safety) enforcement for several years. If CERN officers could respond to reported incidents AND follow-up that would likely result in many more reports (of dangerous drivers for example). As it stands now few are reported because nobody

Where to find clearer understanding of what police money is being used for other things, e.g. how much does parking enforcement cost - what kind of savings could there be.

Are there any pilot Phase 1 categories that BPD is on board with? If so, these seem like the ones most likely to move ahead quickly, assuming folks offer the RFP.



Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

I like the CERN rubric, but I think questions remain about how where the lines will be drawn and how exactly the decisions will be made on where calls for service should be assigned.

Strengthen focus on F&I and PAB

Concurrent processes like Fair and Impartial TF/ SCU. How to ensure programs are actually implemented?

More community outreach

Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

How do we go against a system that is inherently racist?

I worry that the police dept will not be willing to make change.

The City is in the process of hiring a new Police Chief - what sort of background would be needed to implement the new program. Has there been discussion with the police union

The police is not cooperating with the Police Advisory Board. why will they cooperate with you?

When are we going to hear from the most impacted people in Berkeley during this process? Meaning the most marginalized and oppressed groups.

What has been the outreach to POC?

Have the city council members been involved with contacting their constituents for these meetings



Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

Click on the "sticky note" icon on the left side of the screen, fourth icon down. You will be able to write your feedback on the sticky note, click save and place it on the screen.

Partnering seems to be missing in the process. The process seems adversarial and not a partnership with the police.

In 11.23 draft, fn. 7, p. 27, Appendix I "Community members have expressed concerns about MCT's ability to properly assist with calls for service." - seems overly judgmental and under-evidenced

in support of Charles and Cheryl on PD with mental health crisis successes with PD standing nearby

Concern regarding a whole new way of training and providing EMS services. What impact will this have on the emergency communications center?

Having the last resort language in Policy 300 may be problematic. Look at what BPD actually has in their policy.

CIT is left out of the report

Seems like it has become a competition vs lay people take over MH CFS were people are in crisis

Having MH professionals respond to some calls for service seems somewhat appropriate

Community that seems to be resistant to the whole process fears that they will have less protection for public safety

Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

Click on the "sticky note" icon on the left side of the screen, fourth icon down. You will be able to write your feedback on the sticky note, click save and place it on the screen.

How does the list of BPD "problems" in the Draft Report compare to other cities our size?

What is the BPD response to this report?

Does your process recognize that many crimes committed in Berkeley are by professional criminals who live in other cities?

My biggest question is no mention that Berkeley has a unified 911 Call Center. How do you propose dealing with that?

What is the expected effect on the crime rate in Berkeley?

As for a stronger restraint on use of force it was the BPD and council members that resisted a stronger policy so how do you advise changing that

Deschutes county stabilization center
<https://www.deschutes.org>

The problem identified by the the policing equity report was disparate treatment by race. I didn't hear anything on racism

Does State Law allow civilians to do traffic stops?

Did your work cover the instance of the resident who called in a "trespasser" and was killed by the trespasser before the BPD arrived



Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

Good presentation. Would like to hear more about implementation obstacles re City Council etc.

police. This seems to be a longtime NICJR mission (which is OK), but it seems stuck in 2020's summer of rage. With violent crime spiking, most cities are trying to expand their police forces, with better training and

Using pilot project to learn -- but also to KEEP MOVING FORWARD -- makes a lot of sense.

Totally support using our public safety dollars more effectively to address root causes

To me, it's about efficient use of dollars, not hostility toward police

In many cases, the anticipated CERN people will be in potentially dangerous and escalatory situations. We need to protect THESE people as well as offenders. They will need police backup to stay safe.

Why do we have CERN and SCU when it could be all put under SCU?

Can our city reverse some effects of cash bail reform so offenders can be kept off the streets, rather than coming back and re-offending?

Agree with the intermediate objectives: End pretextual stops; make unarmed people the lead responders to low-hazard calls.



Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

Violent crime is in fact a problem in Berkeley (as in many cities). The number of shootings so far this year is appalling.

How can we pursue the reforms that are needed given the backlash stirred up by the supposed "crime tsunami"?

I appreciate the thoroughness of the report highlighting the most pressing issues within BPD and the fact that investment in violence prevention is critical.

Derek Chauvin did not work for the BPD. We need to focus on our local situation and not transfer our outrage about things happening in other places to our law enforcement folks.

public safety, we need to also realize that many of the people arrested for crimes, including violent crimes in Berkeley, live in other surrounding communities and we cannot provide services for them.

I recommend that the city looks within organizations that are connected and have relationships with community members to be most effective.

should be given to the BPD's feedback on types of calls that need police response. I'm sure officers would be glad to have other calls covered by appropriately trained responders, but many of the calls may need a police response at the outset regardless

other surrounding communities and we cannot provide services for them. Again, we need to focus on our actual local situation and what we can do to improve public safety

hope its recommendations can be implemented. I'm concerned that the UBI proposal, which is race-based rather than solely based on income, is a political liability. For example, a demagogue could readily use the racial

Our BPD should be supported for the challenging and mostly excellent work they do. We need to fully staff the police department to have the necessary resources to keep our city safe.

I think it would be valuable to specify the difference between CERN and the Specialized Care Unit because it seems like the default with CERN is to still have police on the scene

Traffic enforcement is a huge gap in current public safety. Too many dangerous drivers are endangering the public with no consequences. We need a much larger staff to handle traffic enforcement all over the city.

I would like to see the data that shows a problem with pretextual stops as an issue in Berkeley. Abandoning traffic enforcement leads to more problems and less safety.



Glossary of Terms

ACPD:	Alameda County Probation Department
ACPI:	American Crime Prevention Institute
ACR:	Alternative Crisis Response
ACS:	Albuquerque Community Safety Department
ANOVA:	Analysis of Variance
ASUC:	Associated Students of the University of California
APD:	Albuquerque Police Department
APD:	Austin Police Department
BACS	Bay Area Community Services
BAPA:	Bay Area Progressive Academy
BCSC	Berkeley Community Safety Coalition
BerkDOT:	Berkeley Department of Transportation
B-HEARD:	Behavioral Health Emergency Assistance Response Division
BI:	Business Intelligence
BIPOC:	Black, Indigenous People of Color
BOSS:	Building Opportunities for Self Sufficiency
BPC:	Business and Professions Code
BPD:	Berkeley Police Department
BPSA:	Black Public Safety Alliance
BRG:	Bright Research Group
BWC:	Body Worn Camera
BYA:	Berkeley Youth Alternatives
CAD:	Computer Aided Dispatch
CAHOOTS:	Crisis Assistance Helping Out on The Streets
CATT:	Community Assessment and Transportation Team
CBO:	Community Based Organization

CBTSim:	Counter Bias Training Simulation
CCD:	Crisis Call Diversion
CDC:	Center for Disease Control
CE:	Community Engagement
CEO:	Center for Employment Opportunity
CEO:	Chief Executive Office
CES:	Coordinated Entry System
CERN:	Community Emergency Response Network
CFS:	Calls for Service
CHP:	California Highway Patrol
CJC:	Community Justice Center
CPD:	Chicago Police Department
CPTCE:	Crime Prevention Through Community Engagement
CRU:	Crisis Response Unit
CSO:	Community Service Officer
CSP:	Community Safe Partnership
CWC:	Creative Wellness Center
DBA:	Downtown Berkeley Association
DJJ:	Department of Juvenile Justice
DMH:	Department of Mental Health
DPD:	Denver Police Department
DPN:	Delinquency Prevention Network
EIS:	Early Intervention Systems
EMCOT:	Expanded Mobile Crisis Outreach Team
EMS:	Emergency Medical Services
EMT:	Emergency Medical Technician
EPIC:	Ethical Policing Is Courageous
ESOP:	Ethical Society Of Police
EU:	European Union
EWIS:	Early Warning Intervention System

FAIR Girls:	Free Aware Inspired Restored
FBI:	Federal Bureau of Investigation
FOP:	Fraternal Order of Police
FTE:	Full Time Employee
FTO:	Field Training Officer
FY:	Fiscal Year
GF:	General Fund
GVRs:	Gun Violence Reduction Strategy
HACLA:	Housing Authority of the City of Los Angeles
HALO:	Highly Accountable Learning Organization
HPD:	Houston Police Department
HRC:	Housing Resource Center
HVIP:	Hospital Violence Intervention Program
IHOT:	In-Home Outreach Team
IPV:	Intimate Partner Violence
JJCPA:	Juvenile Justice Crime Prevention Act
LAPD:	Los Angeles Police Department
LEAP:	Leadership, Education, and Athletics in Partnership
LGBTQ:	Lesbian, Gay, Bisexual, Trans, Queer/Questioning
LGBTQIA+:	Lesbian, Gay, Bisexual, Trans, Queer/Questioning, Intersex, Asexual
MACRO:	Mobile Assistance Community Responders of Oakland
MAP:	Mayor's Action Plan for Neighborhood Safety
MCT:	Mobile Crisis Team
MHD:	Mental Health Division
MISD:	Misdemeanor

MISSEY:	Motivating, Inspiring, Supporting & Serving exually Exploited Youth
NBF:	New Bridge Foundation
NC:	Non-Criminal
NCA:	Neighborhood Change Agent
NEED:	Needle Exchange Emergency Distribution
NEP:	Needle Exchange Program
NIBRS:	National Incident Based Reporting System
NV FEL:	Non-Violent Felony
NYC:	New York City
NYCHA:	New York City Housing Authority
NYPD:	New York Police Department
ONS:	Office of Neighborhood Safety
OPD:	Oakland Police Department
OPD:	Olympia Police Department
OPS:	Police Operations
PD:	Police Department
PERF:	Police Executive Research Forum
POC:	People of Color
Project ABLE:	Active Bystandership for Law Enforcement
PTSD:	Post Traumatic Stress Disorder
QAT:	Quality Assurance Training
QTBIPOC:	Queer, Trans, Black and Indigenous People of Color
RAMS:	Richmond Area Multi-Services
RIPA:	Racial Identity and Profiling Advisory
RPD:	Richmond Police Department
RPSTF:	Reimagining Public Safety Task Force
SARA model:	Scanning, Analysis, Response, Assessment

SCRT:	Street Crisis Response Team
SCU:	Specialized Care Unit
SEEDS:	Services that Encourage Effective Dialogue and Solutions
SIF:	Safe Injection Facilities
SNAP:	Supplemental Nutrition Assistance Program
SPARQ:	Social Psychological Answers to Real World questions
SSDI:	Social Security Disability Insurance
SSI:	Supplemental Security Income
SSP:	Syringe Services Programs
STAR:	Support Team Assisted Response
STAIR:	Stability, Navigation and Respite
SV:	Sexual Violence
SV FEL:	Serious Violent Felony
TAY:	Transition Age Youth
TF:	Task Force
TVIT:	Trafficking Victim Identification Tool
UCLA:	University of California, Los Angeles
UCPD:	University of California Police Department
UCR:	Uniform Crime Report
VOIP:	Voice Over Internet Protocol
WSCJTC:	Washington State Criminal Justice Training Commission
YOBG:	Youth On Board
YSA:	Youth Spirit Artworks

OVERVIEW

REIMAGINING
PUBLIC SAFETY
PROCESS

On July 14, 2020, the Berkeley City Council (Council) made a historic commitment to reimagine the City's approach to public safety with the passage of an omnibus package of referrals, resolutions, and directives known as The George Floyd Community Safety Act.

Direction was given to the City Manager to collaborate with the Mayor and select Councilmembers to:

- Inform City of Berkeley (City) investments and reallocations to be incorporated into future Budget processes
- To contract with independent subject matter experts to analyze the scope of work and community needs addressed by the Berkeley Police Department (BPD)
- To identify a more limited role for law enforcement, and to identify elements of police work that could be achieved through alternative programs, policies, systems, and community investments.

Concurrent Berkeley Public Safety Reform Initiatives:

- Reimagining Public Safety consultant team (NICJR)
 - Research, Community Engagement, issue series of reports, participate in Taskforce
- Reimagining Public Safety Taskforce
- Specialized Care Units (SCUs)
- Berkeley Department of Transportation (BerkDOT)
- Mayor's Working Group on Fair and Impartial Policing
- Police Review Commission transition to Police Accountability Board (July 2021)
 - Hire a full-time Director of Police Accountability
- Disaster and Fire Safety Commission - Measure FF

NICJR has completed:

Each report was submitted as a draft to the CM's office and each draft was to the TF. We received written feedback and questions from TF members for each report, made adjustments and edits as warranted and then presented the updated draft report again to the TF. Each report had at least 2 iterations with feedback/edits from the TF prior to this Final Report.

- New and Emerging Models of Community Safety and Policing report
- Calls for Service analysis
- Alternative Responses report
- Community Engagement
- Reimagining Public Safety website
- Draft Final Report and Implementation Plan





RECOMMENDATIONS



Reduce
Improve
Reinvest

INFOGRAPHIC SUMMARY

Reduce

- Implement Tiered Dispatch & CERN model, thereby reducing BPD patrol duties
- End pre-text stops
- Eliminate BPD vacant positions through attrition
- Creation of BerkDOT

Improve

- Implement Highly Accountable Learning Organization (HALO)
- Launch new Progressive Police Academy
- New Police Accountability Board
- Implement BPD improvement measures

Reinvest

- Launch Guaranteed Income program
- Launch Community Beautification Employment Program
- Increase funding to CBOs for "fundamental cause" services
- Poverty
- Homelessness
- Education
- Substance abuse
- Unemployment and underemployment
- Implement Advance Peace program

REDUCE

To achieve the goal of a smaller law enforcement footprint and to reallocate a portion of the BPD budget towards more community supports, NICJR recommends the following measures:

RECOMMENDATIONS:

REDUCE

- 1. NICJR recommends the establishment of a Tiered Dispatch/CERN Pilot Program**, focused on a subset of the Tier 1 call types that can be used in the pilot phase in order to work out logistical and practical challenges prior to scaling up the program
- 2. NICJR recommends contracting with local Community Based Organizations (CBOs)** who are best prepared to successfully navigate and leverage local resources, services, and supports, to respond to the pilot Tier 1 calls.

RECOMMENDATIONS:
REDUCE

1



CERN Dispatched Only

Non-Criminal

2



CERN Lead Officers Present

Misdemeanors

CERN + Officers arrive:

- ✓ Low potential for violence
- ✓ Arrest unnecessary or unlikely

3



Officers Leave

Officers Leave



Non-violent Felony

Officers + CERN arrive:

- ✓ Low potential for violence
- ✓ Arrest unnecessary or unlikely

4



CERN Only

Serious Violent Felony

Officers Leave



IMPROVE

This section focuses on how BPD and the public safety system in Berkeley can improve its quality, increase its accountability, and become more transparent. NICJR recommends the following improvement strategies:

RECOMMENDATIONS: IMPROVE



HALO

Highly Accountable Learning Organization

- 3.** NICJR recommends that the Berkeley Police Department become a Highly Accountable Learning Organization.
 - a.** **BPD should join the ABL program** to receive training and technical assistance and use the new Quality Assurance and Training Bureau discussed below to ensure the department adheres to the training, principles and practices of the program.
 - b.** NICJR recommends that the **EIS should also be expanded** to assess all Use of Force incidents, complaints, and information gleaned from the Body Worn Camera (BWC) footage reviewed by the Quality Assurance and Training Bureau.
 - c.** NICJR recommends that **BPD transfer five officers from the patrol division and two civilian staff into what is now the Personnel and Training Bureau and rename it the Quality Assurance and Training Bureau** and amend the duties of those officers to achieve the above goals.
 - d.** BPD should provide semi-annual reports to the public on stops, arrests, complaints, and uses of force, including totals, by race and gender, by area of the city, and other aggregate outcomes.

RECOMMENDATIONS: **IMPROVE**

- 4.** **NICJR recommends that the preceding information be used to develop a Bay Area Progressive Police Academy** built on adult learning concepts and focused on helping recruits develop the psychological skills and values necessary to perform their complex and stressful jobs in a manner that reflects the guardian mentality.

- 5.** **NICJR recommends that BPD's Use of Force policies be revised to limit any use of deadly force as a last resort to situations where a suspect is clearly armed with a deadly weapon and is using or threatening to use the deadly weapon against another person.** All other force must be absolutely necessary and proportional.

REINVEST

NICJR recommends that the City take the following measures to increase investment in vulnerable communities and fundamental cause issues:

RECOMMENDATIONS:

REINVEST

- 6.** **Berkeley should launch a Guaranteed Income pilot program** similar to other cities in the region. The pilot program should select a subpopulation of 200 Black and Latinx families that have children under 10 years of age and have household incomes below \$50,000. Each family should receive \$750 per month.

- 7.** **Launch a Community Beautification Employment Program.** NICJR recommends that the City launch a crew-based employment program, or expand an existing program that employs formerly incarcerated people to help beautify their own neighborhood. Hire and train no less than 100 formerly incarcerated Berkeley residents to conduct Community Beautification services, including: blight abatement, tree planting, plant and maintain community gardens, make and track 311 service requests, and other community beautification projects. **PAGE 1816**

RECOMMENDATIONS:

REINVEST

- 8. Increase Funding for Community Based Organizations:** CBOs that provide services to those who are unhoused, live in poverty, have mental health challenges, have substance abuse challenges, are system-involved, and/or are LGBTQ should receive an increase in funding using Reinvest dollars.

- 9. The City of Berkeley should increase funding to Community Based Organizations in one of Two Ways:**
 - a.** An across the board 25% increase of grant amounts to currently funded CBOs

 - b.** Create a local government agency to be the centralized point of coordination, such as a Department of Community Development to develop a detailed plan to increase the investment in local CBOs that provide services to address fundamental cause issues.

RECOMMENDATIONS:

REINVEST

- 10. Implement Advance Peace Program:** to provide resources including life skills training and mentoring to individuals who are at greatest risk of being involved in gun violence. This would include implementing Neighborhood Change Agents (NCAs) and the Peacemaker Fellowship.



IMPLEMENTATION PLAN			
REDUCE			
Recommendation	Estimated Cost	Funding Source	Timeline
Establishment of a Tiered Dispatch/CERN Pilot Program.	\$2,532,000, plus some costs associated with training for Dispatch.	Current BPD vacant positions.	Issue RFP 30 days after City Council approval, select vendors 90-120 days afterward, and begin pilot six months after City Council approval.
Contracting with local Community-Based Organizations (CBOs).			
Full Implementation of Tiered Dispatch/CERN Pilot Program and reduction of BPD patrol division of 50%.	\$7,596,000	Reduction of BPD Patrol Division by 50%.	Two years after implementation of the pilot initiative.
IMPROVE			
Recommendation	Cost	Funding Source	Timeline
Berkeley Police Department should become a Highly Accountable Learning Organization (HALO).			
BPD should join the ABLE program to receive training and technical assistance and use the new Quality Assurance and Training Bureau discussed below to ensure the department adheres to the training, principles, and practices of the program.	Joining ABLE is free of cost.	N/A	Within six months of approval from City Council.
Expand the Early Intervention System to assess all Use of Force incidents, complaints, and information gleaned from the Body Worn Camera (BWC) footage reviewed by the Quality Assurance and Training Bureau.	No additional costs.	N/A	Within six months of approval from City Council.
Transfer five officers from the patrol division and two civilian staff into what is now the Personnel and Training Bureau. Rename it the Quality Assurance and Training Bureau and amend the duties of those officers to achieve the above goals.	No additional costs.	N/A	Within six months of approval from City Council.
BPD should provide semi-annual reports to the public on stops, arrests, complaints, and uses of force, including totals, by race and gender, by area of the city, and other aggregate outcomes.	Internal re-organization can achieve this goal without additional costs.	N/A	First report should be issued July 1, 2022.

Develop a Bay Area Progressive Police Academy (BAPPA).	An analysis of police academies throughout the Bay Area found that the cost per student range is roughly \$4,300 - \$4,600 per student, with a significant proportion of costs eligible for reimbursement through the Commission on Peace Officers Standards and Training (POST.) The development of the BAPPA would include certification through POST in order to satisfy State requirements. NICJR recommends that collaboration with Albany and potentially Oakland be explored.	Reduction of costs through eliminating patrol positions through attrition, revenue from partner law enforcement agencies.	Two years after City Council approval.
Revise BPD's Use of Force policies to limit any use of deadly force as a last resort to situations where a suspect is clearly armed with a deadly weapon and is using or threatening to use the deadly weapon against another person.	Training costs.	Savings from eliminating patrol positions through attrition.	Within six months of approval from City Council.
REINVEST			
Recommendation	Cost	Funding Source	Timeline
Launch a Guaranteed Income pilot program.	\$1,800,000	General Fund; federal funding already received or forthcoming, from the Infrastructure Bill; or raised through philanthropy akin to the approach in other cities.	Launch within six months of approval from City Council.
Launch a Community Beautification Employment Program.	\$1,250,000	5% of County Criminal Justice Realignment funds allocated to community services for Berkeley residents.	Launch one year after approval from City Council.
Increase Funding for Community-Based Organizations.	\$25,605,492.50	Measure W funds, when the BPD's budget is gradually reduced; the Infrastructure Bill; and concerted efforts to increase philanthropic dollars.	FY 22-23.
Launch the Advance Peace Program	\$500,000	General fund	Launch in first quarter of FY 2023, on going for at least three years

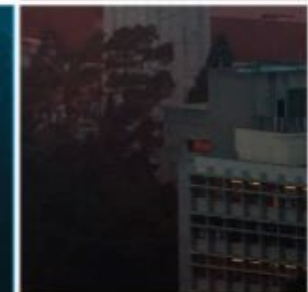
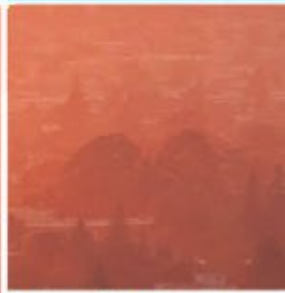
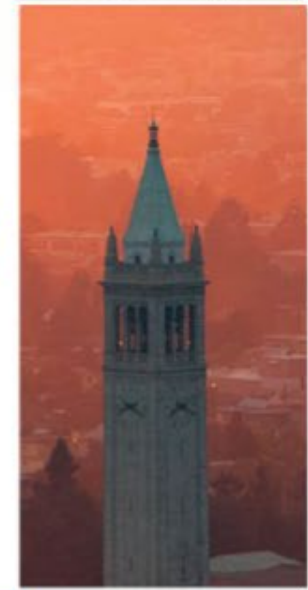


QUESTION AND ANSWER



BERKELEY REIMAGINING PUBLIC SAFETY

NEW AND
EMERGING MODELS
OF COMMUNITY
SAFETY AND
POLICING



Introduction

As a part of the City of Berkeley's Reimagining Public Safety process, the National Institute for Criminal Justice Reform (NICJR) was commissioned to conduct an assessment of programs and models that increase safety, properly respond to emergencies, reduce crime and violence, and improve policing.

Main Sections of the Report

-Emerging Non-Enforcement Models of Community Response

-Non-Law Enforcement Crime Reduction Strategies

-Community-Driven Violence Reduction Strategies

-Policing Strategies



Emerging Non-Enforcement Models of Community Response

CAHOOTS (Crisis Assistance Helping Out On The Streets)

Eugene, OR

24/7 mobile emergency intervention service

Units consist of an EMT & mental health service provider

Staff undergo classroom education and supervised field work

Evaluations have found 5-8% of calls were diverted from the Eugene PD

CRU (Crisis Response Unit)

Olympia, WA

Teams consist of mental health professionals that provide supports like referrals to additional services to their clients

Calls for service originate from community-based service providers, the 911 hub, and law enforcement personnel



Non-Law Enforcement Crime Reduction Strategies

Mayor's Action Plan (MAP)

New York City, NY

Launched in 15 NYC Housing Authority properties with high violence rates

Focal point is NeighborhoodStat, a process that allows residents to have a say in NYC's allocation of public safety resources

Traffic Enforcement

Pretextual stops are in the process of being regulated across the U.S.

Washington, D.C. has transferred certain traffic enforcement duties to an agency of unarmed staff at the Department of Transportation



Community-Driven Violence Reduction Strategies such as Gun Violence Reduction Strategy (GVRS) incorporate three main elements.

Identifying and focusing on those at the highest risk of being involved in violence

Employing community outreach workers to engage those individuals/groups in a positive and trusting manner

Providing ongoing services, supports, and opportunities to high-risk individuals



Policing Strategies

Ethical Policing Is Courageous (EPIC)

New Orleans, LA

Early Intervention Systems (EIS)

Peer-to-peer intervention strategy that involves training officers to be accountable to each other and intervene when necessary

Aims to alter the 'warrior' culture surrounding policing and promote a collaborative environment

Systems analyze indicators of potentially problematic behavior such as use of force incidents and citizen grievances

If an officer is identified by the EIS for habitual misconduct, supports and services are provided to the officer to encourage officer well-being and aid in behavioral change

Thank you!



ALTERNATIVE RESPONSES

BERKELEY REIMAGINING PUBLIC SAFETY

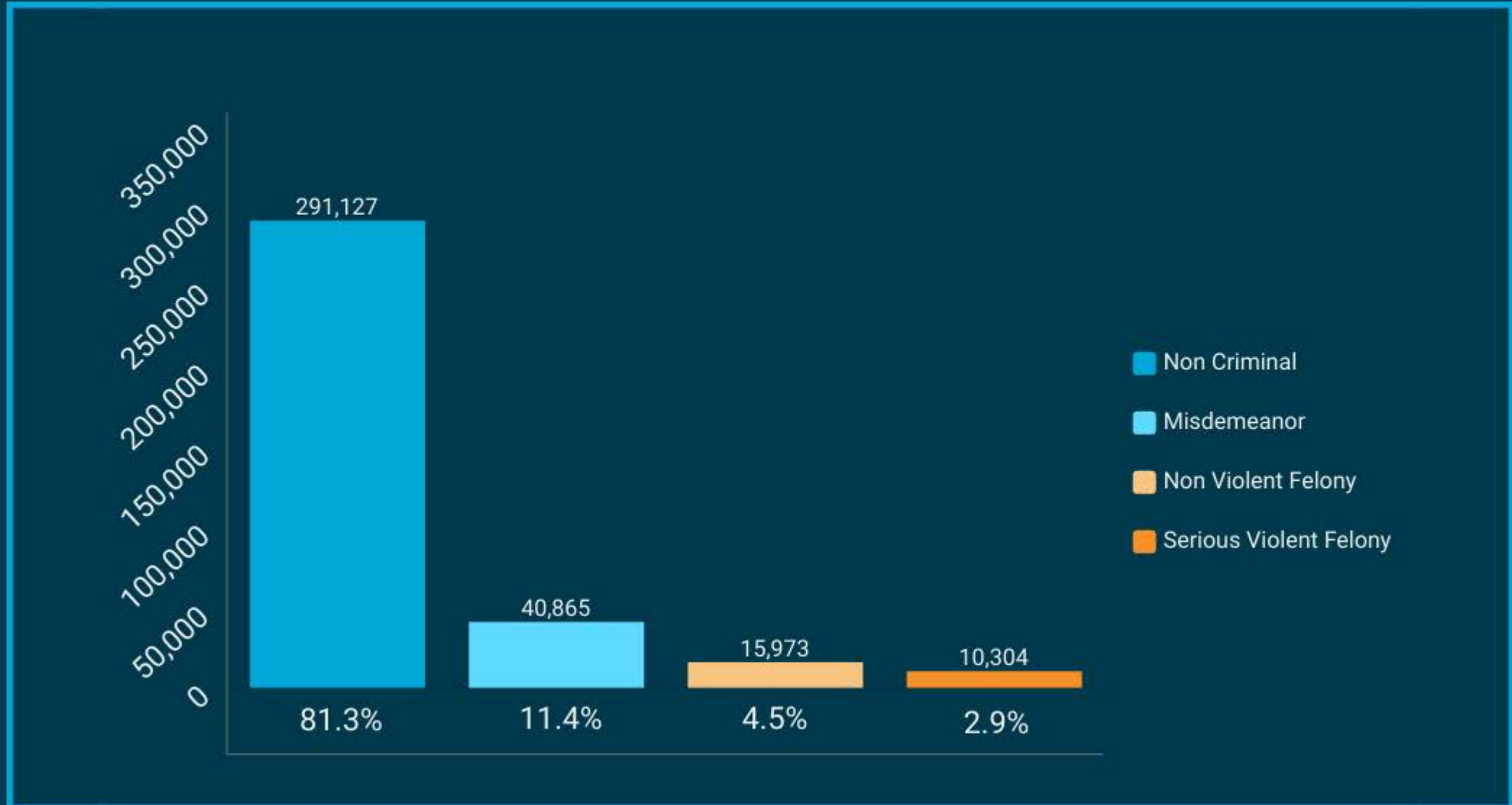




Calls for Service

ANALYSIS

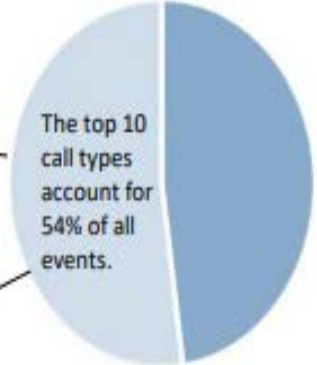
NICJR RESULTS



The top 10
call types
account for
54% of all
events

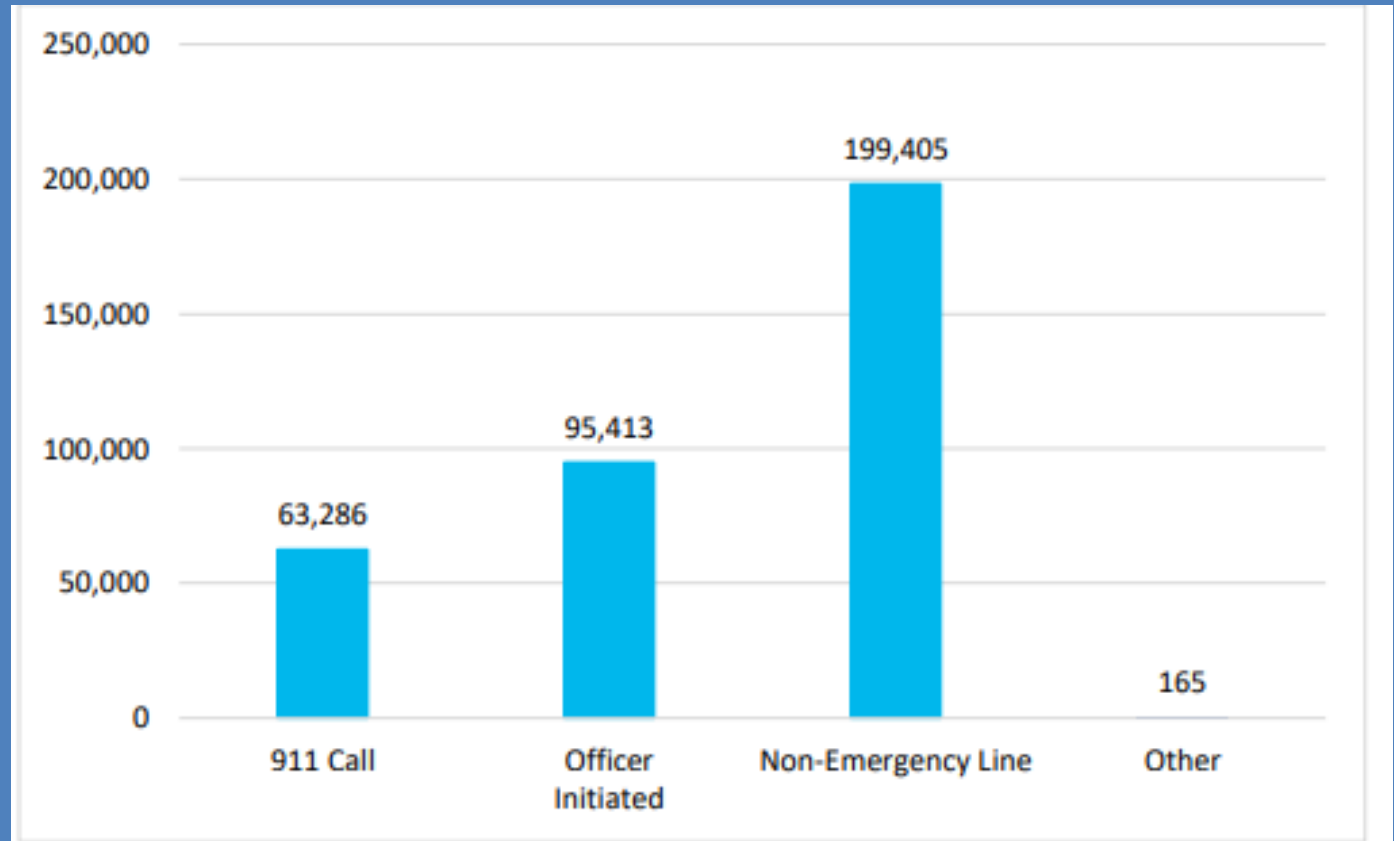
Table 1. Top 10 Call Types, Auditor Report

Call Types	Total Events
Traffic Stop	44,795
Disturbance	35,696
Audible Alarm	19,920
Noise Disturbance	15,773
Security Check	15,262
Welfare Check	15,030
Suspicious Circumstance	11,547
Trespassing	11,058
Theft	10,556
Wireless 911	9,899



The top 10
call types
account for
54% of all
events.

Call type initiation source



* Does not include calls with missing values

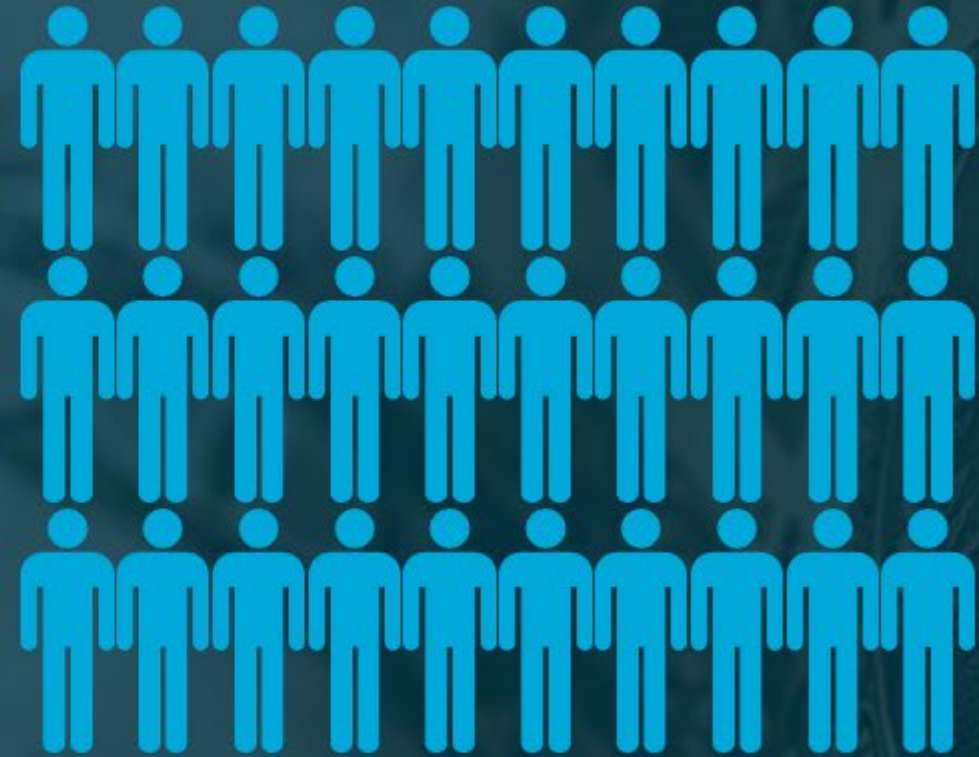
Top 10 Call Types by Initiation Source

Officer Initiated	911 Emergency	Non-Emergency Line
Traffic	Disturbance	Disturbance
Security Check	Wireless 911	Audible Alarm
Pedestrian Stop	Ascertain 911	Noise Disturbance
Officer Flagged Down	Welfare Check	Welfare Check
Suspicious Vehicle	Suspicious Circumstances	Trespassing
Parking Violation	Battery	Petty Theft
Bike Stop	Suspicious Person	Advice
Abandoned Vehicle	Family Disturbance	Suspicious Circumstances
Found Property	Petty Theft	Parking Violation
Disturbance	Mental Illness	Suspicious Person

Fiscal IMPLICATIONS



FISCAL IMPLICATIONS:
TIER 1 BPD COSTS, CREATE TO CLOSE



25.7 FTEs

BREAKDOWN OF TIER 1 CFS



QUESTIONS? COMMENTS?

BERKELEY

REIMAGINING PUBLIC SAFETY COMMUNITY ENGAGEMENT



NICJR, along with Bright Research Group (BRG), Pastor Michael Smith and with significant input from the Reimagining Public Safety Taskforce, developed a multi-pronged community engagement strategy designed to engage as many Berkeley residents from diverse populations as possible as well as elevate the voices of those most impacted by police contact.

COMMUNITY ENGAGEMENT: OVERVIEW

Survey

- Report submitted by BRG July 6, 2021
- Raw data submitted by BRG Sept. 3, 2021

Listening Sessions:

- 15 listening sessions were conducted

Community Listening Sessions:

- 3 virtual listening sessions were conducted

Website:

- Dedicated website for the Reimagining Public Safety work in Berkeley

Newsletters:

- Submitted for distribution through City networks

COMMUNITY ENGAGEMENT: SURVEY

Number of respondents: 2,729

Three zip codes (94702, 94705, 94707) overrepresented

Survey respondents skewed older

- 70% over age 45
- 40% over 60

SUMMARY OF SURVEY FINDINGS

- Respondents expressed a range of Perspectives regarding the safety of Berkeley, with a plurality selecting “Somewhat safe”
- Respondents who indicated they are white were more likely to perceive Berkeley as safe and very safe.
- Respondents who are Black or Other Nonwhite were significantly more likely to perceive Berkeley as unsafe and very unsafe.
- Most important public safety concerns:
 - homelessness
 - sexual assault
- Lowest priorities in public safety:
 - substance use
 - drug sales
 - police violence

SUMMARY OF SURVEY FINDINGS

- 80.8% indicated a **preference for trained mental health providers** to respond to calls related to mental health and substance use, with most among those respondents indicating that police support should be available when needed.
- 19% indicated a **preference for a police response**, with over two-thirds of those respondents indicating that mental health providers should be available for support.
- 83.6% indicated a **preference for homeless services providers** to respond to calls related to homelessness, with most among those respondents indicating that police support should be available when needed.
- 15.7% indicated a **preference for a police response**, with the majority of those respondents indicating that homeless services providers should be available for support.

COMMUNITY ENGAGEMENT:

LISTENING SESSION SUMMARY - BRIGHT RESEARCH GROUP

Targeted communities identified by the City of Berkeley and BRG

- Black
- LatinX
- Formerly incarcerated
- low-income individuals struggling with food and/or housing insecurity

Focus Group Description	Number of Participants
Black residents	18
Housing- / food-insecure residents	27
Black and LatinX youth	4
Justice system impacted students	6
TOTAL NUMBER OF PARTICIPANTS	55

COMMUNITY
ENGAGEMENT:
LISTENING SESSION
SUMMARY - NICJR

Focus Group Description	Number of Participants
BPD Command Staff	15
BPD Line Staff Session 1	12
BPD Line Staff Session 2	12
Downtown Berkeley Merchant's Association	13
Total Number of Participants:	52

COMMUNITY ENGAGEMENT: LISTENING SESSION SUMMARY - LED BY TASK FORCE COMMISSIONERS

Additional Listening sessions were conducted based on the needs identified by Task Force Commissioners:

Communities of Focus:

- Those who have experienced Mental Health Crises
- LGBTQ+
- LatinX
- Gender-Equity and Violence

Listening Session	Number of Participants
Those who have experienced Mental Health Crises	12
LGBTQ+ MH Service Providers	6
LatinX- 2 listening sessions	Information pending
Gender Equity and Violence - 2 listening sessions	8 organizations represented
TOTAL NUMBER OF PARTICIPANTS	26 Known attendees

SUMMARY OF LISTENING SESSION THEMES

Safety:

- Many areas of Berkeley are relatively safe, however:
 - Neighborhoods below Martin Luther King Boulevard are unsafe
 - The hills and neighborhoods above Martin Luther King Boulevard are safe
- Business districts are increasingly less safe
- Young people of color are concerned about their personal safety and being victims of robberies, shootings, and police violence.

“It does not feel safe especially during the later hours of the day.”

SUMMARY OF LISTENING SESSION THEMES

Community investments:

- Increase Mental Health Dept. visibility, capacity and leverage to provide services for people in crisis beyond when there is a direct and immediate threat of harm.
- Building an infrastructure to support a higher quality of life for homeless and low-income residents.
- Increase sustainable capacity for community-based organizations and those with lived experience to provide the magnitude of services needed in their respective communities.
- Account for intersectionality and the role of race, ethnicity, gender identity and expression, sexual orientation, disability, age, class and other factors that can impact the scope and nature of crisis response for diverse people living with mental health challenges.
- Concern that racism and inequity are broader issue than BPD and need for true commitment to an antiracist approach to program design and implementation, as well as an authentic process to co-create these programs.

APPENDIX A

“We need to focus on Berkeley Mental Health as an institution and get them more deeply involved with the police department and the community.”

SUMMARY OF LISTENING SESSION THEMES

Opportunities for Community-Centered Public Safety:

- Increased police training—including de-escalation, trauma-informed response, and racial-bias curriculum
- Increase community policing: Bike detail, Ambassador program
- Invest in trained peacekeepers and community safety patrols focused on crime prevention and intervention strategies
- Hiring social workers, mental health clinicians, and traffic-enforcement staff who live in and reflect the communities they serve, will be essential to ensuring equitable interactions between residents and any new programs or city departments

SUMMARY OF BPD LISTENING SESSION THEMES

Trained mental health providers/responders respond to disturbance incidents, like someone screaming outside of a business, but is not harming or threatening anyone:

- We need to fix the system for when we do pick someone up on a mental health hold (5150), they are right back out on the street the next day
- Mobile Crisis Team workers are huge resource but won't work without PD
- Redesigning the Communications/Dispatch center to change how calls are dispatched will be very difficult and time consuming and require new and additional staff.
- Reimagining is not about law enforcement – we deal with the same people over and over and there is nothing on the back end to solve the problem (mental health services, frequent flyers, etc)

SUMMARY OF BPD LISTENING SESSION THEMES **APPENDIX A**

Biggest crime problem in Berkeley:

- Property Crime
- Quality of life crime; elected leaders say we should stop responding to these but the public is calling
- People in doorways of businesses; littering; defecating in street; loitering; disturbances to businesses (mental health/addiction)
- PD set up to fail with hypocrisy; public doesn't want PD involved but behind closed doors we are called to fix these problems

Need for improvement in BPD?:

- More officers and more training
- Improve the communication of the good work we do and how it results in lower crime rates in Berkeley.

COMMUNITY ENGAGEMENT: DATA UTILIZATION



COMMUNITY ENGAGEMENT: COMMUNITY MEETINGS

Four Community Meetings
Planned:

Virtual:

- Districts 1,2
- Districts 3,4
- Districts 5,6,7,8

In-person meeting canceled

What are the most pressing public safety issues impacting you and your community?



What are the most important investments in the community that would support increased public safety?



Please share feedback on the presentation you just heard

What additional ideas or recommendations do you have for the City to consider in the Reimagining Public Safety process?

Glad to see Advance Peace has been added to list of recommendations

please don't reinvest further in police reform (such as the new police academy or new QAT bureau)

council members have been for years talking about spending money for a cease fire program and it never happens. looking at our history and why there isn't better community engagement is important.

didn't hear mention of the gangs which have been in the city for a long time

Safety for all - without displacing is complicated and not a concept we actually understand well. A lot of it has to do with actually educating everyone. Berkeley schools hopefully will be engaged in this process and held

While the study is very interesting and great - it takes a lot of effort and openness to change the status quo. How can we build that willingness amongst community members.

we need buy in of city staff for any of the recommendations to work. our elected officials often make policies that staff often doesn't know how to implement and doesn't buy into. I didn't see suggestions for staff

I agree we already have social programs for youth - Under-funding limits their impact.

many of the "recommendations" from NICJR are things already in place/in progress in Berkeley - not sure how helpful they are (e.g., EIS, ending pretext stops)

Very helpful presentation. I see a level of humility that is appropriate in any ground-breaking proposal like this. But we are also being appropriately ambitious due to the challenges we face in revising public

Question. Is it possible to train responders into compassion? Compassion would have saved the life of the man who died this weekend just outside the police station.

Training of CERN and who could fill those roles is not well researched/explained

In addition to history of policing, it would have been helpful for report to describe how policing fails to actually prevent most crime and how police "reform" efforts are mostly unsuccessful

concern about nonsworn officers handling DV and traffic stops. also concerned that police are needed to secure situations before mental health and others respond

concerned that some alternatives like CAHOOTS have low percentage effectiveness. again, as i stated, 30-40% of crime in berkeley is committed by out of city offenders.

An A/B pilot test seems reasonable. The other two seem like massive overkill in time, money, and effort in a town where there are mental health services, police review, etc.

Planting trees and neighborhood clean up matters. I've seen research showing that it has a substantial impact on property crime and violence.

Having appropriate non-police response to behavior problems will be a great improvement

Very little here to actually "reimagine" and provide solutions to the underlying root causes of crime (e.g., lack of housing, health care, jobs)

Lighting is a big issue in the city - it makes streets / parks and public spaces safer

we already have social programs for youth

How do the CBOs access the money which supposedly exists for more interaction with the community?

the guaranteed income is really not okay when so many community members are struggling to pay taxes here, which are about the highest in the area

City needs to invest substantially in BerkDOT and self-enforcing streets

I am glad to hear positive mention of the Fair and Impartial Policing plan proposed by the mayor's working group and adopted by the city council. However, the specifics of the program are vital for the "Improve"

Are black community members in favor of these changes? elsewhere that has not been the case, I believe

reflect reality of policing in Berkeley by including officers in your discussions. So far it all seems disrespectful to the folks who make life in Berkeley possible.

Significant need for job training and opportunities for youth starting early (e.g., middle school)

agree with writer about lack of mention of gang in Berkeley

City already has many many programs. Are they working? How will new ones help?

Should also think about traffic safety in terms of passive devices: red light camera; speeding camera; speed bumps.

Having lived many places, BPD seems like a good police department if under-staffed.

CONCLUSION

The City of Berkeley and the Reimagining Public Safety Task Force are well-positioned to use their power and positionality to develop a community safety model that reflects the needs of the community, reduces inequities and disparities, and creates increased safety for all. These reports summarize the key findings from the community engagement strategies conducted in the spring and summer of 2021 and represents an important step in building understanding of community strengths, needs, and public safety priorities.

RPSTF response to NICJ

— March 10, 2022 —

Reimaging

Public

Safety

Berkeley Task Force

Equity

RPSTF votes on NICJR Recommendations:

	<i>NICJR Recommendation</i>	<i>Vote by Task Force</i>	<i>Reason for vote</i>
1	Establish tiered dispatch/CERN model	More analysis needed	Multiple inquires that must be addressed
2	Contracting with local CBOs for Tier 1 CERN response	More analysis needed	Multiple inquires that must be addressed
4			
5	Full implementation of Tiered Dispatch/CERN Pilot Program and reduction of BPD patrol division of 50%	More analysis needed	No analysis was provided by NICJR for how police department would be reduced by 50%
6	Reduce BPD budget through attrition only and no layoffs	Reject	This recommendation is unresponsive to the goal of reducing the police department by up to 50% to make resources available for other programs.
7	End pretextual stops	Reject	This work is already well underway and thus does not constitute a useful recommendation
8	BerkDOT	Accept with Conditions	The description provided for BerkDOT is inadequate with respect to the components of and motivation for BerkDOT (the NICJR report describes BerkDOT only as a move of traffic enforcement away from BPD).

RPSTF votes on NICJR Recommendations: "Imp

9	BPD become Highly Accountable Learning Organization (HALO)	Reject	<ol style="list-style-type: none"> 1. Not credible that this change comes at "no additional cost" 2. The reimagining process should be focused on spending less on BPD, not more 3. More training does not necessarily lead to changes in police culture 4. This process is not about re-imagining policing
10	BPD join ABLE program	(Did not vote unless this is part of the HALO program)	Same as #8 above
11	Expand EIS to assess all Use of Force	Reject	This work is already well underway and thus does not constitute a useful recommendation
12	BPD Expand current Personnel and Training Bureau OR Create Quality Assurance and Training (QAT) Bureau	Reject	<ol style="list-style-type: none"> 1. RPSTF focused on spending less on BPD, not more 2. More training does not necessarily lead to changes in police culture 3. This process is not about re-imagining police
13	Transfer 5 officers and 2 civilian staff to new QAT Bureau (p. 32)	Reject	Rejecting #11 above, so rejecting this related item
14	BPD provide semi-annual reports to public	Accept with Conditions	<ol style="list-style-type: none"> 1. Data is available on a real-time basis, all the time. 2. Build a dashboard that is constantly updating.

RPSTF votes on NICJR Recommendations: “Imp

15	Develop a Bay Area Progressive Police Academy (BAPPA)	Reject	<ol style="list-style-type: none"> 1. RPSTF is focused on reducing BPD spending, not increasing. 2. BAPPA is dependent on a great deal of inter-agency agreement, sharing and teamwork, which don't already exist. Would take many man-hours to get others on board, agree scope of work, convince all to start contributing. 3. Very high staff and overhead costs. 4. Not clear a Berkeley-run academy would solve any hiring difficulties. 5. Instead of spending on this, Task Force recommends spending on a Public Safety & Community Solutions Institute. 	Improve
16	Increase diversity of BPD leadership	Accept with conditions	The Task Force agreed that diversity in leadership alone would be insufficient to change an entire police culture.	Improve
17	Increase Standards for Field Training Officers	Needs more analysis	Many questions exist around how useful a policy like this would be. Ongoing work by the PAB is already likely to address these issues.	Improve
18	Revise BPD's Use of Force policies	Reject	This work is already well underway and thus does not constitute a useful recommendation	Improve

RPSTF votes on NICJR Recommendations: “Reinvest”

19	Launch a guaranteed income pilot program	Accept with Conditions	<ol style="list-style-type: none"> 1. Strong support for the program 2. Addresses root causes 3. Strong preference for unconditional funds that puts trust in people to use the money as they see fit 4. Unclear who is responsible for administering pilot 5. Unclear how families will be selected 6. Informed by completed/ongoing pilots in Stockton, Fremont, Richmond, etc. 	Reinvest
20	Launch a community beautification employment program	Accept with Conditions	<ol style="list-style-type: none"> 1. General support for employment programs 2. Current recommendation is specific to previously incarcerated folks - could be expanded to include other communities e.g. youth, unhoused population 3. Remove the word beautification that is superficial 4. Develop a program that is responsive to skills and talents of folks 5. Program could benefit from integrating professional development, pipeline to employment, especially folks who are generally left out of the workforce 6. Program should aim for goals and results that are transformative 	Reinvest
21	Increase funding for CBOs in one of two ways: (1) increase grant amounts by 25%, or (2) create local government agency/department (Department of Community Development)	Accept with conditions	<ol style="list-style-type: none"> 1. Unclear where the funding is coming from, some of it coming from Measure W 2. Recommendation is too general, and funding of CBOs should be prioritized based on RPS goals and improving social determinants of health 3. Strong disagreement with approach that proposes across the board funding for CBOs 4. Preference for a recommendation that includes a new department could play a role in visioning and tracking of CBOs and funds, and oversee increased funding 	Reinvest

See neighbors' vigil for three girls killed by their father at The Church in Sacramento



12 recommendations for addressing gender violence

1. Increase investment in survivor services
2. Invest in services for those who cause harm
3. Support faith-based leaders through education and technical assistance
4. Enhance prevention education for our children (K-12)

Plus 8 additional recommendations to improve policing in these cases.

Underlying Premises and Agreement TF and Consumer

- Many calls for service do not require a badge or gun
Can be better handled by non-police response
- Most MH, homeless-related, other fit this category
- Continuing role for police
Focus on community crime and violence

Agreements mask complex questions studied

- What new systems required for receiving calls/routing responses;
- Who determines, and at what point in time, which calls are handled by whom (e.g., by CERN, BPD, SCU) and how do they mix and match;
- Who will staff these non-police responses (i.e., City staff or contractor; and professional credentialed or community responders) and if contractors, under what color of authority will they provide City service;
- When will the requisite staffing be available? Either City staff or contractor
whatever merits of replacing police, can't replace something with nothing;
- What is the back-up system in case seemingly benign calls turn violent and/or criminal);

cont'd

- Is BPD involved (e.g., as co-responder, as back-up, etc.) in all calls or are they required to be separate from some/all non-police responses?
- What impact does reallocating some number/percentage of calls from police affect the minimum police patrol staffing necessary to perform their function of focusing on and responding to calls for service involving crimes and or violence.
- What liability issues do these new responses present to the City

Inquiry 1: Determining what is considered a Tier 1

- No clear agreement between Dispatch and NICJR as to how to interpret or dispatch many types of calls.
 - calls considered CERN-referrals by NICJR may be considered BPD calls by Dispatch.
 - why: frequently the call provides insufficient information to know what is actually happening until someone was dispatched to the scene

contd

- no serious vetting of the NICJR proposal by Dispatch in TF meetings, senior Dispatch officials took serious objection
- Dispatch seemed reluctant to send police officers to some calls without available officer back-up.
 - Query: would Dispatch refer these, and other, calls to a non-police unit
- BPD agrees that many calls for service may ultimately not require police, but they argue that can't know until the officer is dispatched to the scene to assess
- view of consultant – most calls don't require police

Inquiry 2 Defining the Relationship between CERN, SCUother

- Reimagining and SCU processes were distinct, though occurring in parallel
 - However, the **NICJR proposals did not seem informed by the SCU process or recommendations.**
- Unclear how CERN would relate to whatever SCU dispatch system is forthcoming
- Unclear whether successful SCU build -out would replace/reduce demand for CERN.
- **Could be substantial confusion and complexity in piloting both SCU and CERN at the same time.**

Inquiry 3 Backup by Police for Alternative Responders

- There was no NICJR discussion as to whether CERN (or SCU) staff would have back-up from BPD should that become necessary or requested.
- Important for two reasons:
 - (i) for the security of the non-police responders; and
 - (ii) the strongly held view of both SCU and Task Force members that it is important for callers to be assured that their call for assistance will not result in referral to police and the criminal justice system.
- The future of any non-police response system depends on the continued security of non-police responders.
- Protecting callers for service from any police involvement for certain types of calls was considered of major importance.

Inquiry 4 Staffing and Organizational Capacity for Piloting Progra

- NICJR indicates that CERN responses to be provided by local non-profits.
 - Some non-profits briefly identified, however **no analysis of their capacity to handle the CERN work** .
- Assuming CERN system makes sense, important debate whether staffing should be by City staff or outside contractors. **Not analyzed by NICJR.**
- For some calls for service, particularly mental health ones to be handled by the SCU, contract responders may provide excellent service.
 - **HOWEVER**
- For other Tier 1, serious questions re staffing qualifications and whether better handled by City vs non -profit contractors. In particular, question whether non -profit contractors - City staff would have the legitimacy or authority to address conflicts between residents.

Inquiry 5 Screening, Triaging, and Dispatching Calls for Service

- Dispatch issues are at the core of any Reimagining process.
- Whatever changes are recommended must consider Dispatch realities
- Dispatch currently has limited triage responsibilities. It essentially dispatches officers to respond to calls for service.

If a call seems to be a mental health call, and when the MCT is on duty (roughly 25% of the time), Dispatch also sends the MCT.

- If SCU, CERN mental health, homeless, or other Tier 1 calls get routed through Dispatch, will require a major change for Dispatch
 - will now have to determine who to send the call to: BPD or some other responders.
 - if dispatching to non-BPD, will these calls require some form of back-up.

contd

- Questions requiring consideration and not analyzed by consultant:
- How to mix/match/coordinate 911 calls for police, SCU, CERN
- How will the community know who to call for which services, especially if want no BPD involvement?
- How will responses be coordinated if some calls go to Dispatch and others go to a separate dispatch phone number?
- What is the process for resolving these issues?

Inquiry 6 Effects on Patrol Staffing and Potential Police Savings

- NICJR recommends that by removing 50% of non-violent, non-criminal calls for service from BPD that Patrol staffing could be reduced by 50%.
- NICJR explicitly maintains a BPD role to focus on crime and violence, but NICJR does no analysis of the Patrol staffing levels necessary to perform the new BPD Patrol role.
- **Bottom line** : the operational question is not the number of calls for service of different types per the consultant approach; rather, it is the minimum police staffing, at any point in time, required to respond to those calls for service that the City deems should be responded to by BPD as well as any other BPD Patrol duties. **This remains to be analyzed.**

contd

Re: Consultant Recommendation of 50% Patrol Reduction

Query: Regardless of # of Tier 1 calls taken from BPD, can they handle the crime/violence responsibilities with reduced staff?

- how many fewer Patrol officers on duty at any particular time are sufficient to provide adequate coverage
- Would two-thirds of current staffing be sufficient (i.e., 14-16 officers on duty during major hours and 6 officers in the wee hours)?
- Would half of current staffing be sufficient as stated by the consultant (i.e., 11-12 officers on duty per principal shifts and 4-5 officers for the entire city during the wee hours)?

contd

- We can make assumptions, but determining the magnitude of such reductions and creating a reduced number of police beats requires analysis and **this was not studied by the consultant** .
- Task Force attempted to elicit information from the Acting Police Chief during her many presentations, but she was not forthcoming (presumably not wanting to negotiate Patrol staffing reductions in public.)

Inquiry 7: CERN and BerkDOT

- CERN pilot proposal includes many BerkDOT type calls.
 - abandoned vehicles, inoperable vehicles, non-injury “accident” vehicle blocking driveway, vehicle blocking sidewalk, double parking.
- Should be considered under BerkDOT process rather than CERN?
- Requires more analysis as it relates to BERKDOT.

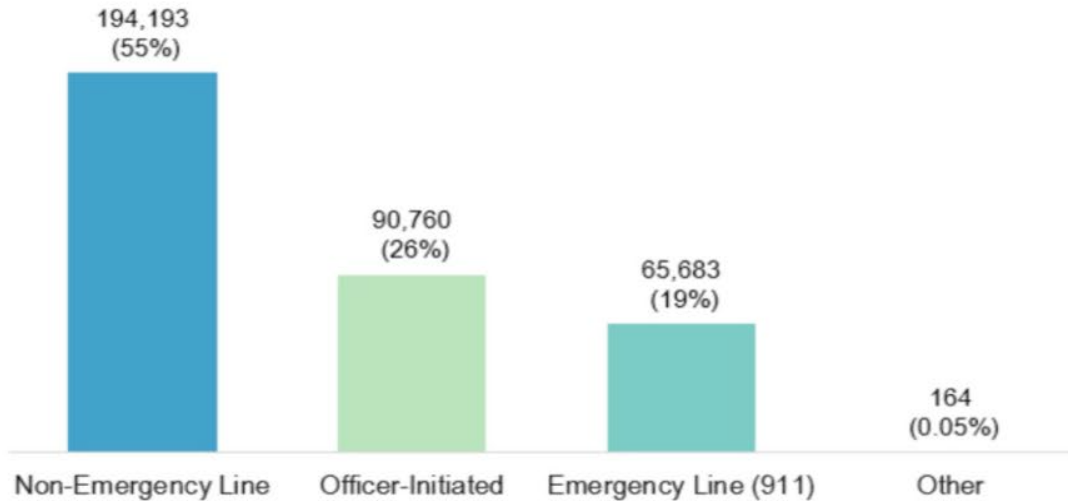
Inquiry 8: CERN Staffing and its Sufficiency

- NICJR CERN staffing model seems insufficient - understates pilot cost
- NICJR proposes:
 - Two CERN districts with contracts to two CBOs (1/district).
 - Each to have three teams (one team per shift) of two CERN responders plus two additional floaters to cover staff who call out or are on vacation.”
- Claims to cover 3 shifts per day with 3 teams but seems to ignore weekends. Mentions some coverage for vacation, but also sickness, training, and other drains on staffing.
- As indicated re policing, it roughly takes 5x staff to cover one full staff slot 24/7. NICJR is only indicating coverage at 3x.
- Minor concern but understates requisite staffing and consequent costs.

COB Auditor - 350,800 Call Events - 2015-2019

911: 66K, 19%, non-911: 194K, 55%, officer initiated: 90K, 26%

Figure 7. Initiation Source of Events, 2015-2019 (n = 350,800 events)



Note: "Other" includes: some alarm calls, some cell phones, California Highway Patrol, Counter, OnLine, and Voice Over Internet Protocol (VoIP). Officer-initiated includes traffic stops.

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

City of Berkeley, Mental Health Calls for Service, 2015-2019

“significantly undercounted”

Table 9. Results of Scan for Events Related to Mental Health, 2015-2019

		Narrative Report	Disposition Report	Call Types	Mobile Crisis	Unduplicated Count
		Mental Health-related events identified in Narrative Reports	Events with an “MH” Disposition Report	Events with Mental Health-related Call Types	Events with response by Mobile Crisis	Narrative report, disposition, call types, and/or Mobile Crisis response
Identified events	#	28,959	9,553	20,950	4,298	42,427
	%	8%	3%	6%	1%	12%
Total Events		350,800	350,800	350,800	350,800	350,800

Note: Call Types includes: 1056 – Suicide, 5150 - Mental Illness and 1042 - Welfare Check

Source: Auditor’s analysis of Berkeley Police Department Computer Aided Dispatch data

City of Berkeley, Homelessness Calls *for* Service, 2015-2019

“significantly undercounted”

Table 11 below shows the unduplicated events we were able to identify as related to homelessness based on the call type or narrative description.

Table 11. Results of Scan for Events Related to Individuals Experiencing Homelessness, 2015-2019

		Homeless-Related Events Identified in Narrative Reports	Events with Call Type Lodging in Public	Unduplicated Count (Call type and/or Narrative Terms)
Identified events	#	20,768	2,221	21,683
	%	5.9%	0.6%	6.2%
Total Events		350,800	350,800	350,800

Source: Auditor’s analysis of Berkeley Police Department Computer Aided Dispatch data

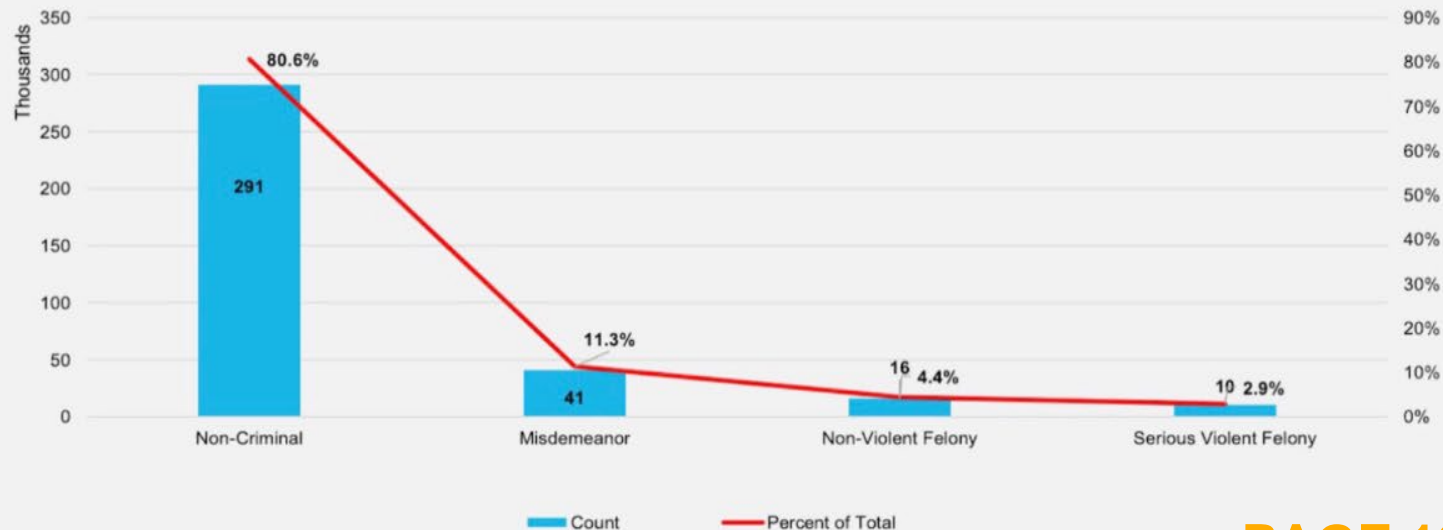
Reimagining Public Safety for Berkeley

Reducing the Risk of Police Violence & Liability

- The Fatal Force Project found about 1 in 5 people of all fatal encounters by police were experiencing a mental or emotional crisis (Burke, 2021). Other research has indicated 1 in 4 people in crisis (Saleh et al, 2018; TAC, 2015).
- There is stark racial bias revealed in police killings of older, unarmed Black men with signs of mental illness. Black men who are perceived as a threat tend to be criminalized while white men are more likely to get services (Manke, 2020; Thomas et al, 2020). Young Black men generally impacted.
- 10 cities with the largest police depts paid out \$248.7 Billion in settlements & court judgments in 2014, much of which were wrongful death suits of people in mental health crisis (Elinson & Frosch, 2015).

Berkeley CALLS FOR SERVICE BY OFFENSE TYPE 2015-2019

Berkeley Police Department CFS: 2015-2019



Berkeley Research Findings: Grps Avoid or Not Call 911

Citywide Survey:

- Black respondents were extremely reluctant to call 911 for mental health or substance use issues v. for other emergencies compared with other groups.

People with Behavioral Health Challenges (PEERS) Listening Session:

- PEERS felt stigmatized as “public safety threats” to be controlled by police and not treated as human beings. They discussed fears of police violence, trauma from past experiences, not wanting to call 911, and 911 as the only option.

Queer/Trans Mental Health Provider Listening Session - Pacific Center:

- QTBIPOC staff discussed difficult situations in which there is violence, but the person does not want to call the police.

Page 1887 of 1895

Reducing Policing & Improving Access to Behavioral Health Services

Task Force 911 & Behavioral Health Recommendations

Establish 24/7 Public Behavioral Health System for the City of Berkeley

Adopt City Auditor's Reforms for Improving 911 CAD System, including mental health & homelessness calls; add substance use -related ones

Behavioral Health Procedures and Call Scripts

Implement Alternative Non -Police Responder, Specialized Care Unit (SCU)

Examples: Eugene (CAHOOTS), Portland, Seattle, Olympia, Sacramento, San Francisco, Oakland, Santa Cruz, Los Angeles, Denver, Austin, Houston, Chicago, Atlanta, Ithaca, NYC (Durham, Albuquerque - separate govt dept)

Establish Crisis Stabilization Center for Behavioral Health in Berkeley

Develop Behavioral Health General Order for BPD that Emphasizes Diversion Away from Policing Whenever Possible

911 Communications Center Operations

General 911 Communications Center Operations Manual for Berkeley

- 911 Call Processing and Dispatching Procedures

911 Operations Resources:

National Emergency Number Association's (NENA) Industry Standards

Association of Public Safety Communications Professionals' (APCO), National 911 Industry Standards

University of Chicago, National Best Practices Recommendations, 6/22

Transportation Related Recommendations

1. (Short-Term) Transfer collision analysis and school-crossing-guard management from BPD and to Public Works
1. (Medium -Term) Review Transportation Laws, Fines and Fees to Promote Safety and Equity
1. (Short-Term) Fully Fund the BerkDOT Planning Process (at an estimated \$200,000)

Community Violence Prevention Investment/Program

Research and invest into existing or new programs that curb community violence through:

- a. Prevention
- b. Education
- c. Mentorship
- d. Trauma stewardship
- e. Economic Opportunity

Community Violence Prevention Investment/Program

Drawing from successful models throughout the Country

- **Cure Violence - New York, Baltimore, Chicago, Philadelphia**
 - Reductions of
 - 45% violent crime (Trinidad)
 - 63% shootings (New York City)
 - 30% shootings (Philadelphia)
 - 45% shooting **in first week of program** (Chicago)
- **Advance Peace - Sacramento**
 - Reduced homicide and nonfatal injury shootings by 20% from January 2018 and 2019
 - Every \$1 spent on program saved between \$18 and \$41 dollars in emergency response, health care, and law enforcement - saving the city money!
- **United Playaz - SF**
 - Taking anywhere from 200-300 guns off the streets through annual events while hiring formerly incarcerated and empowering youth to reduce violence in the community

Community Violence Prevention Investment/Program

Minimum criteria for Community Violence Prevention programs:

- Center violence impacted families, youth, and individuals
- Create meaningful opportunities for community to tap into these programs
- Programs *must* hire staff who are from the same background as the community they serve
- Work diligently to educate and visible and accountable to the community
- Funding for programs should remain flexible, allow it to grow and adapt to emerging needs

Support City efforts to establish an Office of Race & Social Justice

- This idea isn't new in Berkeley or the Bay Area
- As a task force we recognize current efforts to create one but offer the following as guidance to ensure it is done intentionally and with integrity:
 - **Partner with trusted Community Organizations and Leaders**
 - **Integrate a community oversight and support body**

Support City efforts to establish an Office of Race & Social Justice

- **Partner with trusted Community Organizations and Leaders:**
 - Lead listening session in an equitable and inclusive way across all of Berkeley's district to inform and solicit feedback/directions of what this office should prioritize
 - Language access is paramount to accomplishing this
 - Budget for a low-barrier form of compensation for participants of listening sessions
 - Compensate community organizations for their involvement in organizing, planning, and launching sessions

Support City efforts to establish an Office of Race & Social Justice

- **Establish a Community Oversight/Support Body**
 - This body should be comprised of a variety of Berkeley residents, community leaders, and youth that bring a variety of perspectives and insights on community needs
 - This body should exist to provide guidance on emerging issues, evaluate impact of ongoing work, and ultimately serve as a partner to the City of Berkeley to ensure success

APPENDIX B

2020 - 2022 | City Manager's Reimagining Public Safety Status Update Off-Agenda Memos



Office of the City Manager

October 14, 2020

To: Honorable Mayor and Members of the City Council

From: Dee Williams-Ridley, City Manager

Re: Update on Re-Imagining Public Safety

On July 14, 2020, City Council adopted an omnibus package to re-imagine public safety and policing in the City of Berkeley. This is an important City Council referral and I would like to offer you and the community an update on the status of that referral along with my intention to provide regular updates at City Council meetings, as best as possible.

The omnibus package consisted of numerous elements including, but not limited to the following:

- Having the City Auditor perform an analysis of City's emergency 9-1-1 calls-for-service and responses, as well as analysis of the Berkeley Police Department's (BPD) budget.
- Analyzing and developing a pilot program to re-assign non-criminal police service calls to a Specialized Care Unit.
- Creating plans and protocols for calls for service to be routed and assigned to alternative preferred responding entities and consider placing dispatch in the Fire Department or elsewhere outside the Police Department.
- Analyzing litigation outcomes and exposure for City departments in order to guide the creation of City policy to reduce the impact of settlements on the General Fund.
- Engaging a qualified firm(s) or individual(s) to lead a robust, inclusive, and transparent community engagement process with the goal of achieving a new and transformative model of positive, equitable and community-centered safety for Berkeley.

- Pursuing the creation of a Berkeley Department of Transportation (“BerkDoT”) to ensure a racial justice lens in traffic enforcement and the development of transportation policy, programs and infrastructure, and identify and implement approaches to reduce and/or eliminate the practice of pretextual stops based on minor traffic violations.

Subsequent to the adoption of the omnibus package, the City established a multi-department working group to oversee and implement various components of the package. The working group consists of the following:

- City Manager;
- Deputy City Managers;
- City Attorney;
- Fire Chief;
- Human Resources Director;
- Police Chief; and
- Public Works Director.

We have established weekly meetings and have developed an organizational structure that will enable us to advance the various referrals in the omnibus package at the same time.

Our work to advance the omnibus package has been organized in the following manner:

- HHCS Director Lisa Warhuus will be leading the work to develop a Specialized Care Unit pilot program.
- Fire Chief David Brannigan will lead the work to develop a plan for priority dispatching.
- City Attorney Farimah Brown will manage the analysis of litigation claims and settlements.
- The Police Re-Imagining and community engagement process will be led by Deputy City Manager David White. Deputy City Manager White will also be supporting the City Manager by providing overall project management support to the team.
- BerkDoT will be led by Public Works Director Liam Garland.

Our initial work has been focused on assigning roles and responsibilities, vetting the omnibus package adopted by City Council and clarifying the work, and developing project workplans.

The following provides some specific updates for the City Council and the community on this important assignment:

- City Auditor calls-for-service and budget analysis
 - City staff have participated in an entrance meeting with the City Auditor and have started to provide the City Auditor with data that the Auditor's office has requested.
 - Of note, the Police Department has provided the City Auditor with calls-for-service data from 2012-2018 and is working to develop the 2019 dataset.
 - In addition, the Police Department has provided the City Auditor with various policies and other background information that will be helpful to her and her team in performing the work requested by City Council.
 - It is currently anticipated that the City Auditor will have a classification of calls-for-service data available by February 2021 to inform the Police Re-Imagining process.
- Specialized Care Unit
 - Drafted a project plan that defines the assignment, final work product, key questions that will be answered, key milestones and deliverables, a project timeline, resource needs, and a City staff team that will be devoted to this work.
 - Dr. Warhuus has met with the Mental Health Commission and other stakeholders to discuss the assignment and has received important feedback that will shape a steering committee to work with staff and inform a deep community engagement process.
 - A consultant has been selected to lead this work and the team is working to refine the scope of work to be able to bring a recommendation forward to City Council in December 2020. The consultant that is selected will be not only helping the City develop a pilot Specialized Care Unit but also taking a deep look into how the City responds to mental health calls.
- Priority Dispatching
 - Drafted a project plan that outlines key questions that need to be addressed, a timeline, resource needs, internal working group, key stakeholders, and community engagement.

- To date, the Fire Department has convened focus groups with employees in the Fire Department and Dispatch to solicit input and feedback.
- In developing the project plan, the Fire Chief has determined that resources estimated at \$83,000 will be needed to pay for the overtime of staff assigned to this project, community engagement, and hiring a third-party consultant to assist in designing the dispatch system.
- Analysis of litigation claims and settlements
 - The City Attorney is working with her team to develop a dataset that consists of all of the litigation claims and settlements over the past 10 years. This data will form the basis for her work.
 - In evaluating the referral more closely, the City Attorney has estimated that she will need resources estimated at \$25,000 to engage subject matter experts. This request will be incorporated into the November AAO.
- Police Re-Imagining and Community Engagement
 - A request for proposal was developed and issued on September 8, 2020. A pre-bid conference was held on September 15, 2020.
 - Responses to the RFP were due to the City on Tuesday October 6, 2020, and the City has received six (6) proposals.
 - The City has put together a team consisting of City staff, community and other stakeholders to evaluate and review the proposals that were submitted to the City. The purpose of the review is to determine the extent to which the proposals are responsive to the evaluation criteria outlined in the RFP firms and to determine the firm and/or individuals that should be interviewed.
 - The review team will also be responsible for performing interviews of those firms and/or individuals that submitted proposals that are deemed to be most responsive and qualified.
 - It is anticipated that the proposal review process will occur during the months of October and a portion of November 2020 and a recommendation to City Council will be on the City Council agenda once the review process is complete. This timeline is a bit more lengthy than originally anticipated by City staff but is the result of providing firms and/or individuals more time to respond to the RFP and to have a more inclusive review process.

- BerkDot
 - Convened interdepartmental BerkDoT project team that is meeting every two weeks.
 - Drafted a project plan that involves a) taking a look at other cities' best practices and b) eliciting input from our community, commissions, and Council.
 - Initiated legal research on state law implications on BerkDoT.
 - In evaluating the scope of the referral, it has been determined that resources estimated at \$75,000 will be needed to solicit outside resources to help perform best practices research.

cc: Paul Buddenhagen, Deputy City Manager
David White, Deputy City Manager
Jenny Wong, City Auditor
Farimah Brown, City Attorney
Mark Numainville, City Clerk
David Brannigan, Fire Chief
Lisa Warhuus, Director of Health, Housing & Community Services
LaTanya Bellow, Director of Human Resources
Andrew Greenwood, Chief of Police
Liam Garland, Public Works Director
Matthai Chakko, Assistant to the City Manager



Office of the City Manager

October 28, 2020

To: Honorable Mayor and Members of the City Council
From: Dee Williams-Ridley, City Manager
Re: Update on Re-Imagining Public Safety

On July 14, 2020, City Council adopted an omnibus package to re-imagine public safety and policing in the City of Berkeley. The omnibus package consisted of numerous elements including, but not limited to the following:

- Having the City Auditor perform an analysis of City's emergency 9-1-1 calls-for-service and responses, as well as analysis of the Berkeley Police Department's (BPD) budget.
- Analyzing and developing a pilot program to re-assign non-criminal police service calls to a Specialized Care Unit.
- Creating plans and protocols for calls for service to be routed and assigned to alternative preferred responding entities and consider placing dispatch in the Fire Department or elsewhere outside the Police Department.
- Analyzing litigation outcomes and exposure for city departments in order to guide the creation of City policy to reduce the impact of settlements on the General Fund.
- Engaging a qualified firm(s) or individual(s) to lead a robust, inclusive, and transparent community engagement process with the goal of achieving a new and transformative model of positive, equitable and community-centered safety for Berkeley.
- Pursuing the creation of a Berkeley Department of Transportation ("BerkDoT") to ensure a racial justice lens in traffic enforcement and the development of transportation policy, programs and infrastructure, and identify and implement approaches to reduce and/or eliminate the practice of pretextual stops based on minor traffic violations

Subsequent to the adoption of the omnibus package, the City established a multi-department working group to oversee and implement various components of the package. The working group consists of the following:

- City Manager;
- Deputy City Managers;
- City Attorney;
- Fire Chief;
- Health, Housing and Community Services;
- Human Resources Director;
- Police Chief; and
- Public Works Director.

We have established weekly meetings and have developed an organizational structure that will enable us to advance the various referrals in the omnibus package at the same time.

Our work to advance the omnibus package has been organized in the following manner:

- HHCS Director, Lisa Warhuus, is leading the work to develop a Specialized Care Unit pilot program.
- Fire Chief, David Brannigan, is leading the work to develop a plan for priority dispatching.
- City Attorney, Farimah Brown, is managing the analysis of litigation claims and settlements.
- The Police Re-Imagining and community engagement process will be led by Deputy City Manager David White. Deputy City Manager White will also be supporting the City Manager by providing overall project management support to the team.
- BerkDoT will be led by our Public Works Director, Liam Garland.

Current Updates (*for the October 27, 2020 City Council Meeting*)

At the October 13, 2020 City Council meeting, I provided an update on the work that City staff had accomplished in advancing the City Council's omnibus package to re-imagine public safety and policing in the City of Berkeley. At that meeting, I indicated that I would provide regular updates to the City Council and the community. The following provides an overview of what has been accomplished since the last City Council meeting:

- City Auditor calls-for-service and budget analysis
 - City staff is working hard to respond to the totality of the City Auditor's requests in order to support her and her team in performing the calls-for-service and budget analysis requested by City Council. More specifically, the following work has been completed:
 - Staff from the Department of Information Technology were reassigned for two days last week to work with the Police Department to generate a dataset for the City Auditor that consists of more than 780,000 rows of incidents. The dataset covers the time period January 1, 2015 to September 30, 2020.

- The Police Department has been working with our software vendor to provide data dictionaries to assist the City Auditor in interpreting the data and has provided additional documents regarding stop demographic codes.
- Provided the City Auditor with a contact in HHCS/Mobile Crisis to support audit questions regarding the Mobile Crisis Team.
- Provided Use of Force data and a contact for Internal Affairs to provide information as needed on Use of Force data.
- Scheduled a meeting with the Center for Policing Equity to discuss their ongoing work with the City and how best to align their research with the City Auditor.
- In order to ensure coordination and collaboration with the City Auditor, Deputy City Manager White and Police Department have established regular, recurring meetings.
- Specialized Care Unit
 - The Project Plan was updated to allow for a deeper community engagement process that reflects a crisis response continuum of care.
 - A steering committee consisting of city staff and community members was established. City staff will include members from HHCS and Fire. Two community members are part of the Berkeley Community Safety Coalition. HHCS is working to add one or two additional community members to the committee. Also, HHCS has added a UC Berkeley Graduate Student Intern to the team who can lend additional assistance and research to the project.
 - A vendor was identified through an RFP process with a similar scope that had started January 2020. HHCS is working to determine if the vendor can fulfill a revised scope of work reflecting direction provided by City Council and the community and if they can do so in less traditional ways that invoke deeper community engagement in a culturally responsive way.
 - The Mental Health Commission was briefed on the process to date and are considering ways in which they might actively support it.
- Priority Dispatching
 - The Fire Department continues to meet with employees to solicit input and feedback.
 - The Fire Department is in the preliminary stages of developing a report that will outline the framework for implementing priority dispatching.

- Analysis of litigation claims and settlements
 - The City Attorney's Office is making progress identifying and analyzing claims involving the Police Department over the past ten years.
 - To date, the City Attorney's Officer has identified a total of 120 claims (37 not related to auto cases and 83 claims involving automobiles) between the years of January 1, 2010 to present.
- Police Re-Imagining and Community Engagement
 - The City received six (6) proposals in response to the RFP that was due on October 6, 2020.
 - The City has put together a team consisting of city staff, community and other stakeholders to evaluate and review the proposals that were submitted to the city.
 - The review team will begin meeting in early November 2020 to identify the most qualified proposals.
 - Interviews of qualified firms will take place during November 2020, with the goal of providing a recommendation to City Council once the review process is complete.

This timeline is a bit lengthier than originally anticipated by city staff but is the result of providing individuals more time to select a firm and to have a more inclusive review process.

- BerkDot
 - An interdepartmental BerkDoT project team has been convened and is meeting every two weeks.
 - Public Works and the Police Department are coordinating with the City Attorney's Office to perform legal research on state law implications on BerkDoT.
 - Staff met with Walk Bike Berkeley and received a briefing on the research that they have performed to date.
 - City staff is developing a project plan and scope of work for a consultant to perform best practices research.
- General Update
 - In addition to the work outlined above, city staff is developing a short presentation that will provide an overview of the city's implementation of City Council's omnibus package including key deliverables and project timelines.

cc: Paul Buddenhagen, Deputy City Manager
David White, Deputy City Manager
Jenny Wong, City Auditor
Farimah Brown, City Attorney
Mark Numainville, City Clerk
David Brannigan, Fire Chief
Lisa Warhuus, Director of Health, Housing & Community Services
LaTanya Bellow, Director of Human Resources
Andrew Greenwood, Chief of Police
Liam Garland, Public Works Director
Matthai Chakko, Assistant to the City Manager



Office of the City Manager

November 12, 2020

To: Honorable Mayor and Members of the City Council
From: Dee Williams-Ridley, City Manager
Re: Update on Re-Imagining Public Safety

On July 14, 2020, City Council adopted an omnibus package to re-imagine public safety and policing in the City of Berkeley.

The omnibus package consisted of numerous elements including, but not limited to the following:

- Having the City Auditor perform an analysis of City's emergency 9-1-1 calls-for-service and responses, as well as analysis of the Berkeley Police Department's (BPD) budget.
- Analyzing and developing a pilot program to re-assign non-criminal police service calls to a Specialized Care Unit.
- Creating plans and protocols for calls for service to be routed and assigned to alternative preferred responding entities and consider placing dispatch in the Fire Department or elsewhere outside the Police Department.
- Analyzing litigation outcomes and exposure for city departments in order to guide the creation of City policy to reduce the impact of settlements on the General Fund.
- Engaging a qualified firm(s) or individual(s) to lead a robust, inclusive, and transparent community engagement process with the goal of achieving a new and transformative model of positive, equitable and community-centered safety for Berkeley.
- Pursuing the creation of a Berkeley Department of Transportation ("BerkDoT") to ensure a racial justice lens in traffic enforcement and the development of transportation policy, programs and infrastructure, and identify and implement approaches to reduce and/or eliminate the practice of pretextual stops based on minor traffic violations.

Subsequent to the adoption of the omnibus package, the City established a multi-department working group to oversee and implement various components of the package. The working group consists of the following:

- City Manager;
- Deputy City Managers;
- City Attorney;
- Fire Chief;
- Health, Housing and Community Services Director;
- Human Resources Director;
- Police Chief; and
- Public Works Director.

We have established weekly meetings and have developed an organizational structure that will enable us to advance the various referrals in the omnibus package at the same time.

Our work to advance the omnibus package has been organized in the following manner:

- HHCS Director, Lisa Warhuus, is leading the work to develop a Specialized Care Unit pilot program.
- Fire Chief, David Brannigan, is leading the work to develop a plan for priority dispatching.
- City Attorney, Farimah Brown, is managing the analysis of litigation claims and settlements.
- The Police Re-Imagining and community engagement process will be led by Deputy City Manager David White. Deputy City Manager White will also be supporting the City Manager by providing overall project management support to the team.
- BerkDoT will be led by our Public Works Director, Liam Garland.

Current Updates (*for the November 10, 2020 City Council Meeting*)

The following provides an overview of what has been accomplished in advancing City Council's omnibus package to re-imagine public safety and policing in the City of Berkeley:

- City Auditor calls-for-service and budget analysis
 - City staff continues to coordinate with the City Auditor and respond to any questions or needs that arise.
- Specialized Care Unit (SCU)
 - A Specialized Care Unit steering committee consisting of city staff and community members has been established. Two community members from the Berkeley Community Safety Coalition are part of the SCU steering committee. City staff includes members from the HHCS and Fire departments. City staff will be working with steering committee members to determine if additional members are needed, and to also make sure that there are multiple paths to community participation in this work since many have expressed interest.

- A vendor was identified through an RFP process with a similar scope and a community review process that had started in January 2020. Their work will be guided by the steering committee and will involve deep community engagement. HHCS is working bring a contract to City Council on December 1, 2020, to advance this work.
- The Mental Health Commission, who have been working on this issue for some time, was briefed on the process to date and are considering ways in which they might actively support it.
- Priority Dispatching
 - The Fire Department has completed focus group with employees and labor groups and a plan is coming together.
 - Relevant commissions will be engaged in January/February 2021.
 - The goal is to have an implementation plan prepared by late February/early March 2021 for City Council consideration to align with the budget process.
- Analysis of litigation claims and settlements
 - The City Attorney's Office continues to make progress identifying and analyzing claims involving the Police Department over the past ten years.
 - After reviewing additional data, the City Attorney's Office has identified one hundred and fifteen (115) claims involving automobile related police claims and forty seven (47) claims involving alleged police misconduct between the years of January 1, 2010 to present.
- Police Re-Imagining and Community Engagement
 - The City received six (6) proposals in response to the Request for Proposal that was due to the City on October 6, 2020.
 - The City convened a team consisting of 12 members that includes city staff, community and other stakeholders to discuss and evaluate the proposals that were submitted to the City.
 - ◆ The proposal review team met on two occasions.
 - At the first meeting, the proposal review team discussed the proposals that were submitted to the City and ultimately selected four (4) out of the six (6) teams that submitted proposals to be interviewed. Interviews are scheduled to occur on Thursday, November 12, 2020.
 - At the second meeting, the proposal review team convened to discuss the format of the interviews and develop a set of questions that will be asked of each of the teams invited to participate in the interviews. Each team that was

invited to participate in the interviews was asked to provide a 10-minute presentation to the review panel that will be followed up by a question and answer session.

- ◆ Subsequent to the interviews conducted by the proposal review team, the recommended team(s) will meet with the City Manager.
 - ◆ It is currently anticipated that a recommendation to award a contract to a firm will be presented to the City Council on December 15, 2020.
- BerkDoT
- An interdepartmental BerkDoT project team has been convened and continues meeting every two weeks.
 - Staff have scheduled a subsequent meeting with community stakeholders to solicit input and discuss the proposed BerkDoT.
 - City staff is anticipating that it will receive a scope of work and cost proposal from a consultant to perform best practices research and to assist the City in developing a successful organizational model. City Council is being asked to approve resources for this work as part of the AAO process.
 - It is anticipated that in January 2021, staff will commence meetings with various commissions (Public Works, Transportation, etc.) to solicit input and discuss City Council's BerkDoT referral.

cc: Paul Buddenhagen, Deputy City Manager
David White, Deputy City Manager
Jenny Wong, City Auditor
Farimah Brown, City Attorney
Mark Numainville, City Clerk
David Brannigan, Fire Chief
Lisa Warhuus, Director of Health, Housing & Community Services
LaTanya Bellow, Director of Human Resources
Andrew Greenwood, Chief of Police
Liam Garland, Public Works Director
Matthai Chakko, Assistant to the City Manager



Office of the City Manager

December 2, 2020

To: Honorable Mayor and Members of the City Council

From: Dee Williams-Ridley, City Manager

Re: Update on Re-Imagining Public Safety

On July 14, 2020, City Council adopted an omnibus package to re-imagine public safety and policing in the City of Berkeley. The omnibus package consisted of numerous elements including, but not limited to the following:

- Having the City Auditor perform an analysis of City's emergency 9-1-1 calls-for-service and responses, as well as analysis of the Berkeley Police Department's (BPD) budget.
- Analyzing and developing a pilot program to re-assign non-criminal police service calls to a Specialized Care Unit.
- Creating plans and protocols for calls for service to be routed and assigned to alternative preferred responding entities and consider placing dispatch in the Fire Department or elsewhere outside the Police Department.
- Analyzing litigation outcomes and exposure for city departments in order to guide the creation of City policy to reduce the impact of settlements on the General Fund.
- Engaging a qualified firm(s) or individual(s) to lead a robust, inclusive, and transparent community engagement process with the goal of achieving a new and transformative model of positive, equitable and community-centered safety for Berkeley.
- Pursuing the creation of a Berkeley Department of Transportation ("BerkDoT") to ensure a racial justice lens in traffic enforcement and the development of transportation policy, programs and infrastructure, and identify and implement approaches to reduce and/or eliminate the practice of pretextual stops based on minor traffic violations

Subsequent to the adoption of the omnibus package, the City established a multi-department working group to oversee and implement various components of the package. The working group consists of the following:

- City Manager;
- Deputy City Managers;
- City Attorney;
- Fire Chief;

- Health, Housing and Community Services (HHCS) Director;
- Human Resources Director;
- Police Chief; and
- Public Works Director.

We have established weekly meetings and have developed an organizational structure that will enable us to advance the various referrals in the omnibus package at the same time.

Our work to advance the omnibus package has been organized in the following manner:

- HHCS Director, Lisa Warhuus, is leading the work to develop a Specialized Care Unit pilot program.
- Fire Chief, David Brannigan, is leading the work to develop a plan for priority dispatching.
- City Attorney, Farimah Brown, is managing the analysis of litigation claims and settlements.
- The Public Safety / Police Re-Imagining and community engagement process will be led by Deputy City Manager David White. Deputy City Manager White will also be supporting the City Manager by providing overall project management support to the team.
- BerkDoT will be led by our Public Works Director, Liam Garland.

Current Updates (*for the December 1, 2020 City Council Meeting*)

The following provides a brief overview of what has been accomplished since the last update to City Council on November 17, 2020.

- City Auditor calls-for-service and budget analysis
 - City staff continues to coordinate with the City Auditor and respond to any questions or needs that arise.
- Priority Dispatching
 - A community engagement team consisting of members of the Fire Department and Police Department including the communications center is being assembled.
 - Scheduling meetings with the Police Review Commission, Disaster and Fire Safety Commission, and Mental Health Commission to discuss plans.

- Specialized Care Unit (SCU)
 - Created an initial SCU steering committee consisting of city staff and community members. Two community members are representing the Berkeley Community Safety Coalition. City staff include members from the departments of Health, Housing, and Community Services and Fire. The committee is working with other critical stakeholders to add two or three additional members and identifying additional paths for participation as there are many community members who have expressed interest in this project.
 - A vendor was identified through a Request for Proposal process with a similar scope and a community review process that had started in January 2020. The item is before City Council this evening. The vendor's work will be guided by the steering committee and will involve deep community engagement, including crisis response system users.
 - The Mental Health Commission, who have been working on this issue for some time, was briefed on the process to date and will receive regular on-going briefings per their request over the course of the project.
- Analysis of Claims and Settlements
 - No new updates at this time.
- Public safety and Police Re-imagining Community Engagement
 - Of the four firms interviewed by a review panel consisting of city staff, community, and other stakeholders on Friday, November 20, 2020, the City Manager met with the top two firms that were well-regarded by the review panel.
 - Based on the strength of its team, subject matter expertise, familiarity with the City, and robust community engagement process, the National Institute for Criminal Justice Reform and the team that they have assembled is being recommended to the City Council to lead the community engagement effort. This recommendation will be on the December 15, 2020, City Council Agenda.
 - Should City Council authorize the City Manager to enter into a contract with the National Institute for Criminal Justice Reform, city staff will finalize the scope of work and budget with the goal of completing the contract so the project can begin in earnest in January 2021.
- Berk DoT
 - An interdepartmental BerkDoT project team continues meeting every two weeks.
 - City staff continue regular meetings with community stakeholders to solicit input and discuss the proposed BerkDoT.

- A consultant has been engaged and is collecting organizational charts from various Department of Transportations across the county, and arranging staff-to-staff interviews with those departments in December 2020.
- Staff has conducted an initial inventory of functions to be considered as part of a new BerkDoT. The functions include parking enforcement, traffic enforcement, accident investigation, crossing guards, Vision Zero implementation, transportation and streets planning, street and sidewalk repair, and streetlights. These functions involve approximately 93 existing full time positions and budgets of more than \$40 million.
- In January and February 2021, city staff will seek input from various commissions (i.e., Public Works, Transportation, etc.) on the summary of initial research, best practices, and preliminary recommendations

cc: Paul Buddenhagen, Deputy City Manager
David White, Deputy City Manager
Jenny Wong, City Auditor
Farimah Brown, City Attorney
Mark Numainville, City Clerk
David Brannigan, Fire Chief
Lisa Warhuus, Director of Health, Housing & Community Services
LaTanya Bellow, Director of Human Resources
Andrew Greenwood, Chief of Police
Liam Garland, Public Works Director
Matthai Chakko, Assistant to the City Manager



Office of the City Manager

December 16, 2020

To: Honorable Mayor and Members of the City Council

From: Dee Williams-Ridley, City Manager

Re: Update on Re-Imagining Public Safety

On July 14, 2020, City Council adopted an omnibus package to re-imagine public safety and policing in the City of Berkeley. The omnibus package consisted of numerous elements including, but not limited to the following:

- Having the City Auditor perform an analysis of City's emergency 9-1-1 calls-for-service and responses, as well as analysis of the Berkeley Police Department's (BPD) budget.
- Analyzing and developing a pilot program to re-assign non-criminal police service calls to a Specialized Care Unit.
- Creating plans and protocols for calls for service to be routed and assigned to alternative preferred responding entities and consider placing dispatch in the Fire Department or elsewhere outside the Police Department.
- Analyzing litigation outcomes and exposure for city departments in order to guide the creation of City policy to reduce the impact of settlements on the General Fund.
- Engaging a qualified firm(s) or individual(s) to lead a robust, inclusive, and transparent community engagement process with the goal of achieving a new and transformative model of positive, equitable and community-centered safety for Berkeley.
- Pursuing the creation of a Berkeley Department of Transportation ("BerkDoT") to ensure a racial justice lens in traffic enforcement and the development of transportation policy, programs and infrastructure, and identify and implement approaches to reduce and/or eliminate the practice of pretextual stops based on minor traffic violations

Subsequent to the adoption of the omnibus package, the City established a multi-department working group to oversee and implement various components of the package. The working group consists of the following:

- City Manager;
- Deputy City Managers;
- City Attorney;
- Fire Chief;

- Health, Housing and Community Services (HHCS) Director;
- Human Resources Director;
- Police Chief; and
- Public Works Director.

We have established weekly meetings and have developed an organizational structure that will enable us to advance the various referrals in the omnibus package at the same time.

Our work to advance the omnibus package has been organized in the following manner:

- HHCS Director, Lisa Warhuus, is leading the work to develop a Specialized Care Unit pilot program.
- Fire Chief, David Brannigan, is leading the work to develop a plan for priority dispatching.
- City Attorney, Farimah Brown, is managing the analysis of litigation claims and settlements.
- The Public Safety / Police Re-Imagining and community engagement process will be led by Deputy City Manager David White. Deputy City Manager White will also be supporting the City Manager by providing overall project management support to the team.
- BerkDoT will be led by our Public Works Director, Liam Garland.

Current Updates (*for the December 15, 2020 City Council Meeting*)

The following provides a brief overview of what has been accomplished since the last update to City Council on December 1, 2020.

- City Auditor calls-for-service and budget analysis
 - City staff have continued to meet with the City Auditor to coordinate and respond to any questions or needs that arise.
- Priority Dispatching
 - Meetings have been scheduled with the Police Review Commission, Disaster and Fire Safety Commission, and Mental Health Commission to discuss plans.
- Specialized Care Unit (SCU)
 - A steering committee consisting of representatives from the Health Housing and Community Services Department, Fire Department, the Berkeley Community Safety Coalition, and the Mental Health Commission has been created and will hold its kick-off meeting on Thursday December 17, 2020.

- Additional opportunities for updates and feedback from the community will be through monthly community zoom meetings and at mental health commission meetings. The schedule will be made available once the consultant is on board in January 2021.
- Analysis of Claims and Settlements
 - To date, the City Attorney's Office has identified forty-seven claims involving alleged police misconduct, sixty-one claims involving alleged auto accidents, fifty-four claims involving alleged wrongful tow, from January 1, 2010 to present.
 - Of the claims involving alleged police misconduct there were twenty-three claims that resulted in settlement. To date, our calculations show that the total settlement costs for the alleged police misconduct claims totals \$303,974.67. The total cost to defend the alleged police misconduct claims during the same time frame is \$276,103.65. The total settlement costs for the alleged auto-accident claims totals \$622,817. The total cost to defend the alleged auto-accident claims during the same time frame is \$13,614.
- Public safety and Police Re-imagining Community Engagement
 - On the December 15, 2020 City Council Agenda, city staff is asking to authorize the City Manager to enter into a contract with the National Institute of Criminal Justice Reform to lead the community engagement effort. This recommendation will be on the December 15, 2020 City Council Agenda.
 - In addition to community engagement, the National Institute of Criminal Justice Reform is being asked to perform the following:
 - ◆ Work with the City Auditor on the assessment of emergency and non-emergency calls for service.
 - ◆ Develop a summary and presentation of new and emerging models of community safety and policing.
 - ◆ Develop and implement a communications strategy to ensure that the community is well informed and managing the Task Force to be established by the City Council.
 - ◆ Identify the programs and/or services that are currently provided by the Berkeley Police Department that can be provided by other City departments and / or organizations.
 - ◆ Develop a final report and implementation plan that will be used to guide future decision making.

- Should City Council authorize the City Manager to enter into a contract with the National Institute for Criminal Justice Reform, city staff will finalize the scope of work and budget with the goal of completing the contract so the project can begin in earnest in January 2021.
- Berk DoT
 - An interdepartmental BerkDoT project team continues meeting every two weeks.
 - City staff continue regular meetings with community stakeholders to solicit input and discuss the proposed BerkDoT.
 - Staff have various organizational charts from various Department of Transportations across the county, and are meeting with staff from Denver, Los Angeles, Minneapolis, and Oakland to learn from their DOT experiences.
 - Staff continue to update an initial inventory of functions to be considered as part of a new BerkDoT. The functions include parking enforcement, traffic enforcement, accident investigation, crossing guards, Vision Zero implementation, transportation engineering, streets and sidewalk planning and engineering, street and sidewalk repair, and streetlights. These functions now involve approximately 100 existing full-time positions and budgets of close to \$50 million.
 - In February 2021, city staff will seek input from various commissions (i.e., Public Works, Transportation, etc.) on the summary of initial research, best practices, and preliminary recommendations.

cc: Paul Buddenhagen, Deputy City Manager
David White, Deputy City Manager
Jenny Wong, City Auditor
Farimah Brown, City Attorney
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David Brannigan, Fire Chief
Lisa Warhuus, Director of Health, Housing & Community Services
LaTanya Bellow, Director of Human Resources
Andrew Greenwood, Chief of Police
Liam Garland, Public Works Director
Matthai Chakko, Assistant to the City Manager



Office of the City Manager

January 19, 2021

To: Honorable Mayor and Members of the City Council

From: Dee Williams-Ridley, City Manager

Re: Update on Re-Imagining Public Safety

On July 14, 2020, City Council adopted an omnibus package to re-imagine public safety and policing in the City of Berkeley. The omnibus package consisted of numerous elements including, but not limited to the following:

- Having the City Auditor perform an analysis of City's emergency 9-1-1 calls-for-service and responses, as well as analysis of the Berkeley Police Department's (BPD) budget.
- Analyzing and developing a pilot program to re-assign non-criminal police service calls to a Specialized Care Unit.
- Creating plans and protocols for calls for service to be routed and assigned to alternative preferred responding entities and consider placing dispatch in the Fire Department or elsewhere outside the Police Department.
- Analyzing litigation outcomes and exposure for city departments in order to guide the creation of City policy to reduce the impact of settlements on the General Fund.
- Engaging a qualified firm(s) or individual(s) to lead a robust, inclusive, and transparent community engagement process with the goal of achieving a new and transformative model of positive, equitable and community-centered safety for Berkeley.
- Pursuing the creation of a Berkeley Department of Transportation ("BerkDoT") to ensure a racial justice lens in traffic enforcement and the development of transportation policy, programs and infrastructure, and identify and implement approaches to reduce and/or eliminate the practice of pretextual stops based on minor traffic violations

Subsequent to the adoption of the omnibus package, the City established a multi-department working group to oversee and implement various components of the package. The working group consists of the following:

- City Manager;
- Deputy City Managers;
- City Attorney;
- Fire Chief;

- Health, Housing and Community Services (HHCS) Director;
- Human Resources Director;
- Police Chief; and
- Public Works Director.

We have established weekly meetings and have developed an organizational structure that will enable us to advance the various referrals in the omnibus package at the same time.

Our work to advance the omnibus package has been organized in the following manner:

- HHCS Director, Lisa Warhuus, is leading the work to develop a Specialized Care Unit pilot program.
- Fire Chief, David Brannigan, is leading the work to develop a plan for priority dispatching.
- City Attorney, Farimah Brown, is managing the analysis of litigation claims and settlements.
- The Public Safety / Police Re-Imagining and community engagement process will be led by Deputy City Manager David White. Deputy City Manager White will also be supporting the City Manager by providing overall project management support to the team.
- BerkDoT will be led by our Public Works Director, Liam Garland.

Current Updates (for the January 19, 2021 City Council Meeting)

The following provides a brief overview of what has been accomplished since the last update to City Council on December 15, 2020.

- City Auditor calls-for-service and budget analysis
 - City staff continue to meet with the City Auditor to coordinate and respond to any questions or needs that arise. Most recently, on January 14, 2021, the City Manager and city staff met with the City Auditor's Office to review and discuss the briefing document prepared by the City Auditor's Office regarding the calls-for-service analysis.
- Priority Dispatching
 - A project update was presented to the Police Review Commission on January 13, 2021. Upcoming presentations for the Disaster and Fire Safety Commission and Mental Health Commission are scheduled to occur in January 2021.
 - A Request for Proposal (RFP) to identify a consultant to develop a plan and recommendations surrounding prioritized dispatch is being developed. Major areas to be addressed include in the RFP include:

- What is the recommended model of dispatch given calls received by the City?
- Are existing staffing levels adequate to transition to priority dispatching?
- Are existing facilities adequate?
- What training is needed to implement and sustain priority dispatching?

The total amount of funds allocated to this work is \$50,000, which City Council approved on December 15, 2021 as part of the first amendment to the Annual Appropriations Ordinance.

- The recommended dispatch model will lead to a community and policy discussion about the resources that should be deployed to calls received by the 9-1-1 Emergency Communications Center. Possible models are:

Model Considered	Pros	Cons
Current Model	Simplicity, easier staffing	Inefficient, delays for callers, expansive resources sent to calls
Medical Priority Dispatch System	Standard system, used by neighboring agencies	Expensive licensing, inflexible, heavily scripted
Criteria Based Dispatch	Affordable, flexible, trusts well trained dispatchers	Non-standard, not used by neighboring agencies
Call Diversion (Telemedicine/ Nurse Practitioner or MD Staffing)	Medical professionals work with callers, advise and re-direct patients to appropriate care	Expensive, resource intensive

- Specialized Care Unit (SCU)
 - The contract for Resource Development Associates (RDA) is complete and has been attached to this update.
 - RDA is working on a draft detailed project plan and timeline for feedback from the steering committee.
 - A second steering committee meeting, which will include RDA, is being set up for the end of the month, with the intention to meet every other week.
- Analysis of Claims and Settlements
 - No updates to report.
- Public safety and Police Re-imagining Community Engagement
 - On December 15, 2020, the City Council authorized the City Manager to enter into a contract with [the National Institute of Criminal Justice Reform](#) (NICJR) to conduct

- research, analysis, and use its expertise to develop reports and recommendations for community safety and police reform as well as plan, develop, and lead an inclusive and transparent community engagement process to help the City achieve a new and transformative model of positive, equitable and community-centered safety for Berkeley.
- City staff have been coordinating internally and working with NICJR to finalize the scope of work and contract documents. The contract is anticipated to be fully executed and completed the week of January 18, 2021. Once completed, NICJR's complete contract will be incorporated into a future update to City Council.
 - For background and transparency, attached to this City Council update is the response to the Request for Proposal submitted to the City by NICJR.
- Reimagining Public Safety Task Force (Task Force)
 - City staff from the City Manager's Office and City Clerk's Office have been coordinating with the Mayor and City Council on the implementation of the Reimagining Public Safety Task Force. On January 19, 2021, the City Council will be asked to adopt [revisions to the enabling legislation that established the Reimagining Public Safety Task Force](#).
 - The Police Review Commission has informed the City Manager's Office that Police Review Commissioner Nathan Mizell has been appointed to the Task Force by the Commission.
 - Appointments by the Youth Commission and Mental Health Commission are anticipated to occur in January 2021.
 - Appointments from the Berkeley Community Safety Coalition and Associated Students of the University of California (ASUC) External Affairs Vice President are anticipated to be discussed at the City Council meeting on January 26, 2021.
 - Subsequent to the adoption of the revisions to the enabling legislation, an application for the Task Force developed by the City Clerk's Office will be posted to the City's website. The application has been attached to this City Council update. A press release has also been prepared and will be issued notifying the community of the application.
 - Once the City Manager's Office has received the Mayor and City Council appointments to the Task Force, as well as Commission appointments, the Berkeley Community Safety Coalition's appointment, and the appointment from the ASUC External Affairs Vice President, city staff will work with NICJR to convene the first meeting of the Task Force. This is likely to occur in February 2021.

- BerkDoT
 - An interdepartmental BerkDoT project team continues to meet regularly.
 - City staff continue regular meetings with community stakeholders to solicit input and discuss the proposed BerkDoT.
 - The Public Works Department developed a scope of work for its on-call transportation consultant, Fehr & Peer's. The scope of work has been attached to this City Council update.
 - To date, formal interviews have been completed with the cities of Cambridge, Denver, Fort Collins, Minneapolis, Oakland, and Los Angeles.
 - A memo that distills what has been learned in the interviews including a summary of organizational structures, lessons learned, and short vs. longer term actions will be prepared. This memo will serve as the basis for a discussion with the Public Works and Transportation Commissions in February 2021 regarding a summary of initial research, best practices, and preliminary recommendations.
 - Staff continue to update an initial inventory of functions to be considered as part of a new BerkDoT. The functions include parking enforcement, traffic enforcement, accident investigation, crossing guards, Vision Zero implementation, transportation engineering, streets and sidewalk planning and engineering, street and sidewalk repair, and streetlights. These functions now involve approximately 100 existing full time positions and budgets of close to \$50 million.

Attachments

1. RDA Contract
2. NICJR response to the Request for Proposal
3. Application for the Public Safety Reimagining Task Force
4. Fehr & Peer's Scope of Work Re: BerkDoT

cc: Paul Buddenhagen, Deputy City Manager
David White, Deputy City Manager
Jenny Wong, City Auditor
Farimah Brown, City Attorney
Mark Numainville, City Clerk
David Brannigan, Fire Chief
Lisa Warhuus, Director of Health, Housing & Community Services
LaTanya Bellow, Director of Human Resources
Andrew Greenwood, Chief of Police
Liam Garland, Public Works Director
Matthai Chakko, Assistant to the City Manager

Attachment 1

EXPENDITURE NON-CONSTRUCTION CONTRACT REVIEW FORM: NEW CONTRACT

Contract #	32100082
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CONTRACTOR NAME: Resource Development Associates, Inc. (RDA)

Subject of Contract: Specialized Care Unit (SCU) Design

This contract package contains: 3 Original Contracts (Department, Vital Record and Vendor) in folders	Attached	Waiver Attached	Not Required
*The Vital Record contract MUST be in a folder. *Optional: In lieu of folders, Department and Vendor copies may be assembled with an Acco-fastener.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. CONTRACT BOILERPLATE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Scope of Services (Exhibit A @ boilerplate)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Payment Provisions (Exhibit B @ boilerplate)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Evidence of Competitive Solicitation OR Waiver by CM or by Council Resolution <i>RFP</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. CERTIFICATIONS			
a. Workforce Composition (businesses with 5 or more employees)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Nuclear Free Berkeley Disclosure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Oppressive States Disclosure (Exception: Community-based, non-profit organizations)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sanctuary City Compliance Statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Certification of Compliance with Living Wage Ordinance (LWO): use current form on web*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Certification of Compliance with Equal Benefits Ordinance: use current form on web*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Community Agency: Certification of Anti-Lobbying	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Community Agency: Certification of Drug-Free Workplace	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Insurance Certificate/s AND Endorsement/s OR Insurance Waiver/s (originals, not copies)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Authorizing Council Resolution # 69,621-N.S. <i>12-1-2020</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Consultant Contracts: Form 700, Statement of Economic Interests	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Federally Funded Project Requirement: Debarment status printout (SAM.gov)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Berkeley Business License # BL-003113

Requisition # 12105644 *(Hard copy attached)*

Budget Code 011-51-503-520-0000-000-451-612990: \$100,000
316-51-503-524-2012-000-451-612990: \$85,000

Contract Amount \$185,000

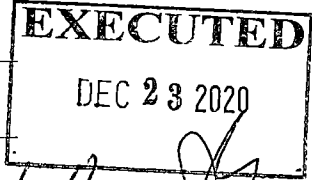
Council Approved Amount \$185,000

Was there any advance payment? No Yes **If Yes, Advanced Amount \$** _____

If Yes, Purchase Order # _____

Routing and signatures:
All elements of the contract package, including information provided above, have been reviewed for completeness and accuracy and evidenced by the following signatures (Project Manager please print name):

- | | | |
|---|-----------------------|-------------------|
| 1. <u>Conor Murphy</u> <u>HHCS</u> <i>(email approval)</i> | <u>(510) 981-7611</u> | <u>12/4/2020</u> |
| Project Manager (PRINT NAME) & Department | Phone No. | Date |
| 2. <u>Ann Song</u> <i>Ann Song</i> | | <u>12/17/2020</u> |
| Department Administrative Officer/Accounting | | Date |
| 3. <u>Lisa Warhuus</u> <i>Lisa Warhuus</i> | | <u>12/17/2020</u> |
| Department Head | | Date |
| 4. <u>Darryl Sweet</u> <i>D.R. Sweet</i> | | <u>12/18/2020</u> |
| Contract Administrator | | Date |
| 5. <u>Teresa Berkeley-Simmons</u> <i>Budget via Email (Attached)</i> | | <u>12/22/2020</u> |
| Budget Manager | | Date |



Routing continues to the following persons, who sign directly on the contract:

6. **City Manager** *(Will not sign unless all signatures and dates appear above)*
7. **City Clerk:** CMS Login _____ Destruct _____ Review _____

Sweet, Darryl

From: Murty, Rama
Sent: Tuesday, December 22, 2020 12:26 PM
To: Sweet, Darryl
Cc: Rosete, Michelle
Subject: FW: RDA Contract for budget approval

Budget Final - Approved

Rama Murty, Senior Management Analyst
City Manager's Office - Budget Office
Phone: 981-7044
Fax: 981-7099

From: Rosete, Michelle
Sent: Tuesday, December 22, 2020 12:03 PM
To: Murty, Rama <RMurty@cityofberkeley.info>
Subject: RE: RDA Contract for budget approval

Budget Initial – APPROVED

Notes:

Res#69,621 attached in the contract - OK
Req#12105644 – NTE \$185,000

Requisition: 2021/12105644
Released, Akoteu, Vina, 12/21/2020

Total Cost: \$185,000.00

E (HHMMGR2101-NONPERSONN-CONTRSERVI-MISCPROFSV) MISC PROF SERVICES	U	E (011-51-503-520-0000-000-451-612990-) PROF SVCS - MISCELLANEOUS	U	54,054	\$100,000.00
E (HHMMCA2101-NONPERSONN-CONTRSERVI-MISCPROFSV) MISC PROF SERVICES	U	E (316-51-503-524-2012-000-451-612990-) PROF SVCS - MISCELLANEOUS	U	45,946	\$85,000.00

Fund available in Project Code HHMMGR2101, Funds 011 and 316.

Thanks.

-Michelle

From: Sweet, Darryl
Sent: Friday, December 18, 2020 11:58 AM
To: Rosete, Michelle <mrosete@cityofberkeley.info>; Murty, Rama <RMurty@cityofberkeley.info>
Subject: RDA Contract for budget approval

RDA
Contract
for budget approval

Thank you,
Darryl

Darryl Sweet, MSCM, CPSM
General Services Manager
City of Berkeley, Department of Finance
510-981-7329
dsweet@cityofberkeley.info

PERSONAL SERVICES CONTRACT

THIS CONTRACT is between the CITY OF BERKELEY (“City”), a Charter City organized and existing under the laws of the State of California, and Resource Development Associates (RDA) (Contractor”), a California Corporation doing business at 2333 Harrison Street, Oakland, CA 94612, who agree as follows:

1. **SCOPE OF SERVICES**

Contractor agrees to perform all services described in Exhibit A, in accordance with its stated terms and conditions. Exhibit A is attached to and made a part of this Contract.

2. **PAYMENT**

For services referred to in Section 1, City will pay Contractor a total amount not to exceed \$185,000. City shall make payments to Contractor in accordance with the provisions described in Exhibit B, which is attached to and made a part of this Contract.

3. **TERM**

a. This Contract shall begin on January 1, 2021 and end on June 30, 2022. The City Manager of the City may extend the term of this Contract by giving written notice.

b. Either party may terminate this Contract for default upon five (5) days’ written notice to the other if the other party has substantially failed to fulfill any of its obligations under this Contract in a timely manner. City may terminate this Contract at its convenience and without cause upon thirty (30) days written notice to Contractor. Except as provided in this Contract, in no event shall City be liable for costs incurred by or on behalf of Contractor after the effective date of a notice of termination.

c. A written notice is deemed served when a party sends the notice in an envelope addressed to the other party to this Contract and deposits it with the U.S. Postal Service, first class mail, postage prepaid. For purposes of this Contract, all notices to City shall be addressed as follows:

City Manager
City of Berkeley
2180 Milvia Street
Berkeley, California 94704
CoMurphy@cityofberkeley.info

For purposes of this Contract, all notices to Contractor shall be addressed as follows:

Dr. Patricia Bennett
Resource Development Associates
2333 Harrison Street
Oakland, CA 94612
pbennett@resourcedevelopment.net

d. If City terminates this Contract for convenience before Contractor completes the services in Exhibit A, Contractor shall then be entitled to recover its costs expended up to that point plus a reasonable profit, but no other loss, cost, damage, expense or liability may be claimed, requested or recovered.

4. **INDEMNIFICATION**

Contractor, for itself and its heirs, successors and assigns, agrees to release, defend, indemnify and hold harmless City, its officers, agents, volunteers and employees from and against any and all claims, demands, liability, damages, lawsuits or other actions, including, but not limited to, personal injury or death or property damage arising out of or in any way connected with Contractor's operations under this Contract, or with the performance of this Contract by Contractor or its officers, employees, partners, directors, subcontractors or agents.

5. **INSURANCE**

a. Contractor shall maintain at all times during the performance of this Contract a commercial general liability insurance policy with a minimum occurrence coverage in the amount of \$2,000,000 (two million dollars); an automobile liability insurance policy in the minimum amount of \$1,000,000 (one million dollars); and, if any licensed professional performs services under this contract, a professional liability insurance policy in the minimum amount of \$2,000,000 (two million dollars) to cover any claims arising out of Contractor's performance of services under this Contract. All insurance, except professional liability, shall name the City, its officers, agents, volunteers and employees as additional insureds and shall provide primary coverage with respect to the City.

All insurance policies shall: 1) provide that the insurance carrier shall not cancel, terminate or otherwise modify the terms and conditions of said policies except upon thirty (30) days written notice to the City's Contract Administrator; 2) be evidenced by the original Certificate of Insurance, specifying the required coverage and the insurance carrier's standard additional insured form endorsement; and 3) be approved as to form and sufficiency by the City's Contract Administrator. **The original insurance certificates and all extensions to the insurance certificates should be sent to the address identified below.**

b. If the commercial general liability insurance referred to above is written on a Claims Made Form then, following termination of this Contract, coverage shall survive for a period of not less than five years. Coverage shall also provide for a retroactive date of placement coinciding with the effective date of this Contract.

c. If Contractor employs any person, it shall carry workers' compensation and employer's liability insurance and shall provide a certificate of insurance to the City. The workers' compensation insurance shall: 1) provide that the insurance carrier shall not cancel, terminate or otherwise modify the terms and conditions of said insurance except upon thirty (30) days written notice to the City's Contract Administrator; 2) provide for a waiver of any right of subrogation against City to the extent permitted by law; and 3) shall be approved as to form and sufficiency by the Contract Administrator.

d. Contractor shall forward all insurance documents to:

Department Name: HHCS-Mental Health Division-Steven Grolnic-McClurg
Department Address: 2180 Milvia Street, Berkeley, CA 94704

6. CONFORMITY WITH LAW AND SAFETY

a. Contractor shall observe and comply with all applicable laws, ordinances, codes and regulations of governmental agencies, including federal, state, municipal and local governing bodies having jurisdiction over any or all of the scope of services, including all provisions of the Occupational Safety and Health Act of 1979 as amended, all California Occupational Safety and Health Regulations, and all other applicable federal, state, municipal and local safety regulations. All services performed by Contractor must be in accordance with these laws, ordinances, codes and regulations. Contractor shall release, defend, indemnify and hold harmless City, its officers, agents, volunteers and employees from any and all damages, liability, fines, penalties and consequences from any noncompliance or violation of any laws, ordinances, codes or regulations.

b. If a death, serious personal injury or substantial property damage occurs in connection with the performance of this Contract, Contractor shall immediately notify the City's Risk Manager by telephone. If any accident occurs in connection with this Contract, Contractor shall promptly submit a written report to City, in such form as the City may require. This report shall include the following information: 1) name and address of the injured or deceased person(s); 2) name and address of Contractor's subcontractor, if any; 3) name and address of Contractor's liability insurance carrier; and 4) a detailed description of the accident, including whether any of City's equipment, tools or materials were involved.

c. If a release of hazardous materials or hazardous waste that cannot be controlled occurs in connection with the performance of this Contract, Contractor shall immediately notify the Berkeley Police Department and the City's Health Protection office.

d. Contractor shall not store hazardous materials or hazardous waste within the City of Berkeley without a proper permit from the City.

7. SAFETY DATA SHEETS

a. To comply with the City's Hazard Communication Program, Contractor agrees to submit Safety Data Sheets (SDS) for all "hazardous substances" Contractor intends to use in the performance of work under this Contract in any City facility. "Hazardous substances" are defined as those substances so designated by the Director of Industrial Relations pursuant to the Hazardous Substances Information and Training Act (Labor Code sec. 6360 *et seq.*). The SDS for all products must be submitted to the City before commencing work. The SDS for a particular product must be reviewed and approved by the City's Risk Manager before Contractor may use that product.

b. City will inform Contractor about hazardous substances to which it may be exposed while on the job site and protective measures that can be taken to reduce the possibility of exposure.

8. OWNERSHIP OF DOCUMENTS

a. When this Contract is terminated, Contractor agrees to return to City all documents, drawings, photographs and other written or graphic material, however produced, that it received from City, its contractors or agents, in connection with the performance of its services under this Contract. All materials shall be returned in the same condition as received.

b. Contractor grants City a royalty-free, exclusive and irrevocable license to reproduce, publish, use and to authorize others to do so, all original computer programs, writing, sound recordings, pictorial reproductions, diagrams, charts, computations, drawings

and other works of similar nature produced in the course of the performance of this Contract. Contractor shall not publish any such material without the prior written agreement of the City.

c. With the prior written approval of City's Project Manager, Contractor may retain and use copies of its work for reference and as documentation of its experience and capabilities.

9. NON-DISCRIMINATION

Contractor hereby agrees to comply with the provisions of Berkeley Municipal Code ("B.M.C.") Chapter 13.26 as amended from time to time. In the performance of this Contract, Contractor agrees as follows:

a. Contractor shall not discriminate against any employee or applicant for employment because of race, color, religion, ancestry, national origin, age (over 40), sex, pregnancy, marital status, disability, sexual orientation or AIDS.

b. Contractor shall permit the City access to records of employment, employment advertisements, application forms, EEO-1 forms, affirmative action plans and any other documents which, in the opinion of the City, are necessary to monitor compliance with this non-discrimination provision. In addition, Contractor shall fill-out, in a timely fashion, forms supplied by the City to monitor this non-discrimination provision.

10. INDEPENDENT CONTRACTOR

a. Contractor shall be deemed at all times to be an independent contractor and shall be wholly responsible for the manner in which Contractor performs the services required of Contractor by the terms of this Contract. Contractor shall be liable for its acts and omissions, and those of its employees and its agents. Nothing contained herein shall be construed as creating an employment, agency or partnership relationship between City and Contractor.

b. Direction from City regarding the subject of this Contract shall be construed as providing for direction as to policy and the result of Contractor's Work only and not as to the means or methods by which such a result is obtained.

c. Except as expressly provided in this Contract, nothing in this Contract shall operate to confer rights or benefits on persons or entities not party to this Contract.

d. Payment of any taxes, including California Sales and use Taxes, levied upon this Contract, the transaction, or the services or goods delivered pursuant hereto, shall be the obligation of Contractor.

11. CONFLICT OF INTEREST PROHIBITED

a. In accordance with Government Code section 1090, Berkeley City Charter section 36 and B.M.C. Chapter 3.64, neither Contractor nor any employee, officer, director, partner or member of Contractor, or immediate family member of any of the preceding, shall have served as an elected officer, an employee, or a City board, committee or commission member, who has directly or indirectly influenced the making of this Contract.

b. In accordance with Government Code section 1090 and the Political Reform Act, Government Code section 87100 *et seq.*, no person who is a director, officer, partner, trustee, employee or consultant of the Contractor, or immediate family member of any of the preceding, shall make or participate in a decision made by the City or a City board,

commission or committee, if it is reasonably foreseeable that the decision will have a material effect on any source of income, investment or interest in real property of that person or Contractor.

c. Interpretation of this section shall be governed by the definitions and provisions used in the Political Reform Act, Government Code section 87100 *et seq.*, its implementing regulations, manuals and codes, Government Code section 1090, Berkeley City Charter section 36 and B.M.C. Chapter 3.64.

12. **NUCLEAR FREE BERKELEY**

Contractor agrees to comply with B.M.C. Chapter 12.90, the Nuclear Free Berkeley Act, as amended from time to time.

13. **OPPRESSIVE STATES CONTRACTING PROHIBITION**

a. In accordance with Resolution No. 59,853-N.S., Contractor certifies that it has no contractual relations with, and agrees during the term of this Contract to forego contractual relations to provide personal services to, the following entities:

- (1) The governing regime in any Oppressive State.
- (2) Any business or corporation organized under the authority of the governing regime of any Oppressive State.
- (3) Any individual, firm, partnership, corporation, association, or any other commercial organization, and including parent-entities and wholly-owned subsidiaries (to the extent that their operations are related to the purpose of its contract with the City), for the express purpose of assisting in business operations or trading with any public or private entity located in any Oppressive State.

b. For purposes of this Contract, the Tibet Autonomous Region and the provinces of Abo, Kham, and U-Tsang shall be deemed oppressive states.

c. Contractor's failure to comply with this section shall constitute a default of this Contract and City may terminate this Contract pursuant to Section 3. In the event that the City terminates Contractor due to a default under this provision, City may deem Contractor a non-responsible bidder for not more than five (5) years from the date this Contract is terminated.

14. **SANCTUARY CITY CONTRACTING**

Contractor hereby agrees to comply with the provisions of the Sanctuary City Contracting Ordinance, B.M.C. Chapter 13.105. In accordance with this Chapter, Contractor agrees not to provide the U.S. Immigration and Customs Enforcement Division of the United States Department of Homeland Security with any Data Broker or Extreme Vetting Services as defined herein:

a. "Data Broker" means either of the following:

- i. The collection of information, including personal information about consumers, from a wide variety of sources for the purposes of reselling such information to their customers, which include both private-sector business and government agencies;

- ii. The aggregation of data that was collected for another purpose from that for which it is ultimately used.
- b. “Extreme Vetting” means data mining, threat modeling, predictive risk analysis, or other similar services. Extreme Vetting does not include:
 - i. The City’s computer-network health and performance tools;
 - ii. Cybersecurity capabilities, technologies and systems used by the City of Berkeley Department of Information Technology to predict, monitor for, prevent, and protect technology infrastructure and systems owned and operated by the City of Berkeley from potential cybersecurity events and cyber-forensic based investigations and prosecutions of illegal computer based activity.

15. **RECYCLED PAPER FOR WRITTEN REPORTS**

If Contractor is required by this Contract to prepare a written report or study, Contractor shall use recycled paper for said report or study when such paper is available at a cost of not more than ten percent more than the cost of virgin paper, and when such paper is available at the time it is needed. For the purposes of this Contract, recycled paper is paper that contains at least 50% recycled product. If recycled paper is not available, Contractor shall use white paper. Written reports or studies prepared under this Contract shall be printed on both sides of the page whenever practical.

16. **BERKELEY LIVING WAGE ORDINANCE**

a. Contractor hereby agrees to comply with the provisions of the Berkeley Living Wage Ordinance, B.M.C. Chapter 13.27. If Contractor is currently subject to the Berkeley Living Wage Ordinance, as indicated by the Living Wage Certification form, attached hereto, Contractor will be required to provide all eligible employees with City mandated minimum compensation during the term of this Contract, as defined in B.M.C. Chapter 13.27, as well as comply with the terms enumerated herein. Contractor expressly acknowledges that, even if Contractor is not currently subject to the Living Wage Ordinance, cumulative contracts with City may subject Contractor to the requirements under B.M.C. Chapter 13.27 in subsequent contracts.

b. If Contractor is currently subject to the Berkeley Living Wage Ordinance, Contractor shall be required to maintain monthly records of those employees providing service under the Contract. These records shall include the total number of hours worked, the number of hours spent providing service under this Contract, the hourly rate paid, and the amount paid by Contractor for health benefits, if any, for each of its employees providing services under the Contract. These records are expressly subject to the auditing terms described in Section 17.

c. If Contractor is currently subject to the Berkeley Living Wage Ordinance, Contractor shall include the requirements thereof, as defined in B.M.C. Chapter 13.27, in any and all subcontracts in which Contractor engages to execute its responsibilities under this Contract. All subcontractor employees who spend 25% or more of their compensated time engaged in work directly related to this Contract shall be entitled to a living wage, as described in B.M.C. Chapter 13.27 and herein.

d. If Contractor fails to comply with the requirements of this Section, the City

shall have the rights and remedies described in this Section, in addition to any rights and remedies provided by law or equity.

Contractor's failure to comply with this Section shall constitute a material breach of the Contract, upon which City may terminate this Contract pursuant to Section 3. In the event that City terminates Contractor due to a default under this provision, City may deem Contractor a non-responsible bidder for not more than five (5) years from the date this Contract is terminated.

In addition, at City's sole discretion, Contractor may be responsible for liquidated damage in the amount of \$50 per employee per day for each and every instance of an underpayment to an employee. It is mutually understood and agreed that Contractor's failure to pay any of its eligible employees at least the applicable living wage rate will result in damages being sustained by the City; that the nature and amount of the damages will be extremely difficult and impractical to fix; that the liquidated damage set forth herein is the nearest and most exact measure of damage for such breach that can be fixed at this time; and that the liquidated damage amount is not intended as a penalty or forfeiture for Contractor's breach. City may deduct any assessed liquidated damages from any payments otherwise due Contractor.

17. **BERKELEY EQUAL BENEFITS ORDINANCE**

a. Contractor hereby agrees to comply with the provisions of the Berkeley Equal Benefits Ordinance, B.M.C. Chapter 13.29. If Contractor is currently subject to the Berkeley Equal Benefits Ordinance, as indicated by the Equal Benefits Certification form, attached hereto, Contractor will be required to provide all eligible employees with City mandated equal benefits, as defined in B.M.C. Chapter 13.29, during the term of this contract, as well as comply with the terms enumerated herein.

b. If Contractor is currently or becomes subject to the Berkeley Equal Benefits Ordinance, Contractor agrees to provide the City with all records the City deems necessary to determine compliance with this provision. These records are expressly subject to the auditing terms described in Section 17 of this contract.

c. If Contractor fails to comply with the requirements of this Section, City shall have the rights and remedies described in this Section, in addition to any rights and remedies provided by law or equity.

Contractor's failure to comply with this Section shall constitute a material breach of the Contract, upon which City may terminate this contract pursuant to Section 3. In the event the City terminates this contract due to a default by Contractor under this provision, the City may deem Contractor a non-responsible bidder for not more than five (5) years from the date this Contract is terminated.

In addition, at City's sole discretion, Contractor may be responsible for liquidated damages in the amount of \$50.00 per employee per day for each and every instance of violation of this Section. It is mutually understood and agreed that Contractor's failure to provide its employees with equal benefits will result in damages being sustained by City; that the nature and amount of these damages will be extremely difficult and impractical to fix; that the liquidated damages set forth herein is the nearest and most exact measure of damages for such breach that can be fixed at this time; and that the liquidated damage amount is not intended as a penalty or forfeiture for Contractor's breach. City may deduct any assessed liquidated damages from any payments otherwise due Contractor.

18. **AUDIT**

Pursuant to Section 61 of the Berkeley City Charter, the City Auditor's Office may conduct an audit of Contractor's financial, performance and compliance records maintained in connection with the operations and services performed under this Contract. In the event of such audit, Contractor agrees to provide the City Auditor with reasonable access to Contractor's employees and make all such financial, performance and compliance records available to the Auditor's Office. City agrees to provide Contractor an opportunity to discuss and respond to any findings before a final audit report is filed.

19. **SETOFF AGAINST DEBTS**

Contractor agrees that City may deduct from any payments due to Contractor under this Contract any monies that contractor owes City under any ordinance, contract or resolution for any unpaid taxes, fees, licenses, unpaid checks or other amounts.

20. **CONFIDENTIALITY OF INFORMATION**

Contractor understands and agrees that, in the performance of the services under this Contract or in the contemplation thereof, Contractor may have access to private or confidential information which may be owned or controlled by City and that such information may contain proprietary or confidential details, the disclosure of which to third parties may be damaging to City. Contractor agrees that all information disclosed by City to Contractor shall be held in confidence and used only in performance of the Contract. Contractor shall exercise the same standard of care to protect such information as a reasonably prudent consultant would use to protect its own proprietary data.

21. **PREVAILING WAGES**

Certain labor categories under this contract may be subject to prevailing wages as identified in the State of California Labor Code commencing with Sections 1720 et. seq. and 1770 et. seq. These labor categories, when employed for any "work performed during the design and preconstruction phases of construction including, but not limited to, inspection and land surveying work," constitute a "Public Work" within the definition of Section 1720(a)(1) of the California Labor Code requiring payment of prevailing wages. In performing its obligations under this contract, Contractor is solely responsible to determine which, if any, of the work is governed by a labor category pursuant to California Labor Code sections 1720 et. seq. and 1770 et. seq. and pay the pertinent prevailing wage. Contractor shall defend, indemnify and hold harmless City concerning any liability arising out of Labor Code section 1720 et. seq. and 1770 et. seq.

22. **GOVERNING LAW**

This Contract shall be deemed to have been executed in Alameda County. The formation, interpretation and performance of this Contract shall be governed by the laws of the State of California, excluding its conflict of laws rules. Venue for all litigation relative to the formation, interpretation and performance of this Contract shall be in Alameda County, California.

23. **AMENDMENTS**

The terms and conditions of this Contract shall not be altered or otherwise modified except by a written amendment to this Contract executed by City and Contractor.

24. **ENTIRE CONTRACT**

a. The terms and conditions of this Contract, all exhibits attached and any documents expressly incorporated by reference represent the entire Contract between the parties with respect to the subject matter of this Contract. This Contract shall supersede any and all prior contracts, oral or written, regarding the subject matter between City and Contractor. No other contract, statement, or promise relating to the subject matter of this Contract shall be valid or binding except by a written amendment to this Contract.

b. If any conflicts arise between the terms and conditions of this Contract and the terms and conditions of the attached exhibits or any documents expressly incorporated, the terms and conditions of this Contract shall control.

25. **SEVERABILITY**

If any part of this Contract or the application thereof is declared invalid for any reason, such invalidity shall not affect the other provisions of this Contract which can be given effect without the invalid provision or application, and to this end the provisions of this Contract are declared to be severable.

26. **WAIVER**

Failure of City to insist on strict performance shall not constitute a waiver of any of the provisions of this Contract or a waiver of any other default of Contractor.

27. **ASSIGNMENT**

Contractor may not assign this Contract without the prior written consent of the City, except that Contractor may assign its right to any money due or to become due hereunder.

28. **EFFECT ON SUCCESSORS AND ASSIGNS**

This Contract shall be binding on and inure to the benefit of the heirs, executors, administrators, successors, and assigns of the parties hereto.

29. **CONSULTANTS TO SUBMIT STATEMENTS OF ECONOMIC INTEREST**

The City's Conflict of Interest Code, Resolution No. 60,788-N.S., as amended, requires consultants who make a governmental decision or act in a staff capacity as defined in 2 Cal. Code of Regs. §18700, as amended from time to time, to disclose conflicts of interest by filing a Statement of Economic Interest (Form 700). Consultants agree to file such statements with the City Clerk at the beginning of the contract period and upon termination of the Contractor's service.

30. **SECTION HEADINGS**

The sections and other headings of this Contract are for convenience of reference only and shall be disregarded in the interpretation of this Contract.

31. **CITY BUSINESS LICENSE, PAYMENT OF TAXES, TAX I.D. NUMBER**

Contractor has obtained a City business license as required by B.M.C. Chapter 9.04, and its license number is written below; or, Contractor is exempt from the provisions of

B.M.C. Chapter 9.04 and has written below the specific B.M.C. section under which it is exempt. Contractor shall pay all state and federal income taxes and any other taxes due. **Contractor certifies under penalty of perjury that the taxpayer identification number written below is correct.**

Business License Number BL-003113
B.M.C. § N/A
Taxpayer ID Number _____

IN WITNESS WHEREOF, City and Contractor have executed this Contract as of the date first mentioned above.

CITY OF BERKELEY

By: [Signature]
City Manager

Pre-approved as to form
CITY ATTORNEY
10/2019

Registered on behalf
of the City Auditor by: [Signature]
Finance Department

Attest by: [Signature]
City Clerk

CONTRACTOR

Printed Name: Patricia Bennett

By: [Signature]

Title: President and CEO

Tax Identification # _____

Berkeley Business License # BL-003113

Incorporated: Yes No

Certified Woman Business Enterprise: Yes No

Certified Minority Business Enterprise: Yes No

If yes, state ethnicity: _____

Certified Disadvantaged Business Enterprise: Yes No

EXHIBIT A

SCOPE OF SERVICES

Agency Name: Resource Development Associates (RDA)
 Contract Period: January 1, 2021 – June 30, 2022
 Program Title: Specialized Care Unit (SCU) Design

Resource Development Associates, (hereafter RDA) will provide the following services, enumerated below. This contract is for the period commencing January 1, 2021 to June 30, 2022 which may be extended by agreement of the City of Berkeley and RDA.

Specialized Care Unit (SCU) Design

A variety of stakeholder groups (including the Berkeley/Albany Mental Health Commission) has long advocated for the need for a community designed 24/7 crisis care program and the need to reduce the role of law enforcement in crisis response. In July 2020, City Council directed the City Manager to evaluate initiatives and reforms that reduce the footprint of the Police Department and **limit the Police's scope of work primarily to violent and criminal matters. This includes the development of a Specialized Care Unit (SCU) pilot spearheaded by the HHCS Department.** This SCU would consist of trained crisis-response field workers who would respond to mental health crisis occurrences that posed on imminent threat to safety without the involvement of law enforcement.

RDA, in partnership with the HHCS Department, will conduct a comprehensive feasibility study (provided as a written report) for the creation of a 24/7 SCU that provides services in response to public safety calls that do not need or require the presence of police. The feasibility study will be developed through extensive community engagement involving input from diverse service users, City departments, community stakeholders, subject matter experts, professionals, paraprofessionals, and others. RDA will conduct all activities entailed in this project in a manner that is culturally responsive, humble, and deeply respectful of the lived experience of all who are involved. With written permission, RDA may utilize funds to subcontract activities for data collection and community engagement.

The feasibility study will include community-driven program design recommendations, complete budget and potential funding sources, and a detailed plan for phased implementation that includes a proposal and budget for a program pilot while also projected timelines for expanded services informed by local data (such as the coming City Auditor's audit of BPD staffing and budget). The study will also make recommendations for how the SCU can link with other supportive services such as crisis counseling, conflict resolution, housing assistance, wellness checks, first aid, referrals, resource connection, transportation, follow-up, and other services.

RDA will accomplish the work according to the following steps:

1. Work with the City of Berkeley departments, community stakeholders, subject matter

experts, professionals, paraprofessionals, diverse service users and others to produce a feasibility study for the creation of a Specialized Care Unit. The SCU will provide services in response to 911 calls that do not need or require the presence of police as well as to calls made directly to them, independent of 911.

- a. Create a Mission Statement for the SCU program. Specifically, define SCU non-emergency 24/7 rapid response mental health and substance use related services. Services would also address citywide needs for coordinated responses from City Departments (ex. fire/EMT), crisis counseling, conflict resolution, housing assistance, wellness checks, first aid, referrals, resource connections, transportation, follow-up continuity of care and stable, predictable living for those who are served by them.
- b. Prepare a detailed plan for a phased implementation of the SCU.
- c. Prepare a detailed budget for the initial pilot program and projections for expanded services based on data from the audits by City Auditor, and other data-based projections.
- d. Identify potential funding sources, including Medi-Cal reimbursement, Mental Health Services Act (MHSA), Realignment and City of Berkeley General Funds, and strategies to access additional funding from other City departments and/or other sources.

2. Research and identify best practices related to non-police-centered responses

- a. Conduct literature reviews and interviews with representatives of similar/model programs and identify the SCU's intersections with the existing Berkeley social service structure.
- b. Identify necessary qualifications of the SCU team. Describe how SCU staff will de-escalate, assess, provide services, referrals, resources and, in some cases, provide transportation for persons in distress.

3. Gather input from stakeholder groups to inform the program design

- a. Describe how mental health and/or Substance Use Disorder (SUD) interventions and services will be tailored to meet the needs of people and communities of color, as well as LGBTQIA+, unhoused, and economically disadvantaged people who are disproportionately impacted by mental health and carceral systems.
- b. Describe culturally responsive, evidence-based best practices and survey prospective and current users of services.
- c. Interview current and former staff of HOTT, MCT, TOT, Crisis Triage Program, Berkeley Ambassadors, MACROS, CAHOOTS, and the Alameda County CATT team.
- d. Analyze BPD dispatcher protocols and create a method of dispatch for the SCU that includes emergency calls from the public to an independent SCU phone number, as well as 911 calls that are evaluated and redirected to the SCU.
- e. Interview BPD Community Services Bureau Officers and CIT officers.

Some strategies that RDA will consider utilizing include:

- a. Providing lots of digital data collection options for a wide, diverse array of community

members to engage with RDA. Particularly given the current COVID-19 pandemic and shelter-in-place orders, data collection will be limited to remote and virtual connections. Potential digital data collection activities include:

- i. Online surveys
 - ii. Online listening sessions (lightly facilitated sessions where individuals can call or video into during anytime during a set period of time, and then engage with an RDA team member in 1-on-1 ways via online breakout rooms)
 - iii. Online focus groups and town halls (with provider teams, advocacy groups, and other established group entities)
 - iv. Key informant interviews (1-on-1 phone/video interviews with leadership representatives, elected officials, and other key stakeholders for whom a private conversation is preferred)
 - v. Qualitative interviews with diverse crisis response service users
- b. Providing a clear outline and timeline of how the data collected for this project will be used, when components of the SCU plan will be developed, and key feedback points in the project plan.
 - c. Partnering with interested key stakeholders to co-facilitate some data collection activities (online focus groups and listening sessions).

4. Provide recommendations for the best “home” for the SCU; whether it be within the City of Berkeley or a community service provider

5. Contact and planning with impacted departments. Coordinate with City departments who will be impacted by the phased implementation of the SCU; whether it involves a service reduction or service enhancement

6. Facilitate collaboration with local Continuum of Care providers and stakeholders

- a. Identify providers that can engage with the SCU to provide services and become a destination for individuals accessing service via SCU.
- b. Identify strategies to ensure that the SCU is not continuously responding to the same crisis, but rather offering support within the community that allows for on-going treatment and care, including support from clients’ families.
- c. Meet with care partners and those agencies and organizations that will be providing follow-up care in partnership with the SCU.
- d. Evaluate the gaps in service including, but not limited to, the number of shelter beds needed and available, permanent housing vouchers, respite facilities, substance use recovery programs and other options besides the criminal justice system.

7. Develop SCU Feasibility Study Report

- a. Analyze data from MHD, City Auditor, and others to create projections for budget, staffing, training options, and equipment and technology needs.
- b. Describe both the currently available and needed additional IT and technology supports, including the technological interconnections with the local network of

- partners/providers, that support the SCU to access current medical and mental health/substance use records for clients.
- c. Develop a mindful community education and training program focused on empathy and compassion which supports the work and vision of the SCU.

8. Create Evaluation Criteria for the SCU Program

- a. Produce a plan for evaluation and data collection for the SCU program that includes both process and outcome measures.

RDA will employ a variety of strategies throughout this project to reach the diverse populations in Berkeley, and particularly with the local African American communities. The equal opportunity for crisis response services users to meaningfully participate is key to improving the quality of individual service delivery and moreover, to inform structural changes across these crisis response systems. Diverse crisis response service users can describe their routes through these systems, provide their perspectives about the nature of them and how they impact their lives in a way that other stakeholders are not able or qualified to do based on actual lived experience and not professional opinion. BIPOC, LGBTQ+ and other communities are disproportionality represented in public mental health and incarcerations systems, particularly ones designed for punishment and sentencing to prisons. Thus, their input is essential to achieve health equity and community safety.

RDA will work hand-in-hand with the Steering Committee to ensure clear timelines and deadlines are agreed upon early on and adhered to throughout this project – in particular, RDA will actively seek the feedback from the Steering Committee regarding all data collection tools and protocols that this project will utilize. The diversity of backgrounds and roles of the Steering Committee will **provide crucial insights and expertise about the local Berkeley community to RDA's data collection and analysis efforts.**

RDA will work very closely with the Steering Committee – as well as other key stakeholders – early on in this project to collaboratively identify the potential avenues in which to reach **Berkeley's diverse communities, including the types of data collection modalities that will be engaging and productive for RDA to receive the open, honest, and critical feedback that this project needs.** RDA will conduct robust qualitative interviews with diverse crisis response service users in order to identify emerging themes to account for service users and the quality of care. RDA will ensure that those conducting the qualitative interviews with service users are highly experienced in serving these communities and listening to life narratives needed to inform these systems. RDA will remain flexible and adapt its activities to any changing circumstances and process feedback that is shared throughout this project. Of utmost importance to RDA and this project is that community feedback to sought after in culturally competent and trauma-informed ways. RDA and the Steering Committee both understand that the topic of this project is very sensitive and difficult for some populations to engage with openly.

RDA will lead multiple data work sessions with the Steering Committee and other identified key stakeholders at key points in the project. RDA will share its most current preliminary analyses and findings from the quantitative and qualitative data that has been collected thus far. Then, RDA will

facilitate conversations to understand how these stakeholders are interpreting this information, what questions are coming to mind, what potential areas for further exploration or data collection are needed, and also building consensus amongst this larger team of the key findings and SCU planning items thus far. The goal of these collaborative data work sessions is so this entire project team is incrementally building its understanding of the feasibility study as it is unfolding, and actively shaping together the direction in which the SCU planning occurs.

Estimated Project Timeframe

It is envisioned that these services will begin January 1, 2021 and will be completed by June 30, 2022.

Activity	Lead Organization	Timeframe
Gather input from stakeholder groups to inform the program design	RDA	Feb – Jun 2021
Research and identify best practices related to non-police-centered responses.	RDA	Jan – May 2021
Develop Crisis System of Care model of the current state, including identifying gaps in care.	RDA	
Develop SCU Feasibility Report with written recommendations for the SCU program model that includes summary of all stakeholder input, best practice research, detailed description of the ideal model for Berkeley, budget and finance recommendations, recommended pilot model, as well as recommendations for phased and long-term implementation.	RDA	May – Aug 2021
Revise the Berkeley Crisis System of Care Map to include SCU and potential system changes.	RDA (transferring to Berkeley in Jan 2022)	May 2021 – ongoing

EXHIBIT B

PAYMENT

The cost for professional services for the Specialized Care Unit (SCU) Design is \$185,000. The term of the contract is 01/01/2021 – 06/30/2022.

RDA will provide the services described above according to the proposed schedule that may be altered to adapt to emerging needs. A list of all RDA staff positions and their hourly rates are presented below in the event they are called upon to contribute to the project to meet emerging needs.

Position	Hourly Rate
CEO	\$275
Director of Practice and Delivery	\$250
Practice Director	\$225
IT Director	\$200
Senior Project Manager	\$185
Senior Program Associate	\$175
Program Associate	\$150
Research Associate	\$125
Project Support Assistant	\$100

These rates are inclusive of all personnel, fringe benefit, materials, travel, equipment, insurance, communications, indirect, facilities, and administrative costs that will be incurred over the course of the proposed project. The hours proposed for staff on each task are estimates and will be adjusted during the course of the project, but RDA will not exceed the total budget amount in the contract. We bill on a monthly basis for actual hours worked, up to the project's not-to-exceed amount.

Resource Development Associates will bill the City for each area of professional services outlined in the Budget on a monthly basis until the assignment is completed. With written permission, RDA may utilize funds to subcontract activities for data collection and community engagement.

Payments will be made by the Finance Department in arrears after receipt and acceptance of proper, fully itemized, and correct invoices by the Finance Department.

Submit Invoices to:

Conor Murphy, Assistant Management Analyst
 3282 Adeline Street
 Berkeley, CA 94704
CoMurphy@cityofberkeley.info

EVIDENCE OF COMPETITIVE SOLICITATION

Project Name: Specialized Care Unit (SCU) Design

Possible Vendor	Contacted Via
Resource Development Associates (RDA)	pbennett@resourcedevelopment.net

The Request for Proposal (RFP) for the Specialized Care Unit (SCU) Design was solicited to the following list of prospective Bidders below.

Prospective Bidders

Evalcorp Research and Consulting

Facente Consulting

Public Consulting Group

Resource Development Associates

Recovery Innovations INC

An RFP evaluation panel, including mobile crisis unit staff, Alameda County staff, Mental Health Commissioners and a mental health consumer, reviewed each RFP and evaluated it using a scoring matrix. From this initial review emerged two top contenders. These final two bidders completed an interview with the evaluation panel where they presented their proposals and responded to questions from the panel. Ultimately, RDA was chosen because of the quality of the presentation and responses to questions, ability to begin work efficiently, and their higher scoring matrix score.

NON-DISCRIMINATION/WORKFORCE COMPOSITION

FOR ALL CONTRACTS: 5 OR MORE EMPLOYEES

To assist the City of Berkeley in implementing its Non-Discrimination policy, you're requested to furnish information regarding your personnel, as indicated below, and return this form to the City Department handling your contract.

ORGANIZATION Resource Development Associates

ADDRESS 2333 Harrison Street, Oakland, CA 94612

BUSINESS LICENSE # 003113

You may complete this online & make entries in these cells, they will be automatically totaled at the bottom; or print the form & complete by hand/typewriter.

Occupational Category (see page 2 for definitions)	ALL EMPLOYEES		WHITE		BLACK		ASIAN		HISPANIC		OTHER (specify)**	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Officials/Administrators	3	4	2	3			1					1
Professionals	2	15		5				3		2	2	7
Technicians												
Protective Service Workers												
Para-professionals												
Office/Clerical	3	2	1				1			2	1	
Skilled Craft Workers												
Service/Maintenance												
Other Occupation: Specify*												
Totals	8	21	3	8			2	3		4	3	8

*Specify other occupation: _____

**Specify other ethnicity: Official identifying as other is Black and White; Other staff identifying as other are 2+ races or did not state

Is your business MBE/WBE/DBE certified? No If Yes, by what agency? _____

If Yes, please specify: or ethnic identification: _____

Do you have a policy of non-discrimination? Yes

Signature Patricia M. Bennett Ph.D. Date 11/16/2020

Print/Type Name of Signer Patricia M. Bennett, Ph.D., President & CEO

Verified by _____ Date _____

City of Berkeley Contract Administrator

CITY OF BERKELEY
Nuclear Free Zone Disclosure Form

I (we) certify that:

- 1. I am (we are) fully cognizant of any and all contracts held, products made or otherwise handled by this business entity, and of any such that are anticipated to be entered into, produced or handled for the duration of its contract(s) with the City of Berkeley.
2. I (we) understand that Section 12.90.070 of the Nuclear Free Berkeley Act (Berkeley Municipal Code Ch. 12.90; Ordinance No. 5784-N.S.) prohibits the City of Berkeley from contracting with any person or business that knowingly engages in work for nuclear weapons.
3. I (we) understand the meaning of the following terms as set forth in Berkeley Municipal Code Section 12.90.130:

"Work for nuclear weapons" is any work the purpose of which is the development, testing, production, maintenance or storage of nuclear weapons or the components of nuclear weapons; or any secret or classified research or evaluation of nuclear weapons; or any operation, management or administration of such work.

"Nuclear weapon" is any device, the intended explosion of which results from the energy released by reactions involving atomic nuclei, either fission or fusion or both. This definition of nuclear weapons includes the means of transporting, guiding, propelling or triggering the weapon if and only if such means is destroyed or rendered useless in the normal propelling, triggering, or detonation of the weapon.

"Component of a nuclear weapon" is any device, radioactive or non-radioactive, the primary intended function of which is to contribute to the operation of a nuclear weapon (or be a part of a nuclear weapon).

- 4. Neither this business entity nor its parent nor any of its subsidiaries engages in work for nuclear weapons or anticipates entering into such work for the duration of its contract(s) with the City of Berkeley.

Based on the foregoing, the undersigned declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Printed Name: Patricia Bennett, PhD Title: President & CEO

Signature: Patricia M Bennett PhD Date: 11/12/2020

Business Entity: Resource Development Associates, Inc.

Contract Description/Specification No. Berkeley MH Specialized Care Unit Project Attachment C

CITY OF BERKELEY
Oppressive States Compliance Statement for Personal Services

The undersigned, an authorized agent of Resource Development Associates, Inc. (hereafter "Vendor"), has had an opportunity to review the requirements of Berkeley City Council Resolution No. 59,853-N.S. (hereafter "Resolution"). Vendor understands and agrees that the City may choose with whom it will maintain business relations and may refrain from contracting with those Business Entities which maintain business relationships with morally repugnant regimes. Vendor understands the meaning of the following terms used in the Resolution:

"Business Entity" means "any individual, firm, partnership, corporation, association or any other commercial organization, including parent-entities and wholly-owned subsidiaries" (to the extent that their operations are related to the purpose of the contract with the City).

"Oppressive State" means: Tibet Autonomous Region and the Provinces of Abo, Kham, and U-Tsang,

"Personal Services" means "the performance of any work or labor and shall also include acting as an independent contractor or providing any consulting advice or assistance, or otherwise acting as an agent pursuant to a contractual relationship."

Contractor understands that it is not eligible to receive or retain a City contract if at the time the contract is executed, or at any time during the term of the contract it provides Personal Services to:

- a. The governing regime in any Oppressive State.
b. Any business or corporation organized under the authority of the governing regime of any Oppressive State.
c. Any person for the express purpose of assisting in business operations or trading with any public or private entity located in any Oppressive State.

Vendor further understands and agrees that Vendor's failure to comply with the Resolution shall constitute a default of the contract and the City Manager may terminate the contract and bar Vendor from bidding on future contracts with the City for five (5) years from the effective date of the contract termination.

The undersigned is familiar with, or has made a reasonable effort to become familiar with, Vendor's business structure and the geographic extent of its operations. By executing the Statement, Vendor certifies that it complies with the requirements of the Resolution and that if any time during the term of the contract it ceases to comply, Vendor will promptly notify the City Manager in writing.

Based on the foregoing, the undersigned declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Printed Name: Patricia Bennett, PhD Title: President & CEO

Signature: Patricia M. Bennett PhD Date: 11/12/2020

Business Entity: Resource Development Associates, Inc.

I am unable to execute this Statement; however, Vendor is exempt under Section VII of the Resolution. I have attached a separate statement explaining the reason(s) Vendor cannot comply and the basis for any requested exemption.

Signature: Date:

Contract Description/Specification No.: Berkeley MH Specialized Care Unit Project

Attachment D

CITY OF BERKELEY
Sanctuary City Compliance Statement

The undersigned, an authorized agent of Resource Development Associates, Inc. (hereafter "Contractor"), has had an opportunity to review the requirements of Berkeley Code Chapter 13.105 (hereafter "Sanctuary City Contracting Ordinance" or "SCCO"). Contractor understands and agrees that the City may choose with whom it will maintain business relations and may refrain from contracting with any person or entity that provides Data Broker or Extreme Vetting services to the U.S. Immigration and Customs Enforcement Division of the United States Department of Homeland Security ("ICE"). Contractor understands the meaning of the following terms used in the SCCO:

- a. "Data Broker" means either of the following:
i. The collection of information, including personal information about consumers, from a wide variety of sources for the purposes of reselling such information to their customers, which include both private-sector business and government agencies;
ii. The aggregation of data that was collected for another purpose from that for which it is ultimately used.
b. "Extreme Vetting" means data mining, threat modeling, predictive risk analysis, or other similar services." Extreme Vetting does not include:
i. The City's computer-network health and performance tools;
ii. Cybersecurity capabilities, technologies and systems used by the City of Berkeley Department of Information Technology to predict, monitor for, prevent, and protect technology infrastructure and systems owned and operated by the City of Berkeley from potential cybersecurity events and cyber-forensic based investigations and prosecutions of illegal computer based activity.

Contractor understands that it is not eligible to receive or retain a City contract if at the time the Contract is executed, or at any time during the term of the Contract, it provides Data Broker or Extreme Vetting services to ICE.

Contractor further understands and agrees that Contractor 's failure to comply with the SCCO shall constitute a material default of the Contract and the City Manager may terminate the Contract and bar Contractor from bidding on future contracts with the City for five (5) years from the effective date of the contract termination.

By executing this Statement, Contractor certifies that it complies with the requirements of the SCCO and that if any time during the term of the Contract it ceases to comply, Contractor will promptly notify the City Manager in writing. Any person or entity who knowingly or willingly supplies false information in violation of the SCCO shall be guilty of a misdemeanor and up to a \$1,000 fine.

Based on the foregoing, the undersigned declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this 12 day of November, 2020, at Oakland, California.

Printed Name: Patricia Bennett, PhD Title: President & CEO

Signed: Patricia M Bennett PhD Date: 11/12/2020

Business Entity: Resource Development Associates, Inc.

CITY OF BERKELEY
Living Wage Certification for Providers of Personal Services

TO BE COMPLETED BY ALL PERSONS OR ENTITIES ENGAGING IN A CONTRACT FOR PERSONAL SERVICES WITH THE CITY OF BERKELEY.

The Berkeley Municipal Code Chapter 13.27, Berkeley's Living Wage Ordinance (LWO), provides that contractors who engage in a specified amount of business with the City (except where specifically exempted) under contracts which furnish services to or for the City in any twelve (12) month period of time shall comply with all provisions of this Ordinance.

Section I.

1. IF YOU ARE A FOR-PROFIT BUSINESS, PLEASE ANSWER THE FOLLOWING QUESTIONS

a. During the previous twelve (12) months, have you entered into contracts, including the present contract, bid, or proposal, with the City of Berkeley for a cumulative amount of \$25,000.00 or more?

YES [checked] NO []

If no, this contract is NOT subject to the requirements of the LWO, and you may continue to Section II. If yes, please continue to question 1(b).

b. Do you have six (6) or more employees, including part-time and stipend workers?

YES [checked] NO []

If you have answered, "YES" to questions 1(a) and 1(b) this contract IS subject to the LWO. If you responded "NO" to 1(b) this contract IS NOT subject to the LWO. Please continue to Section II.

2. IF YOU ARE A NON-PROFIT BUSINESS, AS DEFINED BY SECTION 501(C) OF THE INTERNAL REVENUE CODE OF 1954, PLEASE ANSWER THE FOLLOWING QUESTIONS.

a. During the previous twelve (12) months, have you entered into contracts, including the present contract, bid or proposal, with the City of Berkeley for a cumulative amount of \$100,000.00 or more?

YES [] NO []

If no, this Contract is NOT subject to the requirements of the LWO, and you may continue to Section II. If yes, please continue to question 2(b).

b. Do you have six (6) or more employees, including part-time and stipend workers?

YES [] NO []

If you have answered, "YES" to questions 2(a) and 2(b) this contract IS subject to the LWO. If you responded "NO" to 2(b) this contract IS NOT subject to the LWO. Please continue to Section II.

Section II

Please read, complete, and sign the following:

THIS CONTRACT IS SUBJECT TO THE LIVING WAGE ORDINANCE. [checked]

THIS CONTRACT IS NOT SUBJECT TO THE LIVING WAGE ORDINANCE. []

The undersigned, on behalf of himself or herself individually and on behalf of his or her business or organization, hereby certifies that he or she is fully aware of Berkeley's Living Wage Ordinance, and the applicability of the Living Wage Ordinance, and the applicability of the subject contract, as determined herein: The undersigned further agrees to be bound by all of the terms of the Living Wage Ordinance, as mandated in the Berkeley Municipal Code, Chapter 13.27. If, at any time during the term of the contract, the answers to the questions posed herein change so that Contractor would be subject to the LWO, Contractor will promptly notify the City Manager in writing. Contractor further understands and agrees that the failure to comply with the LWO, this certification, or the terms of the Contract as it applies to the LWO, shall constitute a default of the Contract and the City Manager may terminate the contract and bar Contractor from future contracts with the City for five (5) years from the effective date of the Contract termination. If the contractor is a for-profit business and the LWO is applicable to this contract, the contractor must pay a living wage to all employees who spend 25% or more of their compensated time engaged in work directly related to the contract with the City. If the contractor is a non-profit business and the LWO is applicable to this contract, the contractor must pay a living wage to all employees who spend 50% or more of their compensated time engaged in work directly related to the contract with the City.

These statements are made under penalty of perjury under the laws of the state of California.

Printed Name: Patricia Bennett, PhD Title: President & CEO

Signature: *Patricia M. Bennett PhD* Date: 11/12/2020

Business Entity: Resource Development Associates, Inc.

Contract Description/Specification No: Berkeley MH Specialized Care Unit Project

Section III

° ** FOR ADMINISTRATIVE USE ONLY -- PLEASE PRINT CLEARLY ** °

I have reviewed this Living Wage Certification form, in addition to verifying Contractor's total dollar amount contract commitments with the City in the past twelve (12) months, and determined that this Contract IS / IS NOT (circle one) subject to Berkeley's Living Wage Ordinance.

Department Name

Department Representative

To be completed by
Contractor/Vendor

Form EBO-1
CITY OF BERKELEY



CERTIFICATION OF COMPLIANCE WITH EQUAL BENEFITS ORDINANCE

If you are a **contractor**, return this form to the originating department/project manager. If you are a **vendor** (supplier of goods), return this form to the Purchasing Division of the Finance Dept.

SECTION 1. CONTRACTOR/VENDOR INFORMATION

Name: Resource Development Associates, Inc.		Vendor No.:	
Address: 2333 Harrison Street	City: Oakland	State: CA	ZIP: 94612
Contact Person: Patricia Bennett, PhD		Telephone: 510-488-4345	
E-mail Address: pbennett@resourcedevelopment.net		Fax No.: 510-735-9064	

SECTION 2. COMPLIANCE QUESTIONS

- A. The EBO is inapplicable to this contract because the contractor/vendor has no employees.
 Yes No (If "Yes," proceed to Section 5; if "No", continue to the next question.)
- B. Does your company provide (or make available at the employees' expense) any employee benefits?
 Yes No
 If "Yes," continue to Question C.
 If "No," proceed to Section 5. (The EBO is not applicable to you.)
- C. Does your company provide (or make available at the employees' expense) any benefits to the spouse of an employee?..... Yes No
- D. Does your company provide (or make available at the employees' expense) any benefits to the domestic partner of an employee?..... Yes No
If you answered "No" to both Questions C and D, proceed to Section 5. (The EBO is not applicable to this contract.)
If you answered "Yes" to both Questions C and D, please continue to Question E.
If you answered "Yes" to Question C and "No" to Question D, please continue to Section 3.
- E. Are the benefits that are available to the spouse of an employee identical to the benefits that are available to the domestic partner of the employee? Yes No
If you answered "Yes," proceed to Section 4. (You are in compliance with the EBO.)
If you answered "No," continue to Section 3.

SECTION 3. PROVISIONAL COMPLIANCE

- A. Contractor/vendor is not in compliance with the EBO now but will comply by the following date:
 - By the first effective date after the first open enrollment process following the contract start date, not to exceed two years, if the Contractor submits evidence of taking reasonable measures to comply with the EBO; or
 - At such time that administrative steps can be taken to incorporate nondiscrimination in benefits in the Contractor's infrastructure, not to exceed three months; or
 - Upon expiration of the contractor's current collective bargaining agreement(s).
- B. If you have taken all reasonable measures to comply with the EBO but are unable to do so, do you agree to provide employees with a cash equivalent?* Yes No

* The cash equivalent is the amount of money your company pays for spousal benefits that are unavailable for domestic partners

SECTION 4. REQUIRED DOCUMENTATION

At time of issuance of purchase order or contract award, you may be required by the City to provide documentation (copy of employee handbook, eligibility statement from your plans, insurance provider statements, etc.) to verify that you do not discriminate in the provision of benefits.

SECTION 5. CERTIFICATION

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that I am authorized to bind this entity contractually. By signing this certification, I further agree to comply with all additional obligations of the Equal Benefits Ordinance that are set forth in the Berkeley Municipal Code and in the terms of the contract or purchase order with the City.

Executed this 12 day of November, in the year 2020, at Oakland, CA (City) (State)

Patricia Bennett, PhD Name (please print)

Signature Patricia M Bennett PhD

President & CEO Title

Federal ID or Social Security Number

FOR CITY OF BERKELEY USE ONLY

- Non-Compliant (The City may not do business with this contractor/vendor)
One-Person Contractor/Vendor
Full Compliance
Reasonable Measures
Provisional Compliance Category, Full Compliance by Date:
Staff Name(Sign and Print): Date:

**Certification of Payments
to Influence Federal Transactions**

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

Applicant Name

Resource Development Associates, Inc.

Program/Activity Receiving Federal Grant Funding

Berkeley MH Specialized Care Unit Project

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

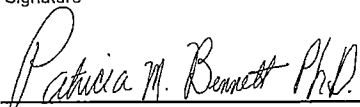
(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official Patricia Bennett, PhD	Title President & CEO
Signature 	Date (mm/dd/yyyy) 11/12/2020

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Resource Development Associates, Inc.

Program/Activity Receiving Federal Grant Funding

Berkeley MH Specialized Care Unit Project

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

- (1) The dangers of drug abuse in the workplace;
- (2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

- (1) Abide by the terms of the statement; and
- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

2333 Harrison Street, Oakland, CA 94612

Check here if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012, 31 U.S.C. 3729, 3802)

Name of Authorized Official Patricia Bennett, PhD	Title President & CEO
Signature <i>X Patricia M Bennett PhD</i>	Date 11/12/2020

BUSINESS LIABILITY COVERAGE FORM

2. Applicable To Medical Expenses Coverage

We will not pay expenses for "bodily injury":

a. Any Insured

To any insured, except "volunteer workers".

b. Hired Person

To a person hired to do work for or on behalf of any insured or a tenant of any insured.

c. Injury On Normally Occupied Premises

To a person injured on that part of premises you own or rent that the person normally occupies.

d. Workers' Compensation And Similar Laws

To a person, whether or not an "employee" of any insured, if benefits for the "bodily injury" are payable or must be provided under a workers' compensation or disability benefits law or a similar law.

e. Athletics Activities

To a person injured while practicing, instructing or participating in any physical exercises or games, sports or athletic contests.

f. Products-Completed Operations Hazard

Included with the "products-completed operations hazard".

g. Business Liability Exclusions

Excluded under Business Liability Coverage.

C. WHO IS AN INSURED

1. If you are designated in the Declarations as:

a. An individual, you and your spouse are insureds, but only with respect to the conduct of a business of which you are the sole owner.

b. A partnership or joint venture, you are an insured. Your members, your partners, and their spouses are also insureds, but only with respect to the conduct of your business.

c. A limited liability company, you are an insured. Your members are also insureds, but only with respect to the conduct of your business. Your managers are insureds, but only with respect to their duties as your managers.

d. An organization other than a partnership, joint venture or limited liability company, you are an insured. Your "executive officers" and directors are insureds, but only with respect to their duties as your officers or directors. Your stockholders are also insureds, but only with respect to their liability as stockholders.

e. A trust, you are an insured. Your trustees are also insureds, but only with respect to their duties as trustees.

2. Each of the following is also an insured:

a. Employees And Volunteer Workers

Your "volunteer workers" only while performing duties related to the conduct of your business, or your "employees", other than either your "executive officers" (if you are an organization other than a partnership, joint venture or limited liability company) or your managers (if you are a limited liability company), but only for acts within the scope of their employment by you or while performing duties related to the conduct of your business.

However, none of these "employees" or "volunteer workers" are insureds for:

(1) "Bodily injury" or "personal and advertising injury":

(a) To you, to your partners or members (if you are a partnership or joint venture), to your members (if you are a limited liability company), or to a co-"employee" while in the course of his or her employment or performing duties related to the conduct of your business, or to your other "volunteer workers" while performing duties related to the conduct of your business;

(b) To the spouse, child, parent, brother or sister of that co-"employee" or that "volunteer worker" as a consequence of Paragraph **(1)(a)** above;

(c) For which there is any obligation to share damages with or repay someone else who must pay damages because of the injury described in Paragraphs **(1)(a)** or **(b)** above; or

(d) Arising out of his or her providing or failing to provide professional health care services.

If you are not in the business of providing professional health care services, Paragraph **(d)** does not apply to any nurse, emergency medical technician or paramedic employed by you to provide such services.

(2) "Property damage" to property:

(a) Owned, occupied or used by,

- (b) Rented to, in the care, custody or control of, or over which physical control is being exercised for any purpose by you, any of your "employees", "volunteer workers", any partner or member (if you are a partnership or joint venture), or any member (if you are a limited liability company).

b. Real Estate Manager

Any person (other than your "employee" or "volunteer worker"), or any organization while acting as your real estate manager.

c. Temporary Custodians Of Your Property

Any person or organization having proper temporary custody of your property if you die, but only:

- (1) With respect to liability arising out of the maintenance or use of that property; and
- (2) Until your legal representative has been appointed.

d. Legal Representative If You Die

Your legal representative if you die, but only with respect to duties as such. That representative will have all your rights and duties under this insurance.

e. Unnamed Subsidiary

Any subsidiary and subsidiary thereof, of yours which is a legally incorporated entity of which you own a financial interest of more than 50% of the voting stock on the effective date of this Coverage Part.

The insurance afforded herein for any subsidiary not shown in the Declarations as a named insured does not apply to injury or damage with respect to which an insured under this insurance is also an insured under another policy or would be an insured under such policy but for its termination or upon the exhaustion of its limits of insurance.

3. Newly Acquired Or Formed Organization

Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company, and over which you maintain financial interest of more than 50% of the voting stock, will qualify as a Named Insured if there is no other similar insurance available to that organization. However:

- a. Coverage under this provision is afforded only until the 180th day after you acquire or form the organization or the end of the policy period, whichever is earlier; and

- b. Coverage under this provision does not apply to:

- (1) "Bodily injury" or "property damage" that occurred; or
- (2) "Personal and advertising injury" arising out of an offense committed before you acquired or formed the organization.

4. Operator Of Mobile Equipment

With respect to "mobile equipment" registered in your name under any motor vehicle registration law, any person is an insured while driving such equipment along a public highway with your permission. Any other person or organization responsible for the conduct of such person is also an insured, but only with respect to liability arising out of the operation of the equipment, and only if no other insurance of any kind is available to that person or organization for this liability. However, no person or organization is an insured with respect to:

- a. "Bodily injury" to a co-"employee" of the person driving the equipment; or
- b. "Property damage" to property owned by, rented to, in the charge of or occupied by you or the employer of any person who is an insured under this provision.

5. Operator of Nonowned Watercraft

With respect to watercraft you do not own that is less than 51 feet long and is not being used to carry persons for a charge, any person is an insured while operating such watercraft with your permission. Any other person or organization responsible for the conduct of such person is also an insured, but only with respect to liability arising out of the operation of the watercraft, and only if no other insurance of any kind is available to that person or organization for this liability.

However, no person or organization is an insured with respect to:

- a. "Bodily injury" to a co-"employee" of the person operating the watercraft; or
- b. "Property damage" to property owned by, rented to, in the charge of or occupied by you or the employer of any person who is an insured under this provision.

6. Additional Insureds When Required By Written Contract, Written Agreement Or Permit

The person(s) or organization(s) identified in Paragraphs a. through f. below are additional insureds when you have agreed, in a written

BUSINESS LIABILITY COVERAGE FORM

contract, written agreement or because of a permit issued by a state or political subdivision, that such person or organization be added as an additional insured on your policy, provided the injury or damage occurs subsequent to the execution of the contract or agreement, or the issuance of the permit.

A person or organization is an additional insured under this provision only for that period of time required by the contract, agreement or permit.

However, no such person or organization is an additional insured under this provision if such person or organization is included as an additional insured by an endorsement issued by us and made a part of this Coverage Part, including all persons or organizations added as additional insureds under the specific additional insured coverage grants in Section F. – Optional Additional Insured Coverages.

a. Vendors

Any person(s) or organization(s) (referred to below as vendor), but only with respect to "bodily injury" or "property damage" arising out of "your products" which are distributed or sold in the regular course of the vendor's business and only if this Coverage Part provides coverage for "bodily injury" or "property damage" included within the "products-completed operations hazard".

- (1) The insurance afforded to the vendor is subject to the following additional exclusions:

This insurance does not apply to:

- (a) "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement;
- (b) Any express warranty unauthorized by you;
- (c) Any physical or chemical change in the product made intentionally by the vendor;
- (d) Repackaging, except when unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the manufacturer, and then repackaged in the original container;

- (e) Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products;

- (f) Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;

- (g) Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor; or

- (h) "Bodily injury" or "property damage" arising out of the sole negligence of the vendor for its own acts or omissions or those of its employees or anyone else acting on its behalf. However, this exclusion does not apply to:

- (i) The exceptions contained in Subparagraphs (d) or (f); or

- (ii) Such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products.

- (2) This insurance does not apply to any insured person or organization from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing such products.

b. Lessors Of Equipment

- (1) Any person or organization from whom you lease equipment; but only with respect to their liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person or organization.

- (2) With respect to the insurance afforded to these additional insureds, this insurance does not apply to any "occurrence" which takes place after you cease to lease that equipment.

c. Lessors Of Land Or Premises

- (1) Any person or organization from whom you lease land or premises, but only with respect to liability arising out of the ownership, maintenance or use of that part of the land or premises leased to you.
- (2) With respect to the insurance afforded to these additional insureds, this insurance does not apply to:
 - (a) Any "occurrence" which takes place after you cease to lease that land or be a tenant in that premises; or
 - (b) Structural alterations, new construction or demolition operations performed by or on behalf of such person or organization.

d. Architects, Engineers Or Surveyors

- (1) Any architect, engineer, or surveyor, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - (a) In connection with your premises; or
 - (b) In the performance of your ongoing operations performed by you or on your behalf.
- (2) With respect to the insurance afforded to these additional insureds, the following additional exclusion applies:
 This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of or the failure to render any professional services by or for you, including:
 - (a) The preparing, approving, or failure to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders, designs or drawings and specifications; or
 - (b) Supervisory, inspection, architectural or engineering activities.

e. Permits Issued By State Or Political Subdivisions

- (1) Any state or political subdivision, but only with respect to operations performed by you or on your behalf for which the state or political subdivision has issued a permit.
- (2) With respect to the insurance afforded to these additional insureds, this insurance does not apply to:
 - (a) "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the state or municipality; or
 - (b) "Bodily injury" or "property damage" included within the "products-completed operations hazard".

f. Any Other Party

- (1) Any other person or organization who is not an insured under Paragraphs a. through e. above, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - (a) In the performance of your ongoing operations;
 - (b) In connection with your premises owned by or rented to you; or
 - (c) In connection with "your work" and included within the "products-completed operations hazard", but only if
 - (i) The written contract or written agreement requires you to provide such coverage to such additional insured; and
 - (ii) This Coverage Part provides coverage for "bodily injury" or "property damage" included within the "products-completed operations hazard".
- (2) With respect to the insurance afforded to these additional insureds, this insurance does not apply to:
 "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:

BUSINESS LIABILITY COVERAGE FORM

- (a) The preparing, approving, or failure to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders, designs or drawings and specifications; or
- (b) Supervisory, inspection, architectural or engineering activities.

The limits of insurance that apply to additional insureds are described in Section D. – Limits Of Insurance.

How this insurance applies when other insurance is available to an additional insured is described in the Other Insurance Condition in Section E. – Liability And Medical Expenses General Conditions.

No person or organization is an insured with respect to the conduct of any current or past partnership, joint venture or limited liability company that is not shown as a Named Insured in the Declarations.

D. LIABILITY AND MEDICAL EXPENSES LIMITS OF INSURANCE

1. The Most We Will Pay

The Limits of Insurance shown in the Declarations and the rules below fix the most we will pay regardless of the number of:

- a. Insureds;
- b. Claims made or "suits" brought; or
- c. Persons or organizations making claims or bringing "suits".

2. Aggregate Limits

The most we will pay for:

- a. Damages because of "bodily injury" and "property damage" included in the "products-completed operations hazard" is the Products-Completed Operations Aggregate Limit shown in the Declarations.
- b. Damages because of all other "bodily injury", "property damage" or "personal and advertising injury", including medical expenses, is the General Aggregate Limit shown in the Declarations.

This General Aggregate Limit applies separately to each of your "locations" owned by or rented to you.

"Location" means premises involving the same or connecting lots, or premises whose connection is interrupted only by a street, roadway or right-of-way of a railroad.

This General Aggregate limit does not apply to "property damage" to premises while rented to you or temporarily occupied by you with permission of the owner, arising out of fire, lightning or explosion.

3. Each Occurrence Limit

Subject to 2.a. or 2.b above, whichever applies, the most we will pay for the sum of all damages because of all "bodily injury", "property damage" and medical expenses arising out of any one "occurrence" is the Liability and Medical Expenses Limit shown in the Declarations.

The most we will pay for all medical expenses because of "bodily injury" sustained by any one person is the Medical Expenses Limit shown in the Declarations.

4. Personal And Advertising Injury Limit

Subject to 2.b. above, the most we will pay for the sum of all damages because of all "personal and advertising injury" sustained by any one person or organization is the Personal and Advertising Injury Limit shown in the Declarations.

5. Damage To Premises Rented To You Limit

The Damage To Premises Rented To You Limit is the most we will pay under Business Liability Coverage for damages because of "property damage" to any one premises, while rented to you, or in the case of damage by fire, lightning or explosion, while rented to you or temporarily occupied by you with permission of the owner.

In the case of damage by fire, lightning or explosion, the Damage to Premises Rented To You Limit applies to all damage proximately caused by the same event, whether such damage results from fire, lightning or explosion or any combination of these.

6. How Limits Apply To Additional Insureds

The most we will pay on behalf of a person or organization who is an additional insured under this Coverage Part is the lesser of:

- a. The limits of insurance specified in a written contract, written agreement or permit issued by a state or political subdivision; or
- b. The Limits of Insurance shown in the Declarations.

Such amount shall be a part of and not in addition to the Limits of Insurance shown in the Declarations and described in this Section.

If more than one limit of insurance under this policy and any endorsements attached thereto applies to any claim or "suit", the most we will pay under this policy and the endorsements is the single highest limit of liability of all coverages applicable to such claim or "suit". However, this paragraph does not apply to the Medical Expenses limit set forth in Paragraph 3. above.

The Limits of Insurance of this Coverage Part apply separately to each consecutive annual period and to any remaining period of less than 12 months, starting with the beginning of the policy period shown in the Declarations, unless the policy period is extended after issuance for an additional period of less than 12 months. In that case, the additional period will be deemed part of the last preceding period for purposes of determining the Limits of Insurance.

E. LIABILITY AND MEDICAL EXPENSES GENERAL CONDITIONS

1. Bankruptcy

Bankruptcy or insolvency of the insured or of the insured's estate will not relieve us of our obligations under this Coverage Part.

2. Duties In The Event Of Occurrence, Offense, Claim Or Suit

a. Notice Of Occurrence Or Offense

You or any additional insured must see to it that we are notified as soon as practicable of an "occurrence" or an offense which may result in a claim. To the extent possible, notice should include:

- (1) How, when and where the "occurrence" or offense took place;
- (2) The names and addresses of any injured persons and witnesses; and
- (3) The nature and location of any injury or damage arising out of the "occurrence" or offense.

b. Notice Of Claim

If a claim is made or "suit" is brought against any insured, you or any additional insured must:

- (1) Immediately record the specifics of the claim or "suit" and the date received; and
- (2) Notify us as soon as practicable.

You or any additional insured must see to it that we receive a written notice of the claim or "suit" as soon as practicable.

c. Assistance And Cooperation Of The Insured

You and any other involved insured must:

- (1) Immediately send us copies of any demands, notices, summonses or legal papers received in connection with the claim or "suit";
- (2) Authorize us to obtain records and other information;
- (3) Cooperate with us in the investigation, settlement of the claim or defense against the "suit"; and
- (4) Assist us, upon our request, in the enforcement of any right against any person or organization that may be liable to the insured because of injury or damage to which this insurance may also apply.

d. Obligations At The Insured's Own Cost

No insured will, except at that insured's own cost, voluntarily make a payment, assume any obligation, or incur any expense, other than for first aid, without our consent.

e. Additional Insured's Other Insurance

If we cover a claim or "suit" under this Coverage Part that may also be covered by other insurance available to an additional insured, such additional insured must submit such claim or "suit" to the other insurer for defense and indemnity.

However, this provision does not apply to the extent that you have agreed in a written contract, written agreement or permit that this insurance is primary and non-contributory with the additional insured's own insurance.

f. Knowledge Of An Occurrence, Offense, Claim Or Suit

Paragraphs a. and b. apply to you or to any additional insured only when such "occurrence", offense, claim or "suit" is known to:

- (1) You or any additional insured that is an individual;
- (2) Any partner, if you or an additional insured is a partnership;
- (3) Any manager, if you or an additional insured is a limited liability company;
- (4) Any "executive officer" or insurance manager, if you or an additional insured is a corporation;
- (5) Any trustee, if you or an additional insured is a trust; or
- (6) Any elected or appointed official, if you or an additional insured is a political subdivision or public entity.

BUSINESS LIABILITY COVERAGE FORM

This Paragraph f. applies separately to you and any additional insured.

3. Financial Responsibility Laws

- a. When this policy is certified as proof of financial responsibility for the future under the provisions of any motor vehicle financial responsibility law, the insurance provided by the policy for "bodily injury" liability and "property damage" liability will comply with the provisions of the law to the extent of the coverage and limits of insurance required by that law.
- b. With respect to "mobile equipment" to which this insurance applies, we will provide any liability, uninsured motorists, underinsured motorists, no-fault or other coverage required by any motor vehicle law. We will provide the required limits for those coverages.

4. Legal Action Against Us

No person or organization has a right under this Coverage Form:

- a. To join us as a party or otherwise bring us into a "suit" asking for damages from an insured; or
- b. To sue us on this Coverage Form unless all of its terms have been fully complied with.

A person or organization may sue us to recover on an agreed settlement or on a final judgment against an insured; but we will not be liable for damages that are not payable under the terms of this insurance or that are in excess of the applicable limit of insurance. An agreed settlement means a settlement and release of liability signed by us, the insured and the claimant or the claimant's legal representative.

5. Separation Of Insureds

Except with respect to the Limits of Insurance, and any rights or duties specifically assigned in this policy to the first Named Insured, this insurance applies:

- a. As if each Named Insured were the only Named Insured; and
- b. Separately to each insured against whom a claim is made or "suit" is brought.

6. Representations

a. When You Accept This Policy

By accepting this policy, you agree:

- (1) The statements in the Declarations are accurate and complete;
- (2) Those statements are based upon representations you made to us; and

- (3) We have issued this policy in reliance upon your representations.

b. Unintentional Failure To Disclose Hazards

If unintentionally you should fail to disclose all hazards relating to the conduct of your business at the inception date of this Coverage Part, we shall not deny any coverage under this Coverage Part because of such failure.

7. Other Insurance

If other valid and collectible insurance is available for a loss we cover under this Coverage Part, our obligations are limited as follows:

a. Primary Insurance

This insurance is primary except when b. below applies. If other insurance is also primary, we will share with all that other insurance by the method described in c. below.

b. Excess Insurance

This insurance is excess over any of the other insurance, whether primary, excess, contingent or on any other basis:

(1) Your Work

That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";

(2) Premises Rented To You

That is fire, lightning or explosion insurance for premises rented to you or temporarily occupied by you with permission of the owner;

(3) Tenant Liability

That is insurance purchased by you to cover your liability as a tenant for "property damage" to premises rented to you or temporarily occupied by you with permission of the owner;

(4) Aircraft, Auto Or Watercraft

If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion g. of Section A. – Coverages.

(5) Property Damage To Borrowed Equipment Or Use Of Elevators

If the loss arises out of "property damage" to borrowed equipment or the use of elevators to the extent not subject to Exclusion k. of Section A. – Coverages.

BUSINESS LIABILITY COVERAGE FORM

(6) When You Are Added As An Additional Insured To Other Insurance

That is other insurance available to you covering liability for damages arising out of the premises or operations, or products and completed operations, for which you have been added as an additional insured by that insurance; or

(7) When You Add Others As An Additional Insured To This Insurance

That is other insurance available to an additional insured.

However, the following provisions apply to other insurance available to any person or organization who is an additional insured under this Coverage Part:

(a) Primary Insurance When Required By Contract

This insurance is primary if you have agreed in a written contract, written agreement or permit that this insurance be primary. If other insurance is also primary, we will share with all that other insurance by the method described in **c.** below.

(b) Primary And Non-Contributory To Other Insurance When Required By Contract

If you have agreed in a written contract, written agreement or permit that this insurance is primary and non-contributory with the additional insured's own insurance, this insurance is primary and we will not seek contribution from that other insurance.

Paragraphs **(a)** and **(b)** do not apply to other insurance to which the additional insured has been added as an additional insured.

When this insurance is excess, we will have no duty under this Coverage Part to defend the insured against any "suit" if any other insurer has a duty to defend the insured against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.

When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:

- (1) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
- (2) The total of all deductible and self-insured amounts under all that other insurance.

We will share the remaining loss, if any, with any other insurance that is not described in this Excess Insurance provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

c. Method Of Sharing

If all the other insurance permits contribution by equal shares, we will follow this method also. Under this approach, each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

8. Transfer Of Rights Of Recovery Against Others To Us

a. Transfer Of Rights Of Recovery

If the insured has rights to recover all or part of any payment, including Supplementary Payments, we have made under this Coverage Part, those rights are transferred to us. The insured must do nothing after loss to impair them. At our request, the insured will bring "suit" or transfer those rights to us and help us enforce them. This condition does not apply to Medical Expenses Coverage.

b. Waiver Of Rights Of Recovery (Waiver Of Subrogation)

If the insured has waived any rights of recovery against any person or organization for all or part of any payment, including Supplementary Payments, we have made under this Coverage Part, we also waive that right, provided the insured waived their rights of recovery against such person or organization in a contract, agreement or permit that was executed prior to the injury or damage.

POLICY NUMBER: 57 SBA ID4214



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

BUSINESS LIABILITY COVERAGE FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

The City of Berkeley, its Officers, Agents, Employees and Volunteers

Location(s) Of Covered Operations:

California

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section C. - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- 1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- 1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/24/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Brown & Brown Insurance Services of California, Inc 3697 Mt Diablo Blvd, Ste 100 Lafayette CA 94549-3745		CONTACT NAME: Stefanie Connolly PHONE (A/C, No, Ext): (800) 733-3131 E-MAIL ADDRESS: sconolly@bbnca.com FAX (A/C, No):	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Sentinel Insurance Company, Ltd	NAIC # 11000
		INSURER B: Beazley Insurance Company, Inc.	37540
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED Resource Development Associate 2333 Harrison St Oakland CA 94612			

COVERAGES

CERTIFICATE NUMBER: 20/21

REVISION NUMBER:

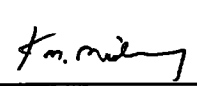
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y		57SBAID4214	10/01/2020	10/01/2021	EACH OCCURRENCE	\$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 4,000,000
GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER							PRODUCTS - COMP/OP AGG	\$ 4,000,000
A	AUTOMOBILE LIABILITY			57SBAID4214	10/01/2020	10/01/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DED						RETENTION \$	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A				PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
B	Professional Liability & Cyber Liability			V13940200801	10/01/2020	10/01/2021	\$3,000,000 per Occ \$3,000,000 per Occ	\$25,000 retention

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The City of Berkeley, its officers, agents, employees, and volunteers are named as additional insured as respects to services rendered by the named insured as respects to the general liability, subject to the policy terms, conditions and exclusions and per attached form SS 41 70 06 11. Policy Cancellation Exception: 10 days for non-payment of premium

CERTIFICATE HOLDER**CANCELLATION**

City of Berkeley Mental Health Department 2640 Martin Luther King Way Berkeley CA 94704	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/01/20

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Services, Inc of Florida 1001 Brockell Bay Drive, Suite #1100 Miami, FL 33131-4937	CONTACT NAME: Aon Risk Services, Inc of Florida PHONE (A/C, No, Ext): 800-743-8130 FAX (A/C, No): 800-522-7514 EMAIL ADDRESS: ADP.COI.Center@Aon.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : American Home Assurance Co.	
NAIC # 19380	
INSURED	
ADP TotalSource DE IV, Inc 10200 Sunset Drive Miami, FL 33173 L/C/F Resource Development Associates Inc 2333 Harrison Street Oakland, CA 94612	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 3148200

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. LIMITS SHOWN ARE AS REQUESTED.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DEC RETENTION \$						OCCUR CLAIMS-MADE
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC 027137755 CA	07/01/20	07/01/21	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 All worksite employees working for RESOURCE DEVELOPMENT ASSOCIATES INC., paid under ADP TOTALSOURCE, INC's payroll, are covered under the above stated policy.

CERTIFICATE HOLDER

CANCELLATION

City of Berkeley Mental Health Department 2840 Martin Luther King Way Berkeley, CA 94704	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Aon Risk Services, Inc of Florida</i>
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RESOLUTION NO. 69,621-N.S.

CONTRACT: RESOURCE DEVELOPMENT ASSOCIATES FOR SPECIALIZED CARE UNIT

WHEREAS, on July 14, 2020, the City Council of the City Berkeley passed a package of items providing direction for the development of a new paradigm of public safety in Berkeley that included direction to the City Manager to analyze and develop a pilot program to re-assign non-criminal police service calls to a Specialized Care Unit (SCU); and

WHEREAS, City of Berkeley community members would prefer a 24/7 mental health crisis response system that does not so heavily involve law enforcement; and

WHEREAS, Resource Development Associates will conduct a comprehensive feasibility study, program design and implementation plan for an SCU to respond to public safety calls that do not require presence of law enforcement; and

WHEREAS, Resource Development Associates' services align with the Strategic Plan goal to champion and demonstrate social and racial equity; and

WHEREAS, Resource Development Associates was selected through a competitive Request for Proposals process; and

WHEREAS, funds for the contract with RDA will be appropriated in Annual Appropriations Ordinance Number One and Annual Appropriations Ordinance Number Two.

NOW THEREFORE, BE IT RESOLVED by the Council of the City of Berkeley:

Section 1. The City Manager or her designee is hereby authorized to execute a contract and any amendments with Resource Development Associates (RDA) for the design of a Specialized Care Unit (SCU) for a total contract limit of \$185,000 for the period beginning January 1, 2021 and ending June 30, 2022.

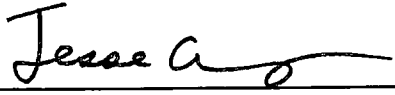
Section 2. A record signature copy of the contract and any amendments between the City and RDA shall be on file in the Office of the City Clerk.

The foregoing Resolution was adopted by the Berkeley City Council on December 1, 2020 by the following vote:


Ayes: Bartlett, Davila, Droste, Hahn, Harrison, Kesarwani, Robinson, Wengraf, and Arreguin.

Noes: None.

Absent: None.



Jesse Arreguin, Mayor

Attest: 

Mark Numainville, City Clerk

RECEIVED
DEC. 24 2020
CITY OF BERKELEY
CITY CLERK DEPARTMENT

RECEIVED
~~DEC 23 2020~~
CITY OF BERKELEY
CITY CLERK DEPARTMENT

Attachment 2

**RESPONSE TO CITY OF BERKELEY POLICE RE-IMAGINING REQUEST FOR PROPOSALS
SUBMITTED BY: THE NATIONAL INSITUTE OF CRIMINAL JUSTICE REFORM
October 6, 2020**

Contractor Identification

National Institute for Criminal Justice Reform (NICJR)
303 Hegenberger Road, Suite 301
Oakland, CA 94621
Tax ID #81-5269212
David Muhammad, Executive Director
510-746-6111

Client References (see Attachment A)

Price Proposal (separate submission)

Contract Terminations

None.

Schedule (see Attachment B)

Staff (see Attachment C)

Additional Supporting Materials None.

Required Forms (Attachment D)

BACKGROUND

Cities across the country are coming to a shared recognition that despite decades of tweaking around the margins, police departments remain a vehicle for enacting state violence and oppression against Black residents, other people of color, and low-income and marginalized communities. Through the movement for Black lives and other grassroots campaigns, the call to re-envision public safety and justice has resulted in a tipping point—the old punitive and racist paradigm is falling and cities across the country are answering the call to defund police and redirect resources towards a new model of community-centered safety. While this catalyst has been transformational and undeniable, it is also true that policing in the United States has not changed in any significant manner during its nearly 300-year history while the society that it is charged with keeping safe has changed drastically. Any way you look at it, the time for reform is now.

The City of Berkeley (City) has answered this call with a plan to reduce the budget of the Berkeley Police Department (BPD) by 50 percent and develop a model for community centered safety that is anti-racist, prioritizes prevention and trauma informed supports, reflects the smart and effective use of public dollars, and limits the powers and role of police. The City should be applauded for seeking to co-design this new model with those residents and communities that have experienced the greatest harm at the hands of police at the forefront of conversations to re-imagine approaches to policing and public safety.

The City Council (Council) adopted a series of bold and complex measures at its July 14, 2020, meeting which inform the scope of this Request for Proposals and ensuing work. In addition to Council action on that date, there are a number of other initiatives underway, including, not insignificantly, a November ballot initiative that will significantly enhance the powers of the Police Commission. The National Institute for Criminal Justice Reform (NICJR) and its partners, referred to herein as the Project Team, believes that the success of the re-imagining police effort will be dependent in part on the selected vendor's ability to organize, coordinate, and effectively communicate regarding the many components of the body of work that falls under the broad header of police reform in Berkeley. Equally important will be the communication and engagement strategy. Berkeley's unique history of civic engagement – which has been on full display around the police reform movement – requires a particular emphasis on radically transparent and intentionally inclusive community engagement. The Project Team is excited about leading what will be an incredibly dynamic, challenging, and impactful police reform effort right on its “front door”; the Project Team is led by NICJR, whose Executive Director, Mr. David Muhammad, is a Berkeley resident.

NICJR which works to transform the criminal justice system through research, advocacy, and technical assistance and consultation to systems, advocates, and policy makers. NICJR was the author of the Reduce, Improve, and Reinvest model cited in the July 14 Council action as well as the Re-Imagining RFP. NICJR currently serves as a facilitator of the City of Oakland's Reimagining Public Safety Taskforce and is engaged in a similar capacity by the City of Fresno

with respect to its Commission on Police Reform. NICJR has worked with law enforcement agencies and community-based alternatives to policing throughout the country and serves as a consent decree monitor for the Los Angeles County Sheriff's Department. NICJR is the co-Facilitator of the City of Oakland's Reimagining Public Safety Task Force, created by the Oakland City Council to develop recommendations to reduce the police department's budget by 50 percent and reinvest in community services and programs. NICJR is also a consultant on the Fresno Commission on Police Reform.

The Project Team includes a former member of the BART Police Board, a retired lieutenant and Chief of Staff for the City of Oakland Chief of Police, and legal experts in the field of policing and labor relations. As such, the Project Team will bring extensive, current, and relevant experience with policing and police reform to bear on the Berkeley Re-Imagining effort.

SCOPE OF SERVICES

Research and Analysis

I. Analyze emergency and non-emergency calls-for-service for the past three years to determine those calls-for-service that require a response from BPD.

This work will involve the following:

- A. An initial review of one month of CAD system service call data to assess data quality, the underlying data structure and any existing data dictionary or data structure documentation. The results of this initial review will inform the three-year data pull.
- B. A thorough review of three years of CAD system service call data to generate the following analyses:
 - i. Call data by source type: dispatch calls, stops by law enforcement, service requests from other city agencies, and observation/self-generated calls.
 - ii. The development of a call data categorization system: categorization will include non-criminal/criminal, non-violent/violent/non-serious/serious, as well as the priority codes that BPD assigns. One example of the complexity the Project Team has seen in its work with OPD call data relates to ambulance calls. Sometimes ambulances are called for non-criminal reasons, other times they are called to clear the scene of shootings. CAD system data may simply reflect: "ambulance call". The Project Team's extensive experience with CAD data will ensure that this process is undertaken with maximum efficiency.
 - iii. Geo-spatial mapping of call data: to map the geographic incidence of calls by call type.
 - iv. Time of day incident mapping: to map service calls by time of day.
 - v. Time to respond: calculated as the time from the service call to the time when an officer arrives at the call location.
 - vi. Number of responding officers: the number of officers responding to each call.
 - vii. Time to resolve: calculated as the total time from the service call to responding officer resolution.

viii. Trend data: identification of any significant trends in call data over the three-year period.

- C. Presentation of the analyses in the form of a memorandum, technical documentation, as well as infographics. Drafts of all formats will be provided to the City prior to formal dissemination. An interactive, publicly data dashboard could also be developed.
- D. Development of preliminary best practices/findings to inform future training and policy development regrading call system handling and categorization.

II. Prepare a summary presentation of new and emerging models of community safety and policing.

The Project Team collectively has decades of experience *developing* community safety and policing models.

NICJR has worked with several jurisdictions to develop effective gun violence reduction strategies, including [Oakland](#), Richmond and Stockton, and are developing programs in Portland, Indianapolis, and Washington, DC. In partnership with the innovative violence intervention organization Advance Peace, NICJR has very recently launched a National Network of Offices of Violence Prevention. More than 20 of these non-law enforcement government agencies across the country have joined NICJR's network to build and improve upon a community safety model.

NICJR recently published a compendium of reform efforts in six cities in the country since the killing of George Floyd. [The report](#) reviews the progress these cities are making to transform policing practices.

Over the past two years, NICJR has been working with the City of Oakland and its police department to launch an innovative youth diversion program. Young people arrested for non-violent felonies, instead of being transported to the county juvenile hall for detention or referred to the District Attorney for charging, are instead referred to community led process at the point of arrest. The [Neighborhood Opportunity and Accountability Board](#) (NOAB) began receiving referrals from the Oakland Police Department in April and is now serving 25 youth who meet with a board of community leaders, business owners, faith leaders, formerly incarcerated individuals, and victims of crime. After meeting with the NOAB, a comprehensive Individual Achievement Plan is developed with every youth and family and they are connected to needed community services.

New policing and response models are being considered in cities across the country.

- In Eugene, Ore, Crisis Assistance Helping Out on the Streets ([CAHOOTS](#)) responds to more than 22,000 requests for service annually with its Crisis Intervention Workers; this represents nearly 20 percent of the total public safety call volume for the metropolitan area.

- In Austin, Tx, the [Expanded Mobile Crisis Outreach Team](#) is equipped to respond to 911 calls where callers indicate that a mental health response, not police, is needed.

The Project Team will use its extensive experience in developing community safety models and its examination of new policing models to develop a presentation of new and emerging models of community safety and policing

III. Identify the programs and/or services provided by the BPD that can be provided by other City departments or external third-party entities.

The identification of programs and services currently provided by the BPD that can be provided by other City departments or community-based organizations will in many ways be the heart of the re-imagining work. A foundational premise is that there must be a response to calls for service – BPD activity cannot be replaced by a void. Determining the most appropriate alternatives will be a multi-phase process including at a minimum:

- A. Review of call data analysis to determine the types of calls that would be best handled by a non-police organization. This assessment will focus not just on call type but on relative volume, respective share of BPD workload, and service calls by time of day and geography.
- B. Mapping of all City and community-based organizations already partnering with BPD to respond to service calls. Mapping of all City commissions and boards, City departments, and community-based organizations working to address any of the issues or populations that are identified as being appropriate for an alternative non-police response. At this time the Project Team is aware of numerous entities that fall in this category including the Homeless and Transportation Commissions, the Departments of Mental Health and Public Works, Building Opportunities for Self-Sufficiency (BOSS), the Women’s Daytime Drop-In Center, Dorothy Day House, the Hub, Downtown Streets Team, the Homeless action Center, Youth Spirit Artworks.
- C. Modeling of the Specialized Care Unit (SCU) advanced by the City Council. This effort will be informed by the Project Team’s experience with other jurisdictions’ alternative approaches to handling mental health related service calls, including the MACRO model recently adopted by the City of Oakland.
- D. Designing a new Department of Transportation that, pursuant to action already taken by the Council, will be responsible for handling most traffic law violations, with discretionary stops replaced to the greatest extent possible by non-invasive strategies reliant on engineering, proactive education, and effective transportation planning.
- E. Developing a proposed approach for responding to homeless and encampment related calls. While the SCU will likely be a significant component of this new alternate response, there are other issues that manifest with homeless populations that are best handled by a non-police response.
- F. Engaging Berkeley Unified School District to develop an approach to a non-police based response to school-based incidents that do not rise to the level of violent criminal activity.

Concurrent with this effort, the Project Team's legal partner will be reviewing BPD Memorandum of Understanding and Myers-Miliias-Brown Act implications of any contemplated changes in service delivery or design. Wherever legal barriers are identified the Project Team will strive to identify possible solutions to those challenges, ultimately codifying all legal recommendations in proposed legislation or policy as appropriate.

In addition, the fiscal implications of proposed service delivery changes will be fully identified to include:

- Budget impacts, both revenue and expenditures, to the BPD budget including impacts on specific staffing levels by classification;
- Budget impacts on City Departments that are recommended to absorb programs and/or services previously performed by the BPD, including impacts on specific requisite staffing levels, by classification; and
- Funding needed to support community-based organizations assuming responsibility for any re-allocated services.

Community Engagement Process

As noted above, the Project Team has studied police reform efforts currently underway in a number of cities across the country and is currently leading this work in the cities of Oakland and Fresno. The proposed design of the City of Berkeley’s community engagement approach is informed by this experience.

The Project Team specifically proposes the creation of a Reimagining Safety Committee (RSC) comprised as follows:

- | | |
|--|---|
| <p><i>Reimagining Safety Committee</i></p> <ul style="list-style-type: none"> • Broad oversight responsibility for the re-imagining process • Identifies objectives for each sub-committee • Develops and approves final recommendations to be submitted to City Council | <ul style="list-style-type: none"> • Two City Council members, serving as co-chairs • One appointee, each remaining member of the City Council • One appointee, Mayor • The City Manager or her designee • One appointee, nominated by BPD • One appointee, Police Review Commission • One appointee each, other relevant Commissions or bodies (for example the Transportation and Homeless Commissions) • Two youth members |
|--|---|

The RSC will be convened on a bi-weekly basis throughout the pendency of the contract period and will be responsible for providing general project direction and oversight, input as to the methodology for completion of major deliverables as well as the content of the deliverables themselves, and finalization of recommendations to be submitted to the City Council.

In addition, the Project Team recommends that 4 advisory sub-committees be established:

- **Budget:** this sub-committee will analyze the BPD budget as well as the budgets of other City departments that may assume responsibility for services currently being provided by the BPD. The Project Team recommends that the City Manager appoint a staff person knowledgeable about the City budget to serve on this sub-committee.
- **Legal Impediments and Solutions:** this sub-committee will be responsible for identifying any legal impediments to the types of reforms and call response reallocation responsibilities being contemplated, and for identifying responsive solutions. This sub-committee will be expressly responsible for drafting any legislation to be recommended for consideration by the Council. The Project Team recommends that the City Attorney or her designee serve as a member of this subcommittee.
- **Community Engagement:** this sub-committee will be responsible for developing community engagement priorities and plans, assisting with outreach and publicizing community engagement events, reviewing tools and protocols, and identifying key

results and themes of the overall community engagement process as well as actionable insights and recommendations.

- **Alternatives to Policing:** this sub-committee will be tasked with fully exploring alternatives to policing to include those initiatives already identified for research and action by the Council (for example the Specialized Care Unit and the Department of Transportation) and others. The sub-committee will be expected to become familiar with existing community-based organization resources in both Berkeley and surrounding areas with the goal of leveraging the existing infrastructure to deliver any functions that are reallocated from the police. The Project Team recommends that the City Manager appoint a person knowledgeable about City departments responsible for mental health, homeless, and/or transportation services to serve on this sub-committee.

There would be an open community application process to populate these advisory committees, which should be between 10 to 15 members each. RSC co-chairs would be responsible for final member selection. The Project Team will provide staff support to and facilitate the RSC and each of its sub-committees.

It is anticipated that the RSC and its sub-committees will be established within the first 30 days of the contract period. During that period the Project Team would develop a draft Community Engagement Plan for the Community Engagement subcommittee so subsequently review at its first meeting. The deliverable from this effort will be a formal *Community Engagement Plan: a plan for community engagement, which will outline a workplan, timeline, roles, participant format, outreach strategy, venue and facilitators for each of the planned activities*. The plan will be a concise, working document that will guide each step of community input. The Project Team is poised to leverage our many years of experience in generating meaningful community participation in community change initiatives. Our Team is proficient in engaging and soliciting input from key target communities— including African American and other communities of color, community-based organizations, faith-based organizations, local businesses, public agencies, elected officials, youth, and seniors/elders. We will leverage our Project Team partners who have expansive reach with Berkeley’s faith-based and Black communities, the City’s relationships with community-based organizations to ensure meaningful and extensive representation by those most impacted by BPD. In addition, we will take advantage of neighborhood group platforms like NextDoor, as well as groups that each Council member is aware of in their respective districts to ensure that all residents have ample opportunity to have their voices heard.

Without presupposing the outcome of that planning process and the final Community Engagement Plan, at this juncture the Project Team proposes to conduct a comprehensive and inclusive community engagement process that will achieve the following goals:

Best Practices in Community Engagement

- Outreach and community engagement plan
 - Multiple forums and formats
 - Online forums- webinars, online surveys, social media
 - Leveraging community partners and organizers to reach diverse residents
 - Training community partners in facilitation
 - Match facilitator to target audience where possible
 - Recording to capture youth and resident voice
 - Community education workshops
- Center the experiences, preferences, expertise and recommendations of Black residents and communities, the group most harmed by police violence
 - Engage Black led and grassroots organizations in the community input and re-design process
 - Engage community-based organizations that are likely to be part of a new infrastructure for handling calls for service
 - Educate Berkeley residents and stakeholders about the history of police, racism in American policing, the impetus to defund the police, and the process the City will use to design a community-centered approach to public safety
 - Provide a diversity of formats for Berkeley residents, businesses, and other stakeholders to participate in and make meaningful contributions to the development of a plan for community-centered safety

The following types of strategies will be used to achieve these goals:

- Citywide and community-specific surveys
- Input forums/design sessions
 - geographically specific (district);
 - community specific (for example, Black residents)
 - sector specific (for example, business owners, faith-based organizations, community-based organizations)
- Town halls
 - This format would primarily be used for review and feedback of the final draft report

Cities looking to re-envision policing and develop alternative approaches in partnership with impacted communities face a number of barriers to the effective engagement of residents in a design process. Oftentimes residents do not know how their input will be used, are unclear about the decision-making process, and/or do not see their input reflected in the end result. The failure to close the feedback loop coupled with a history of racist government policies creates a healthy level of skepticism when it comes to trusting that government agencies will make substantive changes as a result of community input. Public agencies reflect a predominately white perspective and culture in their approach to seeking input, relying primarily on a town hall/public comment format. Town halls tend to attract a primarily older, white audience and as a result, public systems miss out on the expertise, experiences, and perspectives of people who are most impacted by the overuse and misuse of police. To mitigate

these barriers, we will create a diversity of formats for residents to participate in, work with the City and Project Team partners who are Berkeley-based community-based organizations to identify the design decisions that residents will have a chance to influence in advance of facilitating community input, and provide residents with the information they need to understand Berkeley’s process and impetus for creating an alternative vision of community-centered safety. The Project Team will adopt an approach that:

- Creates separate spaces for impacted communities to share their perspectives, experiences and recommendations
- Focuses community engagement on getting feedback on key components of the new model for community safety
- Creates space to acknowledge and repair harm done by police to Berkeley residents
- Embraces radical transparency when it comes to communicating how decisions will be made.

Importantly, the proposed budget includes stipends for participation in the RSC, its sub-committees, and community input sessions. These stipends will be critical to the participation of marginalized communities who lack confidence in the utility of their participation or the process itself. Stipends will be given to community organizations that specialize in working with the Black community, youth, and the homeless to distribute to their constituents. The Project Team will also provide stipends directly to individuals in the form of gift cards who participate in listening sessions, surveys, and other community meetings.

Communications Strategy

The Project Team will engage in a robust communications effort designed to:

- **Increase awareness** about the re-imagining effort in Berkeley so that the community is generally aware of and informed about the status of the work.
- **Increase engagement** by residents and community stakeholders in the formation of the plan. We seek to generate high levels of participation in focus groups, input sessions, and other chosen formats for community input.
- **Provide access** to the broadest possible audience by reducing barriers to communication and engaging in accessible, inclusive communication.
- **Embrace radical transparency** by making information about Re-Imagining Police in Berkeley available to all—especially when communicating how decisions will be made. We recommend giving Berkeley residents and stakeholders access to all of the materials that inform the decision-making process, as well as making all RSC and sub-committee meetings public.
- **Build and reinforce trust and credibility** by providing honest, respectful communications necessary for maintaining ongoing dialogue with key target communities and ongoing engagement of Berkeley residents and stakeholders. Critical to building trust is creating separate spaces for impacted communities to share their perspectives and recommendations.
- **Ensure consistent messaging** with respect to the work of the RSC and its sub-committees and the Project Team, as well as, to the extent possible, other parallel

police reform-related efforts underway in Berkeley (such as the City Auditor’s 911 call analysis, Police Commission reform, etc).

The Project Team’s work will be informed by the following guiding principles:

- *Clear & Direct* – We will strive to use direct and straightforward language, keep messages free of jargon, explain acronyms or technical terms, and provide background information to ensure all of our communications are understandable and accessible to the widest possible audience.
- *Proactive & Timely* – Whenever possible, we will communicate relevant information and issues as they come to light, ensuring the most accurate and complete information is available to the community.
- *Transparent* – We will be open in communicating our process and progress to all community members, especially focusing on sharing decision making processes with our key target communities.
- *Listening & Learning* – We embrace the two-way nature of communication and will actively provide opportunities for community members to ask questions, gain clarity, and share feedback on the process.

The three primary vehicles for regular communication will be a dedicated project website, e-newsletters, and social media. The website will be robust and comprehensive and will be updated on a daily basis. Options for signing up to receive the project newsletter and/or meeting notifications will be available on the website; the Project Team will recommend locations for similar options on the City’s website as well. The newsletter will be proactively distributed via a number of channels including Council distribution lists, Berkeley-based Project Team partner distribution lists, and any other distribution lists maintained by the City.

- **Website.** The website will provide comprehensive information about Re-Imagining Police in Berkeley, including links to all communication channels and opportunities to participate in co-designing a model for community safety specific to Berkeley.
- **E-Newsletter.** An e-newsletter will be sent every 2-3 weeks (with the ability to opt out) to all community members participating in targeted feedback, any community stakeholders involved in engaging key target audiences, City Council members, City leadership and employees, and any interested Berkeley residents and stakeholders who sign up for it through the website. The purpose of this newsletter is to directly share updates on the process with our most engaged audiences: what we’re doing and how we’re doing it, what we’re learning, what we’re inspired by, what we’re thankful for, and what’s coming up in the near future.
- **Social media.** Social media is widely used, including by people in communities most highly impacted by police violence: people who are Black, LGBTQ, homeless, low-income, people of color, and members of other marginalized groups. We can use social media to elevate the voices of these community members, as well as engage them to

participate in targeted input forums and brief surveys testing language and other topics that arise in the targeted input forums.

In addition, the Project Team is aware of Berkeleyside's active role in the Berkeley community and recommends proactively and routinely engaging with the media outlet.

Lastly, in an effort to ensure that the elderly, people who do not have access to the internet, or people without the computer literacy skills to navigate social media are not left out, the Project Team will develop a limited phone tree and direct mail approach. In addition, the Project Team will leverage existing community networks and already scheduled in-person events to facilitate some level of communication with hard-to-reach groups.

The Project Team's proposed communication strategy is summarized in the table on the following page.

APPENDIX B

Communication Goal	Communication Tool	Audience/ Participants	Frequency	Evaluation Methods
Launch	Press release with link to website	Primary audiences, local media	Once at the beginning of the process	Number of media outlets that pick up the release
Increase awareness and understanding of the effort, provide avenues for community engagement and participation	Website	All	Updates and documents added as they become available	Ongoing feedback from the community through direct communication channels (e.g., social media, digital or in-person sessions, etc.)
Directly share updates on the progress and process	Email newsletter	Community members who have provided targeted or broad input, City Council, City leadership and employees, stakeholders participating in engagement activities, any community member who signs up on the website	Every 2 weeks	Analytics: - Open rates - Click through rates
Share announcements and updates, opportunities to engage, relevant news and research, and provide timely responses to community questions	Social Media (Twitter, Facebook, Instagram)	All audiences People in key targeted communities	General posts: 2–5 times weekly Targeted engagements: as planned	Analytics: - # of followers - # following - weekly mentions (avg) - weekly shares/ retweets (avg) - weekly likes (avg)

Report and Implementation Plan

The Project Team will prepare a comprehensive Report and Implementation Plan that includes:

- An executive summary that outlines the process, key findings and recommendations, and path to implementation.
- A summary of research and analysis performed as part of this assignment including the review of emergency and non-emergency calls-for-service and new and emerging models of community safety and policing.
- A summary of the results of the community engagement process.
- Detailed recommendations for Re-Imagining policing in the City of Berkeley.
- An implementation approach that includes recommended short-, medium-, and long-term steps as well as the associated funding mechanisms to achieve.
- Any recommended legislative, policy, or MOU changes needed to effectuate recommendations.

The Project Team understands the City’s desire for a stand-alone Implementation Plan and for draft versions of the Report and Implementation Plan to be available and circulated for review and comment prior to finalization. In addition, two community town halls will be held to solicit broad community input prior to finalizing the Report and Implementation Plan for submission to the City Council.

National Institute for Criminal Justice Reform 2020-2021 Proposal

Client References

Person's Name	Reygan Cunningham
Title	Ceasefire Director
Organization	City of Oakland
Address	825 Washington Street, Suite 200, Oakland, CA
Telephone Number	510-326-8711 – Email: reygan@thecapartnership.org
Projects	NICJR provides technical assistance, consultation and training to the City of Oakland’s Ceasefire Gun Violence Reduction Strategy

Person's Name	Nike Greene
Title	Director
Organization	City of Portland Office of Youth Violence Prevention
Address	449 NE Emerson St.; Portland, OR 97211
Telephone Number	(503) 823-4180 – Email: nike.greene@portlandoregon.gov
Projects	NICJR provides technical assistance, consultation, and training to the OYVP and its partners in the development of a violence reduction strategy. NICJR also conducted a detailed analysis of the Cost of Gun Violence for the City of Portland

Person's Name	Jason Mitchell
Title	Assistant City Administrator
Organization	City of Oakland – City Administrator’s Office
Address	1 Frank H Ogawa Plaza 3rd Floor Oakland, CA 94612
Telephone Number	(510) 238-6840 JWMitchell@oaklandca.gov
Projects	Reimagining Public Safety Task Force

PROJECT SCHEDULE

Date	Week	Activity	Project Team Member/s
11/23-30	1	Project kickoff meeting with City to finalize overall Project Plan Launch Reimagining Safety Committee (RSC) and subcommittee application	NICJR
12/1-12/8	2	Launch project website Secure CAD data and send to contractor for analysis Send E-Newsletter	NICJR AG NICJR
11/23-12/14	1-3	Draft Community Engagement Plan and begin recruitment for participation RSC and subcommittee application review	BRG PICO/Faith in Action McGee BYA NICJR NICJR
12/14-12/21	4-5	RSC and subcommittee selection First meeting of RSC and subcommittees Review results of 30-day CAD review Send E-Newsletter	NICJR NICJR BRG Renee Public Law Group The Justice Collaboratory AG NICJR NICJR
12/21-1/11	5-8	Community engagement: initial community input sessions Initiate 3-year data review	BRG PICO/Faith in Action McGee BYA AG

PROJECT SCHEDULE

		<p>Launch community survey/s</p> <p>Complete summary and presentation of new and emerging models of community safety and policing and samples of model legislation</p> <p>RSC and subcommittee meetings</p> <p>Send E-Newsletter (2)</p>	<p>BRG</p> <p>NICJR</p> <p>NICJR</p> <p>BRG</p> <p>Renee Public Law Group</p> <p>The Justice Collaboratory</p> <p>NICJR</p>
1/11-18	9-10	<p>Community engagement: community input sessions; survey</p> <p>RSC and subcommittee meetings</p>	<p>BRG</p> <p>PICO/Faith in Action</p> <p>McGee</p> <p>BYA</p> <p>NICJR</p> <p>BRG</p> <p>Renee Public Law Group</p> <p>The Justice Collaboratory</p>
1/18-2/1	10-12	<p>Review 3-year call data analysis and generate preliminary findings, report, and presentation</p> <p>Complete report summarizing community engagement results</p> <p>RSC and subcommittee meetings</p>	<p>NICJR</p> <p>BRG</p> <p>NICJR?</p> <p>NICJR</p> <p>BRG</p> <p>Renee Public Law Group</p> <p>The Justice Collaboratory</p>

PROJECT SCHEDULE

		Presentations to City Council	NICJR BRG
		Send E-Newsletter	NICJR
		Finalize 3-year data analysis	AG
2/1-2/8		RSC and subcommittee meetings	NICJR BRG Renee Public Law Group The Justice Collaboratory
		Complete preliminary recommendations regarding reallocation of BPD work and related labor relations and fiscal analyses	NICJR Renee Public Law Group The Justice Collaboratory
2/8-2/15			
		Send E-Newsletter	NICJR
2/15-2/22		RSC and subcommittee meetings	NICJR Renee Public Law Group The Justice Collaboratory
		Send E-Newsletter	NICJR
2/15-3/12		Complete draft Administrative Report and Implementation Plan	NICJR Renee Public Law Group BRG
		Circulate for internal City review and comment	NICJR NICJR

PROJECT SCHEDULE

		Publicly disseminate Report and Implementation Plan	NICJR
		Hold two community town halls to solicit feedback	BRG PICO/Faith in Action McGee BYA
		Finalize Report and Implementation Plan	NICJR
		Present to Council Committees and full City Council	NICJR

NICJR Staff



DAVID MUHAMMAD, Executive Director, NICJR

David Muhammad is a leader in the fields of criminal justice, violence prevention, and youth development. Mr. Muhammad is the Executive Director of the National Institute for Criminal Justice Reform (NICJR).

David Muhammad has worked to implement positive youth development into youth justice systems around the country and was the primary author of NICJR's seminal report – A Positive Youth Justice System (<https://nicjr.org/pyjs/>). For three years, David was extensively involved in developing a detailed reform plan for the Los Angeles County Probation Department, the largest probation department in the country. He also served as the technical assistance provider for the Sierra Health Foundation's Positive Youth Justice Initiative, providing training and consulting to several California probation departments. NICJR is currently serving as a technical assistance provider to the City and County of San Francisco, working to reform its juvenile justice system and close its juvenile detention center.

Through NICJR, David provides leadership and technical assistance to the Ceasefire Gun Violence Reduction Strategy in the cities of Oakland and Stockton, California; Portland, Oregon; and Indianapolis. David helped lead a partnership of organizations and technical assistance providers that achieved a 50% reduction in shootings and homicides in Oakland. David was the main author of NICJR's report on Oakland's Successful Gun Violence Reduction Strategy. (<https://nicjr.org/wp-content/uploads/2018/02/Oakland%E2%80%99s-Successful-Gun-Violence-Reduction-Strategy-NICJR-Jan-2018.pdf>).

Mr. Muhammad has been the federal court appointed monitor overseeing reforms in the Illinois juvenile justice system in the *MH v. Monreal* Consent Decree. Mr. Muhammad is also the federal monitor in the Morales Settlement Agreement, which requires the Illinois Parole Review Board and the Illinois Department of Corrections to reform its parole system. David is also a member of the Antelope Valley Monitoring Team which is charged with monitoring the Los Angeles Sheriff's Department's implementation of a federal Settlement Agreement.

The former Chief Probation Officer of the Alameda County (California) Probation Department, David was responsible for overseeing 20,000 people on probation, a staff of 600, and a \$90 million budget. In 2010, David was named the Deputy Commissioner of the Department of Probation in New York City, the second largest Probation Department in the country, where he was responsible for overseeing 35,000 people on probation and a staff of 900.

David served as the Chief of Committed Services for Washington, DC's, Department of Youth Rehabilitation Services (DYRS). His responsibilities at DYRS included 300 staff, a \$42 million annual budget, a juvenile institution, and 900 youth committed to his department's care.

In 2013, Mr. Muhammad was the first Executive Director of the Anti-Recidivism Coalition

(ARC) in Los Angeles. ARC has grown to become one of the largest and most prominent service providers and policy advocacy organizations for the formerly incarcerated in California.

While Executive Director of The Mentoring Center in Oakland, Ca., David was contracted by the City of Richmond, CA to help design the Office of Neighborhood Safety, which has since been credited for bringing significant reductions in violence to the city.

As a graduate of Howard University’s School of Communications, David also has an extensive journalism career. David also completed a course on “Systems Dynamics for Senior Managers” at the MIT Sloan School of Management in Cambridge, MA. In August of 2008, David completed a certificate program on Juvenile Justice Multi-System Integration at the Georgetown Public Policy Institute.



AMAN SEBAHTU, Operations Director, NICJR

Aman Sebahtu is NICJR’s Operations Director. Aman is an attorney, technical assistance provider, facilitator, and researcher in the fields of criminal justice reform, violence prevention, and youth and community development. At NICJR, Aman serves on the federal monitoring team overseeing reforms in the Illinois Department of Corrections, manages the Young Adult Professionals of Color Fellowship, and works with the Executive Director in the development of the Neighborhood

Opportunity and Accountability Board.

Before joining NICJR, Aman was the Community Violence Prevention Program Manager at the National Council on Crime and Delinquency (NCCD), where he led the organization’s violence prevention and criminal justice reform projects. Aman continues his work on the team of monitors overseeing the Settlement Agreement between the U.S. Department of Justice and the Los Angeles County Sherriff’s Department and leads the evaluation of Sierra Health Foundation’s Positive Youth Justice Initiative.

Prior to joining NCCD, Aman was a Site Manager at the W. Haywood Burns Institute, providing technical assistance, training, and meeting facilitation to system and community stakeholders in their efforts to reduce racial disparities in youth and adult criminal justice systems across the country.

An Oakland native, Aman serves on the boards of the Brotherhood of the Elders Network and The Mentoring Center. He is also an appointed member of the Bay Area Rapid Transit (BART) Police Review Board and the City of Oakland’s Blue Ribbon Commission on Violence Prevention.

Mr. Sebahtu has a B.A. in Sociology and African American Studies from Emory University and a J.D. from the University of San Francisco School of Law. He is licensed to practice law in the state of California.



CHERYL BONACCI, Communications Coordinator, NICJR

Cheryl is a compassionate consultant with eighteen years of experience supporting marginalized populations along with the systems and communities evolving to change the narrative on how we see and treat them. Serving as a Catholic Chaplain for the Los Angeles Archdiocese Office of Restorative Justice for sixteen years, she developed a deep compassion for our most marginalized children navigating the juvenile and adult criminal justice systems.

As a founding executive at The Anti-Recidivism Coalition (ARC) Cheryl collaborated to developed the unique approach to reentry services that sets ARC apart in building the foundation of the Member Services, Housing, Programming and Communications and Community Relations departments. Cheryl has the distinctive ability to engage in action driven dialogues across government and community forums, changing the narrative on how we see and support our reentry population while working to remove barriers to employment, education and housing. Her strong alliance with adult and juvenile corrections and judicial representatives, Los Angeles County Supervisors, and a wide range of community and faith-based organizations is a testament to her ability to understand the issues from all angles and work cohesively toward solutions. Her partnership as co-founder of Creative Acts is an opportunity to continue the collaborations and impactful programming development that have helped position Cheryl as a respected leader in the field of social justice reform.



CAIT AHEARN, Development Coordinator, NICJR

Cait Ahearn has over 10 years of experience working in the nonprofit and philanthropic sectors in various development, communications, and operations roles. She currently works as an independent consultant providing development and strategy support to nonprofit organizations working in the criminal justice and violence prevention fields.

Most recently, Cait served as the Development Director of the Anti-Recidivism Coalition (ARC), a nonprofit organization that provides reentry services and support to formerly incarcerated individuals and advocates for fairer criminal justice policies throughout California. In this role, she created and oversaw fund development strategies, securing significant private and public funds to support the organization's expansion. She also oversaw the growth and strengthening of the organization's development, operations, and finance teams.

Before joining ARC, Cait served on the Satellite Office Team at Rockefeller Philanthropy Advisors (RPA), a nonprofit organization that provides research and counsel on charitable giving, develops philanthropic programs and offers program, administrative and management services for individual donors, foundations and charitable trusts. A native of the east coast, Cait previously worked as a Programs Associate in the Award Programs department at the Damon Runyon Cancer Research Foundation in New York City.

Cait serves on the Board of Directors of Healing Dialogue and Action, a California-based nonprofit organization that works to create healing with crime survivors, individuals who have experienced incarceration, and communities impacted by violence.

Cait graduated from Fordham University in 2008 with a Bachelor of Arts degree in Philosophy.



ALLEN VALENZUELA, NOAB Program Coordinator, NICJR

Allen Valenzuela serves as Program Coordinator for NICJR's Neighborhood Opportunity and Accountability Board (NOAB) youth diversion initiative in Oakland. Allen has more than eight years of experience working in youth development and case management.

Prior to joining NICJR, Allen served as the Community Liaison for Lincoln Child Center, where he provided mentoring, case management, and court advocacy for foster youth and youth on probation. In this role, he connected youth to community-based programs and supported them in navigating various systems, including the juvenile justice system, housing, and healthcare.

He previously served as a Life Coach for Community & Youth Outreach (CYO), where he provided intensive case management services for justice-involved youth through a partnership between CYO and Oakland Unified School District alternative schools. Allen also worked as a Program Coordinator for Youth Radio, where he provided instruction to system-involved youth on basic technical media skills and workforce development, including working with incarcerated youth at Alameda County's Camp Wilmont Sweeney and the Juvenile Justice Center (JJC). Allen currently serves as a Volunteer in Probation for the Alameda County Probation Department where he continues to provide support and mentorship to youth in the JJC.

Community Engagement Contractors



BRIGHTSTAR OHLSON, Founder, Principal, and CEO, Bright Research Group

Brightstar has provided research and capacity building services to public sector agencies and non-profit organizations for nearly 20 years. A bilingual/bi-cultural English/Spanish speaker, Brightstar specializes in multi-method evaluation and qualitative research methods, offering clients expertise in public safety, violence prevention, community health, and behavioral health. Under her leadership, Bright Research Group executes dozens of projects annually that are focused on advancing racial and social equity for low income communities of color. For five years she evaluated the Oakland Police Department's Community Policing investment and has provided evaluation and capacity building consultation to Oakland Unite's violence prevention programs since 2009. She is currently leading an evaluation of the San Joaquin County District Attorney's Office, Project Navigate Constructive Change, a pre-sentencing diversionary project and designing a fellowship for people impacted by the criminal justice system to contribute the redesign of justice systems in San Francisco. Brightstar holds a Master's in Education from the University of New Haven and a Bachelor's degree in Anthropology from Yale University.

AREAS OF EXPERTISE

- Developmental and outcome evaluation
- Program/project Design
- Coaching and technical assistance
- Strategic planning
- Facilitation of community and stakeholder input
- Qualitative research
- Policy analysis and best practice research

PROFESSIONAL EXPERIENCE

Bright Research Group, CEO & Principal, 2010-Present

Sample Clients & Projects	Role & Activities
San Joaquin County District Attorney's Office (2020-present)	Program design, process, and outcome evaluations for Project Navigate Constructive Change-presentencing diversion program
Akonadi Foundation (2020)	Retrospective evaluation of the Arc Toward Justice and Beloved Community Fund investment strategies
The California Endowment Sons & Brother's Investment (2019-present)	Retrospective evaluation of 10-year investment strategy focused on boys and men of color
City & County of San Francisco: DCYF (2019-2020)	Facilitation of community input: Facilitated 11 town halls in each supervisorial district and summarized findings
Rosenberg Foundation Leading Edge Fellowship (2018)	Evaluation of the Leading Edge Fellowship
Alameda County Health Care Services Care Connect (2017-present)	Principal of Research and Dissemination Unit for County's Whole Person Care Pilot; designed and implemented AC Care Connect Family and Consumer Fellowship-a leadership and professional development experience: https://www.careconnectfellowship.com/fellowship

Sample Clients & Projects	Role & Activities
Alameda Health System Health Advocates (2016- 2017)	Evaluation of hospital-based program to address SDOH among Medi-Cal patients
California Health Care Foundation (2016- 2017)	Evaluation of Bilingual Health Guides
Educate78 (2016-2017)	Community focus groups with black, Latino and Vietnamese families and parents in Oakland, reaching over 100 parents around school enrollment process
Alliance for Girls (2016)	Landscape scan and community needs assessment of black and Latina girls experiences in OUSD and Oakland. Focus groups and townhalls with over 100 girls
City of Berkeley Department of Public Health (2015)	Community engagement for Priority Setting Initiative & Public Health accreditation to address health inequities
Atlantic Philanthropies: Elev8 Oakland (2012-2015)	Lead evaluator for multi-site community schools project focused on access to health care and social services
Alameda County Health Care Services Agency: Strategy & Evaluation (2014- present)	Evaluator for Connecting Kids to Coverage and School-Based Behavioral Health Initiatives
City of Oakland: Oakland Fund for Children & Youth (2011-2012; 2014-2015)	Facilitation of community input and retreat for strategic planning in 2011-2012; Led strategic plan development for FY 2016-2019
Alameda County Behavioral Health: Early Connections (2011- 2016)	Lead evaluator and facilitator of stakeholder input
City of Oakland Police Department (with RDA): Community Policing (2008- 2015)	Evaluation of community policing strategy; resident survey; ride-alongs, interviews, and survey of police officers

OTHER PROFESSIONAL EXPERIENCE

Gibson & Associates, Director of Community, Research & Evaluation, 2005-2011

Managed research and evaluation division. Lead consultant on wide range of public health, education, youth development, and public safety projects in the Bay Area, including the design and implementation of community input, proposal development for federal and state grants, qualitative and quantitative data collection protocol design, and data analysis for over 15 public and foundation clients. Sample projects include facilitation and consensus-making to develop a new governance structure for SEIU Local 1021; developing a strategic plan for OFCY; and Mental Health Services Act planning for San Mateo County.

University of California San Francisco, Project Director, 2000-2004

Coordinated five year, federally funded NIH grant on adolescent health and relationships at University of California, San Francisco. Secured research sites in Oakland, conducted qualitative interviews in English and in Spanish, analyzed data, trained coders, and prepared articles for publication. Also conducted qualitative interviews for research study on maternal caregiving in English and Spanish.



KRISTINA BEDROSSIAN, Managing Director, Bright Research Group

Kristina oversees the execution of BRG’s portfolio of research, evaluation and capacity building projects. Her areas of methodological expertise include program strategy and initiative design, mixed method evaluation, coaching and technical assistance, policy analysis, and program design. She provides strategic direction on the design and execution of research and evaluation projects, managing client relationships, budgets, and workplans to ensure project quality.

Her subject matter expertise includes access to health care and behavioral health for system-impacted populations, homeless health and outreach strategies, and violence prevention and intervention. Kristina holds a Bachelor’s degree in Social Welfare from UC Berkeley and a Master’s degree in public policy from the University of California, Los Angeles.

AREAS OF EXPERTISE

- Evaluation
- Data analysis and visualization
- Technical assistance
- Policy research and analysis
- Program design
- Survey development and outreach
- Focus groups, interviews, and observations
- Strategic Planning

PROFESSIONAL EXPERIENCE

Bright Research Group Managing Director, March 2016- Present

Senior Program Manager, Jan 2014 – February 2016

Senior Consultant, Feb 2013 – Dec 2013

Sample Clients & Projects	Role & Activities
The California Endowment Sons & Brother’s Investment (2019-present)	Retrospective evaluation of 10-year investment strategy focused on boys and men of color
Alameda County Health Care Services Care Connect (2017-Present)	Evaluation, research, multi-site scan of Whole Person Care Project to reduce disparities and improve outcomes
Alameda Health System Health Advocates (2016-2018)	Evaluation of hospital-based program to address SDOH among Medi-Cal patients
San Mateo County Behavioral Health Department: Alcohol & Other Drugs (2016- 2018)	Developmental evaluation of capacity-building support for partnerships
Housing and Economic Rights Advocates (HERA) Evaluation (2016 – 2017)	Evaluation of legal services, including analysis of client data, qualitative research, and evaluation of policy and capacity-building strategies
California Health Care Foundation (2016)	Evaluation of Bilingual Health Guide
The San Francisco Foundation: Bay Area Codes Cohort Evaluation (2015- present)	Evaluation of cohort of 7 grantees delivering coding and tech education and employment opportunities to youth

Sample Clients & Projects	Role & Activities
Alameda County Health Care Services Agency: Strategy & Evaluation (2014- present)	Evaluator for the Center for Healthy Schools & Communities school and community based efforts to expand health care access and utilization. Developed comprehensive Center Wide Evaluation approach and data use plan. Provided strategic guidance and coaching on school health initiatives across 14 school districts and community sites.
San Francisco Public Health Department: Tobacco Free Project (2014- present)	Process and outcomes evaluation
Oakland Unified School District: Wellness & Technical Assistance (2014- 2016)	Process evaluation including CHKS data analysis; Health Education research project
City of Oakland: Oakland Fund for Children & Youth (2014-2015)	Strategic plan development for FY 2016-2019, community and stakeholder engagement
Covered California (with Richard Heath & Associates) (2012-2014)	Program planning, implementation, evaluation, and policy research for Outreach & Education, In-Person Assistance, Navigator Programs

OTHER PROFESSIONAL EXPERIENCE

California Reinvestment Coalition, Media & Development Manager, Aug 2010 – Feb 2013

Managed 80% of organization’s revenue stream through maintaining and growing institutional support with 15 foundation supporters. Communicated and tracked program deliverables and budgets with staff, management, and funders to ensure goals are met in compliance with program standards and timelines. Managed all earned media outreach; developed, edited, and published content for the organizational website, publications, and other marketing collateral.

Community Redevelopment Agency, City of Los Angeles, Policy Intern, Jun 2009 – Jul 2010

Collected and analyzed data and conducted best practice reviews to design program proposals in new agency department. Designed procedures to monitor project compliance with new regulations. Led department’s strategic planning process, including updating 40 agency policies by convening agency staff and holding focus groups to identify outdated and/or needed policy recommendations. Composed memoranda and conducted briefings for community and government partners.



VANETTA THOMAS, Senior Research Associate, Bright Research Group

Vanetta possesses expertise in qualitative and quantitative methods and conducts evaluations of community health, policy change, and positive youth development programming for youth of color. She is currently co-leading an inquiry on alternatives to police in schools for the Alameda County Health Care Services Agency’s Center for Healthy Schools & Communities. She has facilitated community input for projects in Alameda and San Francisco counties and trained community-based organizations in participatory action research. Vanetta holds a Master’s degree in Public Health from Emory University and a Bachelor’s degree in Neuroscience and Behavioral Biology from Emory University.

AREAS OF EXPERTISE

- Health equity analysis
- Quantitative and qualitative research methods
- Data analysis and visualization
- Survey development and outreach
- Focus groups, interviews, and observations
- Community coalition and capacity building
- Public health and health education

PROFESSIONAL EXPERIENCE

Bright Research Group Senior Research Associate (May 2019-Present)

Research Associate (Dec 2017-May 2019)

Sample Clients & Projects	Role & Activities
San Francisco Public Health Department: Tobacco Free Project (2018- present)	Process and outcome evaluation of policy and social norm changes around health equity and tobacco; training of partners on data use and community based participatory action research; coaching and capacity building to community partners
Alameda County Tobacco Control Project (2018- present)	Process and outcomes evaluation; community based participatory research and capacity building; and project planning support.
Alameda Health System: HealthPATH (2018- present)	Evaluator of health system career development pipeline programs to increase representation of youth of color in the health professions.
Alameda County Health Care Services Agency: Strategy & Evaluation (2018- present)	Evaluator for the Center for Healthy Schools & Communities school and community based efforts to expand health care access and utilization.
Alameda County Health Care Services Care Connect (2018-Present)	Evaluator for Alameda County's Whole Person Care project. Assisted with the implementation of Year 1 of the AC Care Connect Family and Consumer Fellowship.

Sample Clients & Projects	Role & Activities
The San Francisco Foundation: Bay Area Codes Cohort Evaluation (2018- present)	Evaluation of cohort of 7 grantees delivering tech education, life skills development, and employment opportunities to youth.
San Mateo County Behavioral Health Department: Alcohol & Other Drugs (2018)	Evaluation of capacity building support and TA to community groups; health equity analyses; evaluation of community-led coalition and policy change work to reduce access to tobacco, marijuana and alcohol
Alameda Health System (2017-18)	Evaluator of hospital based program to reduce social determinants of health and address comprehensive non-medical needs of patients.

OTHER PROFESSIONAL EXPERIENCE

CAMI Health, Public Health Institute (August 2015 – September 2017), Research Associate, Sacramento, CA

Assisted in project activities including developing abstracts and presenting and at conferences, coordinating in-person and virtual meetings of stakeholders, organizing webinars, and aid in drafting of technical resources, project reports, and outreach materials. Synthesized end-user research regarding anti-retroviral based, biomedical HIV prevention. Managed relationships and projects of CAMI Health in-country taskforce coordinators. Conducted an outcome evaluation of CAMI Health's progress from 2009-2015 and monitored the status of all CAMI health projects

Rwanda Zambia HIV Research Group (May 2014 – May 2015), Graduate Research Assistant, Atlanta, GA/Lusaka and Ndola, Zambia

Designed and implemented a mixed-methods research project to better understand and improve upon uptake of long acting reversible contraceptives. Communicated effectively with study staff to update databases patient clinic visits, edited, and submitted technical reports and reconciled entry issues with clinic nurses. Created a telephone questionnaire to assess if clinic staff were following protocol. Improved effectiveness of peer-to-peer referral services with the addition of uniforms and changes to recruitment materials.

AFYIA Project (May 2014 – April 2015), Health Educator – Atlanta, GA

Recruited African American women between 18-25 years old to participate in a sexual health intervention to decrease their risks of contracting sexually transmitted diseases. Facilitated and tailored monthly workshops for study participants to increase their sexual health knowledge and risk reduction skills.

Urban Health Initiative (UHI) – (August 2014 – December 2014), Consultant (Coursework), Atlanta, GA

Conducted key informant interviews with community members to assess their knowledge, attitudes, and perceptions regarding needs of children who live in their community. Analyzed quantitative data using SAS to obtain descriptive statistics about the community. Submitted a community needs assessment report of findings and provided recommendations for stakeholder to achieve its organization's goals.



ALICE HU-NGUYEN, Senior Research Associate, Bright Research Group

Alice has seven years of experience with program evaluation in community health. She is dedicated to health and racial equity through community-led policy and system's change. She has worked in the public and non-profit sectors mainly in the Bay Area—most recently at the San Francisco Department of Public Health. She is currently co-leading an inquiry on alternatives to police in schools for the Alameda County Health Care Services Agency's Center for Healthy Schools & Communities. She holds a master's degree in Public Health from Johns Hopkins Bloomberg School of Public Health and a bachelor's degree in Public Health from UC Berkeley.

AREAS OF EXPERTISE

- Health equity analysis
- Quantitative and qualitative research methods
- Survey development and outreach
- Participatory action research
- Focus groups, interviews, and observations
- Community coalition and capacity building
- Public policy and government administration
- Public health

PROFESSIONAL EXPERIENCE

Bright Research Group, Senior Research Associate (Feb 2020-Present)

Sample Clients & Projects	Role & Activities
San Francisco Public Health Department: Tobacco Free Project (2020- present)	Process and outcomes evaluation; community based participatory research and capacity building; and project planning and management support.
Alameda County Tobacco Control Project (2020- present)	Evaluator of coalition led efforts to advance police change and environmental change to reduce impact of tobacco on communities of color. Train community on community based participatory research and data use.
Alameda County Health Care Services Agency: Strategy & Evaluation (2020-present)	Evaluator of school based health initiatives, including Connecting Kids to Coverage and School-Based Behavioral Health.
Alameda County Health Care Services Care Connect (2020-Present)	Evaluation, research, multi-site scan of Whole Person Care Project to reduce disparities and improve outcomes. Coaching to health care and social service provider on program model development and data use.
Alameda Health System: HealthPATH (2018- present)	Evaluator of career development/health care pipeline program at Alameda Health System to diversify health professions.

OTHER PROFESSIONAL EXPERIENCE

Tobacco Free Project Community Capacity Building & Communications Manager

Sr Health Educator, Jan 2019-Present

Health Program Planner Nov 2014-Jan 2019

San Francisco Department of Public Health, Nov 2014-Feb 2020

Led and coordinated program evaluation for state-funded Prop 56/99 grant to improve program quality and assess impact, including coordinating with evaluation consultant in developing and implementing evaluation activities (Nov 2014-July 2019). Oversee planning, implementation, and evaluation of the Community Action Model (CAM), a community capacity building and training program. Develop, coordinate and provide training and technical assistance for CAM program to 4-9 community-based organizations serving 30-60 youth and transitional age youth of color and 4 local health departments implementing CAM in their jurisdictions. Collaborate with city agencies, school district, and community stakeholders to implement tobacco control policies and prevention efforts.

Community Transformation Initiative Program Coordinator, San Francisco Department of Public Health, Sept 2013-Oct 2014

Planned and coordinated implementation and evaluation a city-wide chronic disease prevention strategy, through cross-sectorial partnerships to promote healthy eating active living, smokefree living, and clinical preventative services. Provided technical assistance and support to 12 community partners, 7 departmental staff to implement and evaluate Community Transformation Initiative's activities.

Research Assistant, Human Impact Partners, Oakland, Oct 2012-Sept 2013

Conducted literature reviews, qualitative and quantitative research in collaboration with stakeholders for Health Impact Assessments, including instrument development, data collection, analysis, and reporting.

Project Coordinator, San Francisco Asian Pacific Islander Health Parity Coalition, Aug 2011-June 2012

Designed, implemented, and managed community-based research project to explore barriers to mental health services for six Asian & Pacific Islander communities, through 12 ethnic and language specific focus groups. Facilitated ethnic specific work groups for data analysis and developing recommendations and reports to the San Francisco Department of Public Health; coordinated, planned, and facilitated monthly coalition meetings for 6 steering committee members and 20+ general members.



HOLLY JOSHI, Senior Consultant, Bright Research Group

Holly has 18 years of experience working in the areas of public safety, gender based and community violence, leadership development, strategic planning, policy development, and program design. Holly has extensive experience working in the areas of criminal justice leadership, training, reform, and progressive policing. She has held leadership positions at the Oakland Police Department including chief of staff, head of the child exploitation unit, communications and public information liaison, and internal affairs investigator. Holly was a key member of the OPD leadership team that led major departmental reform efforts including the implementation of body worn cameras, procedural justice, and officer wellness programs. She has written criminal justice policy and successfully advocated for policy change at the local and state level. She holds a Bachelor's degree in Criminal Justice from California State-East Bay, a Master's Degree in Leadership for Social Change from St. Mary's College of California, and is currently pursuing a doctorate in Educational Leadership from St. Mary's College of California.

AREAS OF EXPERTISE

- Qualitative research methods
- Training and technical assistance
- Strategic planning and program design
- Focus groups, interviews, and observations
- Community coalition and capacity building
- Policy research and analysis

PROFESSIONAL EXPERIENCE

Bright Research Group, Senior Consultant (September 2019-Present)

Sample Clients & Projects	Role & Activities
The California Endowment Sons & Brother's Investment (2019-present)	Retrospective evaluation of 10-year investment strategy focused on boys and men of color
The City of Oakland: Department of Violence Prevention/Oakland Unite (2019-present)	Strategy and capacity building for the city's violence interruption efforts
San Joaquin County District Attorney's Office (2020-present)	Program design, process, and outcome evaluations for Project Navigate Constructive Change-presentencing diversion program
Magic Cabinet Foundation (2020-present)	Migration study to inform philanthropic investment strategy
Alameda County Health Care Services Care Connect (2020-present)	Evaluation and research support

Sample Clients & Projects	Role & Activities
Akonadi Foundation (2020)	Retrospective evaluation of Beloved Community Fund and Arc Toward Justice racial justice investment strategies
Alameda Health System: HealthPATH (2019- 2020)	Theory of change validation and process evaluation

OTHER PROFESSIONAL EXPERIENCE

West Coast Children's Clinic (January 2019- September 2019), Trainer-Consultant

Engaged and educated diverse stakeholders including law enforcement officers, juvenile probation officers, and child welfare workers in human trafficking prevention, identification, and intervention strategies.

National Criminal Justice Training Center (September 2012- September 2019), National Trainer

Developed curriculum, trained, and provided technical assistance to government leaders and social service providers to support communities across the country in developing and implementing survivor centered human trafficking prevention, intervention, and response strategies.

M.I.S.S.S.E.Y. (Motivating, Inspiring, Supporting, Serving, Sexually Exploited Minors)

Executive Director (September 2016- September 2018)

Training Program Manager (May 2016 – September 2018)

Consultant-Curriculum Development (March 2016- May 2018)

Led anti-trafficking organization, developed internal leadership capacity, developed and implemented innovative programs including tech job pipeline for youth and early intervention

program in partnership with Oakland Unified School District, built important relationships and cross-sector collaborations, grew organizational revenue from \$900,000 to \$1.7 million.

City of Oakland

Chief of Staff (June 2013- September 2015)

Investigative Supervisor Child Exploitation Unit and Internal Affairs Task Force Investigator (2011 –2013)

Public Information Officer (February 2010- October 2011)

Investigator Vice and Child Exploitation Unit (January 2008- February 2010)

Crime Reduction Team Officer (January 2005- January 2008)

Patrol and Trainee Officer (July 2001-January 2005)

Strategy, policy development, criminal and administrative investigations, led police reform efforts and implemented progressive policing practices including aligning the departmental priorities with President Obama's 21st Century Policing Report and Recommendations, taught law, policy, and procedure, media strategy, crisis communications, community policing, violence prevention and intervention, emergency and crisis response.



PASTOR MICHAEL A. SMITH, Founder, Center for Food, Faith & Justice

Since 2005, Michael Smith has served as Pastor of McGee Avenue Baptist Church where he founded the Center for Food, Faith & Justice (CFFJ) in 2014 as a nonprofit community-based organization in response to the local needs of food sovereignty, violence prevention, health equity, affordable housing, workforce development and community food security through urban agriculture and community organizing. Since 2012, Pastor Michael, as he is affectionately called has also served as Adjunct Professor of Environmental Ethics at American Baptist Seminary of the West. During that time he has taught more than 100 classes and workshops on violence prevention, youth development, food sovereignty, and environmental justice to more than 300 students, including over 200 veterans, homeless, transitional or formerly-incarcerated adults and 1,500 high-risk youth through the Center for Food, Faith & Justice.

Pastor Michael earned his undergraduate degree in International Relations and Sustainable Development from San Francisco State University, and began working as a supervisor at the East Bay Conservation Corps upon graduation where he eventually served as the Deputy Executive Director. Pastor Michael has a long history of State and federal grants management, urban gardening and workforce development for high-risk populations.

Pastor Michael holds both a Master's of Divinity Degree (M.Div) and Master's of Arts (MA) in community leadership from American Baptist Seminary of the West. Pastor Michael is excited to partner with NICJR in this project where he can support the needs of young people, families and partnering organizations in creating safer, more livable communities.



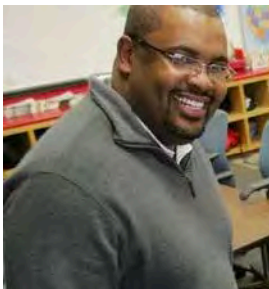
REVEREND MICHAEL MCBRIDE, Director of Urban Strategies & LIVE FREE Campaign, LIVE FREE

Pastor Michael McBride (known as “Pastor Mike”) is a native of San Francisco and has been active in ministry for over 20 years. Pastor McBride’s commitment to holistic ministry can be seen through his leadership roles in both the church and community organizations. A graduate of Duke University’s Divinity School, with a Master of Divinity with an emphasis in Ethics and Public Policy, Pastor McBride

founded The Way Christian Center in West Berkeley, where he presently serves as the Lead Pastor.

In March 2012, he became the Director for the Lifelines to interventions related to urban and communal violence. Healing/LIVE FREE Campaign with Faith In Action, a campaign led by hundreds of faith congregations throughout the United States committed to addressing gun violence and mass incarceration of young people of color. He is one of the national leaders in the movement to implement public health and community centered gun violence prevention programs, which have contributed in 50% reductions of gun related homicides in Oakland and many other cities across the country. He is a co-founder of Community Justice Reform Coalition and the National Black Brown Gun Violence Prevention Consortium which work to center black and brown gun violence prevention practitioners and scale up life-saving interventions related to urban and communal violence.

Regarded as a national faith leader, active in the Ferguson uprisings and many subsequent uprisings, he helps bridge, train and support millennials and religious institutions working on racial justice and black liberation. Pastor McBride has served on a number of local and national task forces with the White House and Department of Justice regarding gun violence prevention, boys and men of color and police-community relationships. In 2016 he was appointed as an Advisor on President Obama’s Faith Based Advisory Council for Faith-Based and Neighborhood Partnerships. He has been a frequent contributor to the New York Times, the Washington Post, MSNBC, CNN, the Huffington Post and many other media outlets providing commentary on issues related to faith and racial justice.



KEVIN WILLIAMS, Associate Director, Berkeley Youth Alternatives

Kevin Williams, JD, MPH is the Associate Director of Berkeley Youth Alternatives (BYA), a community-based non-profit organization headquartered in Berkeley that operates 20 programs and services for 1700 children, youth, and young adults ages 6-24 from Alameda County and Contra Costa County. He has served in this capacity since 1997.

Since 2000, Kevin has been affiliated with the UC Berkeley School of Public Health where he was the Associate Director of the Center for Public Health Practice, the Field Supervisor for Health & Social Behavior and Environmental Health Sciences students, and now continues as a Lecturer. In 2006, he was recognized as the Faculty of the Year by the UC Berkeley Conference of African Americans. Prior to joining the Center for Public Health Practice, Kevin was a

Research Professor of Law and Institute Scholar with the University of Houston Law Center where he was recognized as the Faculty of the Year in 1996 by the Black Law Students Association.

In 2013, he was recognized with a Champion of Health Professions Award from The California Wellness Foundation and a Bay Area Achiever Award from the National Forum for Black Public Administrators-Oakland/Bay Area Chapter.

He is now an Adjunct Professor with Touro University's Public Health Program where he teaches a course on Criminal Justice Law and Public Health Policy for Master of Public Health and Physician Assistant students.

Kevin is the Past Chair and Advocacy Chair of the Board of LifeLong Medical Care, a Federally Qualified Health Center headquartered in Berkeley, which provides services to over 60,000 patients in 19 health clinic locations in three Bay Area counties.

Kevin has a Law Degree from the University of Houston Law Center, a Master of Public Health degree from the University of Texas Health Science Center, and a Bachelor of Arts degree in Social Science with High Honors from UC Berkeley.

Research and Analysis and Legal Analysis Contractors



RUTH BOND, Partner, Renne Public Law Group

Ruth M. Bond joined RPLG as an Of Counsel attorney in January 2019 and was made partner in February 2020. She brings an abundance of public agency knowledge and experience to Renne Public Law Group after working for nearly 14 years as a Deputy City Attorney with the San Francisco City Attorney's Office.

Her practice focuses on representing public entities in labor and employment matters as well as other areas of public law. The labor and employment matters include litigation in state and federal court, arbitrations, labor relations, day-to-day advice regarding compliance with relevant statutes and regulation, and more.

As a Deputy City Attorney, Ms. Bond represented San Francisco, under the leadership of City Attorney Dennis Herrera, in employment litigation in state and federal court. This included appellate work in the California Court of Appeal, Ninth Circuit Court of Appeals and successfully opposing a Petition for Review in the California Supreme Court. Ms. Bond also has a great deal of experience with grievance arbitrations and labor negotiations.

While at the Office of the City Attorney, Ms. Bond advised several city departments including Juvenile Probation, Adult Probation, Recreation and Parks, and the City Attorney's Office. These departments relied on Ms. Bond to provide insight and guidance on compliance with federal, state and local employment laws such as Title VII, the Fair Labor Standards Act, the Americans

with Disabilities Act, the California Fair Employment and Housing Act and San Francisco's Civil Service Rules. Ms. Bond also served as a member of the City Attorney's Affirmative Litigation Task Force from 2015 to 2017.

Before the Office of the City Attorney, Ms. Bond was a litigation associate at Heller Ehrman White & McAuliffe LLP, and a judicial clerk for the Hon. Barrington D. Parker Jr. in the U.S. District Court for the Southern District of New York.

Before going to law school, Ms. Bond spent six years pursuing journalism as an award-winning reporter for the Fort Worth Star-Telegram and other publications. She applied these journalism skills in law school as an Articles Editor on the New York University Law Review.



JULIAN GROSS, Partner, Renne Public Law Group

Renne Public Law Group partner Julian Gross provides expertise on public sector labor relations and municipal law. His expertise includes a range of complex negotiations in high-profile matters involving community stakeholders. These include labor negotiations, police accountability efforts, and community benefits agreements.

Through PolicyLink, a nationally-recognized racial equity advocacy organization, Julian represented a coalition of community stakeholders in advocacy regarding San Francisco's police union collective bargaining process in 2018. Julian helped educate community members regarding the collective bargaining process and its impact on the City's implementation of the recommendations of its Blue Ribbon Panel on Transparency, Accountability, and Fairness in Law Enforcement. He developed proposals for amendments to labor agreement terms, to provide the maximum flexibility to the City and the public in policy development regarding public safety.

Julian is the leading attorney in the nation on community benefits agreements, a groundbreaking contractual approach to resolving divisive controversies over land use development in low-income, gentrifying neighborhoods, allowing projects to move forward with broad public support and strengthened community benefits commitments. In addition, Julian is a veteran of numerous complex negotiations with construction trades unions over project labor agreements, representing public entities in advancing equity-oriented hiring and contracting programs. Across these various subject areas, Julian has helped public entities move through challenging, high-profile situations with credibility to the public, and delivering concrete and transparent results.



JORGE X. CAMACHO, Clinical Lecturer in Law (fall term) and Policing, Law, and Policy Director of the Justice Collaboratory

Jorge X. Camacho is a Clinical Lecturer in Law and the Policing, Law, and Policy Director of the Justice Collaboratory at Yale Law School. Prior to joining the Law School, Camacho served as Senior Counsel at the New York City Mayor's Office of Criminal Justice and as Senior Counsel in the Legal Counsel Division of the New York City Office of the Corporation Counsel. He started his career as an Assistant District Attorney at the Manhattan District Attorney's Office and served on multiple task forces and citywide committees throughout his years in government service, including serving on the Steering Committee of the New York City Mayor's Task Force on Cannabis Legalization and chairing its Subcommittee on Law Enforcement and Social Justice. He received his B.A. from Swarthmore College, where he was a Philip Evans Scholar, and his J.D. from Yale Law School, where he served as a Notes Editor on the *Yale Law Journal*.



XANDER PAUL, Analyst, Analysis Group, Inc.

As an analyst for Analysis Group, Xander has designed and conducted advanced regression analysis in a variety of projects covering antitrust, insurance, and securities litigation matters and health economics research. Xander has assisted research projects centered on global action and renewable energy use, including estimating the impact of debit card distribution on savings behavior in Mexican villages and estimating the costs and benefits of solar cell installation relative to current fuel consumption patterns in over sixty cities globally. As Cofounder of the Cal Young Alumni Mentorship Program, Xander provides academic and professional leadership to undergraduates through resume workshops, mock interviews, networking events, and direct coaching and mentorship. Xander holds a B.S. in Environmental Economics and Policy from the University of California, Berkeley.



VICTORIA LOO, Healthcare Analyst, Analysis Group, Inc.

Victoria's work centers around health policy and its impact on community members. As a healthcare analyst, she has developed market access strategy, including market assessment and product development for drugs. As a research assistant for the Yale School of Public Health, she conducted research on the benefits of decision aid tools in healthcare decision-making, coordinating the creation of a risk calculator and decision aid tool to receive radiation therapy for women over 65 years post-breast cancer surgery. She developed a community health needs assessment for the Yale New Haven Hospital System to inform key stakeholders on priority health issues in Connecticut and has conducted extensive review of past and current FDA regulations and their effects and consequences on

pharmaceutical drug development. Victoria graduated with a B.A. in Political Science and Concentration in Health Policy from Yale University, and she holds an MPH in Health Policy and Regulatory Affairs from the Yale School of Public Health.

NON-DISCRIMINATION/WORKFORCE COMPOSITION FORM FOR NON-CONSTRUCTION CONTRACTS

To assist the City of Berkeley in implementing its Non-Discrimination policy, it is requested that you furnish information regarding your personnel as requested below and return it to the City Department handling your contract:

Organization: NATIONAL INSTITUTE FOR CRIMINAL JUSTICE REFORM
Address: 303 HEGENBERGER ROAD, #301-OAKLAND, CA 94621
Business Lic. #: 00232988

Occupational Category: <u>PROFESSIONALS</u> (See reverse side for explanation of terms)	Total Employees		White Employees		Black Employees		Asian Employees		Hispanic Employees		Other Employees	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Official/Administrators		1				1						
Professionals		5	2			3						
Technicians												
Protective Service Workers												
Para-Professionals												
Office/Clerical		1			1							
Skilled Craft Workers												
Service/Maintenance												
Other (specify)												
Totals:		7	2		1	4						

Is your business MBE/WBE/DBE certified? Yes _____ No If yes, by what agency? _____

If yes, please specify: Male: _____ Female: _____ Indicate ethnic identifications: _____

Do you have a Non-Discrimination policy? Yes: No: _____

Signed: [Signature] Date: 10/5/20

Verified by: _____ Date: _____

City of Berkeley Contract Compliance Officer

Attachment B (page 1)

CITY OF BERKELEY
Nuclear Free Zone Disclosure Form

I (we) certify that:

1. I am (we are) fully cognizant of any and all contracts held, products made or otherwise handled by this business entity, and of any such that are anticipated to be entered into, produced or handled for the duration of its contract(s) with the City of Berkeley. (To this end, more than one individual may sign this disclosure form, if a description of which type of contracts each individual is cognizant is attached.)
2. I (we) understand that Section 12.90.070 of the Nuclear Free Berkeley Act (Berkeley Municipal Code Ch. 12.90; Ordinance No. 5784-N.S.) prohibits the City of Berkeley from contracting with any person or business that knowingly engages in work for nuclear weapons.
3. I (we) understand the meaning of the following terms as set forth in Berkeley Municipal Code Section 12.90.130:

"Work for nuclear weapons" is any work the purpose of which is the development, testing, production, maintenance or storage of nuclear weapons or the components of nuclear weapons; or any secret or classified research or evaluation of nuclear weapons; or any operation, management or administration of such work.

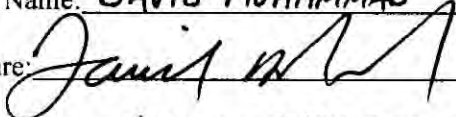
"Nuclear weapon" is any device, the intended explosion of which results from the energy released by reactions involving atomic nuclei, either fission or fusion or both. This definition of nuclear weapons includes the means of transporting, guiding, propelling or triggering the weapon if and only if such means is destroyed or rendered useless in the normal propelling, triggering, or detonation of the weapon.

"Component of a nuclear weapon" is any device, radioactive or non-radioactive, the primary intended function of which is to contribute to the operation of a nuclear weapon (or be a part of a nuclear weapon).

4. Neither this business entity nor its parent nor any of its subsidiaries engages in work for nuclear weapons or anticipates entering into such work for the duration of its contract(s) with the City of Berkeley.

Based on the foregoing, the undersigned declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Printed Name: DAVID MUHAMMAD Title: EXECUTIVE DIRECTOR

Signature:  Date: 10/5/20

Business Entity: NATIONAL INSTITUTE FOR CRIMINAL JUSTICE REFORM

Contract Description/Specification No: **Police Re-Imagining/21-11413**

Attachment C

CITY OF BERKELEY
Oppressive States Compliance Statement

The undersigned, an authorized agent of NATIONAL INSTITUTE FOR CRIMINAL JUSTICE REFORM (hereafter "Vendor"), has had an opportunity to review the requirements of Berkeley City Council Resolution No. 59,853-N.S. (hereafter "Resolution"). Vendor understands and agrees that the City may choose with whom it will maintain business relations and may refrain from contracting with those Business Entities which maintain business relationships with morally repugnant regimes. Vendor understands the meaning of the following terms used in the Resolution:

"Business Entity" means "any individual, firm, partnership, corporation, association or any other commercial organization, including parent-entities and wholly-owned subsidiaries" (to the extent that their operations are related to the purpose of the contract with the City).

"Oppressive State" means: **Tibet Autonomous Region and the Provinces of Abo, Kham and U-Tsang**

"Personal Services" means "the performance of any work or labor and shall also include acting as an independent contractor or providing any consulting advice or assistance, or otherwise acting as an agent pursuant to a contractual relationship."

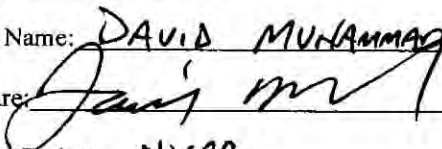
Contractor understands that it is not eligible to receive or retain a City contract if at the time the contract is executed, or at any time during the term of the contract it provides Personal Services to:

- a. The governing regime in any Oppressive State.
- b. Any business or corporation organized under the authority of the governing regime of any Oppressive State.
- c. Any person for the express purpose of assisting in business operations or trading with any public or private entity located in any Oppressive State.

Vendor further understands and agrees that Vendor's failure to comply with the Resolution shall constitute a default of the contract and the City Manager may terminate the contract and bar Vendor from bidding on future contracts with the City for five (5) years from the effective date of the contract termination.

The undersigned is familiar with, or has made a reasonable effort to become familiar with, Vendor's business structure and the geographic extent of its operations. By executing the Statement, Vendor certifies that it complies with the requirements of the Resolution and that if any time during the term of the contract it ceases to comply, Vendor will promptly notify the City Manager in writing.

Based on the foregoing, the undersigned declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Printed Name: DAVID MUHAMMAD Title: EXECUTIVE DIRECTOR
 Signature:  Date: 10/5/20
 Business Entity: NICJR

Contract Description/Specification No: **Police Re-imagining/21-11413**

I am unable to execute this Statement; however, Vendor is exempt under Section VII of the Resolution. I have attached a separate statement explaining the reason(s) Vendor cannot comply and the basis for any requested exemption.

Signature: _____ Date: _____

CITY OF BERKELEY
Sanctuary City Compliance Statement

The undersigned, an authorized agent of NATIONAL INSTITUTE FOR CRIMINAL JUSTICE REFORM (hereafter "Contractor"), has had an opportunity to review the requirements of Berkeley Code Chapter 13.105 (hereafter "Sanctuary City Contracting Ordinance" or "SCCO"). Contractor understands and agrees that the City may choose with whom it will maintain business relations and may refrain from contracting with any person or entity that provides Data Broker or Extreme Vetting services to the U.S. Immigration and Customs Enforcement Division of the United States Department of Homeland Security ("ICE"). Contractor understands the meaning of the following terms used in the SCCO:

- a. "Data Broker" means either of the following:
 - i. The collection of information, including personal information about consumers, from a wide variety of sources for the purposes of reselling such information to their customers, which include both private-sector business and government agencies;
 - ii. The aggregation of data that was collected for another purpose from that for which it is ultimately used.
- b. "Extreme Vetting" means data mining, threat modeling, predictive risk analysis, or other similar services." Extreme Vetting does not include:
 - i. The City's computer-network health and performance tools;
 - ii. Cybersecurity capabilities, technologies and systems used by the City of Berkeley Department of Information Technology to predict, monitor for, prevent, and protect technology infrastructure and systems owned and operated by the City of Berkeley from potential cybersecurity events and cyber-forensic based investigations and prosecutions of illegal computer based activity.

Contractor understands that it is not eligible to receive or retain a City contract if at the time the Contract is executed, or at any time during the term of the Contract, it provides Data Broker or Extreme Vetting services to ICE.

Contractor further understands and agrees that Contractor's failure to comply with the SCCO shall constitute a material default of the Contract and the City Manager may terminate the Contract and bar Contractor from bidding on future contracts with the City for five (5) years from the effective date of the contract termination.

By executing this Statement, Contractor certifies that it complies with the requirements of the SCCO and that if any time during the term of the Contract it ceases to comply, Contractor will promptly notify the City Manager in writing. Any person or entity who knowingly or willingly supplies false information in violation of the SCCO shall be guilty of a misdemeanor and up to a \$1,000 fine.

Based on the foregoing, the undersigned declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this 5th day of OCT, 2020, at BERKELEY, California.

Printed Name: DAVID MUHAMMAD Title: EXECUTIVE DIRECTOR

Signed: [Signature] Date: 10/5/20

Business Entity: NICJR

Contract Description/Specification No: **Police Re-Imagining/21-11413**

CITY OF BERKELEY
Living Wage Certification for Providers of Services

TO BE COMPLETED BY ALL PERSONS OR ENTITIES ENGAGING IN A CONTRACT FOR PERSONAL SERVICES WITH THE CITY OF BERKELEY.

The Berkeley Municipal Code Chapter 13.27, Berkeley's Living Wage Ordinance (LWO), provides that contractors who engage in a specified amount of business with the City (except where specifically exempted) under contracts which furnish services to or for the City in any twelve (12) month period of time shall comply with all provisions of this Ordinance. The LWO requires a City contractor to provide City mandated minimum compensation to all eligible employees, as defined in the Ordinance. In order to determine whether this contract is subject to the terms of the LWO, please respond to the questions below. Please note that the LWO applies to those contracts where the contractor has achieved a cumulative dollar contracting amount with the City. Therefore, even if the LWO is inapplicable to this contract, subsequent contracts may be subject to compliance with the LWO. Furthermore, the contract may become subject to the LWO if the status of the Contractor's employees change (i.e. additional employees are hired) so that Contractor falls within the scope of the Ordinance.

Section I.

1. IF YOU ARE A FOR-PROFIT BUSINESS, PLEASE ANSWER THE FOLLOWING QUESTIONS

a. During the previous twelve (12) months, have you entered into contracts, including the present contract, bid, or proposal, with the City of Berkeley for a cumulative amount of \$25,000.00 or more?

YES _____ NO

If **no**, this contract is **NOT** subject to the requirements of the LWO, and you may continue to Section II. If **yes**, please continue to question 1(b).

b. Do you have six (6) or more employees, including part-time and stipend workers?

YES _____ NO _____

If you have answered, "YES" to questions 1(a) and 1(b) this contract **IS** subject to the LWO. If you responded "NO" to 1(b) this contract **IS NOT** subject to the LWO. **Please continue to Section II.**

2. IF YOU ARE A NON-PROFIT BUSINESS, AS DEFINED BY SECTION 501(C) OF THE INTERNAL REVENUE CODE OF 1954, PLEASE ANSWER THE FOLLOWING QUESTIONS.

a. During the previous twelve (12) months, have you entered into contracts, including the present contract, bid or proposal, with the City of Berkeley for a cumulative amount of \$100,000.00 or more?

YES _____ NO _____

If no, this Contract is **NOT** subject to the requirements of the LWO, and you may continue to Section II. If yes, please continue to question 2(b).

b. Do you have six (6) or more employees, including part-time and stipend workers?

YES _____ NO _____

If you have answered, "YES" to questions 2(a) and 2(b) this contract **IS** subject to the LWO. If you responded "NO" to 2(b) this contract **IS NOT** subject to the LWO. **Please continue to Section II.**

Section II

Please read, complete, and sign the following:

THIS CONTRACT IS SUBJECT TO THE LIVING WAGE ORDINANCE.



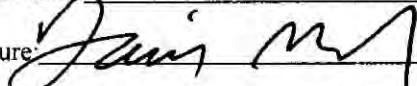
THIS CONTRACT IS NOT SUBJECT TO THE LIVING WAGE ORDINANCE.



The undersigned, on behalf of himself or herself individually and on behalf of his or her business or organization, hereby certifies that he or she is fully aware of Berkeley's Living Wage Ordinance, and the applicability of the Living Wage Ordinance, and the applicability of the subject contract, as determined herein. The undersigned further agrees to be bound by all of the terms of the Living Wage Ordinance, as mandated in the Berkeley Municipal Code, Chapter 13.27. If, at any time during the term of the contract, the answers to the questions posed herein change so that Contractor would be subject to the LWO, Contractor will promptly notify the City Manager in writing. Contractor further understands and agrees that the failure to comply with the LWO, this certification, or the terms of the Contract as it applies to the LWO, shall constitute a default of the Contract and the City Manager may terminate the contract and bar Contractor from future contracts with the City for five (5) years from the effective date of the Contract termination. If the contractor is a for-profit business and the LWO is applicable to this contract, the contractor must pay a living wage to all employees who spend 25% or more of their compensated time engaged in work directly related to the contract with the City. If the contractor is a non-profit business and the LWO is applicable to this contract, the contractor must pay a living wage to all employees who spend 50% or more of their compensated time engaged in work directly related to the contract with the City.

These statements are made under penalty of perjury under the laws of the state of California.

Printed Name: DAVID MUHAMMAD Title: EXECUTIVE DIRECTOR

Signature:  Date: 10/5/20

Business Entity: NATIONAL INSTITUTE FOR CRIMINAL JUSTICE REFORM

Contract Description/Specification No: **Police Re-Imagining/21-11413**

Section III

-
- **** FOR ADMINISTRATIVE USE ONLY – PLEASE PRINT CLEARLY ****

I have reviewed this Living Wage Certification form, in addition to verifying Contractor's total dollar amount contract commitments with the City in the past twelve (12) months, and determined that this Contract IS / IS NOT (circle one) subject to Berkeley's Living Wage Ordinance.

Department Name _____

Department Representative _____

Attachment F (page 2)

To be completed by
Contractor/Vendor



**Form EBO-1
CITY OF BERKELEY**

CERTIFICATION OF COMPLIANCE WITH EQUAL BENEFITS ORDINANCE

If you are a **contractor**, return this form to the originating department/project manager. If you are a **vendor** (supplier of goods), return this form to the Purchasing Division of the Finance Dept.

SECTION 1. CONTRACTOR/VENDOR INFORMATION

Name: NATIONAL INSTITUTE FOR CRIMINAL JUSTICE REFORM		Vendor No.:	
Address: 303 HEBENBERGER RD #301	City: OAKLAND	State: CA	ZIP: 94612
Contact Person: DAVID MUHAMMAD		Telephone: 510-746-6111	
E-mail Address: david@niejr.org		Fax No.:	

SECTION 2. COMPLIANCE QUESTIONS

- A. The EBO is inapplicable to this contract because the contractor/vendor has no employees.
 Yes No (If "Yes," proceed to Section 5; if "No", continue to the next question.)
- B. Does your company provide (or make available at the employees' expense) any employee benefits?
 Yes No
If "Yes," continue to Question C.
If "No," proceed to Section 5. (The EBO is not applicable to you.)

- C. Does your company provide (or make available at the employees' expense) any benefits to the spouse of an employee? Yes No
- D. Does your company provide (or make available at the employees' expense) any benefits to the domestic partner of an employee?..... Yes No

If you answered "No" to both Questions C and D, proceed to Section 5. (The EBO is not applicable to this contract.) If you answered "Yes" to both Questions C and D, please continue to Question E. If you answered "Yes" to Question C and "No" to Question D, please continue to Section 3.

- E. Are the benefits that are available to the spouse of an employee identical to the benefits that are available to the domestic partner of the employee? Yes No

If you answered "Yes," proceed to Section 4. (You are in compliance with the EBO.)
If you answered "No," continue to Section 3.

SECTION 3. PROVISIONAL COMPLIANCE

- A. Contractor/vendor is not in compliance with the EBO now but will comply by the following date:
 - By the first effective date after the first open enrollment process following the contract start date, not to exceed two years, if the Contractor submits evidence of taking reasonable measures to comply with the EBO; or
 - At such time that administrative steps can be taken to incorporate nondiscrimination in benefits in the Contractor's infrastructure, not to exceed three months; or
 - Upon expiration of the contractor's current collective bargaining agreement(s).

Attachment G (page 1)

B. If you have taken all reasonable measures to comply with the EBO but are unable to do so, do you agree to provide employees with a cash equivalent?* Yes No

* The cash equivalent is the amount of money your company pays for spousal benefits that are unavailable for domestic partners.

SECTION 4. REQUIRED DOCUMENTATION

At time of issuance of purchase order or contract award, you may be required by the City to provide documentation (copy of employee handbook, eligibility statement from your plans, insurance provider statements, etc.) to verify that you do not discriminate in the provision of benefits.

SECTION 5. CERTIFICATION

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that I am authorized to bind this entity contractually. By signing this certification, I further agree to comply with all additional obligations of the Equal Benefits Ordinance that are set forth in the Berkeley Municipal Code and in the terms of the contract or purchase order with the City.

Executed this 5TH day of OCTOBER, in the year 2020, at BERKELEY, CA
(City)

(State)

DAVID MUHAMMAD
Name (please print)

[Signature]
Signature

EXECUTIVE DIRECTOR
Title

81-5269212
Federal ID or Social Security Number

FOR CITY OF BERKELEY USE ONLY

- Non-Compliant (The City may not do business with this contractor/vendor)
- One-Person Contractor/Vendor Full Compliance Reasonable Measures
- Provisional Compliance Category, Full Compliance by Date: _____
- Staff Name(Sign and Print): _____ Date: _____

Attachment G (page 2)

Attachment 3



APPLICATION FOR APPOINTMENT
BERKELEY REIMAGINING PUBLIC SAFETY TASK FORCE

NAME: _____

RESIDENCE ADDRESS: _____
Street City Zip

MAILING ADDRESS: _____
P.O. Box/Street City Zip

BUSINESS/EMPLOYER ADDRESS: _____
Street City Zip

EMAIL ADDRESS: _____

OCCUPATION/PROFESSION: _____

PRIMARY PHONE: _____ ALTERNATE PHONE: _____

*** DEMOGRAPHIC SURVEY – PLEASE COMPLETE ***

Please indicate gender: Male Female Nonbinary Prefer not to say
Please indicate whether you are currently a student: Yes No
Please indicate the racial / ethnic category which you most closely identify with below
(response optional - please check only one category):
WHITE (Not of Hispanic origin.): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
BLACK (Not of Hispanic origin.): All persons having origins in any of the Black racial groups of Africa.
HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central American, South American, or other Spanish culture or origin, regardless of race.
ASIAN / PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, and Samoa.
AMERICAN INDIAN / ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. Please identify the tribe which you are affiliated with.
OTHER / BI-RACIAL: Persons who do not identify with any of the above categories or who have mixed or unknown racial/ethnic origins

THE FOLLOWING INDIVIDUALS ARE QUALIFIED TO COMMENT ON MY CAPABILITIES:

Table with 3 columns: NAME, ADDRESS, PHONE/EMAIL

AFFIDAVIT OF RESIDENCY*

I, _____, hereby declare, under penalty of perjury, that I am a resident of Berkeley. I understand that, with the exception of a temporary relocation outside of Berkeley not to exceed six months, I may no longer serve on a Berkeley Commission should this cease to be true.

Signature of Applicant: _____ Date: _____

*Residency not required for At-Large Appointees, provided that they are active, committed Berkeley stakeholders.

*The City of Berkeley's Conflict of Interest Code requires members of City of Berkeley Commissions to file Statements of Economic Interests – FPPC Form 700. The Form 700 is a public document. For more information, please contact the City Clerk Department at (510) 981-6900, or visit our website at http://www.cityofberkeley.info/ContentDisplay.aspx?id=4176.



TASK FORCE MEMBERSHIP GOALS AND WRITTEN STATEMENT

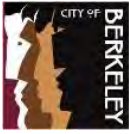
All members must be active members of the Berkeley community and committed to the goals and success of the Task Force. Additionally, pursuant to the enabling legislation, in order to maintain the Council's commitment to centering the voices of those most impacted, appointments to the Task Force should reflect a diverse range of experiences, knowledge, expertise and representation, and be made with the goal of achieving a balance of the following criteria:

- Representation from Impacted Communities:
- Formerly incarcerated individuals
- Victims/family members of violent crime
- Immigrant community
- Communities impacted by high crime, over-policing and police violence
- Individuals experiencing homelessness
- Historically marginalized populations
Faith-Based Community Leaders
Expertise/Leadership in Violence Prevention, Youth Services, Crisis Intervention, and Restorative or Transformative Justice
Health/Public Health Expertise
City of Berkeley labor/union representation
Law Enforcement Operation Knowledge
City Budget Operations/Knowledge

Describe how your experience, education, attributes, and training qualify you for appointment to the Task Force, and which membership criteria listed above apply to you. Attach additional pages if needed.

Lined area for writing the response.

Return this form to the City Clerk Department, 2180 Milvia Street, 1st Floor, Berkeley, CA 94704



APPOINTMENT FORM: REIMAGINING PUBLIC SAFETY TASK FORCE
(Contact information may be left blank when the information is provided by an applicant in the attached application)

APPOINTING AUTHORITY _____

NAME OF APPOINTEE _____

RESIDENCE ADDRESS _____

Street City Zip

MAILING ADDRESS _____

P.O. Box/Street City Zip

BUSINESS/EMPLOYER ADDRESS: _____

Street City Zip

EMAIL ADDRESS _____

OCCUPATION/PROFESSION _____

PRIMARY PHONE: _____ ALTERNATE PHONE: _____

Check appropriate box: New Appointment Reappointment Temporary Appt.

Temporary Appt.: From (date) _____ To (date) _____
(only if appointing for more than one meeting)

Please send mail to: Home Mailing Business/Employer

Signature: _____ Date: _____

Mayor/Councilmember/Authorized Agent

For Appointing Authority and City Use Only:

Interview Date	Appoint. Date	Process Date
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Attachment 4

November 6, 2020

Farid Javandel
City of Berkeley

Subject: Scope of Work – Berkeley DOT

This letter outlines a draft scope of work for Fehr & Peers to support the City of Berkeley Transportation staff in their examination of options to meet the objectives of the July 2020 Council referral, which includes a call to pursue the creation of a Berkeley Department of Transportation (BerkeDOT). Tasks suggested are based on a discussion between Rob Rees, Katie Miller, Jeremy Klop, and Farid Javandel on October 23, 2020.

Recognizing that the City has many other efforts underway to address other aspects of the council referral, this set of tasks is focused on making industry connections to transportation directors with relevant DOT creation experience, framing and facilitating those discussions, helping staff to document findings, and providing change management coaching services for senior staff.

Scope of Work – DRAFT

Task 1 – Identify DOT Transportation Director Contacts

Fehr & Peers will identify up to four transportation department directors with relevant experience creating a new department of transportation and an existing and trusted relationship with Fehr & Peers senior staff. We will look to DOT leaders who can provide insight and guidance around setting up and operating a DOT. We will also look to communities that have similar characteristics and challenges to the City of Berkeley and will confirm the list of contacts with identified Berkeley staff.

Task 2 – Facilitate Structured Conversations with DOT Directors

Fehr & Peers will meet with staff in a 1.5-hour work session to develop a priority list of topics for discussion with the selected DOT directors. We will work with staff to frame questions, ideas, and needs surrounding municipal DOT formation. Based on this meeting we will prepare an annotated agenda to share with DOT directors in advance of the conversation that includes a link to the Council referral and a summary of the staff's priority concerns and interests for the call.

We will schedule and host one two 2-hour structured call with each of the four selected DOT directors (separately) and will take notes to document relevant items during the call. Calls would

be led by Berkeley staff, and include Katie Miller and/or Jeremy Klop as a senior staff facilitator. Fehr & Peers will prepare meeting notes for each call.

Fehr & Peers will facilitate a 1.5 hour work session with staff following completion of the DOT director interviews to review findings and discuss the relevant benefits and challenges experienced by the interviewed directors.

Task 3 – Review and Discuss Structure Options

As staff incorporate the findings from the interviews and participate in related council referral efforts, Fehr & Peers senior staff will participate in up to six (6) bi-weekly meetings with staff to review emerging options, react to staff ideas and concerns, and support the staff in their development of options.

Task 4 – Prepare Structure Option Briefs and Functional Organization Charts

As promising options for change emerge, both through the discussions in this effort and from related efforts in the City undertaken by others, Fehr & Peers will prepare up to six one-page option briefs. Each brief will include a short paragraph describing a specific aspect of the transportation department change, identify relevant DOTs where the option is working well, and objectively summarize expected benefits and challenges associated with the change. Example topics could include street lighting and electrical design, pavement maintenance, transportation enforcement, and data management. Topics will be selected by staff.

Fehr & Peers will research and compile functional organization charts from up to six (6) relevant cities that demonstrate how those cities organize their departmental functions related to transportation services and traffic enforcement.

In addition, we will prepare up to three (3) one-page organizational chart options that show how Berkeley's specific services could be structured. No personnel designations will be included, just functional responsibilities.

Task 5 – Provide Change Management Leadership Coaching

Katie Miller, a professional leadership coach with Left Lane Advisors, will lead this task to provide executive coaching around change management services for a group of up to four (4) transportation managers. Her work developing NACTO's leadership development program and ongoing executive coaching with multiple municipal transportation division leaders makes her uniquely qualified to support Berkeley's key staff through these changes. Council's referral to consider restructuring is likely to generate staff uncertainty around what will happen with their departmental authority, responsibilities, and appropriate messaging to staff.

Katie Miller will work with Farid Javandel to develop a program for the selected individuals that focuses on:

- Change Management Arc – sharing resources on managing through the stages of pre-change through implementation along with targeted leadership coaching to effectively manage through the change
- Maintaining Productivity – providing tools and language to help manage stress, maintain commitments, and communicate effectively through a period of change
- Internal Communications – addressing rumors and staff communications during a period of change

Katie will provide up to five (5) one-hour coaching sessions for each division leader. The initial session will be to set their frame for managing change, get them into a position of productive curiosity, and to surface concerns regarding restructuring. Subsequent sessions will be customized in coordination with the individual and Farid Javandel.

Schedule & Staffing

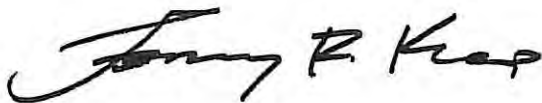
We are available to complete all tasks listed above between now and the end of 2020. We understand that Tasks 1-4 are needed to support staff input to Council by the end of 2020, and expect that Task 5 activities can continue into 2021. We propose to staff this effort with a combination of Oakland office staff and Principals from across the firm including Jeremy Klop, Katie Miller, and Matthew Ridgway who all have availability to support this effort in the requested timeframe. Rob Rees will also be available to the project beginning in mid-November 2020.

Budget

We will provide the services listed above under the terms of our existing on-call contract with the City of Berkeley. Our cost to complete this scope of work is not expected to exceed \$75,000. We will bill for work completed on a on a time & materials basis.

Sincerely,

FEHR & PEERS



Jeremy R. Klop, AICP
Director of Strategy

P20-0973-OK



Office of the City Manager

February 10, 2021

To: Honorable Mayor and Members of the City Council

From: Dee Williams-Ridley, City Manager

Re: Update on Re-Imagining Public Safety

On July 14, 2020, City Council adopted an omnibus package to re-imagine public safety and policing in the City of Berkeley. The omnibus package consisted of numerous elements including, but not limited to the following:

- Having the City Auditor perform an analysis of City's emergency 9-1-1 calls-for-service and responses, as well as analysis of the Berkeley Police Department's (BPD) budget.
- Analyzing and developing a pilot program to re-assign non-criminal police service calls to a Specialized Care Unit.
- Creating plans and protocols for calls for service to be routed and assigned to alternative preferred responding entities and consider placing dispatch in the Fire Department or elsewhere outside the Police Department.
- Analyzing litigation outcomes and exposure for city departments in order to guide the creation of City policy to reduce the impact of settlements on the General Fund.
- Engaging a qualified firm(s) or individual(s) to lead a robust, inclusive, and transparent community engagement process with the goal of achieving a new and transformative model of positive, equitable and community-centered safety for Berkeley.
- Pursuing the creation of a Berkeley Department of Transportation ("BerkDoT") to ensure a racial justice lens in traffic enforcement and the development of transportation policy, programs and infrastructure, and identify and implement approaches to reduce and/or eliminate the practice of pretextual stops based on minor traffic violations

Subsequent to the adoption of the omnibus package, the City established a multi-department working group to oversee and implement various components of the package. The working group consists of the following:

- City Manager;
- Deputy City Managers;
- City Attorney;
- Fire Chief;

- Health, Housing and Community Services (HHCS) Director;
- Human Resources Director;
- Police Chief; and
- Public Works Director.

We have established weekly meetings and have developed an organizational structure that will enable us to advance the various referrals in the omnibus package at the same time.

Our work to advance the omnibus package has been organized in the following manner:

- HHCS Director, Lisa Warhuus, is leading the work to develop a Specialized Care Unit pilot program.
- Fire Chief, David Brannigan, is leading the work to develop a plan for priority dispatching.
- City Attorney, Farimah Brown, is managing the analysis of litigation claims and settlements.
- The Public Safety / Police Re-Imagining and community engagement process will be led by Deputy City Manager David White. Deputy City Manager White will also be supporting the City Manager by providing overall project management support to the team.
- BerkDoT will be led by our Public Works Director, Liam Garland.

Current Updates (for the February 9, 2021 City Council Meeting)

The following provides a brief overview of what has been accomplished since the last update to City Council on January 19, 2021.

- City Auditor calls-for-service and budget analysis
 - City staff continue to meet with the City Auditor to coordinate and respond to any questions or needs that arise.
- Priority Dispatching
 - A team from the Fire Department and Police Department (including the Communication Center) presented an update to the Disaster and Fire Safety Commission, Mental Health Commission, and Police Review Commission at their January 2021 meetings. Information included focus group work and outreach to date, an understanding of various prioritized dispatch models, and next steps in the project.

- A Request for Proposal (RFP) for a consultant to help assess viable dispatch systems and draft a project plan is being finalized. Included in the scope of work is the following:
 - An analysis of call types and distribution across police, fire, emergency medical services, and mental health.
 - An assessment and recommendation of various prioritized dispatch systems and a budget and timeline for implementation.

The RFP is expected to be released in February 2021 with vendor selection in early March 2021.

- Specialized Care Unit (SCU)
 - The steering committee, which consists of representatives from the Health, Housing and Community Services Department, Fire Department, the Berkeley Community Safety Coalition, and the Mental Health commission met on January 21, 2021 with the consultant, RDA, to clarify team roles, and the process and timelines for the SCU.
 - Based on committee feedback, RDA is refining the plan and will get further input from the steering committee on February 16, 2021. One important topic of discussion will be how community outreach will be conducted in a culturally responsive and inclusive way so that community members who provide input feel heard and supported.
 - The steering committee will be meeting bi-weekly, and more if needed, through the duration of this process.
- Analysis of Claims and Settlements
 - No updates to report.
- Public safety and Police Re-imagining Community Engagement
 - On December 15, 2020, the City Council authorized the City Manager to enter into a contract with the National Institute of Criminal Justice Reform (NICJR) to conduct research, analysis, and use its expertise to develop reports and recommendations for community safety and police reform as well as plan, develop, and lead an inclusive and transparent community engagement process to help the City achieve a new and transformative model of positive, equitable and community-centered safety for Berkeley.
 - The contract has been fully executed and attached to this City Council update.

- City staff from the City Manager’s Office are meeting regularly with NICJR to coordinate project implementation and NICJR has been meeting with the City Auditor to collaborate and coordinate on the calls-for-service analysis.
- Reimagining Public Safety Task Force (Task Force)
 - On January 19, 2021, the City Council adopted revisions to the enabling legislation for the Reimagining Public Safety Task Force¹.
 - City staff from the City Manager’s Office and City Clerk’s Office have been working collaboratively on the implementation of the Task Force.
 - City staff received appointments from the City Council, Mental Health Commission, Police Review Commission, and Youth Commission for the Task Force. These appointments consist of the initial 14-members of the Task Force. The following are the individuals appointed to the Task Force:

Alecia Harger	Margaret Fine
Barnali Ghosh	Nathan Mizell
boona cheema	Nayo Polk
Dan Lindheim	Paul Kealoha Blake
Edward Opton	Rohini Haar
Hector Malvido	Sarah Abigail Ejigu
La Dell Dangerfield	Todd Walker

**listed alphabetically by first name.*

- To solicit community interest in the three (3) “At-Large” positions on the Task Force, city staff developed an application and issued a press release on January 20, 2021 notifying the community of the application. The City received 18 applications by the deadline of February 8, 2021.
 - Applications submitted to the City will be provided to the Task Force to assist them in their identification of “At-Large” members pursuant to the enabling legislation.
- The first meeting of the 14-member Task Force will occur on February 18, 2021. In this initial meeting, the Task Force will focus on the selection of “At-Large” appointments to the Task Force. “At large” appointments are subject to City Council approval and city staff hope to bring Task Force recommendations to the City Council on March 9, 2021.

¹ https://www.cityofberkeley.info/Clerk/City_Council/2021/01_Jan/Documents/2021-01-19_Item_18_Revisions_to_Enabling_Legislation_for_Reimagining.aspx

- Berk DoT (No substantive changes from previous update. Items listed below are from the *January 19, 2021 update with the exception of the change in date that is bolded.*)
 - An interdepartmental BerkDoT project team continues to meet regularly.
 - City staff continue regular meetings with community stakeholders to solicit input and discuss the proposed BerkDoT.
 - The Public Works Department developed a scope of work for its on-call transportation consultant, Fehr & Peer's. The scope of work has been attached to this City Council update.
 - To date, formal interviews have been completed with the cities of Cambridge, Denver, Fort Collins, Minneapolis, Oakland, and Los Angeles.
 - A memo that distills what has been learned in the interviews including a summary of organizational structures, lessons learned, and short vs. longer term actions will be prepared. This memo will serve as the basis for a discussion with the Public Works and Transportation Commissions in **March 2021** regarding a summary of initial research, best practices, and preliminary recommendations.
 - Staff continue to update an initial inventory of functions to be considered as part of a new BerkDoT. The functions include parking enforcement, traffic enforcement, accident investigation, crossing guards, Vision Zero implementation, transportation engineering, streets and sidewalk planning and engineering, street and sidewalk repair, and streetlights. These functions now involve approximately 100 existing full time positions and budgets of close to \$50 million.

Attachments

1. NICJR Contract
2. Reimagining Public Safety Task Force Application and press release

cc: Paul Buddenhagen, Deputy City Manager
David White, Deputy City Manager
Jenny Wong, City Auditor
Farimah Brown, City Attorney
Mark Numainville, City Clerk
David Brannigan, Fire Chief
Lisa Warhuus, Director of Health, Housing & Community Services
LaTanya Bellow, Director of Human Resources
Andrew Greenwood, Chief of Police
Liam Garland, Public Works Director
Matthai Chakko, Assistant to the City Manager

Attachment 1

Contract # 32100092

CONTRACTOR NAME: National Institute for Criminal Justice Reform (NICJR)

Subject of Contract: Report and recommendations for community safety and police reform

This contract package contains: 3 Original Contracts (Department, Vital Record and Vendor) in folders	Attached	Waiver Attached	Not Required
*The Vital Record contract MUST be in a folder. *Optional: In lieu of folders, Department and Vendor copies may be assembled with an Acco-fastener.			
1. CONTRACT BOILERPLATE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Scope of Services (Exhibit A @ boilerplate)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Payment Provisions (Exhibit B @ boilerplate)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. Evidence of <u>Competitive Solicitation</u> OR Waiver by CM or by Council Resolution <u>21-11413</u> <i>RRP</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. CERTIFICATIONS			
a. Workforce Composition (<i>businesses with 5 or more employees</i>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Nuclear Free Berkeley Disclosure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Oppressive States Disclosure (<i>Exception: Community-based, non-profit organizations</i>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sanctuary City Compliance Statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Certification of Compliance with Living Wage Ordinance (LWO): use current form on web*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Certification of Compliance with Equal Benefits Ordinance: use current form on web*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Community Agency: Certification of Anti-Lobbying	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Community Agency: Certification of Drug-Free Workplace	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Insurance Certificate/s AND Endorsement/s OR Insurance Waiver/s (<i>originals, not copies</i>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Authorizing Council Resolution # 69,650-N.S. <u>12-15-2020</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Consultant Contracts: Form 700, Statement of Economic Interests	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9. Federally Funded Project Requirement: Debarment status printout (SAM.gov)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Berkeley Business License # BLA-2021-000033/014583

Contract Amount \$270,000.00 NTE

Requisition # 12105965 (*Hard copy attached*)

Council Approved Amount \$270,000 NTE

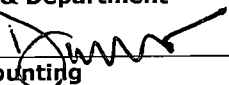
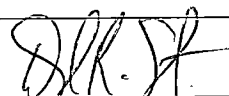
Budget Code 011-21-201-000-0000-000-412-612990


Was there any advance payment? No Yes If Yes, Advanced Amount \$ _____

If Yes, Purchase Order # _____

Routing and signatures:

All elements of the contract package, including information provided above, have been reviewed for completeness and accuracy and evidenced by the following signatures (Project Manager please print name):

- | | | | |
|--|---|------------------------------|---------------------------------|
| 1. <u>Shamika Cole</u>
Project Manager (PRINT NAME) | <u>City Manager's Office</u>
& Department | <u>981-7043</u>
Phone No. | <u>January 15, 2021</u>
Date |
| 2. <u>David White, Deputy City Manager</u>
Department Administrative Officer/Accounting |  | | <u>January 15, 2021</u>
Date |
| 3. <u>Paul Buddenhagen, Deputy City Manager</u>
Department Head |  | | <u>1-19-2021</u>
Date |
| 4. _____
Contract Administrator | | | <u>1-21-2021</u>
Date |
| 5. <u>Budget Vig Email (Attached)</u>
Budget Manager | | | <u>1-21-2021</u>
Date |

EXECUTED
JAN 22 2021


Routing continues to the following persons, **who sign directly on the contract:**

6. City Manager (*Will not sign unless all signatures and dates appear above*)
7. City Clerk: CMS Login _____ Destruct _____ Review _____

Sweet, Darryl

From: Murty, Rama
Sent: Wednesday, January 20, 2021 5:29 PM
To: Sweet, Darryl
Cc: Dupaya, Maricar C.; Rosete, Michelle
Subject: RE: Contract - NICJR

Budget Final - Approved

Rama Murty, Senior Management Analyst
City Manager's Office - Budget Office
Phone: 981-7044
Fax: 981-7099

From: Rosete, Michelle
Sent: Wednesday, January 20, 2021 12:07 PM
To: Murty, Rama <RMurty@cityofberkeley.info>
Cc: Dupaya, Maricar C. <MDupaya@cityofberkeley.info>
Subject: Contract - NICJR

Budget Initial – APPROVED

Notes:
Res#69,650 included in contract – OK
Req#12105965 – NTE \$270,000
Fund available in account code 011-21-201-000-0000-000-412-612990

Thanks.

Michelle M. Rosete
Associate Management Analyst
City Manager's Office
Budget and Fiscal Management Division
Tel. (510) 981-7042
E-mail: mrosete@cityofberkeley.info

PERSONAL SERVICES CONTRACT

THIS CONTRACT is between the CITY OF BERKELEY (“City”), a Charter City organized and existing under the laws of the State of California, and National Institute for Criminal Justice Reform (“Contractor”), a California Corporation doing business at 303 Hegenberger Road #301, Oakland, CA 94612, who agree as follows:

1. **SCOPE OF SERVICES**

Contractor agrees to perform all services described in Exhibit A, in accordance with its stated terms and conditions. Exhibit A is attached to and made a part of this Contract.

2. **PAYMENT**

For services referred to in Section 1, City will pay Contractor a total amount not to exceed \$270,000. City shall make payments to Contractor in accordance with the provisions described in Exhibit B, which is attached to and made a part of this Contract.

3. **TERM**

a. This Contract shall begin on January 4, 2021 and end on June 30, 2022. The City Manager of the City may extend the term of this Contract by giving written notice.

b. Either party may terminate this Contract for default upon five (5) days’ written notice to the other if the other party has substantially failed to fulfill any of its obligations under this Contract in a timely manner. City may terminate this Contract at its convenience and without cause upon thirty (30) days written notice to Contractor. Except as provided in this Contract, in no event shall City be liable for costs incurred by or on behalf of Contractor after the effective date of a notice of termination.

c. A written notice is deemed served when a party sends the notice in an envelope addressed to the other party to this Contract and deposits it with the U.S. Postal Service, first class mail, postage prepaid. For purposes of this Contract, all notices to City shall be addressed as follows:

City Manager
City of Berkeley
2180 Milvia Street
Berkeley, California 94704
Attn: Shamika Cole

For purposes of this Contract, all notices to Contractor shall be addressed as follows:

David Muhammad
National Institute for Criminal Justice Reform
303 Hegenberger Rd. #301
Oakland, CA 94612

d. If City terminates this Contract for convenience before Contractor completes the services in Exhibit A, Contractor shall then be entitled to recover its costs expended up to that point plus a reasonable profit, but no other loss, cost, damage, expense or liability may be claimed, requested or recovered.

4. INDEMNIFICATION

Contractor, for itself and its heirs, successors and assigns, agrees to release, defend, indemnify and hold harmless City, its officers, agents, volunteers and employees from and against any and all claims, demands, liability, damages, lawsuits or other actions, including, but not limited to, personal injury or death or property damage arising out of or in any way connected with Contractor's operations under this Contract, or with the performance of this Contract by Contractor or its officers, employees, partners, directors, subcontractors or agents.

5. INSURANCE

a. Contractor shall maintain at all times during the performance of this Contract a commercial general liability insurance policy with a minimum occurrence coverage in the amount of \$2,000,000 (two million dollars); an automobile liability insurance policy in the minimum amount of \$1,000,000 (one million dollars); and, if any licensed professional performs services under this contract, a professional liability insurance policy in the minimum amount of \$2,000,000 (two million dollars) to cover any claims arising out of Contractor's performance of services under this Contract. All insurance, except professional liability, shall name the City, its officers, agents, volunteers and employees as additional insureds and shall provide primary coverage with respect to the City.

All insurance policies shall: 1) provide that the insurance carrier shall not cancel, terminate or otherwise modify the terms and conditions of said policies except upon thirty (30) days written notice to the City's Contract Administrator; 2) be evidenced by the original Certificate of Insurance, specifying the required coverage and the insurance carrier's standard additional insured form endorsement; and 3) be approved as to form and sufficiency by the City's Contract Administrator. **The original insurance certificates and all extensions to the insurance certificates should be sent to the address identified below.**

b. If the commercial general liability insurance referred to above is written on a Claims Made Form then, following termination of this Contract, coverage shall survive for a period of not less than five years. Coverage shall also provide for a retroactive date of placement coinciding with the effective date of this Contract.

c. If Contractor employs any person, it shall carry workers' compensation and employer's liability insurance and shall provide a certificate of insurance to the City. The workers' compensation insurance shall: 1) provide that the insurance carrier shall not cancel, terminate or otherwise modify the terms and conditions of said insurance except upon thirty (30) days written notice to the City's Contract Administrator; 2) provide for a waiver of any right of subrogation against City to the extent permitted by law; and 3) shall be approved as to form and sufficiency by the Contract Administrator.

d. Contractor shall forward all insurance documents to:

Department Name: City Manager's Office

Department Address: 2180 Milvia Street, Berkeley, CA 94704

6. **CONFORMITY WITH LAW AND SAFETY**

a. Contractor shall observe and comply with all applicable laws, ordinances, codes and regulations of governmental agencies, including federal, state, municipal and local governing bodies having jurisdiction over any or all of the scope of services, including all provisions of the Occupational Safety and Health Act of 1979 as amended, all California Occupational Safety and Health Regulations, and all other applicable federal, state, municipal and local safety regulations. All services performed by Contractor must be in accordance with these laws, ordinances, codes and regulations. Contractor shall release, defend, indemnify and hold harmless City, its officers, agents, volunteers and employees from any and all damages, liability, fines, penalties and consequences from any noncompliance or violation of any laws, ordinances, codes or regulations.

b. If a death, serious personal injury or substantial property damage occurs in connection with the performance of this Contract, Contractor shall immediately notify the City's Risk Manager by telephone. If any accident occurs in connection with this Contract, Contractor shall promptly submit a written report to City, in such form as the City may require. This report shall include the following information: 1) name and address of the injured or deceased person(s); 2) name and address of Contractor's subcontractor, if any; 3) name and address of Contractor's liability insurance carrier; and 4) a detailed description of the accident, including whether any of City's equipment, tools or materials were involved.

c. If a release of hazardous materials or hazardous waste that cannot be controlled occurs in connection with the performance of this Contract, Contractor shall immediately notify the Berkeley Police Department and the City's Health Protection office.

d. Contractor shall not store hazardous materials or hazardous waste within the City of Berkeley without a proper permit from the City.

7. **SAFETY DATA SHEETS**

a. To comply with the City's Hazard Communication Program, Contractor agrees to submit Safety Data Sheets (SDS) for all "hazardous substances" Contractor intends to use in the performance of work under this Contract in any City facility. "Hazardous substances" are defined as those substances so designated by the Director of Industrial Relations pursuant to the Hazardous Substances Information and Training Act (Labor Code sec. 6360 *et seq.*). The SDS for all products must be submitted to the City before commencing work. The SDS for a particular product must be reviewed and approved by the City's Risk Manager before Contractor may use that product.

b. City will inform Contractor about hazardous substances to which it may be exposed while on the job site and protective measures that can be taken to reduce the possibility of exposure.

8. **OWNERSHIP OF DOCUMENTS**

a. When this Contract is terminated, Contractor agrees to return to City all documents, drawings, photographs and other written or graphic material, however produced, that it received from City, its contractors or agents, in connection with the performance of its services under this Contract. All materials shall be returned in the same condition as received.

b. Contractor grants City a royalty-free, exclusive and irrevocable license to reproduce, publish, use and to authorize others to do so, all original computer programs, writing,

sound recordings, pictorial reproductions, diagrams, charts, computations, drawings and other works of similar nature produced in the course of the performance of this Contract. Contractor shall not publish any such material without the prior written agreement of the City.

c. With the prior written approval of City's Project Manager, Contractor may retain and use copies of its work for reference and as documentation of its experience and capabilities.

9. **NON-DISCRIMINATION**

Contractor hereby agrees to comply with the provisions of Berkeley Municipal Code ("B.M.C.") Chapter 13.26 as amended from time to time. In the performance of this Contract, Contractor agrees as follows:

a. Contractor shall not discriminate against any employee or applicant for employment because of race, color, religion, ancestry, national origin, age (over 40), sex, pregnancy, marital status, disability, sexual orientation or AIDS.

b. Contractor shall permit the City access to records of employment, employment advertisements, application forms, EEO-1 forms, affirmative action plans and any other documents which, in the opinion of the City, are necessary to monitor compliance with this non-discrimination provision. In addition, Contractor shall fill-out, in a timely fashion, forms supplied by the City to monitor this non-discrimination provision.

10. **INDEPENDENT CONTRACTOR**

a. Contractor shall be deemed at all times to be an independent contractor and shall be wholly responsible for the manner in which Contractor performs the services required of Contractor by the terms of this Contract. Contractor shall be liable for its acts and omissions, and those of its employees and its agents. Nothing contained herein shall be construed as creating an employment, agency or partnership relationship between City and Contractor.

b. Direction from City regarding the subject of this Contract shall be construed as providing for direction as to policy and the result of Contractor's Work only and not as to the means or methods by which such a result is obtained.

c. Except as expressly provided in this Contract, nothing in this Contract shall operate to confer rights or benefits on persons or entities not party to this Contract.

d. Payment of any taxes, including California Sales and use Taxes, levied upon this Contract, the transaction, or the services or goods delivered pursuant hereto, shall be the obligation of Contractor.

11. **CONFLICT OF INTEREST PROHIBITED**

a. In accordance with Government Code section 1090, Berkeley City Charter section 36 and B.M.C. Chapter 3.64, neither Contractor nor any employee, officer, director, partner or member of Contractor, or immediate family member of any of the preceding, shall have served as an elected officer, an employee, or a City board, committee or commission member, who has directly or indirectly influenced the making of this Contract.

b. In accordance with Government Code section 1090 and the Political Reform

Act, Government Code section 87100 *et seq.*, no person who is a director, officer, partner, trustee, employee or consultant of the Contractor, or immediate family member of any of the preceding, shall make or participate in a decision made by the City or a City board, commission or committee, if it is reasonably foreseeable that the decision will have a material effect on any source of income, investment or interest in real property of that person or Contractor.

c. Interpretation of this section shall be governed by the definitions and provisions used in the Political Reform Act, Government Code section 87100 *et seq.*, its implementing regulations, manuals and codes, Government Code section 1090, Berkeley City Charter section 36 and B.M.C. Chapter 3.64.

12. **NUCLEAR FREE BERKELEY**

Contractor agrees to comply with B.M.C. Chapter 12.90, the Nuclear Free Berkeley Act, as amended from time to time.

13. **OPPRESSIVE STATES CONTRACTING PROHIBITION**

a. In accordance with Resolution No. 59,853-N.S., Contractor certifies that it has no contractual relations with, and agrees during the term of this Contract to forego contractual relations to provide personal services to, the following entities:

- (1) The governing regime in any Oppressive State.
- (2) Any business or corporation organized under the authority of the governing regime of any Oppressive State.
- (3) Any individual, firm, partnership, corporation, association, or any other commercial organization, and including parent-entities and wholly-owned subsidiaries (to the extent that their operations are related to the purpose of its contract with the City), for the express purpose of assisting in business operations or trading with any public or private entity located in any Oppressive State.

b. For purposes of this Contract, the Tibet Autonomous Region and the provinces of Abo, Kham, and U-Tsang shall be deemed oppressive states.

c. Contractor's failure to comply with this section shall constitute a default of this Contract and City may terminate this Contract pursuant to Section 3. In the event that the City terminates Contractor due to a default under this provision, City may deem Contractor a non-responsible bidder for not more than five (5) years from the date this Contract is terminated.

14. **SANCTUARY CITY CONTRACTING**

Contractor hereby agrees to comply with the provisions of the Sanctuary City Contracting Ordinance, B.M.C. Chapter 13.105. In accordance with this Chapter, Contractor agrees not to provide the U.S. Immigration and Customs Enforcement Division of the United States Department of Homeland Security with any Data Broker or Extreme Vetting Services as defined herein:

- a. "Data Broker" means either of the following:
 - i. The collection of information, including personal information about

consumers, from a wide variety of sources for the purposes of reselling such information to their customers, which include both private-sector business and government agencies;

- ii. The aggregation of data that was collected for another purpose from that for which it is ultimately used.
- b. “Extreme Vetting” means data mining, threat modeling, predictive risk analysis, or other similar services. Extreme Vetting does not include:
 - i. The City’s computer-network health and performance tools;
 - ii. Cybersecurity capabilities, technologies and systems used by the City of Berkeley Department of Information Technology to predict, monitor for, prevent, and protect technology infrastructure and systems owned and operated by the City of Berkeley from potential cybersecurity events and cyber-forensic based investigations and prosecutions of illegal computer based activity.

15. **RECYCLED PAPER FOR WRITTEN REPORTS**

If Contractor is required by this Contract to prepare a written report or study, Contractor shall use recycled paper for said report or study when such paper is available at a cost of not more than ten percent more than the cost of virgin paper, and when such paper is available at the time it is needed. For the purposes of this Contract, recycled paper is paper that contains at least 50% recycled product. If recycled paper is not available, Contractor shall use white paper. Written reports or studies prepared under this Contract shall be printed on both sides of the page whenever practical.

16. **BERKELEY LIVING WAGE ORDINANCE**

a. Contractor hereby agrees to comply with the provisions of the Berkeley Living Wage Ordinance, B.M.C. Chapter 13.27. If Contractor is currently subject to the Berkeley Living Wage Ordinance, as indicated by the Living Wage Certification form, attached hereto, Contractor will be required to provide all eligible employees with City mandated minimum compensation during the term of this Contract, as defined in B.M.C. Chapter 13.27, as well as comply with the terms enumerated herein. Contractor expressly acknowledges that, even if Contractor is not currently subject to the Living Wage Ordinance, cumulative contracts with City may subject Contractor to the requirements under B.M.C. Chapter 13.27 in subsequent contracts.

b. If Contractor is currently subject to the Berkeley Living Wage Ordinance, Contractor shall be required to maintain monthly records of those employees providing service under the Contract. These records shall include the total number of hours worked, the number of hours spent providing service under this Contract, the hourly rate paid, and the amount paid by Contractor for health benefits, if any, for each of its employees providing services under the Contract. These records are expressly subject to the auditing terms described in Section 17.

c. If Contractor is currently subject to the Berkeley Living Wage Ordinance, Contractor shall include the requirements thereof, as defined in B.M.C. Chapter 13.27, in any and all subcontracts in which Contractor engages to execute its responsibilities under this Contract. All subcontractor employees who spend 25% or more of their compensated time engaged in work

directly related to this Contract shall be entitled to a living wage, as described in B.M.C. Chapter 13.27 and herein.

d. If Contractor fails to comply with the requirements of this Section, the City shall have the rights and remedies described in this Section, in addition to any rights and remedies provided by law or equity.

Contractor's failure to comply with this Section shall constitute a material breach of the Contract, upon which City may terminate this Contract pursuant to Section 3. In the event that City terminates Contractor due to a default under this provision, City may deem Contractor a non-responsible bidder for not more than five (5) years from the date this Contract is terminated.

In addition, at City's sole discretion, Contractor may be responsible for liquidated damage in the amount of \$50 per employee per day for each and every instance of an underpayment to an employee. It is mutually understood and agreed that Contractor's failure to pay any of its eligible employees at least the applicable living wage rate will result in damages being sustained by the City; that the nature and amount of the damages will be extremely difficult and impractical to fix; that the liquidated damage set forth herein is the nearest and most exact measure of damage for such breach that can be fixed at this time; and that the liquidated damage amount is not intended as a penalty or forfeiture for Contractor's breach. City may deduct any assessed liquidated damages from any payments otherwise due Contractor.

17. **BERKELEY EQUAL BENEFITS ORDINANCE**

a. Contractor hereby agrees to comply with the provisions of the Berkeley Equal Benefits Ordinance, B.M.C. Chapter 13.29. If Contractor is currently subject to the Berkeley Equal Benefits Ordinance, as indicated by the Equal Benefits Certification form, attached hereto, Contractor will be required to provide all eligible employees with City mandated equal benefits, as defined in B.M.C. Chapter 13.29, during the term of this contract, as well as comply with the terms enumerated herein.

b. If Contractor is currently or becomes subject to the Berkeley Equal Benefits Ordinance, Contractor agrees to provide the City with all records the City deems necessary to determine compliance with this provision. These records are expressly subject to the auditing terms described in Section 17 of this contract.

c. If Contractor fails to comply with the requirements of this Section, City shall have the rights and remedies described in this Section, in addition to any rights and remedies provided by law or equity.

Contractor's failure to comply with this Section shall constitute a material breach of the Contract, upon which City may terminate this contract pursuant to Section 3. In the event the City terminates this contract due to a default by Contractor under this provision, the City may deem Contractor a non-responsible bidder for not more than five (5) years from the date this Contract is terminated.

In addition, at City's sole discretion, Contractor may be responsible for liquidated damages in the amount of \$50.00 per employee per day for each and every instance of violation of this Section. It is mutually understood and agreed that Contractor's failure to provide its employees with equal benefits will result in damages being sustained by City; that the nature and amount of these damages will be extremely difficult and impractical to fix; that the liquidated damages set

forth herein is the nearest and most exact measure of damages for such breach that can be fixed at this time; and that the liquidated damage amount is not intended as a penalty or forfeiture for Contractor's breach. City may deduct any assessed liquidated damages from any payments otherwise due Contractor.

18. AUDIT

Pursuant to Section 61 of the Berkeley City Charter, the City Auditor's Office may conduct an audit of Contractor's financial, performance and compliance records maintained in connection with the operations and services performed under this Contract. In the event of such audit, Contractor agrees to provide the City Auditor with reasonable access to Contractor's employees and make all such financial, performance and compliance records available to the Auditor's Office. City agrees to provide Contractor an opportunity to discuss and respond to any findings before a final audit report is filed.

19. SETOFF AGAINST DEBTS

Contractor agrees that City may deduct from any payments due to Contractor under this Contract any monies that contractor owes City under any ordinance, contract or resolution for any unpaid taxes, fees, licenses, unpaid checks or other amounts.

20. CONFIDENTIALITY OF INFORMATION

Contractor understands and agrees that, in the performance of the services under this Contract or in the contemplation thereof, Contractor may have access to private or confidential information which may be owned or controlled by City and that such information may contain proprietary or confidential details, the disclosure of which to third parties may be damaging to City. Contractor agrees that all information disclosed by City to Contractor shall be held in confidence and used only in performance of the Contract. Contractor shall exercise the same standard of care to protect such information as a reasonably prudent consultant would use to protect its own proprietary data.

21. PREVAILING WAGES

Certain labor categories under this contract may be subject to prevailing wages as identified in the State of California Labor Code commencing with Sections 1720 et. seq. and 1770 et. seq. These labor categories, when employed for any "work performed during the design and preconstruction phases of construction including, but not limited to, inspection and land surveying work," constitute a "Public Work" within the definition of Section 1720(a)(1) of the California Labor Code requiring payment of prevailing wages. In performing its obligations under this contract, Contractor is solely responsible to determine which, if any, of the work is governed by a labor category pursuant to California Labor Code sections 1720 et. seq. and 1770 et. seq. and pay the pertinent prevailing wage. Contractor shall defend, indemnify and hold harmless City concerning any liability arising out of Labor Code section 1720 et. seq. and 1770 et. seq.

22. GOVERNING LAW

This Contract shall be deemed to have been executed in Alameda County. The formation, interpretation and performance of this Contract shall be governed by the laws of the State of California, excluding its conflict of laws rules. Venue for all litigation relative to the

formation, interpretation and performance of this Contract shall be in Alameda County, California.

23. **AMENDMENTS**

The terms and conditions of this Contract shall not be altered or otherwise modified except by a written amendment to this Contract executed by City and Contractor.

24. **ENTIRE CONTRACT**

a. The terms and conditions of this Contract, all exhibits attached and any documents expressly incorporated by reference represent the entire Contract between the parties with respect to the subject matter of this Contract. This Contract shall supersede any and all prior contracts, oral or written, regarding the subject matter between City and Contractor. No other contract, statement, or promise relating to the subject matter of this Contract shall be valid or binding except by a written amendment to this Contract.

b. If any conflicts arise between the terms and conditions of this Contract and the terms and conditions of the attached exhibits or any documents expressly incorporated, the terms and conditions of this Contract shall control.

25. **SEVERABILITY**

If any part of this Contract or the application thereof is declared invalid for any reason, such invalidity shall not affect the other provisions of this Contract which can be given effect without the invalid provision or application, and to this end the provisions of this Contract are declared to be severable.

26. **WAIVER**

Failure of City to insist on strict performance shall not constitute a waiver of any of the provisions of this Contract or a waiver of any other default of Contractor.

27. **ASSIGNMENT**

Contractor may not assign this Contract without the prior written consent of the City, except that Contractor may assign its right to any money due or to become due hereunder.

28. **EFFECT ON SUCCESSORS AND ASSIGNS**

This Contract shall be binding on and inure to the benefit of the heirs, executors, administrators, successors, and assigns of the parties hereto.

29. **CONSULTANTS TO SUBMIT STATEMENTS OF ECONOMIC INTEREST**

The City's Conflict of Interest Code, Resolution No. 60,788-N.S., as amended, requires consultants who make a governmental decision or act in a staff capacity as defined in 2 Cal. Code of Regs. §18700, as amended from time to time, to disclose conflicts of interest by filing a Statement of Economic Interest (Form 700). Consultants agree to file such statements with the City Clerk at the beginning of the contract period and upon termination of the Contractor's service.

30. **SECTION HEADINGS**

The sections and other headings of this Contract are for convenience of reference only and shall be disregarded in the interpretation of this Contract.

31. CITY BUSINESS LICENSE, PAYMENT OF TAXES, TAX I.D. NUMBER

Contractor has obtained a City business license as required by B.M.C. Chapter 9.04, and its license number is written below; or, Contractor is exempt from the provisions of B.M.C. Chapter 9.04 and has written below the specific B.M.C. section under which it is exempt. Contractor shall pay all state and federal income taxes and any other taxes due. **Contractor certifies under penalty of perjury that the taxpayer identification number written below is correct.**

Business License Number - _____
B.M.C. § n/a _____
Taxpayer ID Number -----

IN WITNESS WHEREOF, City and Contractor have executed this Contract as of the date first mentioned above.

CITY OF BERKELEY

By: *Janice G. ...*
City Manager

Pre-approved as to form
CITY ATTORNEY
10/2019

Registered on behalf
of the City Auditor by: *D.P. ...*
Finance Department

Attest by: *Rose ...*
DEP. City Clerk

CONTRACTOR

Printed Name: DAVID MUHAMMAD

By: *David Muhammad*

Title: EXECUTIVE DIRECTOR

Tax Identification # _____

Berkeley Business License # BVA-2021-000033

Incorporated: Yes No

Certified Woman Business Enterprise: Yes No

Certified Minority Business Enterprise: Yes No

If yes, state ethnicity: _____

Certified Disadvantaged Business Enterprise: Yes No

Exhibit A

City of Berkeley Reimagining Public Safety**SCOPE OF SERVICES**

The National Institute for Criminal Justice Reform (NICJR) will conduct research, analysis, and use its expertise to develop reports and recommendations for community safety and police reform as well as plan, develop, and lead an inclusive and transparent community engagement process to help the City achieve a new and transformative model of positive, equitable and community-centered safety for Berkeley. To accomplish the Scope of Services, NICJR has assembled the following Project Team:

- Analysis Group, Inc.;
- The Justice Collaboratory;
- Bright Research Group;
- Pastor Michael Smith/Voices Against Violence;
- Pastor Michael McBride/Faith in Action;
- Berkeley Youth Alternatives; and
- Renne Public Law Group.

NICJR (David Muhammad) shall serve as the City's sole point of contact and will oversee and manage the work of the Project Team. The City shall not be responsible for entering into any other contracts to secure services with any member of the Project Team under this Scope of Services and Agreement. Further, pursuant to Charter section 113, the City Attorney shall be the legal advisor of and attorney and counsel for the City and for all officers and boards thereof.

The Project Team will provide the following technical assistance, facilitation, and community outreach services to the City of Berkeley as a part of its Reimagining Public Safety process outlined in the George Floyd Community Safety Act passed by the City Council on June 16, 2020:

1) Report on New and Emerging Models of Community Safety and Policing

Research and write a detailed report as well as prepare a summary presentation of new and emerging models of community safety and policing. New policing and response models are being considered in cities across the country, including:

- Community based alternative response to Calls for Service. This review will include partnership with the separate, parallel efforts to develop a Specialized Care Unit and a Department of Transportation.
 - In Eugene, Ore, Crisis Assistance Helping Out on the Streets (CAHOOTS) responds to more than 22,000 requests for service annually with its Crisis Intervention Workers; this represents nearly 20 percent of the total public safety call volume for the metropolitan area. Oakland is preparing to pilot a replication of the CAHOOTS program.

Exhibit A

- **Effective Violence Intervention Strategies.** Local examples include:
 - Advance Peace initially launched in Richmond, CA in 2017. Advance Peace is an effective and innovative approach to reduce gun violence.
 - Gun Violence Reduction Strategy/Ceasefire in Oakland which produced six consecutive years of reductions in shootings and homicides resulting in a 50% decline in gun violence.
- Improved policing strategies including focused deterrence, procedural justice, and increased accountability measures.

The detailed report regarding New and Emerging Models of Community Safety and Policing shall be incorporated into the Final Report and Implementation Plan.

The Report on New and Emerging Models of Community Safety will be submitted to the City and Reimagining Public Safety Task Force (RPSTF) by April 1, 2021.

2) Calls for Service Analysis

Work with the City Auditor’s Office on the assessment of emergency and non-emergency calls-for-service being conducted to ensure that there is no duplication of work. The City Auditor has agreed to be available and review its work with NICJR. If necessary, expand on the City Auditor’s assessment to include:

- The development of a call data categorization system which will allow for the distinct designation of non-criminal/criminal; non-violent/violent; and non-serious/serious calls by the Berkeley Police Department (BPD) priority codes.
- Geo-spatial mapping of call data: to map the geographic incidence of calls by call type.
- Time of day incident mapping: to map service calls by time of day.
- Time to respond: calculated as the time from the service call to the time when an officer arrives at the call location.
- Number of responding officers: the number of officers responding to each call.
- Time to resolve: calculated as the total time from the service call to responding officer resolution.
- Trend data: identification of any significant trends in call data over the time period assessed.
- Presentation of the analyses in summary and data graphs to the RPSTF.

The total budget set aside for the Calls for Service Analysis is \$25,000. NICJR, after meeting with the City Auditor and reviewing their work, will refine the scope of work above and develop a budget and timeline for the Calls for Service analysis that is mutually agreeable to the City and NICJR.

Exhibit A

3) Identify the programs and/or services provided by the BPD that can be provided by other City departments or external entities

Determining the most appropriate alternatives will be a multi-phase process including at a minimum:

- Review of call data analysis to determine the types of calls that would be best handled by a non-police organization. This assessment will focus not just on call type but on relative volume, respective share of BPD workload, and service calls by time of day and geography, statutory considerations, and safety concerns for employees, including sworn and non-sworn city staff.
- Reviewing and incorporating feedback from the community engagement process.
- Mapping of community-based organizations to respond to service calls or providing crime reduction services.
- Coordinating with various City departments, and community-based organizations working to address any of the issues or populations that are identified as being appropriate for an alternative non-police response.
- Coordination with the BPD, including the Public Safety Communications Center, to understand operations, resource deployment, and policies and procedures.
- Coordination with the City's Public Works Department on the new Berkeley Department of Transportation (DoT) and the City's Health, Housing and Community Services Department on the Specialized Care Unit (SCU).
- Align with BUSD's commitment to look at exploring and reducing policing in the schools.
- Concurrent with this effort, the Project Team will be reviewing Memorandums of Understanding with various city staff bargaining units and Myers-Milias-Brown Act implications of any contemplated changes in service delivery or design. The Project Team will strive to recommend possible solutions to issues identified by the Project Team, ultimately codifying its recommendations in proposed legislation or policy as appropriate.
- In addition, the fiscal implications of proposed service delivery changes will be fully identified to include:
 - Budget impacts, both revenue and expenditures, to the BPD budget including impacts on specific staffing levels by classification.
 - Budget impacts on City Departments that are recommended to absorb programs and/or services previously performed by the BPD.

Exhibit A

- Funding needed to support community-based organizations assuming responsibility for any re-allocated duties.

The Report summarizing alternative programs and/or services provided by the BPD that can be provided by other City departments or external entities will be submitted to the City and RPSTF by April 30, 2021.

The results of this work shall be incorporated into the Final Report and Implementation Plan.

4) **Community Engagement & Communications**

The Project Team will conduct a wide array of community engagement to collect feedback, input, and ideas from the Berkeley community to develop a new model of community safety and policing. This work will include:

- Citywide and community-specific surveys
 - A citywide uniform survey
 - Surveys that target specific populations (specific number to be determined):
 - Black community
 - Formerly incarcerated
 - Homeless
 - Youth
 - Members of the BPD
- Input forums/design sessions: video conference and, if possible, in-person, meetings to receive input:
 - Geographically specific (by district)
 - Community specific (for example, Black residents or the unhoused)
 - Sector specific (for example, business owners, faith-based organizations, community-based organizations, law enforcement including varying ranks in the BPD)
- Town halls and Listening Sessions:
 - Citywide forums every other month
- Incentivize hard to reach populations to engage in the process, including funds to CBOs and Credible Messengers to reach hard to reach groups and individuals:
 - Provide mini-grants to local CBOs to engage hard to reach populations like youth, formerly incarcerated, and homeless.
 - Provide direct stipends to peer-navigators who help recruit hard-to-reach populations to complete the surveys and participate in forums.
 - Provide direct stipends to target survey respondents and forum participants.

Exhibit A

- Provide regular updates to the City of Berkeley, the RPSTF, and to the general public:
 - Design and develop a public website (independent of the City’s website) to provide regular updates on the project as well as a repository of relevant documents, reports, and data.
 - A draft of the initial website will be provided to the City Manager’s Office within 30 days of the execution of this agreement.
 - Provide verbal and written updates to the RPSTF at each monthly meeting.
 - Provide written updates and public testimony to the City Council every other month or at their request.

- Presentation of the Community Engagement plan and updates will be given to the RPSTF.

5) Project Management and Coordination with the City of Berkeley

Manage the overall project:

- Co-manage and facilitate with the City Manager’s Office, the Reimagining Public Safety Taskforce
 - Participate in monthly meetings of the RPSTF

- Coordinate with other parallel efforts, especially SCU and DoT development initiatives

- The Project Team shall consult with the City Attorney with respect to legal issues, analysis, opinions requested that arise in the course of its work

6) Final Report and Implementation Plan

A Final Report and Implementation shall be submitted to the City. The Project Team will submit for review by the City Attorney any legal analyses or opinions before they are presented to the Reimagining Public Safety Task Force or incorporated into the Final Report and Implementation Plan. The Final Report and Implementation Plan will consist of the following:

- Executive summary that outlines the process, key findings and recommendations, and path to implementation

- Summary of research and analysis performed as part of this assignment including the review of emergency and non-emergency calls-for-service and new and emerging models of community safety and policing

- Summary of communications and community engagement process

- Identify the programs and/or services provided by the BPD that can be provided by other City departments or external third-party entities. Recommendations for shifting work to other City departments or third-party entities should include the process, timeline and sequencing that would underpin the shift of work. Where programs and/or services

Exhibit A

provided by BPD are to be shifted to other City departments, the report will identify the specific job classification(s) to provide such service.

- Identify financial and organizational impacts and resources needed to implement recommendations, including, but not limited to:
 - Budget impacts, both revenue and expenditures, to the BPD budget.
 - Budget implications to other City Departments that are recommended to absorb programs and/or services previously performed by the BPD.
 - The extent to which the cost of new positions to be created are offset by savings in the BPD or other parts of the organization.
 - Recommendations that shift work to entities outside of the City organization should include the expected cost to pay these outside entities and identify whether there is savings in the BPD to pay for these programs or services or if new resources will be needed.
- Phasing and Timing of Recommendations. Recommendations shall be prioritized and a phased plan for implementation will provide the City a roadmap to transition to the recommended model of community safety and policing, as the budget permits.

Exhibit A

**Berkeley Reimagining Public Safety Process Timeline
2021**

January 4	Contract begins with NICJR Team
January	NICJR Team and City Manager’s Office begin on-going coordination
January	Research begins on New and Emerging Models of Community Safety and Policing
By January 31	City of Berkeley provides responses to initial data and information requests
January 31	City Council appoints members of the Reimagining Public Safety Task Force (RPSTF)
February	Research and review begins on Berkeley City departments and Community Based Organizations in preparation for report on Alternative Responses
February 1	NICJR Team and City Auditor begin coordination on Calls for Service analysis
February 8	Website is launched and updated regularly
By February 8	Community Survey widely distributed
Mid-February through May	Various community forums, listening sessions, and town halls begin
Mid-February	RPSTF hold initial meeting to appoint “At-Large” members of the Taskforce
First week of March	First full meeting of the RPSTF
April 1	New and Emerging Models of Community Safety and Policing Report submitted to the RPSTF for review
First week of April	Second RPSTF meeting
April 30	Report summarizing alternative programs and/or services provided by the BPD that can be provided by other City departments or external entities submitted to the RPSTF
First week of May	Third RPSTF meeting
May 17	Draft Final Report submitted to RPSTF and City Manager’s office
Week of May 24	Two public meetings held to present and receive feedback on Draft Final Report
First week of June	RPSTF discuss and give final feedback on Draft Final Report
June 18	Final Report and Implementation Plan submitted to City of Berkeley

Exhibit A

June 21-30	Final Report presentations to: <ul style="list-style-type: none">• City's Public Safety Policy Committee;• City's Budget and Finance Policy Committee; and• City Council
------------	--

Exhibit B

BUDGET

- Project Management: **\$40,000**

Monthly invoices shall detail the work performed by NICJR and its subcontractors. Such invoice shall include all applicable receipts and justification of expenditures.

- Report on New and Emerging Models: **\$35,000**

Invoice for this work shall be submitted to the City upon receipt of the Final New and Emerging Models Report approved by the City.

- Policy Analysis and Implications: **\$20,000**
 - Sub-contract with the Renne Public Law Group
 - Hourly billing invoiced monthly to NICJR

- Calls for Service Analysis: **\$25,000**

Invoice for this work shall be submitted to the City upon receipt of the Final Calls for Service Analysis Report that has been approved by the City.

- Alternative Responses Recommendations Report: **\$25,000**

Invoice for this work shall be submitted to the City upon receipt of the Final Alternative Responses Recommendations Report that has been approved by the City.

- Community Engagement: **\$105,000**
 - Sub-contracts with: Bright Research Group; Pastor Michael Smith/Voices Against Violence; Pastor Michael McBride/Faith in Action; and Berkeley Youth Alternatives.
 - Specific breakdown to be determined by the NICJR Team in mid-January
 - \$20,000 in stipends to Community-based organizations and Berkeley residents.

Monthly invoices shall detail the work performed by NICJR and its subcontractors. Such invoice shall include all applicable receipts and justification of expenditures and stipends.

- Final Findings and Recommendations Report: **\$20,000**

Invoice for this work shall be submitted to the City upon receipt of the Final Report to the City and presentation of the Final Report to the City Council.

Exhibit B

TOTAL: **\$270,000**

The contract will be deliverables based; project management and community engagement costs will be prorated evenly across the project term and billed on a flat monthly basis accordingly.

Invoices must provide information for making payment and audit. Invoices must be accompanied by receipt for services in order for payment to be processed. Invoices shall reference the contract number.

NON-DISCRIMINATION/WORKFORCE COMPOSITION

FOR ALL CONTRACTS: 5 OR MORE EMPLOYEES

To assist the City of Berkeley in implementing its Non-Discrimination policy, you're requested to furnish information regarding your personnel, as indicated below, and return this form to the City Department handling your contract.

ORGANIZATION National Institute for Criminal Justice Reform
ADDRESS 4900 Shattuck Ave #3817, Oakland, CA 94609
BUSINESS LICENSE # _____

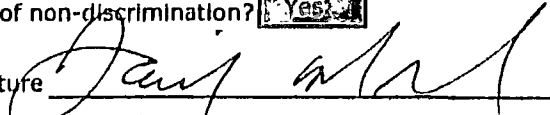
You may complete this online & make entries in these cells, they will be automatically totaled at the bottom; or print the form & complete by hand/typewriter.

Occupational Category (see page 2 for definitions)	ALL EMPLOYEES		WHITE		BLACK		ASIAN		HISPANIC		OTHER (specify)**	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Officials/Administrators	1				1							
Professionals	4	4		2	3	2	1					
Technicians												
Protective Service Workers												
Para-professionals												
Office/Clerical												
Skilled Craft Workers												
Service/Maintenance												
Other Occupation: Specify*												
Totals	5	4		2	4	2	1					

*Specify other occupation: _____
 **Specify other ethnicity: _____

Is your business MBE/WBE/DBE certified? No If Yes, by what agency? _____
 If Yes, please specify: or ethnic identification: _____

Do you have a policy of non-discrimination? Yes

Signature  Date 12/15/20
 Print/Type Name of Signer David Muhammad

Verified by _____ Date _____
City of Berkeley Contract Administrator

CITY OF BERKELEY
Nuclear Free Zone Disclosure Form

I (we) certify that:

1. I am (we are) fully cognizant of any and all contracts held, products made or otherwise handled by this business entity, and of any such that are anticipated to be entered into, produced or handled for the duration of its contract(s) with the City of Berkeley. (To this end, more than one individual may sign this disclosure form, if a description of which type of contracts each individual is cognizant is attached.)
2. I (we) understand that Section 12.90.070 of the Nuclear Free Berkeley Act (Berkeley Municipal Code Ch. 12.90; Ordinance No. 5784-N.S.) prohibits the City of Berkeley from contracting with any person or business that knowingly engages in work for nuclear weapons.
3. I (we) understand the meaning of the following terms as set forth in Berkeley Municipal Code Section 12.90.130:

"Work for nuclear weapons" is any work the purpose of which is the development, testing, production, maintenance or storage of nuclear weapons or the components of nuclear weapons; or any secret or classified research or evaluation of nuclear weapons; or any operation, management or administration of such work.

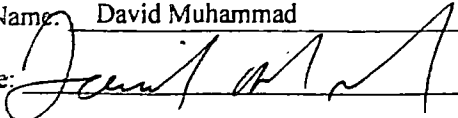
"Nuclear weapon" is any device, the intended explosion of which results from the energy released by reactions involving atomic nuclei, either fission or fusion or both. This definition of nuclear weapons includes the means of transporting, guiding, propelling or triggering the weapon if and only if such means is destroyed or rendered useless in the normal propelling, triggering, or detonation of the weapon.

"Component of a nuclear weapon" is any device, radioactive or non-radioactive, the primary intended function of which is to contribute to the operation of a nuclear weapon (or be a part of a nuclear weapon).

4. Neither this business entity nor its parent nor any of its subsidiaries engages in work for nuclear weapons or anticipates entering into such work for the duration of its contract(s) with the City of Berkeley.

Based on the foregoing, the undersigned declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Printed Name: David Muhammad Title: Executive Director

Signature:  Date: 12/15/20

Business Entity: National Institute for Criminal Justice Reform

Contract Description/Specification No. _____

Attachment C

CITY OF BERKELEY
Oppressive States Compliance Statement for Personal Services

The undersigned, an authorized agent of National Institute for Criminal Justice Reform (hereafter "Vendor"), has had an opportunity to review the requirements of Berkeley City Council Resolution No. 59,853-N.S. (hereafter "Resolution"). Vendor understands and agrees that the City may choose with whom it will maintain business relations and may refrain from contracting with those Business Entities which maintain business relationships with morally repugnant regimes. Vendor understands the meaning of the following terms used in the Resolution:

"Business Entity" means "any individual, firm, partnership, corporation, association or any other commercial organization, including parent-entities and wholly-owned subsidiaries" (to the extent that their operations are related to the purpose of the contract with the City).

"Oppressive State" means: Tibet Autonomous Region and the Provinces of Amdo, Kham and U-Tsang

"Personal Services" means "the performance of any work or labor and shall also include acting as an independent contractor or providing any consulting advice or assistance, or otherwise acting as an agent pursuant to a contractual relationship."

Contractor understands that it is not eligible to receive or retain a City contract if at the time the contract is executed, or at any time during the term of the contract it provides Personal Services to:

- a. The governing regime in any Oppressive State.
b. Any business or corporation organized under the authority of the governing regime of any Oppressive State.
c. Any person for the express purpose of assisting in business operations or trading with any public or private entity located in any Oppressive State.

Vendor further understands and agrees that Vendor's failure to comply with the Resolution shall constitute a default of the contract and the City Manager may terminate the contract and bar Vendor from bidding on future contracts with the City for five (5) years from the effective date of the contract termination.

The undersigned is familiar with, or has made a reasonable effort to become familiar with, Vendor's business structure and the geographic extent of its operations. By executing the Statement, Vendor certifies that it complies with the requirements of the Resolution and that if any time during the term of the contract it ceases to comply, Vendor will promptly notify the City Manager in writing.

Based on the foregoing, the undersigned declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Printed Name: David Muhammad Title: Executive Director
Signature: [Handwritten Signature] Date: 12/15/20
Business Entity: National Institute for Criminal Justice Reform

I am unable to execute this Statement; however, Vendor is exempt under Section VII of the Resolution. I have attached a separate statement explaining the reason(s) Vendor cannot comply and the basis for any requested exemption.

Signature: _____ Date: _____

Contract description/Specification No.: _____

CITY OF BERKELEY
Sanctuary City Compliance Statement

The undersigned, an authorized agent of National Institute for Criminal Justice Reform (hereafter "Contractor"), has had an opportunity to review the requirements of Berkeley Code Chapter 13.105 (hereafter "Sanctuary City Contracting Ordinance" or "SCCO"). Contractor understands and agrees that the City may choose with whom it will maintain business relations and may refrain from contracting with any person or entity that provides Data Broker or Extreme Vetting services to the U.S. Immigration and Customs Enforcement Division of the United States Department of Homeland Security ("ICE"). Contractor understands the meaning of the following terms used in the SCCO:

- a. "Data Broker" means either of the following:
i. The collection of information, including personal information about consumers, from a wide variety of sources for the purposes of reselling such information to their customers, which include both private-sector business and government agencies;
ii. The aggregation of data that was collected for another purpose from that for which it is ultimately used.
b. "Extreme Vetting" means data mining, threat modeling, predictive risk analysis, or other similar services." Extreme Vetting does not include:
i. The City's computer-network health and performance tools;
ii. Cybersecurity capabilities, technologies and systems used by the City of Berkeley Department of Information Technology to predict, monitor for, prevent, and protect technology infrastructure and systems owned and operated by the City of Berkeley from potential cybersecurity events and cyber-forensic based investigations and prosecutions of illegal computer based activity.

Contractor understands that it is not eligible to receive or retain a City contract if at the time the Contract is executed, or at any time during the term of the Contract, it provides Data Broker or Extreme Vetting services to ICE.

Contractor further understands and agrees that Contractor's failure to comply with the SCCO shall constitute a material default of the Contract and the City Manager may terminate the Contract and bar Contractor from bidding on future contracts with the City for five (5) years from the effective date of the contract termination.

By executing this Statement, Contractor certifies that it complies with the requirements of the SCCO and that if any time during the term of the Contract it ceases to comply, Contractor will promptly notify the City Manager in writing. Any person or entity who knowingly or willingly supplies false information in violation of the SCCO shall be guilty of a misdemeanor and up to a \$1,000 fine.

Based on the foregoing, the undersigned declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this ___ day of ___, 20___, at ___, California.

Printed Name: David Muhammad Title: Executive Director
Signed: [Signature] Date: 12/15/20

Business Entity: National Institute for Criminal Justice Reform

CITY OF BERKELEY
Living Wage Certification for Providers of Personal Services

TO BE COMPLETED BY ALL PERSONS OR ENTITIES ENGAGING IN A CONTRACT FOR PERSONAL SERVICES WITH THE CITY OF BERKELEY.

The Berkeley Municipal Code Chapter 13.27, Berkeley's Living Wage Ordinance (LWO), provides that contractors who engage in a specified amount of business with the City (except where specifically exempted) under contracts which furnish services to or for the City in any twelve (12) month period of time shall comply with all provisions of this Ordinance.

Section I.

1. IF YOU ARE A FOR-PROFIT BUSINESS, PLEASE ANSWER THE FOLLOWING QUESTIONS

a. During the previous twelve (12) months, have you entered into contracts, including the present contract, bid, or proposal, with the City of Berkeley for a cumulative amount of \$25,000.00 or more?

YES ___ NO ___

If no, this contract is NOT subject to the requirements of the LWO, and you may continue to Section II. If yes, please continue to question 1(b).

b. Do you have six (6) or more employees, including part-time and stipend workers?

YES ___ NO ___

If you have answered, "YES" to questions 1(a) and 1(b) this contract IS subject to the LWO. If you responded "NO" to 1(b) this contract IS NOT subject to the LWO. Please continue to Section II.

2. IF YOU ARE A NON-PROFIT BUSINESS, AS DEFINED BY SECTION 501(C) OF THE INTERNAL REVENUE CODE OF 1954, PLEASE ANSWER THE FOLLOWING QUESTIONS.

a. During the previous twelve (12) months, have you entered into contracts, including the present contract, bid or proposal, with the City of Berkeley for a cumulative amount of \$100,000.00 or more?

YES X NO ___

If no, this Contract is NOT subject to the requirements of the LWO, and you may continue to Section II. If yes, please continue to question 2(b).

b. Do you have six (6) or more employees, including part-time and stipend workers?

YES X NO ___

If you have answered, "YES" to questions 2(a) and 2(b) this contract IS subject to the LWO. If you responded "NO" to 2(b) this contract IS NOT subject to the LWO. Please continue to Section II.

Section II

Please read, complete, and sign the following:

THIS CONTRACT IS SUBJECT TO THE LIVING WAGE ORDINANCE.

[X]

THIS CONTRACT IS NOT SUBJECT TO THE LIVING WAGE ORDINANCE.

[]

The undersigned, on behalf of himself or herself individually and on behalf of his or her business or organization, hereby certifies that he or she is fully aware of Berkeley's Living Wage Ordinance, and the applicability of the Living Wage Ordinance, and the applicability of the subject contract, as determined herein. The undersigned further agrees to be bound by all of the terms of the Living Wage Ordinance, as mandated in the Berkeley Municipal Code, Chapter 13.27. If, at any time during the term of the contract, the answers to the questions posed herein change so that Contractor would be subject to the LWO, Contractor will promptly notify the City Manager in writing. Contractor further understands and agrees that the failure to comply with the LWO, this certification, or the terms of the Contract as it applies to the LWO, shall constitute a default of the Contract and the City Manager may terminate the contract and bar Contractor from future contracts with the City for five (5) years from the effective date of the Contract termination. If the contractor is a for-profit business and the LWO is applicable to this contract, the contractor must pay a living wage to all employees who spend 25% or more of their compensated time engaged in work directly related to the contract with the City. If the contractor is a non-profit business and the LWO is applicable to this contract, the contractor must pay a living wage to all employees who spend 50% or more of their compensated time engaged in work directly related to the contract with the City.

These statements are made under penalty of perjury under the laws of the state of California.

Printed Name: David Muhammad Title: Executive Director

Signature:  Date: 12/15/20

Business Entity: National Institute for Criminal Justice Reform

Contract Description/Specification No: _____

Section III

• **** FOR ADMINISTRATIVE USE ONLY – PLEASE PRINT CLEARLY ****

I have reviewed this Living Wage Certification form, in addition to verifying Contractor's total dollar amount contract commitments with the City in the past twelve (12) months, and determined that this Contract IS / IS NOT (circle one) subject to Berkeley's Living Wage Ordinance.

Department Name

Department Representative

To be completed by Contractor/Vendor

Form EBO-1
CITY OF BERKELEY



CERTIFICATION OF COMPLIANCE WITH EQUAL BENEFITS ORDINANCE

If you are a **contractor**, return this form to the originating department/project manager. If you are a **vendor** (supplier of goods), return this form to the Purchasing Division of the Finance Dept.

SECTION 1. CONTRACTOR/VENDOR INFORMATION

Name: National Institute for Criminal Justice Reform		Vendor No.: 52325	
Address: 4900 Shattuck Ave #3817,	City: Oakland	State: CA	ZIP: 94609
Contact Person: David Muhammad	Telephone:		
E-mail Address: david@nicjr.org	Fax No.:		

SECTION 2. COMPLIANCE QUESTIONS

- A. The EBO is inapplicable to this contract because the contractor/vendor has no employees.
 Yes No (If "Yes," proceed to Section 5; if "No," continue to the next question.)
- B. Does your company provide (or make available at the employees' expense) any employee benefits?
 Yes No
 If "Yes," continue to Question C.
 If "No," proceed to Section 5. (The EBO is not applicable to you.)
- C. Does your company provide (or make available at the employees' expense) any benefits to the spouse of an employee? Yes No
- D. Does your company provide (or make available at the employees' expense) any benefits to the domestic partner of an employee? Yes No
If you answered "No" to both Questions C and D, proceed to Section 5. (The EBO is not applicable to this contract.)
If you answered "Yes" to both Questions C and D, please continue to Question E.
If you answered "Yes" to Question C and "No" to Question D, please continue to Section 3.
- E. Are the benefits that are available to the spouse of an employee identical to the benefits that are available to the domestic partner of the employee? Yes No
If you answered "Yes," proceed to Section 4. (You are in compliance with the EBO.)
If you answered "No," continue to Section 3.

SECTION 3. PROVISIONAL COMPLIANCE

- A. Contractor/vendor is not in compliance with the EBO now but will comply by the following date:
 - By the first effective date after the first open enrollment process following the contract start date, not to exceed two years, if the Contractor submits evidence of taking reasonable measures to comply with the EBO; or
 - At such time that administrative steps can be taken to incorporate nondiscrimination in benefits in the Contractor's infrastructure, not to exceed three months; or
 - Upon expiration of the contractor's current collective bargaining agreement(s).
- B. If you have taken all reasonable measures to comply with the EBO but are unable to do so, do you agree to provide employees with a cash equivalent? Yes No

* The cash equivalent is the amount of money your company pays for spousal benefits that are unavailable for domestic partners.

SECTION 4. REQUIRED DOCUMENTATION

At time of issuance of purchase order or contract award, you may be required by the City to provide documentation (copy of employee handbook, eligibility statement from your plans, insurance provider statements, etc.) to verify that you do not discriminate in the provision of benefits.

SECTION 5. CERTIFICATION

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that I am authorized to bind this entity contractually. By signing this certification, I further agree to comply with all additional obligations of the Equal Benefits Ordinance that are set forth in the Berkeley Municipal Code and in the terms of the contract or purchase order with the City.

Executed this 15th day of December, in the year 2020, at Berkeley, CA
(City) (State)

David Muhammad
Name (please print)
Executive Director
Title

David Muhammad
Signature
Federal ID or Social Security Number

FOR CITY OF BERKELEY USE ONLY

- Non-Compliant (The City may not do business with this contractor/vendor)
- One-Person Contractor/Vendor Full Compliance Reasonable Measures
- Provisional Compliance Category, Full Compliance by Date: _____
- Staff Name(Sign and Print): _____ Date: _____



CERTIFICATE OF LIABILITY INSURANCE

APPENDIX B

DATE (MM/DD/YYYY)
01/14/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hiscox Inc. d/b/a/ Hiscox Insurance Agency in CA 520 Madison Avenue 32nd Floor New York, NY 10022	CONTACT NAME: PHONE (A/C, No, Ext): (888) 202-3007 FAX (A/C, No): E-MAIL ADDRESS: contact@hiscox.com	
	INSURER(S) AFFORDING COVERAGE INSURER A: Hiscox Insurance Company Inc	NAIC # 10200
INSURED National Institute for Criminal Justice Reform 303 Hegenberger Road 301 Oakland, CA 94621	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER.	Y		UDC-4031481-CGL-21	01/04/2021	01/04/2022	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ S/T Gen. Agg
							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

City of Berkeley 2180 Milvia Street, 5th Floor Berkeley CA 94704	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

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P.O. BOX 8192, PLEASANTON, CA 94588

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 01-14-2021

GROUP:
POLICY NUMBER: 9248762-2020
CERTIFICATE ID: 9
CERTIFICATE EXPIRES: 04-09-2021
04-09-2020/04-09-2021

CITY OF BERKELEY
2180 MILVIA ST
BERKELEY CA 94704-1122

NA

04-09-2020
HD

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 10 days advance written notice to the employer.

We will also give you 10 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

Authorized Representative

President and CEO

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #2572 ENTITLED BLANKET WAIVER OF SUBROGATION EFFECTIVE 2020-04-09 IS ATTACHED TO AND FORMS A PART OF THIS POLICY

EMPLOYER

THE NAT'L INST. FOR CRIM REFORM (A NON PROFIT
PUBLIC BENEFIT CORP)
303 HEGENBERGER RD STE 301
OAKLAND CA 94621

[P17,HO]

RESOLUTION NO. 69,650-N.S.

CONTRACT: NATIONAL INSTITUTE FOR CRIMINAL JUSTICE REFORM TO MANAGE AND LEAD A COMMUNITY ENGAGEMENT PROCESS TO DEVELOP A NEW PARADIGM OF PUBLIC SAFETY IN BERKELEY

WHEREAS, on July 14, 2020, the City Council of the City Berkeley passed a package of items providing direction for the development of a new paradigm of public safety in Berkeley that included direction to the City Manager to hire a firm to lead a robust community engagement effort; and

WHEREAS, City of Berkeley issued a Request for Proposal on September 8, 2020 and the National Institute for Criminal Justice Reform and their team was selected through a competitive Request for Proposal process; and

WHEREAS, the National Institute for Criminal Justice Reform is being recommended to the City Council based on the strength of their team, subject matter expertise, familiarity with the City, and robust community engagement process; and

WHEREAS, at the request of the City Council of the City of Berkeley, the City Auditor is performing an assessment of the City's emergency and non-emergency 9-1-1 calls-for-service; and

WHEREAS, the National Institute for Criminal Justice Reform has agreed to perform the work necessary for this assignment including, but not limited to:

- Working with the City Auditor on the assessment of emergency and non-emergency calls for service.
- Developing a summary and presentation of new and emerging models of community safety and policing.
- Developing and implementing a communications strategy to ensure that the community is well informed, a robust community engagement process, and managing the Task Force to be established by the City Council.
- Identifying the programs and/or services that are currently provided by the Berkeley Police Department that can be provided by other City departments and / or organizations.
- Developing a final report and implementation plan that will be used to guide future decision making.

WHEREAS, the services to be performed by the National Institute for Criminal Justice Reform and their team align with the Strategic Plan goal to champion and demonstrate social and racial equity.

NOW THEREFORE, BE IT RESOLVED by the Council of the City of Berkeley:

Section 1. The City Manager or her designee is hereby authorized to execute a contract and any amendments with National Institute for Criminal Justice Reform to manage and lead a community engagement to develop a new paradigm for public safety in the City of Berkeley for a total contract not-to-exceed \$270,000 from the General Fund for the period beginning January 1, 2021 and ending June 30, 2022. A General Fund appropriation for this contract will be included in the First Amendment to the FY 2021 Annual Appropriations Ordinance.

Section 2. The City Manager will include in the Scope of Work for the National Institute of Criminal Justice Reform that they will work with the City Auditor's Office on the assessment of emergency and non-emergency calls-for-service to ensure that there is no duplication of work. The City Auditor has agreed to be available and review its work with the National Institute for Criminal Justice Reform.

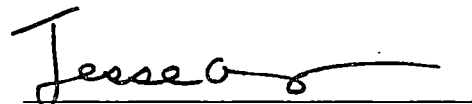
Section 3. A record signature copy of the contract and any amendments between the City and the National Institute for Criminal Justice Reform shall be on file in the Office of the City Clerk.

The foregoing Resolution was adopted by the Berkeley City Council on December 15, 2020 by the following vote:

Ayes: Bartlett, Droste, Hahn, Harrison, Kesarwani, Robinson, Taplin, Wengraf, and Arreguin.

Noes: None.

Absent: None.


Jesse Arreguin, Mayor

Attest: 
Mark Numainville, City Clerk

RECEIVED
JAN 22 2020
CITY OF BERKELEY
CITY CLERK DEPARTMENT

Attachment 2



APPLICATION FOR APPOINTMENT
BERKELEY REIMAGINING PUBLIC SAFETY TASK FORCE

NAME: _____

RESIDENCE ADDRESS: _____
Street City Zip

MAILING ADDRESS: _____
P.O. Box/Street City Zip

BUSINESS/EMPLOYER ADDRESS: _____
Street City Zip

EMAIL ADDRESS: _____

OCCUPATION/PROFESSION: _____

PRIMARY PHONE: _____ ALTERNATE PHONE: _____

*** DEMOGRAPHIC SURVEY – PLEASE COMPLETE ***

Please indicate gender: Male Female Nonbinary Prefer not to say
Please indicate whether you are currently a student: Yes No
Please indicate the racial / ethnic category which you most closely identify with below
(response optional - please check only one category):
WHITE (Not of Hispanic origin.): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
BLACK (Not of Hispanic origin.): All persons having origins in any of the Black racial groups of Africa.
HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central American, South American, or other Spanish culture or origin, regardless of race.
ASIAN / PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, and Samoa.
AMERICAN INDIAN / ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. Please identify the tribe which you are affiliated with.
OTHER / BI-RACIAL: Persons who do not identify with any of the above categories or who have mixed or unknown racial/ethnic origins

THE FOLLOWING INDIVIDUALS ARE QUALIFIED TO COMMENT ON MY CAPABILITIES:

Table with 3 columns: NAME, ADDRESS, PHONE/EMAIL

AFFIDAVIT OF RESIDENCY*

I, _____, hereby declare, under penalty of perjury, that I am a resident of Berkeley. I understand that, with the exception of a temporary relocation outside of Berkeley not to exceed six months, I may no longer serve on a Berkeley Commission should this cease to be true.

Signature of Applicant: _____ Date: _____

*Residency not required for At-Large Appointees, provided that they are active, committed Berkeley stakeholders.

*The City of Berkeley's Conflict of Interest Code requires members of City of Berkeley Commissions to file Statements of Economic Interests – FPPC Form 700. The Form 700 is a public document. For more information, please contact the City Clerk Department at (510) 981-6900, or visit our website at http://www.cityofberkeley.info/ContentDisplay.aspx?id=4176.



APPENDIX B

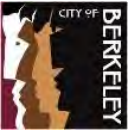
TASK FORCE MEMBERSHIP GOALS AND WRITTEN STATEMENT

All members must be active members of the Berkeley community and committed to the goals and success of the Task Force. Additionally, pursuant to the enabling legislation, in order to maintain the Council's commitment to centering the voices of those most impacted, appointments to the Task Force should reflect a diverse range of experiences, knowledge, expertise and representation, and be made with the goal of achieving a balance of the following criteria:

- Representation from Impacted Communities:
 - Formerly incarcerated individuals
 - Victims/family members of violent crime
 - Immigrant community
 - Communities impacted by high crime, over-policing and police violence
 - Individuals experiencing homelessness
 - Historically marginalized populations
- Faith-Based Community Leaders
- Expertise/Leadership in Violence Prevention, Youth Services, Crisis Intervention, and Restorative or Transformative Justice
- Health/Public Health Expertise
- City of Berkeley labor/union representation
- Law Enforcement Operation Knowledge
- City Budget Operations/Knowledge

Describe how your experience, education, attributes, and training qualify you for appointment to the Task Force, and which membership criteria listed above apply to you. Attach additional pages if needed.

Return this form to the City Clerk Department, 2180 Milvia Street, 1st Floor, Berkeley, CA 94704



APPOINTMENT FORM: REIMAGINING PUBLIC SAFETY TASK FORCE
(Contact information may be left blank when the information is provided by an applicant in the attached application)

APPOINTING AUTHORITY _____

NAME OF APPOINTEE _____

RESIDENCE ADDRESS _____

Street City Zip

MAILING ADDRESS _____

P.O. Box/Street City Zip

BUSINESS/EMPLOYER ADDRESS: _____

Street City Zip

EMAIL ADDRESS _____

OCCUPATION/PROFESSION _____

PRIMARY PHONE: _____ ALTERNATE PHONE: _____

Check appropriate box: New Appointment Reappointment Temporary Appt.

Temporary Appt.: From (date) _____ To (date) _____
(only if appointing for more than one meeting)

Please send mail to: Home Mailing Business/Employer

Signature: _____ Date: _____

Mayor/Councilmember/Authorized Agent

For Appointing Authority and City Use Only:

Interview Date	Appoint. Date	Process Date
----------------	---------------	--------------

BERKELEY NEWS

City Manager's Office

Press Contact: [Matthai Chakko](#), (510) 981-7008



APPLY BY FEBRUARY 8: HELP SHAPE THE FUTURE OF PUBLIC SAFETY IN BERKELEY

Apply to join the Re-Imagining Public Safety Task Force

Berkeley, California (Wednesday, January 20, 2021) - Be part of Berkeley's efforts to create a new paradigm for public safety by applying to serve on a Task Force that will oversee the development of a plan to restructure the City's approach to violence prevention, crisis intervention, policing, and community safety.

Supported by consultants from the [National Institute for Criminal Justice Reform](#), the task force will serve as a hub for community engagement around the City's efforts to "reimagine public safety." Work will include holding public meetings, hearing testimony from community members, and providing input on new or redesigned programs and initiatives that will support an equitable, community-centered, anti-racist model of public safety.

The bulk of this work will take place in spring and summer of 2021, though terms of service may be extended beyond this date.

Community application process ensures those most impacted are included

Fourteen Task Force members are being appointed by elected officials, select City Commissions, and community stakeholder organizations. This group will then select three additional "at-large" members from a pool of applicants, looking specifically to fill gaps in representation or knowledge among appointed members.

They'll be seeking people active in the Berkeley community who can bring subject expertise in relevant topics or speak from their own experience as a member of a historically marginalized or impacted community, using [criteria identified by the City Council](#).

Representation from impacted communities might include victims of violent crime, formerly incarcerated individuals, or people experiencing homelessness. For subject expertise, they'll be looking to ensure the Task Force includes members with experience in violence prevention, youth services, crisis intervention, restorative justice, public health, law enforcement, and municipal budgeting.

How to apply

[Download the application](#) and submit the completed form by email to commission@cityofberkeley.info or mail it to:

City Clerk Department
2180 Milvia Street, 1st Floor
Berkeley, CA 94704

You'll be asked to provide contact and demographic information, two references, and a written statement explaining how your background qualifies you to serve on the Task Force.

Applications are due by Monday, February 8, 2021. Three at-large members will be selected from those who applied by the appointed Task Force members and confirmed by the City Council.

Reimagining Public Safety in Berkeley

The Task Force is part of a larger effort to create a new paradigm of public safety in Berkeley, which aims to re-focus Police Department work on violent and criminal matters while redirecting some funding currently spent on policing to violence prevention and diversion programs, including those targeted on domestic violence, youth outreach, mental health, housing and homeless services, and restorative justice.

Other components of this initiative, passed as an omnibus package by the City Council in the summer of 2020, include:

- a pilot program to reassign non-criminal police service calls to a Specialized Care Unit
- creating a Department of Transportation to administer parking regulations and traffic laws
- audits of 9-1-1 calls and the Police Department budget

These efforts build on the Berkeley longstanding commitment to creating a more equitable community and support the City's Strategic Plan goals to "champion and demonstrate social and racial equity" and to "create a resilient, safe, connected, and prepared City."

Links

- [Task Force application](#)
- Reimagining Public Safety Task Force [enabling legislation and summary report](#)
- [Re-Imagining Public Safety progress update](#), December 16, 2020
- [City of Berkeley Strategic Plan](#)

###

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[Web Policy](#) | [Text-Only Site Map](#) | [Contact Us](#)

City of Berkeley - Central Administrative Offices, 2180 Milvia St, Berkeley, CA 94704

(510) 981-CITY/2489 or 311 from any landline in Berkeley

TTY: (510) 981-6903



Office of the City Manager

March 1, 2021

To: Honorable Mayor and Members of the City Council

From: Dee Williams-Ridley, City Manager

Re: Update on Re-Imagining Public Safety

On July 14, 2020, City Council adopted an omnibus package to re-imagine public safety and policing in the City of Berkeley. The omnibus package consisted of numerous elements including, but not limited to the following:

- Having the City Auditor perform an analysis of City's emergency 9-1-1 calls-for-service and responses, as well as analysis of the Berkeley Police Department's (BPD) budget.
- Analyzing and developing a pilot program to re-assign non-criminal police service calls to a Specialized Care Unit.
- Creating plans and protocols for calls for service to be routed and assigned to alternative preferred responding entities and consider placing dispatch in the Fire Department or elsewhere outside the Police Department.
- Analyzing litigation outcomes and exposure for city departments in order to guide the creation of City policy to reduce the impact of settlements on the General Fund.
- Engaging a qualified firm(s) or individual(s) to lead a robust, inclusive, and transparent community engagement process with the goal of achieving a new and transformative model of positive, equitable and community-centered safety for Berkeley.
- Pursuing the creation of a Berkeley Department of Transportation ("BerkDoT") to ensure a racial justice lens in traffic enforcement and the development of transportation policy, programs and infrastructure, and identify and implement approaches to reduce and/or eliminate the practice of pretextual stops based on minor traffic violations

Subsequent to the adoption of the omnibus package, the City established a multi-department working group to oversee and implement various components of the package. The working group consists of the following:

- City Manager;
- Deputy City Managers;
- City Attorney;
- Fire Chief;

- Health, Housing and Community Services (HHCS) Director;
- Human Resources Director;
- Police Chief; and
- Public Works Director.

We have established weekly meetings and have developed an organizational structure that will enable us to advance the various referrals in the omnibus package at the same time.

Our work to advance the omnibus package has been organized in the following manner:

- HHCS Director, Lisa Warhuus, is leading the work to develop a Specialized Care Unit pilot program.
- Fire Chief, David Brannigan, is leading the work to develop a plan for priority dispatching.
- City Attorney, Farimah Brown, is managing the analysis of litigation claims and settlements.
- The Public Safety / Police Re-Imagining and community engagement process will be led by Deputy City Manager David White. Deputy City Manager White will also be supporting the City Manager by providing overall project management support to the team.
- BerkDoT will be led by our Public Works Director, Liam Garland.

Current Updates (for the February 23, 2021 City Council Meeting)

The following provides a brief overview of what has been accomplished since the last update to City Council on February 9, 2021.

- City Auditor calls-for-service and budget analysis
 - City staff continue to meet with the City Auditor to coordinate and respond to any questions or needs that arise.
- Priority Dispatching
 - No new updates at this time. For the latest update, please see the [February 10, 2021 Reimagining Public Safety Update](#)¹.

¹ https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_General/Reimagining%20Public%20Safety%20Update%20021021.pdf.

- Specialized Care Unit (SCU)
 - No new updates at this time. For the latest update, please see the [February 10, 2021 Reimagining Public Safety Update](#)².
- Analysis of Claims and Settlements
 - No updates to report.
- Public Safety and Police Re-imagining Community Engagement
 - On December 15, 2020, the City Council authorized the City Manager to enter into a contract with the [National Institute of Criminal Justice Reform](#) (NICJR) to conduct research, analysis, and use its expertise to develop reports and recommendations for community safety and police reform as well as plan, develop, and lead an inclusive and transparent community engagement process to help the City achieve a new and transformative model of positive, equitable and community-centered safety for Berkeley.
 - City staff from the City Manager's Office are meeting regularly with NICJR to coordinate project implementation.
 - NICJR has been meeting with the City Auditor to collaborate and coordinate on the calls-for-service analysis, is in the process of developing a project website and is developing the initial report on new and emerging models of community safety and policing. In addition to that, at the next Task Force meeting, NICJR will provide an overview of its contract and discuss its approach to community engagement.
 - [Reimagining Public Safety Task Force \(Task Force\)](#)³
 - (Enabling legislation for background only) On January 19, 2021, the City Council adopted [revisions to the enabling legislation for the Reimagining Public Safety Task Force](#)⁴.
 - The first meeting of the Task Force occurred on February 18, 2021. All fourteen (14) members of the Task Force were present. There were two action items on the agenda:
 - ◆ Selection of temporary chair. The Task Force selected Nathan Mizell to serve as Temporary Chair.

² https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_General/Reimagining%20Public%20Safety%20Update%20021021.pdf.

³ <https://www.cityofberkeley.info/RIPST.aspx>.

⁴ https://www.cityofberkeley.info/Clerk/City_Council/2021/01_Jan/Documents/2021-01-19_Item_18_Revisions_to_Enabling_Legislation_for_Reimagining.aspx

- ♦ Appointment of “At-Large” members to the Task Force. The Task Force selecting three individuals to serve as “At-Large” Task Force members:
 - Alex Diaz
 - Frances Ho
 - Liza Lutzker

Pursuant to the enabling legislation, these appointments are subject to City Council confirmation and will be presented to the City Council at the March 9, 2021 City Council meeting.

- The Task Force will next convene in March 2021 and a date is being finalized.
- BerkDoT
 - Staff presented to, and received input from, the Transportation Commission on BerkDoT. The staff report is listed as item B-1 on the [Transportation Commission Agenda](#)⁵ from February 18, 2021, and the presentation is attached.
 - At the Transportation Commission, staff discussed three possible approaches to City Council’s request to pursue a BerkDoT, shared analysis and information on the shifting of nearly 100 positions and up to \$50M in budget to a new BerkDoT under any of the three approaches, proposed two approaches to building a racial justice lens into the organization, and identified various short- and long-term actions. Staff is incorporating input from the Transportation Commission before returning to the Public Works Commission for input on March 4, 2021.
 - Staff continues to meet in an interdepartmental team every two weeks, consult with stakeholders regularly, and utilize consultants to help learn and apply lessons from other contexts.

Attachment: BerkDoT Transportation Commission presentation dated February 18, 2021.

cc: Paul Buddenhagen, Deputy City Manager
David White, Deputy City Manager
Jenny Wong, City Auditor
Farimah Brown, City Attorney
Mark Numainville, City Clerk
David Brannigan, Fire Chief
Lisa Warhuus, Director of Health, Housing & Community Services
LaTanya Bellow, Director of Human Resources
Andrew Greenwood, Chief of Police
Liam Garland, Public Works Director
Matthai Chakko, Assistant to the City Manager

⁵ [https://www.cityofberkeley.info/uploadedFiles/Public_Works/Commissions/Commission_for_Transportation/2021-02-18%20Agenda%20Packet\(2\).pdf](https://www.cityofberkeley.info/uploadedFiles/Public_Works/Commissions/Commission_for_Transportation/2021-02-18%20Agenda%20Packet(2).pdf).



Public Safety Reimagining: BerkDOT

Agenda

1. Timeline
2. Three Organizational Approaches
3. Assessing Functions
4. Getting Input

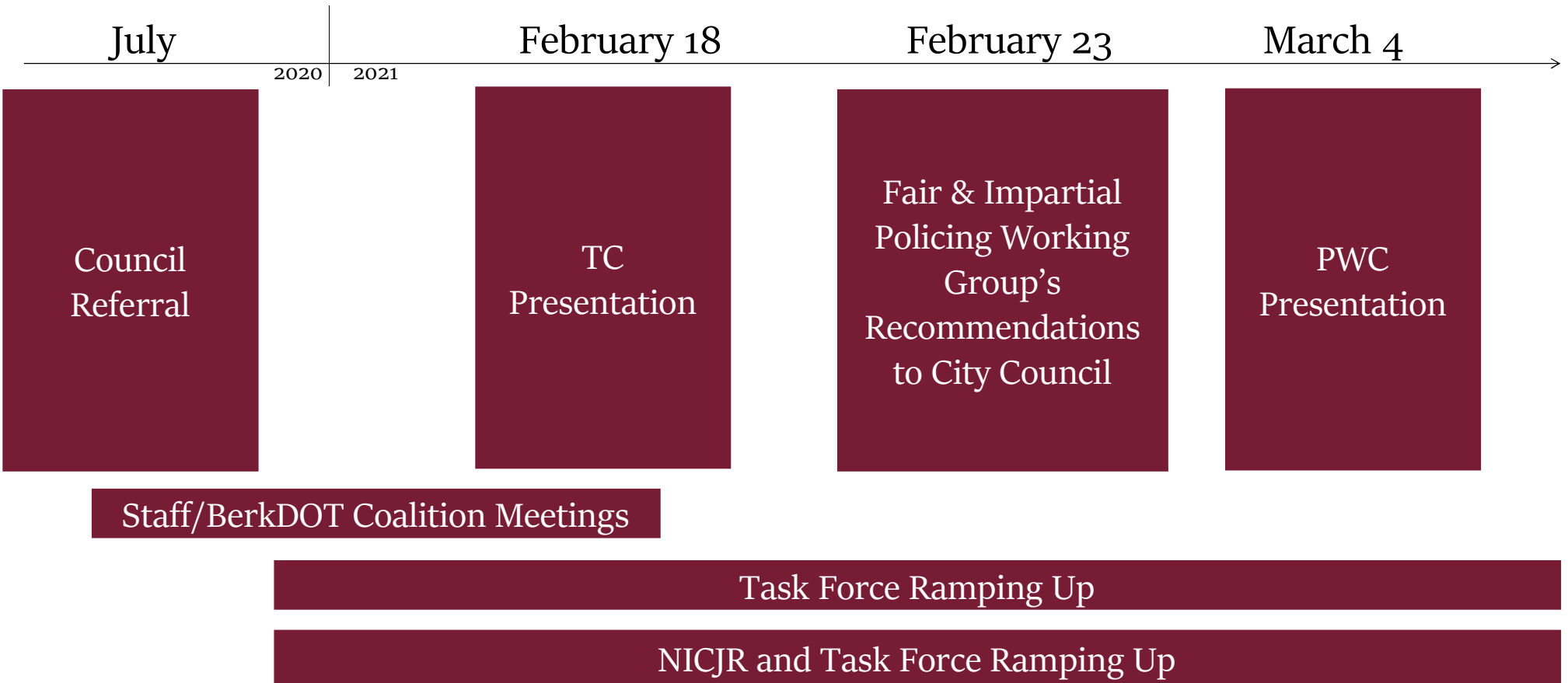


Public Safety Reimagining: BerkDOT

1. Which of the three organizational approaches to a BerkDOT align best with the City Council's referral and the City's adopted strategic and other plans?
2. What near term actions should be prioritized?
3. What areas of future research and/or due diligence should staff focus on?
4. What is missing from the analysis and possible actions to date?

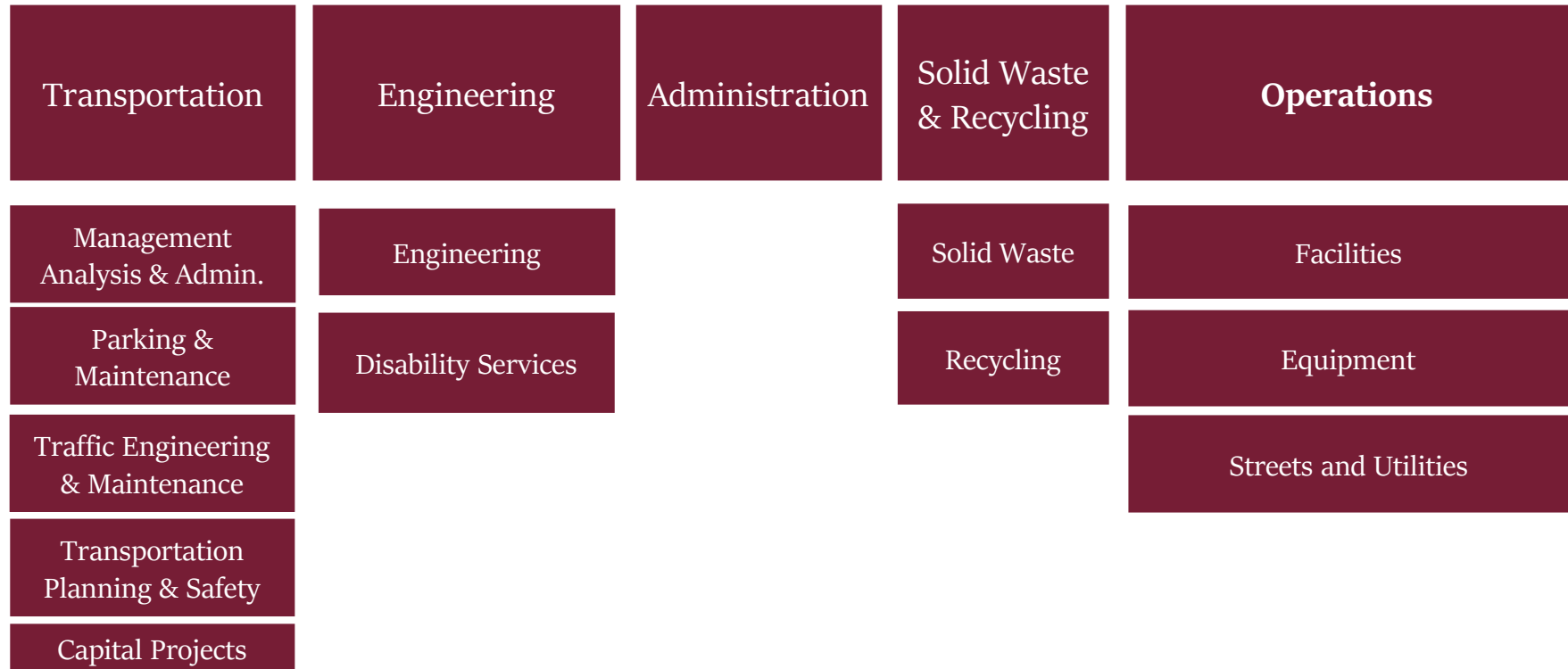


Timeline



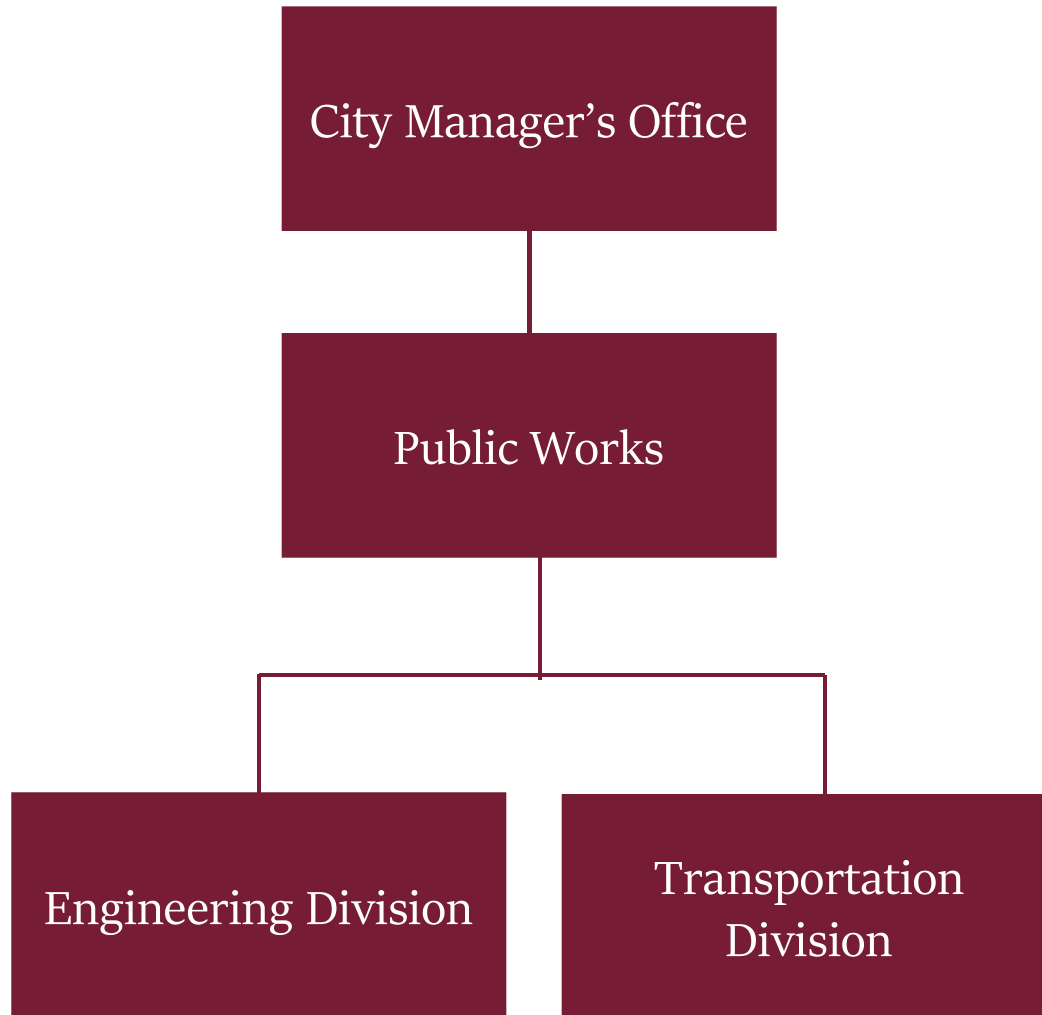


Current Public Works Department Structure





Current Public Works Structure





Three Organizational Approaches to BerkDOT

Infrastructure

A BerkDOT Division in Public Works

B BerkDOTI Department

C BerkDOT Department

City Manager

City Manager

City Manager

Public Works

BerkDOTI

Public Works

BerkDOT

Engineering Division

BerkDOT

Engineering Division

Transportation Division

Departments

Divisions



Evaluating the Approaches

Racial Justice: Do any of these approaches uniquely advance our transportation policy, programs, and infrastructure to advance racial justice and equity?

Mission/Vision: Do any of the options present an opportunity clarify departmental mission or advance strategic priorities?

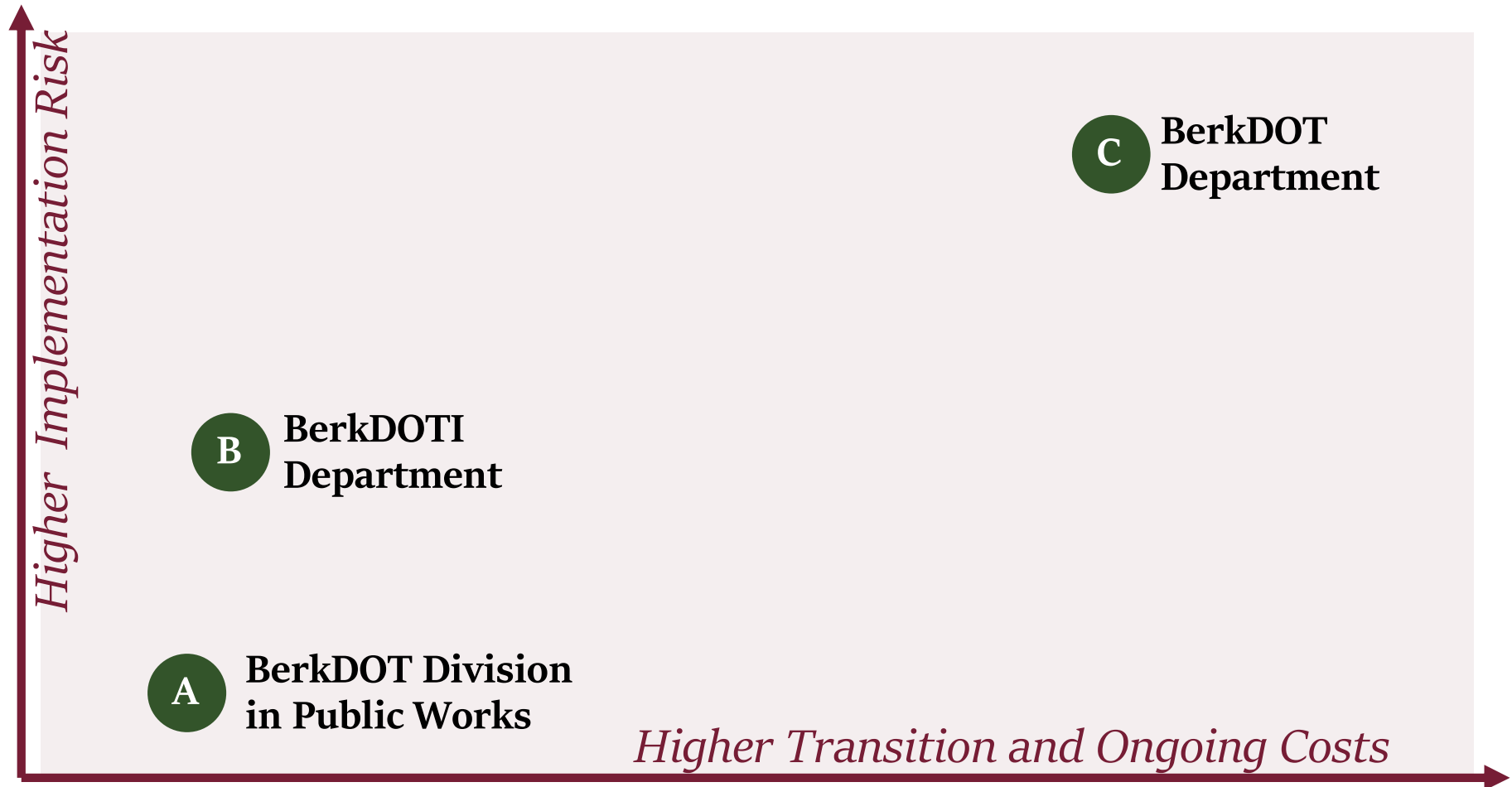
Prioritization/Coordination: Which approach balances these two important principles?

Shifting Functions: Do any of these approaches facilitate function shifting well?

Costs and Implementation Risk...



Evaluating the Approaches: Implementation Risk & Transition Costs





Functional Considerations & Opportunities

Current Police Function

Considerations & Opportunities

New Unarmed Traffic Unit

Subject to state law and City Council’s addressing Fair & Impartial Policing Working Group’s recommendations

Crossing Guards

3.7 FTEs = 15 part timers, possible FY 21/22

Parking Enforcement

24 FTEs, possible FY 22/23

Paving

2.5 FTEs....could be other PW functions, possible FY 22/23

Collision Investigation

Need an additional FTE for Vision Zero work

Traffic Control

Parking enforcement officers, sworn officers, PW staff



Functional Considerations & Opportunities

~100 positions,
\$50M



Racial Justice Lens

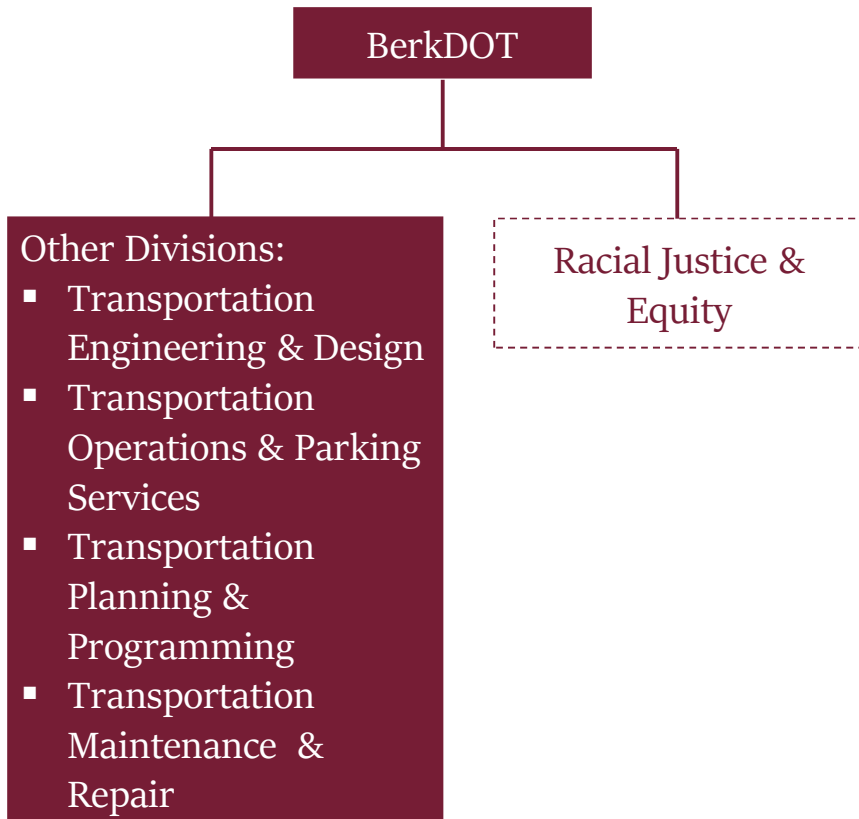
Working Definition

Ensuring a racial justice lens in transportation policy, programs, and infrastructure would mean that all decisions, procedures, and guidelines that govern transportation in this City would affirmatively work to reduce the burdens of racial inequities and mitigate structural harm put on people of color, and create streets where people are safe, experience belonging, and can thrive.

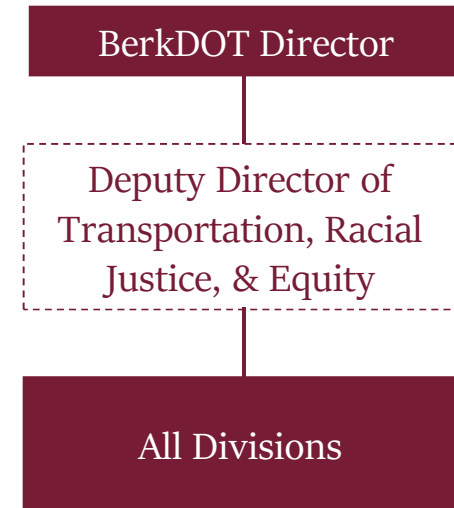


Racial Justice Lens in the Organizational Structure

A Racial Justice & Equity Division within BerkDOT



B Deputy Director of Transportation, Racial Justice, & Equity





Near-Term and Long-Term Actions

Near-Term

1. Determine the appropriate BerkDOT structure from the three organizational approaches above.
2. Determine what, if any, additional functions should be moved to whichever BerkDOT approach is determined. These functions could include:
 - A. Moving crossing guards to BerkDOT to focus on safe routes to school and Vision Zero,
 - B. Moving the Parking Enforcement function and staff into BerkDOT,
 - C. Shifting paving functions from the Engineering Division to BerkDOT, and
 - D. Adding staff to BerkDOT to improve collision investigation and Vision Zero efforts.
3. Clarify the preference for where the Racial Justice and Equity functions sit:
 - A. Within BerkDOT as a division,
 - B. Within BerkDOT assigned to a deputy director position with possible support from a specialist.



Near-Term and Long-Term Actions

Long-Term

1. Continue to support, advocate, and plan for state law changes that permit flexibility in local traffic enforcement.
2. Continue to research and develop recommendations on traffic enforcement, focus stops on traffic safety (not minor violations), and distinguish between major and minor traffic violations.
3. Continue to support and advocate for state changes to allow automated enforcement, reform speed limit setting, etc.
4. Continue to explore fines, fees, and towing policies that promote racial justice and equity.



Questions for Commission Input

1. Which of the three organizational approaches to a BerkDOT align best with the City Council's referral and the City's adopted strategic and other plans?
2. What near term actions should be prioritized?
3. What areas of future research and/or due diligence should staff focus on?
4. What is missing from the analysis and possible actions to date?



Office of the City Manager

March 24, 2021

To: Honorable Mayor and Members of the City Council
From: Dee Williams-Ridley, City Manager
Re: Update on Re-Imagining Public Safety

On July 14, 2020, City Council adopted an omnibus package to re-imagine public safety and policing in the City of Berkeley. The omnibus package consisted of numerous elements including, but not limited to the following:

- Having the City Auditor perform an analysis of City's emergency 9-1-1 calls-for-service and responses, as well as analysis of the Berkeley Police Department's (BPD) budget.
- Analyzing and developing a pilot program to re-assign non-criminal police service calls to a Specialized Care Unit.
- Creating plans and protocols for calls for service to be routed and assigned to alternative preferred responding entities and consider placing dispatch in the Fire Department or elsewhere outside the Police Department.
- Analyzing litigation outcomes and exposure for city departments in order to guide the creation of City policy to reduce the impact of settlements on the General Fund.
- Engaging a qualified firm(s) or individual(s) to lead a robust, inclusive, and transparent community engagement process with the goal of achieving a new and transformative model of positive, equitable and community-centered safety for Berkeley.
- Pursuing the creation of a Berkeley Department of Transportation ("BerkDoT") to ensure a racial justice lens in traffic enforcement and the development of transportation policy, programs and infrastructure, and identify and implement approaches to reduce and/or eliminate the practice of pretextual stops based on minor traffic violations

Subsequent to the adoption of the omnibus package, the City established a multi-department working group to oversee and implement various components of the package. The working group consists of the following:

- City Manager;
- Deputy City Managers;

- City Attorney;
- Fire Chief;
- Health, Housing and Community Services (HHCS) Director;
- Human Resources Director;
- Police Chief; and
- Public Works Director.

We have established weekly meetings and have developed an organizational structure that will enable us to advance the various referrals in the omnibus package at the same time.

Our work to advance the omnibus package has been organized in the following manner:

- HHCS Director, Lisa Warhuus, is leading the work to develop a Specialized Care Unit pilot program.
- Fire Chief, David Brannigan, is leading the work to develop a plan for priority dispatching.
- City Attorney, Farimah Brown, is managing the analysis of litigation claims and settlements.
- The Public Safety / Police Re-Imagining and community engagement process will be led by Deputy City Manager David White. Deputy City Manager White will also be supporting the City Manager by providing overall project management support to the team.
- BerkDoT will be led by our Public Works Director, Liam Garland.

Current Updates (*for the March 9, 2021 City Council Meeting*)

The following provides a brief overview of what has been accomplished since the last update to City Council on February 23, 2021.

- City Auditor calls-for-service and budget analysis
 - City staff continue to meet with the City Auditor to coordinate and respond to any questions or needs that arise.
 - It is anticipated that the City Auditor will present the results of the calls-for-service analysis to the Reimagining Public Safety Task Force in April / May 2021.
- Priority Dispatching
 - The final draft of the Request for Proposal for a consultant to develop an implementation plan for prioritized dispatch is being sent to the Finance Department for release.

- Selection of a vendor will occur in late March / April 2021 with an anticipated start on or around May 1, 2021.
- The consultant will consolidate options and system needs as well as recommend a project plan and budget for implementation.
- Specialized Care Unit (SCU)
 - The steering committee, in partnership with several community members, has compiled a comprehensive list of organizations and individuals who the consultant (RDA) will include in the community engagement process.
 - RDA is working on a draft community outreach plan that includes the aforementioned organizations and individuals, and also ensures an inclusive and safe engagement process. It is anticipated that the outreach process will begin before the end of March.
 - RDA is also pulling together research conducted on effective crisis response models that do not involve police engagement.
- Analysis of Claims and Settlements
 - No updates to report.
- Public safety and Police Re-imagining Community Engagement
 - (Background) On December 15, 2020, the City Council authorized the City Manager to enter into a contract with the [National Institute of Criminal Justice Reform](#) (NICJR) to conduct research, analysis, and use its expertise to develop reports and recommendations for community safety and police reform as well as plan, develop, and lead an inclusive and transparent community engagement process to help the City achieve a new and transformative model of positive, equitable and community-centered safety for Berkeley.
 - City staff from the City Manager's Office are meeting regularly with NICJR to coordinate project implementation.
 - NICJR continues to collaborate and coordinate with the City Auditor on the calls-for-service analysis and continues to make progress on the initial report addressing new and emerging models of community safety and policing, which is anticipated to be presented to the Task Force in April/May 2021. Subsequent to the upcoming Task Force meeting, NICJR will finalize and launch the community engagement process.

- [Reimagining Public Safety Task Force \(Task Force\)](#)¹
 - (Enabling legislation for background only) On January 19, 2021, the City Council adopted [revisions to the enabling legislation for the Reimagining Public Safety Task Force](#)².
 - At the March 9, 2021 City Council meeting, the City Council will be asked to confirm the appointments of the three “At-Large” Task Force members that were appointed by the [Task Force](#)³. The three individuals recommended by the Task Force are:
 - Alex Diaz
 - Frances Ho
 - Liza Lutzker
 - The second meeting of the Task Force will occur on March 11, 2021, and the Agenda has been published and is available on the [City’s website](#)⁴. The Agenda for the upcoming meeting includes:
 - Public Safety Reimagining process overview and all the work that is being accomplished throughout the organization.
 - An overview of the National Institute for Criminal Justice Reform’s workplan.
 - An overview of the community engagement process.

In addition, the Task Force will be asked to select a regular meeting date, elect a permanent Chair and Vice Chair, and the City Attorney’s Office will be providing an overview of the Brown Act.
- BerkDoT
 - Staff presented to the Public Works Commission on [March 4](#)⁵. The staff report is listed as item 1 under the Commission’s Action Items, and the presentation is attached.
 - The attached presentation, which was previously discussed with the Transportation Commission, and revised based on their feedback, included the following:
 - Purpose and vision;

¹ <https://www.cityofberkeley.info/RIPST.aspx>.

² https://www.cityofberkeley.info/Clerk/City_Council/2021/01_Jan/Documents/2021-01-19_Item_18_Revisions_to_Enabling_Legislation_for_Reimagining.aspx

³ https://www.cityofberkeley.info/Clerk/City_Council/2021/03_Mar/Documents/2021-03-09_Item_04_Confirming_%E2%80%9CAt-Large%E2%80%9D_Appointments.aspx

⁴ https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/Reimagining-Public-Safety-Task-Force_3-11%20Meeting%20Packet.pdf

⁵ https://www.cityofberkeley.info/uploadedFiles/Public_Works/Commissions/Commission_for_Public_Works/PWC%20Agenda%20Packet%202021.3.4.pdf

- Three organizational approaches to a BerkDOT;
- Shared analysis and information on the shifting of nearly 100 positions and up to \$50M in budget to a new BerkDoT under any of the three approaches;
- Proposed two approaches to building a racial justice lens into the organization; and
- Identified various short- and long-term actions.

Several parking enforcement officers spoke under public comment and expressed their desire to stay within the Berkeley Police Department rather than transition to a new BerkDOT.

Staff will incorporate the Public Works Commission's and public speakers' input into a report shared with the Reimagining Public Safety Task Force at one of its upcoming meetings.

- Staff continues to meet in an interdepartmental team every two weeks, consult with stakeholders regularly, and utilize consultants to help learn and apply lessons from other contexts.

Attachment:

1. BerkDoT Public Works Commission presentation dated March 4, 2021.

cc: Paul Buddenhagen, Deputy City Manager
David White, Deputy City Manager
Jenny Wong, City Auditor
Farimah Brown, City Attorney
Mark Numainville, City Clerk
David Brannigan, Fire Chief
Lisa Warhuus, Director of Health, Housing & Community Services
LaTanya Bellow, Director of Human Resources
Jen Louis, Interim Chief of Police
Liam Garland, Public Works Director
Matthai Chakko, Assistant to the City Manager



Public Safety Reimagining: BerkDOT

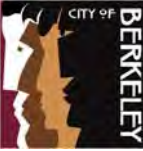
Agenda

1. Why BerkDOT
2. Timeline
3. Three Organizational Approaches
4. Assessing Functions
5. Getting Input



Why BerkDOT: Goals Beyond Transportation

1. **Racial Justice** in services, staffing, and outcomes
2. **Equitable Mobility** regardless of race, age, gender, wealth, or ability
3. **Safety** from:
 1. Traffic Violence
 2. Institutional Violence
 3. Economic Violence
4. **Public and Environmental Health**

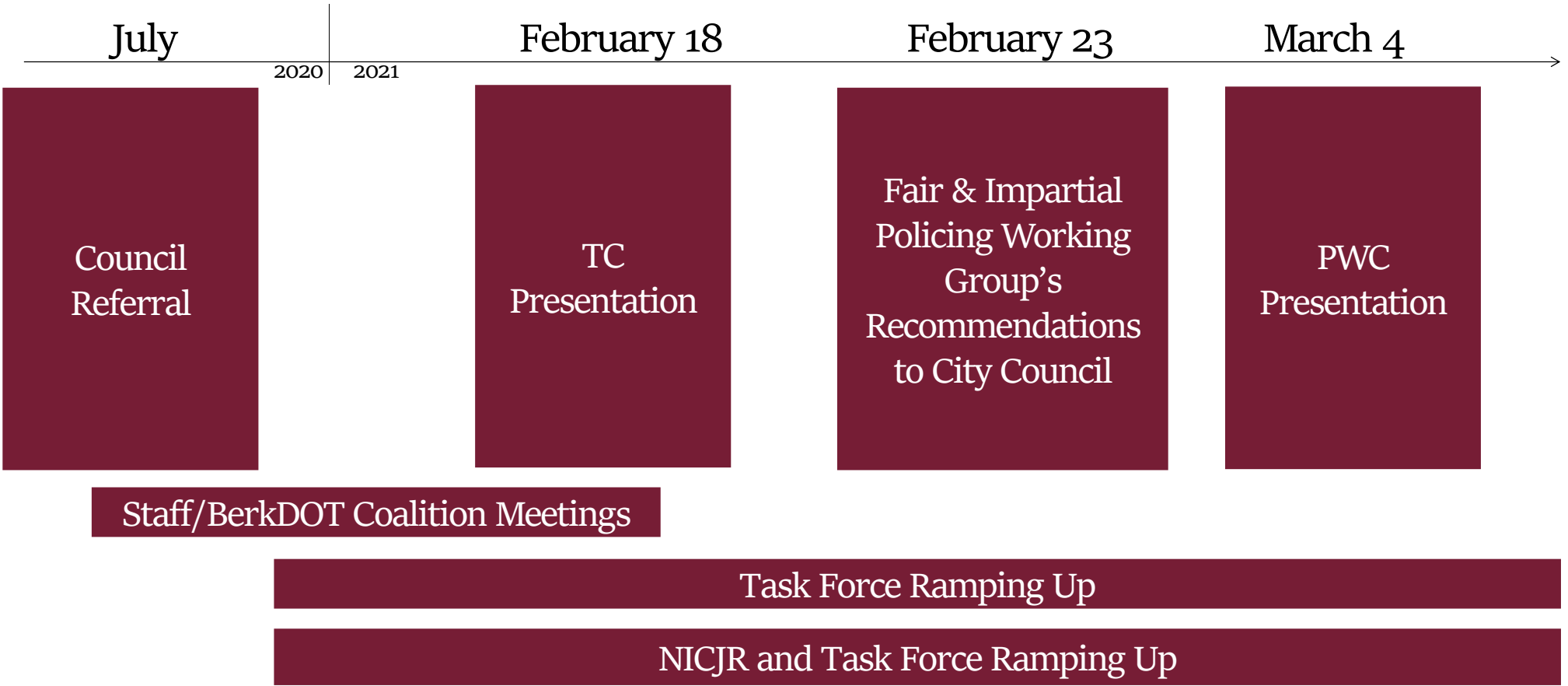


Why BerkDOT: Structure to House New Functions

1. Consolidate existing functions from other Departments or Divisions.
2. Add functions that are not currently done anywhere in the organization.
3. Provide unified leadership with the authority and capacity to deliver all aspects of the BerkDOT vision.
4. Eliminate silos in the organization that have different goals and responsibilities, but which rely on each other for success.
5. Keep what is working.



Timeline



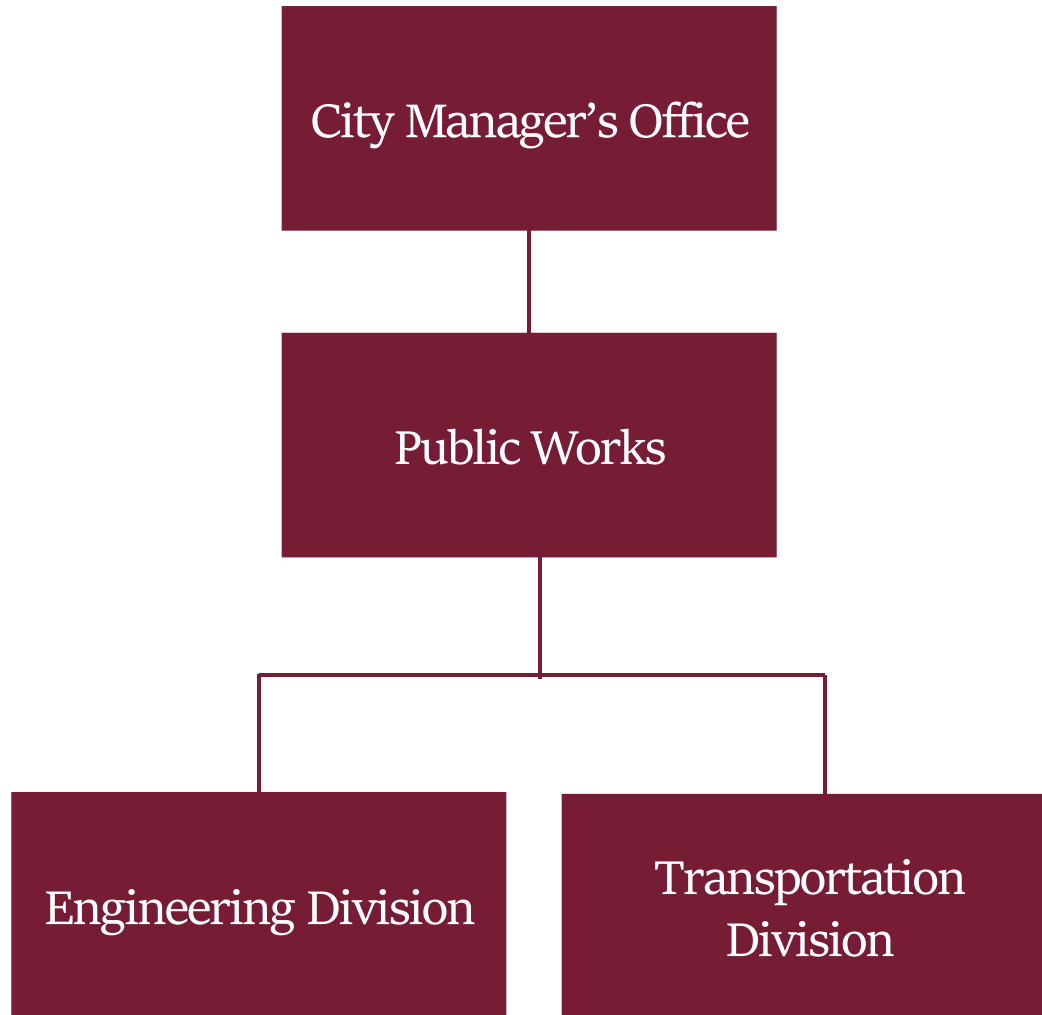


Current Public Works Department Structure





Current Public Works Structure





Three Organizational Approaches to BerkDOT

Infrastructure

A BerkDOT Division in Public Works

B BerkDOTI Department

C BerkDOT Department

City Manager

City Manager

City Manager

Public Works

BerkDOTI

Public Works

BerkDOT

Engineering Division

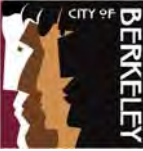
BerkDOT

Engineering Division

Transportation Division

Departments

Divisions



Evaluating the Approaches

Racial Justice: Do any of these approaches uniquely advance our transportation policy, programs, and infrastructure to advance racial justice and equity?

Mission/Vision: Do any of the options present an opportunity clarify departmental mission or advance strategic priorities?

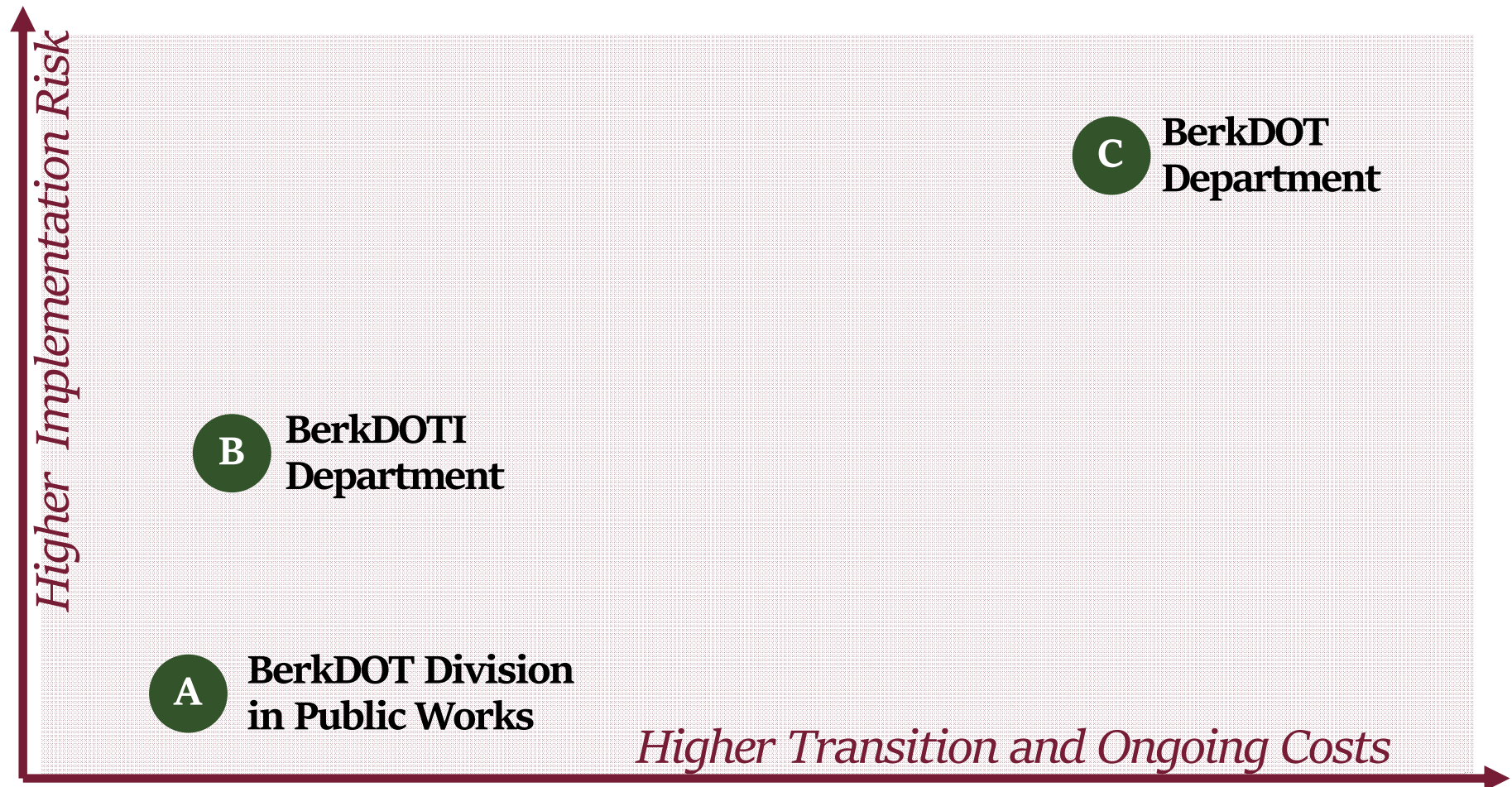
Prioritization/Coordination: Which approach balances these two important principles?

Shifting Functions: Do any of these approaches facilitate function shifting well?

Costs and Implementation Risk...



Evaluating the Approaches: Implementation Risk & Transition Costs





Functional Considerations & Opportunities

Current Police Function

Considerations & Opportunities

New Unarmed Traffic Unit

Subject to City Council’s addressing Fair & Impartial Policing Working Group’s recommendations and changes to State law

Crossing Guards

3.7 FTEs = 15 part timers, possible FY 21/22

Parking Enforcement

24 FTEs, possible FY 22/23

Paving

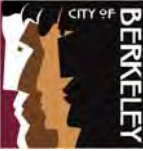
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Need an additional FTE for Vision Zero work

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~100 positions,
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Racial Justice Lens

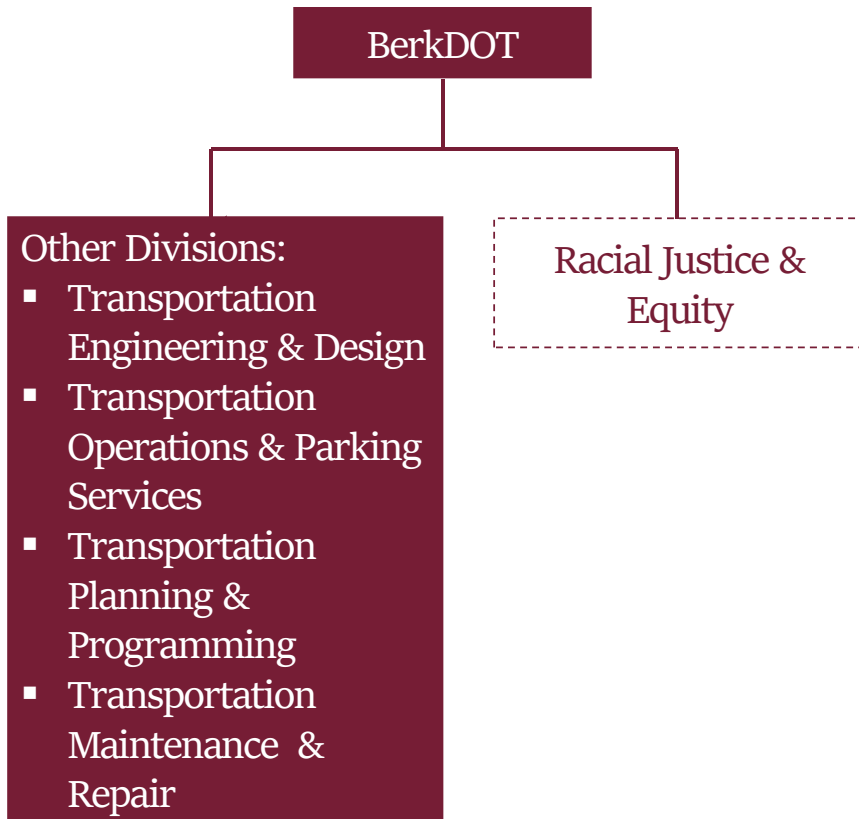
Working Definition

Ensuring a racial justice lens in transportation policy, programs, and infrastructure would mean that all decisions, procedures, and guidelines that govern transportation in this City would affirmatively work to reduce the burdens of racial inequities and mitigate structural harm put on people of color, and create streets where people are safe, experience belonging, and can thrive.



Racial Justice Lens in the Organizational Structure

A Racial Justice & Equity Division within BerkDOT



B Deputy Director of Transportation, Racial Justice, & Equity





Near-Term and Long-Term Actions

Near-Term

1. Determine near term actions Public Works and Transportation can take to advance racial justice and equity. Explain what this means for our transportation work's mission, vision, programs, projects, and services
2. Clarify the preference for where the Racial Justice and Equity functions sit:
 - A. Within BerkDOT as a division,
 - B. Within BerkDOT assigned to a deputy director position with possible support from a specialist.
3. Determine what, if any, additional functions should be moved to whichever BerkDOT approach is determined.
4. Continue to support, advocate, and plan for state law changes that permit flexibility in local traffic enforcement (civilian unit, automated enforcement).
5. Determine the appropriate BerkDOT structure from the three organizational approaches above.



Near-Term and Long-Term Actions

Long-Term

1. Continue to research and develop recommendations on traffic enforcement, focus stops on traffic safety (not minor violations), and distinguish between major and minor traffic violations.
2. Continue to support and advocate for state changes to allow automated enforcement, reform speed limit setting, etc.
3. Continue to explore fines, fees, and towing policies that promote racial justice and equity.



Questions for Commission Input

1. What near term actions should be prioritized?
2. What areas of future research and/or due diligence should staff focus on?
3. What is missing from the analysis and possible actions to date?
4. Which of the three organizational approaches to a BerkDOT align best with the City Council's referral and the City's adopted strategic and other plans?



Office of the City Manager

April 13, 2021

To: Honorable Mayor and Members of the City Council
From: Dee Williams-Ridley, City Manager
Re: Update on Re-Imagining Public Safety

On July 14, 2020, City Council adopted an omnibus package to re-imagine public safety and policing in the City of Berkeley. The omnibus package consisted of numerous elements including, but not limited to the following:

- Having the City Auditor perform an analysis of City's emergency 9-1-1 calls-for-service and responses, as well as analysis of the Berkeley Police Department's (BPD) budget.
- Analyzing and developing a pilot program to re-assign non-criminal police service calls to a Specialized Care Unit.
- Creating plans and protocols for calls for service to be routed and assigned to alternative preferred responding entities and consider placing dispatch in the Fire Department or elsewhere outside the Police Department.
- Analyzing litigation outcomes and exposure for city departments in order to guide the creation of City policy to reduce the impact of settlements on the General Fund.
- Engaging a qualified firm(s) or individual(s) to lead a robust, inclusive, and transparent community engagement process with the goal of achieving a new and transformative model of positive, equitable and community-centered safety for Berkeley.
- Pursuing the creation of a Berkeley Department of Transportation ("BerkDoT") to ensure a racial justice lens in traffic enforcement and the development of transportation policy, programs and infrastructure, and identify and implement approaches to reduce and/or eliminate the practice of pretextual stops based on minor traffic violations

Subsequent to the adoption of the omnibus package, the City established a multi-department working group to oversee and implement various components of the package. The working group consists of the following:

- City Manager;
- Deputy City Managers;

- City Attorney;
- Fire Chief;
- Health, Housing and Community Services (HHCS) Director;
- Human Resources Director;
- Police Chief; and
- Public Works Director.

Weekly coordinating meetings have been established, as well as an organizational structure that will enable city staff to advance the various referrals in the omnibus package at the same time.

Our work to advance the omnibus package has been organized in the following manner:

- HHCS Director, Lisa Warhuus, is leading the work to develop a Specialized Care Unit pilot program.
- Fire Chief, David Brannigan, is leading the work to develop a plan for priority dispatching.
- City Attorney, Farimah Brown, is managing the analysis of litigation claims and settlements.
- The Public Safety / Police Re-Imagining and community engagement process will be led by Deputy City Manager David White. Deputy City Manager White will also be supporting the City Manager by providing overall project management support to the team.
- BerkDoT will be led by our Public Works Director, Liam Garland.

Current Updates (for the March 30, 2021 City Council Meeting)

The following provides a brief overview of what has been accomplished since the last update to City Council on March 9, 2021.

- City Auditor calls-for-service and budget analysis
 - City staff continue to meet with the City Auditor to coordinate and respond to any questions or needs that arise.
 - It is anticipated that the City Auditor will present the results of the calls-for-service analysis to the Reimagining Public Safety Task Force at a special meeting of the Task Force on April 29, 2021.
- Priority Dispatching
 - No new updates at this time.

- Specialized Care Unit (SCU)
 - The steering committee convened on March 23, 2021, to review the detailed project plan and timeline developed by Resource Development Associates (RDA), review an extensive list of stakeholder groups to reach out to, and to finalize core questions that will be asked in the community engagement process.
 - RDA is developing a landing page on its website where the public will be able to access information about the SCU, sign up for participation in community engagement meetings, and access multiple ways in which they can participate.
 - Representatives of the SCU project met with the Police Re-imagining consultant NICJR to coordinate their outreach plans to reduce duplication of effort and to honor and respect the time and wisdom of community members providing input.
- Analysis of Claims and Settlements
 - No updates to report.
- Public safety and Police Re-imagining Community Engagement
 - (Background) On December 15, 2020, the City Council authorized the City Manager to enter into a contract with the [National Institute of Criminal Justice Reform](#) (NICJR) to conduct research, analysis, and use its expertise to develop reports and recommendations for community safety and police reform as well as plan, develop, and lead an inclusive and transparent community engagement process to help the City achieve a new and transformative model of positive, equitable and community-centered safety for Berkeley.
 - City staff from the City Manager’s Office are meeting regularly with NICJR with a focused effort on coordinating the various elements of the reimagining public safety initiative that are being implemented throughout the organization.
 - NICJR and their team has developed an initial draft community survey that is being reviewed by city staff. It is anticipated that the community survey will be reviewed and discussed at the upcoming meeting of the Reimagining Public Safety Task Force that is scheduled for April 8, 2021. Once the survey is completed, there will be a strong push to solicit input from the entire community and City Council will be asked to help promote the survey.
 - NICJR is also making progress on their initial report addressing new and emerging models of community safety and policing, which is anticipated to be presented to the Task Force at a special meeting on April 29, 2021.

- [Reimagining Public Safety Task Force \(Task Force\)](#)¹
 - (Enabling legislation for background only) On January 19, 2021, the City Council adopted [revisions to the enabling legislation for the Reimagining Public Safety Task Force](#)².
 - City staff assigned to the Task Force have been reaching out to each Task Force member and scheduling time for formal introductions, to understand their priorities/interests, to discuss the roles and responsibilities of the Task Force, and to address any questions that have arisen in early meetings of the Task Force.
 - In response to questions and concerns raised in these meetings, at the April 8, 2021 Task Force meeting, city staff will present for discussion purposes a schedule of upcoming meetings over the next few months and a document designed to facilitate a discussion on the pivotal role of the Task Force in the reimagining public safety process.
- With respect to the Task Force, their last meeting occurred on March 11, 2021. The minutes from the meeting along with video from the meeting is available on the City's [website](#)³. At the March 11, 2021, meeting, the Task Force took the following action / discussed the following items:
 - Selected a Chair and Vice Chair. Nathan Mizell was selected as the Chair and boon cheema was selected as the Vice Chair.
 - Established the 2nd Thursday of the month as a regular meeting date.
 - Discussed a presentation providing an overview of the Public Safety Reimagining process, which has been attached.
 - Discussed the National Institute for Criminal Justice Reform's contract and scope of work. NICJR's presentation has been attached.
 - Received and discussed a presentation on the community engagement process, which has been attached.
- BerkDoT
 - No new updates at this time.

¹ <https://www.cityofberkeley.info/RIPST.aspx>.

² https://www.cityofberkeley.info/Clerk/City_Council/2021/01_Jan/Documents/2021-01-19_Item_18_Revisions_to_Enabling_Legislation_for_Reimagining.aspx

³ <https://www.cityofberkeley.info/RIPST.aspx>

Attachments:

1. Reimagining Public Safety Overview
2. NICJR Presentation Regarding Contract and Scope of Work
3. Public Safety Reimagining Community Engagement Plan Presentation

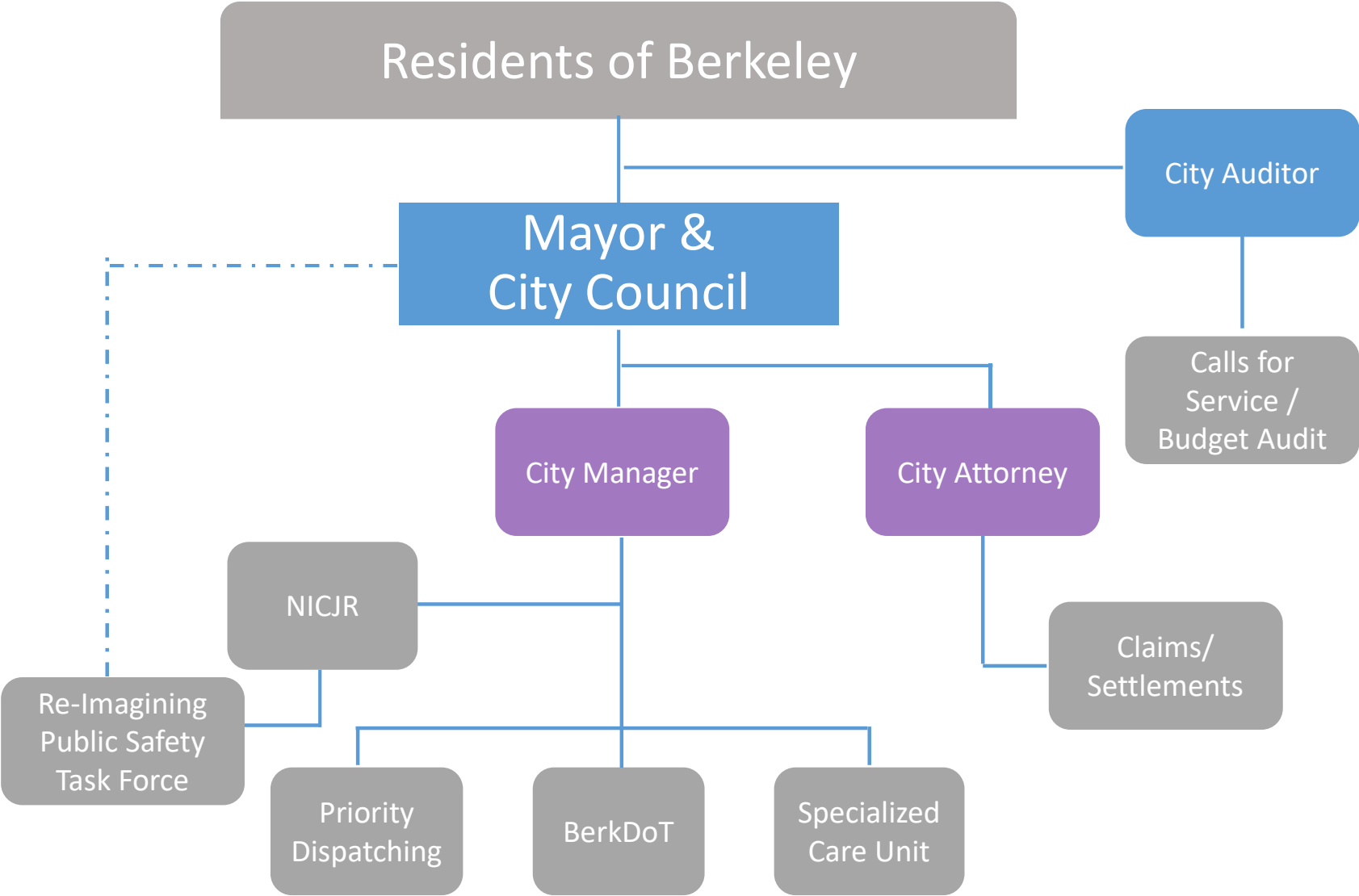
cc: Paul Buddenhagen, Deputy City Manager
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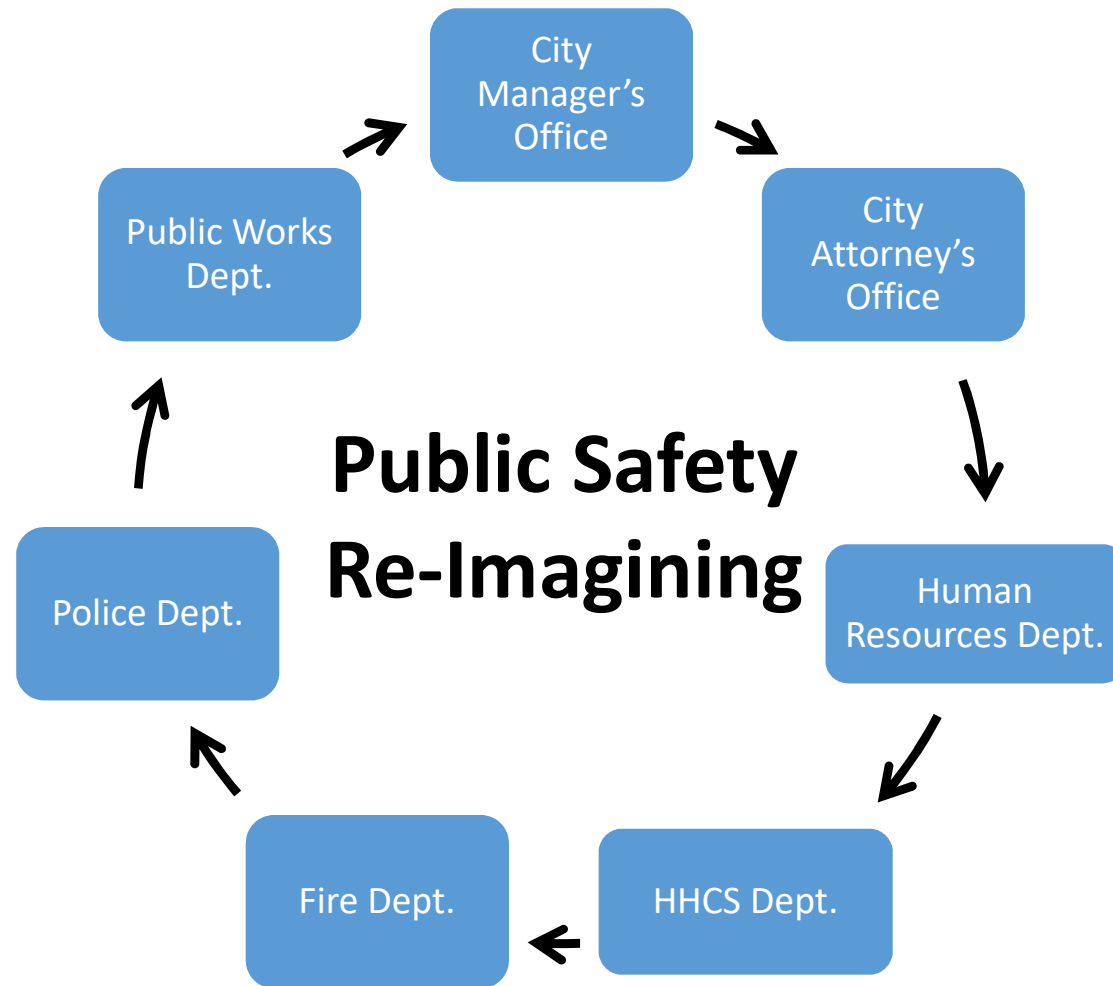
3/11/21

Re-Imagining Public Safety





Interdepartmental Coordination



Residents of Berkeley

Mayor & City Council

City Manager

NICJR

Re-Imagining Public Safety Task Force

Council Appt.'s (9)

PRC

Youth Commission

Mental Health

BCSC

ASUC

At-Large (3)

Task Force Purpose:

- Serve as the hub for a broad, deep and representative process
- Uplift the community's input into a new positive, equitable, anti-racist system of community safety

Task Force Work:

- Review calls for service analysis
- Provide input /participate in community engagement
- Discuss new and emerging models of community safety
- Shape / provide input into recommendations that go to City Council
- Review / provide input on Final Report & Implementation Plan

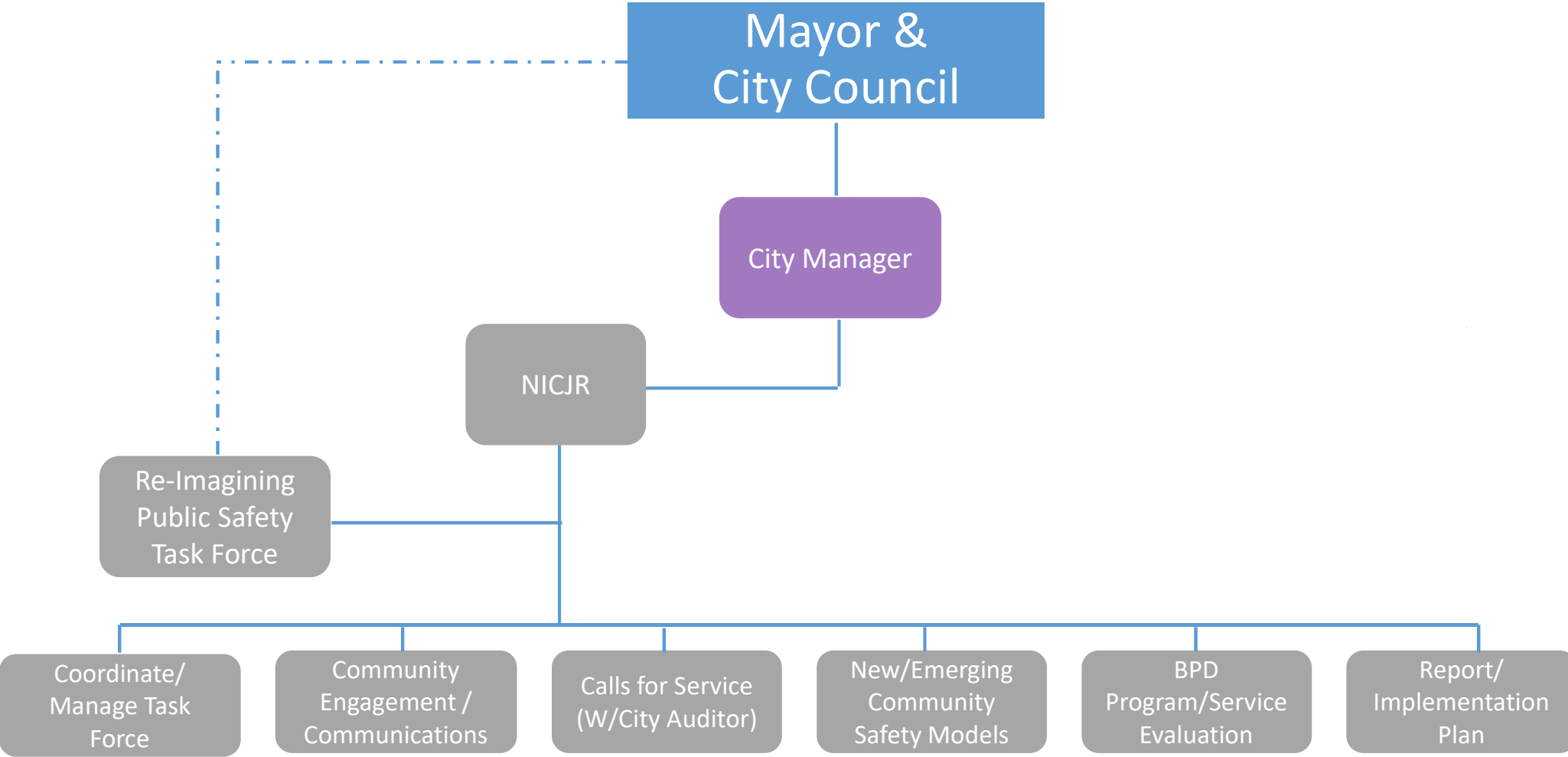
National Institute for Criminal Justice Reform (NICJR)

Purpose:

Manage and Lead a Community Engagement Process to Develop a New Paradigm of Public Safety in Berkeley

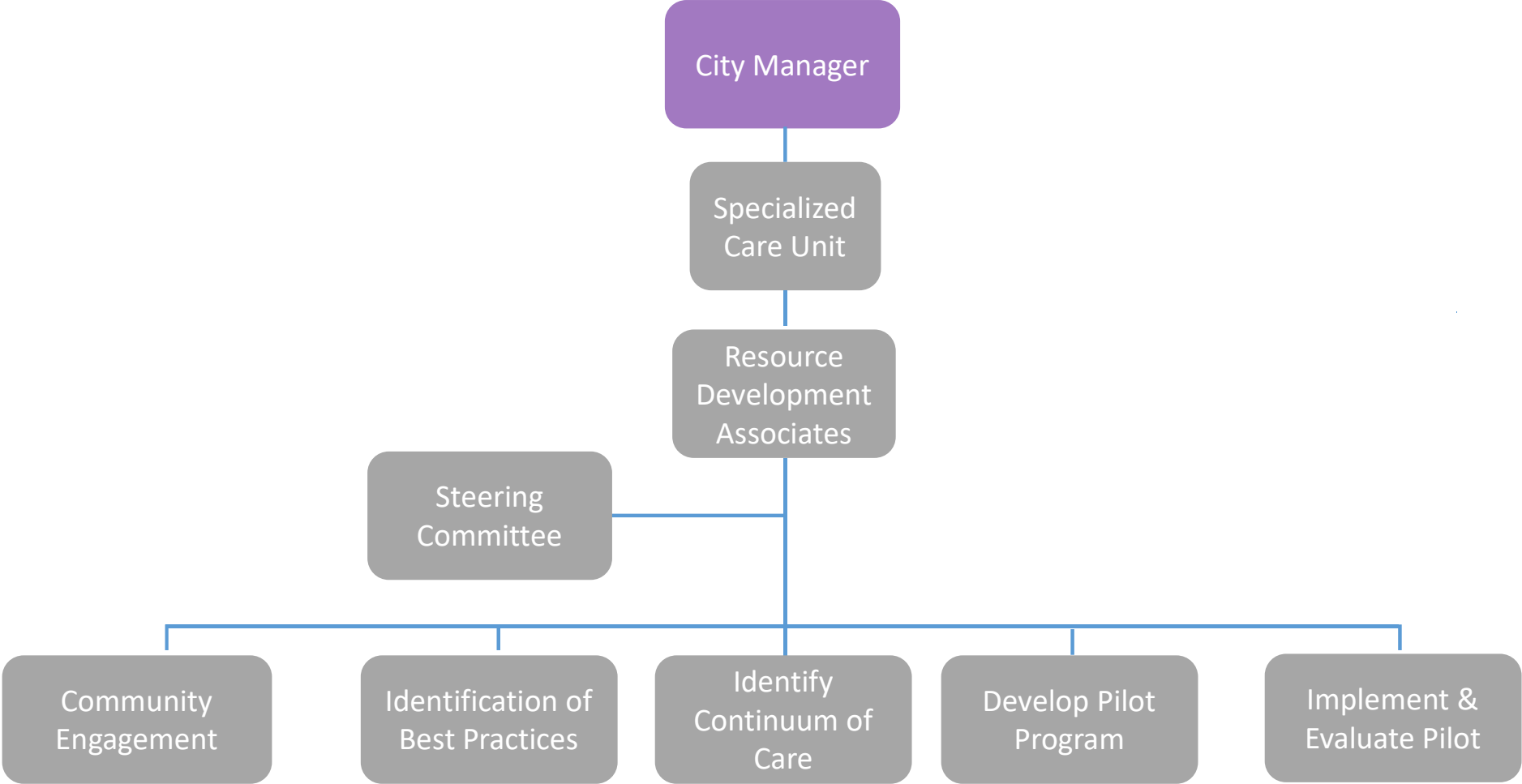
NICJR's work includes:

- Coordinate and manage the Re-Imagining Public Safety Task Force
- Calls for Service Analysis (*in collaboration with the City Auditor*)
- Research new and emerging models of community safety
- Coordinate with the City Manager's Office for administrative assistance and organizational point of contact
- Develop and implement a communications strategy to ensure that the community is well informed
- Design and lead a robust community engagement process
- Identify programs and/or services that are currently provided by the Berkeley Police Department that can be provided by other City departments and / or organizations
- Final report and Implementation Plan



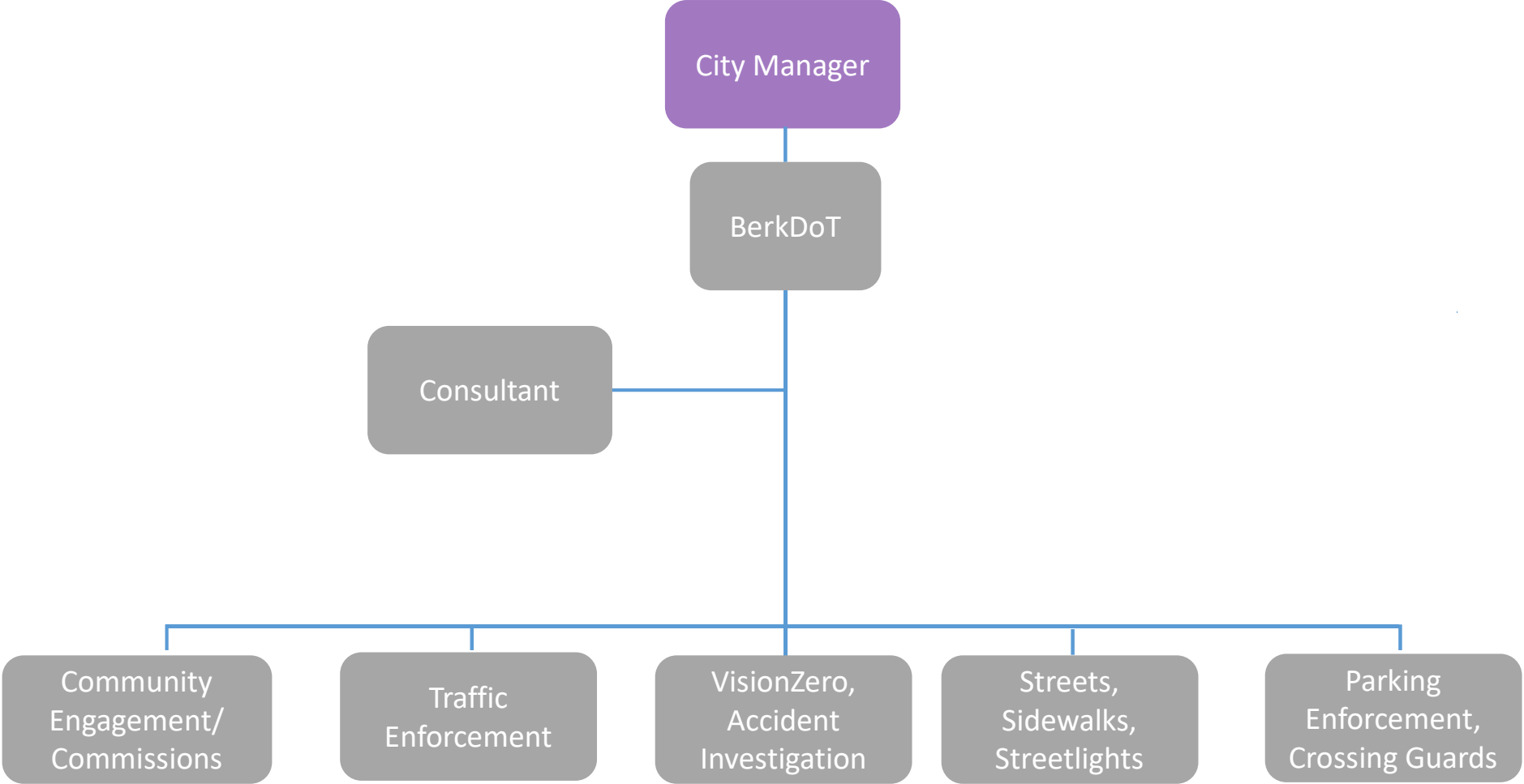
Specialized Care Unit

- Analyze and develop a pilot program to re-assign non-criminal police service calls to a Specialized Care Unit (SCU)
- Analyze the current mental health crisis system, engage community members in visioning an improved system, research best practice models and gather local data
- Develop a pilot model that will inform long term implementation of the program



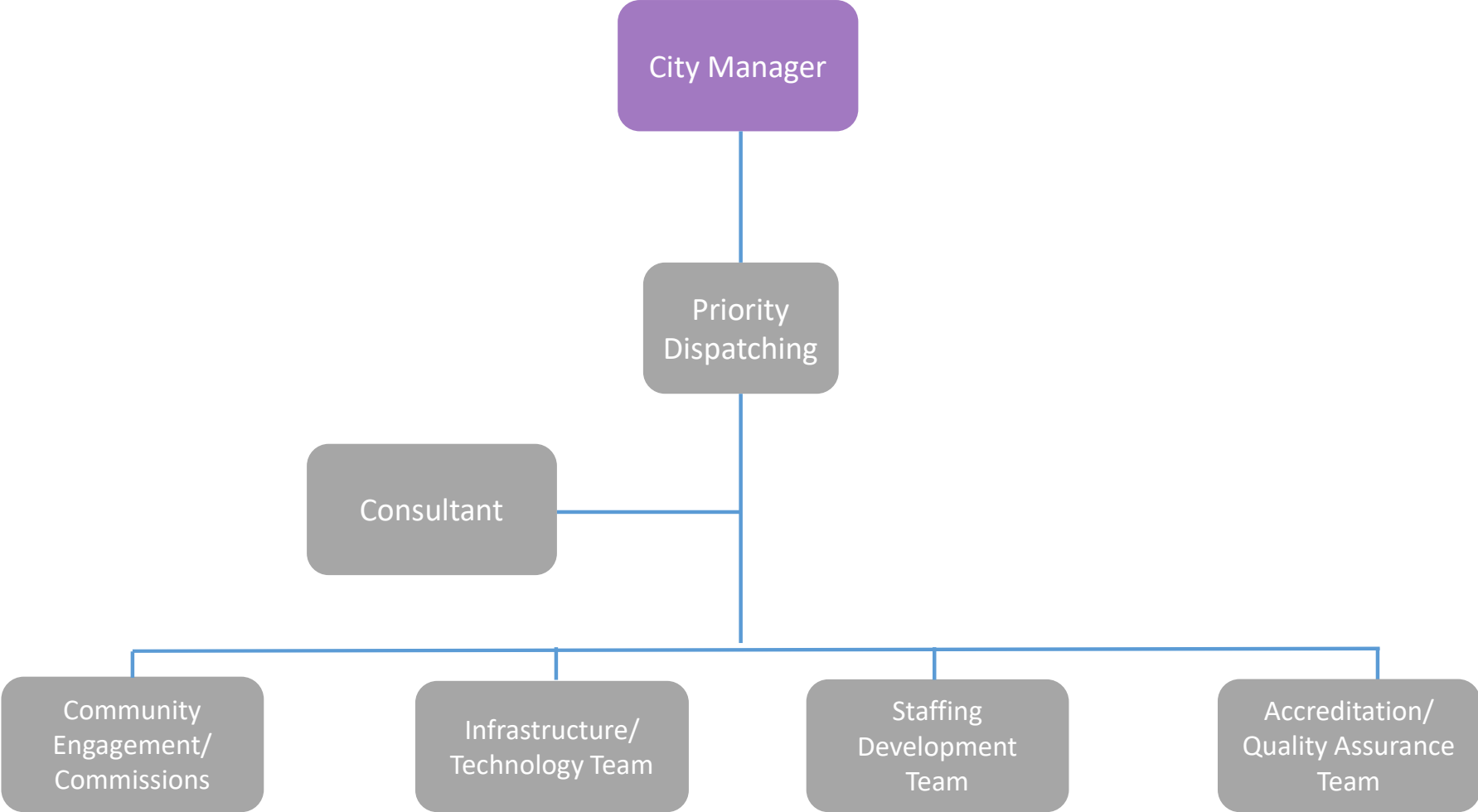
BerkDoT

- Pursue a Department of Transportation (BerkDoT) centered around a racial justice lens in traffic enforcement and the development of transportation policy, programs, & infrastructure
- Consider optimum placement of the following functions:
 - Parking enforcement
 - Traffic enforcement
 - Accident investigation
 - Crossing guards
 - Vision zero/traffic safety
 - Transportation/street planning/projects
- Identify & implement approaches to reduce and/or eliminate the practice of pretextual stops based on minor traffic violations



Priority Dispatching

- Create plans and protocols for emergency/911 dispatch to send calls to the preferred responding entity
- Consider placing dispatch in the Fire Department or elsewhere outside the Police Department
- Achieve required accreditation for Emergency Medical Dispatch
- Create Continuous Quality Assurance/Improvement and training plans and protocols



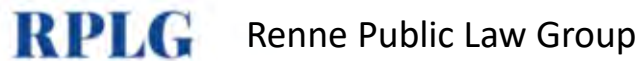
Budget Overview

		Total Allocated
National Institute for Criminal Justice Reform		\$270,000
Resource Development Associates		185,000
Claims / Settlements Analysis		25,000
BerkDoT		75,000
Priority Dispatching		
Overtime		33,800
Consultant Services		50,000
Total		\$638,800

Reimagining Public Safety in **BERKELEY?**



Our Team



BYA



Pastor Michael Smith

Pastor Michael McBride



Why the NICJR Team

We have significant expertise and experience in **public safety initiatives**, **community outreach and engagement**, **police reform**, **legal analysis**, **government budgeting and relations**, and various other relevant areas.

Reimagining Public Safety Experience

- ✓ NICJR is the co-facilitator of the Oakland Reimagining Public Safety Taskforce
- ✓ NICJR was a consultant for the City of Fresno's Commission on Police Reform and wrote the Commission's final report
- ✓ NICJR is working with the cities of Oakland, Stockton, Portland, Indianapolis, and Washington, DC on violence reduction and police reform initiatives



BRG APPROACH TO COMMUNITY ENGAGEMENT

- **To evoke empathy** for the lived experience of program participants and communities among public systems, funders and decision-makers
- To create **forums for impacted communities to influence government** decisions
- To equip decision-makers with a **more fact-based understanding** of the lived experience, preferences, needs and priorities of target populations
- To support decision-makers in **aligning investments and initiatives with community needs** and preferences
- To inform program participants and communities of **funder priorities, constraints and process**



Our Work

-  911/Calls for Service Analysis with the City Auditor
-  Facilitate Reimagining Public Safety Taskforce
-  Best Practices & Emerging Models of Community Safety and Policing
-  Alternatives Responses
-  Community Engagement
-  Final Report Implementation Plan

Timeline



CITY OF BERKELEY REIMAGINING PUBLIC SAFETY

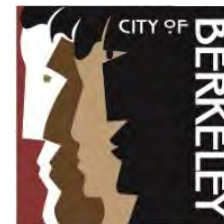
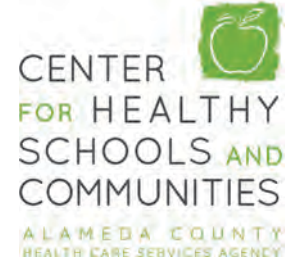
AGENDA

ABOUT BRIGHT RESEARCH GROUP

3

We use the tools of community research, evaluation & capacity building to advance social and racial equity.

- Evaluation
- Community Engagement
- Capacity Building & Training



COMMUNITY ENGAGEMENT TEAM

4



GOALS OF COMMUNITY ENGAGEMENT

GOALS OF REIMAGINING PUBLIC SAFETY COMMUNITY ENGAGEMENT

6

Community and Resident Insights

- Resident priorities for public safety
- Perceptions of law enforcement
- Goals for reimagining public safety
- Feedback on identified priorities and mandates from city council
- Feedback on alternative responses

Sharing Information from the City and the Task Force

- Current mandates
- The role and composition of the task force
- Key issues that the Task Force will be advising on
- What decisions the Task Force and City will make based on what they learn from Berkeley residents

COMMUNITY ENGAGEMENT ACTIVITIES AND TIMELINE

Activity	Target	March	April	May	June
Citywide Survey	Berkeley residents in all districts				
Population Specific Workshops	Homeless Providers/Residents				
	Black residents				
	Latino residents				
	Crime survivors				
Two Community Town Halls	Berkeley residents in all districts				
Youth Input (BYA)	Young people in Berkeley				
Faith Based Community Meetings (Pastors Smith and McBride)	Black Residents				
Summary of Community Engagement					

ROLE OF THE TASK FORCE IN COMMUNITY ENGAGEMENT

8

- ▣ Citywide survey
- ▣ Citywide townhalls

QUESTIONS?



Office of the City Manager

April 28, 2021

To: Honorable Mayor and Members of the City Council
From: Dee Williams-Ridley, City Manager
Re: Update on Re-Imagining Public Safety

On July 14, 2020, City Council adopted an omnibus package to re-imagine public safety and policing in the City of Berkeley. The omnibus package consisted of numerous elements including, but not limited to the following:

- Having the City Auditor perform an analysis of City's emergency 9-1-1 calls-for-service and responses, as well as analysis of the Berkeley Police Department's (BPD) budget.
- Analyzing and developing a pilot program to re-assign non-criminal police service calls to a Specialized Care Unit.
- Creating plans and protocols for calls for service to be routed and assigned to alternative preferred responding entities and consider placing dispatch in the Fire Department or elsewhere outside the Police Department.
- Analyzing litigation outcomes and exposure for city departments in order to guide the creation of City policy to reduce the impact of settlements on the General Fund.
- Engaging a qualified firm(s) or individual(s) to lead a robust, inclusive, and transparent community engagement process with the goal of achieving a new and transformative model of positive, equitable and community-centered safety for Berkeley.
- Pursuing the creation of a Berkeley Department of Transportation ("BerkDoT") to ensure a racial justice lens in traffic enforcement and the development of transportation policy, programs and infrastructure, and identify and implement approaches to reduce and/or eliminate the practice of pretextual stops based on minor traffic violations

Subsequent to the adoption of the omnibus package, the City established a multi-department working group to oversee and implement various components of the package. The working group consists of the following:

- City Manager;
- Deputy City Managers;

- City Attorney;
- Fire Chief;
- Health, Housing and Community Services (HHCS) Director;
- Human Resources Director;
- Police Chief; and
- Public Works Director.

Weekly coordinating meetings have been established, as well as an organizational structure that will enable city staff to advance the various referrals in the omnibus package at the same time.

Our work to advance the omnibus package has been organized in the following manner:

- HHCS Director, Lisa Warhuus, is leading the work to develop a Specialized Care Unit pilot program.
- Interim Fire Chief, Abe Roman, is leading the work to develop a plan for priority dispatching.
- City Attorney, Farimah Brown, is managing the analysis of litigation claims and settlements.
- The Public Safety / Police Re-Imagining and community engagement process will be led by Deputy City Manager David White. Deputy City Manager White will also be supporting the City Manager by providing overall project management support to the team.
- BerkDoT will be led by our Public Works Director, Liam Garland.

Current Updates (for the April 27, 2021 City Council Meeting)

The following provides a brief overview of what has been accomplished since the last update to City Council on March 30, 2021.

- City Auditor calls-for-service and budget analysis
 - On April 22, 2021, the City Auditor's Office published their report, "[Data Analysis of the City of Berkeley's Police Response](https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf)"¹. The report provides an overview of calls for service, officer-initiated stops, and police responses that will help inform the community engagement process around reimagining public safety in Berkeley.
 - The City Auditor will present the results of the analysis to the Reimagining Public Safety Task Force at a special meeting of the Task Force on April 29, 2021.

¹ https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf

- Priority Dispatching
 - A Request for Proposal (RFP) was issued today (April 27, 2021) to seek proposals from qualified firms to assist the City in transitioning to a prioritized fire and medical dispatch system. More specifically, the RFP is seeking a vendor to perform a needs assessment based on trending call volume in to the dispatch center, identify products/solutions that are the best fit for the City, propose any structural changes that are necessary in the dispatch center, and write an implementation project plan. The RFP is attached.
- Specialized Care Unit (SCU)
 - The consultant, RDA, has been gathering information from City, County, and community partners involved in crisis response, as well as compiling research on crisis response systems that do not involve police.
 - RDA is poised to lead the community engagement process in May and June which will include focus groups, individual interviews, a community survey, and written feedback on a website landing page.
 - All of these tools are nearing completion and will be finalized at the beginning of next week, and outreach will begin.
 - Information to community members on how they can participate is forthcoming and will be posted on RDA's and the City's websites, as well as shared with multiple community organizations.
 - The steering committee continues to meet regularly to guide the process.
- Analysis of Claims and Settlements
 - No updates to report.
- Public safety and Police Re-imagining Community Engagement
 - (Background) On December 15, 2020, the City Council authorized the City Manager to enter into a contract with the [National Institute of Criminal Justice Reform](#) (NICJR) to conduct research, analysis, and use its expertise to develop reports and recommendations for community safety and police reform as well as plan, develop, and lead an inclusive and transparent community engagement process to help the City achieve a new and transformative model of positive, equitable and community-centered safety for Berkeley.
 - City staff from the City Manager's Office continue to coordinate regularly with NICJR and attached is a more thorough update from NICJR regarding their work with the City.

- NICJR also submitted their draft report addressing new and emerging models of community safety and policing. This will be presented to the Task Force on April 29, 2021 and has been attached.
- [Reimagining Public Safety Task Force \(Task Force\)²](#)
 - (Enabling legislation for background only) On January 19, 2021, the City Council adopted [revisions to the enabling legislation for the Reimagining Public Safety Task Force³](#).
 - The Task Force last met on April 8, 2021 and will be meeting again on April 29, 2021. Also, the Task Force has two meetings planned in May – May 13 and May 19.
 - The minutes from the April 8, 2021 meeting along with video from the meeting is available on the City's [website⁴](#). Importantly, in order to enhance the public's experience in viewing the video recording of Task Force meetings, starting with the April 8, 2021 meeting, city staff have added functionality that will enable the community to either choose to watch the entire Task Force meeting **OR** they can select what portion of the meeting or presentation that they would like to watch.
 - At the April 8, 2021 meeting, the Task Force received the following presentations from city staff and the City's consultant team:
 - Overview of planned Task Force meetings along with an outline of roles and responsibilities that aligns with the enabling legislation adopted by City Council and a set of questions for the Task Force to consider as they embark on this process.
 - Overview of priority dispatching.
 - Initial overview of the Police Department.
 - Draft Community Survey.
 - The Task Force established two subcommittees:
 - Community Engagement
 - Policing, Budget, and Alternatives to Policing

Both subcommittees have started to meet and the Community Engagement subcommittee submitted detailed input and feedback to the City to guide revisions to the community survey.

² <https://www.cityofberkeley.info/RIPST.aspx>.

³ https://www.cityofberkeley.info/Clerk/City_Council/2021/01_Jan/Documents/2021-01-19_Item_18_Revisions_to_Enabling_Legislation_for_Reimagining.aspx

⁴ <https://www.cityofberkeley.info/RIPST.aspx>

- At the April 29, 2021 Task Force meeting, the Task Force will receive the following presentations:
 - Police Department calls for service analysis prepared by the City Auditor Office.
 - Calls for Service analysis framework that will be led by NICJR.
 - New and Emerging Models of Community Safety that will also be led by NICJR.
- BerkDoT
 - Staff are preparing a report on BerkDOT for presentation at the May 19, 2021 meeting of the Reimagining Public Safety Task Force. This report will distill the input received to date, share for discussion a phased approach to BerkDOT-related projects and activities, and solicit the Task Force's input on the approach.

Attachments:

1. NICJR Update as of April 26, 2021
2. NICJR Report Regarding New and Emerging Models of Public Safety
3. Request for Proposal for Prioritized Dispatch Consultant

cc: Paul Buddenhagen, Deputy City Manager
David White, Deputy City Manager
Jenny Wong, City Auditor
Farimah Brown, City Attorney
Mark Numainville, City Clerk
David Brannigan, Fire Chief
Lisa Warhuus, Director of Health, Housing & Community Services
LaTanya Bellow, Director of Human Resources
Jen Louis, Interim Chief of Police
Liam Garland, Public Works Director
Matthai Chakko, Assistant to the City Manager



Berkeley Reimagining Public Safety Process Update April 26, 2021

In accordance with the terms of its agreement with the City of Berkeley, the National Institute for Criminal Justice Reform (NICJR) is actively working to engage the Berkeley Reimagining Public Safety Task Force (RPSTF) in developing alternative models to violence reduction and public safety. Recognizing the multitude of parallel initiatives currently underway in Berkeley, NICJR is making a concerted effort to coordinate and collaborate with the agencies and departments spearheading other related efforts to ensure that all work falling under the auspices of the reimagining umbrella is aligned. It is our intention to gather relevant information and best practices from similar efforts in cities across the country and most importantly from the residents of Berkeley to strengthen the outcomes and recommendations to come from the collective work of the Task Force members.

NICJR, via its subcontractor Bright Research Group (BRG), is building a robust community engagement plan to inform the work of the RPSTF. This plan includes creating and deploying a community survey and outreach strategy with the goal of collecting responses from the most vulnerable and hard to reach populations in the City. The initial draft survey was shared with the Task Force following its April 8th meeting, which prompted the establishment of a Community Engagement Subcommittee. NICJR has received detailed feedback on the survey from the Task Force, Community Engagement Subcommittee, and City staff and is working with city staff to revise the survey accordingly. In addition to revisions based on feedback received, NICJR is developing a recommended strategy for survey composition and dissemination given a related effort included in Resource Development Associates' (RDA) contract with the City to develop a Specialized Care Unit pilot program; that contract requires RDA to issue a survey that directly speaks to the public safety reimagining work. NICJR has met with the Research Development Associates (RDA) to coordinate community outreach efforts as specifically related to individuals with mental health needs. It is anticipated that survey modifications will be completed in early to mid-May and that the survey will be disseminated shortly thereafter.

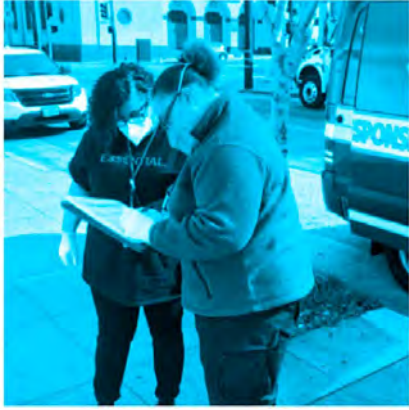
In addition to launching the survey, NICJR will host a series of listening sessions beginning in June 2021. Forums will target both the community and the Berkeley Police Department (BPD). NICJR is working with interim Police Chief Louis to organize listening sessions with both command staff and rank and file to ensure that the department is actively involved in the reimagining conversation. Each listening session will be designed to solicit the opinions, ideas, and concerns of the participants regarding public safety, police reform, and needed community services/resources. Feedback received will be compiled into a report for the Taskforce and the City Council.

The community engagement strategy also includes the development of a public Berkeley Reimagining Public Safety website that is under development. The website will contain information on the development of the Task Force and its role and responsibilities, and background material on parallel related efforts underway in the City including establishment of a pilot Specialized Care Unit/s (SCU) and BerkDOT, priority dispatching, and the recommendations from the Mayor's Fair and Impartial Policing Workgroup recently adopted by the City Council. In addition, the website will contain local and national news stories of pertinence and interest, as well as publications that may inform the work of the Task Force. The website will be regularly updated by NICJR with support from city staff. In addition, as community engagement efforts ramp up the website will include information about how to participate in the various engagement approaches contemplated.

One of the primary deliverables of the agreement between NICJR and the City of Berkeley is the completion of several reports to help guide the work of the Task Force. The first report focuses on New and Emerging Models of Public Safety. After months of extensive research, NICJR has completed a draft version entitled "New and Emerging Models of Community Safety and Policing." The report introduces emerging non-enforcement models of community safety that are already in place in cities across the United States. It also details non-law enforcement crime reduction strategies, community driven approaches to violence reduction, and cutting edge law enforcement training. NICJR will present the report to the Task Force at its meeting on April 29, 2021. Subsequent to that meeting feedback will be sought from the Task Force and City staff. A final version of the report will be submitted to the task for its May 13, 2021, meeting.

NICJR is currently conducting a detailed analysis of BPD Calls for Service. This analysis will expand upon/augment the recently issued report authored by the City Auditor and will include explicit recommendations regarding the proportion of BPD calls that should be handled by a non-law enforcement alternative. NICJR is expected to complete this analysis by June 2021.

Finally, City staff and NICJR recognize that there are multiple parallel and related efforts underway at this time in the City. On April 30, 2021, NICJR will meet with city staff from the City Manager's Office, Health, Housing, and Community Services, Fire, Police, and Public Works to discuss the Specialized Care Unit pilot that is under development, priority dispatching, and BerkDOT to ensure that all parties are aware of each other's role in Reimagining Public Safety and to collectively discuss how to integrate and align the related initiatives.



NEW AND EMERGING MODELS OF COMMUNITY SAFETY AND POLICING

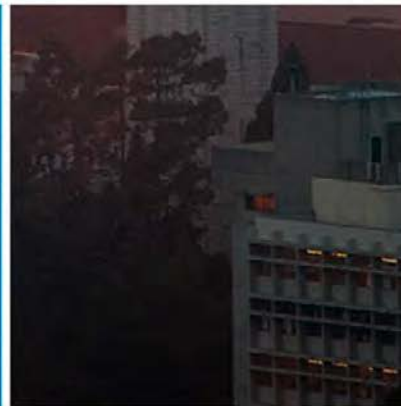
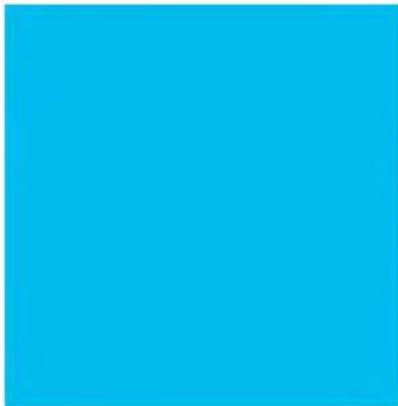


Table of Contents

I. Introduction	1
II. Emerging Non-Enforcement Models of Community Response	2
<ul style="list-style-type: none"> ○ CAHOOTS Program (Eugene, Oregon) ○ STAR Program (Denver, Colorado) ○ CRU Program (Olympia, Washington) ○ SCRT Program (San Francisco, California) ○ EMCOT Program (Austin, Texas) ○ CCD Program (Houston, Texas) ○ Department of Community Solutions and Public Safety (Ithaca, New York) ○ Tiered Dispatch & Community Emergency Response Network (CERN) 	
III. Non-Law Enforcement Crime Reduction Strategies	10
<ul style="list-style-type: none"> ○ Mayor’s Action Plan (New York City, New York) ○ Domestic Violence Interventions ○ Commercial Sexual Exploitation ○ Traffic Enforcement ○ Neighbor Disputes 	
IV. Community Driven Violence Reduction Strategies	16
<ul style="list-style-type: none"> ○ Group Violence Reduction Strategy (Ceasefire) ○ Hospital-based Violence Intervention ○ Advance Peace/Peacemaker Fellowship ○ Street Outreach 	
V. Policing Strategies	28
<ul style="list-style-type: none"> ○ SARA Model ○ EPIC (Ethical Policing is Courageous) ○ Project ABLE (Active Bystandership for Law Enforcement) ○ Community Safety Partnership (Watts) ○ Community Relationship Division (Los Angeles Police Department) ○ Focused Deterrence ○ Elimination of Pretextual Stops ○ Ethical Society of Police (St. Louis Metropolitan Police Department) 	

- Black Public Safety Alliance (Chicago Police Department)
- Police Diversity
- Warrior vs. Guardian Mentality
- Training
 - Procedural Justice
 - Implicit Bias
 - De-escalation
 - Community Engagement
 - Data-Driven Risk Management

DRAFT

Introduction

As a part of the City of Berkeley's Reimagining Public Safety process, the National Institute for Criminal Justice Reform (NICJR) was commissioned to conduct an assessment of programs and models that increase safety, properly respond to emergencies, reduce crime and violence, and improve policing. The New and Emerging Models of Community Safety and Policing report has been prepared in response to that charge. NICJR submits this report to the Reimagining Public Safety Taskforce (RPSTF) for review and feedback, and to inform the RPSTF's development of recommendations for submission to the Berkeley City Council (Council) on alternative responses and police reforms.

The report comprises a brief overview of several examples of Emerging Non-Enforcement Models of Community Response; Non-Law Enforcement Crime Reduction Strategies; Community Driven Violence Reduction Strategies; and Policing Strategies. As hundreds of cities across the country engage in reimagining public safety processes and launching new programs or altering existing models, this report could not possibly be universally comprehensive; it does however provide the RPSTF and the Council with illustrative examples of key options to consider as the City of Berkeley (City) reimagines its public safety system.

NICJR's second commissioned report for the City, Alternative Responses to Law Enforcement, will draw from and build upon the new and emerging models outlined herein.

Emerging Non-Enforcement Models of Community Response

Police departments receive a large volume of 911 calls or other Calls for Service (CFS) requesting emergency response. In the past several decades policing has evolved from officers walking beats to departments primarily responding to CFS with patrol officers in squad cars. A number of new assessments of these CFS have revealed that a majority are low-level or even non-criminal in nature, like noise complaints, abandoned cars, and petty theft. Multiple analyses have estimated that less than 2 percent of CFS are for violent incidents.^{1,2} Retired Chicago police officer David Franco explains “We spend entire shifts dealing with noncriminal matters from disturbance and suspicious person calls...With so many low-level issues put on our shoulders, police cannot prioritize the serious crimes.”³

In addition to responding to a high volume of low-level and non-criminal 911 CFS, police have also been increasingly asked to respond to people experiencing mental health crises. Many of these encounters have resulted in uses of force by police, including deadly officer involved shootings. A number of the emerging examples of effective community driven crime reduction and emergency response models focus specifically on mental health incidents.

Eugene Crisis Assistance Helping Out on the Streets (CAHOOTS)

Crisis Assistance Helping Out on The Streets, or CAHOOTS, is a mobile emergency intervention service established in 1989 in Eugene, Oregon.⁴

This program is free and readily available twenty-four hours a day for mental health and other non-violent related calls.⁵ CAHOOTS is directed by the White Bird Clinic, a regional health center in partnership with the City of Eugene. Each CAHOOTS unit is comprised of an emergency medical technician (EMT) and a mental health service provider.⁶

¹<https://www.vera.org/downloads/publications/understanding-police-enforcement-911-analysis.pdf#page=134>

²<https://www.nytimes.com/2020/06/19/upshot/unrest-police-time-violent-crime.html>

³<https://chicago.suntimes.com/2020/12/9/22166229/chicago-police-department-911-calls-civilian-community-responders-cpd>

⁴<https://www.mentalhealthportland.org/wp-content/uploads/2019/05/2018CAHOOTSBROCHURE.pdf>

⁵<https://www.americanprogress.org/issues/criminal-justice/reports/2019/10/02/475220/neighborhood-strengthening-public-safety-community-empowerment/>

⁶<https://www.mentalhealthportland.org/wp-content/uploads/2019/05/2018CAHOOTSBROCHURE.pdf>

CAHOOTS staff are required to go through 40 hours of classroom education and over 500 hours of field work that is supervised by a qualified guide. Their education consists of de-escalation methods and emergency response services. CAHOOTS personnel are able to perform wellness checks, offer mental health services and substance use resources, administer medical aid, and provide mediation assistance.⁷

More than 60 percent of CAHOOTS clients are experiencing homelessness and nearly 30 percent have serious mental illness. CAHOOTS received more than 24,000 calls in 2019, with the number of calls having steadily increased since the program's inception. Among all adults involved with CAHOOTS, the average age was 45.5 years.

Numerous evaluations have shown consistent, robust results with the CAHOOTS program. Many calls are diverted from the police, with CAHOOTS taking over 50 percent of non-emergent cases. This reduces a significant portion of the burden on the local police department. Between 2014 and 2017, the CAHOOTS program has saved the

Eugene Police Department approximately \$8.5 million each year. For all calls referred to CAHOOTS in 2019, only 1 percent necessitated police involvement. Furthermore, when factoring in emergency medical expenditures, the program saves Eugene's government an additional \$2.9 million every year.⁸

Several cities have explored or are currently implementing replications of CAHOOTS. In Oakland, the city is preparing to launch the Mobile Assistance Community Responders of Oakland (MACRO) initiative.⁹ The pilot program will be managed by the Oakland Fire Department and will be available twenty-four hours per day, seven days per week in two person teams. The City of Oakland has allocated an initial \$1.85 million to fund MACRO, although the Oakland Reimagining Public Safety Task Force has recently recommended that the budget be increased significantly to support the program expansion and sustainability.¹⁰

⁷Id.

⁸<https://www.mentalhealthportland.org/wp-content/uploads/2019/05/2018CAHOOTSBROCHURE.pdf>

⁹https://urbanstrategies.org/wp-content/uploads/2020/06/USC-MACRO-REPORT-6_10_20.pdf

¹⁰<https://www.ems1.com/mental-health/articles/calif-city-plans-to-run-non-police-mental-health-response-program-through-fire-department-qk3lf0p2Svqxc1uj/>

Denver Support Team Assisted Response (STAR)

Based on the CAHOOTS program in Eugene, Oregon, STAR is a community responder model created in 2020. STAR is a joint effort between many stakeholders, including the Denver Police Department (DPD), Denver's Paramedic Division, Mental Health Center of Denver, and community-based organizations. STAR provides direct, emergency response to residents of the community who are experiencing difficulties connected to mental health, poverty, homelessness, or substance use. The STAR transport vehicle operates Monday through Friday from 10 AM to 6 PM. The time frame of operation was chosen based on an analysis of CSF data.¹¹ STAR unit staff are made up of unarmed personnel, with each team including a mental health service provider and a paramedic.¹²

Before the implementation of STAR, calls to 911 were either transmitted to the DPD or the hospital system. The majority of calls (68 percent) routed to STAR concerned individuals that were experiencing homelessness. Around 41 percent of individuals who STAR had been involved with were referred to additional services by the STAR unit staff.¹³

¹¹https://wp-denverite.s3.amazonaws.com/wp-content/uploads/sites/4/2021/02/STAR_Pilot_6_Month_Evaluation_FINAL-REPORT.pdf

¹²<https://www.9news.com/article/news/denver-star-program-results-police/73-90e50e08-94c5-474d-8e94-926d42f8f41d>

In just half a year after the program was established, the STAR unit had addressed 748 calls. The DPD was never called to support the unit in responding to these CSF. Moreover, there were no arrests made in any of the calls evaluated during the initial six months of program operation. The City of Denver is planning to invest an additional \$3 million in 2021 to expand the program.

Olympia Crisis Response Unit (CRU)

Incorporating both CAHOOTS principles and crisis intervention teams, the Crisis Response Unit (CRU) was implemented in Olympia, Washington in April 2019, as a result of a 2017 citywide safety measure that allocated an initial half million dollars for an improved crisis response model. The Olympia Police Department (OPD) contracted with a community-based organization to serve as a new option for behavioral health calls for service. The CRU team consists of six mental health professionals that operate in pairs. Along with a state certification in behavioral health, CRU staff must undergo training that includes police patrol exposure, community engagement, and education about available community support.¹⁴

¹³Id.

¹⁴<https://www.vera.org/behavioral-health-crisis-alternatives/cru-and-familiar-faces>

CRU operates from 7 AM to 9 PM daily, supplying clients with supports such as mediation, housing assistance, and referrals to additional services.¹⁵ Police lines of communication are utilized by CRU staff to identify situations that necessitate CRU response. The City's 911 operations hub and law enforcement personnel can also refer callers directly to CRU. Often, 911 callers request CRU assistance specifically, as the team has fostered strong community ties. Moreover, a significant portion of calls for service referred to CRU originate from community-based service providers, as opposed to the 911 system itself. When CRU staff encounter a frequent flyer-- an individual the team has been called on to support multiple times-- they refer the individual to Familiar Faces, a peer navigation program.¹⁶

Most individuals who were assisted by CRU were experiencing homelessness or mental health issues at the time of service. Out of the 511 calls CRU engaged with from April to June of 2020, OPD was only needed 86 times. Establishing and maintaining trust between CRU and residents is an essential part of the initiative.¹⁷ Post-implementation surveys show that many police officers became advocates of the

model after seeing the program in action for six months.

San Francisco Street Crisis Response Team (SCRT)

The City and County of San Francisco has implemented a pilot alternative response program for individuals experiencing a behavioral health crisis. The San Francisco Fire Department, in conjunction with the Public Health Department, responds to 911 calls related to these issues via Street Crisis Response Teams (SCRT). Street Crisis Response Teams include a behavioral health specialist, peer interventionist, and a first responder. Currently, there are two teams that work 12-hour shifts, but there are plans to expand to six teams to provide an around-the-clock response.¹⁸

SCRT collaborated with community-based organizations including the Glide Foundation and HealthRIGHT360 to ensure that community providers and local residents would be able to provide feedback and input about the new program. The proposed SCRT budget for fiscal year 2021-2022 is approximately \$13.5 million, which includes staff training and team expansion. An

¹⁵<https://olympiawa.gov/city-services/police-department/Crisis-Response-Peer-Navigator.aspx>

¹⁶<https://www.vera.org/behavioral-health-crisis-alternatives/cru-and-familiar-faces>

¹⁷<https://www.americanprogress.org/issues/criminal-justice/reports/2020/10/28/492492/community-responder-model/>

¹⁸<https://sfmayor.org/article/san-franciscos-new-street-crisis-response-team-launches-today>

evaluation of the pilot program place is currently underway.¹⁹

When 911 calls come into the dispatch center that are determined to be appropriate for SCRT, SCRT is dispatched; a team responds on average in fifteen minutes. No calls for service routed to SCRT required police action or backup in the first two months of the pilot. Approximately 74 percent of individuals assisted by SCRT had their issues resolved, whether it be through transfers to additional supports or de-escalation techniques.²⁰ Initial analyses show that SCRT could respond to up to 17,000 behavioral health calls each year. Because of the small scope of the initial pilot, only 20 percent of behavioral health calls received during the first two months of implementation were able to be responded to by the SCRT.

Austin Expanded Mobile Crisis Outreach Team (EMCOT)

In order to reduce the burden on the Austin Police Department (APD) associated with mental health calls, the City of Austin, Texas established the Expanded Mobile Crisis Outreach Team (EMCOT) in conjunction with Integral Care, the City's community-based mental health service provider. EMCOT

assists individuals undergoing a behavioral or mental health crisis. Agencies such as APD or the Sheriff's Office are able to call for EMCOT services by way of the 911 dispatch hub. EMCOT provides its clients with supports in the form of therapy, life coaching, rehabilitation, and other services.²¹

Since its establishment in 2013, EMCOT has assisted 6,859 clients. The most recently available data is from FY2017, which shows that EMCOT responded to 3,244 CFS, at a rate of approximately 9 times per day. Each client was served for an average of 21 days and provided three different types of supports. In general, post-crisis services are available for up to 3 months after initial contact.²² Integral Care reported that 86 percent of calls routed to a mental health response did not require police backup.²³

EMCOT is currently available from 8AM to 12AM Monday through Friday and 10AM to 8PM on Saturday and Sunday.²⁴ With the additional funding, EMCOT is now projected to provide around-the-clock availability for calls for service. Expansion of telehealth services for the program is also included in the

¹⁹https://www.sfdph.org/dph/files/IWG/SCRT_IWG_Issue_Brief_FINAL.pdf

²⁰Id.

²¹<https://www.austintexas.gov/edims/document.t.cfm?id=302634>

²²Id.

²³<https://www.kxan.com/news/local/austin/new-911-call-option-offers-direct-mental-health-help-that-one-attorney-says-may-have-saved-one-familys-son/>

²⁴<https://www.fox7austin.com/news/crisis-counselors-responding-to-more-mental-health-calls-in-austin>

new funding.²⁵ For all CFS involving EMCOT, 85.4 percent were handled without police officers.²⁶

In 2020, a new dispatch system was established in Austin and a mental health paraprofessional was permanently stationed in the 911 dispatch center. Callers to 911 now have the option to request mental health services instead of police.²⁷ If the operator determines the caller would benefit from these supports, the call is handed over to a mental health professional. If a clinician is unavailable at the time, an EMCOT staff member is deployed. Currently, the clinicians are present all week for a set number of hours each day. This initiative was funded by the reallocation of \$11 million from the Austin Police Department's budget. The EMCOT budget itself was also recently increased to \$1.3 million, a 75 percent increase in funding for the program.²⁸

Houston Crisis Call Diversion (CCD)

The Crisis Call Diversion (CCD) program in Houston, Texas is a joint effort between the fire department, police department, emergency center, and mental health service providers in the

area. In 2017, the Houston Police Department (HPD) received 37,032 calls for service that involved behavior or mental health problems. When calls for service come in, dispatchers flag any that would necessitate CCD response--non-emergency behavioral and mental health calls. Once flagged, these callers are connected to CCD counselors. The CCD counselor evaluates the situation and the mental health of the caller and attempts to provide assistance over the phone.²⁹

If additional community response or police presence is needed, the dispatcher can request that as well. The call is taken off the police dispatch line when the CCD dispatcher verifies that the CCD team is on the way to the scene. CCD teams can contact the caller while traveling to the specified location in order to collect as much relevant information as possible. Upon examination of the data, each rerouted call generates savings of nearly \$4,500. To date, the CCD program has allowed for a diversion of 7,264 calls from the emergency lines, freeing up valuable emergency resources and resulting in millions of dollars in savings.³⁰

²⁵<http://www.austintexas.gov/edims/pi/document.cfm?id=320044>

²⁶<https://www.austinmonitor.com/stories/2020/08/integral-care-set-to-address-most-mental-health-emergency-calls-without-involving-apd/>

²⁷<https://www.kvue.com/article/news/health/apd-adds-mental-health-services-to-911-answering-script/269-e7dde2e6-4a65-4d5c-a2a7-a26e57110a81>

²⁸<https://www.austinmonitor.com/stories/2020/08/integral-care-set-to-address-most-mental-health-emergency-calls-without-involving-apd/>

²⁹<https://www.americanprogress.org/issues/criminal-justice/reports/2020/10/28/492492/community-responder-model/>

³⁰<https://www.houstoncit.org/ccd/>

Ithaca Department of Community Solutions and Public Safety

In February 2021, the Mayor of Ithaca, New York, proposed the creation of a new Department of Community Solutions and Public Safety that would replace the Ithaca Police Department.³¹ This new department would include both armed officers and unarmed workers who focus on crime and neighborhood service. The department would work with a new alternative service provider that provides non-law enforcement crisis intervention and support. All current police officers would have to reapply to be employed by the new department.

The proposal is a part of the Ithaca Reimagining Public Safety Collaborative and a response to the New York State Governor's Executive Order mandating every police department in the state to submit a reform plan by April 1, 2021.³²

The new Department of Community Solutions and Public Safety would be charged with implementing an alternative to the police response system and establishing a pilot program for non-emergency calls, implementing a culturally responsive training program that includes de-escalation techniques, and developing a comprehensive community healing plan.

Other initiatives proposed under this strategy include standardizing a data review process on traffic stops as well as consistent reviews of officers' body camera footage. Minor grievances would be outsourced to neighborhood mediation centers. Adolescent engagement support programs would be broadened in order to reach those at high risk of violence. The new personnel of the Department would be recruited from a more varied body of applicants as well to reflect the residents of the city in which they operate.³³

In order to oversee the recommendations made by the Mayor and Ithaca Reimagining Public Safety Collaborative, the City of Ithaca has arranged for the creation of an operations hub known as the Community Justice Center (CJC). The CJC will have its own full-time staff including but not limited to a project manager and a data analyst. The CJC is set to give progress updates to the Tompkins County Legislature and the City of Ithaca Mayor to ensure each recommendation is properly addressed.³⁴

³¹<https://www.gq.com/story/ithaca-mayor-svante-myrick-police-reform>

³²<https://www.governor.ny.gov/news/governor-cuomo-announces-new-guidance-police-reform-collaborative-reinvent-and-modernize>

³³<https://drive.google.com/drive/u/0/folders/1NTZ6j6WRze75m5fTuf-wC4BgC-1ddJnO>

³⁴Id.

Tiered Dispatch & Community Emergency Response Network

NICJR has proposed a tiered dispatch system for CFS, a model that would include a robust, structured, and well-trained team of community responders

– a Community Emergency Response Network (CERN). Based on the type of CFS received, dispatch would deploy CERN and/or police according to the following tiered system:

TIER 1: CERN dispatched only

- Type of calls: non-criminal or low-level with no report of potential violence

TIER 2: CERN lead, with officers present if needed

- Type of calls: non-criminal with low potential of violence or low-level criminal

TIER 3: Officers lead, with CERN present

- Type of calls: low-to-moderate potential of violence; an arrest may be likely
- If officers arrive on scene and determine there is no need for an arrest and violence is unlikely, the officers step back and have CERN take the lead

TIER 4: Officers only

- Type of calls: serious and violent incidents; high likelihood of arrest

Non-Law Enforcement Crime Reduction Strategies

New York City Mayor's Action Plan (MAP) for Neighborhood Safety

The Mayor's Action Plan for Neighborhood Safety (MAP) was launched in 2014 in fifteen New York City Housing Authority (NYCHA) properties. MAP was designed to foster productive dialogue between local residents and law enforcement agencies, address physical disorganization, and bolster pro-social community bonds. Disorganized neighborhoods are characterized by dense poverty, a lack of social mobility, and underdeveloped community connections. These factors contribute to circumstances that make a given neighborhood more vulnerable to crime and violence.³⁵ The 15 housing developments chosen for the program account for approximately 20 percent of violence in NYCHA housing.³⁶

MAP's focal point is NeighborhoodStat, a process that allows local officials and residents to communicate directly with each other. Issues in each particular housing development are addressed in local meetings which involve multiple

stakeholders, including residents, community-based organizations, law enforcement, and government officials. NeighborhoodStat allows residents to have a say in the way New York City (NYC) allocates its public safety resources. The process is facilitated by a team of 15 community members who conduct polls and interviews to determine what the residents feel are the biggest issues in their neighborhoods. NeighborhoodStat also utilizes data analyses regarding employment, physical structure, access to resources, and other metrics into its recommendations in order to identify key areas of focus. At community meetings, this data and other benchmarks for performance are presented by community-based partners, allowing for full transparency. Residents and law enforcement also put forward their concerns and ideas. Once problems are pinpointed through meaningful dialogue, residents and NYC officials come together to generate solutions, which are then implemented by the Mayor's Office and assessed over time.³⁷

Other initiatives MAP has undertaken include providing employment and life coaching services to youth who are at most risk for violence. MAP also focuses on addressing major chronic

³⁵http://www.children.gov.on.ca/htdocs/English/professionals/oyap/roots/volume5/chapter04_social_disorganization.aspx

³⁶<https://criminaljustice.cityofnewyork.us/programs/map/>

³⁷<https://www.americanprogress.org/issues/criminal-justice/reports/2019/10/02/475220/neighborhoodstat-strengthening-public-safety-community-empowerment/>

disease determinants, including low physical activity levels and nutrient-poor diets. Programs such as NYPD Anti-Violence basketball games and pop-up healthy food stands have been established. In addition, public infrastructure has been improved through enhanced lighting, green spaces, and park improvements.³⁸

Early evaluations of MAP show promising results for a reduction in various crimes as well as increased perception of healthier neighborhoods. Significantly, misdemeanor offenses against individuals decreased in developments where residents expressed a positive change in their neighborhood's condition.³⁹

Furthermore, shootings in MAP sites decreased by 17.1 percent in 2015 and 2016 when compared with non-MAP sites.⁴⁰

Domestic Violence

Every year, an estimated 10 million people in the US experience domestic and family violence. Often a cycle of abuse is perpetuated in these situations, as experience with previous violence is a strong predictor for future abuse.⁴¹ The financial expense of domestic and family violence is projected to be \$12

billion each year. In Berkeley, approximately 2,000 reports related to domestic violence are registered annually; the actual number of incidents is probably much higher.⁴²

Domestic violence is a difficult and complex problem. Laws have been established that mandate arrests even for minor incidents; these same laws have generated a growing movement of survivors calling for non-enforcement responses. The challenges here are significant, as a lack of intervention can lead to serious injury and death, primarily of women and transgender women.

An additional complication in domestic violence work is the re-traumatization of survivors that occurs in the judicial system. When survivors of domestic violence endeavor to obtain recourse through the courts, they are often blamed for the abuse and undergo a disparagement of their character. Moreover, testimony is often given in an open court setting, which requires that a survivor recount the abuse they have undergone while simultaneously appearing composed in order to credibly convey their trauma, often in the presence of their abuser.⁴³ Reliving

³⁸<https://criminaljustice.cityofnewyork.us/programs/map/>

³⁹https://johnjayrec.nyc/wp-content/uploads/2020/10/MAP_EvalUpdate06.pdf

⁴⁰https://www1.nyc.gov/assets/operations/downloads/pdf/mmr2016/mayors_action_plan_for_neighborhood_safety.pdf

⁴¹<https://www.ncbi.nlm.nih.gov/books/NBK499891/>

⁴²https://www.cityofberkeley.info/uploadedFiles/Health_Human_Services/Level_3_-_General/dvfactsheet.pdf

⁴³<https://www.seattletimes.com/opinion/a-justice-system-that-re-traumatizes-assault-survivors/>

one's trauma and facing an abuser can cause feelings of helplessness, anxiety, and PTSD to surface in the survivor. Unfortunately, re-traumatization often results in a major roadblock for survivors to pursue justice in domestic violence cases.⁴⁴

There is a significant overlap in addressing domestic violence incidence and anti-poverty work, as intimate partner violence is correlated with devastating monetary effects on survivors who seek to leave their abusive situations. Interventions such as economic education and employment training can both reduce violence and provide critically necessary financial support.

Major domestic violence support programs implemented by the Centers for Disease Control (CDC) include STOP Sexual Violence (SV) and the Preventing Intimate Partner Violence (IPV).⁴⁵ According to the CDC, these strategies focus on promoting social norms that protect against violence; teaching skills to prevent SV; providing opportunities, both economic and social, to empower and support girls and women; creating protective environments; and supporting victims/survivors to reduce harms.

⁴⁴<https://arizonalawreview.org/pdf/62-1/62arizlrev81.pdf>

⁴⁵<http://www.preventconnect.org/2019/08/addressing-poverty-to-prevent-violence/>

⁴⁶<https://www.cdc.gov/violenceprevention/pdf/ipv-technicalpackages.pdf>

Research indicates that IPV is most prevalent in adolescence and young adulthood and then begins to decline with age, demonstrating the critical importance of early prevention efforts.⁴⁶ Analyses of these financial support programs have demonstrated results including increased confidence for survivors as well as decreases in domestic assault incidences.⁴⁷

Another area of focus has been to revisit the mandatory arrest policies for domestic violence calls in place in many jurisdictions.⁴⁸ Alternatives to this approach emphasize coordinated community response teams that maximize the role of community. An effective model integrates other providers, including faith leaders and the courts.⁴⁹

Commercial Sexual Exploitation

Sexual exploitation of minors has historically been difficult to adequately address. This is due to a plethora of factors, ranging from difficulty with identification of adolescents who experience sexual exploitation to a limited understanding of the various methods used to traffic children and the best approaches to engage the victims.⁵⁰ Too often, sexually exploited

⁴⁷<https://vawnet.org/material/economic-empowerment-domestic-violence-survivors>

⁴⁸<https://opdv.ny.gov/help/fss/part22.html>

⁴⁹<https://www.bwjp.org/our-work/topics/ccr-models.html>

⁵⁰<https://ojjdp.ojp.gov/mpg/literature-review/csec-sex-trafficking.pdf>

minors have faced arrest and incarceration instead of intervention and support.⁵¹ More than one thousand children are arrested for “prostitution” annually. However, anywhere from 57,000 to 63,000 individuals are estimated to be involved in commercial sexual exploitation in the United States, a disproportionate number being youth of color.⁵²

The Vera Institute has produced a screening procedure for service providers to follow when encountering an individual who could potentially be a survivor of sexual exploitation. Consisting of a thirty-subject questionnaire, the Trafficking Victim Identification Tool (TVIT), serves to aid in trafficking victim identification. Evaluations have proven that the tool has high accuracy and validity rates.⁵³ Health care providers, social workers, legal aid personnel, and others can use the screening tool to better identify those who have experienced commercial sexual exploitation.⁵⁴

Many community-based organizations have established programs that outreach, support, and provide services to minors who have been sexually

exploited. It is critical that community-based service providers have the requisite training and education to provide appropriate services and interventions to this population who have experienced abuse, trauma, and exploitation. The training should be trauma-informed, and screeners should be focused on establishing trust with their clients.⁵⁵ Organizations like FAIR Girls (Washington, D.C.) and MISSEY (Oakland, CA) have initiatives that intervene directly with girls who have been exploited. At MISSEY, case workers engage at-risk youth in the Alameda County foster system and offer them support and services in the form of financial resources, life coaching, and housing.⁵⁶ In Washington DC, young girls that stayed at the FAIR Girls group home had a 58 percent higher likelihood of permanently withdrawing from commercial sexual exploitation when compared with those who were not provided housing.⁵⁷

Traffic Enforcement

Data from The Stanford Open Policing Project shows that Black men and women are stopped at a higher rate than white drivers and are more likely to be fatally shot during the course of that

⁵¹<https://www.washingtonpost.com/posteverything/wp/2014/12/05/child-prostitutes-arent-criminals-so-why-do-we-keep-putting-them-in-jail/>

⁵²<https://www.vera.org/publications/out-of-the-shadows-identification-of-victims-of-human-trafficking>

⁵³<https://www.vera.org/downloads/publications/human-trafficking-identification-tool-summary-v2.pdf>

⁵⁴<https://www.vera.org/publications/out-of-the-shadows-identification-of-victims-of-human-trafficking>

⁵⁵Id.

⁵⁶<https://missey.org/foster-youth-program/>

⁵⁷<https://fairgirls.org/vida-home/>

traffic stop.⁵⁸ To significantly lessen the exposure of the general public to the police and instead address transportation violations without law enforcement involvement, a number of strategies have been employed: reallocation of certain traffic services to non-law enforcement organizations; the implementation of automation; and elimination of certain police responses.⁵⁹

In the City of Berkeley, the Berkeley Police Department (BPD) performed approximately 11,000 traffic stops in 2019. Black people were stopped by BPD at a rate 4.3 times than their representative population in the City.⁶⁰ This disproportionate traffic enforcement highlights the need to change policies and practices regarding traffic stops.

Reducing the use of police officers in traffic enforcement is one potential solution; this approach can be greatly enabled by technology. Speeding and red-light violations are two areas that constitute a large portion of traffic enforcement. There are 19 states that allow speed cameras, and 21 states that allow red-light camera usage.⁶¹ Implementing automatic speed citations

⁵⁸<https://openpolicing.stanford.edu/findings/>

⁵⁹<https://www.filesforprogress.org/memos/non-police-enforcement-of-civil-traffic-violations.pdf>

⁶⁰<https://sites.google.com/view/saferstreetsberkeley/home>

⁶¹<https://www.ghsa.org/state-laws/issues/speed%20and%20red%20light%20cameras>

along with red-light cameras could allow for a reduction of up to 20 percent of police interactions. It is important to note that although this technology is successful at reducing the need for police, it can generate other issues such as enforcement problems and privacy concerns.⁶²

As Berkeley is considering through the Berkeley Department of Transportation (BerKDOT) initiative, transferring traffic enforcement duties to an agency of unarmed staff can limit problematic police contact with motorists.

Another potential strategy is illustrated by a pilot program in Staten Island, New York, aimed at reducing the number of calls for service related to minor car accidents.⁶³ When a call comes in regarding a car accident, dispatch will determine if the accident is minor or serious enough to merit police response. If an accident is deemed to be minor, all individuals involved in the crash simply complete an accident report and then exchange contact and identification information.⁶⁴

Lastly, ending pre-textual stops for minor traffic infractions, as proposed by the Berkeley Mayor's Fair and Impartial

⁶²<https://www.governing.com/archive/gov-cities-hit-brakes-red-light-cameras.html>

⁶³<https://www.silive.com/news/2019/03/nypd-dont-call-911-for-crashes-without-injuries.html>

⁶⁴<https://abc7ny.com/traffic/nypd-rolls-out-pilot-program-wont-respond-to-every-accident/5205383/>

Policing Workgroup and approved by the City Council in March 2021, could significantly reduce traffic stops. This issue is addressed in more detail in the Policing section of this report.

Neighbor Disputes

Police officers are frequently the first personnel called in when there is a dispute, even a minor one, between neighbors. These events can encompass a broad array of issues, from property damage, blocking a driveway, to noise complaints. Even if police do intervene, the solution is often only temporarily, rather than resolving the root problems that caused the conflict. Police response wastes time and resources and can lead to escalation and violence.⁶⁵ Furthermore, neighbor conflicts in low-income and communities of color have a higher likelihood of resulting in an arrest.⁶⁶

Community mediation is a strategy that has proven to reduce police calls for service and decrease the burden on police for nuisance complaints. Several cities have implemented community medication programs to utilize non-enforcement options to resolve neighbor disputes. In areas where community mediation is prioritized,

neighborhood social ties are strengthened, and communities are more harmonious. Moreover, residents who participate in community mediation use less court and police resources. In a study analyzing mediation's effect in Baltimore, Maryland, for example, researchers found that community mediation for neighbor disputes decreased calls for service to the Baltimore Police Department. For a single mediation session, the Baltimore Police Department produced cost savings between \$208 and \$1,649. Among individuals who went through a mediation, the likelihood of arrest and prosecution was lower when compared to those who did not participate.⁶⁷

Neighbor disputes can also be triaged through a 311 system. Priority is given to complaints based on frequency and the potential to escalate into violence. Outsourcing responses to neighborhood organizations and associations that can operate in conjunction with police officers can be valuable in order to promote a peaceful resolution to violent disputes. These organizations can also conduct sweeps through neighborhoods in order to gain valuable information regarding any disputes.⁶⁸

⁶⁵<https://mdmediation.org/wp-content/uploads/2019/10/Quantitative-Analysis.pdf>

⁶⁶https://mdmediation.org/wp-content/uploads/2019/10/Giving_Police_and_Courts_a_Break.pdf

⁶⁷Id.

⁶⁸https://popcenter.asu.edu/sites/default/files/2020-spi_spotlight_series-retailiatoryviolentdisputes_final.pdf

Community Driven Violence Reduction Strategies

Gun violence is a stubborn problem with sometimes unexplainable rises and falls in the rates of shootings in cities across the country. Violence is often concentrated in low-income neighborhoods, with Blacks and Latinos disproportionately experiencing the impacts. These ‘hot spots’ of violent crime experience a complex array of challenges, ranging from high rates of poverty and incarceration to poor quality education and a lack of trust in government institutions. Unfortunately, the effects of exposure to violence are widespread, affecting the health and development of not only those directly involved but also that of their families and communities. Even for those not directly impacted by gun violence, the [enormous financial costs](#) affect all taxpayers.

A small number of effective strategies highlighted in this report have however demonstrated success. When implemented with fidelity, these interventions have been successful at reducing violence, with many initiatives showing improvements in the first six to twelve months of implementation.

The four strategies highlighted below – 1) Group Violence Reduction Strategy (Ceasefire); 2) Hospital-Based Violence

Intervention; 3) Office of Neighborhood Safety/Advance Peace; and 4) Street Outreach – all incorporate similar best practices:

- Identifying and focusing on individuals, groups, and communities at the highest risk of being involved in violence;
- Employing Credible Messengers/community outreach workers to engage those individuals/ groups in a positive and trusting manner; and
- Providing ongoing services, supports, and opportunities to high-risk individuals.

These core elements are essential to the success of any violence intervention strategy.

Group Violence Reduction Strategy

Group Violence Reduction Strategy (GVRS) is known by many other names: Ceasefire, Focused Deterrence, and Gun Violence Intervention. GVRS is a comprehensive strategy that utilizes a data-driven process to identify the individuals and groups at the highest risk of committing or being involved in gun violence and deploying effective interventions with these individuals. Initially developed in Boston, where it was referred to as the “Boston Miracle”, GVRS has evolved as it has been implemented in cities including [Oakland](#) and Stockton, California, to include more

in-depth and intensive services and supports.⁶⁹

GVRs has four core components: Data-driven identification of those individuals and groups at highest risk of gun violence; direct and respectful communication to those at high risk; intensive services, supports, and opportunities; and as a last resort, Focused Enforcement.

Identification of Program Participants

GVRs employs a data-driven process to identify the individual and groups who are at the very highest risk of being involved in a shooting. This involves an initial Gun Violence Problem Analysis, which provides a thorough examination of the shootings and homicides in a city in the past two to three years in order to produce information about victim and suspect demographics, group conflicts in the area, prior history of violence, and general trends. The Problem Analysis provides a critical understanding of the dynamics of gun violence in a particular jurisdiction.

Due to the ever-evolving dynamics of gun violence, in addition to the detailed look back at gun violence, regular Shooting Reviews are also necessary. Shooting Reviews usually are weekly reviews by law enforcement and community violence intervention specialists (often these are two different

meetings) to review every shooting that has occurred in the past seven days and identify the shootings that have a likelihood of retaliation. For those shootings that have a likelihood of retaliation, the individuals who are likely to retaliate or be retaliated against are identified. For those who will not be arrested imminently, they are referred for intervention services.

Engagement: Direct and Respectful Communication

Once high-risk individuals and groups are identified, the GVRs strategy requires immediate engagement. This engagement involves direct and respectful communication to inform identified individuals of their risk and offering them services. There are two primary formats for these discussions: Group meetings, referred to as “Call-Ins” and individual meetings, sometimes referred to as “Customized Notifications”. At Call-Ins, the recently identified very high risk individuals are invited to attend a meeting with community leaders, law enforcement officials, formerly incarcerated individuals, survivors of violence, and service providers. All of these different stakeholders deliver the same message in their own way: based on your risk factors, you are at very high risk of being shot or being arrested for a shooting; the violence needs to end and we will do all we can to achieve that; we care about

⁶⁹<https://www.theguardian.com/cities/2018/dec/06/bostons-miracle-how-free-nappies-and-a-little-mentoring-are-curbing>

you; we want to offer you real and intensive services if you are interested. Treating the participants with dignity at a safe, neutral location is essential to a successful Call-In. Custom Notifications convey similar messages about the risk of violence and the availability of services. However, Custom Notifications are individual meetings where a high-ranking police officer and a community leader directly make contact with an individual at their home or community. Custom Notifications are frequently employed when the risk of violence is imminent or when individuals are unable to attend group meetings.

Provision of Services

Subsequent to a Call-In or a Custom Notification, individuals identified as being at very high risk of gun violence are directly connected to available services, supports, and opportunities. The first and primary service is a positive and trusting relationship with a Life Coach or Violence Intervention worker, someone with similar lived experiences as the people they are serving. These individuals are often known as Credible Messengers. The Life Coach or Intervention Worker is an intensive and personal relationship – which is the most important aspect of the services. Unlike service brokering based case management, contact between the Life Coach and the client must be frequent, flexible, consistent, and on-going for a long period of time. Life Coaches should have daily communication with every client on their

caseload, see each client in person 3-4 times per week, work with clients for at least six months but preferably 18 months, and develop a positive and trusting relationship. Once an initial rapport is established, Life Coaches then work with each client to develop a Life Plan. Life Plans include short and long-term target goals, desired outcomes, specific referrals to services/supports for the client, and specific educational resources regarding violence.

Though a client may need and want a particular service or resource, i.e., job placement or housing, the most important and potent aspect of the engagement is the relationship between the Life Coach and the client. Once a positive and trusting relationship is established, the Life Coach can gain influence with the client and use that influence to help the client make better decisions, leading to improved outcomes.

In Oakland's GVRs, clients are also eligible to receive monthly, modest financial incentive stipends for achieving certain milestones. Through two of the primary community based organizations that are contracted by the City of Oakland's Department of Violence Prevention to provide Intensive Life Coaches to GVRs clients – Community and Youth Outreach (CYO) and The Mentoring Center – they are also offered weekly cognitive behavioral therapy (CBT) sessions to help clients

improve their decision making. CYO partners with NICJR to provide the innovative [Healthy, Wealthy, and Wise](#) CBT program.

Focused Enforcement

One of the overt goals of GVRS is to reduce the footprint of police by focusing enforcement on serious and violent crime, which officers spend a very small portion of their time on. Police departments are encouraged to forgo enforcement of minor infractions or engage in saturation or “scorched earth” tactics that are both ineffective and cause further distrust between communities and police.

For those individuals and groups who do not respond to the GVRS message and continue to engage in violence, there is follow-up supervision and focused enforcement by police, probation, parole, and prosecutors. Because a chief priority of the GVRS is elective agreement, these enforcement options are clearly communicated to high-risk individuals up front and are only instituted once violence occurs.⁷⁰ What this means in practical terms is that a GVRS client is not penalized for simply deciding to not participate in services. Enforcement comes as a last resort only

after someone has committed an act of violence.

Current Programs and Evaluations

The implementation of GVRS strategies typically results in a significant reduction in community-wide levels of homicides as well as nonfatal shootings. Positive results are magnified when the strategy is instituted in relation to a specific, highly victimized demographic. In Boston, Massachusetts, for example, where Operation Ceasefire was instituted with a specific focus on youth, a 63 percent reduction in the number of youth homicides was achieved.⁷¹ Other cities that have implemented GVRS-type programs have experienced similar results.⁷²

Oakland’s GVRS, which was launched at the end of 2012, and concentrated on high-risk individuals likely to be involved in violence, resulted in six consecutive years of reductions in shootings and homicides culminating in a 49 percent reduction in fatal and non-fatal shootings.⁷³ Toward the end of March 2020, before Covid-19 shelter in place restrictions were imposed, homicides were down by 38 year to date from 2019. Had Oakland maintained that low rate, it would have achieved the lowest

⁷⁰<https://nicjr.org/wp-content/uploads/2018/02/Oakland's-Successful-Gun-Violence-Reduction-Strategy-NICJR-Jan-2018.pdf>

⁷¹https://nnscommunities.org/wp-content/uploads/2017/10/LE_Case_Studies.pdf

⁷²<https://nnscommunities.org/our-work/faqs/#7>

⁷³<https://cao-94612.s3.amazonaws.com/documents/Oakland-Ceasefire-Evaluation-Final-Report-May-2019.pdf>

murder rate in the city’s history. But like nearly every city in the country, Oakland experienced a spike in shootings and

homicides once the Covid restrictions caused outreach and services to cease operation.



Hospital-Based Violence Intervention Programs (HVIPs)

Hospital-Based Violence Intervention Programs (HVIP), view violence through a public health-centered lens. Analogous to the spread of an illness, violence has been shown to proliferate with increased proximity and exposure to others.⁷⁴ That is, contact with violence itself increases the probability that those exposed will be directly involved in violence themselves.⁷⁵

Identification of Program Participants

Under the HVIP model, the physical location of a trauma center or emergency room is seen as valuable in the fight against violence. One of the major risk factors for future violence is a history of previous violence. Due to this, hospital workers pinpoint patients that are at highest likelihood for repeat injuries. This is done through initial intake screenings by hospital staff that test for previous trauma and linked effects such as PTSD, as well as

⁷⁴<https://www.cdc.gov/injury/wisqars/fatal.htm>

⁷⁵<https://www.ncbi.nlm.nih.gov/books/NBK207245/>

discharge screenings.⁷⁶ Although all HVIP programs employ a screening strategy, there is no standard protocol for assessing patient risk.⁷⁷

Engagement Strategy

HVIPs make use of the distinct cross-section of time—known as a “teachable moment”—in which after an injury an individual is open to making changes in their behavior and circumstances. During this time period, specialized hospital staff and community-based partners come together in support of the patient in order to diminish the chance of retaliation and further violence. HVIPs are especially important right now in the fight against violence, as injury recidivism rates have been shown to be as high as 60 percent in certain areas.⁷⁸

Many individuals are often entrenched in a cycle of violence that is nearly impossible to escape. Research has found that in these cases, a lack of social support and connections to the community were the largest drivers of the spread of violence.⁷⁹ HVIPs work to address these health determinants by connecting each patient with a highly trained Intervention Specialist. These professionals quickly engage the individual and their family by gaining

their trust in the hospital setting.⁸⁰ The most successful Intervention Specialists not only possess robust interpersonal skills and demonstrate cultural competence, but also reflect the diversity of their clients and the communities from which they originate.

Provision of Services

Once this initial bond is created, Intervention Specialists construct a comprehensive plan with their clients to spur on meaningful change. This plan includes non-violent crisis management methods, counseling for both the client and their family, information on risks and outcomes associated with violence, as well as access to community services including employment assistance, mentoring, education, and court assistance. Consultation with family and health providers is necessary to develop a plan that is feasible and trauma-informed. It is important to note that the plan can change, depending on what is best for the client. Ongoing management and follow-up with the client and their family for up to two years is necessary in order to attain long-term reductions in violence.⁸¹

Current Programs and Evaluations

⁷⁶<https://static1.squarespace.com/static/5d6f61730a2b610001135b79/t/5d83c0d9056f4d4cbdb9acd9/1568915699707/NNHVIP+White+Paper.pdf>

⁷⁷<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5647140/>

⁷⁸https://journals.lww.com/jtrauma/Abstract/2020/08000/Recidivism_rates_following_firearm_injury_as.17.aspx

⁷⁹<https://nyaspubs.onlinelibrary.wiley.com/doi/10.1111/j.1749-6632.2009.05333.x>

⁸⁰<https://www.thehavi.org/what-is-an-hvip>

⁸¹<https://www.nationalgangcenter.gov/spt/Programs/4186>

Analyses of HVIP programs have demonstrated considerable success, as evidenced by substantial reductions in repeat hospitalizations, an increase in employment rates for those involved in the programs, and cost savings from reduced injuries.

Caught in the Crossfire, an HVIP program based in Oakland, CA, is among the original HVIPs in the country. Through the use of Intervention Specialists who connect with injured youth at Oakland's Highland Hospital, Caught in the Crossfire resulted in a 70 percent lower probability of re-arrest six months after injury in an evaluation conducted in 2004.⁸² Due to its robust success, the model has been recreated in a multitude of cities.

Baltimore's Hospital-Based Violence Intervention Program (VIP) also demonstrated similar benefits in re-arrest numbers during a 3-year evaluation completed in 2000. With violence being the leading cause of mortality for youth in Baltimore, the VIP program uses risk factors to pinpoint patients who fit the intervention criteria.⁸³ This evaluation illustrates that individuals involved in the program had lower rates of both re-arrest, conviction, and subsequent incarceration.⁸⁴ VIP has

been a cost-effective intervention with positive outcomes. As such, VIP has plans to expand, with 7 more hospitals in the area committing to the program.

Abundant evidence has established that a decrease in the incidence of repeat injury would result in large monetary savings. The typical HVIP intervention would generate savings in health care damages, criminal justice expenses, and lost productivity costs. Studies project those estimated savings could be in excess of \$3.9 million annually per average HVIP.⁸⁵

Although more comprehensive research is necessary on the long-term outcomes of HVIPs, it is evident that they are critical in the effort to address interpersonal violence in communities. By reexamining violence as a public health issue, we have the potential to truly invest in communities.

Office of Neighborhood Safety/ Advance Peace

In 2007, the City of Richmond, CA launched the Office of Neighborhood Safety (ONS), amid escalating homicide rates and increasing numbers of firearm cases. Prior to the establishment of the ONS, the Richmond City Council

⁸²Id.

⁸³<https://www.dchealthmatters.org/promiseppractice/index/view?pid=3743>

⁸⁴https://journals.lww.com/jtrauma/Abstract/2020/08000/Recidivism_rates_following_firearm_injury_as.17.aspx

⁸⁵https://www.researchgate.net/publication/266785304_A_Cost-Benefit_Analysis_Simulation_of_a_Hospital-Based_Violence_Intervention_Program

analyzed violence in Richmond and found that gun violence disproportionately affected Black men aged 18-24, with that population constituting 73 percent of homicide fatalities.⁸⁶ This finding served as the basis for the creation of the Office of Neighborhood Safety; its main focus is achieving tangible reductions in firearm-related assaults and deaths and the subsequent founding of Advance Peace, a non-profit organization that replicates the ONS' Peacemaker Fellowship in cities across the county.

This goal is achieved through the implementation of strategic partnerships and interventions that strengthen neighborhood ties and promote community welfare. ONS works to provide resources including life skills training and mentoring to individuals who are at greatest risk of being involved in a gun violence incident. Currently, ONS assists 250+ individuals annually.

The ONS is composed of nine staff members including an Executive Director, four Neighborhood Change Agents (NCAs), and two Senior Peacekeepers.

Identification of Program Participants

The ONS employs a data-driven approach in identification of individuals at highest risk. Leveraging their

relationships in the community, NCAs conduct daily sweeps of their communities, an effort that provides a continuous flow of critical information that informs staff response. Staff are able to gather information regarding those individuals that are most prone to violence, current conflicts or family issues that may result in violence, and other information that is used to directly inform subsequent intervention activity.

In addition, ONS obtains data from the Richmond Police Department (RPD). This is facilitated through a police officer that serves as a liaison between RPD and ONS. This officer supplies ONS with homicide data each month, which includes demographic information. There is no information given from ONS to RPD whatsoever.⁸⁷ This assists ONS to identify those individuals at highest risk based on the data from law enforcement.

Provision of Services

ONS's main program is the Peacemaker Fellowship.® The Peacemaker Fellowship interrupts gun violence by providing transformational opportunities to young men involved in lethal firearm offenses and placing them in a high-touch, personalized fellowship. By working with and supporting a targeted group of individuals at the core of gun hostilities, the Peacemaker Fellowship bridges the gap between anti-violence

⁸⁶https://www.evidentchange.org/sites/default/files/publication_pdf/ons-process-evaluation.pdf

⁸⁷ Id.

programming and a hard-to-reach population at the center of violence in urban areas, thus breaking the cycle of gun hostilities and altering the trajectory of these men’s lives. The Peacemaker Fellowship works with both public and community-based stakeholders to establish responsive community-driven strategies that achieve high-impact outcomes for those caught in the cycle of urban gun violence.

The Fellowship provides life coaching, mentoring, connection to needed services and cultural and educational excursions, known as Transformative Travel, to those deemed to be the very most dangerous individuals in the city. Fellows travel across the country and to several international destinations. Fellows can also receive significant financial incentives for participation and positive behavior as a gateway to developing intrinsic motivation that arises from internal and not external rewards.

The Seven Touch Points in the ONS/Advance Peace Peacemaker Fellowship include:

- Daily in-person check ins

- Development of LifeMAP and goals
- Social services navigation
- Transformative Travel
- Elders Circle (CBT)
- Internship Opportunities
- LifeMAP milestone allowance (monthly stipends)

Current Programs and Evaluations

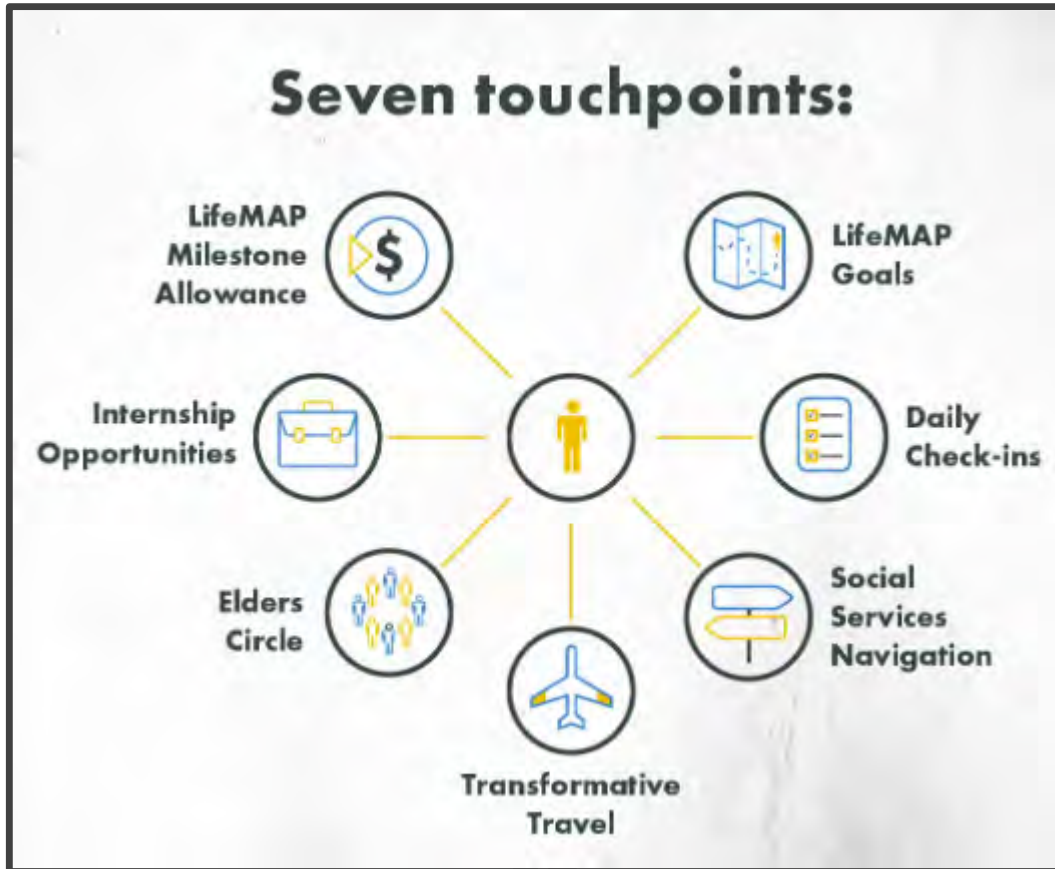
Since the establishment of the ONS, Richmond has experienced a substantial decrease in violence. Firearm-related homicides have declined in Richmond by more than 70 percent. With respect to those individuals enrolled in the Peacemaker Fellowship program within ONS, 77 percent have not been involved in any gun violence activity.⁸⁸

Advance Peace has replicated the Peacemaker Fellowship in the cities of Stockton and Sacramento, CA and Fort Wayne, TX. Advance Peace is also working with the cities of Fresno, New York City, and several others to launch Peacemaker Fellowship programs there.

Initial evaluations of the Advance Peace programs in Stockton and Sacramento have shown very promising outcomes.⁸⁹

⁸⁸<https://www.advancepeace.org/about/the-solution/>

⁸⁹<https://www.advancepeace.org/about/learning-evaluation-impact/>



Street Outreach

Referred to by a variety of names and long seen as the primary entry point for violence reduction programs, Street Outreach can be an effective intervention when implemented correctly. A number of organizations and programs throughout the country have successfully operated Street Outreach initiatives, including [Urban Peace Initiative](#) in Los Angeles, who also provide a Street Outreach training academy; the [Newark Community Street Team](#); and the [Professional Community Intervention Training Institute](#).

Popularized by the documentary *Interrupters*, the Cure Violence Epidemic

Control Model was created in Chicago to provide Street Outreach and violence interruption through a public health approach. This model utilizes the main components that are currently used to control outbreaks of epidemic disease to address violence, namely uncovering and breaking up transmission, pinpointing those with the highest risk of infection, and reforming local norms.

Identification of Program Participants
 Street Outreach programs are designed to address the manner in which violence spreads from person to person. Studies show that those who have been continually in contact with violence can

be thirty times more likely to commit a violent act in the future.⁹⁰ Moreover, violence often has ripple effects in the community, whether it be in the form of retaliation or further escalation of conflict.⁹¹

Because of this pattern in violence, Street Outreach programs recognize potentially lethal conflicts in the community by utilizing trained Violence Interrupters. A system is devised and maintained for collecting and verifying homicide and injury data from the community. This data includes prior history of homicides and injuries, hot spots of violence, neighborhood affiliations, etc. These Violence Interrupters also identify ongoing conflicts by speaking to key members of the community about ongoing disputes. Information regarding arrests, prison releases, and prior criminal history are also utilized to pinpoint violent outbreaks.⁹²

Engagement and Services Strategy

Engagement is primarily facilitated by the work of trained Violence Interrupters that engage the community through meaningful dialogue. Following a shooting, these individuals immediately operate in the community and at hospitals to pacify heightened emotions

and prevent retaliations. This involves coordination with local groups and business owners to hold constructive dialogue around community violence and the appropriate actions to take in response. Events are then organized by Violence Interrupters to promote a change in overall neighborhood attitudes towards violence. This enables the de-normalization of long-standing attitudes around violence by way of constant community engagement and input.⁹³ Events include community education initiatives, gun buyback projects, and sports programming. The main focus on these events is to provide a safe space in the community when violence is at an all-time high.⁹⁴

It is important to note that some applications of this model incorporate collaboration with HVIPs to help aid in the identification of high-risk individuals.⁹⁵

Current Programs and Evaluations

Street Outreach programs have been rigorously evaluated by numerous independent think-tanks, with strong, statistically significant outcomes observed in most analyses. Reductions in shooting have ranged from 40 to 70 percent, with some cities even able to maintain multiple years without any

⁹⁰<https://1vp6u534z5kr2qmr0w11t7ub-wpengine.netdna-ssl.com/wp-content/uploads/2019/09/Infographic-Top-10-v1.pdf>

⁹¹<https://www.lagryd.org/mission-comprehensive-strategy>

⁹²<https://cvg.org/what-we-do/>

⁹³Id.

⁹⁴<https://www.lagryd.org/summer-night-lights>

⁹⁵<https://johnjayrec.nyc/2020/11/09/av2020/>

shootings at all. Analyses have also shown a large ROI (return on investment) associated with investment in this model: anywhere from \$3,500-\$4,500 is saved for every act of violence stopped.⁹⁶ Apart from these tangible results, supplementary benefits in the form of increased employment rates and more faith in law enforcement personnel are also realized.³³

The City of Los Angeles established the Mayor's Office of Gang Reduction and Youth Development (GRYD) in 2007 in order to effectively incorporate Street Outreach into Los Angeles' violence reduction strategy. GRYD's initiatives include intervening in violent situations and proactively promoting communication between various groups through the use of the "triangle protocol," which helps determine appropriate responses to a crisis.^{97,98} This protocol is the main pathway in which information is facilitated between three main stakeholders: the Los Angeles Police Department, GRYD coordinators, and community programs. Ultimately, the collected information assists GRYD to properly respond to violent shootings.

After launching in 2010, New York City's Cure Violence program demonstrated strong success, with a 63 percent reduction in shooting incidents.⁹⁹ Radical transformation in neighborhood attitudes towards the use of violence also occurred, as reflected in community surveys.¹⁰⁰ This shift in norms illustrates a decrease in the willingness of community members to turn to and allow violence as a means of dispute resolution.

Street Outreach programs that simply canvass high crime neighborhoods without any focus on very high-risk individuals or don't have structured, intensive follow-up, have proven to be ineffective. In a meta-analysis of Street Outreach evaluations, a John Jay College study noted: "The most promising outcomes result when streetwork programs focus their efforts on the small networks of people at highest risk for violent victimization and offending—rather than on narrow geographic areas, such as the neighborhoods with high rates of violence."¹⁰¹

⁹⁶<https://cvg.org/wp-content/uploads/2020/03/2020.03.05-US-Handout.pdf>

⁹⁷<https://www.lagryd.org/mission-comprehensive-strategy>

⁹⁸<https://nnscommunities.org/wp-content/uploads/2014/04/NNSC-streetwork-final-2.pdf>

⁹⁹<http://www.cureviolence.org/results/scientific-evaluations/nyc-evaluation-johnjay/>

¹⁰⁰<https://johnjayrec.nyc/2017/10/02/cvinsobronxeastny/>

¹⁰¹<https://nnscommunities.org/wp-content/uploads/2014/04/NNSC-streetwork-final-2.pdf>

Policing Strategies

The following strategies have shown to be effective in reducing crime, resolving incidents, and improving the quality of policing without a focus on heavy-handed enforcement.

SARA Problem Solving Model

The Scanning, Analysis, Response, and Assessment (SARA) model was created in Virginia in 1987 to facilitate the problem-oriented policing procedure.¹⁰²

The cornerstone of this model is a priority on outcomes; the model outlines four steps that are necessary for a proper police response to problems within their jurisdictions. To ensure proper implementation, a significant facet of this method is that officers must be ready to build trust between the community and the police department through the growth of interpersonal relationships.¹⁰³

Scanning. This step consists of pinpointing and then triaging repeated issues that necessitate a response from the police department.¹⁰⁴ Frequent problems that occur in the community should be given priority. Relevant outcomes of the problem should be matched to their corresponding cause.

The police department's ability to significantly affect that outcome should also be studied. For instance, examining which properties in a given area have the highest number of calls for service in a year or given time period is an important initial step in the SARA model.

Analysis. Here, law enforcement officers examine the root causes of the issue, community sentiment regarding the problem, and gather needed contextual data.⁴⁸ This step also involves assessing the status quo response to the problem and identifying the shortcomings of that strategy. Ultimately, the cause of the problem and potential solutions are determined during this phase.

Response. Officers utilize collected data to ascertain potential intervention strategies. When determining strategies, a thorough review of implemented interventions in different areas with comparable issues is critical. Once a strategy is selected, clear goals must also be established. Execution of the chosen plan is the last part of this step.

Assess. After a plan is implemented and officers have attempted to address a problem, the police department must analyze the efficacy of their strategy.

¹⁰²https://www.researchgate.net/publication/297556988_Police_innovation_Contrasting_perspectives

¹⁰³<https://movementforward.org/a-look-inside-strategies-contributing-towards-community-policing-sara-model/>

¹⁰⁴<https://www.evidence-basedpolicing.org/refresher-sara-model-and-problem-oriented-policing/>

Continued evaluation of the intervention is necessary to guarantee lasting success. Alternatives or additions to the strategy are considered as well. This is often a step overlooked or undervalued in police departments.¹⁰⁵

Many police departments have incorporated the SARA model into their interventions. In San Diego, the police department reported that a trolley station was the location of gang fights, violent crimes, and narcotic activity. A squad of officers collected information to show the local transit board that the design of the station contributed to crime. Based on the information provided by the officers, the transit board agreed to provide funds to redesign the station.¹⁰⁶

Ethical Policing Is Courageous (EPIC)

The EPIC program is a peer-to-peer intervention strategy that was created by the police department in New Orleans, Louisiana in 2016. EPIC involves training officers to be accountable to each other and intervene before an unlawful act takes place, irrespective of hierarchy. This initiative aims to alter the culture surrounding policing in order to limit police misbehavior and promote a collaborative environment.¹⁰⁷

The EPIC program is founded on active bystandership psychology, which explains that active bystanders intercede when they are made aware of problematic behavior. EPIC training allows officers to overcome factors that may prevent them from intervening. These factors include a lack of confidence in their skills to deescalate a situation, uneasiness about potential retribution, and worry about breaking an unwritten code of silence.¹⁰⁸

Leadership in police departments who participate in the EPIC program must be committed to changing their organizational culture. Police departments implementing EPIC must provide education, training, and on-going learning and support to officers for the initiative to be successful. EPIC can also integrate with other initiatives to boost officer well-being, including counseling and trauma assistance as well as stress reduction education.¹⁰⁹

Data has shown that police departments where EPIC programs have been implemented have better community relations, lower rates of misconduct, and lower rates of public grievances. The majority of the feedback from New Orleans police officers has also been

¹⁰⁵<https://movementforward.org/a-look-inside-strategies-contributing-towards-community-policing-sara-model/>

¹⁰⁶<https://www.sandiego.gov/department/problem-oriented-policing>

¹⁰⁷<http://epic.nola.gov/home/>

¹⁰⁸<http://epic.nola.gov/epic/media/Assets/EPIC-Overview.pdf>

¹⁰⁹Id.

positive.¹¹⁰ Moreover, there is strong research that peer intervention is effective when successful strategies for interceding are provided.¹¹¹

Project Active Bystandership for Law Enforcement (ABLE)

Project ABLE is a joint effort between the Georgetown Innovative Policing Program and the Sheppard Mullin law firm to train officers to be able to properly intervene in a crisis situation and promote a policing atmosphere that reinforces peer intervention. Project ABLE is based on the principles of the New Orleans EPIC Peer Intervention Program and curriculum created by Dr. Ervin Staub for California law enforcement. Through Georgetown, law enforcement agencies are able to receive training in Project ABLE along with a host of other resources to assist them in advancing their own bystandership strategies.^{112,113} The training consists of a minimum of a one-time eight hour ABLE-specific training along with a minimum of two hours of annual refresher training.¹¹⁴ All of these resources are provided to law enforcement agencies free of charge.

Project ABLE's aim is to reduce police misconduct and errors and assist in improving officer health and well-being. In order to prevent any retaliation from occurring to those officers who intervene, police departments must implement stringent anti-retaliation guidelines. Since its inception, over 70 police departments have enlisted in Project ABLE.¹¹⁵

Research has shown that there are many advantages to the implementation of significant bystander training. This is critical because most police departments have a culture that dissuades officers from intervening when they see problematic behaviors.¹¹⁶ Identified benefits include a decrease in violence to civilians, a decrease in violence to police officers, enhanced relationships between community residents and the police officers, and growth in officer well-being.¹¹⁷ Evidence also suggests a strong correlation between departments that maintain robust duty to intervene protocols and decreased rates of police deaths per capita.

¹¹⁰<https://www.apa.org/monitor/2017/10/polic-e-misconduct>

¹¹¹<https://epic.nola.gov/epic/media/Assets/Aronie-Lopez,-Keeping-Each-Other-Safe.pdf>

¹¹²<https://www.law.georgetown.edu/innovative-policing-program/active-bystandership-for-law-enforcement/>

¹¹³<https://www.law.georgetown.edu/innovative-policing-program/active-bystandership-for-law-enforcement/our-mission/>

¹¹⁴<https://www.law.georgetown.edu/innovative-policing-program/active-bystandership-for-law-enforcement/able-program-standards/>

¹¹⁵<https://www.wsj.com/articles/nypd-officers-to-get-training-on-speaking-up-against-bad-policing-11611838809>

¹¹⁶https://assets.foleon.com/eu-west-2/uploads-7e3kk3/41697/pdf_-_duty_to_intervene.6e39a04b07b6.pdf

¹¹⁷<https://www.law.georgetown.edu/innovative-policing-program/active-bystandership-for-law-enforcement/able-program-standards/>

Community Safety Partnership (Watts)

Established in November 2011, the Community Safety Partnership (CSP) is a joint effort between the Los Angeles Police Department (LAPD), the Housing Authority of the City of LA (HACLA), and local residents.¹¹⁸ The program was created in order to address the high violence levels in housing developments in the Watts area and offer residents there supports and services. The broader goal of the CSP is to implement “relationship-based policing.” This process involves police officers creating legitimate relationships with residents of their precinct in order to meaningfully benefit community wellness for the long-term.¹¹⁹ One of the major stakeholders in the project is the Watts Gang Task Force, a team of neighborhood residents, local faith leaders, and other community-based organizations.

Along with high violence rates, the community was also grappling with concentrated poverty, low education

quality, and deteriorating physical infrastructure. Community engagement initiatives the CSP implemented in response include a football team coached by police officers, Fun Runs, health fairs, and organized walks for residents to interact with officers in a non-confrontational setting.^{120, 121}

In 2020, the CSP Bureau was formed within LAPD to expand the work that was achieved in Watts citywide. The LAPD also consolidated CSP programs creating a centralized point of contact and engagement for the community. The main objectives of the CSP Bureau were to serve as a resource for officer–community interaction and promotion of neighborhood safety.¹²²

The CSP Bureau is also responsible for certifying and training officers for 5-year terms. CSP officers undergo over 100 hours of education from the nonprofit Urban Peace Institute. The training centers on cultural competency, de-escalation skills, and understanding community data.¹²³

Originally formed for one housing site, CSP has spread to ten additional

¹¹⁸<https://www.lamayor.org/mayor-garcetti-announces-new-expansion-community-safety-partnership>

¹¹⁹<https://static1.squarespace.com/static/55b673c0e4b0cf84699bdffb/t/5a1890acec212d9bd3b8f52d/1511559341778/President%27s+Task+Force+CSP+Policy+Brief+FINAL+02-27-15updated.pdf>

¹²⁰<https://lasentinel.net/hundreds-of-south-la-residents-attend-launch-of-community-safety-partnership-in-harvard-park.html>

¹²¹<https://empowerla.org/lapds-community-relationship-division/>

¹²²<https://www.lamayor.org/mayor-garcetti-announces-creation-lapd-community-safety-partnership-bureau>

¹²³<https://static1.squarespace.com/static/55b673c0e4b0cf84699bdffb/t/5a1890acec212d9bd3b8f52d/1511559341778/President%27s+Task+Force+CSP+Policy+Brief+FINAL+02-27-15updated.pdf>

developments. In 2017, the program was broadened to the Harvard Park area due to its efficacy. During the initial three years after the CSP's formation, both violent offenses and arrest rates decreased by over 50 percent in the Watts housing developments. One Watts location even had three consecutive years without a homicide. Residents of these Watts developments have even reported increased perceptions of safety along with greater trust in the police.¹²⁴ An evaluation of CSP by UCLA found that this effort reduced crime, arrest rates, and use of force grievances from residents.¹²⁵

Focused Deterrence

Focused Deterrence strategies involve the communication of risks, ramifications, and avenues of support to individuals involved in gun violence. This strategy is based on the fact that a very small number of people are responsible for a large portion of gun violence.

One of the most prominent implementations of focused deterrence is Boston, Massachusetts's Operation Ceasefire. Experiencing an increase in violence, Boston police identified and communicated with individuals and groups that were pinpointed as most at risk of engaging in violence.¹²⁶ Boston police also partnered with the Boston Ten Point Coalition, a group of faith and

community leaders, in order to provide support and services to these targeted individuals and groups. Oakland has also implemented a version of Focused Deterrence that is profiled in the Gun Violence Reduction section of this report.

Focused Deterrence strategies are often tailored to the location in which they are being implemented. Project Safe Neighborhoods in Lowell, Massachusetts, instituted this strategy in areas of high crime. Lowell dealt with a significant Asian gang presence largely comprising youth involved in illicit gambling operations. In order to address the youth violence, the City of Lowell worked with older Asian males in charge of the gambling. The older Asians intervened in youth violence in order to prevent their gambling enterprise from being destroyed. Lowell experienced a major decline in adolescent violence following the implementation of this Focused Deterrence strategy.¹²⁷

After Ceasefire was implemented in Boston, evaluations found a 63 percent drop in youth homicides and a 32 percent decline in calls for service

¹²⁴Id.

¹²⁵<https://www.lamayor.org/mayor-garcetti-announces-creation-lapd-community-safety-partnership-bureau>

¹²⁶<https://cebcp.org/evidence-based-policing/what-works-in-policing/research-evidence-review/focused-deterrence/>

¹²⁷Id.

related to gun violence.¹²⁸ A meta-analysis of several Focused Deterrence strategies found steady reductions in violent crime of up to 60 percent, particularly for group and gang related violence.¹²⁹

Elimination of Pretextual Stops

Pretextual or pretext traffic stops occur when police officers stop a driver for a minor violation, like vehicle equipment failure, and then try to leverage that opportunity to find evidence of a more significant crime. A recent evaluation of 100 million traffic encounters demonstrated that Black and Latino drivers experience higher rates of pretextual stops and searches.¹³⁰ However, most of these stops do not actually yield any contraband or weapons.¹³¹ Because the nature of pretextual stops relies heavily on officer discretion, there is high likelihood that implicit racial biases come into play. Such stops that end in violence or death disproportionately affect Black and Latino drivers.¹³²

Elimination of pretextual stops does not negatively affect crime. An analysis by the police department in Fayetteville, North Carolina showed that violent crime was not affected after the police department reformed its use of pretextual stops.¹³³

Pretextual stops are in the process of being regulated in many states across the country. Oregon's Supreme Court ruled in November 2019 that it was unconstitutional for police to stop a driver and proceed to ask unrelated questions, thereby effectively banning pretextual stops.¹³⁴ Virginia policy makers are also considering restricting pretextual stops.¹³⁵ The Berkeley City Council has already approved the formation of BerkDOT in order to address and decrease the frequency of pretextual traffic stops.¹³⁶ The City Council also approved the Mayor's Fair and Impartial Policing Workgroup's recommendations, which includes elimination of pretextual stops.

¹²⁸<https://www.ojp.gov/pdffiles1/nij/188741.pdf>

¹²⁹<https://prohic.nl/wp-content/uploads/2020/11/2020-03-31-FocussedDeterrenceBraga.September2019.pdf>

¹³⁰<https://www.vera.org/blog/ending-pretextual-stops-is-an-important-step-toward-racial-justice>

¹³¹<https://www.law.upenn.edu/live/files/7898-rudovskyoslj>

¹³²<https://www.berkeleyside.com/2021/03/02/opinion-for-berkeley-to-reimagine-public-safety-we-must-grapple-with-traffic-enforcement>

¹³³<https://injepijournal.biomedcentral.com/articles/10.1186/s40621-019-0227-6>

¹³⁴<https://www.opb.org/news/article/oregon-supreme-court-bans-police-officers-random-questions/>

¹³⁵<https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2020/09/03/police-pretext-traffic-stops-need-to-end-some-lawmakers-say>

¹³⁶<https://www.berkeleyside.com/2021/03/02/opinion-for-berkeley-to-reimagine-public-safety-we-must-grapple-with-traffic-enforcement>

Ethical Society of Police (ESOP)

Instituted in 1972 by Black St. Louis Metropolitan Police Department officers, the Ethical Society of Police (ESOP) is a police union that was created in order to combat systemic racism within the department and greater community. The group is composed of 220 members, who are either police officers or civilian contractors.¹³⁷ The organization recently scaled up to include the St. Louis County Police Department. ESOP has been particularly outspoken in cases of police wrongdoing. The group places a higher premium on ethical decision making, even though openly criticizing actions of their fellow police officers can be difficult.

Most recently, ESOP condemned the actions of a police officer in Brooklyn Center, MN that resulted in the death of Daunte Wright, expressing that the officer was irresponsible in upholding her duties.¹³⁸ ESOP has also sponsored many events in order to improve relationships between police officers and their community including Pizza with a Cop, community clean-up days, and basketball games. In August of

2020, ESOP released a groundbreaking report that details systemic racism throughout the St. Louis Metropolitan Police Department.

Chicago PD Black Public Safety Alliance (BPSA)

A group of Black Chicago Police Department (CPD) officers created the Black Public Safety Alliance (BPSA) in 2021.¹³⁹ The organization serves to give Black police officers a voice amidst the deep-rooted issues between communities of color and the CPD. The BPSA was created in response to concerns with the broader Fraternal Order of Police (FOP).¹⁴⁰ Officers in the BPSA have explained they “...do not feel supported or comfortable at the FOP,” especially after the local police union refused to undergo mandated precinct reform to promote trust in the community.¹⁴¹

The formation of the alliance is a reflection of the national conversation that was ignited by George Floyd’s death. The members of BPSA have expressed that advocating for the Black community is one of their main goals, even if that involves challenging the

¹³⁷https://img1.wsimg.com/blobby/go/64ce42b7-f768-43ed-9590-dbd611afb7b6/downloads/1c6lj3b8j_482336.pdf?ver=1618276018416

¹³⁸<https://www.nytimes.com/2021/04/14/opinion/police-officer-unions.html?action=click&module=Opinion&pgtype=Homepage>

¹³⁹<https://www.wbez.org/stories/black-chicago-police-officers-form-new-group/abb12a96-1103-4ced-a068-0ffbfb158da9>

¹⁴⁰<https://movementforward.org/a-look-inside-strategies-contributing-towards-community-policing-sara-model/>

¹⁴¹<https://www.chicagotribune.com/news/criminal-justice/ct-black-chicago-police-organization-20210225-dvbzcs4z3feqvix4sumhcbgru-story.html>

status quo. Currently operating as a nonprofit, the BPSA has established working groups on diversity policies, adolescent coaching, and police reform. The group will also offer services to Black officers who are having difficulties with their overall well-being.¹⁴²

Police Diversity

With the recent demands for law enforcement to address racial injustice and the disparate impact of policing on communities of color, diversity in the ranks of officers has emerged as a potential area of reform. In a New York Times analysis of federal Bureau of Justice Statistics data on nearly 500 police departments across the country, more than 66 percent of the departments experienced a reduction in diversity and became more white from 2007 to 2016. Although the share of police officers of color has risen in that time period as well, the demographics of police departments do not reflect the demographics of communities they serve.¹⁴³ Black officers are twice as likely than their white counterparts to espouse the belief that the deaths of people of color at the hands of police officers are a legitimate problem.¹⁴⁴

¹⁴²<https://www.chicagotribune.com/news/criminal-justice/ct-black-chicago-police-organization-20210225-dvbzcs4z3feqvix4sumhcbbgru-story.html>

¹⁴³<https://www.nytimes.com/interactive/2020/09/23/us/bureau-justice-statistics-race.html>

Diversity in law enforcement is correlated with stronger bonds between a department and the community they serve, particularly communities of color. Use of force grievances have also been shown to decrease when there are more non-white officers in leadership positions.¹⁴⁵ A new comprehensive study of police diversity in Chicago, Illinois was conducted by a group of academics from Princeton University, Columbia University, the Wharton School of Business, and the University of California at Irvine. Their research concluded that, “Relative to white officers, Black and Hispanic officers make far fewer stops and arrests, and they use force less often, especially against Black civilians. These effects are largest in majority-Black areas of Chicago and stem from reduced focus on enforcing low-level offenses, with greatest impact on Black civilians. Female officers also use less force than males, a result that holds within all racial groups.”¹⁴⁶

Warrior vs. Guardian Mentality

The mentality of a warrior going to battle and the police force being an occupying army has been referred to as the “warrior mentality” for many years. Instilled, or reinforced, in police officers

¹⁴⁴<https://www.pewresearch.org/fact-tank/2017/01/12/black-and-white-officers-see-many-key-aspects-of-policing-differently/>

¹⁴⁵<https://www.nytimes.com/interactive/2020/09/23/us/bureau-justice-statistics-race.html>

¹⁴⁶<https://scholar.princeton.edu/sites/default/files/bkmr.pdf>

at the academy, the warrior concept is saturated throughout police culture. The guardian mentality is a newer idea that promotes community engagement, the establishment of meaningful relationships, and providing support to residents.¹⁴⁷

“From Warriors to Guardians: Recommitting American Police Culture to Democratic Ideals,” a report by the Harvard University Kennedy School of Government and the National Institute of Justice, directly addresses the problems of the warrior culture in policing. The report states: “In some communities, the friendly neighborhood beat cop – community guardian – has been replaced with the urban warrior, trained for battle and equipped with the accouterments and weaponry of modern warfare.”¹⁴⁸

The report goes on to highlight problems with police academies and the aggressive, warrior type manner in which new recruits are trained: “Another, more insidious problem in a military-style academy is the behavior modeled by academy staff. Those without power

(recruits) submit without question to the authority of those who have power (academy staff). Rule violations are addressed by verbal abuse or physical punishment in the form of pushups and extra laps.”¹⁴⁹

A novel initiative has been implemented at the Washington State Criminal Justice Training Commission (WSCJTC) to try to instill the guardian culture in police departments in the state. The WSCJTC conducts and implements training of over 10,000 police officers annually. Curricular and approach changes include the removal of salute requirements for recruits, motivating instead of criticizing recruits during training, and the incorporation of behavioral education into the curriculum. Early longitudinal evaluations of the WSCJTC program show that the officers that participated in the training felt more comfortable responding to behavioral and mental health crises when compared with officers that did not receive the training.¹⁵⁰ Gains in emotional intelligence and peer support were observed as well.

¹⁴⁷<https://www.sciencedaily.com/releases/2019/02/190226155011.htm>

¹⁴⁸<https://www.ojp.gov/pdffiles1/nij/248654.pdf>

¹⁴⁹Id.

¹⁵⁰https://www.seattleu.edu/media/college-of-arts-and-sciences/departments/criminaljustice/crimeandjusticeresearchcenter/documents/Helfgott-and-Hickman-2021_Longitudinal-Study-of-the-Effect-of-Guardian-Training-for-LE.pdf

Police Training

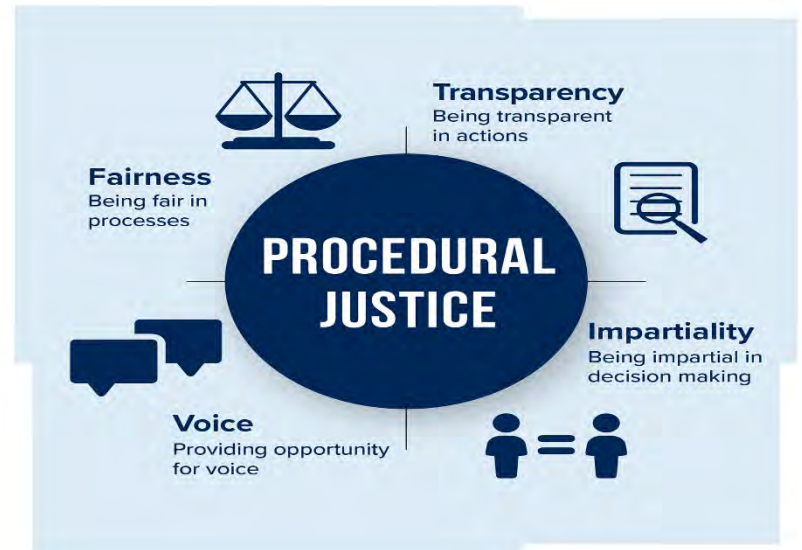
Increased training and education programs are frequently promoted to police departments to help improve the quality of policing and support officers in gaining new skills. As noted by two Columbia Law School professors in an article on police reform, "... training does not take root unless officers are held accountable for obeying the rules and practicing the skills they are taught."¹⁵¹ Training alone is not adequate to transform a police department or change the behavior of an officer. But combined with culture change, new policies and accountability, training can be an effective tool to improve and reform the police.

Procedural Justice

Procedural Justice in policing improves police-community relations and emphasizes police departments and officers being transparent in their actions, fair in their processes, allowing community voice, and using impartiality in decision making.

According to the Department of Justice's Community Oriented Policing Services, "Procedural justice refers to the idea of fairness in the processes

that resolve disputes and allocate resources. It is a concept that, when embraced, promotes positive organizational change and bolsters better relationships."



A comprehensive evaluation of procedural justice training found that "training increased officer support for all of the procedural justice dimensions. . . . Post-training, officers were more likely to endorse the importance of giving citizens a voice, granting them dignity and respect, demonstrating neutrality, and (with the least enthusiasm) trusting them to do the right thing."¹⁵²

Several evaluations of procedural justice have found the education has been correlated with an improvement in relations between a community and a police department.¹⁵³ In Oakland, the

¹⁵¹<https://www.themarshallproject.org/2014/12/19/the-new-new-policing>

¹⁵²https://www.researchgate.net/publication/269723704_Training_police_for_procedural_justice

¹⁵³https://www.cityofberkeley.info/uploadedFiles/Police/Level_3_-_General/Principled%20Policing_outline.pdf

police department trained all officers in procedural justice and provided specialized procedural justice training to the department's gun violence reduction unit. Oakland's police department was also the first department in the country to have members of the community teach a portion of the procedural justice training.

While also suggesting procedural justice training as a way to combat the "warrior mentality" in police departments, a Harvard University Kennedy School of Government report advises that "Police leaders dedicated to establishing practices in their agencies based on procedural justice principles must ensure that their organizational culture is not in conflict with these same principles."¹⁵⁴

Implicit Bias

Implicit bias, as the name denotes, is an unconscious belief, attitude or bias against another race, ethnicity, or group. When Stanford University psychologist Jennifer Eberhardt conducted a large-scale study of policing, she discovered that the unconscious link between Black individuals and criminality is so high that even contemplating lawlessness can cause someone to fixate on Black

people.¹⁵⁵ These societal biases end up affecting the judgment of police officers whether they are aware of it or not. In Oakland, Professor Eberhardt and her team reviewed body camera footage from 1,000 traffic stops to elucidate the difference in officer language in encounters with Black versus white drivers. The research found that Oakland Police Department (OPD) officers consistently communicated with Black drivers in a less civil manner when compared with white drivers they addressed.¹⁵⁶ Various programs to address implicit bias were then recommended for implementation in OPD in response to these findings. Short, repeated education periods were found to be associated with higher levels of officer comprehension and knowledge.¹⁵⁷ The training was accompanied by more community engagement and data transparency in order to allow officers to start the process of unlearning implicit biases.

A novel approach to implicit bias training is the Counter Bias Training Simulation (CBTSim). This strategy utilizes shooting automation and video sequences to demonstrate the risks of implicit bias in a realistic setting.¹⁵⁸ In the curriculum, officers are forced to

¹⁵⁴<https://www.ojp.gov/pdffiles1/nij/248654.pdf>

¹⁵⁵<https://psychology.stanford.edu/news/we-understand-implicit-bias-now-what-conversation-stanford-psychologist-jennifer-eberhardt>

¹⁵⁶Id.

¹⁵⁷<https://news.stanford.edu/2016/06/15/stanford-big-data-study-finds-racial-disparities-oakland-calif-police-behavior-offers-solutions/>

¹⁵⁸<https://www.npr.org/2020/09/10/909380525/nypd-study-implicit-bias-training-changes-minds-not-necessarily-behavior>

deal with potentially explosive situations without reacting in a way that reflects preconceived notions.¹⁵⁹

De-escalation

With an increase in the number of deadly interactions between police and unarmed civilians going viral, there has been an on-going call for officers to be required to utilize effective verbal de-escalation strategies. Law enforcement officers in the United States kill nearly 1,000 civilians annually, many of whom are unarmed.¹⁶⁰ However, many law enforcement agencies provide little to no de-escalation training to officers, and 34 states have no mandate for de-escalation training.

Successful de-escalation programs operate to assist law enforcement personnel in relaxing the situation in order to gain valuable time in a crisis. Ideal guidance for officers suggests that 40 hours of de-escalation instruction is needed. The Police Executive Research Forum (PERF) de-escalation training is a program that has seen substantial reductions in use of force complaints and civilian injury. The training includes active listening, forming physical space between the individual and officer, and education regarding mental illness and well-being.¹⁶¹

¹⁵⁹<https://www.faac.com/milo/cognitive/cbtsim/>

¹⁶⁰https://www.washingtonpost.com/local/deescalation-training-police/2020/10/27/3a345830-14a8-11eb-ad6f-36c93e6e94fb_story.html

¹⁶¹Id.

When the Dallas Police Department implemented a training curriculum involving de-escalation tactics, use of force grievances declined by 18 percent the following year. After the San Francisco Police Department incorporated de-escalation training into their curriculum, use of force incidents dropped by 24 percent annually.¹⁶²

Community Engagement

A tense relationship between police and the community, especially communities of color, has been a long, intractable problem. Mistrust of law enforcement is not just theoretically problematic; it has also been proven to be linked to an increase in crime and violence.¹⁶³ Police officers should work to develop meaningful and positive relationships with members of the community by taking measures including regularly and actively attending community meetings, special events, neighborhood gatherings, positively communicating with area youth, and participating or hosting local sporting events. Law enforcement should convey the message that residents have a voice and that their input matters. Police should also connect with individuals in the community who advocate for greater social cohesion, such as faith

¹⁶²https://www.washingtonpost.com/local/deescalation-training-police/2020/10/27/3a345830-14a8-11eb-ad6f-36c93e6e94fb_story.html

¹⁶³<https://giffords.org/wp-content/uploads/2020/01/Giffords-Law-Center-In-Pursuit-of-Peace.pdf>

leaders, in order to successfully engage a broad swath of residents.¹⁶⁴

Crime Prevention Through Community Engagement (CPTCE), an extensive training guide for improving relations between police departments and the community, was recently developed by The American Crime Prevention Institute (ACPI). The training consists of strategies to engage communities of color, employ social media to interact with residents, coordinate with faith-based leaders, and partner with community-based organizations.¹⁶⁵

In New Haven, Connecticut, the police department implemented 40-hours of community engagement education for its recruits, including education about the area's history as well as continuous outreach activities. Officers overwhelmingly supported the initiative and reported having positive interactions. After the pilot, the police department expanded the program to partner with the local community-based organization, Leadership, Education, & Athletics in Partnership (LEAP).¹⁶⁶ Community engagement training for law enforcement in general is correlated with increased trust and stronger social ties in neighborhoods.

Open Policing is a research-based strategy that incorporates elements of procedural justice to improve police-community relations. Residents of communities are able to offer their comments and observations regarding their exchanges with police officers anonymously. All comments are collated into Agency Pages, which can be explored by residents and officers.¹⁶⁷ In addition to the Open Policing policy, some departments have initiated CFS reviews. After any call for service, community members are able to give details about their interaction in a three-minute review without any fear of consequence.¹⁶⁸

The four main components of procedural justice have been assimilated into Open Policing, including promotion of vocalization from the community, serving individuals with respect, objectivity in decision-making, and credibility with the community. Open Policing has been correlated with a 35 percent decrease in resident grievances and increased trust in police departments.¹⁶⁹

¹⁶⁴<https://courses.acpionline.com/community-engagement/>

¹⁶⁵<http://acpionline.com/seminars/cptcelou/>

¹⁶⁶https://www.policefoundation.org/wp-content/uploads/2017/08/IAP_Outside-the-Academy-Learning-Community-Policing-through-Community-Engagement.pdf

¹⁶⁷https://www.policylink.org/sites/default/files/pl_police_commun%20engage_121714_c.pdf

¹⁶⁸<https://www.openpolicing.org/how-open-policing-works/>

¹⁶⁹<https://www.openpolicing.org/try-open-policing/>

Data Driven Risk Management

The Oakland Police Department (OPD) recently implemented VISION, a Microsoft Power BI dashboard that allows for a precise review of police behavior. Working with Slalom, a data consulting firm, OPD has increased transparency and accountability through data analysis. Patterns of enforcement, historical activity, and performance over time are all monitored in close to real-time.¹⁷⁰

The dashboards were created with input from OPD staff and leadership, community-based organizations, other law enforcement agencies, and Stanford University's SPARQ (Social Psychological Answers to Real-world Questions). Each dashboard can be accessed by OPD leadership, depending

on security clearance. The dashboards have a simple interface, allowing supervisors to access and understand the data easily. Police supervisors can access a variety of data, from long-term information to arrests made within the last 24 hours.¹⁷¹ Dashboards allow for an easy breakdown of incidents by factors including race, gender, ethnicity, and officer. This permits police departments to monitor problematic patterns and address them quickly.¹⁷² Early Intervention Systems (EIS) such as these dashboards have been correlated with increased personnel safety, improved officer welfare, and an increase in police accountability.¹⁷³ One needed improvement with these systems is allowing public access to the information.

¹⁷⁰<https://www.slalom.com/case-studies/city-oakland-creating-police-transparency-and-trust-data>

¹⁷¹<https://medium.com/slalom-data-analytics/data-is-the-new-sheriff-in-town-but-is-it-biased-4aa140904dd7>

¹⁷²<https://cao-94612.s3.amazonaws.com/documents/Police-Commission-7.23.20-Agenda-Packet.pdf>

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123. <https://static1.squarespace.com/static/55b673c0e4b0cf84699bdffb/t/5a1890acec212d9bd3b8f52d/1511559341778/President%27s+Task+Force+CSP+Policy+Brief+FINAL+02-27-15updated.pdf>
124. Id.
125. <https://www.lamayor.org/mayor-garcetti-announces-creation-lapd-community-safety-partnership-bureau>
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127. Id.
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129. <https://prohic.nl/wp-content/uploads/2020/11/2020-03-31-FocussedDeterrenceBraga.September2019.pdf>
130. <https://www.vera.org/blog/ending-pretexual-stops-is-an-important-step-toward-racial-justice>
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132. <https://www.berkeleyside.com/2021/03/02/opinion-for-berkeley-to-reimagine-public-safety-we-must-grapple-with-traffic-enforcement>
133. <https://injepijournal.biomedcentral.com/articles/10.1186/s40621-019-0227-6>
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140. <https://movementforward.org/a-look-inside-strategies-contributing-towards-community-policing-sara-model/>
141. <https://www.chicagotribune.com/news/criminal-justice/ct-black-chicago-police-organization-20210225-dvbzcs4z3feqvix4sumhcbbgru-story.html>
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147. <https://www.sciencedaily.com/releases/2019/02/190226155011.htm>
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150. https://www.seattleu.edu/media/college-of-arts-and-sciences/departments/criminaljustice/crimeandjusticeresearchcenter/documents/Helfgott-and-Hickman-2021_Longitudinal-Study-of-the-Effect-of-Guardian-Training-for-LE.pdf
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157. <https://news.stanford.edu/2016/06/15/stanford-big-data-study-finds-racial-disparities-oakland-calif-police-behavior-offers-solutions/>
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162. https://www.washingtonpost.com/local/deescalation-training-police/2020/10/27/3a345830-14a8-11eb-ad6f-36c93e6e94fb_story.html
163. <https://giffords.org/wp-content/uploads/2020/01/Giffords-Law-Center-In-Pursuit-of-Peace.pdf>
164. <https://courses.acpionline.com/community-engagement/>
165. <http://acpionline.com/seminars/cptcelou/>

166. https://www.policefoundation.org/wp-content/uploads/2017/08/IAP_Outside-the-Academy-Learning-Community-Policing-through-Community-Engagement.pdf
167. https://www.policylink.org/sites/default/files/pl_police_commun%20engage_121714_c.pdf
168. <https://www.openpolicing.org/how-open-policing-works/>
169. <https://www.openpolicing.org/try-open-policing/>
170. <https://www.slalom.com/case-studies/city-oakland-creating-police-transparency-and-trust-data>
171. <https://medium.com/slalom-data-analytics/data-is-the-new-sheriff-in-town-but-is-it-biased-4aa140904dd7>
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DRAFT



Finance Department
General Services Division

REQUEST FOR PROPOSALS (RFP)
Specification No. 21-11439
FOR
PRIORITIZED DISPATCH CONSULTANT
PROPOSALS WILL NOT BE OPENED AND READ PUBLICLY

Dear Proposer:

The City of Berkeley is soliciting written proposals from qualified firms or individuals to analyze the staffing, infrastructure, and technology needs of the Berkeley 9-1-1 Communication Center and create a project plan to implement an accredited prioritized emergency medical dispatch system. As a Request for Proposal (RFP) this is not an invitation to bid and although price is very important, other factors will be taken into consideration.

The project scope, content of proposal, and vendor selection process are summarized in the RFP (attached). **Proposals must be received no later than 2:00 pm, on Tuesday, May 22, 2021**. Proposals are to be via email with the title “**PRIORITIZED MEDICAL DISPATCH CONSULTANT**” and **Specification No. 21-11439** clearly indicated in the subject line of the email. Please submit one (1) PDF of the technical proposal. Corresponding pricing proposal shall be submitted as a separate document.

Email Proposals to:

City of Berkeley
Finance Department/General Services Division
purchasing@cityofberkeley.info

Proposals will not be accepted after the date and time stated above. Incomplete proposal or proposals that do not conform to the requirements specified herein will not be considered. Issuance of the RFP does not obligate the City to award a contract, nor is the City liable for any costs incurred by the proposer in the preparation and submittal of proposals for the subject work. The City retains the right to award all or parts of this contract to several bidders, to not select any bidders, and/or to re-solicit proposals. The act of submitting a proposal is a declaration that the proposer has read the RFP and understands all the requirements and conditions.

For questions concerning the anticipated work, or scope of the project, please contact **Abraham Roman, Fire Chief** via email at aroman@cityofberkeley.info no later than **5:00 p.m. May 3, 2021**. Answers to questions will **not** be provided by telephone or email. Answers to all questions or any addenda will be **posted** on the City of Berkeley’s site at <http://www.cityofberkeley.info/ContentDisplay.aspx?id=7128>. It is the vendor’s responsibility to check this site. For general questions concerning the submittal process, contact purchasing at 510-981-7320.

We look forward to receiving and reviewing your proposal.

Sincerely,

Darryl Sweet
General Services Manager

I. BACKGROUND

The City of Berkeley provides 24/7 dispatch services for police, fire, and emergency medical service (EMS). In order to better distribute responder resources and facilitate more efficient responses, the City would like to engage with a vendor to assist the City in transitioning to a prioritized fire and medical dispatch system. More specifically, the selected vendor will be asked to perform a needs assessment based on trending call volume in to the dispatch center, identify products/solutions that are the best fit for the City, propose any structural changes that are necessary in the dispatch center, and write an implementation project plan.

II. SCOPE OF SERVICES

- a. Term: 6 Months to begin on or around June 1, 2021.
- b. Scope:
 - a. Step 1 – Analysis: Completion date of August 31, 2021. Analyze and recommend a prioritized emergency fire & medical dispatch system for the Berkeley 9-1-1 Communication Center. The analysis should cover:
 - i. Available and recommended software and hardware options, including features, security issues, and cost (one-time and ongoing),
 - ii. An evaluation of the City’s current staffing model and proposed changes that take in to consideration findings from the [audit](#)¹ performed by City Auditor. (Attachment J),
 - iii. Initial and ongoing training,
 - iv. Physical/facility improvements, if any, needed to the current Communication Center to implement prioritized dispatch,
 - v. Recommendation for the most appropriate accreditation option,
 - vi. Best practices to ensure continuous quality improvement, and
 - vii. Other factors identified by the City and vendor.
 - b. Step II – Implementation Plan: Completion date of October 31, 2021. Create an implementation plan for the project. The plan should include, but is not limited to:
 - i. Detailed implementation timeline including critical dependencies identified,
 - ii. Three-year budget consisting of one-time and ongoing costs needed to successfully implement a prioritized dispatch system,
 - iii. Staffing requirements,
 - iv. Technology needs and integration,
 - v. Start up and ongoing training needs,
 - vi. Physical / facility improvements, if any, needed to the current Communication Center including an order-of-magnitude estimate of costs,
 - vii. Recommendation for which accreditation model to pursue and a plan to move forward that includes cost and staffing requirements, and
 - viii. Other factors identified by the City and vendor.
- c. Vendor will receive 50% of contract total upon completion of Step 1, and 50% upon completion of Step II.

¹ https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Dispatch%20Workload_Fiscal%20Year%202018.pdf

III. SUBMISSION REQUIREMENTS

Preparation of Proposal:

1. Any deviation from this solicitation shall be clearly stated and identified as “Alternative Terms/Exceptions” and must be included with your submittal. If alternatives are not acceptable, the City reserves the right to reject the proposal; subject to negotiation.
2. It is the responsibility of the Contractor to examine the entire RFP and seek clarification of any requirement that may not be clear and to check all responses for accuracy before submitting a proposal. Negligence in preparing a proposal confers no right of withdrawal after due date and time. Contractors are strongly encouraged to:
 - a. Consider applicable laws and/or economic conditions that may affect cost, progress, performance, or furnishing of the products or services.
 - b. Study and carefully correlate Contractor’s knowledge and observations with the RFP document and other related data.
 - c. Promptly notify the City of all conflicts, errors, ambiguities, or discrepancies which a Contractor has discovered in the RFP documents.
3. Most Favored Customer – The offered prices for the products and services described herein are and will continue to be the lowest prices charged by Contractor for the same or substantially similar products and services. If at any time during the term of any resulting Agreement, Contractor offers or sells the same or substantially similar products and services to any other local or state public agency in the State of California at a lower price than the prices offered or charged the City of Berkeley, Contractor will promptly notify the City of Berkeley and within thirty (30) days reduce the purchase prices for the applicable products and services to such lower price for the products and services described herein.
4. Purchases by other Public Agencies – Contractor agrees to extend identical pricing for products and services provided to the City, under the same terms and conditions specified hereunder, to all public agencies that can accept such cooperative purchasing agreements, and to the extent allowed by law. Each such independent public agency shall execute its own Contract with the Contractor for its requirements and using its own sources of funding. The City shall not incur any financial or any other liability in connection with Contractor’s contracting with other public agencies.

All proposals shall include the following information, organized as separate sections of the proposal. The proposal should be concise and to the point.

1. Contractor Identification:

Provide the name of the firm, the firm’s principal place of business, the name and telephone number of the contact person and company tax identification number.

2. Client References:

Provide a minimum of *three (3)* client references. References should be California cities or other large public sector entities. Provide the designated person’s name, title, organization, address, telephone number, and the project(s) that were completed under that client’s direction.

3. Price Proposal:

The proposal shall include pricing for all services. Pricing shall be all inclusive unless indicated otherwise. Pricing proposals shall be a separate document. The Proposal shall itemize all services, including hourly rates for all professional, technical and support personnel, and all other charges related to completion of the work shall be itemized.

4. Scope of Work

Discuss in detail each item in the RFP and how you intend to address each.

5. Firm Background and Project Team:

Background information on the firm, including details of the firm's experience with similar assignments; a brief resume of the individual(s) assigned to this project; and sample work products. The proposal should include information about the firm's current engagements and an affirmation of the firm's ability to focus on this project.

6. Timeline and Project Schedule:

A detailed timeline for the completion of all the services described in the Scope of Work.

7. Past Performance: Analysis

Demonstrated history of conducting analysis of current and recommending changes or new prioritized dispatch systems of similar or larger size and scope.

8. Past Performance: Implementation

Demonstrated history of creating implementation plans and running implementation for prioritized dispatch systems of similar or larger size and scope.

9. Contract Terminations:

If your organization has had a contract terminated in the last five (5) years, describe such incident. Termination for default is defined as notice to stop performance due to the vendor's non-performance or poor performance and the issue of performance was either (a) not litigated due to inaction on the part of the vendor, or (b) litigated and such litigation determined that the vendor was in default.

Submit full details of the terms for default including the other party's name, address, and phone number. Present the vendor's position on the matter. The City will evaluate the facts and may, at its sole discretion, reject the proposal on the grounds of the past experience.

If the firm has not experienced any such termination for default or early termination in the past five (5) years, so indicate.

IV. SELECTION CRITERIA

The following criteria will be considered, although not exclusively, in determining which firm is hired.

- 1. References 20%
- 2. Price 20%
- 3. Past Performance: Analysis 40%
- 4. Past Performance: Implementation 20%

A selection panel will be convened of staff from Berkeley Fire, Police, and Communications Center to evaluate and recommend the successful vendor.

V. PAYMENT

Payment will be made in two parts:

- 1) 50% when Step I of the scope of services is completed to the satisfaction of the City
- 2) 50% when Step II of the scope of services is completed to the satisfaction of the City

Invoices: Invoices must be fully itemized, and provide sufficient information for approving payment and audit. Invoices must be accompanied by receipt for services in order for payment to be processed. Mail invoices to the Project Manager and reference the contract number.

City of Berkeley
Accounts Payable
PO Box 700
Berkeley, CA 94701
Attn: **Stacie Clarke**

Payments: The City will make payment to the vendor within 30 days of receipt of a correct and complete invoice.

VI. CITY REQUIREMENTS

A. Non-Discrimination Requirements:

Ordinance No. 5876-N.S. codified in B.M.C. Chapter 13.26 states that, for contracts worth more than \$3,000 bids for supplies or bids or proposals for services shall include a completed Workforce Composition Form. Businesses with fewer than five employees are exempt from submitting this form. (See B.M.C. 13.26.030)

Under B.M.C. section 13.26.060, the City may require any bidder or vendor it believes may have discriminated to submit a Non-Discrimination Program. The Contract Compliance Officer will make this determination. This applies to all contracts and all consultants (contractors). Berkeley Municipal Code section 13.26.070 requires that all contracts with the City contain a non-discrimination clause, in which the contractor agrees not to discriminate and allows the City access to records necessary to monitor compliance. This section also applies to all contracts and all consultants. **Bidders must submit the attached Non-Discrimination Disclosure Form with their proposal**

B. Nuclear Free Berkeley Disclosure Form:

Berkeley Municipal Code section 12.90.070 prohibits the City from granting contracts to companies that knowingly engage in work for nuclear weapons. This contracting prohibition may be waived if the City Council determines that no reasonable alternative exists to doing business with a company that engages in nuclear weapons work. If your company engages in work for nuclear weapons, explain on the Disclosure Form the nature of such work. **Bidders must submit the attached Nuclear Free Disclosure Form with their proposal.**

C. Oppressive States:

The City of Berkeley prohibits granting of contracts to firms that knowingly provide personal services to specified Countries. This contracting prohibition may be waived if the City Council determines that no reasonable alternative exists to doing business with a company that is covered by City Council Resolution No. 59,853-N.S. If your company or any subsidiary is covered, explain on the Disclosure Form the nature of such work. **Bidders must submit the attached Oppressive States Disclosure Form with their proposal.**

D. Sanctuary City Contracting Ordinance:

Chapter 13.105 of the Berkeley Municipal Code prohibits the City from granting and or retaining contracts with any person or entity that provides Data Broker or Extreme Vetting services to the U.S. Immigration and Customs Enforcement Division of the United States Department of Homeland Security (“ICE”). **Bidders must submit the attached Sanctuary City Compliance Statement with their proposal.**

E. Conflict of Interest:

In the sole judgment of the City, any and all proposals are subject to disqualification on the basis of a conflict of interest. The City may not contract with a vendor if the vendor or an employee, officer or director of the proposer's firm, or any immediate family member of the preceding, has served as an elected official, employee, board or commission member of the City who influences the making of the contract or has a direct or indirect interest in the contract.

Furthermore, the City may not contract with any vendor whose income, investment, or real property interest may be affected by the contract. The City, at its sole option, may disqualify any proposal on the basis of such a conflict of interest. **Please identify any person associated with the firm that has a potential conflict of interest.**

F. Berkeley Living Wage Ordinance:

Chapter 13.27 of the Berkeley Municipal Code requires that contractors offer all eligible employees with City mandated minimum compensation during the term of any contract that may be awarded by the City. If the Contractor is not currently subject to the Living Wage Ordinance, cumulative contracts with the City within a one-year period may subject Contractor to the requirements under B.M.C. Chapter 13.27. A certification of compliance with this ordinance will be required upon execution of a contract. The current Living Wage rate can be found here: https://www.cityofberkeley.info/Finance/Home/Vendors_Living_Wage_Ordinance.aspx. The Living Wage rate is adjusted automatically effective June 30th of each year commensurate with the corresponding increase in the Consumer Price Index published in April of each year. If the Living Wage rate is adjusted during the term of your agreement, you must pay the new adjusted rate to all eligible employees, regardless of what the rate was when the contract was executed.

G. Berkeley Equal Benefits Ordinance:

Chapter 13.29 of the Berkeley Municipal Code requires that contractors offer domestic partners the same access to benefits that are available to spouses. A certification of compliance with this ordinance will be required upon execution of a contract.

H. Statement of Economic Interest:

The City’s Conflict of Interest Code designates “consultants” as a category of persons who must complete Form 700, Statement of Economic Interest, at the beginning of the contract period and again at the termination of the contract. The selected contractor will be required to complete the Form 700 before work may begin.

VII. OTHER REQUIREMENTS

A. Insurance

The selected contractor will be required to maintain general liability insurance in the minimum amount of \$2,000,000, automobile liability insurance in the minimum amount of \$1,000,000 and a professional liability insurance policy in the amount of \$2,000,000 to cover any claims arising out of the performance of the contract. The general liability and automobile insurance must name the City, its officers, agents, volunteers and employees as additional insureds.

B. Worker’s Compensation Insurance:

A selected contractor who employs any person shall maintain workers' compensation insurance in accordance with state requirements. Sole proprietors with no employees are not required to carry Worker’s Compensation Insurance.

C. Business License

Virtually every contractor that does business with the City must obtain a City business license as mandated by B.M.C. Ch. 9.04. The business license requirement applies whether or not the contractor has an office within the City limits. However, a "casual" or "isolated" business transaction (B.M.C. section 9.04.010) does not subject the contractor to the license tax. Warehousing businesses and charitable organizations are the only entities specifically exempted in the code from the license requirement (see B.M.C. sections, 9.04.295 and 9.04.300). Non-profit organizations are granted partial exemptions (see B.M.C. section 9.04.305). Persons who, by reason of physical infirmity, unavoidable misfortune, or unavoidable poverty, may be granted an exemption of one annual free license at the discretion of the Director of Finance. (see B.M.C. sections 9.04.290).

Vendor must apply for a City business license and show proof of application to Purchasing Manager within seven days of being selected as intended contractor.

The Customer Service Division of the Finance Department located at 1947 Center Street, Berkeley, CA 94704, issues business licenses. Contractors should contact this division for questions and/or information on obtaining a City business license, in person, or by calling 510-981-7200.

D. Recycled Paper

Any printed reports for the City required during the performance of the work shall be on 100% recycled paper, and shall be *printed on both sides of the page* whenever practical.

E. State Prevailing Wage:

Certain labor categories under this project may be subject to prevailing wages as identified in the State of California Labor Code commencing in Section 1770 et. seq. These labor categories, when employed for any “work performed during the design and preconstruction phases of construction including, but not limited to, inspection and land surveying work,” constitute a “Public Work” within the definition of Section 1720(a)(1) of the California Labor Code requiring payment of prevailing wages.

Wage information is available through the California Division of Industrial Relations web site at:
http://www.dir.ca.gov/OPRL/statistics_and_databases.html

VIII. SCHEDULE (dates are subject to change)

- | | |
|---|---------------------|
| <input type="checkbox"/> Issue RFP to Potential Bidders: | 4/27/2021 |
| <input type="checkbox"/> Questions Due | 5/3/2021 |
| <input type="checkbox"/> Answers Provided | 5/8/2021 |
| <input type="checkbox"/> Proposals Due from Potential Bidders | 5/22/2021 |
| <input type="checkbox"/> Complete Selection Process | following receipt |
| <input type="checkbox"/> Award of Contract | following selection |
| <input type="checkbox"/> Sign and Process Contract | following selection |
| <input type="checkbox"/> Notice to Proceed | TBD |

Thank you for your interest in working with the City of Berkeley for this service. We look forward to receiving your proposal.

Attachments:

- | | |
|---|--------------|
| • Check List of Required items for Submittal | Attachment A |
| • Non-Discrimination/Workforce Composition Form | Attachment B |
| • Nuclear Free Disclosure Form | Attachment C |
| • Oppressive States Form | Attachment D |
| • Sanctuary City Compliance Statement | Attachment E |
| • Living Wage Form | Attachment F |
| • Equal Benefits Certification of Compliance | Attachment G |
| • Right to Audit Form | Attachment H |
| • Insurance Endorsement | Attachment I |
| • City of Berkeley Dispatch Audit | Attachment J |

ATTACHMENT A

CHECKLIST

- Proposal describing service (one (1) PDF of proposal)
- Contractor Identification and Company Information
- Client References
- Costs proposal by task, type of service & personnel (as a separate document from the proposal)
- The following forms, completed and **signed in blue ink** (attached):
 - Non-Discrimination/Workforce Composition Form Attachment B
 - Nuclear Free Disclosure Form Attachment C
 - Oppressive States Form Attachment D
 - Sanctuary City Compliance Statement Attachment E
 - Living Wage Form Attachment F
 - Equal Benefits Certification (EBO-1) Attachment G

ADDITIONAL SUBMITTALS REQUIRED FROM SELECTED VENDOR AFTER COUNCIL APPROVAL TO AWARD CONTRACT.

- Provide **original-signed in blue ink** Evidence of Insurance
 - Auto
 - Liability
 - Worker's Compensation
- Right to Audit Form Attachment H
- Commercial General & Automobile Liability Endorsement Form Attachment I
- Berkeley Business License

For informational purposes only: Sample of Personal Services Contract can be found on the City's website on the current bid and proposal page at the top of the page.

NON-DISCRIMINATION/WORKFORCE COMPOSITION FORM FOR NON-CONSTRUCTION CONTRACTS

To assist the City of Berkeley in implementing its Non-Discrimination policy, it is requested that you furnish information regarding your personnel as requested below and return it to the City Department handling your contract:

Organization: _____

Address: _____

Business Lic. #: _____

Occupational Category: (See reverse side for explanation of terms)	Total Employees		White Employees		Black Employees		Asian Employees		Hispanic Employees		Other Employees	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Official/Administrators												
Professionals												
Technicians												
Protective Service Workers												
Para-Professionals												
Office/Clerical												
Skilled Craft Workers												
Service/Maintenance												
Other (specify)												
Totals:												

Is your business MBE/WBE/DBE certified? Yes _____ No _____ If yes, by what agency? _____

If yes, please specify: Male: _____ Female: _____ Indicate ethnic identifications: _____

Do you have a Non-Discrimination policy? Yes: _____ No: _____

Signed: _____ Date: _____

Verified by: _____ Date: _____

City of Berkeley Contract Compliance Officer

Attachment B (page 1)

Occupational Categories

Officials and Administrators - Occupations in which employees set broad policies, exercise overall responsibility for execution of these policies, or provide specialized consultation on a regional, district or area basis. Includes: department heads, bureau chiefs, division chiefs, directors, deputy superintendents, unit supervisors and kindred workers.

Professionals - Occupations that require specialized and theoretical knowledge that is usually acquired through college training or through work experience and other training that provides comparable knowledge. Includes: personnel and labor relations workers, social workers, doctors, psychologists, registered nurses, economists, dietitians, lawyers, systems analysts, accountants, engineers, employment and vocational rehabilitation counselors, teachers or instructors, and kindred workers.

Technicians - Occupations that require a combination of basic scientific or technical knowledge and manual skill that can be obtained through specialized post-secondary school education or through equivalent on-the-job training. Includes: computer programmers and operators, technical illustrators, highway technicians, technicians (medical, dental, electronic, physical sciences) and kindred workers.

Protective Service Workers - Occupations in which workers are entrusted with public safety, security and protection from destructive forces. Includes: police officers, fire fighters, guards, sheriffs, bailiffs, correctional officers, detectives, marshals, harbor patrol officers, and kindred workers.

Para-Professionals - Occupations in which workers perform some of the duties of a professional or technician in a supportive role, which usually requires less formal training and/or experience normally required for professional or technical status. Such positions may fall within an identified pattern of a staff development and promotion under a "New Transporters" concept. Includes: library assistants, research assistants, medical aides, child support workers, police auxiliary, welfare service aides, recreation assistants, homemaker aides, home health aides, and kindred workers.

Office and Clerical - Occupations in which workers are responsible for internal and external communication, recording and retrieval of data and/or information and other paperwork required in an office. Includes: bookkeepers, messengers, office machine operators, clerk-typists, stenographers, court transcribers, hearings reporters, statistical clerks, dispatchers, license distributors, payroll clerks, and kindred workers.

Skilled Craft Workers - Occupations in which workers perform jobs which require special manual skill and a thorough and comprehensive knowledge of the processes involved in the work which is acquired through on-the-job training and experience or through apprenticeship or other formal training programs. Includes: mechanics and repairpersons, electricians, heavy equipment operators, stationary engineers, skilled machining occupations, carpenters, compositors and typesetters, and kindred workers.

Service/Maintenance - Occupations in which workers perform duties which result in or contribute to the comfort, convenience, hygiene or safety of the general public or which contribute to the upkeep and care of buildings, facilities or grounds of public property. Workers in this group may operate machinery. Includes: chauffeurs, laundry and dry cleaning operatives, truck drivers, bus drivers, garage laborers, custodial personnel, gardeners and groundskeepers, refuse collectors, and construction laborers.

Attachment B (page 2)

CITY OF BERKELEY
Nuclear Free Zone Disclosure Form

I (we) certify that:

1. I am (we are) fully cognizant of any and all contracts held, products made or otherwise handled by this business entity, and of any such that are anticipated to be entered into, produced or handled for the duration of its contract(s) with the City of Berkeley. (To this end, more than one individual may sign this disclosure form, if a description of which type of contracts each individual is cognizant is attached.)
2. I (we) understand that Section 12.90.070 of the Nuclear Free Berkeley Act (Berkeley Municipal Code Ch. 12.90; Ordinance No. 5784-N.S.) prohibits the City of Berkeley from contracting with any person or business that knowingly engages in work for nuclear weapons.
3. I (we) understand the meaning of the following terms as set forth in Berkeley Municipal Code Section 12.90.130:

"Work for nuclear weapons" is any work the purpose of which is the development, testing, production, maintenance or storage of nuclear weapons or the components of nuclear weapons; or any secret or classified research or evaluation of nuclear weapons; or any operation, management or administration of such work.

"Nuclear weapon" is any device, the intended explosion of which results from the energy released by reactions involving atomic nuclei, either fission or fusion or both. This definition of nuclear weapons includes the means of transporting, guiding, propelling or triggering the weapon if and only if such means is destroyed or rendered useless in the normal propelling, triggering, or detonation of the weapon.

"Component of a nuclear weapon" is any device, radioactive or non-radioactive, the primary intended function of which is to contribute to the operation of a nuclear weapon (or be a part of a nuclear weapon).

4. Neither this business entity nor its parent nor any of its subsidiaries engages in work for nuclear weapons or anticipates entering into such work for the duration of its contract(s) with the City of Berkeley.

Based on the foregoing, the undersigned declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Business Entity: _____

Contract Description/Specification No: **PRIORITIZED DISPATCH CONSULTANT/21-11439**

Attachment C

CITY OF BERKELEY
Oppressive States Compliance Statement

The undersigned, an authorized agent of _____ (hereafter "Vendor"), has had an opportunity to review the requirements of Berkeley City Council Resolution No. 59,853-N.S. (hereafter "Resolution"). Vendor understands and agrees that the City may choose with whom it will maintain business relations and may refrain from contracting with those Business Entities which maintain business relationships with morally repugnant regimes. Vendor understands the meaning of the following terms used in the Resolution:

"Business Entity" means "any individual, firm, partnership, corporation, association or any other commercial organization, including parent-entities and wholly-owned subsidiaries" (to the extent that their operations are related to the purpose of the contract with the City).

"Oppressive State" means: **Tibet Autonomous Region and the Provinces of Abo, Kham and U-Tsang**

"Personal Services" means "the performance of any work or labor and shall also include acting as an independent contractor or providing any consulting advice or assistance, or otherwise acting as an agent pursuant to a contractual relationship."

Contractor understands that it is not eligible to receive or retain a City contract if at the time the contract is executed, or at any time during the term of the contract it provides Personal Services to:

- a. The governing regime in any Oppressive State.
- b. Any business or corporation organized under the authority of the governing regime of any Oppressive State.
- c. Any person for the express purpose of assisting in business operations or trading with any public or private entity located in any Oppressive State.

Vendor further understands and agrees that Vendor's failure to comply with the Resolution shall constitute a default of the contract and the City Manager may terminate the contract and bar Vendor from bidding on future contracts with the City for five (5) years from the effective date of the contract termination.

The undersigned is familiar with, or has made a reasonable effort to become familiar with, Vendor's business structure and the geographic extent of its operations. By executing the Statement, Vendor certifies that it complies with the requirements of the Resolution and that if any time during the term of the contract it ceases to comply, Vendor will promptly notify the City Manager in writing.

Based on the foregoing, the undersigned declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Business Entity: _____

Contract Description/Specification No: **PRIORITIZED DISPATCH CONSULTANT/21-11439**

I am unable to execute this Statement; however, Vendor is exempt under Section VII of the Resolution. I have attached a separate statement explaining the reason(s) Vendor cannot comply and the basis for any requested exemption.

Signature: _____ Date: _____

Attachment D

CITY OF BERKELEY
Sanctuary City Compliance Statement

The undersigned, an authorized agent of _____ (hereafter "Contractor"), has had an opportunity to review the requirements of Berkeley Code Chapter 13.105 (hereafter "Sanctuary City Contracting Ordinance" or "SCCO"). Contractor understands and agrees that the City may choose with whom it will maintain business relations and may refrain from contracting with any person or entity that provides Data Broker or Extreme Vetting services to the U.S. Immigration and Customs Enforcement Division of the United States Department of Homeland Security ("ICE"). Contractor understands the meaning of the following terms used in the SCCO:

- a. "Data Broker" means either of the following:
 - i. The collection of information, including personal information about consumers, from a wide variety of sources for the purposes of reselling such information to their customers, which include both private-sector business and government agencies;
 - ii. The aggregation of data that was collected for another purpose from that for which it is ultimately used.

- b. "Extreme Vetting" means data mining, threat modeling, predictive risk analysis, or other similar services." Extreme Vetting does not include:
 - i. The City's computer-network health and performance tools;
 - ii. Cybersecurity capabilities, technologies and systems used by the City of Berkeley Department of Information Technology to predict, monitor for, prevent, and protect technology infrastructure and systems owned and operated by the City of Berkeley from potential cybersecurity events and cyber-forensic based investigations and prosecutions of illegal computer based activity.

Contractor understands that it is not eligible to receive or retain a City contract if at the time the Contract is executed, or at any time during the term of the Contract, it provides Data Broker or Extreme Vetting services to ICE.

Contractor further understands and agrees that Contractor's failure to comply with the SCCO shall constitute a material default of the Contract and the City Manager may terminate the Contract and bar Contractor from bidding on future contracts with the City for five (5) years from the effective date of the contract termination.

By executing this Statement, Contractor certifies that it complies with the requirements of the SCCO and that if any time during the term of the Contract it ceases to comply, Contractor will promptly notify the City Manager in writing. Any person or entity who knowingly or willingly supplies false information in violation of the SCCO shall be guilty of a misdemeanor and up to a \$1,000 fine.

Based on the foregoing, the undersigned declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this _____ day of _____, 20__, at _____, California.

Printed Name: _____ Title: _____

Signed: _____ Date: _____

Business Entity: _____

Contract Description/Specification No:
PRIORITIZED DISPATCH CONSULTANT/21-11439

SCCO CompStmt (10/2019)

Attachment E

CITY OF BERKELEY
Living Wage Certification for Providers of Services

TO BE COMPLETED BY ALL PERSONS OR ENTITIES ENGAGING IN A CONTRACT FOR PERSONAL SERVICES WITH THE CITY OF BERKELEY.

The Berkeley Municipal Code Chapter 13.27, Berkeley's Living Wage Ordinance (LWO), provides that contractors who engage in a specified amount of business with the City (except where specifically exempted) under contracts which furnish services to or for the City in any twelve (12) month period of time shall comply with all provisions of this Ordinance. The LWO requires a City contractor to provide City mandated minimum compensation to all eligible employees, as defined in the Ordinance. In order to determine whether this contract is subject to the terms of the LWO, please respond to the questions below. Please note that the LWO applies to those contracts where the contractor has achieved a cumulative dollar contracting amount with the City. Therefore, even if the LWO is inapplicable to this contract, subsequent contracts may be subject to compliance with the LWO. Furthermore, the contract may become subject to the LWO if the status of the Contractor's employees change (i.e. additional employees are hired) so that Contractor falls within the scope of the Ordinance.

Section I.

1. IF YOU ARE A FOR-PROFIT BUSINESS, PLEASE ANSWER THE FOLLOWING QUESTIONS

a. During the previous twelve (12) months, have you entered into contracts, including the present contract, bid, or proposal, with the City of Berkeley for a cumulative amount of \$25,000.00 or more?

YES _____ NO _____

If **no**, this contract is NOT subject to the requirements of the LWO, and you may continue to Section II. If **yes**, please continue to question **1(b)**.

b. Do you have six (6) or more employees, including part-time and stipend workers?

YES _____ NO _____

If you have answered, "YES" to questions 1(a) and 1(b) this contract **IS** subject to the LWO. If you responded "NO" to 1(b) this contract IS NOT subject to the LWO. **Please continue to Section II.**

2. IF YOU ARE A NON-PROFIT BUSINESS, AS DEFINED BY SECTION 501(C) OF THE INTERNAL REVENUE CODE OF 1954, PLEASE ANSWER THE FOLLOWING QUESTIONS.

a. During the previous twelve (12) months, have you entered into contracts, including the present contract, bid or proposal, with the City of Berkeley for a cumulative amount of \$100,000.00 or more?

YES _____ NO _____

If **no**, this Contract is NOT subject to the requirements of the LWO, and you may continue to Section II. If **yes**, please continue to question 2(b).

b. Do you have six (6) or more employees, including part-time and stipend workers?

YES _____ NO _____

If you have answered, "YES" to questions 2(a) and 2(b) this contract **IS** subject to the LWO. If you responded "NO" to 2(b) this contract IS NOT subject to the LWO. **Please continue to Section II.**

Section II

Please read, complete, and sign the following:

THIS CONTRACT **IS** SUBJECT TO THE LIVING WAGE ORDINANCE.

THIS CONTRACT **IS NOT** SUBJECT TO THE LIVING WAGE ORDINANCE.

The undersigned, on behalf of himself or herself individually and on behalf of his or her business or organization, hereby certifies that he or she is fully aware of Berkeley's Living Wage Ordinance, and the applicability of the Living Wage Ordinance, and the applicability of the subject contract, as determined herein. The undersigned further agrees to be bound by all of the terms of the Living Wage Ordinance, as mandated in the Berkeley Municipal Code, Chapter 13.27. If, at any time during the term of the contract, the answers to the questions posed herein change so that Contractor would be subject to the LWO, Contractor will promptly notify the City Manager in writing. Contractor further understands and agrees that the failure to comply with the LWO, this certification, or the terms of the Contract as it applies to the LWO, shall constitute a default of the Contract and the City Manager may terminate the contract and bar Contractor from future contracts with the City for five (5) years from the effective date of the Contract termination. If the contractor is a for-profit business and the LWO is applicable to this contract, the contractor must pay a living wage to all employees who spend 25% or more of their compensated time engaged in work directly related to the contract with the City. If the contractor is a non-profit business and the LWO is applicable to this contract, the contractor must pay a living wage to all employees who spend 50% or more of their compensated time engaged in work directly related to the contract with the City.

These statements are made under penalty of perjury under the laws of the state of California.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Business Entity: _____

Contract Description/Specification No: PRIORITIZED DISPATCH CONSULTANT/21-11439

Section III

- **** FOR ADMINISTRATIVE USE ONLY -- PLEASE PRINT CLEARLY *****

I have reviewed this Living Wage Certification form, in addition to verifying Contractor's total dollar amount contract commitments with the City in the past twelve (12) months, and determined that this Contract IS / IS NOT (circle one) subject to Berkeley's Living Wage Ordinance.

Department Name

Department Representative

Attachment F (page 2)

To be completed by
 Contractor/Vendor



**Form EBO-1
 CITY OF BERKELEY**

CERTIFICATION OF COMPLIANCE WITH EQUAL BENEFITS ORDINANCE

If you are a **contractor**, return this form to the originating department/project manager. If you are a **vendor** (supplier of goods), return this form to the Purchasing Division of the Finance Dept.

SECTION 1. CONTRACTOR/VENDOR INFORMATION

Name:		Vendor No.:	
Address:	City:	State:	ZIP:
Contact Person:		Telephone:	
E-mail Address:		Fax No.:	

SECTION 2. COMPLIANCE QUESTIONS

- A. The EBO is inapplicable to this contract because the contractor/vendor has no employees.
 Yes No *(If "Yes," proceed to Section 5; if "No", continue to the next question.)*
- B. Does your company provide (or make available at the employees' expense) any employee benefits?
 Yes No
 If "Yes," continue to Question C.
 If "No," proceed to Section 5. (The EBO is not applicable to you.)
- C. Does your company provide (or make available at the employees' expense) any benefits to the spouse of an employee? Yes No
- D. Does your company provide (or make available at the employees' expense) any benefits to the domestic partner of an employee? Yes No

If you answered "No" to both Questions C and D, proceed to Section 5. (The EBO is not applicable to this contract.) **If you answered "Yes" to both Questions C and D, please continue to Question E.**
If you answered "Yes" to Question C and "No" to Question D, please continue to Section 3.

- E. Are the benefits that are available to the spouse of an employee identical to the benefits that are available to the domestic partner of the employee? Yes No

If you answered "Yes," proceed to Section 4. (You are in compliance with the EBO.)
If you answered "No," continue to Section 3.

SECTION 3. PROVISIONAL COMPLIANCE

- A. Contractor/vendor is not in compliance with the EBO now but will comply by the following date:
 - By the first effective date after the first open enrollment process following the contract start date, not to exceed two years, if the Contractor submits evidence of taking reasonable measures to comply with the EBO; or
 - At such time that administrative steps can be taken to incorporate nondiscrimination in benefits in the Contractor's infrastructure, not to exceed three months; or
 - Upon expiration of the contractor's current collective bargaining agreement(s).

Attachment G (page 1)

B. If you have taken all reasonable measures to comply with the EBO but are unable to do so, do you agree to provide employees with a cash equivalent?* Yes No

* The cash equivalent is the amount of money your company pays for spousal benefits that are unavailable for domestic partners.

SECTION 4. REQUIRED DOCUMENTATION

At time of issuance of purchase order or contract award, you may be required by the City to provide documentation (copy of employee handbook, eligibility statement from your plans, insurance provider statements, etc.) to verify that you do not discriminate in the provision of benefits.

SECTION 5. CERTIFICATION

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that I am authorized to bind this entity contractually. By signing this certification, I further agree to comply with all additional obligations of the Equal Benefits Ordinance that are set forth in the Berkeley Municipal Code and in the terms of the contract or purchase order with the City.

Executed this _____ day of _____, in the year _____, at _____, _____
(State) (City)

Name (please print)

Signature

Title

Federal ID or Social Security Number

FOR CITY OF BERKELEY USE ONLY

- Non-Compliant (The City may not do business with this contractor/vendor)
- One-Person Contractor/Vendor Full Compliance Reasonable Measures
- Provisional Compliance Category, Full Compliance by Date: _____
- Staff Name(*Sign and Print*): _____ Date: _____

Attachment G (page 2)

CITY OF BERKELEY
Right to Audit Form

The contractor agrees that pursuant to Section 61 of the Berkeley City Charter, the City Auditor's office may conduct an audit of Contractor's financial, performance and compliance records maintained in connection with the operations and services performed under this contract.

In the event of such audit, Contractor agrees to provide the Auditor with reasonable access to Contractor's employees and make all such financial, performance and compliance records available to the Auditor's office. City agrees to provide Contractor an opportunity to discuss and respond to/any findings before a final audit report is filed.

Signed: _____ Date: _____

Print Name & Title: _____

Company: _____

Contract Description/Specification No: PRIORITIZED DISPATCH CONSULTANT/21-11439

Please direct questions regarding this form to the Auditor's Office, at (510) 981-6750.

Attachment H

CITY OF BERKELEY
Commercial General and Automobile Liability Endorsement

The attached Certificates of Insurance are hereby certified to be a part of the following policies having the following expiration dates:

Policy No.	Company Providing Policy	Expir. Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The scope of the insurance afforded by the policies designated in the attached certificates is not less than that which is afforded by the Insurance Service Organization's or other "Standard Provisions" forms in use by the insurance company in the territory in which coverage is afforded.

Such Policies provide for or are hereby amended to provide for the following:

1. The named insured is _____.
2. CITY OF BERKELEY ("City") is hereby included as an additional insured with respect to liability arising out of the hazards or operations under or in connection with the following agreement:
_____.

The insurance provided applies as though separate policies are in effect for both the named insured and City, but does not increase the limits of liability set forth in said policies.

3. The limits of liability under the policies are not less than those shown on the certificate to which this endorsement is attached.
4. Cancellation or material reduction of this coverage will not be effective until thirty (30) days following written notice to _____, Department of _____, Berkeley, CA.
5. This insurance is primary and insurer is not entitled to any contribution from insurance in effect for City.

The term "City" includes successors and assigns of City and the officers, employees, agents and volunteers.

Insurance Company

Date: _____

By: _____
Signature of Underwriter's
Authorized Representative

Contract Description/Specification: PRIORITIZED DISPATCH CONSULTANT / 21-11439

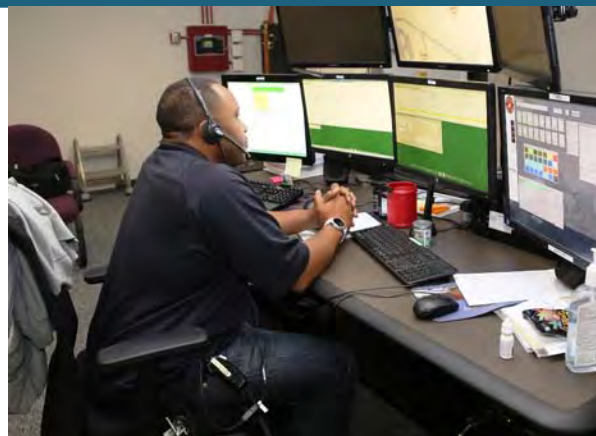
Attachment I

Audit Report
April 25, 2019

911 Dispatchers: Understaffing Leads to Excessive Overtime and Low Morale



BERKELEY CITY AUDITOR



911 Dispatchers: Understaffing Leads to Excessive Overtime and Low Morale

Report Highlights

April 25, 2019

Findings

- It is taking longer than previous years for call takers to answer 911 calls and the Communications Center does not have enough call takers to answer the current 911 call volume. We also found that, with predicted population growth, the Communications Center would likely need additional resources in the future to maintain its emergency response services.
- Due to consistent understaffing, the Communications Center relies heavily on overtime to meet minimum staffing requirements, spending nearly \$1 million in 2017 on overtime.
- Morale in the Communications Center is low and dispatchers feel unsupported. We found that there are some resources available for staff to manage stress; however, dispatchers often do not have time to access them.

Recommendations

We recommend that the Police Department conduct a staffing analysis to determine the appropriate staffing levels, create a recruitment and continuing training plan for dispatchers, establish a call taker classification, and implement automated scheduling software to provide information to inform future budgeting decisions, decrease the reliance on overtime, and relieve the burden placed on overworked staff.

We also recommend that the Police Department implement programs to increase morale and communication. These include recommendations to establish routine meetings with dispatch supervisors, sworn police, and fire personnel, and to establish a comprehensive stress management program.

Objectives

1. To what extent does the Communications Center, which answers 911 calls, have sufficient staffing to handle workloads and service demands?
2. What contributes to overtime use?
3. How do working conditions affect morale?

Why This Audit Is Important

The Police Department Communications Center serves as Berkeley's 911 public safety answering point, receiving all emergency and non-emergency police, fire, and medical calls in the city and dispatching public safety personnel to respond as appropriate. To ensure the wellbeing of the public, police officers, firefighters, paramedics, and dispatchers, the City must maintain a Communications Center that is appropriately staffed. Without sufficient staff, it takes longer for call takers to answer 911 calls. The faster the Communications Center can get a police officer, firefighter, or paramedic to the scene, the better the chances of a good outcome. The seconds it takes to answer and prepare a call for dispatch can mean the difference between life and death.



For the full report, visit:
<http://www.cityofberkeley.info/auditor>

Table of Contents

Page 3	Introduction; Objectives, Scope, and Methodology
Page 4	Background
Page 6	Not Enough Call Takers
Page 12	Reliance on Overtime
Page 20	Low Morale
Page 25	Management Response Summary
Page 26	Appendix I—Methodology and Statement of Compliance
Page 29	Appendix II—Dispatcher Morale Survey: Design, Efforts, and Results
Page 32	Appendix III—Recommendations and Management Response

Introduction

We identified workload capacity as an immediate concern to the City’s operations and strategic planning in our fiscal year 2018 Audit Plan. We, therefore, included in our audit plan a series of audits that evaluated the City’s ability to provide expected and critical services to the Berkeley community. To ensure the wellbeing of the public, police officers, firefighters, paramedics, and dispatchers, the City must maintain a Communications Center (Center) that is appropriately staffed. Without sufficient staff, it takes longer for call takers to answer 911 calls. The faster the Center can get a police officer, firefighter, or paramedic to the scene, the better the chances of a good outcome. The seconds it takes a call taker to answer and prepare a call for dispatch can mean the difference between life and death.

Objectives, Scope, and Methodology

Our objectives were to determine:

1. To what extent does the Communications Center, which answers 911 calls, have sufficient staffing to handle workloads and service demands?
2. What contributes to overtime use?
3. How do working conditions affect morale?

We examined the Center’s call volume data for calendar years 2013 through 2017, performed interviews, and conducted a survey to gain an understanding of the program. We specifically assessed minimum staffing levels, call answer performance, overtime, recruitment, retention, training, and morale. For more information, see p. 26.

Background

The Public Safety Dispatcher (dispatcher) is often the unsung first responder of the emergency response team. Dispatchers are highly trained professionals, who gather essential information from callers and dispatch the appropriate response team to the scene. They take control of situations that may be chaotic, stressful, confusing, and traumatic. They must be quick-thinking, organized, levelheaded, and confident in their abilities. Dispatchers are at the core of a coordinated emergency response and must make split-second decisions in order to ensure the safety of responders and the public.

The Center, run out of the Police Department, serves as Berkeley’s 911 public safety answering point (PSAP), receiving all emergency and non-emergency police, fire and medical calls in the city and dispatching public safety personnel to respond as appropriate. To ensure the wellbeing of dispatchers, police officers, firefighters, paramedics, and the public, the City must maintain a Center that is appropriately staffed.

Structure, Staffing, and Training

The Center is part of the Support Services Division of the Berkeley Police Department, overseen by a sworn police captain. The Center is staffed 24 hours a day, 365 days of the year by a team of trained dispatchers under the direction of a non-sworn manager. Sworn personnel take an oath to support the Constitution of the United States and the laws of the state and local jurisdiction. This includes police officers and detectives. Non-sworn (civilian) personnel do not take an oath and have limited legal powers or none at all. This includes dispatchers and parking enforcement officers.

Figure 1. Berkeley Police Department Organizational Chart



Source: City of Berkeley 2018-2019 Biennial Budget

The 2018 City budget authorized 33 non-sworn full-time equivalent positions for the Center, including 28 public safety dispatchers, four supervisors, and one manager. At the end of May 2018, the Police Department had only filled 23.5 of the 28 authorized full-time equivalent dispatcher positions and was

actively recruiting for new hires. In addition to civilian dispatchers, the Center utilizes three additional Police personnel who work overtime as call takers to meet minimum staffing levels on an as-needed basis and dependent on their availability.

Dispatcher Roles

Dispatchers have four primary roles: call taker, records desk operator, fire radio dispatcher, and police radio dispatcher. All Berkeley dispatchers are cross-trained and may perform any function during a shift.

Table 1. Dispatcher Work Positions and Duties

Position	Duties
Call Taker	<ul style="list-style-type: none"> Accepts and processes inbound 911 and administrative calls for police, fire, and medical services as well as other services such as animal control Inputs call information into Computer-Aided Dispatch (CAD) system and transfers the information to fire and police dispatcher staff
Records Desk Operator	<ul style="list-style-type: none"> Monitors and responds to radio transmissions on a designated channel Conducts warrants, license, and other checks on persons of interest and vehicles
Fire Dispatcher	<ul style="list-style-type: none"> Dispatches all fire and medical related calls* requiring a response from firefighters or paramedics Maintains radio contact with field staff
Police Dispatcher	<ul style="list-style-type: none"> Dispatches all police related calls requiring a response from law enforcement Enters all officer initiated incidents into CAD such as pedestrian and traffic stops Maintains radio contact with field staff

*Dispatchers route all medical calls requiring pre-arrival instructions to Alameda County.

Source: City of Berkeley Communications Center Manual

It is taking longer to answer 911 calls and there are not enough call takers.

It is taking longer for the City to answer 911 calls because the Communications Center (Center) does not have enough call takers. The number of budgeted dispatchers has remained the same even as call volume has increased. The Center uses a staff-forecasting tool, but has not conducted a thorough staffing analysis to determine the number of dispatchers needed on each shift and the total number of dispatchers needed to staff the Center 24/7. Without a thorough staffing analysis, the Police Department cannot inform future budgeting decisions of dispatcher positions.

It Is Taking Longer to Answer 911 Calls, Falling Below State Standard

The Center is taking longer to answer 911 calls. The faster the Center can get a police officer, firefighter, or paramedic to the scene the better the chances of a good outcome. The seconds it takes a call taker to answer and prepare a call for dispatch can mean the difference between life and death.

California has a state standard requiring public safety answering points to answer 95 percent of 911 calls within 15 seconds. The state standard does not apply to non-emergency calls. Call data from the State's Emergency Call Tracking System (ECaTS) indicates the Center did not meet the performance target in answering 911 calls in two of the last five calendar years (as shown in Table 2). The data shows that in 2017, dispatchers only answered 89 percent of calls within 15 seconds. If the Communications Center is not able to reach this call answer target, they risk losing State funding in the future.¹



Call taking is one of the four primary roles of a Berkeley dispatcher. All dispatchers are cross-trained to perform any function. A call taker accepts and processes inbound 911 and non-emergency telephone calls for police, fire, and medical service. They input call information into the CAD system, which provides information to Police and Fire dispatchers. Call takers also answer and transfer calls intended for other Police units and other City departments.

¹ Funding from the State is contingent upon adherence to the state's mandatory standards including call answer times. In early 2016, the 911 Emergency Communications Branch of the Governor's Office of Emergency Services issued a review of fiscal and operational policies of the Berkeley Communications Center covering the time period of March 2015 through March 2016. The state found that the Communications Center was meeting the call answer standard and estimated that they will receive approximately \$161,000 in state funding over the next five years. This includes reimbursement for language interpretation calls, ECaTS expenses, annual training allotment, and maintenance/upgrades of the phone system.

Table 2. 911 Call Answer Performance

Calendar year	Percent answered within 15 seconds	Average answer time (seconds)	Total 911 calls (Police, Fire, Medical)	Average call duration (seconds)
2013	92%	9	49,579	81
2014	95%	9	54,599	80
2015	95%	9	54,190	88
2016	96%	8	52,520	91
2017	89%	10	55,587	100

Source: ECaTS data

Call Volume Has Risen but Staffing Has Stayed the Same

The Center is experiencing more calls, but staffing has not increased to keep up with the call volume. Rapid population growth in Berkeley since the 2010 Census is creating unprecedented challenges for public safety personnel as more people are calling 911. As Berkeley’s population has risen, so has the number of calls into the Center, both emergency and non-emergency. In 2013, the Center handled 184,000 calls, including emergency, non-emergency, and outbound calls. There was a significant increase in call volume in 2017, rising to over 256,000 calls for the year (Figure 2). According to the data, the majority of this increase came from a rise in non-emergency calls into the Center and outbound calls from the Center. Call volume data does not explain why there was an increase and the Police Department could not provide support for the increase.

In early 2017, the Department installed a new phone system. According to the Department, they believe that the old phone system was capturing incomplete non-emergency call volume data and the newly installed system is capturing complete call volume data. The Department was unable to provide evidence to support this theory but did provide us with 2018 call data to demonstrate that the call volume continues to be much higher than captured before the phone installation. Regardless of whether the increase in call volume was an actual increase in calls or just the data captured, the Department has not increased staffing in response to the noted increase in call volume. The Center has not had an increase in budgeted dispatcher positions since 2004. The number of authorized dispatcher positions remains at 28.



In early 2016, the 911 Emergency Communications

Branch of the Governor’s Office of Emergency Services issued a review of fiscal and operational policies of the Berkeley Communications Center covering the time period of March 2015 through March 2016. The state found that the Communications Center was meeting the call answer standard and estimated that they will receive approximately \$161,000 in state funding over the next five years.

Figure 2. Call Volume for Communications Center Increased with No Change in Authorized Staffing



*The Police Department provided us with only summary data for calendar year 2018. We did not assess the reliability of the summary data as it was not part of our audit scope. We provide it here because there was a significant increase in non-emergency and outbound calls after 2016, which the Department largely attributes to a new phone system, as well as an increase in calls. Providing the 2018 data for comparative purposes helps demonstrate the Department's hypothesis.

Note: Total call volume includes emergency, non-emergency, and outbound calls.

Source: City of Berkeley Biennial Budgets, ECaTS, and auditor analysis

Center Is Understaffed by One Call Taker Each Shift

Based on the Communications Center's current shift staffing model, the Center is understaffed by one call taker at all times of the day to handle 911 calls. The National Emergency Number Association (NENA) published a staffing guidelines report that we used to determine the adequate call taker staffing for the Center.² According to our analysis, the Center should have a minimum of three call takers on shift during normal hours and four call takers on shift during busy hours. However, the Center is not able to follow the NENA guidelines with current budgeted staffing levels. Instead, the Center must set its current minimum staffing levels to include only two call takers during normal hours and three call takers during busy hours. Management determines these levels based on the current minimum staffing and an analysis of call volume. Management stated that the current shift staffing levels are low compared to the call volume and they are unable to adopt higher minimum staffing numbers due to the consistent understaffing of dispatcher positions.

² We conducted the staffing analysis using the Erlang C mathematical formula and the results are based on 911 call volume; call duration; and queuing theory. For more information, see methodology section.

During this audit, the Police Department implemented a phone tree on the non-emergency lines in an effort to maximize the efficiency of call takers. The goal is to route calls for service needing a non-emergency response in the most expedient manner possible. This will help ensure that call takers are answering fewer non-emergency calls that they would normally transfer to a different agency or City Department. It is too early in the implementation to understand how the phone tree will affect the overall workload of call takers. A more in-depth analysis of non-emergency call volume is needed to understand the workload impact of these calls with the implementation of the phone tree.

Additional Resources Are Necessary to Maintain 911 Services in the Future

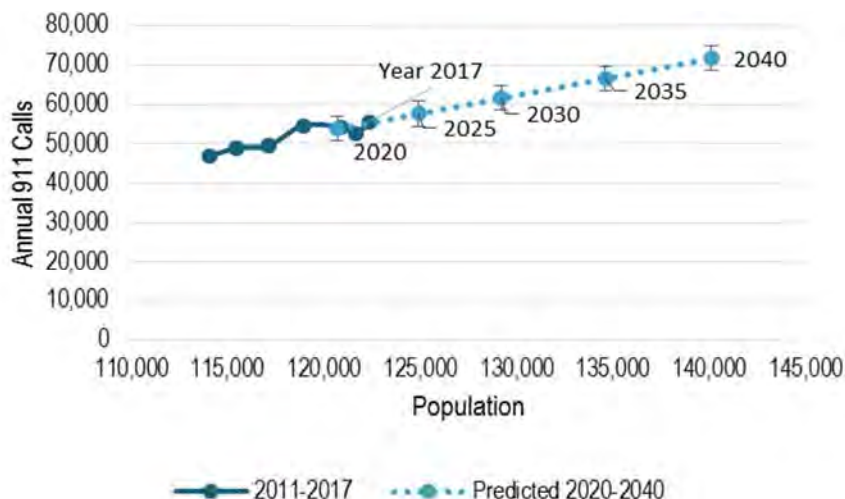
The City of Berkeley's population grew rapidly in the ten years following the 2000 Census. The population rose by almost nine percent to 112,580 according to the 2010 Decennial Census. The City continues to grow approximately one percent every year. The Association of Bay Area Governments (ABAG), projected Berkeley's population to grow 24.4 percent between 2010 and 2040, to about 140,100 people. If the City's population grows to 140,100 people by 2040, the Communications Center's annual call volume may grow to between 253,000 and 350,000 total calls and of those calls, 68,500 - 75,000 would be 911 calls (Figure 3).³ While population is a good indicator of 911 call volume, additional factors should be considered when planning for the future. Some of those considerations include crime rate, public access to affordable health care, and local attitudes on the use of 911.



Non-emergencies: General calls related to the Police or Fire Departments that do not pertain to an immediate threat to life or property. This includes situations that may be criminal in nature, but do not require immediate attention. These non-emergency calls include "cold-crimes," vehicle complaints, and routine civil matters.

³ Our analysis did not take into account additional factors that may influence 911 call volume.

Figure 3. 911 Calls May Grow Above 70,000 by 2040



Sources: US Census, American Community Survey, ABAG 2013 Projections, Auditor analysis

Next Generation 911 and Proposed Fire Department Changes Could Further Burden Call Center Capacity

Berkeley is preparing to upgrade to Next Generation 911 (NG911). The purpose for this upgrade is to create a more successful and reliable network of 911 systems nationwide that are able to accept voice, video, photo, and text messages. Some local jurisdictions, including San Francisco, Fremont, Hayward, and Alameda County, are already accepting 911 text messages. While the Federal Communications Commission encourages all call centers to begin accepting texts, it is up to each center to decide on a method of implementation. Berkeley is not yet set up to accept text messages but has started to make changes to prepare for NG911, including upgrading its systems. Additional staffing is likely necessary to handle the more complex service demands.

The Fire Department desires to add emergency medical dispatching capabilities to the Center, in keeping with regional standards. Currently, medical calls are transferred to Alameda County Regional Emergency Communications Center for this service. Providing in-house emergency medical dispatching would allow the Center to triage medical calls and provide immediate pre-arrival instructions from dispatchers with direct communication to responders. This will require additional resources, including staff, equipment, physical space, procedures, and training. Emergency medical dispatching will also increase call duration times as



An emergency medical dispatcher gathers information related to medical emergencies, dispatches the appropriate EMS response, provides assistance and instructions to callers over the phone prior to the arrival of emergency medical services, like how to administer CPR. They also communicate with responding units.

someone from the Center will need to stay on the line with the caller until the responding unit arrives. This will increase call time and, therefore, decrease the Center's availability to answer calls without sufficient increases in staffing.

The physical space the Center currently occupies is small and at capacity. There is no room to add workstations for dispatchers. To prepare for increases in call volume and services, Police can begin to plan now, including looking for a bigger space to run the Center. They will quickly outgrow their current resources with any increase in the minimum staffing levels.

Recommendations

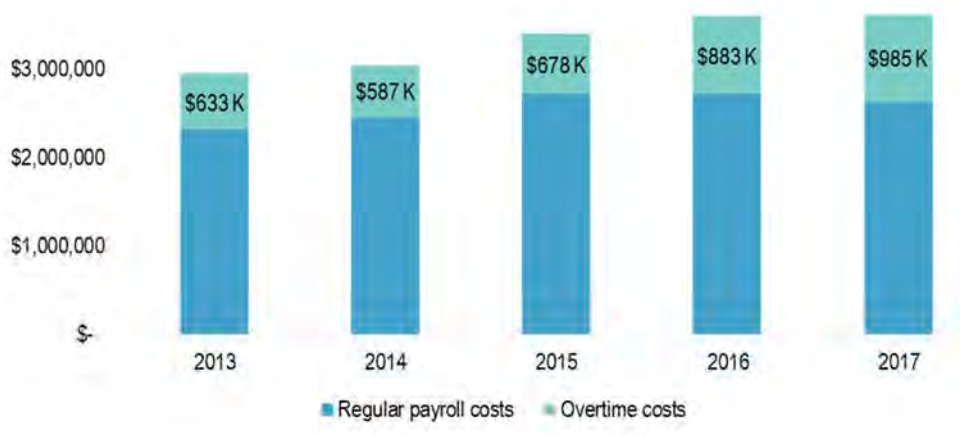
To address public safety service demands, we recommend the Police Department:

- 1.1 Conduct an annual staffing analysis of required minimum staffing levels and budgeted dispatchers to ensure budget staffing requests and scheduling efforts meet demand and limit the use of overtime where possible. Use the staffing analysis to communicate to Council and the public during the annual appropriations process:
 - Service level demands;
 - The full-burdened cost of budgeting for additional staff;
 - Whether there is sufficient funding available to budget for the additional staff or a shortfall (quantified in dollars); and
 - Additional staffing requests, if needed.
- 1.2 Use the staffing analysis performed in response to recommendation 1.1, to determine future resource needs of the Communications Center, including staffing, equipment, and physical space. Take into account planned changes to services and factors that may influence call volume.

The Communications Center relies on significant overtime leading to inadequate training and an unhealthy work environment.

Due to consistent understaffing, the Center relies heavily on overtime to meet service demands through minimum staffing requirements, spending nearly \$1 million in 2017 on overtime (Figure 4). Historically, recruitment and training processes left the Police Department unable to fill vacant positions in the Center. During this audit, the Department invested additional resources to improve department-wide recruitment efforts. There are further opportunities to strengthen the Department's recruitment and training efforts for dispatcher positions. The lengthy hiring process also contributes to the ongoing vacancies and related overtime costs. In particular, delays occur during the extensive background investigations when recruitments for police officers take priority over dispatchers.

Figure 4. Communications Center Total Annual Payroll vs. Overtime Costs, Calendar Years 2013-2017

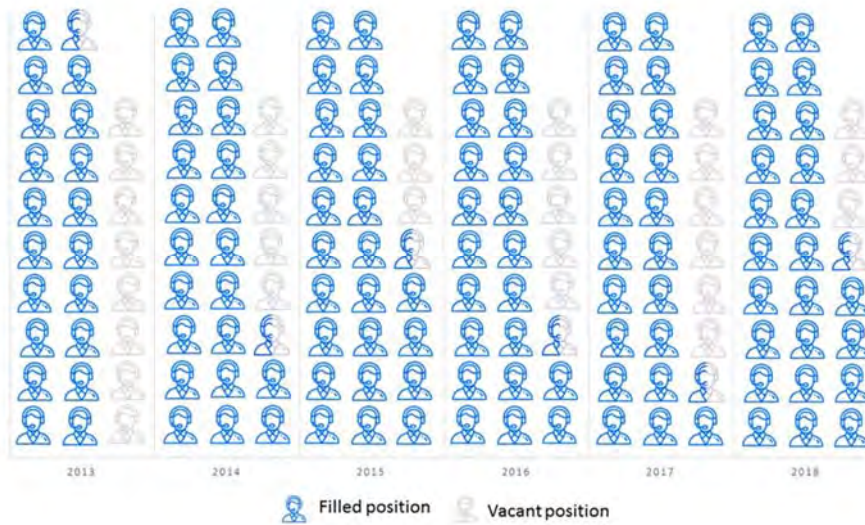


Source: City of Berkeley Cognos payroll data, Auditor analysis

Position Vacancies Lead to Excessive Overtime Use

Historically, the Center has struggled to reach full staffing of the current budgeted positions. Between 2013 and 2018, the Center had between 3.5 and 8 dispatcher position vacancies. In order to meet minimum staffing requirements, supervisors schedule existing employees for mandatory overtime to fill vacant shifts.

Figure 5. Dispatcher Positions Have Historically Been Understaffed, 2013-2018



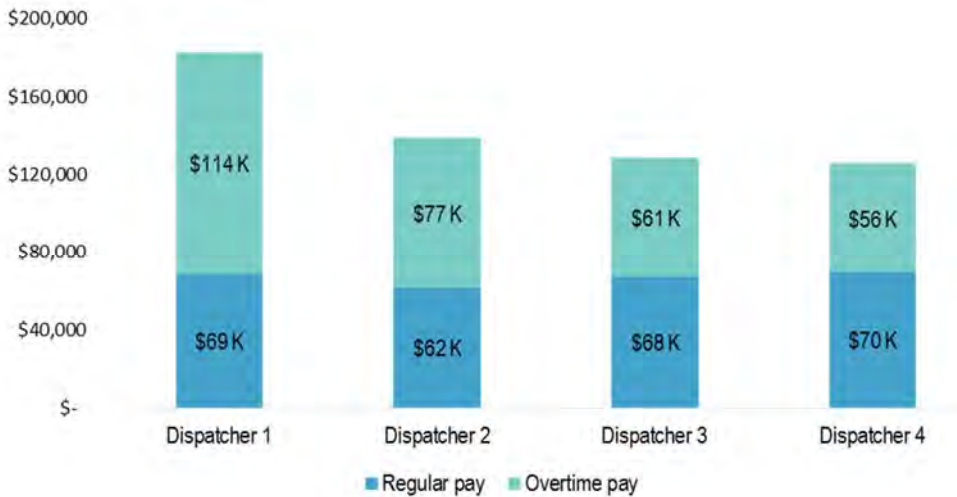
Source: City of Berkeley Human Resource staffing reports

If the Police Department fills all the vacant positions in the Center, they would be able to reduce the amount of overtime. The nearly \$1 million spent in overtime in 2017 is offset by the current budgeted vacant positions in the Center. However, even if Police fill all the vacant dispatcher positions, the Center would continue to be understaffed according to NENA staffing guidelines. We recognize that some amount of overtime is necessary for all public safety positions due to unplanned absences and events that may require an increase in staffing levels, but there is room to decrease the amount needed.

Excessive Overtime May Lead to Fatigue and Safety-Related Incidences

The four dispatchers working the most overtime in the Center received 40 percent of the 2017 overtime paid (Figure 6). This much overtime may contribute to worker fatigue and decreased quality of service.

Figure 6. Top Four Overtime Earners in Calendar Year 2017



Source: City of Berkeley Cognos payroll data

Although overtime is generally less expensive than hiring additional staff because overtime pay excludes benefits, there are important non-financial benefits to reducing overtime by hiring additional dispatchers. Dispatching is a high-stress job that requires dispatchers to be alert and use good judgement. Overtime, when used in excess, can inhibit these essential skills, threatening the safety of responders and the public. For example, in a traffic stop, dispatchers may need to tell an officer if someone is on parole or probation; has a warrant; has a weapons history; or is in a stolen vehicle. All this information allows the officer to make informed decisions about how to approach a situation safely. Therefore, dispatchers must be alert and ready to quickly convey information.

The continued use of overtime is not an ideal situation for any public safety position and exposes staff to an unhealthy work environment. Studies have shown that in law enforcement and across other industries, working excessively long work shifts, particularly those that are 12 hours or more, can lead to fatigue and safety-related incidents, and decrease quality of service, communication, and cognitive performance. By filling vacant positions, the Center can reduce their reliance on overtime and reduce the risk of employee burnout and potential workers compensation claims that may result from overworking.



The Communications Center's current staffing policy allows individuals to sign up for four voluntary overtime shifts at the beginning of each two-week scheduling period for up to 15 hours each. This is equal to a maximum of 60 hours of overtime over two weeks. When added to regular time, an individual could potentially work 70-hour weeks with shifts up to 15 hours in length. When supervisors do not have enough volunteers to work overtime, they schedule dispatchers to work mandatory overtime shifts.

"Our mandatory overtime creates a very stressful environment while at work and extremely poor health and quality of life outside of work. When can we sleep when we are working 14.5-16 hour shifts each day?" – Berkeley Dispatcher

Manual Scheduling Is Time Consuming and Subject to Errors

The Center's staffing processes are not automated. Supervisors are responsible for creating and maintaining manual schedules, including any overtime, or changes to the schedule due to absences. As a result, the task of meeting daily scheduling and staffing needs is cumbersome, time-consuming, and prone to human error. The manual process for filling overtime is even more complex as supervisors must adhere to complex union labor agreements and overtime policies. The supervisor in charge of scheduling said that it is a difficult job and it gets complicated when dealing with overtime and filling absences. She said that sometimes she makes mistakes and has to scramble to find someone to fill a position to reach minimum staffing. Automating the scheduling system will allow the Center to ensure that scheduling adheres to all policies.

Police Department Can Improve Dispatcher Recruitment Efforts

The Police Department is responsible for all recruitment efforts for the entire Department, not just those for dispatchers. The Department has shown a commitment to improving the recruitment process by dedicating resources to general Department recruitment efforts. The Chief of Police approved the creation of a four-person recruitment team within the Personnel and Training Bureau. The team will develop better branding and marketing of the Department and career paths for sworn and civilian positions.

The Police Department recently opened the Public Safety Dispatcher II classification to continuous recruitment; however, they do not continuously recruit for entry-level Public Safety Dispatcher I positions. Continuous recruitment of all dispatcher positions would allow prospective candidates to submit application materials at any time and the City to respond quickly to changing staffing needs.

Recruiting events are critical to finding potential applicants with the skills necessary to succeed at the job. The Personnel and Training Bureau attends career fairs and community events around the Bay Area to advertise police career opportunities to targeted audiences. Dispatchers have not routinely been involved in the recruitment process. The Police Department has created



The Fire Department manages firefighter scheduling with an industry-known public safety scheduling software called Kronos TeleStaff. TeleStaff functionality allows Fire to:

- Automatically fill vacancies based on organizational qualifications and availability
- Manage shift trades and leave requests
- Control and maintain staffing levels and rotations
- Manage the daily schedule by maintaining on-duty and off-duty personnel at all times
- Capture payroll data and export to third-party HR/payroll systems
- Provide manager and employee self-service access
- Increase oversight and save time currently spent on manual scheduling

marketing material for educating people about the Police Academy but there were no materials about a career in dispatching. Involving dispatchers in this recruitment process and creating unique marketing materials for dispatcher positions would allow the Department to better identify and engage potential recruits. The Department's recruitment webpage is outdated and lacks information about dispatching. Personnel and Training should engage in best practice marketing strategies including the use of websites and social media to engage with targeted audiences.

Background Investigations Cause Delays in Hiring

While the recruitment process can take months, mandatory background checks add even more time to the process. Candidates that pass the interview panel are assigned to an internal background investigator in the Department. When the Department has multiple background investigations to conduct, significant delays can occur. According to the Personnel and Training Bureau, the Department prioritizes backgrounds for sworn over non-sworn positions, and dispatcher candidates can fall to the bottom of the pile. During this delay, the Department may lose candidates to other agencies. Options to increase the processing of background investigations include adding staff time or contracting with an outside firm. There are private background investigation firms that could conduct all or some of the Department's recruitment background investigations to alleviate the workload of investigators, expedite the process, and retain more applicants.

Opportunity to Increase Trainee Retention

A majority of employee separations occur during dispatchers' first year while still in training. Under the current staffing model, dispatchers are cross-trained to work all four positions in the Center: call taker, records desk, police desk, and fire desk. If a trainee does not pass one phase, they are released from training even if they successfully passed other phases. The reason the Center requires all dispatchers to be cross-trained is because it provides the most flexibility in scheduling. There may be, however, an opportunity to retain qualified individuals as call takers, in order to provide current dispatchers with some workload relief.

Current and former management of the Center identified the Police Desk phase of dispatcher training as the most difficult part of training, stating that

Figure 7. Dispatcher Training



Source: City of Berkeley
Dispatcher Training Manual

people cannot handle the pace and stress associated with police calls. The training program for new hires is approximately nine months long with the Police Desk phase at the end (Figure 7). Our analysis of staff turnover revealed that only 45 percent of those hired as trainees in 2013-2017 successfully completed the training program to become permanent dispatchers.

Department managers reported that this is an improvement over previous years. In the current training program, trainees are terminated if they are not able to pass all phases of the program. Twenty-eight percent of the trainees were unable to complete the training program and exited between seven and nine months from their start date, approximately during the Police Desk phase of training.

Call taking is the first phase of training that dispatchers receive. This duty currently accounts for two or three staff positions on each shift. By changing practices to retain dispatchers who are able to pass call taking training but are not able to pass all training phases as call takers, the Center may be able to reduce overtime in the short term. Those individuals may later be able to resume training to advance to a fully cross-trained dispatcher if they desire.

Staffing Shortages Impact Ability to Meet Ongoing Training Requirements

The understaffing of dispatcher positions and the resulting need for dispatchers to work lots of overtime means less time for training. According to the Police Department’s Personnel and Training Bureau, the Center does not fully comply with California’s Police Officer Standards and Training (POST) ongoing training requirements. In such a highly technical profession with changing technology, it is vital that those answering 911 calls are receiving appropriate and adequate ongoing training.

Table 3. Compliance with State Training Requirements

Reporting Years	Total Dispatchers*	In Compliance	Not in Compliance
2013/2014	30	16	14
2015/2016	30	21	9
2017/2018	31	26	5

*Includes dispatchers who have separated from the City

Source: Berkeley Police Department Personnel and Training Bureau



California's
Commission of
Police Officer

Standards and Training (POST) established minimum training requirements for public safety dispatchers. Every dispatcher and supervisor is required to complete 24 hours of continuing professional training every two years to maintain, expand, and enhance knowledge and skills.

A lack of training means that dispatchers may not have the skills, knowledge, or abilities to handle calls, which could lead to serious consequences. In order to ensure that the Center is appropriately trained, the Department needs to increase recruitment efforts to attract quality candidates to fill vacant positions. In addition, adding call taker positions will allow the Center to reduce their reliance on overtime, relieving the burden placed on staff who are working excessive overtime and allow dispatchers more time to complete mandatory training.

Recommendations

In order to ensure well-rested and content dispatchers, and to reduce reliance on overtime, we recommend the Police Department through its recruitment actions:

- 2.1 Open all dispatcher positions to continuous recruitment.
- 2.2 Work with Communications Center staff to create a specific recruitment plan for dispatcher positions including recruitment events and marketing material. Use recruitment best practices to reach potential applicants and increase the number of applicants.
- 2.3 Identify and implement feasible options to improve turnaround time on background checks for dispatcher positions. This can include outsourcing background investigations or working with Human Resources to ensure that the Department is able to complete all background investigations in a timely manner.
- 2.4 Design a way to retain staff that are unable to pass the Police Desk training, for example, keep staff as Public Safety Dispatcher I and have them work as a call taker or create a new job classification for a call taking position.
- 2.5 Evaluate the results from dispatcher recruitment routinely (e.g., annually or at the end of a recruitment cycle) to determine areas for improvement. Update recruitment plans.

In order to ensure adequate staffing and well-trained dispatchers, we recommend the Police Department:

- 2.6 Implement an automated scheduling software that has built-in decision-making capabilities to automatically fill shifts based on specified qualifications and staff availability.
- 2.7 Decrease the concentration of overtime among dispatchers.
- 2.8 Develop and implement a Communications Center training plan to ensure compliance with POST training requirements. Evaluate training processes and update training plans routinely.

Working conditions adversely affect dispatcher morale.

All the dispatchers who responded to our survey stated that morale in the Center was low. According to staff, the major cause of the low morale is the understaffing of dispatch positions and subsequent excessive overtime needed to achieve minimum staffing. As the Center has continued to rely on overtime, staff have little to no time in their work days to complete ongoing training, build a healthy workplace culture, and access stress management resources. They also have less time off work to take care of their physical and mental health. Management reported that they have taken steps to address the low morale and provide resources to support dispatchers. However, there is more that needs to be done to ensure dispatchers have access to and participate in these resources.

Communication Improvements Can Help Morale

Communication is a key tool to a healthy work environment. The majority of dispatchers feel that they are not given opportunities to voice their concerns, ideas, and opinions. This has caused dispatchers to feel disconnected from supervisors and management. Shift work creates a challenge when it comes to communication because there is no time in the day when staff are all together. Additionally, the type of work does not allow the entire unit to be off work and communicate as a whole. In our interviews, supervisors said that there is a lack of communication because they work different shifts and this makes it hard to be on the same page. Supervisors recognized that this challenge likely causes communication issues up and down their chain of command.

Management has recognized the need for greater transparency about management decisions and appear to be committed to creating better communication practices in order to achieve that. There are opportunities to increase transparency by holding regular meetings with supervisors and management where information is shared and communication plans are made. This would help ensure that supervisors are communicating consistent information down to dispatchers and that supervisors have time to bring ideas, concerns, and issues to management. Center staff also expressed that there are communication barriers between dispatchers and sworn police officers. Staff reported feeling largely ignored and forgotten by the Department. The Center and Police Department previously had a committee that met routinely to

100% of survey respondents agreed or strongly agreed that morale within the Communications Center is low.

73.33% of survey respondents disagreed or strongly disagreed that they are given opportunities to voice concerns, opinions, and ideas.



Supervisors are directly responsible for training and conveying information to dispatchers. It is also the job of the supervisor to resolve issues and refer to management as necessary.

discuss issues between patrol staff and dispatchers and keep communication open. The committee has since stopped meeting. A meeting between patrol staff and the Center, if properly managed, could help dispatchers communicate with the Department, build rapport, and solve recurring issues.

Center staff reported having a good working relationship with the Fire Department. They feel that Fire is very mindful about how their policies affect dispatchers and will initiate discussions with supervisors to address changes and issues, and to solicit feedback. However, there is room to improve communication with Fire by including all Center supervisors in those routine discussions to ensure that all significant issues are discussed. Currently, one of the supervising dispatchers serves as the liaison to Fire and is responsible for this communication. While it is important to have a point person, the Center may benefit from involving all supervisors and management in more routine meetings with Fire.

Unaddressed Work-Related Stress Increases Risk to Department

There is no such thing as a good day in the Center. A bad day for most people is every day for a dispatcher. Dispatchers do not just hear when crimes or tragedies occur, they are on the phone with someone who was involved or witnessed what happened. According to the National Emergency Number Association, approximately 16.3 percent of dispatchers may be at risk of Secondary Traumatic Stress Disorder.⁴ Experts identify risks associated with unaddressed 911 stress, including serious health issues, lower employee retention, impaired work performance, and declining morale in the workplace. All of these impacts have the potential to threaten the health of dispatchers and the ability of the Center to fulfill its mission to provide optimal emergency response to the public.

Experts have found that workplace satisfaction reduces the cost of employee turnover and sick leave while increasing performance and productivity. Low morale has been associated with the opposite. With mounting evidence that work-related stress is having more of an impact on 911 dispatchers, industry experts have established standards for a comprehensive stress management program.



The National Emergency Number Association provides standards for creating a comprehensive stress management program, including:

- Stress management training for all staff
- On-site educational materials and resources about stress and related risks
- Information on the role of nutrition, exercise, and sleep in preventing stress disorders
- Written procedures for ensuring participation in post-trauma response, debriefing, and peer support
- A PSAP peer support program
- Personal health incentives program to promote employee investment in lifestyle changes and practices shown to prevent mental and physical disease

⁴ Secondary Traumatic Stress Disorder is the specific stress experienced by an individual who has experienced a traumatic event involving a threat to the physical integrity of another person; the stress resulting from helping or wanting to help a traumatized person.

Dispatchers Are Tired of Dirty Workplace and Broken Equipment

Our survey and interviews revealed that poor equipment maintenance and workplace cleanliness are also contributing to employee dissatisfaction in the Center. There is currently no planned continuous maintenance on Center equipment. In addition to contributing to employee satisfaction, having working equipment is vital to the success of the City's emergency response. Implementing a maintenance plan will allow management to plan routine upgrades and replacement of equipment. Supervisors also commented on the lack of cleanliness in the Center. Overcrowded and cramped working quarters, as well as staff's frequent inability to leave their desks for lunch breaks, are likely contributors to the unclean space. The crowded conditions are likely to worsen as the Center expands to take on additional dispatchers. The Department may need to invest in additional cleaning services to address all sanitation issues.

Dispatchers Believe They Need Better Access to Stress and Wellness Resources

The Police Department has policies and practices that address workplace stress, promote wellness, and show appreciation for employees. There are some resources that dispatchers have access to, for example, recognition during National Public Safety Telecommunicators Week and the City Employee Assistance Program. However, there are other resources that dispatchers report that they have a hard time accessing: post-trauma response, peer support, incident debriefing, and use of the Department gym. Center staff reported that dispatchers do not have time to access many of these resources due to understaffing. Management reported that they have introduced new wellness resources including a healthy-meal delivery service, access to a mobile meditation application, and a physical meditation space. Management recognizes that they will need to continue to work towards improving these services and access to these services.

Center staff also stated that dispatchers do not receive adequate ongoing training. The Center should provide ongoing training on the structured call-taking process, including the management of suicidal callers and calls involving persons with mental illness, to ensure that dispatchers have the skills and knowledge to handle the calls and manage their own stress. In

86.67% of survey respondents disagreed or strongly disagreed that they receive the resources needed to effectively manage the stress of being a dispatcher.

60% of survey respondents disagreed or strongly disagreed that they receive adequate ongoing training to understand their evolving responsibilities and do their job well.

In addition to their current stress management practices, the Police Department could benefit from adding practices to ensure that dispatchers have access to the resources they need to continue to do their job and remain healthy. Without addressing staffing and overtime issues, dispatchers will continue to not have time to access essential stress management resources. By creating a comprehensive stress management program specifically for dispatchers, the Center can make time for dispatchers to access vital stress management resources that are relevant to staff needs.

Management has voiced their commitment to increasing transparency and providing additional support to improve the environment. While the initial implementation of programs to improve morale will have financial costs, these can be offset by cost reductions related to sick time, resignations, and workers compensation claims. The City's investment in its people is critical to ensuring that the Center is prepared to respond to calls for service and effectively communicate information to public safety personnel.

Recommendations

In order to improve morale and communication, we recommend Communications Center management:

3.1 Create a comprehensive stress management program specifically for the Communications Center that includes the following:

- Stress management training for all staff, 8 hours minimum during career
- Access to on-site educational resources to help with stress and related risks, e.g., directory of local therapists specializing in treatment of stress and traumatic stress disorders and City programs that provide information on how and where to access help
- Procedures assuring participation of staff in critical incidence stress management activities (e.g., debriefing sessions when involved in traumatic call events)
- A Peer Support Program
- Comprehensive, ongoing training on structured call-taking processes

- 3.2 Develop and implement plans to address workplace cleanliness and equipment maintenance and replacement.
- 3.3 Conduct regular supervisor level meetings to share information about operations and staffing. Use these meetings to improve understanding of the supervisor role, identify problems, discuss changes that may affect operations, and establish communications plans for distributing information to all staff.
- 3.4 Routinely have Police and Fire staff meet with all Center Supervisors to solicit feedback on Center operations and to address any issues. Use these meetings to improve understanding of the dispatcher role and current policies of public safety, identify problems that should be evaluated for further discussion, and discuss known and expected changes that may affect the Communications Center.

Management Response Summary

City Management agreed to our findings, conclusions, and recommendations. In our meetings with Police Department management, they described their current and planned actions to address our audit recommendations. We found those verbal responses reasonable. For example, to address recommendations 1.2 and 2.4, Police Department management said they plan to request a new Call Taker position. This will help them hire staff who are able to handle call intake but may not be suited to handle police desk responsibilities. This will help reduce reliance on overtime.

The Police Department provided us with written summary information describing the conditions that led to our audit recommendations and identified some of their milestone dates. Some responses did not include complete, written corrective action plans or expected implementation dates as requested. Therefore, we will be working with Police Department management to obtain that information so that we can monitor their progress with implementing our audit recommendations. Please see Appendix III for the Police Department's written response to our audit recommendations.

Appendix I—Methodology and Statement of Compliance

Methodology

We audited the Communications Center's (Center) recruitment, staffing, overtime, retention, and training program for calendar years 2013 through 2017. We performed a risk assessment of the Center's practices and procedures to identify potential internal control weakness, including fraud risks, within the context of our audit objectives. To gain an understanding of the Center's operations and threats to performance and to achieve our audit objectives, we:

- Reviewed the Center's current minimum staffing requirements.
- Sat along during three dispatching shifts to observe operations.
- Interviewed the Captain of the Support Services Division, the Communications Center Manager, Dispatcher Supervisors, and Public Safety Dispatchers to gain an understanding of operations, staffing, and workload.
- Reviewed professional literature to identify common threats to the capacity of public safety dispatching agencies and best practices for staffing, recruitment, and stress management.
- Performed a regression analysis on estimated population growth and call volume.
- Analyzed call data by hour, including time to answer and duration on a call to understand call volume and call types for calendar years 2011-2017.
- Obtained and presented 2018 summary call data at the request of the Police Department to help demonstrate their hypothesis about the change in call volume post 2016.
- Ran a staffing analysis to determine the number of call takers needed to handle the current 911 call volume and compared those numbers to the current staffing.
- Analyzed the Center's use of overtime to meet minimum staffing requirements for calendar years 2013-2017.
- Calculated historic turnover and vacancy rates of dispatcher classifications for calendar years 2013-2018. This is one instance in which we were able to obtain 2018 data for analysis.
- Reviewed budget documents, written procedures, and common forms and reports used by the Police Department.
- Reviewed State and Department of Justice audits.
- Observed dispatcher candidate interviews and analyzed recruitment data to understand the recruitment and hiring process, including a number of applicants passing through each step of the recruitment process and the specific dates for various steps of the process for dispatchers hired.

- Interviewed Communications Training Officers to understand the training program and typical training timeframe for new dispatchers.
- Performed an anonymous survey of dispatchers to gauge morale and satisfaction with different aspects of their work environment.

We recognize that coordinated emergency response operations are complex, involving multiple City departments. The scope of this audit was narrow and looked only at the Communications Center role in answering 911 and non-emergency calls. We did not assess dispatching or emergency service response times, which are distinctly different from call answer times. When looking at answer times, we did not assess non-emergency calls as the California state standards apply to only 911 calls.

Explanation of Staffing Analysis

We used the National Emergency Number Association's PSAP Staffing Guidelines to analyze the Center's staffing level based on call volume. This method of determining how many persons should staff a PSAP looks at primary workload, which is considered to be 911 calls received. We used standard queuing theory to determine how many call takers should be available to process the calls. This queuing theory was created to account for call volumes where if the caller was blocked, then at least 85 percent of the time the caller immediately redials. This is the situation of a person seeking emergency help. The limitation of this analysis is that it does not take into account any factors that influence call handling and that are not in the queuing formula.

Data Reliability

We assessed the reliability of ECaTs data by reviewing them for reasonableness and completeness, interviewing data and data-system owners and managers, gaining an understanding of data access controls, and reviewing data system documentation. We determined that the data were sufficiently reliable for the purposes of this report. We did not include 2018 data in our reliability assessment. We included that data in Figure 2 at the request of the Police Department, but did not use it to support our audit findings, conclusions, or recommendations. We make that clarification under Figure 2.

We relied on US Census population and ABAG population predictions to support our finding regarding predicted increases to call volume. We considered both organizations to be known, reliable sources and, therefore, their data to be sufficiently reliable for our purposes. We recognized both the US Census and ABAG offer slightly differing predictive data. However, the purpose of our predictions is to give readers a general understanding of future impact with an understanding that actual population growth will be different. We do not expect this difference to be significant to the extent it impacts the purpose of our predictions, which is to support that the Center will need to expand along with population growth.

We assessed the reliability of payroll data by reviewing it for completeness, appropriateness, and consistency. We determined it is sufficient and reliable for the purposes of our work. The data captures the date of the hours, the staff member, position title, and hour code. We noted a limitation in the data in that the position title associated with individuals is their current title, which does not necessarily reflect the title at the time the hours were earned. This limitation does not significantly impact our use of the data because all four of the current supervisors were in their positions before 2013. In addition, we combined the Public Safety Dispatcher I and Public Safety Dispatcher II totals so our calculations are not impacted by when dispatchers were promoted from Public Safety Dispatcher I to II.

Statement of Compliance

We conducted this performance audit in accordance with Generally Accepted Government Auditing Standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix II— Dispatcher Morale Survey: Design, Efforts, and Results

We designed a survey to gain an understanding of dispatchers' satisfaction on a number of issues, with a particular emphasis on determining the overall climate of the Communications Center (Center), and assessing which factors are contributing to dispatcher satisfaction and which are detracting from their satisfaction.

To collect the information contained in this report, we invited 23 dispatchers to participate through the SurveyMonkey online survey platform. Over a two-week period, a total of 15 employees completed the survey, which represents a participation rate of 65 percent. Because our survey focus was on dispatchers perceptions, we excluded supervisors and management. We interviewed the four supervisors, the Center Manager, and the Captain of Support Services separately to gain an understanding of their perceptions and concerns.

We created our survey in SurveyMonkey, an online platform for creating, distributing, and analyzing surveys. We designed our survey to keep responses anonymous.

Survey Limitations

When we started designing this survey, we understood that there are inherent limitations in using survey data to gauge the morale of an organization. However, even with those limitations, providing an anonymous survey to employees was the most effective and efficient way to hear from a large number of employees in shift work who could responded freely. During our audit, we kept the following in mind:

- Many factors can impact an employee's frame of mind when completing the survey, which could influence their responses either positively or negatively.
- People who are dissatisfied are more apt to reply to the survey.
- Ongoing changes within the Center would impact perceptions day to day.
- Unless the survey achieves 100 percent response rate, some dispatchers' opinions may not be reflected in the quantitative analysis of responses.
- Despite our extensive preparation, dispatcher could have interpreted questions differently than we intended.

Because the overall goal was to set a baseline of the morale at a point in time, we determined that the above factors would not create a significant risk as to the accuracy of our audit findings, conclusions, and recommendations. The 65 percent response rate was a strong indicator that the results were reliable, and the responses agreed with comments made during interviews, including discussions with supervisors and management.

Table 1: Overall Survey Results of Dispatcher Morale

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
There are enough dispatchers on duty during each shift to handle call volume.	6.67%	6.67%	13.33%	40.00%	33.33%
I am not able to take my required breaks due to workload and staffing shortages.	26.67%	33.33%	13.33%	20.00%	6.67%
I am required to work too much overtime.	73.33%	13.33%	6.67%	0.00%	6.67%
I received adequate new dispatcher training to understand my responsibilities and to do my job well.	13.33%	40.00%	26.67%	13.33%	6.67%
I receive adequate ongoing training to understand my evolving responsibilities and do my job well.	0.00%	13.33%	26.67%	13.33%	46.67%
I would like to receive additional training to advance my knowledge and skills.	66.67%	20.00%	0.00%	0.00%	13.33%
I am compensated fairly for my work.	13.33%	33.33%	26.67%	20.00%	6.67%
I am given opportunities to voice my concerns, opinions, and ideas.	0.00%	6.67%	20.00%	13.33%	60.00%
I receive the resources I need to effectively manage the stress of being a dispatcher.	0.00%	0.00%	13.33%	26.67%	60.00%
The Communications Center operations written policies and procedures provide appropriate direction and guidance.	0.00%	6.67%	13.33%	13.33%	66.67%
The Communications Center written policies and procedures are applied to all personnel equally.	0.00%	0.00%	6.67%	26.67%	66.67%
I feel supported by Supervising PSDs and can count on them to fill in when workload increases due to training, staff absences, or call increases.	0.00%	6.67%	20.00%	13.33%	60.00%

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I feel supported by Supervising PSDs and can count on them to fill in when workload increases due to training, staff absences, or call increases.	0.00%	6.67%	20.00%	13.33%	60.00%
Supervisors contribute to a positive work culture.	0.00%	6.67%	20.00%	20.00%	53.33%
I have confidence in management's ability to perform their duties and run the Communications Center.	0.00%	0.00%	6.67%	26.67%	66.67%
Management contributes to a positive work culture.	0.00%	0.00%	13.33%	20.00%	66.67%
Overall, the morale within the Communications Center is low.	93.33%	6.67%	0.00%	0.00%	0.00%

Appendix III—Recommendations and Management Response

1.1 Conduct an annual staffing analysis of required minimum staffing levels and budgeted dispatchers to ensure budget staffing requests and scheduling efforts meet demand and limit the use of overtime where possible. Use the staffing analysis to communicate to Council and the public during the annual appropriations process:

- Service level demands;
- The full-burdened cost of budgeting for additional staff;
- Whether there is sufficient funding available to budget for the additional staff or a shortfall (quantified in dollars); and
- Additional staffing requests, if needed.

Management Response: We will research other available analysis options to determine if we are using best practices by June 2019. A monthly and yearly analysis of staffing is helpful when determining best use of the current employees in terms of scheduling. We recognize that our current use of a manual scheduling process is not optimal and that we would be better served by an automated scheduling program. The Department has already begun to consider several automated scheduling programs to replace our current manual method.

1.2 Use the staffing analysis performed in response to recommendation 1.1 to, determine future resource needs of the Communications Center, including staffing, equipment, and physical space. Take into account planned changes to services and factors that may influence call volume.

Management Response: Decide on Communications Center expansion versus relocation by December, 2019. We will need to increase our staffing levels to meet NENA staffing recommendations. Future enhancements to the 911 system such as text to 911 and Next Generation 911 will increase our call times and further hinder our ability to meet NENA standards on call answer times. The Communications Center will need to either expand the space it currently occupies in the Public Safety Building, or relocate to a separate building in order to increase the number of consoles needed to accommodate additional required staff.

The Department has already begun discussion on the Communications Center's spatial needs. In 2018, we implemented a new Computer Aided Dispatch system in order to enable us to receive 911 calls via the upcoming Next Generation technology. The Call Taker proposal will be submitted to Human Resources and the Personnel Board.

2.1 Open all dispatcher positions to continuous recruitment.

Management Response: We hope to obtain approval from Human Resources by September, 2019. Open and continuous recruitment of all dispatcher positions has long been the desire of Management. There are several factors that make hiring dispatchers challenging. The hiring process itself is lengthy due to required testing of applicants, background investigation and physical exam. Because of our limited resources in terms of floor trainers, we cannot hire more than three dispatchers at one time or the trainer's become overburdened. The Public Safety Dispatcher training program generally takes 9-10 months to complete. Often, it is not until the latter months of training that deficiencies that will not allow a trainee to complete the program are discovered. Allowing for open and continuous recruitment would give us the ability to create a pipeline of applicants to "plug in" once a trainee either completes or is released from the training program.

Human Resources has already agreed to open and continuous hiring for lateral Public Safety Dispatcher II classification and Management has requested the same for both the non-lateral and Public Safety Dispatcher I classifications.

2.2 Work with Communications Center staff to create a specific recruitment plan for dispatcher positions including recruitment events and marketing material. Use recruitment best practices to reach potential applicants and increase the number of applicants.

Management Response: In progress since 2018, the marketing firm is expected to begin work by May of 2019. Recruitment of a compassionate, competent, talented and diverse workforce is a priority for the entire department, and has been a challenge over the last several years due to a variety of reasons. Creation of a more specific plan for dispatcher positions can help reach potential applicants and increase the total number of applicants. Management recognizes the importance of both hiring and retaining applicants through the training program as being a key element in overcoming the staffing shortage.

The Department created a Recruitment and Retention Team in 2018 in order to address the departmental recruitment needs. This was the first step in setting out a concrete plan. This team has developed goals and priorities, with very specific tasks. The goals include better tracking of recruitment efforts, creation of recruitment videos, attending recruitment events, hiring a marketing firm to assist with web design, employment brochures and literature, social media outreach and other advertising avenues.

2.3 Identify and implement feasible options to improve turnaround time on background checks for dispatcher positions. This can include outsourcing background investigations or working with Human Resources to ensure that the Department is able to complete all background investigations in a timely manner.

Management Response: In progress since 2018. In April of 2019 the Department contracted with a background investigation firm that can complete up to three backgrounds at a time with a one month turn around. The Department also hired a retired BPD officer to complete backgrounds on a part time basis. This retiree has extensive experience conducting background investigations for the Department. The Department is experimenting with now assigning multiple categories of backgrounds out at one time, instead of exhausting higher categories before moving on.

The long background check process has been an impediment to successful recruitment and hiring for some time. The above described Recruitment and Retention Team has also identified improving the background investigation process as a critical task. Plans were considered to dedicate current employees as background investigators, hire independent background investigation companies or do some combination of the two. The proposed plan to affect change in this area is to hire an independent but highly experienced background investigation firm that can rapidly complete quality background investigations, continue to use Department employees to complete background investigations, and also continually evaluate and adapt practices.

2.4 Design a way to retain staff that are unable to pass the Police Desk training, for example, keep staff as Public Safety Dispatcher I and have them work as a call taker or create a new job classification for a call taking position.

Management Response: We want to have our final proposal for the call taker and revisions to the PSD classifications by June and implement by fall 2019. Historically, many trainees have gained proficiency in call taking, demonstrated excellent customer service skills and professionalism, but could not complete the training program due to their inability to pass Police Desk training.

Hiring more full time call takers would improve staffing levels, greatly relieve overtime required by dispatchers, significantly reduce overtime costs and allow us to meet NENA minimum staffing requirements. Once the Call Taker classification is approved, it would help Management to potentially retain valuable employees by offering them a position in a different classification they are already qualified to work.

2.5 Evaluate the results from dispatcher recruitment routinely (e.g., annually or at the end of a recruitment cycle) to determine areas for improvement. Update recruitment plans.

Management Response: Evaluation and more robust data collection on applications began in late 2018. By the summer of 2019 the Department should begin to have an adequate data set to review. Recruitment has changed over the last several years, and competition for qualified candidates is great among agencies. Continual evaluation of Departmental efforts will be critical to staying abreast of best practices and successfully hiring quality candidates. The Department plans to improve tracking and review of the number of applicants, how successful applicants are through the process, and where they most often are “lost” in the process. The Department also plans to review these results in line with testing processes in order to adjust as necessary.

2.6 Implement an automated scheduling software that has built-in decision-making capabilities to automatically fill shifts based on specified qualifications and staff availability.

Management Response: As of April 2019, there have been presentations by two separate software vendors. There is a plan to research a third vendor’s software (Tyler Technology) at an upcoming annual conference. DoIT suggests implementing a scheduling software in line with other technology upgrades surrounding payroll (ERMA). The Department anticipates that review of available products and decisions as to whether to move to Implementation could occur in late Fall of 2019.

Implementation of a scheduling software could help relieve the current personnel engaged in scheduling, create a feeling of greater fairness and control which would be a morale boost. This would also allow for greater review over how much overtime individuals are working in order to ensure their wellness and that they are taking enough time off. The Department is interested in balancing the above opportunities with the challenges and expense of implementing a new software solution.

The Department has been communicating with and working alongside DoIT, union representatives and outside vendors to explore various scheduling software options. Efforts are also underway to identify best practices in other jurisdictions.

2.7 Decrease the concentration of overtime among dispatchers.

Management Response: Change in overtime distribution procedures implemented in 2018. For the past five years, the Communications Center's overtime has averaged roughly 300 hours per week in order to meet our minimum staffing requirements. Approximately 100 additional hours would be necessary to meet NENA minimum staffing levels.

Although we cannot reduce overtime levels until we hire more dispatchers and they successfully complete either the PSDII or call taking training program, in 2018 the scheduling supervisor was directed by the Communications Manager to re-order the way overtime is assigned in order to more equitably distribute overtime hours between all dispatchers, instead of the majority of hours falling to a portion of staff.

2.8 Develop and implement a Communications Center training plan to ensure compliance with POST training requirements. Evaluate training processes and update training plans routinely.

Management Response: In progress since January of 2019. The goal is that by end of 2019, all Communications Center Personnel will be on track with POST requirements (nearly half completed with all training hours at the halfway point of the training cycle).

Ongoing training of employees is a priority for the Department. The Department sees the value and benefit of these training opportunities for the employee's development and wellness, the Department's mission, and the quality of service the community ultimately receives.

In January of 2019 the Communications Center leadership team implemented a plan to track POST training requirements along with yearly Performance Appraisal Reviews. At each employee's PAR anniversary date, their supervisor will review the number of hours of training received to date. Additionally, Personnel and Training will conduct an annual review of all Communications Center personnel to track POST training time. Finally, one of the Public Safety Dispatch Supervisors was assigned the job to work as a liaison with Personnel and Training for scheduling POST classes as well as directly with dispatchers to locate and sign dispatchers up for course of interest.

3.1 Create a comprehensive stress management program specifically for the Communications Center that includes the following:

- Stress management training for all staff, 8 hours minimum during career
- Access to on-site educational resources to help with stress and related risks, e.g., directory of local therapists specializing in treatment of stress and traumatic stress disorders and city programs that provide information on how and where to access help
- Procedures assuring participation of staff in critical incidence stress management activities (e.g., debriefing sessions when involved in traumatic call events)
- A Peer Support Program
- Comprehensive, ongoing training on structured call-taking processes

Management Response: All Communications Center Staff to receive 8 hours training by December, 2019. The Department recognizes the negative effects of stress on employees and utilizes Peer Support Counselors, a Crisis Intervention Team as well as the Employee Assistance Program and most recently the Headspace website which promotes mindfulness and meditation.

Work with Personnel and Training to Expand current stress management toolset to include a mandatory 8 hour stress management course for all Communications Center staff.

3.2 Develop and implement plans to address workplace cleanliness and equipment and furniture maintenance and replacement.

Management Response: Beginning fall 2018, the Communications Center receives a deep cleaning on a quarterly basis. Standalone Hepa filters will be purchased by July 2019. Management recognizes the need for improvement in the cleanliness of the Communications Center.

3.3 Conduct regular supervisor level meetings to share information about operations and staffing. Use these meeting to improve understanding of the supervisor role, identify problems, discuss changes that may affect operations, and establish communications plans for distributing information to all staff.

Management Response: Fully operational by October 2019. Management recognizes the need for improved communication across all ranks. The Communications manager is in the process of creating a web based information portal which includes sections for polices, Supervisory blog, Communications Center blog, resources, health and wellness, new dispatcher training, and links to web based training opportunities for tenured staff.

3.4 Routinely have Police and Fire staff meet with all Center Supervisors to solicit feedback on Center operations and to address any issues. Use these meetings to improve understanding of the dispatcher role and current policies of public safety, identify problems that should be evaluated for further discussion, and discuss known and expected changes that may affect the Communications Center.

Management Response: May 2019. The Department recognizes the need and benefit of such meetings. Logistically this has been challenging due to the various shifts and workdays of personnel from other divisions. Invite Police and Fire staff to attend the weekly Supervisor meeting whenever problems are identified or whenever known or anticipated changes may affect the Communications Center.

Mission Statement

Promoting transparency and accountability in Berkeley government.

Audit Team

Claudette Biemeret, Audit Manager
Erin Mullin, Auditor-in-Charge
Tracy Yarlott-Davis

City Auditor

Jenny Wong
Ann-Marie Hogan (Retired)

Office of the City Auditor

Phone: (510) 981-6750

Email: auditor@cityofberkeley.info

Website: www.cityofberkeley.info/auditor

Copies of our audit reports are available at:

www.cityofberkeley.info/Auditor/Home/Audit_Reports.aspx



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@AuditorJennyWong

CONSENT CALENDAR
May 14, 2019

To: Honorable Mayor and Members of the City Council
From: Jenny Wong, City Auditor
Subject: 911 Dispatchers: Understaffing Leads to Excessive Overtime and Low Morale

RECOMMENDATION

We recommend City Council request that the City Manager report back by November 19, 2019, and every six months thereafter, regarding the status of our audit recommendations until reported fully implemented by the Police Department.

FISCAL IMPACTS OF RECOMMENDATION

The Communications Center risks losing State funding if it is not able to reach call-answering targets. Investing in adequate staffing and additional resources will allow the Communications Center to answer 911 calls within those required timeframes. The cost of much-needed resources will depend on the outcome of the staffing analysis we recommend that the Police Department complete to determine appropriate staffing levels now and in the future.

Life should not be measured in dollars. Without sufficient staff, it takes longer for call takers to answer 911 calls. The faster that dispatchers can get a police officer, firefighter, or paramedic to the scene, the better the chances of a good outcome.

CURRENT SITUATION AND ITS EFFECTS

It is taking longer than previous years for call takers to answer 911 calls. The Communications Center's staffing levels are not sufficient to meet current call demands and, with predicted population growth, the Center will soon need even more resources to maintain its emergency response service levels.

Due to consistent understaffing, the Communications Center relies heavily on overtime to meet minimum staffing requirements, spending nearly \$1 million per year on overtime. The Police Department works to fill vacant positions, but the hiring and training processes are lengthy and extensive. There are opportunities to improve those processes to reduce both the number of continuous vacancies and the significant reliance on overtime. Understaffing also leads to low morale in the Communications Center. Dispatchers say that they do not feel supported and that they do not have the time needed to take care of their physical and mental health. Police management has taken some steps to address the low morale, but there is more to be done to address dispatcher needs.

We recommend that the Police Department conduct a staffing analysis to determine appropriate staffing levels, create a recruitment and continuous training plan for dispatchers, establish a call-taker classification; and implement automated scheduling software to better inform future budgeting decisions, decrease the reliance on overtime, and relieve the burden placed on overworked staff.

We also recommend that the Police Department implement programs to increase morale and staff communication. These include establishing routine meetings with dispatch supervisors, sworn police, and fire personnel; and a comprehensive stress management program.

BACKGROUND

The Police Department Communications Center serves as Berkeley's 911 public-safety answering point, receiving all emergency and non-emergency police, fire, and medical calls and dispatching public-safety personnel to respond as appropriate. The 2018 City budget authorized 33 non-sworn full-time equivalent positions for the Center, including 28 public safety dispatchers, four supervisors, and one manager. The City has not added to the Communications Center dispatcher staffing levels since 2004.

ENVIRONMENTAL SUSTAINABILITY

Our office manages and stores audit workpapers and other documents electronically to significantly reduce our use of paper and ink. Our audit recommendation for the Communications Center to use modern staffing software could also reduce the use of paper and ink.

RATIONALE FOR RECOMMENDATION

The seconds it takes to answer and prepare a 911 call for dispatch can mean the difference between life and death. Implementing our recommendations will enable dispatchers to answer calls within required timeframes by ensuring the Communications Center is appropriately staffed and supported.

CONTACT PERSON

Jenny Wong, City Auditor, City Auditor's Office, 510-981-6750

Attachments:

- 1: Audit Report: 911 Dispatchers: Understaffing Leads to Excessive Overtime and Low Morale, issued April 25, 2019



Office of the City Manager

May 28, 2021

To: Honorable Mayor and Members of the City Council

From: *DWR* Dee Williams-Ridley, City Manager

Re: Update on Re-Imagining Public Safety

On July 14, 2020, City Council adopted an omnibus package to re-imagine public safety and policing in the City of Berkeley. The omnibus package consisted of numerous elements including, but not limited to the following:

- Having the City Auditor perform an analysis of City's emergency 9-1-1 calls-for-service and responses, as well as analysis of the Berkeley Police Department's (BPD) budget.
- Analyzing and developing a pilot program to re-assign non-criminal police service calls to a Specialized Care Unit.
- Creating plans and protocols for calls for service to be routed and assigned to alternative preferred responding entities and consider placing dispatch in the Fire Department or elsewhere outside the Police Department.
- Analyzing litigation outcomes and exposure for city departments in order to guide the creation of City policy to reduce the impact of settlements on the General Fund.
- Engaging a qualified firm(s) or individual(s) to lead a robust, inclusive, and transparent community engagement process with the goal of achieving a new and transformative model of positive, equitable and community-centered safety for Berkeley.
- Pursuing the creation of a Berkeley Department of Transportation ("BerkDoT") to ensure a racial justice lens in traffic enforcement and the development of transportation policy, programs and infrastructure, and identify and implement approaches to reduce and/or eliminate the practice of pretextual stops based on minor traffic violations

Subsequent to the adoption of the omnibus package, the City established a multi-department working group to oversee and implement various components of the package. The working group consists of the following:

- City Manager;
- Deputy City Managers;

- City Attorney;
- Fire Chief;
- Health, Housing and Community Services (HHCS) Director;
- Human Resources Director;
- Police Chief; and
- Public Works Director.

Weekly coordinating meetings have been established, as well as an organizational structure that will enable city staff to advance the various referrals in the omnibus package at the same time.

Our work to advance the omnibus package has been organized in the following manner:

- HHCS Director, Lisa Warhuus, is leading the work to develop a Specialized Care Unit pilot program.
- Interim Fire Chief, Abe Roman, is leading the work to develop a plan for priority dispatching.
- City Attorney, Farimah Brown, is managing the analysis of litigation claims and settlements.
- The Public Safety / Police Re-Imagining and community engagement process will be led by Deputy City Manager David White. Deputy City Manager White will also be supporting the City Manager by providing overall project management support to the team.
- BerkDoT will be led by our Public Works Director, Liam Garland.

Current Updates (*for the May 25, 2021 City Council Meeting*)

The following provides a brief overview of what has been accomplished since the last update to City Council on April 27, 2021.

- Priority Dispatching
 - A Request for Proposal (RFP) was issued April 27, 2021, to seek proposals from qualified firms to assist the City in transitioning to a prioritized fire and medical dispatch system. Responses to the RFP are due today, May 25, 2021. Staff will be putting together a team, reviewing proposals, and selecting a firm to assist the Fire Department in moving this item forward.
- Specialized Care Unit (SCU)
 - The SCU Steering Committee is working with the consultant to conduct a deep community outreach and engagement to better understand:

- People’s experiences with, and perceptions of, the current mental health and substance use related crisis response options;
 - Challenges and strengths of current mental health and substance use related crisis response options;
 - Ideas for an alternative approach to mental health and substance use related crises;
 - Needs identified by the community for a safe, effective mental health and substance use related crisis response.
- The Steering Committee has completed its initial phases of planning and materials engagement and has embarked upon the Community Experience and Landscape Assessment that includes:
 - Crisis system provider and partner interviews and focus groups;
 - Community based organization and other community advocate focus groups;
 - Community listening sessions;
 - Individual community member interviews and focus groups;
 - Benchmarking and best practice research (nearly complete).

This phase will be complete by July 2021, and all of the information gathered will inform design of a proposed SCU for Berkeley.

- Public safety and Police Re-imagining Community Engagement

- (Background) On December 15, 2020, the City Council authorized the City Manager to enter into a contract with the [National Institute of Criminal Justice Reform](#) (NICJR) to conduct research, analysis, and use its expertise to develop reports and recommendations for community safety and police reform as well as plan, develop, and lead an inclusive and transparent community engagement process to help the City achieve a new and transformative model of positive, equitable and community-centered safety for Berkeley.
 - City staff from the City Manager’s Office continue to coordinate regularly with NICJR and attached is a more thorough update from NICJR regarding their work with the City.

- [Reimagining Public Safety Task Force \(Task Force\)](#)¹

- (Enabling legislation for background only) On January 19, 2021, the City Council adopted [revisions to the enabling legislation for the Reimagining Public Safety Task Force](#)².
- Since the last update provided to City Council, the Task Force has met on three occasions (April 29, 2021, May 13, 2021, and May 19, 2021), with each meeting lasting around four (4) hours. To achieve the highest level of transparency, the

¹ <https://www.cityofberkeley.info/RIPST.aspx>.

² https://www.cityofberkeley.info/Clerk/City_Council/2021/01_Jan/Documents/2021-01-19_Item_18_Revisions_to_Enabling_Legislation_for_Reimagining.aspx

minutes and full video of Task Force meetings are posted on the Reimagining Public Safety Task Force website. In addition, all of the materials presented to the Task Force are also available on the Task Force website.

- Some highlights from recent Task Force meetings include:
 - The City Auditor’s Office presented their report, “[revisions to the enabling legislation for the Reimagining Public Safety Task Force](#)³.”
 - NICJR presented a draft report on New and Emerging Models of Community Safety.
 - Interim Police Chief Louis presented to the Task Force on two occasions discussing hiring, training, and implementation of Fair and Impartial Policing Workgroup recommendations
 - Dr. Warhuus provided an update to the Task Force on the process to establish a pilot Specialized Care Unit.
 - Public Works Director Garland provided an overview of BerkDoT and alternative approaches to implementing City Council’s referral.
 - NICJR provided an update on the community engagement process and discussed revisions to the community survey.
- Community Survey / Engagement
 - After substantially revising the community survey in response to feedback from the Task Force and subcommittee members focused on community engagement, the survey was made available to the community on May 19, 2021. The survey is available in English and Spanish and is designed to solicit input to help the City design a new model of community safety. The deadline to complete the survey is June 15, 2021.
 - To ensure a robust community response, in addition to posting a community announcement on the City’s [website](#)⁴, Task Force members have been asked to assist in the promotion and dissemination of the survey and staff have distributed the survey to 65 community organizations that serve the Berkeley community. The survey is just one form of outreach being performed. There will also be focused listening sessions and a citywide townhall.
- A number of other things are in the works:
 - NICJR is coordinating with their team and Task Force members to arrange for targeted listening sessions throughout the community.
 - City staff is working on revisions to the Task Force meeting schedule and hopes to present a revised document for the Task Force to discuss at their next meeting on June 10, 2021.

³ https://www.cityofberkeley.info/Clerk/City_Council/2021/01_Jan/Documents/2021-01-19_Item_18_Revisions_to_Enabling_Legislation_for_Reimagining.aspx

⁴ <https://www.cityofberkeley.info/RIPST.aspx>

- BerkDoT
 - Staff delivered a staff report and presentation on BerkDoT at the May 19, 2021 meeting of the Reimagining Public Safety Task Force. This report distilled the input received to date, shared a phased approach to BerkDoT-related projects and activities, and solicited the Task Force's input on the approach. Staff are now incorporating the Task Force's input and preparing a plan for community engagement this summer.

Attachments:

1. NICJR Update as of May 25, 2021

cc: Paul Buddenhagen, Deputy City Manager
David White, Deputy City Manager
Jenny Wong, City Auditor
Farimah Brown, City Attorney
Mark Numainville, City Clerk
David Brannigan, Fire Chief
Lisa Warhuus, Director of Health, Housing & Community Services
LaTanya Bellow, Director of Human Resources
Jen Louis, Interim Chief of Police
Liam Garland, Public Works Director
Matthai Chakko, Assistant to the City Manager



Berkeley Reimagining Public Safety Process Update May 25, 2021

In accordance with the terms of its agreement with the City of Berkeley, the National Institute for Criminal Justice Reform (NICJR) continues efforts toward the Reimagining Public Safety process as well as engaging the Berkeley Reimagining Public Safety Task Force (RPSTF) in developing alternative models to violence reduction and public safety. The productive discussions NICJR and subcontractor Bright Research Group (BRG) have had with the RPSTF and feedback received from the Community Engagement subcommittee have proven extremely helpful in informing the community engagement survey that launched through several platforms on May 19, including an article in the publication [Patch](#) and [Berkeleyside](#). This marks the start of a deep engagement with the broader community of Berkeley to help impact the recommendations to come from the collective work of the Task Force members.

Listening sessions to garner community response and input to policing and other public safety measures in Berkeley are underway.

- NICJR has hosted the first of these sessions with the Berkeley Police Department (BPD) Command Staff, and has two additional sessions planned with BPD officers to ensure that the department is actively involved in the reimagining public safety conversation.
- BRG and Pastor Michael Smith have scheduled a series of Listening Sessions focused on the Black community and the unhoused community.
- BRG is finalizing plans with Berkeley Youth Alternatives to schedule a series of youth Listening Sessions.
- NICJR is hosting a Listening Session with the Berkeley Merchant's Association on June 2, 2021.

Each listening session is designed to solicit the opinions, ideas, and concerns of the participants regarding public safety, police reform, and needed community services/resources. Feedback received will be compiled into a report for the Taskforce and the City Council. NICJR is holding productive discussions with RPSTF members from the Latinx, LGBTQIA, and AAPI communities to ensure that the voices of these residents are heard through additional listening sessions to be facilitated with the assistance of leadership in these communities and aligned with the timeline for recommendations and final deliverables.

The community engagement strategy also includes the development of a public Berkeley Reimagining Public Safety website. NICJR launched the <https://berkeley-rps.org/> website on March 11, 2021. The website contains information on the development of the Task Force and its role and responsibilities, and background material on parallel related efforts underway in the City including establishment of a pilot Specialized Care Unit/s (SCU) and BerkDOT, priority dispatching, and the recommendations from the Mayor's Fair and Impartial Policing Workgroup recently adopted by the City Council. In addition, the website contains a link to the [recently launched community](#) survey and will include opportunities for additional community engagement. Local and national news stories of pertinence and interest, as well as publications that are intended to provide valuable resources and information are posted to the website. The website continues to evolve and is regularly updated by NICJR with support from City staff.

NICJR is finalizing its report on Alternative Responses, which will detail recommendations on what duties of BPD are better suited for other city agencies or community-based organizations. NICJR is also finalizing an analysis of BPD Calls for Service that will augment the recently issued report authored by the City Auditor.



Office of the City Manager

August 24, 2021

To: Honorable Mayor and Members of the City Council

From *DWR* Dee Williams-Ridley, City Manager

Re: Update on Re-Imagining Public Safety

On July 14, 2020, City Council adopted an omnibus package to re-imagine public safety and policing in the City of Berkeley. The omnibus package consisted of numerous elements including, but not limited to the following:

- Having the City Auditor perform an analysis of City's emergency 9-1-1 calls-for-service and responses, as well as analysis of the Berkeley Police Department's (BPD) budget.
- Analyzing and developing a pilot program to re-assign non-criminal police service calls to a Specialized Care Unit.
- Creating plans and protocols for calls for service to be routed and assigned to alternative preferred responding entities and consider placing dispatch in the Fire Department or elsewhere outside the Police Department.
- Analyzing litigation outcomes and exposure for city departments in order to guide the creation of City policy to reduce the impact of settlements on the General Fund.
- Engaging a qualified firm(s) or individual(s) to lead a robust, inclusive, and transparent community engagement process with the goal of achieving a new and transformative model of positive, equitable and community-centered safety for Berkeley.
- Pursuing the creation of a Berkeley Department of Transportation ("BerkDoT") to ensure a racial justice lens in traffic enforcement and the development of transportation policy, programs and infrastructure, and identify and implement approaches to reduce and/or eliminate the practice of pretextual stops based on minor traffic violations

Subsequent to the adoption of the omnibus package, the City established a multi-department working group to oversee and implement various components of the package. The working group consists of the following:

- City Manager;
- Deputy City Managers;

- City Attorney;
- Fire Chief;
- Health, Housing and Community Services (HHCS) Director;
- Human Resources Director;
- Police Chief; and
- Public Works Director.

Weekly coordinating meetings have been established, as well as an organizational structure that will enable city staff to advance the various referrals in the omnibus package at the same time.

Our work to advance the omnibus package has been organized in the following manner:

- HHCS Director, Lisa Warhuus, is leading the work to develop a Specialized Care Unit pilot program.
- Interim Fire Chief, Abe Roman, is leading the work to develop a plan for priority dispatching.
- City Attorney, Farimah Brown, is managing the analysis of litigation claims and settlements.
- The Public Safety / Police Re-Imagining and community engagement process will be led by Deputy City Manager David White. Deputy City Manager White will also be supporting the City Manager by providing overall project management support to the team.
- BerkDoT will be led by our Public Works Director, Liam Garland.

Current Updates (for the July 27, 2021 City Council Meeting)

The following provides a brief overview of what has been accomplished since the last update to City Council on May 25, 2021.

- Priority Dispatching
 - A Request for Proposal (RFP) was issued April 27, 2021, to seek proposals from qualified firms to assist the City in transitioning to a prioritized fire and medical dispatch system.
 - A team consisting of staff from the Fire Department reviewed the proposals that were submitted to the City and four (4) firms were recommended for interviews that occurred on July 26, 2021. The top-ranked firm resulting from the interviews will be invited to meet with subject matter experts in both the Information Technology and Fire Departments. The discussion with subject matter experts will inform the scope of work, timing, and deliverables.

- It is currently anticipated that vendor selection will occur by August 26, 2021.
- Specialized Care Unit (SCU)
 - The SCU steering committee, with support from RDA, is wrapping up the community engagement process. This process has utilized focus groups, forums, and written feedback to engage diverse groups and individuals that have lived experience with crisis response (as clients and/or as responders) to inform the best SCU model for Berkeley. The findings of this process will be analyzed and shared in September 2021 as a function of:
 - Alternative Crisis Response Models & Best Practices Research,
 - Current State & Community Outreach Findings, and
 - SCU Model Recommendations for Berkeley.

All of these findings will be the foundation for finalizing the design and implementing the SCU.

 - To increase supports for community members on the verge of crisis right now, the SCU steering committee has been assessing service provider capacity to increase pre-crisis services and will be finalizing the service model and initiating implementation in August 2021. Such services will not serve as or replace the SCU, but are considered essential to getting much needed supports to the community until the SCU is fully functional.
- Public Safety and Police Re-imagining Community Engagement
 - (Background) On December 15, 2020, the City Council authorized the City Manager to enter into a contract with the National Institute of Criminal Justice Reform (NICJR) to conduct research, analysis, and use its expertise to develop reports and recommendations for community safety and police reform as well as plan, develop, and lead an inclusive and transparent community engagement process to help the City achieve a new and transformative model of positive, equitable and community-centered safety for Berkeley.
 - City staff from the City Manager’s Office continue to meet with NICJR to discuss project deliverables under their Scope of Work, prepare for Task Force meetings, review timelines and coordinate their work with other initiatives that are ongoing in the City surrounding reimagining public safety.
 - At the July 29, 2021 Task Force meeting, NICJR will present the results of the community survey and community listening sessions that have been performed to date and will provide an overview of their draft “Alternative Responses” Report that was submitted to the Task Force. The “Alternative Responses” Report evaluates Police Department calls-for-service and provides a framework to discuss the potential to re-assign certain calls for service to alternate service

providers and/or community-based organizations. After discussing this report at their July 29, 2021 meeting, the Task Force will be asked to provide comments and feedback to NICJR when they convene in September 2021.

- Reimagining Public Safety Task Force (Task Force)¹
 - (Enabling legislation for background only) On January 19, 2021, the City Council adopted revisions to the enabling legislation for the Reimagining Public Safety Task Force².
 - Since the last update provided to City Council, the Task Force has met on numerous occasions (June 10, 2021, June 30, 2021, and July 8, 2021), with a meeting scheduled for this Thursday, July 29, 2021, before the Task Force.
 - Some highlights from recent Task Force meetings include:
 - After incorporating feedback from the Task Force, NICJR submitted their final report on New and Emerging Models of Community Safety and Policing. The report has been posted on the Task Force website³.
 - Interim Police Chief Louis and Police Department staff presented to the Task Force on three occasions discussing the Police Department’s budget, along with an overview of Patrol Operations, the Field Training Program, Civilian Oversight of the Police Department and the disciplinary process.
 - Dr. Warhuus provided an update, her second, to the Task Force on the work being done to establish the Specialized Care Unit.

As a reminder, the minutes and full video of Task Force meetings are posted on the Reimagining Public Safety Task Force website and all of the materials presented to the Task Force are also available on the Task Force website.

- Community Survey / Engagement
 - On May 19, 2021, reflecting input from the Task Force and city staff, a survey was made available to the community. The survey was available in English and Spanish and was designed to solicit input to help the City design a new model of community safety. The survey closed on June 22, 2021. The City received 2,744 responses to the survey. The results of the survey will be discussed at the July 29, 2021 Task Force meeting and a report providing an overview of survey results is part of the July 29, 2021 Task Force agenda packet.

¹ <https://www.cityofberkeley.info/RIPST.aspx>.

² https://www.cityofberkeley.info/Clerk/City_Council/2021/01_Jan/Documents/2021-01-19_Item_18_Revisions_to_Enabling_Legislation_for_Reimagining.aspx

³ https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/New%20and%20Emerging%20Models%20of%20Public%20Safety%20Report%20-%20Final.pdf

- In addition to discussing the community survey, NICJR will report the results of various listening sessions that have occurred over the past few months. These listening sessions have been facilitated by NICJR and their consultant team, along with Task Force members. Summaries of feedback received at the listening sessions are included in the July 29, 2021 Task Force agenda packet.
- At the upcoming Task Force meeting, it is anticipated that the Task Force will discuss additional listening sessions that they are hoping to facilitate, as well as the potential for a citywide townhall.
- In addition to the above, at the July 29, 2021 Task Force meeting, city staff and NICJR will discuss project timelines and deliverables. The Task Force has asked for additional time to plan for and hear from community organizations and other subject matter experts regarding community safety and policing.
- Finally, early on in the process, the Police Department invited Task Force members to participate in ride-a-longs with Police Officers and sit in the communications center to observe dispatchers. Many Task Force members have participated in these activities that has resulted in deeper knowledge of Police Department operations.
- BerkDoT
 - Following the May 19, 2021 presentation to the Task Force, staff has moved forward with the BerkDOT public engagement plan. A community survey is being developed that will engage about 700 Berkeley residents in 15-20-minute interviews on various traffic safety topics. The survey will include contributions from a sub quorum of the Transportation Committee and Charles T. Brown, founder of Equitable Cities, a firm focused on the intersection of transportation, health, and equity. Results from the survey are likely by mid-September.
 - In addition, staff have been in discussions with SEIU and the City's parking enforcement officers who have indicated their opposition to any shift of this function outside the Police Department. City staff hope to continue to engage with SEIU to understand the concerns raised by the Union and parking enforcement staff.

cc: Paul Buddenhagen, Deputy City Manager
David White, Deputy City Manager
Jenny Wong, City Auditor
Farimah Brown, City Attorney
Mark Numainville, City Clerk
David Brannigan, Fire Chief
Lisa Warhuus, Director of Health, Housing & Community Services
LaTanya Bellow, Director of Human Resources
Jen Louis, Interim Chief of Police
Liam Garland, Public Works Director
Matthai Chakko, Assistant to the City Manager



**Reimagining Public Safety
City Council Update
October 26, 2021**

Background (*reference only*)

- On July 14, 2020, City Council adopted an omnibus package to re-imagine public safety and policing in the City of Berkeley.
- The omnibus package consisted of numerous elements including, but not limited to the following:
 - Having the City Auditor perform an analysis of City's emergency 9-1-1 calls-for-service and responses, as well as analysis of the Berkeley Police Department's (BPD) budget.
 - Analyzing and developing a pilot program to re-assign non-criminal police service calls to a Specialized Care Unit.
 - Creating plans and protocols for calls for service to be routed and assigned to alternative preferred responding entities and consider placing dispatch in the Fire Department or elsewhere outside the Police Department.
 - Analyzing litigation outcomes and exposure for city departments in order to guide the creation of City policy to reduce the impact of settlements on the General Fund.
 - Engaging a qualified firm(s) or individual(s) to lead a robust, inclusive, and transparent community engagement process with the goal of achieving a new and transformative model of positive, equitable and community-centered safety for Berkeley.
 - Pursuing the creation of a Berkeley Department of Transportation ("BerkDoT") to ensure a racial justice lens in traffic enforcement and the development of transportation policy, programs and infrastructure, and identify and implement approaches to reduce and/or eliminate the practice of pretextual stops based on minor traffic violations

- Subsequent to the adoption of the omnibus package, the City established a multi-department working groups to oversee and implement various components of the package. The working group consists of the following:
 - City Manager;
 - Deputy City Managers;
 - City Attorney;
 - Fire Chief;
 - Health, Housing and Community Services (HHCS) Director;
 - Human Resources Director;
 - Police Chief; and
 - Public Works Director.

Weekly coordinating meetings have been established, as well as an organizational structure that will enable city staff to advance the various referrals in the omnibus package at the same time.

- Our work to advance the omnibus package has been organized in the following manner:
 - HHCS Director, Lisa Warhuus, is leading the work to develop a Specialized Care Unit pilot program.
 - Fire Chief, Abe Roman, is leading the work to develop a plan for priority dispatching.
 - City Attorney, Farimah Brown, is managing the analysis of litigation claims and settlements.
 - The Public Safety / Police Re-Imagining and community engagement process is now being led by Interim Deputy City Manager LaTanya Bellow. Interim Deputy City Manager Bellow will also be supporting the City Manager by providing overall project management support to the team.
 - BerkDoT will be led by our Public Works Director, Liam Garland.

Current Updates (for the October 26, 2021 City Council Meeting)

The following provides a brief overview of what has been accomplished since the last update to City Council on August 24, 2021.

- Priority Dispatching
 - On October 26, 2021, the City Council authorized the City Manager to enter into a contract with Federal Engineering Inc. to provide consulting services to analyze staffing, infrastructure and technology needs for Berkeley's 911 Communication Center as well as recommend a project plan to help the City implement an accredited prioritized medical dispatch system.
 - Staff is working to develop the scope of work, timing, and deliverables and expect to have the contract executed in November 2021.
- Specialized Care Unit (SCU)
 - Resource Development Associates (RDA) has completed the first of three reports on Crisis Response Models in which they share information, learnings, and best practices among nearly 40 crisis response programs across North America.
 - RDA is finalizing their 2nd report on the community engagement process outcomes this week and 3rd and final report which is recommendations for an SCU for Berkeley by the first week in November. Both of these reports involved analysis of a large volume of materials and so were slightly delayed.
 - Once RDAs reports are complete and made publicly available, the SCU steering committee will work to finalize the planning, protocols, and timelines for roll out of the SCU.
 - The SCU steering committee also worked diligently over the summer on program design for the 1.2 million dollars that City Council allocated to enhance supportive services on the ground while the SCU is being designed. Steering committee members met with a variety of community-based organizations and community groups that currently provide extensive outreach and field services (such as street medicine, emotional support, peer support, and substance use) to understand the needs they are seeing in the community and to assess community capacity for being able to expand their services. This information was then utilized to conduct a Request for Proposals process to expand these services among a variety of agencies. The RFP has closed and proposals are currently being reviewed by a subcommittee of the steering committee.

Public safety and Police Re-imagining Community Engagement

- (Background) On December 15, 2020, the City Council authorized the City Manager to enter into a contract with the [National Institute of Criminal Justice Reform](#) (NICJR) to conduct research, analysis, and use its expertise to develop reports and recommendations for community safety and police reform as well as plan, develop, and lead an inclusive and transparent community engagement process to help the City achieve a new and transformative model of positive, equitable and community-centered safety for Berkeley.
- City staff from the City Manager’s Office continue to meet with NICJR to discuss project deliverables under their Scope of Work, prepare for Task Force meetings, review timelines and coordinate their work with other initiatives that are ongoing in the City surrounding reimagining public safety.
- At the September 30, 2021 Task Force meeting, NICJR presented an alternative responses Tiered Dispatch model which includes, the Community Emergency Response Network (CERN). The CERN model involves a framework with the potential to re-assign certain calls for service to alternate service providers and/or community-based organizations. In response to the [Alternative Responses Report](#)¹ discussion on July 29, 2021, the Task Force put forth feedback and comments to NICJR on the proposed CERN model.

A number of things are on the horizon:

- NICJR will present a draft of the final report to the City on October 29, 2021.
- Also, planned is a series of Community Town Hall meetings to further promote deep community engagement and input into final recommendations. NICJR is coordinating with their team to facilitate sessions throughout the community. The following dates are scheduled:
 - District 1, 2,- November 10th 6:00-8:00 pm PST – virtual platform
 - Downtown Civic District, South Berkeley-District 3,4,-November 15th 6:00-8:00 pm PST – virtual platform
 - November 23rd 6:00-8:00 pm PST –In person- TBD
UC Campus, Southeast Berkeley District 5,6,7,8- November 30th 6:00-8:00 pm PST – virtual platform

¹ https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/07-27-21%20Combined%20Alternative%20Responses%20Report%20Draft%20with%20Appendices.pdf

- [Reimagining Public Safety Task Force \(Task Force\)²](#)
 - (Enabling legislation for background only) On January 19, 2021, the City Council adopted [revisions to the enabling legislation for the Reimagining Public Safety Task Force³](#)
 - Since the last update provided to City Council, the Task Force has met on numerous occasions (July 29, September 9, 2021, September 30, 2021, October 14), with each meeting lasting around four (4) hours. The next meeting is scheduled for this Wednesday, October 27, 2021 at 5pm.

Some highlights from recent Task Force meetings include:

- On July 29, 2021, NICJR submitted their final report on [Community Engagement⁴](#).
- Dr. Lisa Warhuus and Staff presented an overview of Berkeley's Mobile Crisis Team discussing operations, staffing levels and coordination.
- The Task Force extended invitations to several community-based organizations to speak about matters related to public safety and policing.
- Finally, at the upcoming meeting, the Task Force will discuss a process for submitting its final recommendations on reimagining public safety.

As a reminder, the minutes and full video of Task Force meetings are posted on the Reimagining Public Safety Task Force website and all of the materials presented to the Task Force are also available on the Task Force website.

- Community Survey / Engagement
 - On May 19, 2021, reflecting input from the Task Force and city staff, a survey was made available to the community. The survey was available in English and Spanish and was designed to solicit input to help the City design a new model of community safety. The survey closed on June 22, 2021. The City received 2,744 responses to the survey.

² <https://www.cityofberkeley.info/RIPST.aspx>

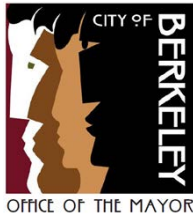
³ https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/2021-01-19%20Item%2018%20Revisions%20to%20Enabling%20Legislation%20for%20Reimagining.pdf

⁴ https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/CE-presentation-Final.pdf

- In addition to the community survey, NICJR compiled the results of twelve listening sessions that have occurred over the past few months. These listening sessions have been facilitated by NICJR and their consultant team, along with Task Force members. The overview and summary of results has been posted on the Task Force website².
 - Finally, at the October 14 Task Force meeting, NICJR discussed a potential schedule for Community Townhalls. NICJR is coordinating with their team and the Task Force to support outreach to the community.
- BerkDoT
- Following the May 19, 2021 presentation to the Task Force, the public engagement process for BerkDOT continues and is being advised by the Transportation Commission's subcommittee dedicated to this issue. A recent citywide survey included a randomized sampling of 550 residents and additional sampling of black and Latinx Berkeleyans to ensure responses within each demographic group are sufficient to reports survey results with a margin of error less than 10% in those groups. To supplement with input from groups likely to be left out by such a survey, listening sessions are being held for people of color who work (but don't live) in Berkeley, are high school or college students, or parts of minority religious communities. The survey and listening sessions will conclude at the of October after which staff will incorporate this input into preliminary recommendations.

APPENDIX C

May 5, 2022 | Phased Approach and Priority Items for Reimagining Public Safety

ACTION CALENDAR

May 5, 2022

To: Honorable Members of the City Council
 From: Mayor Jesse Arreguín, Vice-Mayor Kate Harrison, and Councilmembers Ben Bartlett and Sophie Hahn
 Subject: Fulfilling the Promise of Berkeley's Reimagining Public Safety Initiative: Recommendations for a Comprehensive, Phased Approach

RECOMMENDATION

To continue the study and implementation of a comprehensive, new approach to public safety and policing in Berkeley, responsive to the City Council's unanimous July 14, 2020 direction for **a transformative approach to community-centered safety with equitable investment in the essential conditions of a safe and healthy community:**

1. Refer up to \$5.3 Million to the FY 2023-2024 Budget Process for staff and/or consulting services and community investments to complete the **Priority Reimagining Public Safety Initiatives** listed in Attachment 1, Section A.
2. Direct the City Manager to prioritize over the next two years the programmatic recommendations for Phase 1 of **Reimagining Implementation** listed in Attachment 1, Section B.
3. Direct the City Manager to initiate a design process for an **innovative and comprehensive public safety agency or Department of Community Safety** within the City of Berkeley administration, as outlined in Attachment 1, Section C, and return with recommendations to the City Council by May 2024 to align with the FY 25-26 Biennial Budget process.
4. Except where resources may allow for expedited implementation, refer additional reforms to the FY 2025-2026 Biennial Budget as outlined in Attachment 1, Section D.

BACKGROUND**2020 Omnibus Motion**

On July 14, 2020, after hearing from over 130 speakers and receiving hundreds of written comments, the City Council adopted an omnibus motion combining elements from a variety of Council proposals to reimagine community safety in Berkeley. This action came two months after the murder of George Floyd by Minneapolis Police, and in response to a growing movement for reform of traditional public safety models. On June 6, 2020, over 7,000 Berkeley residents marched in the streets to call for transformative change in law enforcement not just nationally, but also here in Berkeley.

Berkeley, like many cities throughout the United States, is not immune from the stain of systemic racism, including state-sponsored actions such as violence against people of color, redlining and discriminatory housing practices. Gaping racial inequities persist with respect to housing affordability and ownership, income, health status, academic achievement, homelessness, and experiences with the criminal justice system, among others. At the same time, due to the lack of government programs to support wealth building and rising housing costs and gentrification, the size of the Black community in Berkeley has decreased from approximately 20% in 1970 to [8%, according to the 2020 census](#). If Berkeley is to realize its aspiration of becoming a truly progressive, equitable community, we must be willing to examine and transform all systems and institutions, including those related to housing, health, education, employment, environmental justice, criminal justice, and law enforcement.

The July 14, 2020 omnibus motion committed Berkeley to:

- i. **A transformative approach to community-centered safety and reducing the scope of policing**, by re-defining our understanding of safety to be holistic and focus not just on crime prevention but health, wellness, and economic security for *all* of our residents. While the focus has been on reducing the footprint of policing, we recognize that police play a critical role in our society, and we must determine the right size, focus and function of our Police Department to prevent and respond to crime, while exploring alternative response models and upstream investments in social services to create a healthy, safe and equitable community.
- ii. **Equitable investment in the essential conditions of a safe and healthy community**, especially for those who have been historically marginalized and have experienced disinvestment, and
- iii. **A broad, inclusive community process** that will result in deep and lasting change to support safety and wellbeing for all Berkeley residents.
- iv. **Reimagining health and safety**, considering allocating resources towards a more holistic approach - one that shifts resources away from policing towards health, education and social services, and is able to meet crises with a variety of appropriate responses.
- v. **Providing meaningful safety, continuing critical health and social services, and committing to, and investing in, a new, positive, equitable and community-centered approach to health and safety that is affordable and sustainable.**
- vi. **Determining the appropriate response to community calls** for help including size, scope of operation and powers and duties of a well-trained police department.
- vii. **Identifying alternatives to policing and enforcement to reduce conflict, harm, and institutionalization**, introduce alternative and restorative justice models, and reduce or eliminate use of fines and incarceration.

In addition to these original goals, we are committed to:

- viii. **Supporting police by freeing them to focus on what they do best: respond to and investigate serious crimes**
- ix. **Ensuring an appropriately staffed and deployed Police Department while reducing the impact of Police expenditures to the General Fund;** Investing in a suite of alternative response services and a sophisticated dispatch system to deploy the most appropriate emergency response in a cost-effective manner.

These initial proposals for a comprehensive, phased approach to fulfilling Council's omnibus recommendations are designed to actualize Council's stated values and goals.

RATIONALE FOR RECOMMENDATIONS

For too long “public safety” has been equated with policing alone, while police have become tasked by default with the impossible job of managing the impact of decades of disinvestment in mental health, education, housing, and other social safety nets. While efforts to address systemic racism and reform the criminal justice system long pre-dated the murder of George Floyd in May of 2020, his murder by the Minneapolis Police challenged communities across the country to reimagine and redefine public safety. In the two years since his tragic death, the Berkeley City Council, city staff, community members and consultants have worked collaboratively to advance recommendations on new programs, policies, and initiatives to reimagine public safety in Berkeley. Some of these recommendations are ready for implementation, while others need further analysis and development, but **collectively these actions represent the building blocks of a new paradigm for public safety in Berkeley.**

This transformative approach requires balancing our resources to simultaneously build a new system while continuing to provide essential public safety services to the community. Thus, as we develop alternative capabilities, our police will continue to receive necessary resources. Start-up costs for new programs and services require investments that may be supported by government and philanthropic grants; there is a great deal of interest among funders in meaningful work to expand and reform models for public safety. Short-term salary savings and other one-time monies available within the City budget may also be invested in the development of Berkeley's transformative work to reimagine and re-deploy our resources to achieve greater public safety and equity across the community.

These recommendations continue Berkeley's thoughtful, measured approach to restructuring and redefining health and safety through identifying and building the right response to each safety related call or crisis, and upstream investments to address social determinants. Through immediate, intermediate, and longer-term steps these recommendations, drawn from the National Institute of Criminal Justice Reform, the Reimagining Public Safety Task Force, and the City Manager's Reimagining Public Safety report, continue Berkeley's efforts to restructure and redefine “health and safety” for all Berkeleyans, and to transform the city to an equitable and holistic model that delivers greater response capabilities to all residents.

1. **Refer up to \$5.3 Million in staffing, consulting costs and community investments to the 2023-24 Budget Process as Priority Reimagining Public Safety Initiatives**

These budget referrals are broken down by staff and consultant costs. Budgets are taken from the City Manager's proposals unless another source is noted.

City Staff Costs

Amount	Purpose	Rationale
\$315,000	Assistant City Manager to lead Office of Equity and Diversity	<p>Recommendation supported by City Manager, Task Force and City Council.</p> <p>The development of the Office Equity and Diversity should consider the recommendations from the Reimagining Task Force. Particular attention from the Office of Equity should be paid to language access, which has been identified repeatedly as a barrier to trust and the provision of services delivered by the City across departments.</p>
\$315,000	Assistant City Manager to serve as Reimagining Project Coordinator	The responsibilities of project management have fallen under the already heavy burden of the existing Deputy City Manager, with part-time support from a Management Analyst. To effectively coordinate the ongoing work, a full-time senior level staff person in the City Manager's Office is required as they will be coordinating a multi-departmental, citywide response.
\$100,000	Fair and Impartial Policing (FIP) Training	Recommendation to implement and prioritize FIP has been supported by City Manager, City Council and Task Force
\$100,000	Grant Writing Services	Recommended by City Manager to apply for and seek grant funds to support Reimagining efforts
Up to \$1.5 Million	1 Supervisor - CSO Unit; Up to 9 Community Services Officers	Launch a pilot Community Services Officer unit using Police salary savings. Positions would be project based for two-years. Evaluate pilot after two-year period to align with the FY 25-26 Budget

		Process and determine the appropriate location of the CSO unit within a new Public Safety Department and the role for other non-sworn responders.
\$175,000	Vision Zero Staff Position	Approve a new Vision Zero staff position in Public Works' Division of Transportation to conduct collision analysis. This will promote the City's Vision Zero approach by boosting the City's capacity to analyze collision data collected by the Police Department, and, with Police input, propose

Consultant Costs

Amount	Purpose	Rationale
\$300,000	Continue BerkDOT process to plan for a civilian traffic enforcement unit. Process would inform the content of any needed state law changes and also work to develop functions that could be carried out by civilians absent such changes (e.g., collision analysis, civilianization of non-moving violations)	Recommendation supported by the City Manager and Task Force. Explore as part of the continued BerkDOT analysis/implementation the potential for unarmed traffic officers in the Police Department. If state law is not amended this may be a potential path for unarmed traffic enforcement.
\$70,000	Analysis of BPD Staffing and Beat Structure (<i>See details in Attachment 1 section A</i>)	Recommended by City Manager and supported by City Council
Approximately \$250,000	Support an organizational design process to create an umbrella agency or Department of Community Safety	See below, rationale part 3
\$150,000	Review Municipal Code for proposed changes to increase equity and racial justice in City's transportation fines and fees, and explore the civilianization of enforcement of various	Recommendation is supported by the City Manager and Task Force

	Municipal Code violations	
\$200,000	Consulting costs requested by City Manager to support continued analysis of prioritized dispatch and development of an implementation plan	Recommendation is supported by the City Manager. Developing a new model for dispatch was identified as critical by both SCU Steering Committee and Task Force

Community Investments

Opportunities for community reinvestment, as envisioned in the City Council's omnibus proposal.

Category	Budget	Purpose	Rationale	Status
Violence Prevention and Youth Services	\$50,000	McGee Avenue Baptist Church - Voices Against Violence	Youth-led violence prevention program in South Berkeley. City has previously funded at \$50,000	Request funding in FY 23 and FY 24 Biennial Budget
	\$200,000	Berkeley Ceasefire	Consulting costs to develop a Gun Violence Intervention (GVI) program, commonly known as "Operation Ceasefire."	Funded in FY 22 AAO #1 (separately referred by CM Taplin - 11/9/21)
	\$160,000	Berkeley Youth Alternatives Counseling Center	\$125,000 to support for their counseling center which cannot meet the current demand for mental health services. \$35,000 for the Summer Jam Day Camp	FY 23 and FY 24
Alternatives to Sanctions/Fines	\$150,000	Expand Hearing Officer Capacity	Expand existing hearing officer	FY 23 and FY 24

			resources in CMO to provide alternative referrals to community service and social services for parking and other infractions	
	\$50,000	Expand Downtown Streets Team	Expand Downtown Streets Team as placement for low-level violations (e.g., vehicular camping/parking and sidewalk ordinance infractions)	FY 23 and FY 24. Measure P revenues.
Community Mental Health, Behavioral & Crisis Response	\$100,000	Behavioral Health, Crisis Response, and Crisis-related Services Needs and Capacity Assessments	Enhance creation and deployment of behavioral and crisis services and responses via SCU etc.	FY 23 (separately referred by VM Harrison)
	\$350,000	Youth Peers Mental Health response	BHS student-led plan for mental health services for youth	FY 23 and FY24 (separately referred by VM Harrison)
Respite from Gender Violence	Up to \$500,000	Increase the capacity of community based-orgs (see page 223 of NICJR Final Report Packet)	Recommended by Task Force: Provide services and housing leads for victims of Gender Violence Additionally, staff to work with county partners to clarify which services should be provided by county vs the city.	FY 23-24

Language Equity	\$15,000	Publish Victim Resources in Plain Language and Multiple Languages	Recommended by Task Force	FY 23-24
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2. Direct the City Manager to prioritize programmatic recommendations for Phase 1 of Reimagining Implementation during next 12-24 months (Attachment 1, Section B)

Recommendation	Rationale
Adopt the report, “City of Berkeley Specialized Care Unit Crisis Response Recommendations” by Resource Development Associates and implement the pilot Specialized Care Unit (SCU)	Recommendation supported by the City Manager, Task Force, City Council and Steering Committee
Continue development and implementation of prioritized dispatch, request staff return with a recommended plan	Recommendation supported by the City Manager, RDA report, SCU Steering Committee, and City Council
Develop an implementation plan to expand alternative response from civilian responders beyond the proposed pilot for SCU for other low-level calls that includes but is not limited to: Community Service Officers for only those calls that necessitate police, code enforcement, environmental health, fire inspectors or city-hired community mediators	<p>The Task Force, City Council and City Manager expressed interest in exploring alternative, civilian responders (as recommended by NICJR) but felt more work was needed before a pilot could be pursued. Questions around the appropriate level of authority, concerns around liability and further refinement of call types need to be addressed.</p> <p>This work could be led by the new reimagining project coordinator and/or be folded into the organizational design process for a new umbrella public safety department.</p> <p>The City Manager has proposed using Community Service Officers in the Police Department as one approach to alternative responders, which for certain functions have some value. But developing non-police alternatives is important for a variety of reasons, most critically enhanced public trust and confidence. Some people are uncomfortable calling the Police to ask for help but might if assured that a community responder will be available as appropriate. Second, while BPD is working</p>

	to hire diverse candidates, there is an opportunity to create a classification that appeals to people that would otherwise not choose to be a sworn responder. Third, having a variety of non-police alternatives which are skilled to respond to different types of calls (CSOs for police calls, code enforcement for noise complaints and other code violations, SCU for health and substance abuse) will ensure the appropriate response to various non-violent calls for service and better improve service delivery and outcomes.
Transition collision analysis and crossing guards from BPD to Public Works until a Department of Transportation is developed.	Recommendation supported by City Manager and Task Force.
Continue consolidating transportation functions as recommended by staff	Recommendation supported by City Manager and Task Force
Complete the implementation of Fair and Impartial Policing Recommendations	Recommendation supported by City Manager and Task Force
Complete Auditor Recommendations on overtime and calls for service	Recommendation supported by City Manager, Task Force, and City Council
Fully implement the Ceasefire violence intervention program	Recommendation supported by City Manager, Task Force, and City Council
Collect data on service gaps in crisis stabilization and analyze creation of a new crisis stabilization center	Recommendation is supported by Task Force. This recommendation refers to the work of the Homeless Commission and the companion report from City Staff to expand access to crisis stabilization and/or respite centers. ¹

¹https://www.cityofberkeley.info/Clerk/City_Council/2022/04_Apr/Documents/2022-04-26_Item_38b_Companion_Report_Development_of_Crisis_Stabilization_Program.aspx

<p>and/or expanded access to existing centers so that people in crisis have a safe and supportive alternative to jail or emergency rooms.</p>	
<p>Implement recommendations from the Reimagining Task Force relating to Gender Violence, LGBTQIA . (Attachment X)</p>	<p>Recommendations supported by Task Force. BPD has already begun the work of expanding collaboration with organizations.</p> <p>The gender-based subcommittee spearheaded their own outreach to service providers and subject matters to develop a set of actionable recommendations to increase resources for victims, provide training to faith-based leaders, coordinate and expand prevention education work as well as many ideas to improve police responses.</p>

3. Direct the City Manager to initiate a design process for an innovative and comprehensive public safety agency or Department of Community Safety within the City of Berkeley administration (Attachment 1, Section C)

This recommendation initiates a design process to develop the right organizational model that reflects Berkeley’s new and holistic approach to public safety.

To date, the process of reimagining and the emerging services and programs have been managed on a department-by-department basis. Health, Housing and Community Services (HHCS) manages the SCU process, the Fire Department manages the priority dispatch process, Public Works leads the BerkDOT work, and the Police Department has been engaged with the Reimagining Task Force and NICJR process and is focused on implementing recommendations by the City Auditor and the Fair and Impartial Working Group. In the short-term, additional project management to coordinate the next phase of these efforts can be supported by a new project coordinator, as requested by the City Manager. However, in the long-term the city should explore an organizational approach to synthesize these efforts. **If the City is to truly re-imagine public safety, it needs a structure for how this new approach will fit within the city organization and work collaboratively to deliver comprehensive public safety services.**

Nowhere is the need clearer to reorganize our approach than our dispatch system. Dispatch is the nervous system of our city’s response network. The system is key to ensuring that low level incidents are handled efficiently and effectively to provide the most appropriate response in

each situation and preserve and prioritize core resources for serious emergencies and critical incidents. Historically, this function has been served by BPD prioritizing calls requiring BPD support. As part of the reimagining process, the Council authorized the City Manager to contract with Federal Engineering to conduct an analysis of the staffing, infrastructure, and technology needs of the Berkeley 9-1-1 Communication Center and create a project plan to implement an accredited emergency medical dispatch system based on industry standards. The adoption of a new model would allow the Fire Department to triage calls for service more efficiently and reduce response times.²

In anticipation of the Specialized Care Unit pilot, which will require further nuance and expertise to ensure the right resources are dispatched for each call, this scope of work was expanded to include an analysis of adding behavioral health dispatch capabilities to the Communications Center. Resource Development Associates supported this approach in their recommendation and noted in their system recommendations that moving dispatch outside the Police Department could better align several of the reimagining initiatives:

*“The 911 Communications Center is currently operated by the Berkeley Police Department. This structure affects how Dispatch is funded and who makes decisions. As the role of Dispatch is broadened to coordinate a greater variety of responses to emergencies, there may be advantages to moving Dispatch outside of the Berkeley Police Department, such as improved communication and coordination across relevant agencies. For instance, it has been expressed that Dispatch call takers are currently more comfortable deploying the police than other crisis responders given their long tenure and rapport with police officers, so call takers’ ability to establish rapport with the SCU team is needed for them to be comfortable deploying the SCU. **Structural changes like this may also align to several of the Reimagining Public Safety initiative’s aims.**”³*

While we have a lot to learn through pilots, preliminary analysis through the reimagining process indicates that Berkeley can be more effectively and efficiently served through a broader array of public safety responders. According to City Auditor and NICJR analyses, 81% of calls to the police are for non-criminal incidents, and police spend 53% of their time responding to these calls.⁴ By implementing an SCU in phase two of this process, and introducing additional civilian responders in phase three, calls for service could be spread much more evenly across police, fire, and civilian responders. However, finding the appropriate balance and resourcing of these

² City Manager Response to the Reimagining Public Safety Task Force and National Institute for Criminal Justice Reform Recommendations, https://www.cityofberkeley.info/Clerk/City_Council/2022/04_Apr/Documents/2022-04-21_Special_Item_01_City_Manager_Presentation_Part2_pdf.aspx

³ Specialized Care Unit Crisis Response Recommendations, Resource Development Associates, 61, https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/Berkeley-MH-SCU_Final_Recommendations_FINAL.pdf

⁴ National Institute for Criminal Justice Reform, Calls for Service Analysis, https://berkeley-rps.org/wp-content/uploads/2022/03/BerkeleyCalls_Report_021722.pdf

new approaches will take time and patience. A new umbrella agency can ensure that this iterative approach is well-coordinated and that new civilian responses are prioritized equally to police and fire. Moreover, it can ensure better communication and coordination between different public safety responders (sworn and un-sworn) and flexible deployment of all these resources to address community needs.

Other Cities Are Pursuing Similar Approaches

Example 1: Albuquerque, New Mexico Department of Community Safety

As noted in NICJR's *New and Emerging Models Report*, Berkeley would not be alone or the first in taking this approach.⁵ Albuquerque, New Mexico created a new cabinet level Department of Community Safety that operates independently from and in collaboration with Albuquerque Police and Fire, with four strategic goals:

Respond: Increase public safety by providing a holistic and trauma-informed response to calls for service.

Build: Establish a sustainable and long-term presence that is woven into the community and the public safety ecosystem.

Engage: Activate community partnerships and strengthen community engagement by enhancing relationships, trust, information sharing, and capacity building between the community and ACS.

Influence: Leverage ACS's position and knowledge to influence and inform the ongoing evolution of the larger (e.g., county, state, national) system of care.

In December 2021, Albuquerque published a complete organizational plan that defines the department and its role, responses, training, and goals.⁶

⁵ National Institute for Criminal Justice Reform, *New and Emerging Models*, https://berkeley-rps.org/wp-content/uploads/2022/03/NewAndEmergingModels_Report_021722.pdf

⁶ Albuquerque Community Safety Department FY2022 Organizational Plan, <https://www.cabq.gov/acs/documents/acs-organizational-plan-20211207.pdf>

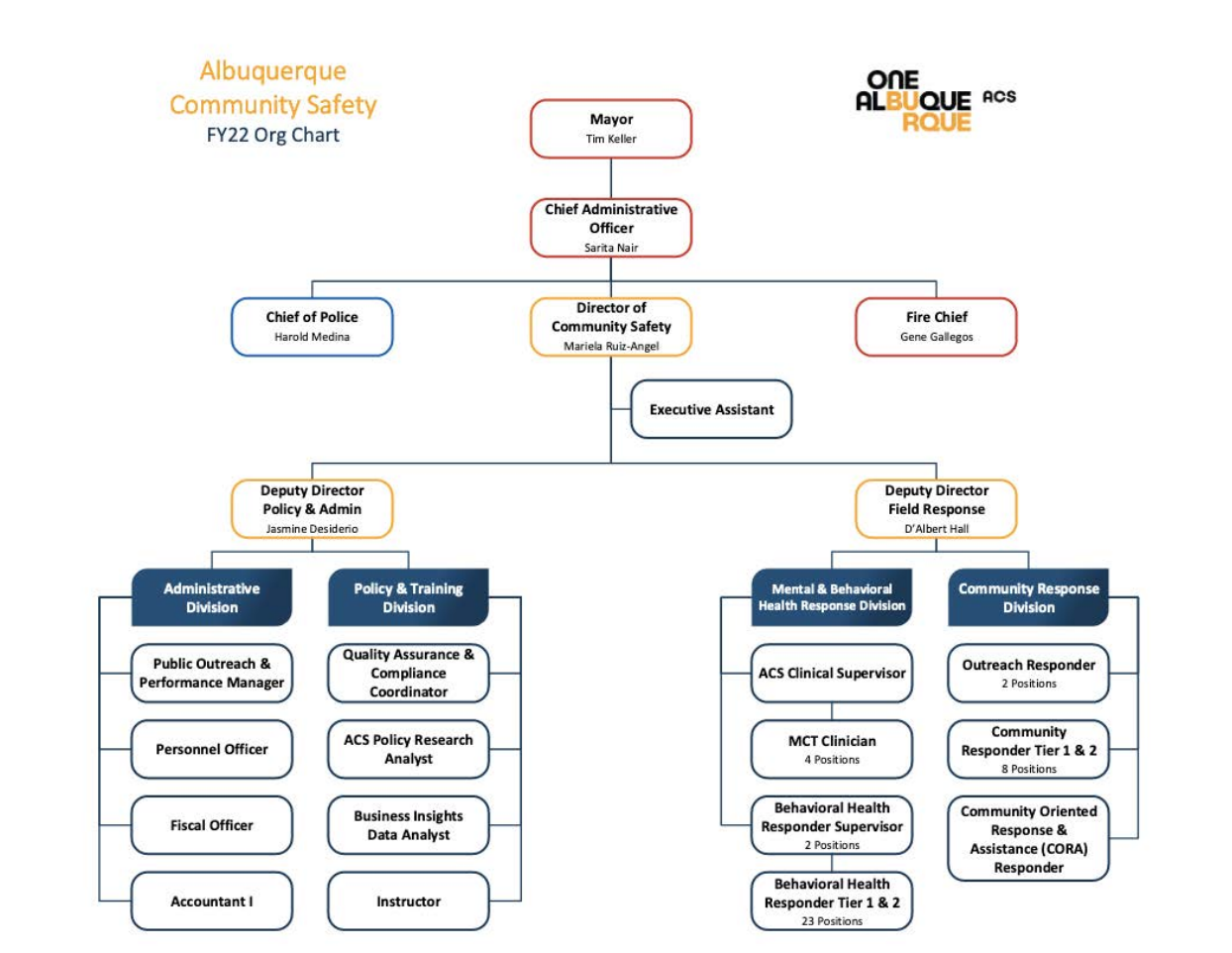


Figure 1: Albuquerque Community Safety FY22 Org Chart

Example 2: Ithaca, New York

Ithaca, New York has also recently released an implementation plan to create a new Department of Community Safety. The Ithaca model consists of a division of police and a division of community solutions, staffed by community responders, with co-equal chiefs that will respond to a civilian director of community safety. A working group of civilians appointed by the Mayor collaborated with city and county staff to provide recommendations including: the assignment of call types, restructuring police staffing and beat design, and defining key responsibilities, training, research and data needs, and equipment and technology requirements.⁷

Goals for Design Process

The primary goal of this process is to develop a long-term organizational structure that will support Berkeley’s vision for community safety. Rather than providing prescriptive direction on

⁷ Implementing the City of Ithaca’s New Public Safety Agency https://www.cityofithaca.org/DocumentCenter/View/13725/WG_IthacaReport_Final

the exact changes to make, this process will define what the right structure looks like for Berkeley. This recommendation does not suggest any changes to the structure of the Police or Fire Departments except for those that are already underway and in alignment with the City's reimagining efforts.

The design process should place a few key principles at the core of its exploration, while also seeking to answer several questions. As part of the design process, the City Manager is recommended to convene an external Steering Committee made up of representatives of affected labor groups, City Commissioners, and community stakeholders.

Key principles to guide the organizational design plan include:

- Police, Fire, and any additional civilian responders should report to a civilian Director or Deputy City Manager of Community Safety, who is responsible for implementing a holistic approach to public safety.
- Dispatch should serve all branches of responders equally and report directly to the Department Director or Deputy City Manager.
- The department should integrate new response models and community services including the SCU, additional community service responders as defined during the development of an implementation plan, and a Mobile Integrated Paramedic unit (MIP).

The organizational plan should explore and include the following considerations, among others:

- A name and structure that matches Berkeley's vision for a community-centered and holistic approach to public safety and prioritizes civilian responders and community investments as key functions of community health and safety along with Police and Fire.
- The best organizational fit for a Specialized Care Unit and other civilian responders that will respond to non-violent calls for service:
 - Review and incorporate ideas from emerging models like Albuquerque, NM and Ithaca, NY
 - Explore whether Berkeley should develop a new division for community response similar to Albuquerque or Ithaca
- Assess the appropriate uniforms, technology and tools for any new division or classifications of civilian responders
- Define the appropriate connections and/or roles for the Mobile Crisis Team, a potential crisis stabilization center, and other services that currently operate under mental health but might frequently work in coordination with other community safety services.
- Consider the role and relationship of a Department of Transportation (BerkDOT) and potential civilian traffic enforcement in relation to a new Public Safety Department. Explore as part of the continued BerkDOT analysis/implementation the potential for unarmed traffic officers in the Police Department. If state law is not amended this may be a potential path for unarmed traffic enforcement.
- Define the appropriate connections and/or roles of the Homeless Response Team and community service providers including housing navigators, homeless outreach staff, and street medicine teams in responding to Police and 311 calls related to street homelessness.
- Analyze calls for service and determine which calls could be handled by Police and by civilian responders
- Evaluate how a new comprehensive dispatch system can better screen and route calls

- to a variety of public safety responders
 - Determine how and under what circumstances a co-response is warranted to police calls for service and determine how civilian responders will communicate and coordinate with Police in responding to lower-level calls.
- 4. Refer for consideration in the FY 2025-2026 budget cycle - Creation of a permanent Specialized Care Unit, expanding crisis stabilization services, introducing additional civilian responders, fully implementing BerkDOT, implementing a Universal Basic Income Pilot and expanded job programs. Consider expedited implementation as appropriate if staff capacity and city resources allow. (Attachment 1, Section D)**

These recommendations express a commitment to fulfilling a more transformative vision for community safety over time. Programs like a universal basic income (UBI), or expanded job opportunities were consistently supported throughout the reimagining process. At the same time, the realities of staff capacity and city resources necessitate the prioritization of the reimagining work. This phased approach is consistent with the original intent of the July 2020 Item, Transform Community Safety, which envisioned implementing new programs, structures and initiatives over several budget cycles.⁸

This referral expresses that, by 2024, it is the City's goal to be prepared to make the following decisions and investments:

1. Expand Specialized Care Unit pending positive pilot results and;
 - a. Conduct an evaluation of the training curriculum and review best practices from other similar emerging models (see Training and Community Institute Task Force Recommendation for inspiration)
 - b. Expand the community responder model to tackle a larger range of low-level calls for service based on implementation plan developed by staff.
2. Revise the BPD Budget and Staffing Structure to reflect results of staffing and beat analysis, and the development of alternative responders
3. Invest in a new Department of Transportation and have clarity on a vision and legal path to civilianized traffic enforcement
4. Invest in a new umbrella city organization for public safety
5. Launch a Universal Basic Income Pilot
 - a. The Mayor as a member of Mayors for Guaranteed income will pursue state grants and philanthropic opportunities to initiate a pilot prior to this budget cycle
6. Continue expanding opportunities for alternatives to fines
7. Consider an Expanded Jobs Program
8. Evaluate BPD Training needs and make changes where needed

⁸ July 14, 2020, Transform Community Safety, https://www.cityofberkeley.info/Clerk/City_Council/2020/07_Jul/Documents/2020-07-14_Item_18d_Transform_Community_Safety_pdf.aspx

FINANCIAL IMPLICATIONS

Up to \$1,575,000 in community investments, \$1,200,000 in consulting costs and \$2,405,000 in staffing costs as identified in the tables in section 1.

REVIEW OF EXISTING PLANS, PROGRAMS, POLICIES AND LAWS

This effort is in support of the following strategic plan goals:

- Champion and demonstrate social and racial equity
- Create a resilient, safe, connected, and prepared City
- Create affordable housing and housing support services for our most vulnerable community members
- Provide an efficient and financially healthy City government
- Be a customer-focused organization that provides excellent, timely, easily-accessible service and information to the community

ENVIRONMENTAL SUSTAINABILITY

No identifiable environmental impacts

CONTACT PERSON

Jesse Arreguín, Mayor, (510) 981-7100

Attachments:

1. Summary of Recommendations
2. Consolidated Spreadsheet of Task Force, NICJR Recommendations
3. Albuquerque Community Safety Department Organizational Plan
4. Ithaca, New York plan for a Department of Community Safety

ATTACHMENT 1**Section A: Priority Reimagining Public Safety Initiatives**

- Staff costs
 - \$315,000 to support a staff position of Assistant City Manager to serve as the Reimagining Project Coordinator
 - \$315,000 to support a staff position of Assistant City Manager to lead the Office of Equity
 - Additionally, the development of the Office Equity and Diversity should consider the recommendations from the Reimagining Task Force. Particular attention from the Office of Equity should be paid to language access, which has been identified repeatedly as a barrier to trust and the provision of services delivered by the City across departments.
 - \$100,000 to support training in implementing fair and impartial policing recommendations
 - \$100,000 for Grant Writing Services recommended by the City Manager to apply for and seek grant funds to support reimagining efforts
 - Up to \$1.5 Million Launch a pilot Community Services Officer unit using Police salary savings.
 - Positions would be project based for two-years. Evaluate pilot after two-year period to align with the FY 25-26 Budget Process and determine the appropriate location of the CSO unit within a new Public Safety Department and the role for other non-sworn responders
 - \$175,000 for a Vision Zero Coordinator

- Consultant Costs:
 - \$300,000 to the Budget Process to fund the BerkDOT process that in addition to furthering the organizational development:
 - Develop a vision for unarmed traffic enforcement and a new paradigm for supporting traffic safety that aligns with vision-zero.
 - Evaluate paths to unarmed enforcement under both the scenario that state law changes to enable non-peace officer enforcement as well as the potential for a new designation of peace officers to enforce the California Vehicle Code.
 - \$70,000 for an analysis of BPD Staffing and beat structure. The scope of analysis should:
 - Build on the City Auditor's analysis and recommendations
 - Measure patrol workload – how much time patrol officers spend handling calls for service and how it might change with the implementation of the SCU and additional civilian responders to non-criminal calls.
 - Include availability analysis/measure capacity: Hours officers are on duty
 - Include proactive time analysis: Staff capacity to manage workload
 - Analyze alternative deployment configurations, including new shift schedules and allocations of personnel, as well as redesigning the patrol beat structure.

- Evaluate what police staffing would look like if all calls for service are rerouted from police except those involving crime and violence. Increase flexibility in deployment of beat officers to bike, pedestrian, or problem-oriented policing teams.
 - \$150,000 for City Attorney and City Manager to analyze the Berkeley Municipal Code to identify opportunities to civilianize enforcement.
 - Create a working group to further refine the call for service analysis and determine which calls could be appropriately handled by unsworn alternative responders built on the recommendations from the Reimagining Public Safety Task Force.
 - Identify aspects of the municipal code that require a police officer to enforce that could be safely handled by a civilian entity.
 - \$250,000 to support an organizational design process to create an umbrella Department of Community Safety as described in Section C.
 - \$200,000 for consulting costs requested by City Manager to support continued analysis of prioritized dispatch and development of an implementation plan
- Community Investments
 - Violence Prevention:
 - \$50,000 for McGee Avenue Baptist Church, Voices Against Violence
 - \$200,000 for Berkeley Ceasefire
 - \$160,000 for Berkeley Youth Alternatives: \$125,000 to support their counseling center and \$35,000 for the Summer Jam Day Camp
 - Alternatives to Sanctions/Fines
 - \$150,000 to expand hearing officer resources in the City Manager's Office to provide alternative referrals to community service and social services for parking and other infractions
 - \$50,000 to expand downtown streets team as placement for low-level violations (e.g. vehicular camping/parking and sidewalk ordinance infractions)
 - Community Mental Health, Behavioral and Crisis Response
 - \$100,000 for a Behavioral Health, Crisis Response, and Crisis-related Services Needs and Capacity Assessments
 - \$350,000 for Youth Peers Mental Health response as proposed by the Berkeley High School student-led plan for mental health services
 - Respite from Gender Violence
 - Up to \$500,000 to increase the capacity of community-based orgs. Provide services and housing leads for victims of Gender Violence (see Reimagining Task Force Report and page 223 of NICJR Final Report Packet for details)
 - Additionally, request staff to work with county partners to clarify which services should be provided by county vs the city.
 - Language Equity
 - \$15,000 to publish victim resources in plain language and in multiple languages. See Task Force gender violence report for details

Section B: Phase 1 of Reimagining Implementation (12 - 24 months)

- Adopt the report, “City of Berkeley Specialized Care Unit Crisis Response Recommendations by Resource Development Associates” and implement the pilot Specialized Care Unit (SCU)
- Continue development and implementation of prioritized dispatch, request staff return with a recommended plan.
- Develop an implementation plan to expand alternative response from civilian responders beyond the proposed pilot for SCU for other low-level calls that includes but is not limited to: Community Service Officers for only those calls that necessitate police, code enforcement, environmental health, fire inspectors or city-hired community mediators
- Transition collision analysis and crossing guards from BPD to Public Works until a Department of Transportation is developed.
- Continue consolidating transportation functions as recommended by staff
- Complete the implementation of Fair and Impartial Policing Recommendations
- Complete Auditor Recommendations on overtime and calls for service
- Fully implement the Ceasefire violence intervention program
- Collect data on service gaps in crisis stabilization and analyze creation of a new crisis stabilization center and/or expanded access to existing centers so that people in crisis have a safe and supportive alternative to jail or emergency rooms.
- Implement recommendations from the Reimagining Task Force relating to Gender Violence, LGBTQIA and PEERS as feasible. (Attachment 2)

Section C: Direct the City Manager to initiate a design process for an innovative and comprehensive public safety agency or Department of Community Safety within the City of Berkeley administration, as outlined in Attachment 1, Section C, and to return recommendations to the City Council by May 2024 to align with the FY 25-26 Biennial Budget process.

The design process should place a few key principles at the core of its exploration, while also seeking to answer several questions. As part of the design process, the City Manager is recommended to convene an external Steering Committee made up of representatives of affected labor groups, City Commissioners, and community stakeholders.

Key principles to guide the organizational design plan include:

- Police, Fire, and any additional civilian responders should report to a civilian Director or Deputy City Manager of Community Safety, who is responsible for implementing a holistic approach to public safety.
- Dispatch should serve all branches of responders equally and report directly to the Department Director or Deputy City Manager.
- The department should integrate new response models and community services including the SCU, additional community service responders as defined during the development of an implementation plan, and a Mobile Integrated Paramedic unit (MIP).

The organizational plan should explore and include the following considerations, among others:

- A name and structure that matches Berkeley’s vision for a community-centered and holistic approach to public safety and prioritizes civilian responders and community investments as key functions of community health and safety along with Police and Fire.
- The best organizational fit for a Specialized Care Unit and other civilian responders that will respond to non-violent calls for service:
 - Review and incorporate ideas from emerging models like Albuquerque, NM and Ithaca, NY
 - Explore whether Berkeley should develop a new division for community response similar to Albuquerque or Ithaca
- Assess the appropriate uniforms, technology and tools for any new division or classifications of civilian responders
- Define the appropriate connections and/or roles for the Mobile Crisis Team, a potential crisis stabilization center, and other services that currently operate under mental health but might frequently work in coordination with other community safety services.
- Consider the role and relationship of a Department of Transportation (BerkDOT) and potential civilian traffic enforcement in relation to a new Public Safety Department. Explore as part of the continued BerkDOT analysis/implementation the potential for unarmed traffic officers in the Police Department. If state law is not amended this may be a potential path for unarmed traffic enforcement.
- Define the appropriate connections and/or roles of the Homeless Response Team and community service providers including housing navigators, homeless outreach staff, and street medicine teams in responding to Police and 311 calls related to street homelessness.
- Analyze calls for service and determine which calls could be handled by Police and by civilian responders
- Evaluate how a new comprehensive dispatch system can better screen and route calls to a variety of public safety responders
- Determine how and under what circumstances a co-response is warranted to police calls for service and determine how civilian responders will communicate and coordinate with Police in responding to lower-level calls.

Section D: Except where resources may allow for expedited implementation, refer to the FY 2025-2026 Biennial Budget process the following proposals.

This referral expresses that, by 2024, it is the City’s goal to be prepared to make the following decisions and investments:

1. Create a permanent Specialized Care Unit pending positive pilot results and;
 - a. Conduct an evaluation of the training curriculum and review best practices from other similar emerging models (see Training and Community Institute Task Force Recommendation for inspiration)
 - b. Expand the community responder model to tackle a larger range of low-level calls for service based on implementation plan developed by staff.
2. Revise the BPD Budget and Staffing Structure to reflect results of staffing and beat analysis, and the development of alternative responders
3. Invest in a new Department of Transportation and have clarity on a vision and legal path to civilianized traffic enforcement
4. Invest in a new umbrella city organization for public safety
5. Launch a Universal Basic Income Pilot

- a. The Mayor as a member of Mayor's for Guaranteed income will pursue state grants and philanthropic opportunities to initiate a pilot prior to this budget cycle
6. Continue expanding opportunities for alternatives to fines
7. Consider an Expanded Jobs Program
8. Evaluate BPD Training needs and make changes where needed

NICJR Recommendation	NICJR Estimated Cost & Explanation	NICJR Identified Funding Source	NICJR Timeline	Vote by Task Force	Reason for vote	Proposed Narrative Summary for report
u						
1 Establish tiered dispatch/CERN model (p.14)	\$2,532,000, plus some costs associated with training for Dispatch	Current BPD Vacant Positions	Issue RFP 30 days after City Council approval, select vendors 90-120 days afterward, and begin pilot six months after City Council approval.	More analysis needed	<ol style="list-style-type: none"> Who determines, and at what point in time, which calls are handled by whom (e.g., by CERN, BPD, SCU)? What is the system (or multiple systems) for both receiving calls and routing the responses? How does one system (e.g., CERN) mix and match with other programs under discussion (e.g., SCU, BerkDOT)? Who will provide and staff these non-police responses (i.e., City staff or contractor, professional credentialed or community responders) and if contractors, under what color of authority will they provide City service? When will staffing, and at what staffing level, be available to change, if at all, the allocation of calls for service -- whatever the merits of replacing police, we cannot replace something with nothing? What system is in place should the nature of the call change (i.e., what is the back-up system in case seemingly benign calls turn violent and/or criminal)? Is BPD involved (e.g., as co-responder, as back-up, etc.) or are they required to be separate from these non-police responses? What liability issues do these new responses present to the City; (ix) what impact, if any, does reallocating some percentage of calls for service from police affect the minimum police patrol staffing necessary to perform their function of focusing on and responding to calls for service involving crimes and or violence? 	Overall, the Task Force supports the idea of a community-based response as an alternative to an armed response that would decrease the footprint of the police department. As presented, commissioners are concerned that the co-responder model proposal by NICJR would not decrease the footprint of the police and could have the consequence of having the community see CBOS as an extension of the police. In addition, commissioners need more clarity on how CERN would work with other new models like SCU, BerkDOT and dispatch.
2 Contracting with local CBOS for Tier 1 CERN response				More analysis needed	<ol style="list-style-type: none"> Which CBOS? (Where is the landscape analysis that was promised by NICJR?) Has the City dialogued with each CBO to confirm their interest in providing responders and their timeframe to make responders available, including hiring new staff? What will the pay structure to CBO responders be; does each CBO set their own rates, or will the City set rates? How will all responders be trained to achieve a systematic SCU non-police response for calls for service? 	The Task Force would need more analysis to understand the investment that it would take for the city to ask CBOS to take on this responsibility, including training, the infrastructure a CBO would need, and skills needed for the types of cases in the new model.
3 Evaluate CERN (p. 19-20)				(did not vote on this)		
4 Full implementation of Tiered Dispatch/CERN Pilot Program and reduction of BPD patrol division of 50%	\$7,596,000	Reduction of BPD Patrol Division by 50%	Two years after implementation of the pilot	More analysis needed		No analysis was provided by NICJR for how police department would be reduced by 50%, especially if NICJR recommends no officer layoffs, and reductions through attrition only. Is full implementation dependent on the department reducing by 50% and when would this occur?
5 Reduce BPD budget through attrition only and no layoffs (p. 20)				Reject		This recommendation is unresponsive to the goal of reducing the police department by up to 50% to make resources available for other programs.
6 End pretextual stops (p. 24)				Reject		The Task Force is fully in favor of the elimination of pretextual stops by BPD - this work is already well underway and thus does not constitute a useful recommendation. In 2020 the Mayor's Fair and Impartial Policing Working Group recommended that BPD focus on "the basis for traffic stops on safety and not just low-level offenses" and that they minimize or de-emphasize as a lowest priority stops for low-level offenses," and in February 2021, Council unanimously approved the Working Group's recommendations for adoption. Plans are currently underway for implementation, with quarterly updates being provided to the Police Accountability Board. (based on analysis from Liza Lutzker's report to RPSTF, linked to in the Improve & Reinvest Subcommittee's Feedback document posted January 6, 2022)
7 BerkDOT (p.25)				Accept with Conditions	<ol style="list-style-type: none"> This is in NICJR Report but is not mentioned in the Implementation Plan grid. This needs MUCH more analysis, much like Dispatch changes required by CERN implementation, which NICJR does not detail. 	While the Task Force is glad to see that NICJR sees the value in the creation of BerkDOT as a strategy to reduce the footprint of policing in Berkeley, the description provided for BerkDOT is inadequate with respect to the components of and motivation for BerkDOT (the NICJR report describes BerkDOT as a moving of traffic enforcement away from BPD). Because the BerkDOT creation process is moving forward separately, a complete description and analysis of BerkDOT are not necessary, but at a minimum, the NICJR recommendation ought to accurately describe what a proposed BerkDOT would consist of and provide the rationale for pursuing this approach beyond simply reducing the staffing and budget of BPD. Specifically, BerkDOT needs to be described as a consolidation of all transportation-related work being done by the City and would entail combining the current Public Works Department's above-ground street and sidewalk planning, maintenance, and engineering responsibilities with the current transportation-related BPD functions of parking enforcement, traffic law enforcement, school crossing guard management, and collision response, investigation, data collection, analysis, and reporting.
IMPROVE						
8 BPD Become A Highly Accountable Learning Organization (HALO) (p. 26)				Reject	<ol style="list-style-type: none"> Not credible that this change comes at "no additional cost" RPSTF focused on spending less on BPD, not more More training does not necessarily lead to changes in police culture This process is not about re-imagining police 	Overall, commissioners did not think there was enough information provided in the NICJR report that allowed an accurate assessment of the program and also disagreed with NICJR's indication that this recommendation would come at no cost. Some commissioners felt strongly that any programs that potentially increase funding to police should not be prioritized, and more training will likely not lead to changes in police culture or address the racial disparities that continue to persist in the city.

NICJR Recommendation	NICJR Estimated Cost & Explanation	NICJR Identified Funding Source	NICJR Timeline	Vote by Task Force	Reason for vote	Proposed Narrative Summary for report
9 BPD join ABLE program	Joining ABLE is free of cost	N/A	Within six months of approval from City Council	(Did not vote unless this is part of the HALO program)	1. HALO, EPIC and ABLE might be good programs, but what cost to join/enact? Recordkeeping alone would be a cost.	Same analysis as item 8
10 Expand EIS to assess all Use of Force	No additional costs	N/A	Within six months of approval from City Council	Reject	1. In general recommendations limited to police reform and requiring additional funding were not seen as ideas in the spirit of re-imagining public safety 2. Side question: Is Fair & Impartial's EIS measuring new best-practice gauge of proportionality? Not relying only on officer reporting & citizen complaints through PAB. Not being "de-fanged" by Union during implementation? See Univ of Chicago/Ron Huberman work: https://polsky.uchicago.edu/2021/06/08/benchmarking-police-performance-for-early-intervention-evidence-based-solutions/	The Task Force supports an EIS. However, this work is already well underway and thus does not constitute a useful recommendation. The EIS was recommended in 2020 by the Mayor's Fair and Impartial Policing Working Group and in February 2021, Council unanimously approved the Working Group's recommendations for adoption.
11 BPD Expand current Personnel and Training Bureau OR Create Quality Assurance and Training Bureau				Reject		Rejected, similar to the reason in item 8. The Task Force did not believe that additional investment in training would create the change needed to change police culture and the racial disparities that continue to persist in the city.
12 Transfer 5 officers and 2 civilian staff to new Quality Assurance and Training Bureau (p. 32)	No additional costs	N/A	Within six months of approval from City Council	Reject	Rejecting #12 above, so rejecting this related item, which is yet more additional training/QA cost.	
13 BPD provide semi-annual reports to public (p. 32)	internal re-organization can achieve this goal without additional costs	N/A	First Report should be issued by July 1, 2022	Accept with Conditions	1. Data should be available on a real-time basis, all the time. 2. Build a dashboard that is constantly updating.	Data should be provided to the community through a dashboard, in real-time. Reports can be helpful, and should be provided, in addition to real-time data.
14 Develop a Bay Area Progressive Police Academy (BAPPA) (p. 35)	An analysis of police academies throughout the Bay Area found that the cost per student range is roughly \$4,300 - \$4,600 per student, with a significant proportion of costs eligible for reimbursement through the Commission on Peace Officers Standards and Training (POST.) The development of the BAPPA would include certification through POST in order to satisfy State requirements. NICJR recommends that collaboration with Albany and potentially Oakland be explored.	Reduced BPD budget through eliminating patrol positions through attrition, revenue from partner law enforcement agencies	Launch two years after City Council approval	Reject	RPSTF is focused on reducing BPD spending, not increasing. 2. BAPPA is dependent on a great deal of inter-agency agreement, sharing and teamwork, which don't already exist. Would take many man-hours to get others on board, agree scope of work, convince all to start contributing. 3. Very high staff and overhead costs. 4. BPD regularly states they have top-notch training and sourcing for sworn and non-sworn personnel – it is not clear that a Berkeley-run academy would solve any hiring difficulties. 5. Instead of spending on this, RPSTF recommends spending on creating a Public Safety & Community Solutions Institute.	The Task Force recognizes that many cities are gearing up to provide a robust, expert non-police response to citizens in need, but that this type of workforce does not yet exist in a coordinated fashion. Berkeley can be in the vanguard of cities creating this workforce and expanding best-practice training beyond paid professionals and offering it to the general public, interested groups, students, and the like. The Public Safety & Community Solutions Institute can bring together crisis intervention and situation calming, triage, medical response, mental health response, peer counseling, city and county services offerings, case work, data capture, and follow up with compassionate, trauma-centered delivery. The Institute's trainings and coursework will be created by experts at Berkeley's SCU and the division of Mental Health, and tailored for other relevant audiences, e.g., BerkDOT. The Task Force feels this would be an exemplary area in which to spend time, money, and other resources to provide citizens with resources and support.
15 Increase diversity of BPD leadership (p. 36)				Accept with conditions	1. What is the plan for achieving diversity? 2. What are the numerical definitions of diversity?	The Task Force agreed that diversity in leadership alone would be insufficient to change an entire police culture. However, commissioners do acknowledge the importance of diversity and having responders who are from the city and the taskforce recommends making diversity a priority for all employees, including leadership.
16 Increase Standards for Field Training Officers (p. 36)				Needs more analysis	1. Need numbers about what % of officers have more than 2 complaints or 1 sustained complaint in a 12-month period? 2. How does race & gender data map with complaints data? 3. How do we assess whether implicit bias has played a role in complaint data figures?	
17 Revise BPD's Use of Force policies to limit any use of deadly force as a last resort to situations where a subject is clearly armed with a deadly weapon and is using a threatening to use the deadly weapon against another person	Training Costs	Savings from eliminating patrol positions through attrition	Within six months of approval from City Council	Reject	1. Use of Force policy was revised a year ago. Did NICJR read it and is this different than most recent version? 2. Use of Force policies are complex, making changes is a lengthy process. Shouldn't change what has been recently agreed upon without good reason.	This was rejected because this work has already been done and is covered by a different process and does not need to be duplicated in this process.

REINVEST

NICJR Recommendation	NICJR Estimated Cost & Explanation	NICJR Identified Funding Source	NICJR Timeline	Vote by Task Force	Reason for vote	Proposed Narrative Summary for report
18 Launch a guaranteed income pilot program (p. 37)	\$1,800,000	General Fund; federal funding already received or forthcoming from the Infrastructure Bill; or raised through philanthropy akin to the approach in other cities	Within six months of approval from Council	Accept with Conditions	<ol style="list-style-type: none"> 1. Strong support for the program 2. Addresses root causes 3. Strong preference for unconditional funds that puts trust in people to use the money as they see fit 4. Unclear who is responsible for administering pilot 5. Unclear how families will be selected 6. Informed by completed/ongoing pilots in Stockton, Fremont, Richmond, etc. 	Members strongly support this type of program and note that other communities have implemented these programs successfully. More information is needed to understand how families would be selected, and the city should consider whether other groups, like the AAPI or Indigenous community, should be included in this program.
19 Launch a community beautification employment program (p. 39)	\$1,250,000	5% of County Criminal Justice Realignment funds allocated to community services for Berkeley residents	Launch one year after approval from City Council	Accept with Conditions	<ol style="list-style-type: none"> 1. General support for employment programs 2. Current recommendation is specific to previously incarcerated folks, and funding source is based on that, and could be expanded to include other funding sources, and serve other communities e.g., youth, unhoused population 3. Remove the word beautification that is superficial 4. The program should be responsive to skills and talents of folks 5. Program could benefit from integrating professional development, pipeline to employment, especially folks who are generally left out of the workforce 6. Program should aim for goals and results that are transformative 	Members are very interested in increasing job skills and opportunities. However, programs should be centered around the interests of the target group. The Task Force therefore rejects the idea of simply a beautification program but fully supports programs that focus on professional development, and serve as a pipeline to employment, especially for those who face additional barriers like a criminal record. Any program should have the goal of being transformative.
20 Increase funding for CBOS in one of two ways: (1) increase grant amounts by 25%, or (2) create local government agency/ department (Department of Community Development) (p. 40)	\$25,605,492.50	Measure W funds, when the BPD's budget is gradually reduced; the infrastructure bill; and concerted efforts to increase philanthropic dollars	FY 22-23	Accept with conditions	<ol style="list-style-type: none"> 1. Unclear where the funding is coming from, some of it is coming from Measure W 2. Recommendation is too general, and funding of CBOS should be prioritized based on RPS goals and improving social determinants of health 3. Strong disagreement with approach that proposes across the board funding for CBOS 4. Preference for a recommendation that includes a new department could play a role in visioning and tracking of CBOS and funds, and oversee increased funding 	While members generally agree with increasing the capacity of community-based organizations as a way to improve public safety, funding should be targeted and focus on the goals set forth in the enabling legislation for reimagining public safety. Members also note that this recommendation does not explain where the additional funds would come from, as NICJR does not propose any layoffs to reduce the police budget. Members are very interested in creating a city division that could continue this work and focus on issues of equity.
21 Launch the Advance Peace Program	\$500,000	General Fund	Launch in first quarter of FY 2023, on going for at least 3 years	Recommendation was not in draft report, therefore task force did not vote	N/a	Appendix 6 provides a collection of resources on violence prevention programs. The task force informally voiced their support for these kinds of efforts repeatedly throughout their process.
Notes						
Grid is based on pages 39-40 of NICJR Final Report, titled Implementation Plan and the table on Pages 10-17 of the Task Force Final Report						
Recommendations highlighted in orange indicate items not listed on the grid in the NICJR Final Report						

Reimagining Public Safety Initiative Topic	Specific Task Force Recommendation	Task Force Rationale*	Budget Estimate	Request Additional staff analysis?
Traffic Law Enforcement & Traffic Safety	Review Transportation Laws, Fines and Fees to Promote Safety and Equity	Berkeley should conduct a full review of the Berkeley Municipal Code (BMC) and our structure of fines and fees as they relate to transportation. This review should specifically identify items that serve only to criminalize and penalize poverty or serve as pretext to target at-risk populations. Once reviewed, any identified items should be brought to City Council to either eliminate or revise. In cases when these BMC laws have State law equivalents, City Council should make clear that BPD should make enforcement of these State laws their lowest priority (i.e., decriminalize these behaviors).		Staff should identify the resources required to take this on. See additional comment regarding expanding the effort to look at civilianizing the resources
	Fully Fund the BerkDOT Planning Process	Given the size, scope, and ambition of the BerkDOT proposal, and given the fact that Berkeley is the first city in the nation to approach this topic, there is a substantial need to adequately fund the BerkDOT exploration and planning process. In comparison, the SCU planning process received \$185K, but SCU faces no legal challenges and has numerous models from around the country off which to build. To-date, the \$175K allocated to BerkDOT has funded some initial background research on free-standing departments of transportation and also a community engagement component around traffic safety and enforcement (a BerkDOT-specific citywide survey and listening sessions).	\$200,000	Staff confirm the budget required for the next phase.
	Move forward with the transfer of both collision analysis and school-crossing-guard management away from BPD and over to Public Works			
911 Call Processing & Alternative Calls-for-Service Systems	Adopt City Auditor's Recommendations for Call Processing and Dispatching of First Responders and Others Contained in Report, and Add 'Substance Use' to 911 Recommendations	These recommendations can provide 911 professionals with the basis for establishing systematic, consistent procedures and behavioral health call scripts that screen and divert mental health, substance use, and homelessness calls towards an alternative non-police response. In July 2022, 911 professionals will soon have the option to transfer mental health calls to a national hotline, so it is imperative to establish this process. These professionals can further avoid punitive measures resulting from policing, criminal legal, and incarcerations involvement whenever possible, particularly for diverse and marginalized groups of people who are extremely reluctant, avoid or do not use 911 for fear of a police response.		Request an update from BPD on the progress on implementing the Auditor's recommendations. Would like to better understand the steps required to add substance use to these recommendations
	Implement Specialized Care Unit (SCU): Alternative Non-Police Responder to Meet the Needs of People Experiencing Behavioral Health Challenges			
	Establish Crisis Stabilization Center to Meet the Needs of People Experiencing Behavioral Health Challenges and Further Implement A Comprehensive 24/7 Behavioral Health Crisis Response System	<i>From Page 65 of task force report...</i> "Crisis Stabilization Centers can serve as an alternative to using emergency departments and moreover, criminal legal and incarceration systems as a crisis response to individuals experiencing a behavioral health and/or substance use crisis in the community. They can receive referrals, walk-ins and first responder drop-offs. (SAMHSA, 2020; 22). SAMHSA has further defined minimum expectations to operate crisis receiving and stabilization services, including accepting all referrals, not requiring medical clearance, designing services for both mental health and substance use issues, being staffed (24/7/365) with multidisciplinary team capable of meeting the needs of individuals experiencing all levels of crisis (SAMHSA, 2020; 22).		Yes, Staff should review this recommendation and provide their input as to the best approach to establishing crisis stabilization center(s) in Berkeley, as well as realistic timeframe for doing so.
	Implement A Behavioral Health General Order for the Berkeley Police Department That Emphasizes Diversion Away from Policing Whenever Possible	"...an overarching, comprehensive Berkeley Police Department Behavioral Health General Order would potentially provide for streamlining the current orders and diverting as many people as possible away from policing and towards well-being services in the community." Full rationale on pages 67-68 of Task Force report		See comment. Staff should provide feedback on this approach and a timeline that this could be implemented
Gender-Violence Non-Police Response recommendations	Increase the capacity of community based-organizations. Fund 3-4 organizations to provide services and resources mentioned on page 223 of NICJR Final Report Packet	Providers report that existing resources are insufficient to meet the needs of Berkeley community members, especially for those who require more care and resources including people who are unhoused and people with complex mental health issues. A person seeking to leave an abusive relationship will likely need a range of services, including advocacy/case management; legal services for child custody, restraining order or other family law issue; and other support services like housing and childcare. To provide effective intervention in domestic violence cases, the City should fund long-term solutions. Solutions should include legal services, intensive case management to individuals with high needs, advocacy services in languages other than English, restorative justice programs, healing practices, and job training.	\$500,000	Staff should connect with authors to understand their recommendation and build on their outreach to inform funding. Additionally, staff should work with county partners to clarify which services should be provided by county vs the city.

Reimagining Public Safety Initiative Topic	Specific Task Force Recommendation	Task Force Rationale*	Budget Estimate	Request Additional staff analysis?
	Training and technical assistance for faith-based leaders	Many people turn to faith-based leaders for help. These leaders, like others, need training to understand the complexities of domestic violence, identify effective tools to create safe spaces for those seeking help, learn about existing domestic violence resources to refer people to, and help change cultural norms that perpetuate domestic violence. In California, domestic violence agencies have partnered with faith-based leaders to address domestic violence in their communities. Examples include A Safe Place[1] in Oakland, and Korean Family Services in Los Angeles[2]. The latter has trained over 1700 faith leaders in the last 10 years.	\$50,000	Staff should connect with authors to understand their recommendation and build on their outreach to inform funding.
	Provide services for people who cause harm	While survivor-centered services are essential, services for the person causing harm are also crucial to stopping gender-based violence. The City should invest in programs that target people who cause harm, including men and boys, to provide services and prevention efforts.	\$150,000	
	Prevention education for K-12 to provide, and coordinate prevention work	Breaking the cycle of violence requires changing cultural norms and practices that perpetuate violence and gender inequities. In addition to the recommendations related to intervention listed above, this subcommittee recommends additional funding for education for K-12 and to create peer-based models, when appropriate. Providers report that more education is needed to teach on toxic masculinity, consent, healthy relationships, and sex education, including sexual pleasure.	\$125,000	
Gender-Violence Poiiice Response recommendations	City Leadership to Host Regular Meetings and Coordinate Services	Having the City serve as lead will institutionalize these much-needed partnerships. These meetings would be especially important if a tiered response system is adopted by the City, as victims and survivors of crime will be captured in all tiers (e.g. domestic violence may be reported by a caller as a noise disturbance). During the first listening session, many of the providers noted that the listening session was the first time that they had been asked for their feedback. Establishing a forum would forge new and ongoing partnerships between the City and providers. For survivors of intimate partner violence, a coordinated community response serves as a protective factor against future violence.[1] Outreach should be done to ensure that BIPOC leaders are at the table.	In-kind from the City	Staff input on the resources required to lead these convenings
	Coordinate with Court and Other Law Enforcement to Implement New Firearm and Ammunition Surrender Laws	Local courts are required to notify law enforcement when the court has found that a person is in possession of a firearm or ammunition, in violation of a domestic violence restraining order. Law enforcement must take all necessary actions to obtain the identified firearms or ammunition	In-kind from the City	Request staff coordinate with the District Attorney as well as the courts
	Annually Update the Police Department's Domestic Violence Policies and Victim Resource Materials	California law frequently changes in the area of domestic violence. For example, during the 2021-2022 state legislative cycle, at least five bills passed that change the law for domestic violence restraining orders, including SB 320 noted above. Updating these procedures regularly and in coordination with providers, will ensure that policies reflect current laws and address community-based concerns.	in-kind from the City	
	Implement Regular Domestic Violence and Trauma-Informed Training for Officers, Dispatch, and Responders to 911 and Non-Emergency Calls	Providers report that victims and survivors seeking help from police often feel unheard and further traumatized by the experience with police. Examples include allowing other family members to speak or translate for the victim, when family members may be related to the abuser. This recommendation is consistent with NICJR's recommendation that the department increase its use of local community members to provide training.	\$5,000 for contracted speakers, in-kind from BPD	Staff input on budget and impacts to staffing
	Publish Victim Resources in Plain Language and Multiple Languages	Provides more access to people who have limited English proficiency, do not speak English, or have low literacy.	\$15,000 (one time investment with some funding needed to update resources)	
	Screen for Domestic Violence in All 911 and Non-Emergency Calls	This would lead to better data on the number of domestic violence cases the police and others respond to in the city. Noting the penal code or city ordinance section alone would not capture all domestic violence cases.	in-kind from all responding agencies	Staff input required to understand what screening protocols already exist and whether this would be a matter of training or program and curriculum development
	Assign A Female Officer to Interview, Examine, or Take Pictures of Alleged Victims at Victim's Request	This policy would acknowledge that some victims and survivors will feel uncomfortable with having a male officer examine or question them. This could result in the victim giving an incomplete statement (e.g. not disclosing sexual abuse or showing an injury) and further traumatize the victim.	In-kind from police department	How many female officers exist on the force? What policies or changes in staffing structure would be required to ensure a female officer is always available? Could this be handled by non-sworn personnel in a co-response model?
	Police Response to DV Calls Should be Accompanied by or Coordinated with DV Advocate	This practice is especially important in cases where there is a high risk of lethality, language or cultural barriers that could lead to miscommunication or further traumatization, and high needs cases where victim or family members require a number of services to achieve stability. Having a victim advocate present will help ensure that victims are heard and not further traumatized. Providers report that advocates sometimes must act as a safe middle person between the victim and police, to ensure that the victim is not mistreated or further traumatized by the interaction with police. This feedback is consistent with information gathered from the community engagement process where black residents spoke of the need for a safety ambassador to act as a bridge between the community and police (see page 40 of Summary of Findings report from Bright Research Group).	\$125,000 (two advocates at .5FTE)	Could this be accomplished by establishing an on-call contract with DV Advocates? Are there other places where this is done? What is staff's budget estimate for this? How can this be folded into a community responder CERN-type model?

Reimagining Public Safety Initiative Topic	Specific Task Force Recommendation	Task Force Rationale*	Budget Estimate	Request Additional staff analysis?
Disability & People with Behavioral Health Challenges (PEERS)	Include PEERS in Developing Behavioral Health Responses	PEERS indicated that the first and most important recommendation is outreach and inclusion of PEERS who have worked on behavioral health reforms since the 1990s, when this movement began. There are trained Peers who are invaluable to developing responses to behavioral health crises and supporting the transition to new systems of safety in Berkeley. PEERS are crucial for unpacking the scope and nature of behavioral health crises to provide a nuanced understanding, approach, and framework for responding with appropriate levels of care to people with behavioral health challenges in the community--particularly for a non-police crisis response like a Specialized Care Unit (SCU).		
	Sufficiently Fund Behavioral Health Respite Centers	Drop-in and wellness centers for people living with behavioral health challenges need sufficient funding and staff with full-time Peer Support Specialists where individuals experiencing non-threatening altered states and/or behavioral health crises can move through their crisis in a safe and supported state. It is further essential to have availability 24/7 and on holidays, and to involve PEERS in the transit from the behavioral health crisis to the Peer staffed drop-in/wellness center. Peer Navigators are also key to assisting people in navigating complex systems, including how to get appropriate services in the City of Berkeley and Alameda County.		Need to understand what sufficient funding entails to develop a clear budget request and explore outside funding to support this
	Have a Reconciliation Process with People with Behavioral Health Challenges and Police	There is a need for a reconciliation process with police, particularly as a response to traumatic experiences with police. A reconciliation process, as well as a restorative justice process, with people living with behavioral health challenges may help build trust and rapport with police officers in the future.		
	Clarify the Risk Assessment by Call Takers, Dispatchers, and Police for Behavioral Health	There is a need for clarification about how Public Dispatch Operators and the police use their discretion to make decisions about "public safety threats." It is not clear if the current protocol is designed to not only determine if someone is a "danger to themselves or others," or "gravely disabled" to meet the standard for a 5150 involuntary hold, and/or if the assessment offers a more nuanced evaluation for persons who do not meet this standard, particularly to assist with next steps in care if needed.		This feels directly tied to the SCU process, consider as part of implementation of SCU
	Improve De-Escalation Training for Police & Offer Public Education on Behavioral Health	There is a need for additional de-escalation training for law enforcement and public education about connecting with community members who interact with the world differently than they do—including using peers as part of training.		
	Account for Overlapping Systems of Care for People Living with Behavioral Health Challenges	There is a need to account for overlapping systems of care, including medical, behavioral health (mental health, substance use), social services, and other systems. Participants in the Peers Listening Session, who identify with homelessness, discussed how current systems are not set up in a way that enables long-term sustainable wellness of the behavioral health community.		Discuss with staff what this might entail.
	Further Research Recommendations (in report)			
LGBTQIA+ and Queer/Trans People	Develop Collaboration between LGBTQ+ Liaison for Berkeley Police Department and the Pacific Center for Human Growth	Currently, the LGBTQ+ liaison for the Berkeley Police Department has reviewed the LGBTQIA+ Listening Session Report and is working on a collaboration with the staff for the Pacific Center for Human Growth in order to address challenges in the community.		Confirm with staff what is already underway.
	Establish Partnership between the Division of Mental Health and the Pacific Center for Human Growth	There is a need for an established partnership between the Division of Mental Health for the City of Berkeley and the Pacific Center for Human Growth in order to ensure training and service delivery to LGBTQIA+ clients that are culturally safe and responsive. There is a need for collaboration among service providers to become more well-integrated with coordinated services tailored to meet client needs, including ones that are culturally safe and responsive.		Confirm with staff what is already underway.
	Increase Capacity for Behavioral Health Workers to Serve LGBTQIA+ Clients	There is a considerable need for behavioral health workers, such as clinicians, case managers, peer specialists, and peer navigators, who can directly guide LGBTQIA+ clients in navigating multiple systems—particularly given the shortage of case management services available from community-based organizations in Berkeley.		Confirm with staff what is already underway. Where could additional capacity be developed?
Addressing Underlying Causes of Inequity, Violence, and Crime	Develop a Training and Community Solutions Institute	This proposal from the RPSTF intends to build on the SCU/MACRO training foundations (once finalized – currently under development) and offer training appropriate for members of the general public, law enforcement, BerkDOT personnel, peers, students and those who need or want to respond constructively based on best practices. This proposal is suggested in place of the Progressive Police Academy in the NICJR final report. Training topics are listed in appendix 5 of the task force report on page 126.		Analyze at a future stage once SCU/MACRO is more developed.

Reimagining Public Safety Initiative Topic	Specific Task Force Recommendation	Task Force Rationale*	Budget Estimate	Request Additional staff analysis?
	Develop Community Violence Prevention Programs	Should the City of Berkeley decide to adopt or pilot a new Community Violence Prevention Program, we recommend it take the following steps to ensure its success: 1. Create opportunities for community members, leaders, youth and organizations to tap into this work with equitable compensation 2. Hiring of Credible & Trusted Responders 3. Transparency and Accountability 4. Allow Pilot Violence Prevention Programs to Grow		
	Support City Efforts to Establish the Office of Equity and Diversity 1. Develop the office in partnership with CBOs with listening sessions to inform office's direction/priorities 2. Integrate community oversight and community support body that works closely with the office in establishing community connections, evaluating the office's approach, and ensures ongoing success	The Re-Imagining Public Safety Task Force supports the City of Berkeley's efforts to establish an Office of Equity & Diversity. For too long, City Departments have had to independently monitor impact, disparities, and ongoing relationships with the community that have produced varying results. These inconsistencies can lead to severe impacts in services rendered, supports given to, and needs met of communities of color and additional diversity and marginalized groups. An adverse effect, especially in regard to language access, is that many Black, Immigrant, Latinx, and other voices of color will not view City Departments as a venue to air their concerns, lift up their needs, and much worse, as the valuable resource it aspires to be. This adverse impact is also true for additional diverse and vulnerable groups, including based on gender identity and expression, sexual orientation, physical and behavioral disabilities, and other diverse and marginalized groups. This proposed Office provides an opportunity to help centralize and embed equity and justice practices and frameworks into our City's infrastructure. The impacts of which would far extend beyond addressing disparities, forming partnerships with community organizations and leaders, among others. But perhaps the biggest impact will be seen as communities begin to trust and see City Departments as a resource for them – a Department that is accountable to them.		Support staff in generating a community advisory component to the development of the Office of Equity and Diversity
	Implement a Pilot Guaranteed Income Project	Ultimately, UBIs are not one-size-fits all. The City should review data available from similar programs in order to determine the size and scope of its program, e.g., target recipients, selection criteria and process, appropriate cash transfer size, project duration, and data tracking/ evaluation protocols.		
	Support the Police Accountability Board and Fair & Impartial Policing	We recommend that Council request PAB advice before making a policy decision to proceed toward surveillance technology acquisitions; mandate the BPD to collaborate with PAB on development of all significant General Orders or other policies; and support moves by the PAB to make it easier for people from historically marginalized communities to raise and pursue officer misconduct complaints.		
Addressing Community-Based Organizations' Capacity for Efficient Partnership in Reimagining Public Safety	Conduct Needs Assessment on CBO Capacity			
	Create Coordination and Communication Opportunities for CBO Staff	Specifically, provide opportunities and forums for CBO executive level staff to work more closely with each other. Coordination and common purpose help increase better use of resources. This will create opportunities to align outreach criteria, coordinate efforts, and centralize information obtained from the field.		
	Improve Referral Systems	The City and CBOS' should improve the system of referrals after intake and assessment with the intent to shepherd a consumer through the system and proactively assist in gathering all required documentation. This would lessen the load placed on the person seeking services and person of navigating through a complex and documentation-driven system while trying to survive one day at a time.		
	Remove City Funding System Inefficiencies and Duplication	Specific actions the City can take to decrease bureaucracy and increase efficiency include: a. More flexibility with funding contracts (e.g., higher threshold for requiring a contract amendment, providing administrative overhead that meets actual costs). b. Quarterly instead of monthly reporting. c. Increase baseline CBO salaries to improve their recruitment and retention.		

Reimagining Public Safety Initiative Topic	Specific Task Force Recommendation	Task Force Rationale*	Budget Estimate	Request Additional staff analysis?
	Develop Additional Metrics for Community-Based Organizations	The measure of success cannot be based just on the attainment of housing or jobs – multiple factors contribute to community stability and public safety, including social relationships, connection to resources, service participation/engagement, health/behavioral, health status, mindset, behaviors, and more. Additional metrics need to be developed that better evaluate the wellbeing of individuals, families, neighborhoods, and communities.		
	Help CBOS Enhance Their Funding	<ol style="list-style-type: none"> 1. Establish a small team led by the mayor, a council member, City Manager, service provider, homeless consumer, commission member, major donor, and community member to meet with all major foundations, corporations and other entities with significant resources. 2. Create an annual citywide fundraising campaign that would benefit all CBOS. 3. . Train staff. Areas identified by the CBOS include trauma informed care, motivational interviewing, cultural competence, and developing tools and skills so that our population is served with respect and staff have extensive knowledge about the availability of existing appropriate resources. Funding should be dedicated for training and require specific coursework around the aforementioned areas identified. 4. Gather feedback from Consumers 		
Notes	*Rationale was not consistently provided throughout the Task Force report. The language in the column reflects the Mayor's Office best effort to pull a descriptive paragraph for each recommendation from the report.			
	Sections highlighted in yellow did not make it into final task force report despite clear task force intention to include due to confusion in reconciling all documents and recommendations.			
	Sections highlighted in blue indicate the recommendation is a reiteration of a similar or existing recommendation that has already been made to City Council by staff, another comission or parallel process			

ALBUQUERQUE COMMUNITY SAFETY



CITY OF ALBUQUERQUE



ALBUQUERQUE COMMUNITY SAFETY DEPARTMENT
 FY2022 ORGANIZATIONAL PLAN
 DECEMBER 2021

Albuquerque Community Safety Department
City of Albuquerque, New Mexico

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ACKNOWLEDGEMENTS

This report is made possible by the countless contributions from a growing ACS staff, colleagues from across the City of Albuquerque, community members, community-based organizations, partners, and others. This is the first iteration of what will undoubtedly be an evolving journey for this new department, one we are grateful to travel alongside fellow first responders and the community we serve.

Contents

4	LETTER FROM MAYOR TIM KELLER
5	LETTER FROM THE DIRECTOR
6	OUR ROLE
7	Why does Albuquerque need ACS?
8	How was ACS created?
9	Where does ACS fit in the public safety system
10	OUR DEPARTMENT
11	What is the ACS vision for Albuquerque and the department's mission to get there?
12	What are ACS's values as a department?
13	How does ACS put community at the center of decision-making?
14	What is the FY2022 ACS Budget?
15	What is ACS's organizational structure?
16	OUR RESPONSE
17	Who are ACS responders?
22	How are we training ACS responders:
23	How is ACS dispatched?
24	What calls will ACS respond to?
25	How are we keeping our responders safe?
26	How will ACS collect data and track impact?
27	OUR GOALS
29	Goal Area 1: Respond
30	Goal Area 2: Build
31	Goal Area 3: Engage
32	Goal Area 4: Influence
33	GET CONNECTED
35	APPENDIX

Letter from Mayor Tim Keller

On September 1, 2021, the Albuquerque Community Safety (ACS) department began serving our community and making a transformative impact.

A day with ACS first responders can look like many things: safely de-escalating a behavioral health crisis, helping a family and a landlord navigate a housing dispute to avoid eviction, getting treatment to an individual wrestling with substance abuse, connecting an unhoused community member living in an arroyo with the shelter and resources they need, checking on an abandoned vehicle, or talking someone in distress down from self-harm or suicide.

With each call trained behavioral health and community responders take, we are strengthening our entire public safety system. We are relieving pressure on police and fire, allowing officers to focus on addressing violent crime calls, and freeing up our EMTs to quickly respond to urgent, life-threatening situations. With ACS as a third branch of 911, we are now better equipped than ever to provide the right response to those in need.

The origin of this department, the nation's first cabinet-level department of its kind, extends back to when our administration first walked into office. It starts with programs we began piloting in 2018 to send Albuquerque Fire Rescue responders to a segment of non-violent calls that police had been handling, and with our work to decriminalize symptoms of poverty, addiction, and behavioral health issues. But above all, we gained the political will to launch ACS because of the movement for racial justice that surged following the murder of George Floyd. That powerful call to do things differently changed everything. ACS is a new approach to how we respond to distress in communities and get folks the services that are needed in that moment and for the long term. It's a trauma-informed public health response built in partnership with our community. Through a real reimagining of public safety and a reckoning with legacies of trauma and institutionalized racism, we can begin making the history that will bring our communities closer together.

I am encouraged by the progress that ACS is making as I work with our inaugural Director Mariela Ruiz-Angel, Deputy Directors D'Albert Hall and Jasmine Desiderio, and with the new class of first responders. We are moving forward with humility, understanding that we are building this approach from the ground up. We look forward to ACS's evolution as we launch this effort to send the right response at the right time in our community.



Mayor Tim Keller



Letter from the Director

The City of Albuquerque's Community Safety Department (ACS) is proud to provide our first organizational plan as the City's next step toward reimagining public safety. We are a new component of the City's public safety response. When 911 dispatchers answer calls involving mental health, addiction, or other public health issues, they will send our mental health professionals along with or instead of paramedics, firefighters, and police officers. ACS will also respond to calls like reports of abandoned vehicles that do not require a police officer, firefighter or paramedic.

ACS is the first municipal agency in New Mexico created as a peer with the municipal police and fire departments. ACS first responders have the training and resources to step in when someone is experiencing a mental health, addiction or housing crisis to get the person connected with the right resources. Our work will alleviate pressure on police and fire units and maximize resources dedicated to public safety.

This plan reflects more than a year of research, discussion and planning with a wide range of experts and community members to understand the needs and gaps in public safety. A cornerstone of our effort to design ACS has been engaging with the community, including meetings with residents from Albuquerque neighborhoods hit hardest by violence and economic disparity and a communitywide survey.

We know the work has just begun. As our teams hit the streets, we are driven by a shared vision with our fellow first responders of a public safety system that ensures a purposeful, humane, and appropriate response. We also know there is so much more for us to learn. We are working hard to define our impact in, with, and for the community. Expect to hear more about that work over the next year. We are grateful for ongoing community engagement as we improve our approach with every call, every response, and every conversation.

We are grateful to the thousands of people who have already contributed their time, insights, and feedback you will see reflected in the pages to come. We invite you to explore this report and engage with us as we continue to work toward a safer Albuquerque for everyone.



Mariela Ruiz-Angel
September 2021





OUR ROLE

Why does Albuquerque need ACS?

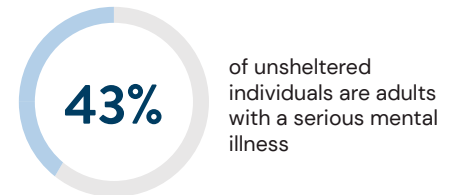
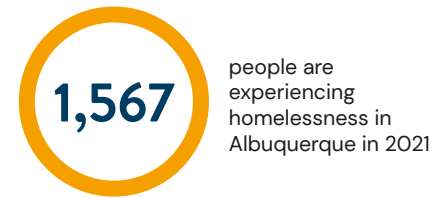
Albuquerque faces serious public safety issues in addition to crime that include homelessness, mental health, and drug addiction challenges.

According to the federal Substance Abuse and Mental Health Services Administration (SAMHSA), nearly one in five people 12 years of age or older in the Albuquerque metro area report using any illicit drug in the past year, outpacing both state and national averages.¹ SAMHSA also reports that more than one in five adults aged 18 or older in Bernalillo County reported any mental illness in the past year based on annual survey averages from 2016–2018, and nearly 15 percent reported receiving mental health services in the past year.² The 2021 Point in Time Count showed that the number of people experiencing homelessness in Albuquerque has been steadily increasing since 2013, with 1,567 counted in this year's report.³ Many unsheltered individuals are adults with a serious mental illness and/or substance use disorder.

Albuquerque Police Department (APD) officers and Albuquerque Fire Rescue (AFR) responders interact frequently with people experiencing these issues. Though not accounting for all mental health calls, APD officers recorded 8,510 encounters with an individual experiencing a behavioral health crisis in 2019 and 7,860 in 2020. Statewide, the New Mexico Sentencing Commission reports that one in five contacts in 2020 with law enforcement were with a homeless individual.⁴ Moreover, in fiscal year 2020 (FY2020), AFR and Metro Security responded to 9,514 "down and out" calls in which a person was unresponsive on the ground or seemingly intoxicated. Beyond mental health, in FY2021, there were 1,326 311 calls for needle pickups and 13,075 311 and 911 calls for abandoned vehicles, neither of which need police or fire response.

This demonstrates a need for trained and licensed professionals with experience or education in addressing these issues to take on these calls. An internal review found that of the nearly 200,000 annual APD calls for service involving these issues, nearly one in five may be appropriately handled through an alternative response. Redirecting these calls will reduce call volume for police and fire responders, allow police officers to spend more time tackling violent crime, free up fire units to immediately address life-threatening situations, and ensure a first responder can spend the necessary time to address the issue.

ISSUES BY THE NUMBERS



¹ Source: <https://www.samhsa.gov/data/sites/default/files/NSDUHMetroBriefReports/NSDUHMetroBriefReports/NSDUH-Metro-Albuquerque.pdf>

² Source: <https://www.samhsa.gov/data/report/2016-2018-nsduh-substate-region-estimates-tables>

³ Source: 2021 New Mexico Coalition to End Homelessness [Point-In-Time Count](#)

⁴ Source: 2020 Databook, 1/1/20–12/31/20, New Mexico Sentencing Commission.

How was ACS created?

Mayor Tim Keller’s administration convened a public safety group three years ago to discuss and research a myriad of issues, from interrupting cycles of violence through diversion programs to decriminalizing our response to mental health, homelessness, and addiction.

The group includes police, fire, social service departments, code enforcement, transit, solid waste, the Office of Civil Rights, and the Office of Equity and Inclusion. From the group’s work, the City has implemented pilots and programs, including the Safe Handling and Routing of Paraphernalia (SHARP) program that cleans up improperly disposed of needles and syringes around the City, and the dispatching of Metro Security officers to respond to “down and out” calls.

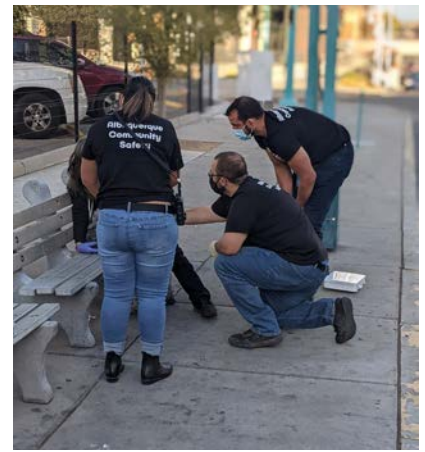
Building from that work and learning from early successes, Mayor Keller announced in summer 2020 plans to create ACS to serve as an additional branch of the City of Albuquerque’s public safety system alongside police and fire. ACS will offer the appropriate response to calls involving non-violent, non-medical mental behavioral health, substance use, homelessness issues, and other responses that do not require a paramedic or police officer. In the year between the announcement and ACS’s launch, the City developed a plan for launching this third branch of the public safety system by researching relevant models and running a community engagement campaign.

With the onset of COVID-19 in 2020, the City replaced in-person engagement with virtual meetings to educate, inform, and gather input on our strategic planning. The City hosted seven virtual sessions of 45 participants representing more than 25 key community stakeholder groups. The City also involved the Mental Health Response Advisory Committee (MHRAC) and presented policies and training plans to MHRAC, which has been working with APD for many years. The City also conducted a community survey and received 2,858 responses. Community feedback reflected overwhelming support for an ACS-style model. Community experts provided crucial input on the look and feel of ACS as well as specific policy and training recommendations. Community members were excited to be included in the solution. One said:

Community feedback reflected overwhelming support for an ACS-style model.

“As a community mental health provider, I look forward to seeing how this department shapes up and am hopeful that the City collaborates and integrates behavioral health care providers into the system at large.”

Following these sessions, the City has been in continual discussion with community leaders and experts as well as participated in national-level forums, sprints, and working groups involving municipalities engaging in similar work. You can read more about the community engagement process and the feedback the City collected in the [ACS Community Engagement Report](#) available on our website.



Where does ACS fit in the public safety system?

The Keller Administration made ACS a cabinet-level department, allowing it to operate independently from and in collaboration with APD and AFR.

What makes ACS different is our use of a public health model with a non-law enforcement-led response. ACS allows 911 dispatch to send trained professionals with backgrounds in behavioral and mental health and social services to non-violent and non-medical calls. The goal is to deliver the right response at the right time and to improve access to the broad range of social services from government and community-based organizations.

Albuquerque’s First Responder System



Law enforcement and violent/life-threatening situations



Non-violent, non-medical mental behavioral health, substance use, and homelessness issues, and other responses that do not require a paramedic or police officer



Fire and emergency medical needs

ACS responders will use motivational interviewing, crisis intervention, de-escalation, cultural healing, and other proven strategies to address needs. ACS will also address calls that do not require a behavioral health background, such as needle pickup and abandoned vehicles. ACS responders do not make arrests or issue citations, instead connecting individuals and families to services and resources in the community.



OUR DEPARTMENT

Through community feedback, partner input, and expert voices, ACS crafted an organizational design and culture focused on delivering the right response at the right time.

What is the ACS vision for Albuquerque and the department's mission to get there?



Mission: To make Albuquerque safer by providing a holistic, empathetic, and informed response to behavioral, mental health-related and other 911 calls that do not require a police officer, firefighter or paramedic, such as homelessness, minor injury and non-injury calls for service. Responses are personalized to the needs of the individual, family, and community so that ACS can bring the right response at the right time.

Vision: A safe and inclusive city in which any person can call for help and get a purposeful, humane, and appropriate response.



Creating a “new normal” for our community’s public safety response system.

What are ACS's values as a department?

Introducing our WE CARE model:

Our values guide the decisions we make as individuals and as a team. The inspiration for this value system came from two places. First, we asked the community during our engagement campaign what values our responders and our department should embody. Second, we reflected as a team on what core concepts should anchor us. From this, the WE CARE model was born. The fingerprints of these values will be found everywhere, from the goals we set for ourselves to the training we provide our staff to the interactions we have with the community.

W

Well-being and safety

Take every measure possible to ensure the safety and well-being of all residents of our city.

E

Empathy

Take the time to listen to others and recognize their unique experience.

C

Community at the center

Put community and partners at the center of all we do.

A

Accountability

Have the courage to learn from mistakes.

R

Respect and dignity

Meet people where they are, and treat them how they want to be treated

E

Equity

Lift the voices of all people in our community

How does ACS put community at the center of decision-making?

ACS began as a community-led initiative, and we are dedicated to keeping community voices at the forefront of our decision-making processes. Early on, we formed an ACS Planning Committee comprised of community leaders and experts to guide us through critical decisions, provide insight on challenges we face, and help us grow as we examine our progress. With ACS's launch, the ACS Planning Committee will expand to include additional members and transition into an ACS Steering Committee to provide long-term guidance. The table lists the members of our original committee.

PLANNING COMMITTEE

Sarita Nair

City of Albuquerque (COA)
Chief Administrative Officer,
Co-Chair

Chris Melendrez

COA Council Services
Director, Co-Chair

Matt Dietzel

Albuquerque Police Department
Lieutenant, Member

Emily Jaramillo

Albuquerque Fire & Rescue
Department
Deputy Chief of Emergency
Services, Member

Ellen Braden

COA Family & Community
Services
Division Manager, Member

Dave Mowery

COA, ADAPT Program
Deputy Fire Chief, Member

Mariela Ruiz-Angel

Albuquerque Community Safety
Department
Director, Member

Lawrence Davis

COA Budget Office
Budget Officer, Member

Charlie E. Verploegh, PhD

Bernalillo County Department
of Behavioral Health Services,
Assistant Director, Member

Jim Harvey

Peace and Justice Center
Member

Joshua Reeves

COA Performance & Innovation
Office
Process Transformation
Specialist, Member

Tonya Covington

Rapid Accountability Diversion
(RAD) Program
Program Manager

Nick Costales

State Juvenile Justice Services
Deputy Director, Member

KC Quirk

Highlands University
Instructor, Member

Dr. Christina Duran

Highlands University
Dean of Social Work, Member

Alexandria Taylor

NM Coalition of Sexual Assault
Programs
Deputy Director, Member

Erika Wilson

APD Emergency Comm. Center
Manager, Member
Maxwell Kauffman
LOPD Mental Health,
Mental Health Attorney, Member

Carlene Miller

LOPD
Mental Health Attorney, Member

Enrique Cardiel

BernCo Community Health
Council
Executive Director, Member

Isaiah Curtis

First Nations
Street Outreach

Mika Tari

National Association of Social
workers NMSU
Executive Director, Member

Jordan Vargas

City of Albuquerque
ADA Coordinator, Member

Rosa Gallegos-Samora

Therapist, Member

Kevin Sourisseau

Mayor's Office,
Associate CAO, Member

We are also developing an ongoing community engagement process and feedback system in order to keep community members informed, solicit ongoing feedback and questions, and provide answers and updates. ACS is launching in uncharted territory, and we will be looking to the community to tell us what is working and where we need to improve.

What is our FY2022 Budget?

FY2022 GENERAL FUND BUDGET:
\$7,730,00 FOR 61 POSITIONS

This is a \$4.4 million increase from FY2021 that includes \$3.2 million for 43 additional full-time equivalent positions consisting of behavioral health responders, community response team members, and administrative staff, as well as \$1.2 million for operational expenses. Other increases include an additional \$250,000 for contractual services, and \$40,000 for outreach communication. As a start-up department, a larger proportion of budget was needed for equipment than usual. As the department scales up in FY2023, we expect this to remain the case, with the share of budget going to personnel and operations normalizing in FY2024.

The following is a comparison of the FY2021 and FY2022 budgets:

FY/22 ALBUQUERQUE COMMUNITY SAFETY DEPARTMENT	
Wages: Funding for 61 Positions (43 New Positions added in FY/22)	5,128,973.00
Utilities: Telephone	17,985.00
Operating: Contractual, Outside Vehicle Maintenance, Training, Equipment, and Supplies	2,020,642.00
Capital: Vehicles and other Capital Items	570,000.00
Maintenance: City Provided Vehicle Maintenance	4,400.00
Grand Total	7,742,000.00
FY/21 ALBUQUERQUE COMMUNITY SAFETY DEPARTMENT	
Wages: Funding for 18 Positions	1,201,206.00
Utilities: Telephone	4,400.00
Operating: Contractual, Vehicle Maintenance, Training, Equipment, and Supplies	1,265,394.00
Grand Total	2,471,000.00

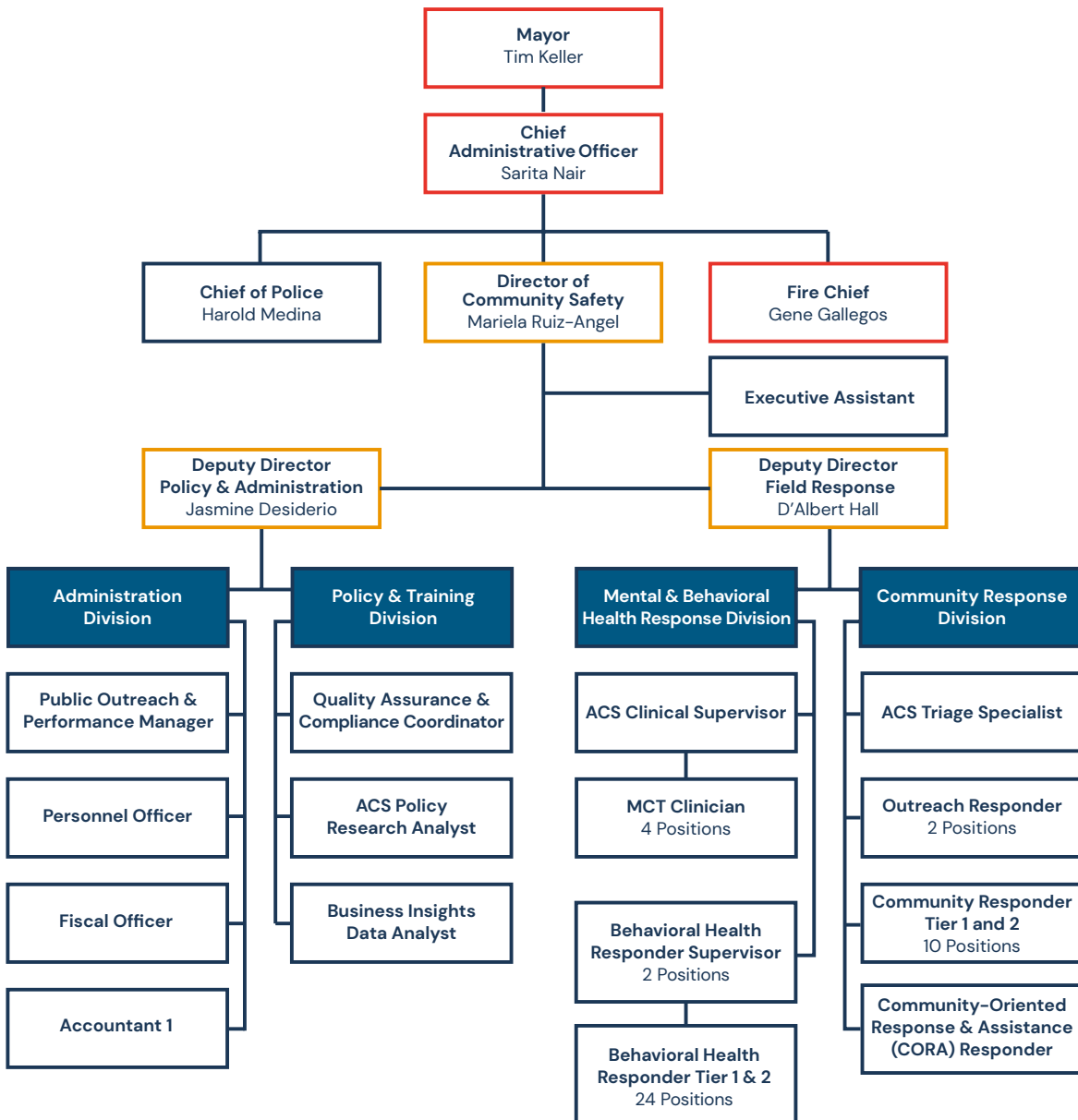


What is ACS's Organizational Structure?

The following organizational chart reflects our focus on field response with robust policy and administrative services to support our first responders. ACS reports directly to the City's Chief Administrative Officer.



ALBUQUERQUE COMMUNITY SAFETY | FY2022 ORGANIZATIONAL CHART





OUR RESPONSE

Who Are Our Responders?

Behavioral Health Response Division

Improving behavioral health outcomes for Albuquerque residents experiencing mental health issues is central to improving community safety. ACS's behavioral health response is designed to meet the needs of people across a spectrum of mental health needs, from crisis intervention to less urgent calls for support from people who need help accessing services. Having our responders in the field will further the City's effort to decriminalize mental health issues and ensure all calls for service can be addressed properly and quickly.

ACS's behavioral health response is designed to meet the needs of people across a spectrum of mental health needs.

Mobile Crisis Team (MCT) Clinicians

What they do: An MCT Clinician is an independently licensed mental health professional who works in a team with a uniformed law enforcement officer. MCTs co-respond to high-acuity mental and behavioral health emergencies. MCT clinicians provide professional behavioral health services to, de-escalate crises involving, and link individuals who are experiencing mental health emergencies to appropriate services in the community.

Why we created them: MCTs have been in the field since February 2018. Historically, MCT clinicians were employees of an agency that contracted with APD and the Bernalillo County Sheriff's Office (BCSO). APD and BCSO each had four teams. Between February 2018 and March 2020, MCTs were dispatched to almost 5,000 calls. Many of the people assisted had diagnosed mental health issues, including 13% with diagnosed schizophrenia spectrum disorder and 38% having



multiple diagnoses. Properly addressing these crises also takes time; an average MCT call lasts 75 minutes. MCTs are able to take the time and provide the necessary expertise to ensure the best possible outcome for these calls. To make this effort permanent, ACS hired the four clinicians working with APD as City employees. By bringing these clinicians in-house, ACS has created a more robust community of practice and tightened lines of communication and data sharing.

Profile: John

John was born and raised in Albuquerque and has a Master of Science in Mental Health Counseling. He is a Licensed Professional Clinical Counselor (LPCC) in the state of New Mexico and has counseling experience ranging from school-based therapy for children to substance abuse counseling and group therapy. John has also conducted suicide assessments for Albuquerque Public Schools and is a member of the New Mexico Counseling and Therapy Practice Board.



Behavioral Health Responders (BHRs)

What they do: BHRs respond in person, generally in pairs, or by phone to requests for assistance with individuals experiencing issues with mental and behavioral health, inebriation, homelessness, addiction, chronic mental illness as well as other issues that do not require police, fire or EMS response. These responders have education and experience in fields that include social work, counseling, social services, health, and peer support, often having extensive familiarity with the resources and services available in our community. They focus on addressing any immediate crisis then connecting individuals to the services they need.

Why we created them: APD officers frequently respond to calls involving mental and behavioral health, inebriation, homelessness, addiction, and chronic mental illness. In 2020 alone, there were 190,000 calls under these categories. Officers also recorded 3,661 transports to Presbyterian Kaseman Hospital or UNM Hospital for mental health services and 2,306 documented instances of individuals diagnosed

with schizophrenia or bipolar disorder. There is a clear need for first responders with the training and experience to take many of these calls off the shoulders of police officers. Of the roughly 16,000 calls per month in these categories, around 3,000 would be appropriate for BHR response. BHRs will respond to calls that often wait hours for officers so people can get the help they need, freeing up officers to focus on crime and violent or life-threatening situations.

Profile: Jenny

Jenny grew up in Zuni Pueblo and holds a Bachelor of Science in Healthcare Administration. She worked for five years as a Certified Nursing Assistant before spending over 10 years in healthcare administration, primarily at Presbyterian Hospital. Jenny comes to ACS from Ambercare Hospice where she was the We Honor Veterans Coordinator.



Community Response Division

ACS is a community-centered agency dedicated to improving the health and well-being of our fellow Albuquerque residents. Our community response focuses on homelessness, minor injury and non-injury calls for service, and community healing. We will also address needle pickup requests and abandoned vehicles as part of a comprehensive response to community health.

Street Outreach and Resource Responders

What they do: This team will provide street outreach in coordination with other City departments and community-based organizations to individuals experiencing homelessness in encampments; conduct in-person assessments; and assist with screening, organizing and prioritizing reports regarding homeless encampments. This team will focus on connecting individuals to long-term services.

Why we created them: The City's Family and Community Services (FCS) Department has employed an encampments team since March

2019 to provide street outreach and enforce City code regarding encampments. In FY2021 alone, there were more than 2,400 requests for assistance related to homelessness and encampments that were addressed by this team. By focusing on connecting to services, ACS's street outreach team will increase the City's capacity to respond to these situations and help people get the services they need before enforcement action is needed.

Profile: Deidre

Deidre has a Bachelor of Arts in Native American studies and worked for six years as a Keresan language curriculum developer for the Santa Ana Pueblo. She has dedicated her life to being a liaison and advocate for Native Americans in our community, including doing case management for Native American constituents under the City's Office of Equity & Inclusion.



Community Responders

What they do: Community responders will respond to minor injuries or incapacitation, abandoned vehicles, non-injury accidents, needle pickups, or other calls for service in the community.

Why we created them: The City has previously piloted ways to divert calls from police and fire and free up resources. One of those programs was the Wellness Check Program. Since December 2018, AFR has dispatched City Metro Security Division officers to wellness check or "down and out" calls that would normally go to AFR. These calls often involve a person who is laying on the ground in public view. These calls usually do not warrant the standard AFR response of a four-person engine and an ambulance, and having someone else triage the situation first is a more productive approach. Metro Security has responded to 3,648 calls since December 2018, saving the city approximately \$284,000. Expanding upon this success, ACS Community Responders will serve a similar function and respond to lower-priority calls, including wellness checks that do not indicate a potential for violence.

Community-Oriented Response Assistance (CORA) Responders

What they do: The CORA team is a multidisciplinary group of first responders and mental health professionals who organize outreach to communities affected by tragedy and violence in Albuquerque. ACS's CORA Responder coordinates the outreach effort, reaching out to community leaders and organizing meetings or finding alternative methods of connection. They provide education on grief and trauma, guide individuals through what they can expect while processing the event, and connect people to mental health providers and other resources.

Why we created them: Albuquerque communities have long been dealing with traumatic events, such as homicides, suicides, child deaths, and other incidents of violence. From January 2019 to July 2020 alone, there were nearly 1,300 suicides and suicide attempts in Albuquerque. The City recognized that responding to these events shouldn't just stop at the immediate crisis. These communities often need support and help figuring out how to heal and move forward. Modeling after similar efforts elsewhere in the country, the City's police, fire, and family and community services departments started organizing CORA responses in March 2019. By creating an ACS CORA Responder, we aim to centralize these organization efforts and further bolster the continuum of service we provide community members experiencing a broad range of mental and behavioral health issues.

Profile: Lynae

Lynae was born and raised in Albuquerque. She has over 10 years of experience in violence prevention and youth development and mentoring. Lynae comes to ACS from Youth Development, Inc., where she was the Violence Prevention Coordinator.



How Are We Training Our Responders?

In addition to the education and credentials ACS responders bring to the department, ACS will provide comprehensive training through partners to support responders in the field. The following are training areas and examples for each.



¹ More detailed information about the training curriculum is available on our [website](#)

How is ACS dispatched?

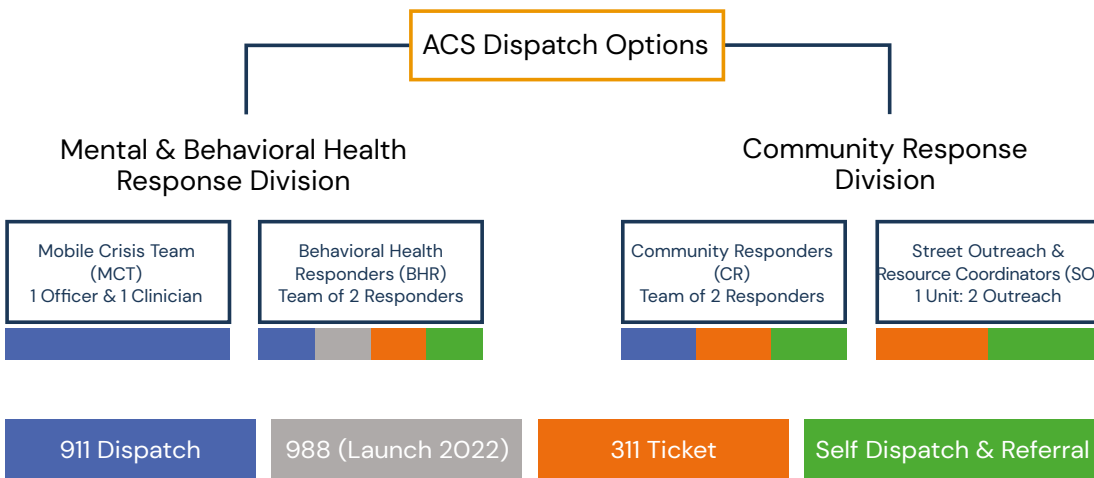
When calls are made, 911 operators gather critical information while keeping callers calm and safe. These operators determine if the call requires a police, fire, or community safety response and relay it to the corresponding dispatch system. ACS units will be dispatched via AFR's dispatch system

YOU CAN GET AN ACS RESPONSE

Monday through Sunday from 7 a.m. – 10 p.m. Call **911** for **non-violent, non-medical emergencies** or **311** for **non-emergencies**.



While responding to 911 calls is our primary focus, ACS responders will be dispatched through additional methods, including referrals, self-dispatch, and 311 tickets. ACS will also respond to calls from 988, the national behavioral health crisis hotline, when it launches in 2022. The figure below illustrates dispatch methods for each type of responder unit.



As of September 2021, ACS units are in the field and responding to 911 calls. As we continue to hire more responders, our aim to reach 24-hour/ seven-days-a-week coverage by early 2022.

What calls will ACS respond to?

911 operators prioritize calls for service on a 1–5 scale (A through E for AFR), 1 (or E for AFR) being the highest priority based on severity of a crime or level of acuity (intensity or urgency) of the emergency. APD, AFR, and ACS collaborated to determine the call types most appropriate for ACS responders. ACS will respond to lower-acuity calls within those call types. Calls that are routed to ACS responders will be assigned an ACS call type and an ACS priority level (1–3). For example, ACS might respond to a call that would be a Priority 3 for APD, but that call might be a Priority 1 for ACS.

The table below outlines the call types ACS will respond to, the associated APD or AFR code, how ACS will re-prioritize them, and provides a description.

ACS CALL DEFINITIONS

Call Description	Existing APD/AFR Call Type	Assigned ACS Call Type	Priority
BHR: Behavioral Health Responders			
Suicide	APD: 10–43–1	CSSUIC	1
Behavioral health issue	APD: 10–40	CSBH	1
Disturbance	APD: 10–39	CSD	1
Suspicious/intoxicated subject	APD: 10–31D/31S/31	CSSP	2
Wellness check	AFR: 32B	CSWELF	2
Panhandler	AFR: 10–39–5	CSPH	3
Welfare check	AFR: 10–10–0	CSWC	3
Message for delivery	AFR: 10–51	CSMD	3
CR: Community Responders (Dispatched by AFR Alarm Room; Triaged by 311)			
Wellness check	AFR: 32B	CSWELF	1
Abandoned vehicle	APD: 24	CSAV	2
Abandoned vehicle	311 Ticket	CSAV	3
Needles	311 Ticket	CSPU	3
SO: Street Outreach and Resource Coordinators (Triaged by FCS and 311; Not Dispatched by AFR Alarm Room)			
Unsheltered individual	311 Ticket	CSUI	1
Needles	311 Ticket	CSPU	1
Mobile Crisis Team (MCT): ACS call types do not apply to MCT clinicians. This team will respond to all high-acuity behavioral health related calls with a sworn officer. These units are dispatch by APD only.			
Community-Oriented Response and Assistance (CORA): ACS call types do not apply to CORA. These ACS responders will organize outreach to communicate affected by tragedy and violence in Albuquerque.			

How are we keeping our responders safe?

Our Responders' safety is our top priority, and we have taken several steps to engrain safety into our everyday practices.

ACS Responders are trained by APD and AFR on scene safety.

The right calls: The call types ACS Responders take were carefully selected to consider not only which situations called for their expertise but whether it was safe enough to respond without police presence. 911 operators are trained to properly screen calls for ACS, APD, and AFR. Our Responders are only dispatched if the call indicates no immediate threat or danger. Alternatively, APD officers have the ability to request ACS after they have secured the scene.

Safety in numbers: ACS Responders do not go to calls alone. Our Responders generally take calls in pairs, and our MCT clinicians who respond to potentially dangerous situations co-respond with uniformed Crisis Intervention Unit police officers.

Policy and training: Responders receive extensive de-escalation training, and, if an individual shows any sign of aggression or resistance, Responders are instructed to leave the scene. [ACS policies and procedures](#) lay out how Responders should react if they ever encounter potentially violent situations as well as how to prevent those situations. ACS Responders are also trained by APD and AFR on scene safety and how to identify other indicators that police backup is warranted.

Constant communication: ACS Responders have multiple means of communication available depending on the need. Primarily, they are tapped into the same radio dispatch system as other first responders and are able to request backup at any time. Their radios have an [emergency button](#) that will automatically request a rapid police response if they are unable to talk. Second, the dispatch system allows dispatchers and ACS administrative staff to see the location each unit is responding to and their status on that call. Third, each Responder is assigned a cell phone and is encouraged to call their supervisor for any assistance or guidance on a call. Fourth, Responders have a weekly debrief session where they address any challenges or concerns that may require an improvement to standard practices.

How will ACS collect data and track impact?

ACS is focused on developing a robust and respectful data-collection system. Information recorded for each call and each interaction will not only help ACS monitor progress against goals and outcomes, but it will also help us understand how we can have a positive impact in the community. ACS recognizes that the needs of those we serve are often complex, and we intend to document our work as much as possible.

ACS will follow an informed consent approach for data collection so anyone served by ACS understands what information is being collected, why it is being collected and where the information will go. The data will help highlight root causes of public safety issues and gaps in ACS services, enabling ACS to become a catalyst for larger change in the public safety and public health systems.

We heard from community that individuals' personal information collected by ACS should not be accessible to law enforcement. As such, while ACS will utilize APD's records management system for data security and call outcome tracking, ACS will have its own separate forms that restrict access to only ACS staff.

ACS is focused on developing a robust and respectful data-collection system.





OUR GOALS

ACS has a clear and critical focus as the newest branch of the City's 911 response – to respond, build, engage, and influence.

Our goal is to move with intention and urgency in service of a shared vision among all first responders to create a safe and inclusive city by providing a purposeful, humane, and appropriate response. As we launch our field work, we will be flexible and agile, making changes to this plan as needed with input from the community.



"I became a Behavioral Health Responder to help people who are often overlooked or forgotten, who don't have anyone they can count on or talk to for support; to guide someone through what may be the toughest day of their life. I want to bridge the gaps within a broken system; to support the community in whatever way possible."

Walter, Behavioral Health Responder

GOAL AREA 1: RESPOND

Goal statement: Increase public safety by providing a holistic and trauma-informed response to calls for service.

Objectives:

1. Employ a diverse, experienced, and community-centered cohort of responders.
2. Implement a robust person- and community-centered training plan that provides staff with essential skills, best practices, and resources with which to serve the public.
3. Respond effectively to all ACS calls for service.
4. Increase linkages to appropriate stabilization and recovery services as part of providing holistic responses to calls for service.

Strategies:

1. Collaborate with the community to create a diverse and equitable staff recruitment campaign.
2. Design a hiring process that removes barriers to entry and values lived experience.
3. Identify evidence-based and strengths-based training that is relevant to the needs of Albuquerque's diverse populations and specific challenges.
4. Integrate ACS into the 911 dispatch system.
5. Respond to calls for service that historically do not need a police or fire response.
6. Develop comprehensive standard operating procedures that ensure the safety of Responders and meets the needs of individuals served.
7. Build relationships and connections with community providers and organizations to create a streamlined referral process.

Key performance indicators:

1. ACS staff reflects the diversity of Albuquerque's citizens, including in language, culture, race/ethnicity, and lived experiences.
2. Efficacy related to service response metrics, including but not limited to:
 - a. Monthly call volume
 - b. Response time
 - c. Percentage of calls involving co-response
 - d. Number of needs addressed by category (e.g., unmet basic needs, mental health, drug or alcohol use)
 - e. Response outcomes
 - f. Percentage of calls involving a person experiencing homelessness
 - g. Number of referrals by category
 - h. Number of transports
 - i. Number of training certifications and continuing education units (CEU)
 - j. Number of trainings offered by community partners
 - k. Number of repeat calls for same individual or location

GOAL AREA 2: BUILD

Goal statement: Establish a sustainable and long-term presence that is woven into the community and the public safety ecosystem.

Objectives:

1. Increase accessibility between ACS and community members.
2. Create a performance-focused culture that develops the abilities and potential of employees.
3. Improve productivity with cross-functional teams, including other first responders, City departments, and external partners.
4. Employ a robust training operation that allows ACS to provide training to other departments and external partners.

Strategies:

1. Build a dedicated ACS headquarters in the heart of the International District, located at Kathryn and San Mateo.
2. Provide staff with opportunities for professional and educational development.
3. Contract and partner with organizations to help provide inter-connected services and training.
4. Streamline training process by insourcing training and using a train-the-trainer process.
5. Create a dedicated training center for ACS curricula.

Key performance indicators:

1. Positive engagement results from regularly administered community surveys (e.g., pulse surveys) indicating a strong degree of community awareness, understanding, and accessibility to ACS services.
2. Number of employees that utilize continuing education, tuition reimbursement, certification programs paid for by ACS.
3. Number of cross-departmental referrals.
4. Number of coordinated responses, events, and outreach with internal and external partners.
5. Number of internal and external users of trainings.

GOAL AREA 3: ENGAGE

Goal statement: Activate community partnerships and strengthen community engagement by enhancing relationships, trust, information sharing, and capacity building between the community and ACS.

Objectives:

1. Design effective programs that stimulate ongoing community interest and involvement in the work of the Department.
2. Establish authentic processes for continuous community feedback about ACS strategies, programs, and achievements.
3. Create opportunities for Albuquerque providers and organizations to expand services inside and outside of City government that support ACS responses.
4. Be a hub for thought partnering and collaboration on how to most effectively respond to calls for service across agencies, sectors, and communities.

Strategies:

1. Implement an educational campaign that promotes ACS as it pertains to public safety and public health.
2. Host interactive events and programs on community issues related to ACS's core mission for families and the community.
3. Expand ACS Key Communications list, email, and other modalities for sharing information with community stakeholders.
4. Develop a community-oriented website or portal for sharing information, soliciting feedback, and providing relevant resources.
5. Expand the current ACS Planning Committee to include additional community members and stakeholders.
6. Partner with the County and community on local, state, and federal grants.
7. Develop a micro grant program for relevant service providers and organizations that support ACS responses.

Key performance indicators:

1. The number of community forums and touchpoints provided by ACS (in person and online).
2. The number of the community members who join, visit, and return to ACS community forums (in person and online).
3. Development of the "first-generation" (version 1.0) dashboard of key community safety processes and outcome indicators, created with input from community stakeholders and relevant subject-matter experts.
4. Amount of funding to the community for relevant public health and safety missions.
5. Number of grants awarded within or on behalf of the community.
6. Amount of grants awarded within or on behalf of the community.
7. Number of contracts to relevant service providers and community agencies.
8. Number of services provided by ACS made possible through contracts and relationships with partnering providers and community agencies.

GOAL AREA 4: INFLUENCE

Goal statement: Leverage ACS's position and knowledge to influence and inform the ongoing evolution of the larger (e.g., county, state, national) system of care and emergency response.

Objectives:

1. Be a catalyst and collaborator in changing and strengthening the role of first response in public health and criminal justice system.
2. Establish a career pathway for community safety responders.
3. Create a long-term plan for a City behavioral and mental health academy.
4. Promote non-law enforcement mobile crisis response as part of the public safety system.
5. Create a plan for sustainable funding.

Strategies:

1. Design community safety positions that are supported with professional development and career advancement as a model for a strong, sustainable workforce.
2. Connect with universities and colleges to develop an educational path that qualifies students for community safety positions.
3. Partner with cities across the state on the implementation of "988," the national crisis line.
4. Utilize community voices to impact public health and criminal justice policies related to emergency response.
5. Support other local governments and entities that are interested in non-law enforcement mobile crisis response programs.
6. Conduct a staffing analysis to support additional City funding appropriation.
7. Leverage behavioral health funding to include Medicaid and the Behavioral Health Initiative.

Key performance indicators:

1. Percentage of ACS staff positions that are classified with defined career progression.
2. Number of knowledge products produced (e.g., evaluation reports, knowledge papers, media coverage and stories) stemming from ACS's work.
3. Number of knowledge-sharing and policy-oriented presentations or forums contributed to by ACS.
4. Diversified funding received from public, private, and philanthropic sources as appropriate to support the ACS model and related initiatives and agencies across the state and the country.



GET CONNECTED

Get Connected

Contact info:
acs@cabq.gov

Headquarters:
1 Civic Plaza, Room 1026, Albuquerque, NM 87102

Administration: 505.768.4227
More info: www.cabq.gov/acs

Be a part of the effort to transform how we approach public safety in Albuquerque. Reach out to us for trainings, listening sessions, or support for community events. ACS is here to serve you so get involved!

Be Part of the Change!
Apply [here](#) or by following the QR code



@cabqacs

APPENDIX

Data and Resources

[ACS Community Engagement Report](#)

[ACS Responder Training Plan](#)

[ACS Standard Operating Procedures](#)



"I want to help at least one person find within themselves the answer; to use this moment to grow and succeed at whatever goals they may have; to help them build a better version of themselves. I want to make them feel heard and help them know that they are worthy."

Chris, Behavioral Health Responder



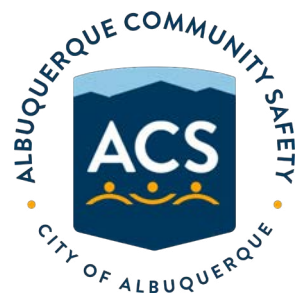
"I wanted to become a CORA Responder because I needed someone like that when I experienced traumatic events in my own life. People don't always know where to go to get help or how to deal with this type of trauma. I want to be that person for them, to help guide them through the healing process. I want to help people understand it's okay to work through trauma; you don't have to hide it. We can get through these things as a community."

Lynae, CORA Responder



"As our teams hit the streets, we are driven by a shared vision with our fellow first responders of a public safety system that ensures a purposeful, humane, and appropriate response"

Mariela Ruiz-Angel, Director of Community Safety



Albuquerque Community Safety
1 Civic Plaza, Room 1026
Albuquerque, NM 87102

IMPLEMENTING THE CITY OF ITHACA'S NEW PUBLIC SAFETY AGENCY

SUGGESTIONS FROM THE CITY OF ITHACA'S
REIMAGINING PUBLIC SAFETY WORKING GROUP



TABLE OF CONTENTS

2	Letter from Co-Leaders, <i>City of Ithaca Reimagining Public Safety Working Group</i>
6	Executive Summary & Suggestions
10	Background
12	Implementation Plan for the New Public Safety Agency
32	Budget
35	Conclusion
38	Appendix
	Appendix A: Working Group and Subcommittee Members
	Appendix B: Call Type Definitions
	Appendix C: Matrix Consulting Group Report on Patrol Staffing and Deployment
	Appendix D: New York State Basic Course for Police Officers Training Curriculum
	Appendix E: Ithaca Police Department Training Topics

Land Acknowledgement

The Reimagining Public Safety Working Group acknowledges that Ithaca and Tompkins County are located on the traditional homeland of the Gayogohó:nq' (Cayuga Nation). The Gayogohó:nq' are members of the Haudenosaunee Confederacy of sovereign Nations that currently reside on this land. The Gayogohó:nq' predate the formation of the City of Ithaca, Tompkins County, New York State, and the United States of America. The Working Group acknowledges the painful history of Gayogohó:nq', recognizes the dispossession of Gayogohó:nq' land, and honors the continued local presence of Gayogohó:nq' people and culture.

< Image Caption

Banner on the Downtown Ithaca Commons, Downtown Ithaca Alliance
Photograph by Sheryl Sinkow

TO THE MEMBERS OF COMMON COUNCIL,

February 23, 2022

On behalf of the City of Ithaca's Reimagining Public Safety Working Group, it is our honor, as the group's co-leads, to submit to Common Council the following suggestions for the implementation of the city's new public safety agency.

In April of 2021, Common Council unanimously approved the creation of a new public safety agency. This new agency would center the experiences of the city's marginalized and vulnerable populations; focus police resources on crime solving and prevention; and add a new unit of non-law enforcement first responders to address public safety issues better served through non-criminal justice interventions.

In June 2021, at the behest of Common Council, then-Mayor Svante Myrick created the Reimagining Public Safety Working Group, whose members represent the community, law enforcement, business, Common Council members, and students. As the selected co-leads of the Working Group, we had the privilege of shepherding the group to its suggestions for how the new public safety agency could be implemented. Four Subcommittees, which included additional community members, were also created to independently build implementation plans for specific areas of the new public safety agency's work.

Throughout the process, we were clear-eyed about both the importance and difficulty of our task. For too long, marginalized and vulnerable communities in the City of Ithaca have lived without the true sense of peace and safety we are all promised. Those same communities, along with allies from every facet of our community, have been asking and working for change to the city's overreliance on police to resolve non-criminal or non-violent public safety concerns. These asks and this work came many years before George Floyd's May 25, 2020 murder, the national event which sparked communities across the country to re-examine their approach to policing and public safety.

While we understood the need and mandate for change, we also understood the challenges of reimagining a new way of approaching public safety. What made Common Council's groundbreaking resolution exciting also made it daunting—very few communities have attempted what the City of Ithaca is undertaking with its new public safety agency. Even if the entire Working Group was in total agreement on all key facets of the new agency, the audacity of our task makes it a hard endeavor.

And to be frank, while the plan below has a majority of Working Group and Subcommittee support, the suggestions were not unanimous decisions. We had some very difficult conversations as a Working Group: some thought our pace too fast, others too slow; some hoped for more change, others wished for much of the current public safety structure to stay intact; some felt heard, others felt misunderstood. Through any disagreement or difficulty, our ethos remained the same: we would treat all Working Group members with respect and dignity; we would honor the lived experiences of all participants; and we would make informed decisions democratically and transparently.

The result of this work is the below plan for a new city agency for public safety. We believe this plan fulfills our Working Group responsibilities as elucidated in Common Council's resolution and then-Mayor Myrick's charge to the group. We know this is just one step in the reimagining public safety process, with other recommendations to follow suit in the coming months and years.

Everything about the plan—the suggested new public safety agency's name; the role of the agency leader;

' We care deeply about the City of Ithaca. We believe in all of its people. We put forward this plan with the conviction that, if approved, it will provide a more expansive, inclusive and effective public safety reality for every one of us.'

the structure of its police and non-police functions; the resources to support training, equipment, technology, and research—is designed to stand-up an agency that will expand and enhance our city's public safety approach, and keep as its beating heart the best interests of those who call upon it in times of need.

We care deeply about the City of Ithaca. We believe in all of its people. We put forward this plan with the conviction that, if approved, it will provide a more expansive, inclusive and effective public safety reality for every one of us.

Sincerely,

Eric Rosario & Karen Yearwood



In June 2021, a Reimagining Public Safety Working Group was formed (“the Working Group”) to “facilitate the replacement of the City of Ithaca Police Department with a Department of Public Safety,” in accordance with the first recommendation of the Reimagining Public Safety Plan.



1000

Subscribers

As of February 2022 an email list the City of Ithaca and Tompkins County created to keep the community apprised on the process had just under 1,000 subscribers.

50+

Meetings

The Working Group met 16 times to advance an implementation plan for the new public safety agency. There were 4 subcommittee meetings, each Subcommittee met at least 9 times each.

35+

Members & Advisors

Former Mayor Myrick named the Working Group leaders from various stakeholder groups in Ithaca, including community members. The Working Group and Subcommittees have over 35 members and advisors.

Image Caption >

Mural at the Sciencenter by Tori Burdick

Photograph by Sheryl Sinkow

PAGE 2361



EXECUTIVE SUMMARY & SUGGESTIONS

This report details the implementation plan for the City of Ithaca’s new public safety agency. In accordance with Common Council’s April 2021 resolution, this implementation plan represents the city’s next step towards reimagining public safety.

This new agency would contain law enforcement officers as well as non-law enforcement first responders. Born out of a desire to center the city’s marginalized and vulnerable populations, the vision for the new agency is to direct police resources to the activities that require and merit law enforcement intervention, and to use the new unit of civilian first responders to address public safety issues that would be better served by a different expertise and approach. In so doing, the agency will provide a better public safety reality for all.

The suggestions contained within this report were determined by majority vote or consensus within the Working Group, and by consensus within the four specific Subcommittees. The Working Group and the Subcommittees were made up of leaders from the community, law enforcement, health and human services, business, and education. The Working Group and the Subcommittees considered several inputs in crafting these suggestions, including: their own lived experience and expertise; perspectives gathered from the community (especially from Black, Brown, and other vulnerable community members); research evaluating evidence-based practices in other jurisdictions; and analysis of City of Ithaca data. In discussing and debating these suggestions, the Working Group and the Subcommittees sought a process that was inclusive of all stakeholders, that centered the experiences of Black and Brown and other vulnerable communities in Ithaca, and that reflected the best available evidence on innovative approaches to reimagining public safety.

The suggestions of the Working Group and the Subcommittees to the Common Council are summarized as follows, and are detailed in the body of this report:

- **Naming a new umbrella city agency for public safety:**
 - The new city agency for public safety should be named the Department of Community Safety.
- **Leadership of the new Department of Community Safety:**
 - The title of the leader of the Department of Community Safety should be “Commissioner of Community Safety”.
 - The Commissioner of Community Safety position should be filled by a civilian leader, who brings a background in racial justice, social work, public health, public or business administration, and demonstrates in-depth knowledge of the intersections of race, public health, and public safety.
- **Names and leadership structures of the two Department of Community Safety units:**
 - The two units of first responders within the Department of Community Safety should be titled the Division of Police (staffed by police officers) and the Division of Community Solutions (staffed by civilian first responders).

- The Commissioner of Community Safety should oversee both divisions.
 - Reporting to the Commissioner of Community Safety, the head of the Division of Police should be called the Director of Police (who may also be referred to as the Police Chief, where necessitated by state law). Initially, this division will consist of all existing staff of the current Ithaca Police Department (IPD).
 - Reporting to the Commissioner of Community Safety, the head of the Division of Community Solutions should be called the Director of Community Solutions. This division should consist of unarmed civilian first responders.
- **Key responsibilities of the two Department of Community Safety units:**
 - The Division of Police should retain key law enforcement responsibilities, in particular those calls that represent a serious threat to public safety and/or that state law requires be conducted by a police officer.
 - The Division of Community Solutions should respond to quality of life and other incidents (including those involving referrals to mental health or other social service providers), and may also include law enforcement duties that can be carried out by non-police (i.e. the administration of certain kinds of fines and penalties).
- **Call delineation:**
 - The Working Group voted to delineate the following call types between “armed” and “unarmed” responses, but recognizes that these decisions will need to be refined and adjusted under the leadership of the Commissioner for Community Safety, and based on factors including staff capacity, departmental policies, and further analysis of call types:
 - The new Division of Police should respond to the following calls for service (in alphabetical order):
 - Assault; Bomb Threat; Burglary; Criminal Mischief; Dead Body; House Alarm Triggers Police; Intoxication; Robbery; Shots Fired; Stabbing; Warrant; Weapons; 911 Call Hangup.
 - The following call types should be handled by unarmed responders, from the Division of Community Solutions and other departments (in alphabetical order):
 - Animal Bites; Animal Problem; Bad Check; Child Abuse; Civil Complaint; Escort; Fire Outside; Fireworks; Fraud; Hazmat; Information; Local Law; Noise Complaint; Parking Problem; Personal Injury Collision; Property Check; Property Complaint; Repossessed Vehicle; Service Call; Special Detail; Theft of Mail/Packages; Traffic Collision; Unclassified; Vehicle Fire; Welfare Check.
 - The following call types were categorized as “it depends.” These call types should be further analyzed to determine if they need to be broken down into smaller categories (new call types) in order to effectively delineate a response, if they need an in-person response at all, or if they merit a co-response between armed and unarmed responders (in alphabetical order):
 - Assisting Another Government Resource; Disorderly Conduct; Dispute; Domestic; Drugs; Harassment; Missing Person; Overdose; Psychiatric; Sex Offense; Suspicious; Traffic Complaint; Traffic Offense; Transport; Trespassing; Unsecured Premise; 911 Call with No One Talking.
 - A joint response between the Division of Police and the Division of Community Solutions

Born out of a desire to center the city’s marginalized and vulnerable populations, the vision for the new agency is to direct police resources to the activities that require and merit law enforcement intervention, and to use the new unit of civilian first responders to address public safety issues that would be better served by a different expertise and approach.

should be considered in cases which merit it (for example, trespassing incidents where there is a potential threat to public safety). A co-response model will be determined under the leadership of the new Commissioner of Community Safety.

- **Staffing level, beat design, and shift assignments for the Department of Community Safety divisions:**

- For the new Division of Community Solutions:
 - The City of Ithaca should initially hire five unarmed responders for the Division of Community Solutions under the Department of Community Safety, with the Commissioner of Community Safety to determine additional staffing needs.
 - Unarmed responders should have the title of “Community Responders,” and be responsible for addressing calls that do not require law enforcement expertise. These unarmed responders should bring skills in community engagement, de-escalation, crisis intervention, and referral to mental health and social service providers.
 - The Division of Community Solutions may be assigned beat assignments, but only as

appropriate to increase community engagement, and to be concentrated within beats in which their services are most needed.

- For the Division of Police:
 - The Division of Police should restructure its beat design with the priorities of creating an even distribution of 911 calls between beats and incorporating walking beats, while maintaining neighborhood integrity.
 - By the next collective bargaining process, the City of Ithaca and its Police Department/ Division of Police should adopt the Pitman shift assignment configuration¹ in order to meet community needs, and maximize officer sustainability, efficiency, and equity.
- For both divisions:
 - The Division of Community Solutions and the Division of Police should work in tandem to improve intra-departmental efficiency and communications.
 - Responders from both the Division of Community Solutions and the Division of Police should provide ten hours of paid service per month to predetermined community service sites; for patrol officers, the sites they serve should be located within the geographic boundaries of their beats.
 - Common Council should create a committee or task force to further investigate details regarding implementation of these recommendations, particularly the questions identified by this Subcommittee as relevant but meriting more consideration.

- **Training for the Department of Community Safety:**

- Training for staff of the Department of Community Safety (including the Division of Police and the Division of Community Solutions) should emphasize a community-centered model which prioritizes community protection through de-escalation tactics, alternatives to use of

force, trauma-informed approaches, mental health awareness, holistic responses, and data collection practices;

- Training resources should focus on trainings that are shown to have a positive impact on officer engagement with the community.
 - To better assess the impact of the recommended training, the Department of Community Safety should establish an evaluation process for its training program.
 - Information on the Department of Community Safety’s annual training offerings and mandates should be publicly listed.
- **Equipment and technology needs for the Department of Community Safety:**
 - In addition to the existing equipment and technology of the Division of Police and the start-up equipment and technology necessary for the new Division of Community Solutions, the new Department of Community Safety should provide the following:
 - Improvements to the online records management system (RMS);
 - Speech recognition technology to make report writing more efficient and accurate;
 - A mechanism for reporting lower-priority occurrences online.
- **Research and data needs for the Department of Community Safety:**
 - The Department of Community Safety should collect and publicly report the following data:
 - The type, number, and share of 911 calls by response;
 - Certain outcomes of Division of Community Solutions activities, disaggregated by race and other demographics;
- Certain outcomes of Division of Police activities, disaggregated by race and other demographics;
 - Complaints filed against responders from either the Division of Community Solutions or the Division of Police.
- The Department of Community Safety should standardize data entry practices to align with other city and county services, and consistently and proactively input data into the city-county data dashboard, as defined in the Reimagining Public Safety Collaborative resolutions.
 - The Department of Community Safety should establish partnerships with the Community Justice Center and with academic institutions in the Ithaca area to explore more complex research questions.
 - The Department of Community Safety should dedicate staff resources within the Department of Community Safety to continue this work (including leading the work in the above suggestions, and contributing to the other data-related recommendations contained in the “Public Safety, Reimagined” report), including the hiring of a data analyst for the new department.

BACKGROUND

In June 2020, following the murder of George Floyd by Minneapolis police officer Derek Chauvin and citing “a long and painful history in New York State of discrimination and mistreatment of Black and African-American citizens,” then-New York Governor Andrew Cuomo issued Executive Order 203.

Executive order 203, the New York State Police Reform and Reinvention Collaborative, compelled all jurisdictions with a “police agency” to develop a plan to improve public safety policies and practices to better serve the community, including addressing “any racial bias and disproportionate policing of communities of color.” Local legislative bodies were directed to vote on their plan and report to the Governor’s Office by April 1, 2021.²

In response to Executive Order 203, then-Tompkins County Administrator Jason Molino and then-City of Ithaca Mayor Svante Myrick convened a joint city and county collaborative to assess the state of policing in their jurisdictions.³ This 40-person group, made up of individuals appointed for their expertise, role, and ability to implement solutions, convened in September 2020.⁴ The collaborative, which also included the Center for Policing Equity (a national nonprofit focused on racial justice in law enforcement practices) sought to center its approach within the safety needs and perceptions of the community, and with an eye towards reimagining (rather than reforming) what policing could mean for public safety, equity, and justice for all. The collaborative committed to recommending the kinds of systems and structures necessary to achieve sustainable and meaningful community well-being.

In February 2021, the collaborative released a report for public comment, “Public Safety, Reimagined.” The final report, based on the collaborative’s deliberations, as well as extensive additional community input, included an

in-depth analysis of the policing functions of the county and city as well as 19 recommendations for reimagining public safety in Tompkins County and the City of Ithaca.⁵ On March 31, 2021, the Tompkins County Legislature accepted and the City of Ithaca Common Council unanimously voted to accept the “Public Safety Reimagined” report, and to adopt the recommendations contained within it.⁶ The report was then submitted to the New York State Division of Budget and the Governor’s Office.⁷

The first recommendation within the “Public Safety, Reimagined” report forms the center of the City of Ithaca’s public safety restructuring. As approved by the City of Ithaca Common Council, this recommendation calls for the City of Ithaca to: “Create a new department, tentatively named the Department of Public Safety (DPS), which may be led by a civilian to manage various public safety functions in the City.” At the direction of Common Council, the new department is to include two units: one of “unarmed first responders” who will be tasked with responding to “certain non-violent call types,” and a unit “whose members will qualify in all respects under New York State law as police officers...led by someone who shall qualify in all respects under New York State law as a Chief of Police.”⁸ In the resolution, the City of Ithaca Common Council members noted the goal of advancing “positive changes in policing practices.”⁹ The resolution also called for the formation of a working group, consisting of various city stakeholders and technical experts, to produce implementation recommendations for Common Council to vote upon.

RPS TIMELINE

2020



JUNE

Executive Order 203



SEPTEMBER

Joint City of Ithaca and Tompkins County collaborative is convened

2021



FEBRUARY

Collaborative releases “Public Safety Reimagined” report



MARCH

City and County legislative bodies vote to adopt recommendations contained within “Public Safety Reimagined”



APRIL

“Public Safety Reimagined” report submitted to Governor’s office in compliance with Executive Order 203



JULY

City of Ithaca forms Working Group for the implementation of Recommendation #1; first Working Group meeting is held



SEPTEMBER

First Subcommittee meetings are held



OCTOBER

Reimagining Public Safety website is launched to solicit community input

2022



MARCH

Recommendation #1 implementation report is submitted to common council

IMPLEMENTATION PLANNING PROCESS

The Reimagining Public Safety Working Group

In June 2021, then-Mayor Myrick, working closely with City of Ithaca Director of Human Resources Schelley Mitchell-Nunn, formed the Reimagining Public Safety Working Group (“the Working Group”) to “facilitate the replacement of the City of Ithaca Police Department with a Department of Public Safety,” in accordance with the first recommendation of the Reimagining Public Safety Plan.¹⁰ The Working Group was tasked with delivering specific plans for the new public safety agency: the new department’s title; “naming conventions” for the new department’s staff and units; job descriptions for key leadership positions; delineated call type responsibility between the two units; training of department members; and an operating budget. As outlined in the Common Council resolution, the Working Group was to include “some combination of IPD staff, other City staff, Alderpersons, interested City residents, and outside experts or consultants.”¹¹

Then-Mayor Myrick named Eric Rosario, a community leader and former member of the City of Ithaca Common Council, as project lead for the Working Group. The Mayor named the Working Group leaders from various stakeholder groups in Ithaca, including community members.¹² Rosario then selected Karen Yearwood, an administrator with Cornell Cooperative Extension and a former Executive Director of the Village at Ithaca, to serve as co-project lead with him. The Center for Policing Equity would serve as facilitators for the Subcommittees and as content advisors for both the Subcommittees and the Working Group. Technical advisors would be brought into Working Group meetings and discussions according to the expertise and support needed for any given meeting or planning process. The Working Group and its technical advisors participated in a two-day orientation, which introduced them to one another’s working and decision-making preferences and provided background and context for the history of policing in Ithaca, the reimagining public safety work to-date, and the Working Group’s role in making suggestions for the implementation of the first recommendation of the public safety redesign.

Working Group subcommittees and technical advisors

In order to inform Working Group decisions on the first recommendation, the collaborative created four Subcommittees consisting of Working Group members and additional community members. These Subcommittees were tasked with addressing key aspects of the new department: Subcommittee A on Staffing Levels, Shift Assignments, and Beat Designs; Subcommittee B on Training, Equipment, and Technology; Subcommittee C on Research and Data; and Subcommittee D on Proposed Operating Budget for the New Public Safety Model. The Subcommittee to address Call Type Responsibility (which units would respond to which types of calls) was of such central importance to the new department that it was subsumed into the Working Group as a whole. (For a full list of Working Group and Subcommittee members, and technical advisors, please see Appendix A).

Community input

Community input was a cornerstone of the decision making process. In order to solicit community input and to keep the community updated on the Working Group’s progress, the City of Ithaca and Tompkins County created a website: www.publicsafetyreimagined.org. The website contains: a list of all resolutions and plans passed by the City of Ithaca Common Council and Tompkins County Legislature related to reimagining public safety; news releases and other updates on the process; and tools for the community to provide their input on key Working Group decisions. Through the website, community members also have the opportunity to sign up for email updates on the Working Group’s progress. The city and county held in-person and virtual information sessions for community members to learn more about the website, and how to use the website to provide input on the public safety reimagining process. The website will contain information on all current and future reimagining plans, and serve as both an archive for past plans and tool for future plans.

For the new public safety agency, there were two key decisions for which community input was solicited: the name for the new department, and the delineation of responsibility for various call types. Community members were encouraged to submit their own ideas for each of these decisions. Community members could also comment on ideas posted by others, including those submitted by the Working Group, generating conversation within the community, and helping the Working Group assess the level of community consensus or conflict around various ideas. In order to post or comment on the website, community members had to create an account confirming their residency in the City of Ithaca or Tompkins County.

The City of Ithaca and Tompkins County held in-person and virtual community forums where community members could share ideas. The in-person forums were designed for those who did not have easy access to participate virtually. Weekly half-page ads were placed in the free Tompkins Weekly newspaper from September 2021 and will run for one calendar year featuring process updates and a cut-out section for community members to write and mail-in ideas. And at libraries in Tompkins County, reference librarians received communications on how to use the website, and how to help community members access it via library computers.

Throughout the process, the City of Ithaca and Tompkins County kept the community apprised on updates through the website, in-person and virtual forums, and an email list (members of the public can continue to sign up using [this link](#)).¹³ The goal was maximum transparency, allowing the community to track the process from the origination of an idea to its implementation. The collaborative's email list had just under 1,000 subscribers as of February 2022.

Decision-making process

The Working Group held its first meeting on July 21, 2021, and met 16 times to advance an implementation plan for the new public safety agency. In order to aid in the group's decision-making process, the full group received briefings on public safety information to help inform decision making.

Community input was a cornerstone of the decision making process... the City of Ithaca and Tompkins County kept the community apprised on updates... The goal was maximum transparency, allowing the community to track the process from the origination of an idea to its implementation.

Subcommittees held their first meetings in late September, and each met between 9 and 13 times to advance their work. Subcommittees also received briefings specific to their committee assignment. At the end of their deliberation process, each Subcommittee shared suggestions on which they had reached consensus to the larger Working Group for inclusion in this report.

The Working Group's decisions on a department name and call type delineation were informed by the community input collected on those decisions. Working Group co-leads Eric Rosario and Karen Yearwood assessed the community ideas collected on these issues, and incorporated finalists into a list from which Working Group members voted. Each suggestion considered by the Working Group was presented to the full Working Group for a vote. Suggestions with majority support were included in this report plan.



For too long, marginalized and vulnerable communities in the City of Ithaca have lived without the true sense of peace and safety we all are promised. Those same communities, along with allies from every facet of our community, have been asking and working for change to the city's overreliance on police to resolve non-criminal or non-violent public safety.

< Image Caption

Mural of Toni Morrison by Maryam Adib, Corner of Plain and Clinton Street, Ithaca

Photograph by Sheryl Sinkow

IMPLEMENTATION PLAN FOR THE NEW PUBLIC SAFETY AGENCY

Naming a new umbrella city agency for public safety

SUGGESTION

The Working Group suggests to the Common Council that the new city agency for public safety be named the Department of Community Safety.

CONTEXT

In its April 1, 2021 legislative mandate, Common Council charged the Reimagining Public Safety Working Group with recommending a name for the new public safety agency.¹⁴ Working Group members submitted name suggestions to the Working Group co-leads. Members of the public submitted name suggestions through the City of Ithaca and Tompkins County website for this project (www.publicsafetyreimagined.org), as well as through online and in-person community forums.¹⁵

Submissions from both the Working Group and the public were then reviewed by the co-leads of the Working Group, and assessed using four criteria:

- **Whether the name reflects the charge for a new department.**
 - Does the name effectively communicate an agency that will adopt and implement alternative response models to calls for service?
- **Whether the name allows for future responsibilities of the new department.**
 - Does the name allow for a broader scope of “public safety” that may include other units in the future?

- **Whether the name is intuitive, meaning that it will help people understand what the department does.**
 - Will people who hear or see the name understand that it is responsible for multiple public safety activities?
- **Whether the name is inclusive and innovative.**
 - Does the name capture the goal of reimagining public safety?
 - Is it responsive to the needs of Black, Brown, and other vulnerable communities in Ithaca?

The Working Group co-leads presented a list of finalist names to the entire Working Group, which the Working Group voted on in accordance with the same criteria articulated above. The majority of voting Working Group members selected the “Department of Community Safety” as the new name. The name underscores the vision for the new department as an umbrella agency that will grow to become the hub for community safety in Ithaca, and may eventually come to include some of the City’s other safety-related units.

Leadership of the new Department of Community Safety

SUGGESTIONS

The Working Group suggests to Common Council that:

- **The title of the leader of the Department of Community Safety should be “Commissioner of Community Safety”;**
- **The position of Commissioner of Community Safety should be filled by a civilian leader;**

- **The Commissioner of Community Safety should bring a background in racial justice and social work, public health, public or business administration, and demonstrates in-depth knowledge of the intersections of race, public health, and public safety.**

CONTEXT

This position represents the first time that the City of Ithaca will have a leader whose sole job is to oversee multiple facets of the city's public safety system. The title of this position, "Commissioner of Community Safety," was chosen to reflect the breadth of the department's charge and the seniority of this leadership position within the city's organizational structure.

In its April 1, 2021 resolution, Common Council articulated that the new public safety agency "may be led by a civilian to manage various public safety functions in the City."¹⁶ Given the impetus for reform, the Working Group felt it was important to have the Commissioner be a civilian, and not a current law enforcement officer. The Working Group believes that a civilian leader with full-time oversight of public safety will give the Department of Community Safety its best chance to develop a culture of service and transparency that centers the community experience and will define the department's values. The Commissioner would report directly to the Mayor.

In terms of the Commissioner's qualifications, the Working Group agrees that the position will require a strong leader with a passion for racial and social equity. As the Commissioner of Community Safety will be responsible for developing and implementing the newly formed Department of Community Safety, this position will also require extensive project management and interdisciplinary leadership experience.

Names and leadership structures of the two Department of Community Safety units

SUGGESTIONS

The Working Group suggests to Common Council that:

- **The two units of first responders within the Department of Community Safety should be titled the Division of Police (staffed by police officers) and the Division of Community Solutions (staffed by civilian first responders).**
- **The Commissioner of Community Safety should oversee both divisions.**
- **Reporting to the Commissioner of Community Safety, the head of the Division of Police should be called the Director of Police (who may also be referred to as the Police Chief, where necessitated by state law). Initially, this division will consist of all existing staff of the current Ithaca Police Department.**
- **Reporting to the Commissioner of Community Safety, the head of the Division of Community Solutions should be called the Director of Community Solutions. This division should consist of unarmed civilian first responders.**

CONTEXT

In its April 1, 2021 resolution, Common Council mandated that the new public safety agency include two units: one of "unarmed first responders" who will be tasked with responding to "certain non-violent call types," and a unit "whose members will qualify in all respects under New York State law as police officers...led by someone who shall

IMPLEMENTATION PLAN FOR THE NEW PUBLIC SAFETY AGENCY *continued*

qualify in all respects under New York State law as a Chief of Police.”¹⁷

When a 911 call for service comes in, dispatch must “hand-off” the call to a unit of first responders. Currently, in the City of Ithaca, there are only three units of first responders: the fire department, emergency medical services (EMS) and the police department. This means that for all calls not related to a fire or medical emergency, dispatch hands off the call to the police department, even in cases that do not require law enforcement authority or expertise. A new division of unarmed civilian responders, the Division of Community Solutions, provides the ability to deploy first responders who are better suited to address certain call types (more detail on this in the call delineation suggestion below). The division will be led by the Director of Community Solutions.

Recognizing that law enforcement will continue to play an important role in public safety, the Department of Community Safety will also house the Division of Police. This division will contain the staff of the Ithaca Police Department, and will continue to be bound by the labor contract agreed to by the City of Ithaca and the Ithaca Police Benevolent Association (unanimously passed by Common Council in December 2021). State law requires that if a jurisdiction has a staff of more than four police officers it must have a police chief.¹⁸ Thus, the head of the Division of Police will have two formal titles: the Director of Police and Police Chief (where required by state law). Unless certain protocols require otherwise, the primary title for this position will be Director of Police, designed to align with the title of Director of Community Solutions.

Key responsibilities of the two Department of Community Safety units

SUGGESTIONS

The Working Group suggests to Common Council that:

- **The Division of Police should retain key law enforcement responsibilities, in particular those calls that represent a serious threat to public safety and/or that state law requires be conducted by a police officer.**
- **The Division of Community Solutions should respond to quality of life and other incidents (including those involving referrals to mental health or other social service providers), and may also include law enforcement duties that can be carried out by non-police (i.e. the administration of certain kinds of fines and penalties).**

CONTEXT

Currently in the City of Ithaca, the Tompkins County Emergency Response System (911) can dispatch calls to three response units: the fire department, the police department, and emergency medical services. All 911 calls received by dispatch must be routed to one or more of these three options. By establishing a new Department of Community Safety, including a Division of Community Solutions staffed by civilian first responders, the City of Ithaca would create an alternative to the three existing dispatch options.

This is in line with models established in jurisdictions across the country, where public safety systems are adopting and evaluating alternative responses to 911 calls. In particular, public safety systems are assigning responsibility for quality-of-life and other non-violent incidents to civilian responders, rather than armed police officers. As stated in the Center for American Progress report “The Community Responder Model”: “dispatching armed officers to calls where their presence is unnecessary is more than just an ineffective use of safety resources; it can also create substantially adverse outcomes for communities of color, individuals with behavioral health disorders and disabilities, and other groups who have been disproportionately affected by the American criminal justice system.”¹⁹

The Working Group recognizes the importance of and, in some cases, the legal requirement of having police engage in and respond to public safety threats. For example, certain kinds of crime reports require the response of police officers based on state law, insurance requirements, or other parameters. The Working Group suggests that the core responsibilities of the Division of Police remain similar to those of the current Ithaca Police Department.

Regardless of any change in the responsibilities of the Division of Police, the Working Group emphasizes that it is particularly important to change the culture of policing in Ithaca. Over the course of the process, the Working Group gathered community input from particularly vulnerable community members, some of whom noted experiencing physical and/or verbal abuse from IPD, and voiced a strong desire that their public safety system inflict no mental or physical harm on the civilians it interacts with. As such, the Division of Police should create a culture that prioritizes the needs and safety concerns of Black, Brown, and other marginalized communities in Ithaca. By building a culture that is respectful of community needs and protective of all community members, the Division of Police can begin to repair the mistrust that continues to exist between vulnerable communities and the police. The work starts with division leadership and accountability. It can be enhanced by giving police the time and training they need to build better community relations in purposeful and meaningful ways.

The Working Group recognizes that certain public safety functions that are currently handled by the police would be better served by unarmed civilian first responders within the Division of Community Solutions or in coordination with the County Mobile Crisis Unit (for example, certain incidents related to mental health or homelessness). The Working Group considered alternative response models from other jurisdictions in the US. For example, for over thirty years, the CAHOOTS (Crisis Assistance Helping Out On The Streets) program in Eugene, OR has been rerouting 911 calls related to addiction, disorientation, mental health crises, and

homelessness to teams of first responders (including a medic and a crisis worker) from a local mental health clinic.²⁰ The calls diverted to CAHOOTS exclude those in which there is a danger posed to others (for example, incidents involving a weapon). Similarly, in Denver, CO, the STAR (Support Team Assistance Response) program deploys Emergency Medical Technicians and Behavioral Health Clinicians to non-violent calls involving mental health issues, poverty, substance abuse, and homelessness.²¹ The new Division of Community Solutions in Ithaca could have similar responsibilities. A co-response by the Division of Police and the Division of Community Solutions might further address both public safety threats and holistic community needs. The responsibilities of the Division of Community Solutions will continue to be refined as part of the implementation of Recommendation #2 of the “Public Safety, Reimagined” report (“Evaluate existing models and implement an alternative to law enforcement response system for crisis intervention and wraparound health and human services delivery”).

Call delineation

SUGGESTIONS:

The Working Group offers the following suggestions on call delineation, meant to serve as high-level guidance for which types of calls should be handled by law enforcement and which types of calls should be handled by unarmed first responders. There were certain call types that contained a wide range of possible circumstances, and thus could not be clearly delineated between units. These call types may need to be refined (broken into more specific subcategories) in order to be delineated in an effective, responsible way. There were other call types which may necessitate a co-response between law enforcement and unarmed responders. Co-responses may be varied, and could include units on standby in case a co-response need emerges, telephonic responses to calls, or other forms of alternative responses. As such, the Working Group did not come to a delineation decision on all call types, and grouped these into an “it depends” category

IMPLEMENTATION PLAN FOR THE NEW PUBLIC SAFETY AGENCY *continued*

for further analysis. These remaining details of call delineation would come under the leadership of the new Commissioner of Community Safety.

The Working Group suggests to Common Council that:

- **The Working Group voted to delineate the following call types between “armed” and “unarmed” responses, but recognizes that these decisions will need to be refined and adjusted under the leadership of the Commissioner for Community Safety, and based on factors including staff capacity, departmental policies, and further analysis of call types:**

- The new Division of Police should respond to the following calls for service (in alphabetical order):
 - Assault; Bomb Threat; Burglary; Criminal Mischief; Dead Body; House Alarm Triggers Police; Intoxication; Robbery; Shots Fired; Stabbing; Warrant; Weapons; 911 Call Hangup.
- The following call types should be handled by unarmed responders from the Division of Community Solutions and other departments (in alphabetical order):
 - Animal Bites; Animal Problem; Bad Check; Child Abuse; Civil Complaint; Escort; Fire Outside; Fireworks; Fraud; Hazmat; Information; Local Law; Noise Complaint; Parking Problem; Personal Injury Collision; Property Check; Property Complaint; Repossessed Vehicle; Service Call; Special Detail; Theft of Mail/Packages; Traffic Collision; Unclassified; Vehicle Fire; Welfare Check.
- The following call types were categorized as “it depends.” These call types should be further analyzed to determine if they need to be broken

down into smaller categories (new call types) in order to effectively delineate a response, if they need an in-person response at all, or if they merit a co-response between armed and unarmed responders (in alphabetical order):

- Assisting Another Government Resource; Disorderly Conduct; Dispute; Domestic; Drugs; Harassment; Missing Person; Overdose; Psychiatric; Sex Offense; Suspicious; Traffic Complaint; Traffic Offense; Transport; Trespassing; Unsecured Premise; 911 Call with No One Talking.
- A joint response between the Division of Police and the Division of Community Solutions should be considered in cases which merit it (for example, trespassing incidents where there is a potential threat to public safety). A co-response model will be determined under the leadership of the new Commissioner of Community Safety.

CONTEXT:

In the context of this report, call delineation refers to the assignment of 911 calls for service to either the Division of Police or to unarmed responders, including from the Division of Community Solutions. The Working Group analyzed approximately 60 call types, selected from a list of all call types provided by the Tompkins County Emergency Response (911) dispatch system. (For a complete list of considered call types and their definitions, please see Appendix B.)

Several call types reflect broad categories, within which a range of incidents could be included and necessitate different types of response. For example, one call type is “Domestic,” which includes calls involving abuse in progress (requiring a Division of Police response), and calls without an immediate threat to personal safety (which may be better served by a Division of Community Solutions response).

Other calls may be better served by a co-response, for example “psychiatric”, which includes incidents where the person in crisis poses a threat to others (requiring a Division of Police response) and is in need of social services assistance (which may be better served by a Division of Community Solutions response). In order to implement call delineation on the remaining call types, the call types may have to be segmented into smaller categories (creating new call types). These new call types should be crafted for ease of clear delineation between an armed response, unarmed response, a co-response, or perhaps an administrative response that does not require a responder being sent to the scene at all. Over the course of COVID-19, the Ithaca Police Department was handling an increasing number of lower-priority calls telephonically (for example, a call related to bike theft). This practice could potentially be expanded to ensure that response resources are being deployed to the incidents that most require in-person support.

The Working Group considered several factors in making its suggestions on call delineation: community input, analysis of 911 call data, consultation with 911 dispatch experts, research on the value of alternative responses, and model practices from alternative response programs in other US cities. The principle applied was to route call types requiring law enforcement expertise to the Division of Police, and diverting call types better served by a non-law enforcement response to unarmed first responders. In making determinations about call delineation, the Working Group adopted the following criteria:

- **Decisions should be inclusive and innovative;**
- **Decisions should capture the intent of reimagining public safety;**
- **Decisions should be responsive to the need of Black, Brown, and other vulnerable communities in Ithaca;**
- **Decisions should include input from experts, Common Council, and the surrounding community.**

Taking into account all of these inputs, the Working Group then held a series of facilitated discussions culminating in a vote. The suggestions for call delineation listed above reflect decisions on which either a majority of Working Group members were in favor or, in case of a tie, the Working Group co-leads decided with the counsel of the Director of Department of Emergency Response (DoER).

The City of Ithaca and Tompkins County will continue this process as they work to implement Recommendation #3 of the “Public Safety, Redesigned” report: “Better align available resources with emergency response needs by establishing a pilot program for non-emergency calls.” This pilot program will include responses by the new Division of Community Solutions within the City of Ithaca, and also may include collaboration with and responses by the County’s Mobile Crisis Team.

Staffing level, beat design, and shift assignment suggestions for the Department of Community Safety divisions

SUGGESTIONS

The Subcommittee on Staffing Levels, Shift Assignments, and Beat Designs suggests to Common Council that:

- **For the new Division of Community Solutions:**
 - The City of Ithaca should initially hire five unarmed responders for the Division of Community Solutions under the Department of Community Safety, with the Commissioner of Community Safety to determine additional staffing needs.
 - Unarmed responders should have the title of “Community Responders”, and be responsible for addressing calls that do not require law enforcement expertise. These unarmed

IMPLEMENTATION PLAN FOR THE NEW PUBLIC SAFETY AGENCY *continued*

responders should bring skills in community engagement, de-escalation, crisis intervention, and referrals to mental health and social service providers.

- The Division of Community Solutions may be assigned beat assignments, but only as appropriate to increase community engagement, and to be concentrated within beats in which their services are most needed.

- **For the Division of Police:**

- The Division of Police should restructure its beat design with the priorities of creating an even distribution of 911 calls between beats and incorporating walking beats, while maintaining neighborhood integrity.
- By the next collective bargaining process, the City of Ithaca and its police department/ Division of Police should adopt the Pitman shift assignment configuration²² in order to meet community needs, and maximize officer sustainability, efficiency, and equity.

- **For both divisions:**

- The Division of Community Solutions and the Division of Police should work in tandem to improve intra-departmental efficiency and communications.
- Responders from both the the Division of Community Solutions and Division of Police should provide ten hours of paid service per month to predetermined community service sites; for patrol officers, the sites they serve should be located within the geographic boundaries of their beats.
- Common Council should create a committee or task force to further investigate details regarding implementation of these

recommendations, particularly the questions identified by this Subcommittee as relevant but meriting more consideration.

CONTEXT

Guiding principles

The Subcommittee considered several guiding principles in making these suggestions, intended to capture the spirit of reimagining public safety in a community-centered way:

- **The Department of Community Safety and all of its employees should show respect and kindness to all members of the community, regardless of race, class, sexual orientation, occupation, etc.**
- **The staffing and beat design of the Department of Community Safety should pay particular attention to the experiences of disproportionately impacted Black and Brown communities in Ithaca.**
- **The staffing and beat design of the Department of Community Safety should serve the holistic needs of community members, and enable genuine and empathic community engagement.**

The Department of Community Safety should be aware of and integrated with existing infrastructure and wraparound services in Ithaca.

Staffing Levels

To determine potential staffing levels for the Division of Police and the Division of Community Solutions, the Subcommittee analyzed existing Ithaca Police Department (IPD) workload by call type, identifying which calls could involve an unarmed response. The subcommittee noted that about one-third of the community-generated 911 calls IPD responds to could potentially be handled by unarmed officers or with some kind of co-response. This number is only intended to be a rough approximation, especially since the Division of Community Solutions will be expected to provide additional services that IPD is not currently responsible for.

For a more precise breakdown of suggested call diversion to the Division of Community Solutions, please see the section titled “Call delineation” within this report. The implications of this analysis inform the Subcommittee’s subsequent suggestions on the roles and responsibilities of unarmed responders.

This Subcommittee suggests that the City of Ithaca initially hire five full-time responders for the Division of Community Solutions, with potential staffing expansion based on an evaluation of initial outcomes after one year. Unarmed officers are intended to 1) provide the Ithaca community with services and skill sets that would improve public safety outcomes, particularly those of Black, Brown, and other vulnerable communities; and 2) supplement IPD’s capacity by reducing workload that can appropriately be handled by unarmed officers. The subcommittee recommends that hired unarmed officers represent the diversity of Ithaca, and be hired from within the local Ithaca community.

Roles of unarmed responders

Drawing inspiration from other call diversion models across the country, the Subcommittee has outlined the proposed role of “Community Responder”: a civilian responder position that works collaboratively as part of the Division of Community Solutions within the Department of Community Safety. Community Responders would respond to calls related to quality-of-life concerns, some community conflicts, and some mental health issues that do not require an armed intervention. This could include 911 call types like “Welfare Checks”, “Noise Complaint”, “Property Complaint”, “Traffic Collision”, “Civil Complaint”, and “Animal Problem”.

The Community Responder’s primary duties involve:

- **Responding to non-hazardous, non-emergency and other calls for service in lieu of or in tandem with an armed officer.**
- **Performing a variety of specialized and technical duties in the areas of patrol, community services, training, and other areas as assigned.**

- **Conducting active patrol of public spaces to promote community safety and engagement.**
- **Writing reports documenting incidents and calls for service and preparing other written correspondence as needed.**
- **Supporting a variety of administrative functions for the department and assisting with projects as needed.**
- **In the event of emergencies, requesting emergency services assistance, including providing key information to other responders and evacuating persons.**
- **Accompanying armed responders on patrol as allowed by the officer in charge.**
- **Working in collaboration with other community resources—including but not limited to armed responders, unarmed responders, Downtown Community Outreach Workers, and Law Enforcement Assisted Diversion (LEAD)—to make appropriate referrals to mental health and other social services.**

For more information on the proposed training for Division of Community Solutions responders, please see the section “Training protocols for the Department of Community Safety.”

The Subcommittee recognizes that the precise roles, responsibilities, and configurations of unarmed responders will require further inquiry once operational, and that their job descriptions will be refined under the leadership of the new Department of Community Safety and as part of the Common Council recommendation to: “Evaluate existing models and implement an alternative to law enforcement response system for crisis intervention and wraparound health and human services delivery.” Of specific importance will be determining responses to mental health crisis calls, which may involve collaboration with the Tompkins County Mobile Crisis Unit.

IMPLEMENTATION PLAN FOR THE NEW PUBLIC SAFETY AGENCY *continued*

The Subcommittee also recognizes that staffing structure and responsibilities for the Division of Police will be governed by the current and next collective bargaining agreement. Out of deference to that process, and recognizing the expertise behind IPD's current staffing configurations, the Subcommittee does not make recommendations on staffing levels for armed responders.

Beat design

Given the addition of a new Division of Community Solutions, the Department of Community Safety has an opportunity to restructure its beat design. A "beat" is the assigned territory and times in which a police officer patrols within the community. These patrols can happen by car, bicycle, on foot, or a combination of all three.

While recognizing that any formal re-drawing of beats will require additional review and approval, the Subcommittee does suggest that beats be restructured, with the following priorities in mind:

- **Equalizing call volume and workload between the beats.**
- **Keeping neighborhoods together in order to facilitate community engagement.**
- **Accounting for the unique and diverse geography of Ithaca, including the ways its six square miles are shaped by waterways that create transportation barriers.**
- **Responding to community input on where walking beats would be most useful.**

A report by Matrix Consulting Group (Appendix C) represents a useful starting point for this restructuring of beats. It suggests an alternative beat configuration that equalizes workloads between beats to within a 20% variance, and proposes areas for walking beats. To account for fluctuations in the volume of community-generated call activity and variations in the types of call activity, the Subcommittee also raised the

possibility of having different beat schedules depending on time of day, days of the week, and seasonality. The subcommittee also raised the question of whether officers should rotate in and out of patrol beats based on a predetermined schedule or be assigned to patrolling the same beat for an extended duration. The subcommittee flags both questions as important for future stakeholders to consider before finalizing beat redesign for the department.

Where appropriate, the new beat design and patrol schedule should encourage collaboration and co-responses between the two units. Research shows that, in cases involving a behavioral health crisis, a co-response by police officers and mental health professionals reduced the likelihood that the individual in crisis would be arrested, compared to a police-only response.²³

Furthermore, to promote sustained and generative interaction between the community and public safety officers, and to orient the culture of armed officers towards community engagement, both armed and unarmed officers should provide at least ten hours of paid service per month to predetermined community service sites. For patrolling officers, the sites they serve should be located within the jurisdiction of their beats.

Shift assignments

Because of the current contract between the Police Benevolent Association and the City of Ithaca, the shift schedules for responders within the Division of Police cannot be adjusted until the collective bargaining process is engaged again in 2023. As part of the new collective bargaining process, the subcommittee suggests that the Division of Police adopt the 12-Hour Schedule, also known as the Pitman Configuration, to improve department efficiency, workload equalization, and officers' work-life balance.

Currently, the IPD operates with 8.25 hour shifts, with officers working in a pattern of 4 days on followed by 2 days off (equating to 38.6 hours per week). Because the current cycle repeats every 6 days, officers do not have fixed workdays.

According to Matrix Consulting Group: “A constantly changing set of workdays can, for some, misalign and isolate officers from life outside of work that generally follows a regular weekly pattern.”

Under the proposed Pitman Configuration, officers would have 12-hour shifts, with a regularly repeating set of fixed workdays over a 2-week cycle. In this schedule, over 14 days, officers would work: 2-on, 2-off, 3-on, 2-off, 2-on, and 3-off. This cycle translates to 84 hours biweekly, with consistent days on and off, allowing for more predictable work-life balance.

For more details on the proposed Pitman Configuration and other shift schedules, please see the full Matrix Consulting Group report in Appendix C.

Training protocols for the Department of Community Safety

SUGGESTIONS

The Subcommittee on Training, Equipment, and Technology suggests to Common Council that:

- **Training for staff of the Department of Community Safety (including the Division of Police and Division of Community Solutions) emphasizes a community-centered model which prioritizes community protection through de-escalation tactics, alternatives to use of force, trauma-informed approaches, mental health awareness, holistic responses, and data collection practices.**²⁴
- **Training resources should focus on trainings that are shown to have a positive impact on officer engagement with the community.**
- **To better assess the impact of the recommended training, the Department of Community Safety should establish an evaluation process for its training program.**

- **Information on the Department of Community Safety’s annual training offerings and mandates should be publicly listed.**

CONTEXT

The Subcommittee on Training, Equipment, and Technology received detailed briefings on the current training requirements, offerings, and protocols for the Ithaca Police Department, as well as information on promising training programs for police and other first responders.

Responders within the Division of Police are police officers under New York State, serving the City of Ithaca. As such, they are mandated by state law to complete the state’s Basic Course for Police Officers (BCPO). Training suggestions in this section for these officers are in addition to the state’s basic training program for new officers.

In its work, the Subcommittee on Training, Technology, and Equipment evaluated: the BCPO training schedule offered by the Broome County Sheriff’s Law Enforcement Academy; a list of the Ithaca Police Department’s annual training offerings; and heard from Ithaca Police Department Acting Chief John Joly and Sgt. Dave Amaro, who runs the department’s training, about the department’s approach to its training program.

The BCPO training curriculum, which includes around 700 hours of training, is set by the state, not the city.²⁵ The BCPO requirements cover a wide range of issues, including crisis intervention, use of force, ethics & professionalism, and cultural diversity. For a complete list of the BCPO training curriculum, please see Appendix D. While New York State’s BCPO training is widely-regarded, it’s training curriculum has received criticism, including from law enforcement officers. For example, in a Times Union opinion piece, Tim Dymond, President of the New York State Investigators Association, noted, “The New York State Police...offers some of the best police training available. However, the amount of training we receive in mental health, crisis negotiation and de-escalation is woefully inadequate compared with the amount of time spent on vehicle operation, firearms,

IMPLEMENTATION PLAN FOR THE NEW PUBLIC SAFETY AGENCY *continued*

defensive tactics, penal law, criminal procedure law and investigation techniques.”²⁶

Apart from an officer’s initial BCPO training, New York State does not set any additional minimum training requirements for police officers. While not required by the state, the Ithaca Police Department has offered various annual training opportunities for its officers, on a wide range of topics. (For the IPD curriculum please see Appendix E.) The IPD has expressed a goal of having its own police academy-like structure to deliver comprehensive training for its officers, but currently lacks the resources to institute such a service.

The basic training program for the Division of Community Solutions is still to be determined. But, For the Department of Community Safety, the Subcommittee suggests all responders (including the Division of Police and the Division of Community Solutions) have access to the following training (above and beyond the training included in BCPO, existing IPD training, and any additional basic training required for the Division of Community Solutions). These suggested trainings are designed to improve the full scope of interactions between responders and the community, shifting focus towards the most common, everyday ways that first responders and community members are likely to interact. The suite of suggested trainings is intended to ensure everyone in the Department of Community Safety is able to effectively engage with the community, making the community feel valued and protected.

- **Crisis intervention training**²⁷

- With a focus on mental health crises, crisis intervention training teaches responders about mental illness, connects them to local mental health professionals, and emphasizes non-violent tactics.

- **Procedural justice training**²⁸

- This training covers the four pillars of procedural justice as they relate to public safety:

- Voice: To provide people with the opportunity to share their side of the story, and to take their story into consideration before a decision is made;
- Neutrality: To make decisions without bias and with transparent reasoning;
- Dignity and respect: To treat all people with dignity and respect;
- Community trust: To establish the authenticity and sincerity of the officer’s motives and approach to justice.

- **Implicit bias training**²⁹

- This training teaches responders about recognizing their implicit bias (the unconscious and differential treatment of a person based on a set of discriminatory factors including race, sex, religion, sexuality, disability, age, nationality, and others) and the impact it has on their community interactions.

- **Enhanced communication techniques, including training in “verbal judo”**³⁰

- Verbal judo trains responders to diffuse conflict through advanced verbal communication techniques; it can help ameliorate a common civilian complaint of police: how the officer communicates with them during an interaction.

- **Trauma informed training**³¹

- Trauma is a response to physical and emotional harm, and can have a significant impact on one’s physical, psychological, emotional, and social health. Trauma-informed training provides responders with an understanding of trauma and how to recognize its effects in victims, suspects, and the larger community. Through a trauma-lens,

responders learn how to: navigate victim's needs; connect with early intervention programs to disrupt cycles of violence; and identify appropriate community services for traumatized individuals.

- **Brain development training**³²
 - Research shows that the human brain is not fully developed until our mid-20s. Understanding the brain development of adolescents and young adults can help responders navigate interactions with teens and early adults, resulting in better communication, trust, and outcomes for both young civilians and responders.
- **Conflict resolution training**³³
 - Responders are often present to manage conflict between individuals, and conflict resolution training provides officers with practical verbal and non-verbal techniques to manage conflict towards a safe and peaceful resolution for all parties.
- **Critical thinking/problem-solving training**³⁴
 - Critical thinking or problem solving training teaches responders to identify and implement solutions to advance the holistic needs of community members.
- **Collaborative public safety training**³⁵
 - Collaborative public safety models approach public safety as a shared responsibility of law enforcement, community groups, government health and social service agencies, and individuals. Training can provide responders with concrete tools to coordinate across different public safety functions and engage community members.

- **Data collection training**

- High-quality data collection is essential to understanding the impact of Department of Community Safety activities, including any disproportionate impacts on racial or ethnic minorities. Training on the value of data and how to input data into RMS would help ensure that the Department's data is as consistent and useful as possible.

- **Training on the history of policing and public safety in Ithaca**

- By understanding the dynamics of the Ithaca community and the history of policing in Ithaca, responders will be informed on the relationship between public safety systems and various communities, providing context to the present day work of implementing a reimagined public safety system.

The City of Ithaca will continue to refine this training plan as it works to implement Recommendation #5 of the "Public Safety, Reimagined" report: "Identify new curriculum, redesign and implement a culturally-responsive training program that incorporates de-escalation and mental health components into a comprehensive response for law enforcement."

Equipment and technology needs for the Department of Community Safety

SUGGESTIONS

The Subcommittee on Training, Equipment, and Technology suggests to the Common Council the following equipment and technology investments for the Department of Community Safety:

IMPLEMENTATION PLAN FOR THE NEW PUBLIC SAFETY AGENCY *continued*

- **Improvements to the online records management system (RMS);**
- **Speech recognition technology to make report writing more efficient and accurate;**
- **A mechanism for reporting lower-priority occurrences online.**

These technology investments would be in addition to the existing equipment and technology of the Division of Police and the start-up equipment and technology necessary for the new Division of Community Solutions.

CONTEXT

The Subcommittee's equipment and technology suggestions are meant to apply to both units of responders within the new Department of Community Safety. The suggested improvements are in addition to the existing equipment and technology being used by various public safety agencies in Ithaca (for example, police body cameras, a 211 helpline for community resource inquiries, traffic cameras), and the start-up equipment and technology necessary for the new Division of Community Solutions.

Improvements to the online records management system (RMS)

An RMS³⁶ is an automated tool that allows a department to store, retrieve, retain, and view reports, records, files, or any other information documenting a department's work. Such a tool can save a department time, and enhance internal and external data collection and data sharing opportunities.

The Department of Community Safety needs access to a records management system (RMS) that allows for efficient and consistent data entry, and easy extraction of public safety data. The RMS should capture and produce key statistics including but not limited to: the number and outcome of pedestrian stops, the number and outcome of vehicle stops, and the number and outcome of use of force incidents. All statistics captured and produced via the RMS should allow

for disaggregation by race and other demographic attributes.

There exists a county-level RMS system currently used by IPD and other public safety agencies. This system should be evaluated to identify whether and how it can meet the Department of Community Safety's RMS needs.

The lack of an effective RMS system will impede the Department of Community Safety's ability to assess department-generated information, and would make it difficult for policymakers, police oversight entities, and members of the public to effectively assess the operations of the department.

The RMS system would be useful to and used by all responders within the Department of Community Safety.

Speech recognition technology for report writing

When a police officer responds to a call, that officer completes paperwork that describes the nature of the call, the actions of the citizens involved in the call, the actions of the responding officers, and other relevant information. Thus, paperwork can represent a significant portion of an officer's job. Speech recognition technology allows officers to dictate rather than write reports, offering the possibility of increased efficiency and of capturing a fuller extent of any given incident call.³⁷ The increased efficiency provided by speech recognition technology will give responders within the Department of Community Safety more time for critical thinking and community engagement. The suggested speech recognition technology would be provided to all responders within the Department of Community Safety.

A mechanism for reporting lower-priority occurrences online

This would provide a way for community members to report lower-priority incidents from their phone or computer. Online reporting of non-emergency incidents is convenient for community members, allowing them to report at any time of

day, without needing to wait for an officer to respond. It also reduces face-to-face interaction, which may reduce disproportionate minority contact with the criminal justice system and help mitigate the spread of COVID-19 for as long as the pandemic continues. For the responding agencies, it allows the department to reallocate its resources to higher-priority activities. While there are models for online reporting systems in other jurisdictions, the concept will need to be tested and refined within the context of the Ithaca community, including specifics on which incidents would qualify for various responses, and how the response outcomes will be tracked.

Research and data needs of the Department of Community Safety

SUGGESTIONS

The Subcommittee on Data Analysis and Recommendations suggests to the Common Council the following data collection and research practices for the Department of Community Safety:

- **Collect and publicly report data on the type, number, and share of 911 calls by response:**
 - Division of Community Solutions only response;
 - Division of Police only response;
 - Division of Community Solutions and Division of Police co-response.
- **Collect and publicly report data on the following outcomes of Division of Community Solutions activities, disaggregated by race and other demographics:**
 - The type, number, and frequency of different outcomes from Division of Community Solutions responses (e.g. transport to a domestic violence shelter);
 - The number of individuals experiencing mental health crisis served by the Division of Community Solutions, and the nature of service provided;
 - The number and share of Division of Community Solutions responses that ended in an arrest.
- **Collect and publicly report data on the following outcomes of Division of Police activities, disaggregated by race and other demographics:**
 - The number and rate of community members stopped by the Division of Police;
 - The number and rate of community members arrested by the Division of Police;
 - The number and rate of community members who experience use of force by responders from the Division of Police (as documented by the Division of Police or as reported by community members).
- **Collect and publicly report data on complaints filed against responders from either the Division of Community Solutions or the Division of Police:**
 - Number of complaints;
 - Number of investigations;
 - Outcomes of investigations.
- **Standardize data entry practices to align with other city and county services, and consistently and proactively input data into the city-county data dashboard as defined in the Reimagining Public Safety Collaborative resolutions.**
- **The Department of Community Safety should establish partnerships with the Community Justice Center and with academic institutions in the Ithaca area to explore more complex research questions.:**

IMPLEMENTATION PLAN FOR THE NEW PUBLIC SAFETY AGENCY *continued*

- Partner with researchers at Ithaca College, Cornell University, and Tompkins Cortland Community College to explore complex research questions (e.g. changes in community perception of public safety, community reactions to new alternative response models, etc.)
- **The Department of Community Safety should dedicate staff resources within the Department to continue this work (including leading the work above suggestions, and contributing to the other data-related recommendations contained in the “Public Safety, Reimagined” report), including the hiring of a data analyst for the new department.**

CONTEXT

As the Department of Community Safety is established, it is important to measure its impact in real time, to publicly report that data to the community, and to use that data to identify and implement improvements in service.

One major piece of this research would be to measure the usage of the new Division of Community Solutions. As a unit designed to divert some call types away from law enforcement, one metric of success would be the type, number, and share of 911 calls handled by the Division of Community Solutions. This would allow the community to clearly understand the role of the new Division of Community Solutions (i.e. what call types they actually responded to), and the extent to which they served as an alternative to law enforcement (i.e. what share of those call types they responded to).

It is also important to measure the outcomes of Division of Community Solutions activities. For example, did the presence of the Division of Community Solutions reduce the likelihood of negative outcomes, like arrest or use of force? To what extent did the activities of the Division of Community Solutions drive positive outcomes, like referral to mental health services or substance abuse treatment? In order for

this data to be useful and available, Division of Community Solutions officers will need to be trained in data entry into the shared service system managed by the county (including RMS), as outlined in the training section above.

When it comes to the Division of Police, this plan represents an opportunity to fill key gaps in existing data collection and reporting. Currently, IPD reports very little data on the nature and outcomes of its activities. For example, IPD doesn't track the racial breakdown of traffic stops, and also does not report what share of calls result in arrest. Part of this is due to inconsistent data entry on the part of IPD, and part is due to limitations in the shared services RMS system managed by the county. The county-managed RMS system is capable of collecting this data and should be optimized to require standardized data inputs, including clearly capturing the race of all community members stopped and arrested as a mandatory field. These changes may require collaboration with other agencies that use the RMS system as changes would potentially affect all users. In addition, the new Division of Police should also train officers on the value of data collection, and how to input data into the county-managed RMS in a consistent and high-quality manner. In particular, Division of Police officers should collect and publicly report data that clearly connects police activities to outcomes, and disaggregates this data by race, ethnicity, geography, and other key demographics. For example, the community should know the number and rate of police stops by race. These data points would be an essential component in identifying and measuring the disproportionate racial impact of policing in Ithaca.

A unique strength of the Ithaca community is its proximity to leading research institutions like Cornell University, Ithaca College, and Tompkins Cortland Community College. The Department of Community Safety should leverage these relationships, forming partnerships with local researchers to study the impact of the Department in greater depth. For example, social science researchers could explore questions beyond the scope of RMS data collection, measuring

changes in community perception of public safety, and layering additional variables into analysis (e.g. poverty, educational attainment, etc.)

Finally, the Department of Community Safety should dedicate staff resources to continue to improve research and data practices, which includes the hiring of a data analyst for the new department. The Department of Community Safety will continue the work outlined above, and contribute to implementing the remaining data-related recommendations in the “Public Safety, Reimagined” report: including a recommendation to “Collect and evaluate the results of officer-initiated traffic stop enforcement”; a recommendation to “Standardize data entry and review existing data sets for more actionable insights and allocation of public safety resources”; and a recommendation to “Develop a real-time public safety community dashboard”.

IMPLEMENTATION PLAN FOR THE NEW PUBLIC SAFETY AGENCY *continued***Budget****SUGGESTIONS**

The Subcommittee on Proposed Operating Budget for the New Public Safety Model (Budget Subcommittee) suggests to Common Council that the new Department of Community Safety be initially provided with \$1,150,000.00 in additional budget (which may be spent over multiple years, depending on the pace of hiring new staff and purchasing other improvements). This budget would be in addition to the existing budget of IPD (whose staff will continue to work within the Department of Community Safety), and is broken down as follows:

Item	Budget
DEPARTMENT OF COMMUNITY SAFETY LEADERSHIP	
New Commissioner of Community Safety salary	\$139,000.00
New Director of Community Solutions salary ³⁸	\$105,000.00
Benefits for the above positions ³⁹	\$117,000.00
DIVISION OF COMMUNITY SOLUTIONS STAFF AND START-UP COSTS	
New Community Responders (5)	\$285,000.00
Benefits for new Community Responders (5)	\$136,000.00
Vehicles with radio equipment (2)	\$100,000.00
Uniforms, computers, other tech costs, and office supplies for Community Responders	\$66,000.00

Item	Budget
RESEARCH AND DATA STAFF	
New Data Analyst position (1)	\$57,000.00
Benefits for new Data Analyst position (1)	\$27,000.00
TRAINING	
Additional training for all responders within the Department of Community Safety ⁴⁰	\$90,000.00
EQUIPMENT AND TECHNOLOGY IMPROVEMENTS⁴¹	
Speech recognition technology	\$28,000.00
TOTAL	\$1,150,000

IMPLEMENTATION PLAN FOR THE NEW PUBLIC SAFETY AGENCY *continued***CONTEXT**

The intent of this proposed budget is to represent the initial financial commitment necessary to fully implement the proposed Department of Community Solutions, and to reflect the goals and principles of the Reimagining Public Safety efforts. The proposed budget is based on the suggestions of the Working Group and the three RPS Subcommittees (detailed above in this report). The Working Group and each Subcommittee worked independently to develop suggestions for policy, programs, and personnel. Additionally, the Working Group and Subcommittees provided recommendations and budget implications. Where possible, they provided cost estimates, which the Budget Subcommittee supplemented with its own research.

The Working Group suggests two new leadership positions for the Department of Community Safety: the Commissioner of Community Safety, and the Director of Community Solutions. For the Commissioner of Community Safety, the Budget Subcommittee suggests an annual salary of approximately \$139,000.00; and for the Director of Community Solutions, the Budget Subcommittee suggests an annual salary of approximately \$105,000.00 (both commensurate with experience). These suggestions are based on benchmarking of similar positions within Ithaca and beyond. A salary for the Director of Police position is not reflected here because that line item is already contained within IPD's budget (as the Chief of Police position). For all new positions, the Budget Subcommittee suggests the City calculate benefits at approximately 48% of salary (a standard ratio).

For the new Division of Community Solutions, the Subcommittee on Staffing Levels, Shift Assignments, and Beat Designs suggests that five civilian responders (called "Community Responders") should be initially hired. The Budget Subcommittee suggests an annual salary of approximately \$57,000.00 for these Community Responder positions, based on benchmarking of similar positions. The Community Responders will require two new vehicles with radio equipment, computers, uniforms, and other office supplies;

the Budget Subcommittee suggests that \$140,000.00 be allocated to these start-up costs.

The Subcommittee on Training, Equipment, and Technology suggests several new trainings that should be made available to responders from both the Division of Police and the Division of Community Solutions. The Budget Subcommittee suggests that \$90,000.00 be initially allocated to these additional trainings, with a focus on crisis intervention, implicit bias, de-escalation, and verbal judo training. Some of these training sessions could be provided in Ithaca by the RITE Academy and the Verbal Judo Institute. With Ithaca acting as the host for the RITE Academy trainings, there may also be an opportunity to subsidize Ithaca's costs by selling seats to other jurisdictions.

The Subcommittee on Training, Equipment, and Technology also suggested investment in speech recognition technology. The Budget Subcommittee suggests purchasing 28 licenses for Dragon Law Enforcement reporting software, to be used by all responders within the Department of Community Safety. This investment in speech recognition technology would cost approximately \$28,000.00.

The Budget Subcommittee recognizes that additions or adjustments to this proposed budget will be necessary once the Department of Community Safety is operational and its impact can be evaluated. The Budget Subcommittee suggests that this proposed budget continue to be refined under the leadership of the Commissioner of Community Safety.

The Budget Subcommittee also recognizes the importance of impact evaluation, and tying future budgeting, policy, and management decisions to departmental performance. Public-facing performance measures and results build trust and support from the community. (For more detail on suggested performance metrics for the Department of Community Safety, see the Research and Data section of this report.) In making future budget decisions, the City of Ithaca should

adjust funding based on which aspects of the Department of Community Safety are driving positive outcomes.

Conclusion

The above plan for implementing a new public safety agency represents the first step in reimagining public safety in the City of Ithaca: a shared vision and commitment to look at public safety through an equity lens, and create a system that serves all community members. Beyond the establishment of a new public safety agency, the resolutions passed by the City of Ithaca and Tompkins County contains 18 more recommendations (covering topics such as officer recruitment, data dissemination, and creating a public safety review board), which will be implemented over the coming months and years. As with the creation of this plan, implementing the remaining recommendations will require extensive collaboration between city leaders, public safety agencies, and community members. The City of Ithaca and Tompkins County have begun planning for the implementation of the remaining recommendations.



“What we’ve learned is that when we improve public safety for People of Color, we improve public safety for everyone. This process looked through a new lens, studying the problems facing our community and the people in it. We see clearly how the city can respond differently to increase access to meaningful solutions and decrease interactions with the criminal justice system and disproportionate negative outcomes for Black and Brown people in Ithaca.

In this report’s suggestions I see better outcomes for People of Color, I see increasing trust in local government, and I see our most vulnerable neighbors feeling more safe and less afraid. We’re on a path of using our people and resources in the City of Ithaca to meet the needs of our community better and more equitably. This represents long-term, structural change that is needed to truly have community safety for all.”



— **Schelley Michell-Nunn**

*Director of Human Resources, City of Ithaca
Project Management Team Member,
Reimagining Public Safety, City of Ithaca*

< Image Caption

Detail from Black Girl Alchemy Mosaics, Southside Community Center

Photograph by Sheryl Sinkow

ENDNOTES

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- 38 A salary for the Director of Police is excluded because it is already reflected in IPD’s budget as the Chief of Police position.
- 39 All benefit numbers were calculated at approximately 48% of salary.
- 40 This would cover training for members of both the Division of Police and the Division of Community Solutions.
- 41 These equipment and technology improvements are meant to be used by both the Division of Police and the Division of Community Solutions.

APPENDIX

Appendix A: Working Group and Subcommittee Members

Appendix B: Call Type Definitions

Appendix C: Matrix Consulting Group Report on Patrol Staffing and Deployment

Appendix D: New York State Basic Course for Police Officers Training Curriculum

Appendix E: Ithaca Police Department Training Topics

APPENDIX A:

WORKING GROUP AND SUBCOMMITTEE MEMBERS

Ithaca RPS Working Group Members:

1. Amir Tazi
2. Amos Malone
3. Ducson Nguyen
4. Eric Rosario
5. George McGonigal
6. John Guttridge
7. Karen Yearwood
8. Laura Lewis
9. Luca Maurer
10. Mar'Quon Frederick
11. Mary Orsaio
12. Scott Garin
13. Tom Condzella
14. Travis Brooks
15. Yasmin Rashid

Technical Advisors to the Working Group:

1. Schelley Michell-Nunn
2. Michael Stitley
3. Greg Thomas & Jewel Kinch-Thomas
4. Faith Vavra
5. Derek Osborne
6. Melody Faraday
7. Jessica Verfuss
8. John Halaychik
9. John Joly

Subcommittee A: Staffing Levels, Shift Assignment, Beat Design

1. Travis Brooks
2. Mary Orsaio
3. Laura Lewis
4. George McGonigal
5. Rob Gearhart

Subcommittee B: Training, Technology, and Equipment Needs

1. Amir Tazi
2. Eric Rosario
3. Tom Condzella
4. Yasmin Rashid
5. Richard Onyejuruwa
6. Camille Tischler
7. Tierra LaBrada
8. Ben Ortiz
9. Norma Gutierrez

Technical Advisors to Subcommittee B:

1. David Amaro
2. John Joly

Subcommittee C: Data Analysis and Recommendations

1. Luca Maurer
2. Ducson Nguyen
3. John Guttridge
4. Scott Garin
5. Karl Lewis

Technical Advisors to Subcommittee C:

1. Michael Stitley
2. Kim Moore
3. Alan Karasin
4. Greg Potter

Subcommittee D: Proposed Operating Budget

1. Amos Malone
2. Mar'Quon Frederick
3. Karen Yearwood

Technical Advisors to Subcommittee D:

1. Schelley Michell-Nunn

APPENDIX B:

CALL TYPE DEFINITIONS

Delineated Call Types: Example Sheet

Call Type	Example
<p>Traffic Offense</p>	<p>Calls related to violation of the motor vehicle code.</p> <p>Not coming to a full stop at a stop sign. Going through a red light. Suspicion of DUI or DUID</p>
<p>Property Check</p>	<p>Calls to check a property for signs of break in while the owners are not present.</p> <p>Calls to check a property for signs of break in while the owners are not present.</p> <p>Checking to make sure a business' doors and windows are locked and secure on night shift.</p> <p>Vacation property checks to make sure an unoccupied house has not been broken into.</p>
<p>Traffic Accident</p>	<p>Calls to investigate a motor vehicle collision</p> <p>Collision with no injuries and under \$1000 property damage.</p> <p>Collision with no injuries and over \$1000 property damage</p> <p>Collision with injuries.</p>
<p>Assisting another Gov. Resource</p>	<p>Calls relating to assisting another agency or resource.</p> <p>NYSP is serving a warrant in Ithaca.</p> <p>US Marshalls are looking for a fugitive.</p> <p>Health inspector is doing a restaurant inspection.</p>
<p>Traffic Complaint</p>	<p>Calls related to problem intersections or speeding.</p>

	<p>Reported speeding in school zone.</p> <p>Calls concerning safety at specific intersections</p>
Welfare Check	<p>Calls related to requests to check on the health or safety of a subject.</p> <p>Someone is sleeping on a bench in the Commons.</p> <p>An adult child hasn't heard from an elderly parent in several days.</p>
Parking Problem	<p>Calls related to illegal or hazardous parking.</p> <p>No parking zone.</p> <p>Too close to a fire hydrant</p>
House Alarm Triggers Police	<p>Calls relating to home alarms auto-triggering police.</p> <p>Audible alarm called in by a neighbor.</p> <p>Silent alarm called in by an alarm company.</p>
Theft	<p>Calls related to the unlawful taking of property from the possession of another entity.</p> <p>A theft in which both parties are still present.</p> <p>A theft in which there are no suspects and the value of the item stolen is less than \$1000</p>
Suspicious	<p>Calls related to reports of suspicious persons, vehicles, or circumstances.</p> <p>A call concerning a person acting strangely</p> <p>A call concerning a vehicle that doesn't belong in the neighborhood parked for an extended period of time.</p>
Harassment	<p>Calls related to reports of being the subject</p>

	<p>of ongoing unwanted contacts.</p> <p>A call in which both parties are still there.</p> <p>A call in which only the victim is on scene and the suspect is unknown.</p> <p>A call in which the victim is on scene and the suspect is known.</p>
Dispute	<p>Calls to investigate a dispute between individuals.</p> <p>A call in which the suspect is still on scene.</p> <p>A call in which the suspect is no longer on scene.</p>
Noise Complaint	<p>Calls relating to excessive or bothersome noise.</p> <p>A call concerning a neighbor's loud muffler</p> <p>A call concerning a loud late night party</p>
Property Complaint	<p>Calls relating to complaints regarding private property.</p> <p>A dispute between neighbors concerning a property line.</p>
Domestic	<p>Calls related to disturbances or assaults involving adult members of a domestic relationship.</p> <p>A call concerning a physical assault by a family member.</p> <p>A call concerning an argument by a family member.</p>
Animal Problem	<p>Calls related to animals that are either in danger or pose an immediate threat to the public.</p> <p>A call concerning a possible rabid fox</p> <p>A call concerning a family of geese in the road</p>

<p>Special Detail</p>	<p>Calls relating to special events and investigations, etc.</p> <p>Assigning officers to a community event such as a basketball game.</p> <p>A call concerning safely getting event attendees across a main street.</p>
<p>Trespassing</p>	<p>Calls to investigate a person unlawfully on another's property</p>
<p>911 Call Hangup</p>	<p>Calls relating to 9-1-1 calls that are terminated by the caller before they are answered, and 9-1-1 calls that are terminated by the caller after they are answered by a dispatcher.</p> <p>A person calls 911 and hangs up because they are being abused by a spouse and are afraid to be heard speaking to the police.</p> <p>A child is playing with the phone and accidentally calls 911</p>
<p>Criminal Mischief</p>	<p>Calls related to the destruction of property</p> <p>A call in which the suspect is still on scene.</p> <p>A call in which the suspect is not on scene.</p>
<p>Fraud</p>	<p>Calls related to the use of deceit to induce an entity to part with something of value or to surrender a legal right.</p> <p>A call in which a shopkeeper discovered a counterfeit bill when closing out the register.</p> <p>A call in which a customer is attempting to use a stolen credit card and is still in the store.</p>
<p>Disorderly Conduct</p>	<p>Calls relating to public activity or behavior that's offensive or disruptive, and interrupts other people's ability to enjoy a public space.</p> <p>A call concerning loud patrons of a bar in the street at closing time.</p>

	A group of children playing basketball in the street
Warrant	<p>Calls related to court issued warrants.</p> <p>A call to check an address to see if a wanted person is there.</p>
Local Law	Calls relating to municipal code violations (e.g skateboarding on a city street, etc.)
Unclassified	<p>Calls that do not fit in any predetermined category</p> <p>A call in which a resident wants to speak to an officer concerning a topic that does not fit any of the predetermined categories.</p>
Civil Complaint	<p>Calls that relate to complaints not criminal in nature</p> <p>A call concerning money owed to an ex spouse.</p>
Burglary	<p>Calls related to the unlawful entry into a building or other structure with the intent to commit a theft. Includes residential and commercial burglaries.</p> <p>A call in which it is unknown if the suspect is still in the building.</p> <p>A call in which the suspect is not still on scene but is known to the victim.</p> <p>A call in which entry was gained however nothing is missing.</p>
Transport	<p>Calls related to police car needs for transport (e.g., scene of incident, transport suspects, etc.)</p> <p>A call in which a suspect in a crime needs to be transported to jail.</p>
Drugs	Calls related to illegal narcotics.

	<p>A call of a suspected house in which someone is selling narcotics</p> <p>A call in which someone is believed to be holding narcotics in their pocket.</p>
Escort	<p>Calls relating to police escorts.</p> <p>A call in which a funeral home wants an escort to the cemetery.</p>
Missing Person	<p>Calls relating to missing person reports.</p> <p>A call in which a person is missing under suspicious or questionable circumstances.</p>
Shots Fired	<p>Calls related to reports of hearing gunshots with no indication of a victim.</p>
Information	<p>Calls related to general inquiries</p>
Repossessed Vehicle	<p>Calls related to vehicles being repossessed</p>
Intoxication	<p>Calls related to intoxicated individual(s)</p>
Sex Offense	<p>Calls related to any sexual act directed against another person, without the consent of the victim, including instances where the victim is incapable of giving consent or reports of unlawful, non-forcible sexual intercourse.</p> <p>Calls in which the suspect is known to the victim but not present.</p> <p>Calls in which the suspect is unknown to the victim and present.</p>
Unsecured Premise	<p>Calls related to investigating a premise with an unsecured door or window</p> <p>A call in which a neighbor reports the neighbors door is ajar and the neighbors are at work.</p> <p>A call in which an officer finds a closed business has an unlocked door and it is unknown if entry has been gained.</p>

Assault	Calls related to the unlawful attack by one person upon another. Includes stabbings, shootings, and other types of assault.
Fireworks	Calls related to illegal, hazardous, or noisy fireworks. A call concerning children playing with fireworks in the Commons.
Weapons	Calls related to weapons, people being in the possession of or a found weapon.
Public Health Complaint	Calls related to a public health related event A call to provide public notifications or provide educational information (COVID-19 - Social Distancing complaints)
Child Abuse	Calls related to the act of willful harm to a child. Includes abandonment and neglect. A call in which a child is reportedly in a house with no heat in the winter. A call in which a child has been disciplined by spanking with a belt.
Robbery	Calls related to the taking or attempt to take anything of value from the control, custody, or care of another person by force or intimidation. A call of a bank robbery. A call in which a person's cell phone was taken by force.
Injured Person	Calls related to medical conditions or injuries which may or may not be the result of a crime or accident. A call in which a person has reportedly twisted an ankle. A call in which a person is having difficulty

	breathing.
Psychiatric	<p>Calls related to mental health</p> <p>A call in which a person is reportedly talking to themselves while walking through the Commons</p> <p>A call in which a person with a diagnosed mental health disease is calling for assistance.</p>
Bad Check	<p>Calls related to a person attempting to use a check with insufficient funds to cover the check.</p>
Recovered Vehicle	<p>Calls to investigate a vehicle reported stolen.</p> <p>A call in which a person finds their car that has previously been reported stolen.</p> <p>A call in which an officer through an investigation discovers a car previously reported stolen</p>
Animal Bites	<p>Calls related to an animal biting a person.</p> <p>A call in which a stray dog has reportedly bitten a PERSON.</p>
Personal Injury Accident	<p>Calls related to a vehicle collision in which someone is injured as a result</p>
Stabbing	<p>Calls related to a person being stabbed with an object. NOTE: Dispatch also uses the stabbing code for a shooting victim.</p>
911 Call with No One Talking	<p>Calls related to a 911 call and the line is open with no one speaking.</p> <p>A call in which a person in need of help calls 911 but can't talk because they are in fear of the person with them.</p> <p>A call in which a child accidentally calls 911</p>

	and walks away from their parents cell phone without hanging up or saying anything.
Bomb Threat	Calls related to a threat to bomb
Dead Body	<p>Calls relating to the scene of death; differs depending on whether medical attention or CSI (crime scene investigation) is needed.</p> <p>A call of a person who appears dead in a private or public place other than a medical facility or nursing home (unless suspicious circumstances are reported)</p> <p>A call in which a family member reports an expected death due to an illness.</p>
Overdose	Calls related to overdoses
EMS	<p>Calls related to assisting EMS units</p> <p>A call for a person having difficulty breathing in a neighborhood known to have had past violent crime.</p>
Unconscious	<p>Calls related to investigating the report of an unconscious person</p> <p>A call in which a person appears to be unconscious on a bench</p> <p>A person laying on the sidewalk with no signs of movement</p>
Service Call	Calls related to needs for police service.
Breathing Problem	Calls related to a person experiencing breathing problems.
Cardiac Arrest	Calls related to a person experiencing reported cardiac arrest.
Chest Pain	Calls related to a person experiencing chest pains.
Headache	Calls related to a person experiencing a headache.
Sick Person	Calls related to a person feeling sick.

Traumatic Injury	Calls related to reported injured person A call in which a forklift has driven off a loading dock and the driver is injured
Fire Outside	Calls related to a fire outdoors.
Hazmat	Calls related to Hazardous Materials
Vehicle Fire	Calls related to a fire involving a vehicle.

APPENDIX C:

MATRIX CONSULTING GROUP REPORT ON PATROL STAFFING AND DEPLOYMENT

Report on Patrol Staffing and Deployment

ITHACA, NEW YORK

FINAL

January 27, 2022

Table of Contents

Introduction and Executive Summary
.....

Patrol Workload Analysis
.....

Analysis of Patrol Resource Needs
.....

Self-Initiated Activity
.....

Shift Schedule Optimization Analysis
.....

Redesign of the Patrol Beat Structure
.....

1. Introduction

(1) Project Overview

Matrix Consulting Group was retained by Center for Policing Equity to conduct analysis of field services and staffing needs for the Ithaca Police Department. Our scope of work includes:

- **Comprehensive analysis of patrol workload**, examining service needs and workload throughout Ithaca.
- **Analysis of patrol staffing needs and call diversion opportunities**, focusing on the capacity of patrol units to both handle incoming workloads and be proactive in the field.
- **Study alternative deployment configurations**, including new shift schedules and allocations of personnel, as well as redesigning the patrol beat structure.

This draft document presents the analysis of these scope areas, including findings and recommendations. Further analysis in the study will examine alternative call response and other alternative service delivery alternatives.

(2) Key Findings

The comprehensive analysis of call data presents a clear picture of workload in 2019, the year focused on to examine patrol staffing and capacity, as well as over the entire five-year period for which data was received. This enabled us to accurately measure patrol workload in terms of both the number of incidents that patrol units responded to, as well as how much time was spent handling these calls.

Similarly, department personnel data provides a measure of the capacity to handle these workloads by examining how many hours staff are on duty after accounting for factors such as time spent on leave, training, and other categories that take officers out of the field.

In measuring patrol workload and comparing that workload against staff capacity to handle it, several findings are evident:

- Patrol handled 12,217 community-generated calls for service in 2019.

- The workload that community-generated calls for service create take up 41% of officers' net available time, leaving the remaining 59% for proactive use.
- A proactive (uncommitted) time level of 59% indicates that there is not only sufficient staffing to handle workloads, but also to have exceptional proactive capabilities.
- Based on this analysis, current staffing is sufficient to handle community-generated workloads and provide a high level of service.
- Over the past five years, there has not been consistent or meaningful growth in call for service workloads.
- Self-initiated activity, however, has diminished rapidly since 2018.
 - Officers are using less of their proactive (uncommitted) time to generate activity such as traffic stops and other proactive policing efforts.
 - Given the lack of significant increase in workload during that time period, it does not explain the decline in how officers use proactive time.
- The current beat structural is effective overall; however two of four beats have moderately unequal workload levels that can create different experiences for officers day-to-day in terms of their ability to be proactive and not be overloaded by call workloads.
- The current shift schedule is problematic from perspectives of both officer quality of life and efficiency in deploying staff against when workload is greatest:
 - A variable schedule of four-on, two-off does not give officers fixed workdays.
 - This configuration also only gives officers an average of about 2.3 days off per week, in contrast with 10 and 12-hour alternatives.
 - The schedule results in only 2,008 work hours per year, as opposed to 2,080 hours in a normal 40-hour workweek pattern.
 - Equal allocations of staff by shift result in a highly inefficient distribution of personnel against workload.

(3) Recommendations

The following recommendations are made in this report to address the issues identified through the analysis:

- **Maintain the current staffing level in patrol.**
- **As part of the collective bargaining process, implement either the 10-hour fixed workday schedule or the 12-hour Pitman schedule, allocating and deploying officers as outlined in the analysis.**
- **After a process of review and revision in consultation with the Ithaca Police Department and the community, adopt the alternative patrol beat structure in order to equalize workload and better facilitate community policing.**

2. Patrol Workload Analysis

The following sections provide analysis of patrol workload and other issues relating to the effectiveness of field services.

(1) CAD Analysis Methodology

Our project team has calculated the community-generated workload of the department by analyzing incident records in the computer aided dispatch (CAD) database, covering the entirety of calendar years 2016 through the end of 2020. Although the entire five-year span is used to analyze trends and examine comparability, the staffing analysis focuses on workload in 2019, due to the irregularity of 2020 data stemming from the impacts of the COVID-19 pandemic.

For incidents to be identified as community-generated calls for service and included in our analysis of patrol staffing and capacity to handle workload, each of the following conditions needed to be met:

- The incident must have been unique.
- The incident must have been first created in calendar year 2019.
- The incident must have involved at least one officer assigned to patrol, whether designated as car patrol or foot patrol, as identified by the individual unit codes of each response to the call.
- The incident must have been originally initiated by the community, as identified using the following methods:
 - The source of the call must correspond to a community-generated event. Thus, if the call source value is listed as either “Radio” or “Officer Report”, it is not counted as a community-generated event.
 - Additionally, the incident type of the event must have sufficiently corresponded to a community-generated event. Call types that could be identified with a high level of certainty as being self-initiated (e.g., “special detail”) are not counted as community-generated calls for service.
- There must have been no major irregularities or issues with the data recorded for the incident that would prevent sufficient analysis, such as having no unit code or lack of any time stamps.

After filtering through the data using the methodology outlined above, the remaining incidents represent the community-generated calls for service handled by IPD patrol units.

(2) Calls for Service by Hour and Weekday

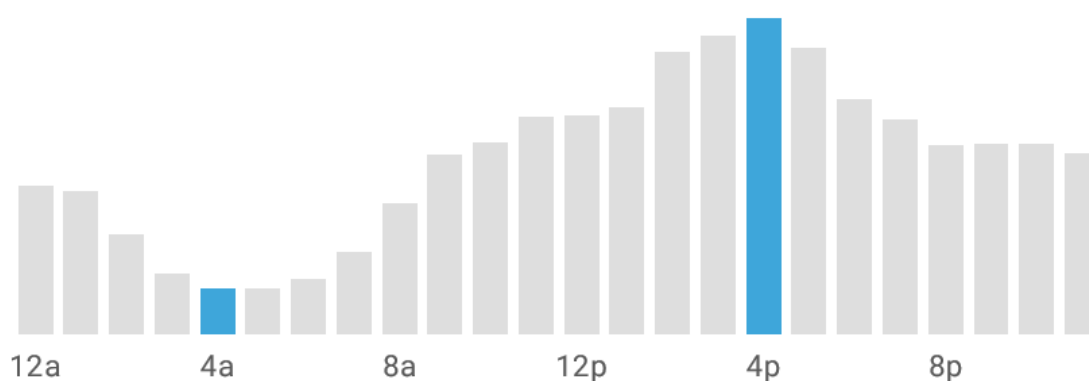
The following table displays the total number of calls for service handled by patrol units by each hour and day of the week:

Calls for Service by Hour and Weekday

Hour	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total
12a	99	42	41	42	40	69	95	428
1am	91	40	42	45	40	61	93	412
2am	67	24	26	35	31	37	67	287
3am	36	17	19	23	25	29	28	177
4am	24	18	16	20	16	23	16	133
5am	20	16	17	21	19	24	18	135
6am	22	25	23	22	22	26	22	162
7am	25	30	25	43	34	44	36	237
8am	42	56	46	61	60	65	50	380
9am	69	86	70	83	64	69	79	520
10am	63	103	73	91	79	85	58	552
11am	72	98	83	97	79	95	102	626
12pm	90	97	80	76	91	108	91	633
1pm	83	91	94	101	80	110	96	655
2pm	85	115	120	119	121	148	105	813
3pm	88	122	116	127	151	126	130	860
4pm	104	143	146	133	143	130	113	912
5pm	84	125	123	156	113	130	94	825
6pm	76	109	102	98	94	109	91	679
7pm	80	99	89	78	74	107	94	621
8pm	63	84	97	76	71	78	78	547
9pm	75	68	70	74	75	87	99	548
10pm	67	80	66	67	85	92	94	551
11pm	55	55	66	56	81	101	110	524
Total	1,580	1,743	1,650	1,744	1,688	1,953	1,859	12,217

The chart demonstrates that, across all days of the week, call activity during the late night and early morning hours is minimal compared to the busier hours of the day – generally during the afternoon and early evening. This is particularly notable given the deployment schedule of the department, which assigns equal numbers of officers to all three shifts (days, swings, and nights) despite vastly different workload levels. The following chart summarizes call for service activity on an hourly basis across all days of the week:

Call for Service Activity by Hour



Call activity has a relatively even buildup and decline up to and trailing from the peak of 4:00PM. This is somewhat more pronounced than in other agencies, where there is often a longer-lasting ‘plateau’ of higher levels of call activity.

(3) Calls for Service by Month

The following table displays calls for service totals by month, showing seasonal variation as a percentage difference from the quarterly average:

Calls for Service by Month

Month	# of CFS	Seasonal +/-
Jan	783	
Feb	777	-17.8%
Mar	950	
Apr	974	
May	1,055	+0.9%
Jun	1,052	
Jul	1,076	
Aug	1,183	+14.2%

Sep	1,230	
Oct	1,143	
Nov	1,039	+2.7%
Dec	955	
Total	12,217	

Seasonal variation is significant in Ithaca, likely owing to influence of the cold winters experienced in Upstate New York. The variation in call generation due to this factor does not appear to be significantly moderated by the additional population in Ithaca during Fall through Spring as a result of Cornell University and Ithaca College being in regular session.

(4) Most Common Types of Calls for Service

The following table provides the ten most common incident categories of calls for service handled by patrol units over the last year, as well as the average call handling time (HT)¹ for each:

Most Common Call for Service Categories

Incident Type	# CFS	HT	12a	4a	8a	12p	4p	8p
ASSIST	1,224	29.7						
WELFARE CHECK	1,015	29.5						
PD ACCIDENT	919	37.5						
THEFT	760	45.6						
ALARM POLICE	732	12.8						
NOISE CMLNT	665	16.6						
SUSPICIOUS	637	25.8						
DISPUTE	633	36.4						
PARKING PROBLEM	596	19.5						
TRAFFIC CMLNT	532	18.6						

¹ Handling time is defined as the total time in which a patrol unit was assigned to an incident. It is calculated as the difference between the recorded time stamps the unit being dispatched and cleared from the incident.

All Other Types	4,504	39.6
Total	12,217	32.4

IPD uses relatively broad categories for CAD incident types, with the generic “ASSIST” category comprising 10% of all calls for service handled by the department.

It is worth noting that “PD ACCIDENT” refers to accidents that the department responds to, not accidents *involving* the police department.

Even so, there is a noticeable clustering of the top four incident categories – which together account for just under one third of all calls for service – in terms of when they are most likely to occur. Each peaks around the late afternoon and early evening hours, with their frequency rising and declining over the several hours preceding and following that period. Most of the other leading call categories, by contrast, peak in the evening and nighttime hours.






The department’s demand profile of high-volume, low-priority incidences is typical, with most police forces having similar trends. The significant workload incurred from some of these incident categories, which involve lower-priority, non-violent offenses, indicates that there is opportunity to divert some of these calls for service to alternative response. The next phase of the study will examine the feasibility of such options further, such as non-armed professionals, in addition to non-response report options (e.g., online reports and telephone reporting).

(5) Call for Service Response Time by Year

The following table displays call for service statistics priority level, showing the median (middle value) response time² and distribution of calls by response time for each category:

² Response time is defined in this report as the duration between the call creation timestamp and the arrival time stamp for the first patrol officer on the scene.

Call for Service Response Time by Priority Level

Priority Level	# CFS	% of CFS	Median RT	RT Distribution
				20 40 60
2016	12,460	21%	10.0	
2017	12,493	21%	9.8	
2018	11,717	19%	10.2	
2019	12,217	20%	10.5	
2020	11,789	19%	12.0	

In 2019, response time performance was exceptional, with 85% of all calls for service – regardless of severity – answered within 30 minutes. 97% of all calls were answered within an hour. It is important to stress that the computer-aided dispatch data received by the project team did not contain priority level information. Thus, this analysis is not able to break response times down by priority, which generally works as a proxy for call severity.

Nonetheless, a median response time of 10.5 minutes for *all* calls for service is extraordinarily low, and could indicate – but does not necessarily prove – that current staffing allows for the capacity to handle community-generated workloads.

3. Analysis of Patrol Resource Needs

Analysis of the community-generated workload handled by patrol units is at the core of analyzing field staffing needs. Developing an understanding of where, when, and what types of calls are received provides a detailed account of the service needs of the community, and by measuring the time used in responding and handling these calls, the staffing requirements for meeting the community's service needs can then be determined.

To provide a high level of service, it is not enough for patrol units to function as call responders. Instead, officers must have sufficient time outside of community-driven workload to proactively address community issues, conduct problem-oriented policing, and perform other self-directed engagement activities within the community. As a result, patrol staffing needs are calculated not only from a standpoint of the capacity of current resources to handle workloads, but also their ability to provide a certain level of service beyond responding to calls.

With this focus in mind, the following sections examine process used by the project team to determine the patrol resource needs of the Ithaca Police Department based on current workloads, staff availability, and service level objectives.

(1) Overview of the Resource Needs Analysis

An objective and accurate assessment of patrol staffing requires analysis of the following three factors:

- i. The number of community-generated workload hours handled by patrol.
- ii. The total number of hours that patrol is on-duty and able to handle those workloads, based on current staffing numbers and net availability factors (e.g., leave, administrative time, etc.).
- iii. The remaining amount of time that patrol has to be proactive, which can also be referred to as "uncommitted" time.

This study defines the result of this process as, **patrol proactivity**, or the percentage of patrol officers' time in which they are *available and on-duty* that is *not* spent responding to community-generated calls for service. This calculation can also be expressed visually as an equation:

$$\frac{\text{Total Net Available Hours} - \text{Total CFS Workload Hours}}{\text{Total Net Available Hours}} = \% \text{ Proactivity}$$

The result of this equation is the overall level of proactivity in patrol, which in turn provides a model for the ability of patrol units to be proactive given current resources and community-generated workloads. There are some qualifications to this, which include the following:

- Optimal proactivity levels are a generalized target, and a single percentage should be applied to every agency. The actual needs of an individual department vary based on a number of factors, including:
 - Other resources the department has to proactively engage with the community and address issues, such as a dedicated proactive unit.
 - Community expectations and ability to support a certain level of service.
 - Whether fluctuations in the workload levels throughout the day require additional or fewer resources to be staffed to provide adequate coverage.
- Sufficient proactivity at an overall level does not guarantee, based on workload patterns, and deployment schedules, that resources are sufficient throughout all times of the day and week.

Overall, to provide effective patrol services and handle community-generated workload, IPD should generally target an overall proactivity level of at least 40-45% as an effective benchmark of patrol coverage. Agencies below this number typically lack the resources to avoid issues caused by resource shortages, such as frequently experiencing queues of calls that lead to longer response times, particularly for lower-priority calls for service. An important qualifier is that even agencies above this number can have inefficient deployment schedules that do not staff high-activity periods of the day with sufficient resources, thus resulting in the same effects on response times as if staffing as a whole is adequate. Thus, **the overall proactivity target of 40-45% should be thought of as a benchmark for the potential to provide effective levels of service** – to avoid both longer response times to lower-priority calls for service, as well as to be able to have the time available to be proactive outside of responding to calls.

(2) Patrol Unit Staffing and Net Availability

The Ithaca Police Department follows an 8.25-hour shift configuration that assigns personnel to workday sets of 4 days on, followed by 2 days off. As a 6-day rotation, the workdays are not fixed to days of week, and are instead constantly rotating forward.

The 24³ officers in patrol and their supervisors are assigned to one of three shifts: Day (2245–0700), Swing (1500–2315), or night (0700–1515). Officers on a platoon are assigned to a specific sergeant who is responsible for direct field supervision on shared workdays and for completing regular performance evaluations.

Given patrol staffing allocations, net availability calculations can provide a realistic picture of how staffing translates to active on-duty hours. Out of the 2,008 hours per year that officers are scheduled to work in a year (excluding overtime), a large percentage is not actually spent on-duty and available in the field.

As a result, it is critical to understand the amount of time that officers are on leave – including vacation, sick, injury, military, or any other type of leave – as well as any hours dedicated to on-duty court or training time, and all time spent on administrative tasks such as attending shift briefings. The impact of each of these factors is determined through a combination of calculations made from IPD data and estimates based on the experience of the project team, which are then subtracted from the base number of annual work hours per position. The result represents the total **net available hours** of patrol officers, or the time in which they are on-duty and available to complete workloads and other activities in the field:



The table below outlines this process in detail, outlining how each contributing factor is calculated:

Factors Used to Calculate Patrol Net Availability

³ Filled positions only. Numbers do not include trainees, those in the academy, or officers on long-term disability leave.

Work Hours Per Year

The total number of scheduled work hours for patrol officers, without factoring in leave, training, or anything else that takes officers away from normal on-duty work. This factor forms the base number from which other availability factors are subtracted from.

Base number: 2,008 scheduled work hours per year

Total Leave Hours (subtracted from total work hours per year)

Includes all types of leave, as well as injuries and military leave – anything that would cause officers that are normally scheduled to work on a specific day to instead not be on duty. As a result, this category excludes on-duty training, administrative time, and on-duty court time.

Calculated from IPD data: 391 hours of leave per year

On-Duty Court Time (subtracted from total work hours per year)

The total number of hours that each officer spends per year attending court while on duty, including transit time. Court attendance while on overtime is not included in the figure.

Without any data recording on-duty court time specifically for patrol officers, the number of hours is estimated based on the experience of the project team.

Estimated: 20 hours of on-duty court time per year

On-Duty Training Time (subtracted from total work hours per year)

The total number of hours spent per year in training that are completed while on-duty and not on overtime. This number based using watch sheet data for 2019 to estimate the training hours that would have been conducted on regular time, as opposed to overtime. If training is completed on overtime, it does not necessarily take away from the number of regular work hours an officer works in a pay period, and thus is not relevant to this analysis. However, data systems rarely designate which training is conducted on regular time versus overtime.

Estimated/calculated from IPD data: 139 hours of on-duty training time per year

Administrative Time (subtracted from total work hours per year)

The total number of hours per year spent completing administrative tasks while on-duty, including briefing, meal breaks, and various other activities.

The number is calculated as an estimate by multiplying 60⁴ minutes of time per shift times the number of shifts actually worked by officers in a year after factoring out the shifts that are not worked as a result of leave being taken.

Estimated: 196 hours of administrative time per year

Total Net Available Hours

After subtracting the previous factors from the total work hours per year, the remaining hours comprise the total *net available hours* for officers – the time in which they are available to work after accounting for all leave, on-duty training, court, and administrative time. Net availability can also be expressed as a percentage of the base number of work hours per year.

Calculated by subtracting the previously listed factors from the base number:

⁴ Typically, 60 minutes are assumed for shifts from 8-9 hours in length, and 90 minutes per shift for longer patrol shifts.

1,261 net available hours per officer

The following table and chart summarize this calculation process, displaying how each net availability factor contributes to the overall net availability of patrol officers:

Calculation of Patrol Unit Net Availability

Base Annual Work Hours		2,008
Total Leave Hours	-	391
On-Duty Training Hours	-	139
On-Duty Court Time Hours	-	20
Administrative Hours	-	196
.....		
Net Available Hours Per Officer	=	1,261
<i>Number of Officer Positions</i>	×	24
Total Net Available Hours	=	30,274



Overall, the 24 filled officer positions combine for 30,274 net available hours per year, representing the total time in which they are on duty and able to respond to community-generated incidents and be proactive.

(3) Overview of Call for Service Workload Factors

The previous chapter of the report examined various trends in patrol workload, including variations by time of day and of week, common incident types, as well as a number of

other methods. This section advances this analysis, detailing the full extent of the resource demands that these incidents create for responding patrol personnel.

Each call for service represents a certain amount of workload, much of which is not captured within the handling time of the primary unit. Some of these factors can be calculated directly from data provided by the department, while others must be estimated due to limitations in their measurability.

The following table outlines the factors that must be considered in order to capture the full scope of community-generated workload, and provides an explanation of the process used to calculate each factor:

Factors Used to Calculate Total Patrol Workload

Number of Community-Generated Calls for Service

Data obtained from an export of CAD data covering a period of an entire year that has been analyzed and filtered in order to determine the number and characteristics of all community-generated activity handled by patrol officers.

The calculation process used to develop this number has been summarized in previous sections.

*Calculated from IPD data: **12,217 community-generated calls for service***

Primary Unit Handling Time

The time used by the primary unit to handle a community-generated call for service, including time spent traveling to the scene of the incident and the duration of on-scene time. For each incident, this number is calculated as the difference between 'call cleared' time stamp and the 'unit dispatched' time stamp.

In the experience of the project team, the average handling time is typically between 30 and 42 minutes in agencies where time spent writing reports and transporting/booking prisoners is *not* included within the recorded CAD data time stamps. At 32.3 minutes per call, IPD is somewhat on the lower end of most agencies, although not an outlier by any means.

*Calculated from IPD data: **32.3 minutes of handling time per call for service***

Number of Backup Unit Responses

The total number of backup unit responses to community-generated calls for service. This number often varies based on the severity of the call, as well as the geographical density of the area being served.

This number can also be expressed as the *rate* of backup unit responses to calls for service, and is inclusive of any additional backup units beyond the first.

*Calculated from IPD data: **0.55 backup units per call for service***

Backup Unit Handling Time (multiplied by the rate)

The handling time for backup units responding to calls for service is calculated using the same process that was used for primary units, representing the time from the unit being dispatched to the unit clearing the call.

*Calculated from IPD data: **24.7 minutes of handling time per backup unit***

Number of Reports Written

The total number of reports and other assignments relating to calls for service that have been completed by patrol units, estimated at one report written for every three calls for service. This includes any supporting work completed by backup units. *In this case, the number has been estimated based on the experience of the project team. This was done for several reasons, as explained below:*

The project team requested a dataset showing written reports and their incident numbers; however, this dataset was not available or possible to produce with IPD resources.

As a backup methodology, the CAD/RMS data provided by the department includes a call clear field with a disposition added, which can in some cases be used to estimate report writing. There are four options, each of which repeating for all backup units on the call:

- BLANK CLEARANCE CODE (3)
- NO REPORT NEEDED (2,381)
- REPORT TO FOLLOW (9,540)
- TRANSFERRED TO OTHER AGENCY (1)

9,540 out of 12,217 community-generated calls for service had the disposition value of “REPORT TO FOLLOW” listed in that field. At 0.78 reports per call for service, this would represent an unrealistically high report writing rate. The degree to which it is an outlier is also relevant – the vast majority of agencies fall within a report writing rate of 0.25 to 0.35. At 0.78, IPD would be more than double. Consequently, it must be assumed that the disposition values for “REPORT TO FOLLOW” correspond with some type of reporting required in CAD/RMS upon clearing, given the type of incident it corresponds to. For instance, 81% of calls under the category 911 Hang Up are listed with the “REPORT TO FOLLOW” disposition code. In reality, reporting requirements for such a call type would not likely be significant.

Given these considerations, a normative estimate was used that is at the conservative (higher) end for communities the size of Ithaca, at 1 report for every 3 community-generated calls for service.

Estimated: 0.33 reports written per call for service

Report Writing Time (multiplied by the report writing rate)

The average amount of time it takes to complete a report or other assignment in relation to a call for service. Without any data detailing this specifically, report writing time must be estimated based on the experience of the project team. It is assumed that 45 minutes are spent per written report, including the time spent by backup units on supporting work assignments.

Estimated: 45 minutes per report

Total Workload Per Call for Service

The total time involved in handling a community-generated call for service, including the factors calculated for primary and backup unit handling time, reporting writing time, and jail transport/booking time.

The product of multiplying this value by the calls for service total at each hour and day of the week is the number of hours of community-generated workload handled by patrol units – equating to approximately 12,398 total hours in 2019.

Calculated from previously listed factors: 60.9 total minutes of workload per call for service

Each of the factors summarized in this section contribute to the overall picture of patrol workload – the total number of hours required for patrol units to handle community-generated calls for service, including primary and backup unit handling times, report writing time, and jail transport time.

These factors are summarized in the following table:

Summary of CFS Workload Factors

Total Calls for Service	12,217] 53%
Avg. Primary Unit Handling Time	32.3 min.	
Backup Units Per CFS	0.55] 22%
Avg. Backup Unit Handling Time	24.7 min.	

Reports Written Per CFS	0.33	} 25%
Time Per Report	45.0 min.	
<hr/>		
Avg. Workload Per Call	60.9 min.	
Total Workload	12,398 hrs.	

Overall, each call represents an average workload of 60.9 minutes, including all time spent by the primary unit handling the call, the time spent by any backup units attached to the call, as well as any reports or other assignments completed in relation to the incident.

(4) Calculation of Overall Patrol Proactivity

Using the results of the analysis of both patrol workloads and staff availability, it is now possible to determine the remaining time in which patrol units can function proactively. The result can then function as a barometer from which to gauge the capacity of current resources to handle call workload demands, given objectives for meeting a certain service level.

The following table shows the calculation process used by the project team to determine overall proactivity levels, representing the percentage of time that patrol officers have available outside of handling community-generated workloads:

Calculation of Overall Patrol Proactivity

Total Patrol Net Available Hours		30,274
Total Patrol Workload Hours	-	12,398
Resulting # of Uncommitted Hours	=	17,876
<hr/>		
Divided by Total Net Available Hours	÷	30,274
Overall Proactive Time Level	=	59.0%

Overall, 59.0% of on-duty time is available to be proactive – well above the targeted threshold of 40-45% as a base. This indicated that IPD has not only sufficient capacity to handle community-generated workloads, but also to provide exceptional proactive policing.

The following chart shows this analysis at a more detailed level, providing proactivity levels in four-hour blocks throughout the week:

Proactivity by Hour and Weekday

	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Overall
2am–6am	76%	78%	85%	74%	79%	81%	73%	78%
6am–10am	81%	75%	79%	73%	70%	73%	71%	75%
10am–2pm	49%	50%	48%	41%	52%	39%	51%	47%
2pm–6pm	55%	36%	38%	34%	35%	38%	44%	40%
6pm–10pm	60%	48%	57%	58%	56%	46%	47%	53%
10pm–2am	56%	60%	68%	68%	66%	60%	56%	62%
Overall	63%	57%	62%	58%	60%	56%	57%	59%

The consistency in proactive time capabilities is highly evident. The chart's color scale ranges from white to gray to green, fully reaching the end of the scale at 40% – indicating that proactive time is not only sufficient to handle workload on a consistent basis, but to provide exceptional levels of proactive service as well. In IPD's case, virtually every four-hour block reaches this threshold, even during the daytime hours when workload is highest. A few blocks narrowly reach this level, falling just short at 38-39%, which remains a high level of proactive policing for peak activity hours.

Consequently, it can be strongly concluded from the results of this analysis that current staffing in patrol meets the demands of workload and provides for ample time to be proactive.

(5) Patrol Staffing Levels Required to Meet Service Level Objectives

Given the results of the workload and availability analysis, staffing levels can be determined based on achieving a certain target for proactive time. Prior to this, however, there are several considerations that must be made that provide context to staffing requirements.

(5.1) Adjusting for the Impact of Turnover

For staffing targets to be grounded in the long-term reality of a workforce, is important to consider the number of vacancies that currently exist, as well as the rate of turnover. An agency will never be fully staffed, as there will always be vacancies occurring as a result of retirement, termination, and other factors. When these events occur, it takes a significant amount of time to recruit a new position, complete the hiring process, run an academy, and complete the FTO program before the individual becomes an on-duty officer. Given this consideration, agencies must always hire above the number needed to provide a targeted level of service.

The amount of 'buffer' that an agency requires should be based on the historical rate of attrition within patrol. Attrition can take many forms – if it is assumed that the majority of vacancies are carried in patrol staffing, a vacancy at the officer level in any other area of the organization would consequently remove one officer from regular patrol duties. Likewise, promotions would have the same effect, in that they create an open position slot in patrol. Not included, however, are positions that become vacant while the individual is still in the academy or FTO program, and they are not counted in our analysis as being part of 'actual' patrol staffing.

Given these considerations, **an additional 5% *authorized* (budgeted) positions should be added on top of the actual number currently filled (actual) positions in order to account for turnover** while maintaining the ability to meet the targeted proactivity level. The resulting figure can then be rounded to the nearest whole number, assuming that positions cannot be added fractionally. It is worth noting that the number of officers needed without turnover is fractional, as it is an intermediate step in the calculation process.

(5.2) Additional Considerations

The overall patrol proactivity level should function as a barometer of potential resource capacity to handle workloads and be proactive, and different levels have varying implications for the effectiveness of an agency in being proactive at addressing public safety issues and engaging with the community. These considerations can be summarized as follows:

- In agencies that are severely understaffed in patrol functions, and consequently have very little proactive time (**under 35% overall**), calls will frequently be held in queues as resources cannot handle the incoming workload. Proactivity also falls behind, as officers in such agencies would have little to no time to be proactive.

When gaps do occur, the high rate of workload relative to available time can have a limiting factor on self-initiated generation, as officers avoid being tied up on a proactive activity such as a traffic stop in case priority calls for service occur.

- As proactivity increases (**around 35-45% overall**), the generation of self-initiated activity rapidly increases, as officers are able to deal with already-identified opportunities to proactively address issues in the community, some of which are prioritized and project-oriented engagements.
- Beyond those levels (**at least 45-50% overall**, depending on scheduling and deployment efficiency), the time available for proactive policing increases further, and opportunities to engage in self-initiated activity expand. However, the number of priority needs for self-initiated activity (e.g., addressing narcotics activity) also decrease. Despite this, no limitations exist on the time that can be spent on activities such as saturation/directed patrols and community engagement activities.

(5.3) Calculation of Staffing Needs

Staffing calculations provide the culmination of the proactive time analysis, using the proactive time target to determine how much time must be staffed for relative to workload such that the proactive time target equals the target on an overall basis. Based on number of net available hours per officer, the number of authorized positions needed to achieve the requisite number of hours staffed can be calculated, with a buffer for turnover added thereafter.

It is important to note that the calculations do not take into account the effect of cumulative vacancies that are not able to be replaced and filled over a *multi-year* period. This is intended, as budgeting for additional staff does not fix recruiting, hiring, or training issues. Instead, the turnover factor is designed to provide a balance against the rate of attrition, assuming new recruits can complete the academy and FTO program each year.

Nonetheless, the following table presents these calculations, showing the number of officers needed to maintain the current level of proactive time, at 59% overall:

Staffing Needs @ 59% Proactive Time Target

Total Workload Hours	12,398
Proactivity Target	59%

<i>Staffed Hours Needed</i>	=	30,239
Net Available Hours Per Officer	÷	1,261
Turnover Factor	+	5%
Patrol Officer FTEs Needed	=	26

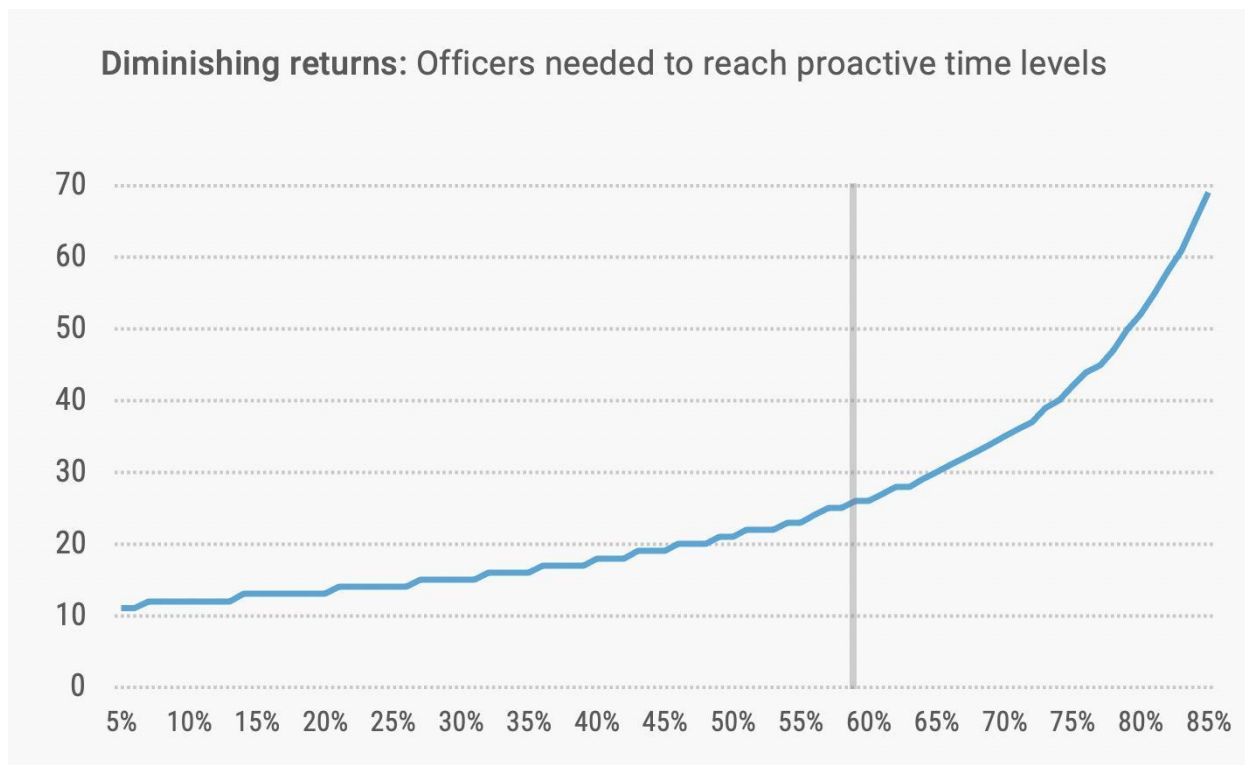
This process can be repeated for any proactive time target, as shown in the next table:

Officers Needed by Proactive Time Level

% Proac. Time	# of Ofc.	# to Raise +1%
55%	23	
56%	24	+1
57%	25	+1
58%	25	+0
59%	26	+1
60%	26	+0
61%	27	+1
62%	28	+1
63%	28	+0
64%	29	+1
65%	30	+1
66%	31	+1
67%	32	+1
68%	33	+1
69%	34	+1
70%	35	+1

The findings from this analysis are particularly notable given that as the proactivity level increases, the number of officers needed to raise it further grows exponentially. Whereas at low proactivity levels, adding several more officers would have a significant effect on overall proactivity, doing so at high proactivity levels (>60%) would have very little effect if the proactivity level was around 60 or 60%.

The following chart provides a visualization of this issue, showing the diminishing returns of adding additional officers on patrol proactivity and service levels:



The gray vertical bar indicates the current level of patrol proactivity.

The steeper the curve, the less returns are gained from investing additional resources in patrol. This chart demonstrates that, generally, 40-50% represents the level that should be aimed for, and that improvements to service level experience diminishing returns beyond that point. Below 40%, however, adding staff to patrol achieves significant effects on proactive time with comparatively minimal financial expenditures.

Recommendation:

Maintain the current staffing level in patrol.

4. Self-Initiated Activity

The analysis to this point has focused exclusively on the reactive portion of patrol workload, consisting of community-generated calls for service and related work. In the remaining available time, which is referred to in this report as proactive time, officers are able to proactively address public safety issues through targeted enforcement, saturation patrol, community engagement, problem-oriented policing projects, and other activity. Equally critical to the question of how much proactive time is available is how and whether it is used in this manner.

There are some limitations on how the use of proactive time is measured, however. Not all proactive policing efforts are tracked in CAD data, such as some informal area checks, saturation patrol, miscellaneous field contacts, and other types of activity. However, many categories of officer-initiated activity are nonetheless recorded, such as traffic stops, predictive policing efforts, and follow-up investigations.

Nonetheless, CAD data does provide for a significant portion of officer-initiated activity to be analyzed to examine how uncommitted time is for proactive policing.

(4.1) Self-Initiated Activity by Hour and Weekday

Self-initiated activity displays different hourly trends compared to community-generated calls for service, as illustrated in the following table:

Self-Initiated Incidents by Hour and Weekday

Hour	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total
12am	66	66	45	72	66	79	82	476
1am	31	37	44	48	43	42	61	306
2am	52	27	28	28	23	39	33	230
3am	21	13	23	19	17	29	18	140
4am	17	9	9	16	11	14	20	96
5am	8	9	9	7	10	15	8	66
6am	10	7	7	9	11	5	4	53
7am	6	9	3	6	3	8	9	44
8am	13	12	19	14	9	28	16	111
9am	23	25	20	28	15	20	23	154
10am	20	34	23	25	19	26	29	176
11am	32	18	24	18	18	17	30	157

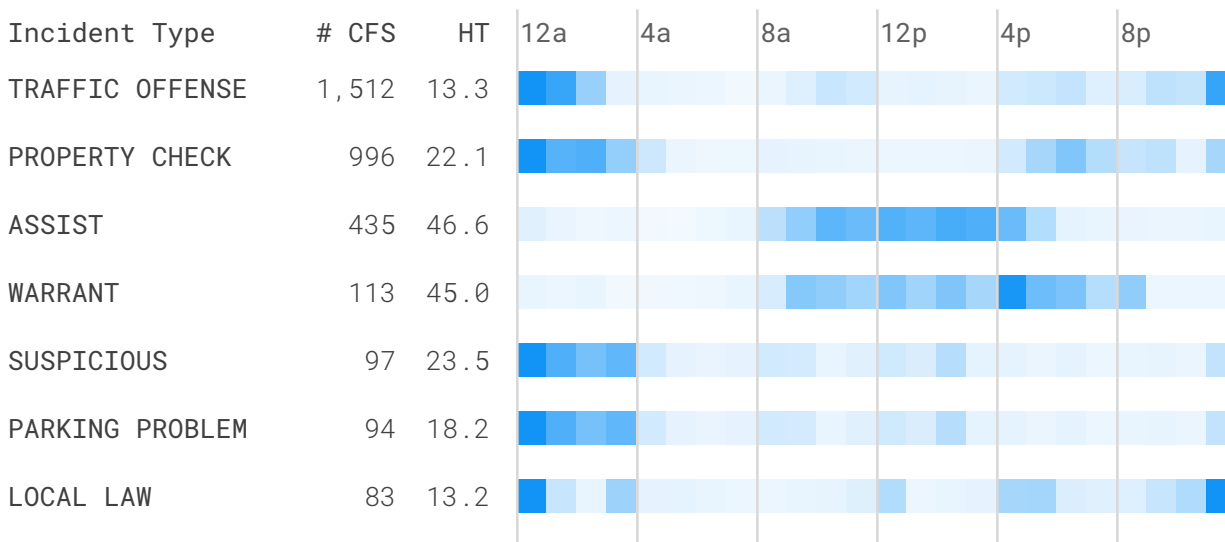
12pm	25	23	23	14	16	31	12	144
1pm	15	13	18	17	19	31	26	139
2pm	31	27	23	18	14	14	19	146
3pm	11	16	19	11	13	13	25	108
4pm	31	32	29	25	29	41	26	213
5pm	36	23	18	23	25	29	28	182
6pm	35	31	27	28	24	25	29	199
7pm	28	18	15	15	19	20	23	138
8pm	14	10	27	23	20	16	24	134
9pm	12	26	14	19	24	26	29	150
10pm	13	18	13	15	15	20	12	106
11pm	45	35	28	34	33	43	38	256
Total	595	538	508	532	496	631	624	3,924




Interestingly, self-initiated activity peaks sharply from around 12:00AM to 1:00AM, with an hour or so on either side having comparable levels of activity. At these times, vastly more proactive policing is conducted than during other hours. Possible explanations could include it being immediately after shift change, as well as the high levels of proactive time that exist during those hours.

(4.2) Self-Initiated Activity by Category

Unlike community-generated calls for service, self-initiated activity is typically more concentrated over a few call types:

Most Common Categories of Self-Initiated Activity



PROPERTY CMLPNT	76	13.7	
TRAFFIC CMLPNT	59	35.9	
WELFARE CHECK	54	19.8	
All Other Types	405	19.6	
Total	3,924	21.6	

“Traffic Offense” incidents (i.e., traffic stops) account for about 39% of all self-initiated incidents, averaging just over 13 minutes per event. Beyond the top three or four categories, activity is relatively sparse. Proactive ‘suspicious’ events (e.g., suspicious vehicle, person, etc. – common categories of police self-initiated activity in most agencies) occur only 97 times over the course of calendar year 2019.

(4.3) Total Utilization

Overall, the rate at which self-initiated activity is conducted is not high relative to the amount of proactive time available. This can be shown by examining total utilization – the percentage of officers’ net available time that is spent handling both community-generated calls for service and self-initiated activity:

Total Utilization of Patrol Officers on Calls for Service and Self-Initiated Activity

	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Overall
2am–6am	30%	24%	20%	28%	24%	21%	36%	26%
6am–10am	23%	28%	21%	30%	31%	34%	31%	28%
10am–2pm	54%	52%	53%	61%	50%	64%	49%	55%
2pm–6pm	53%	67%	66%	69%	67%	66%	58%	63%
6pm–10pm	44%	53%	46%	44%	47%	57%	57%	50%
10pm–2am	29%	47%	41%	36%	40%	38%	40%	45%
Overall	42%	45%	41%	45%	43%	48%	47%	45%

Outside of the mid-afternoon to early evening hours, net available time is not highly utilized on either calls for service or officer-initiated activity. Of course, it could be argued that there are only so many opportunities to be proactive. Certain services, such as security checks, however, are highly repeatable in comparison to other types of activity.

Moreover, any proactive policing efforts should be balanced with their potential effects on community trust, a principle echoed in the report on the President’s Task Force on 21st Century Policing. Too many vehicle stops in certain areas, for instance, can create long-lasting effects on relationships with those communities, creating perceptions that may not be aligned with the original intentions of the activity. Thus, it is not necessarily the goal for officers to be completely utilized, or for a certain threshold of self-initiated activity to be met.

(4.3) Historical Self-Initiated Activity Trends

To investigate this further, the CAD analysis can be extended for the entire five-year period for which data was received in order to gauge trends in activity levels, as was provided earlier in the analysis for community-generated calls for service.

The following table presents the findings of this analysis:

Five-Year Self-Initiated Incident Trends

Year	# Self-Initiated Incidents	+/- Change
2016	5,184	N/A
2017	5,723	+10%
2018	5,610	-2%
2019	3,924	-30%
2020	3,163	-19%

There is a clear drop-off in activity after 2018, with 2019 – the last pre-pandemic year – having significantly less activity than the year before. The chart below puts this into context, showing the year-by-year changes in both community-generated calls for service and officer-initiated activity:

Declining Self-Initiated Incidents Versus Community-Generated Workload



The decline in officer-initiated activity does not correlate with an increase in workload, and consequently does not appear to be indicative of a lack of staffing capacity to be proactive.

5. Shift Schedule Optimization Analysis

The following analysis examines the effectiveness of the current shift schedule and analyzes the feasibility and effects of implementing alternative schedules. This analysis is both quantitative and qualitative, balancing the objective of optimizing resource deployment with the need to have this schedule be broadly popular with officers and provide for quality of life concerns to be addressed.

The latter point is critical in part because work hours, shift length, and workday patterns are set by the collectively bargained labor agreement made with the Ithaca Police Benevolent Association (PBA), which covers all sworn personnel. **Changes to work hours or any schedule characteristics must be made through the collective bargaining process**, and cannot be made unilaterally by the department's management.

This analysis is intended to provide the analytical framework for any discussion on shift schedules, outlining a number of alternatives that most effectively deploy officers to achieve high levels of service, as well as to provide for officer quality of life considerations to be facilitated.

1. Current Shift Configuration: 8.25-Hour Schedule (Rotating Workdays)

(1.1) Overview

The current shift schedule, which has been in place since 2005, is an 8.25-hour shift, with officers working in a pattern of 4 days on, followed by 2 days off. Because this cycle repeats every 6 days, it is forward-rotating – officers do not have fixed workdays. If an officer worked Monday to Thursday in one calendar week, the next would be Sunday to Wednesday. Start times are schedule to provide for slight overlaps between shifts, as shown below:

Current 8.25-Hour Shift Configuration

Team	Start	End	# Officers
Night	2245	0700	8
Day	0700	1515	8
Swing	1500	2315	8

Working 8.25 hours in a 4 on, 2 off pattern equates to 38.6 work hours per calendar week, or approximately 2,008 scheduled work hours over an entire year. **This is a highly**

unusual configuration, with the vast majority of departments following a 40-hour workweek that equates to 2,080 hours annually. The weekly average of 38.6 hours results in fewer hours worked per officer while also likely not reducing costs overall.

An advantage of the forward-rotating workday schedule is that it gives all officers some weekend days off. This typically a leading consideration for officers, particularly among newer or younger officers that value an active social life and that lack the seniority to bid for workday sets that provide for weekend days off.

However, on balance with other concerns, the 4-on, 2 off pattern does not necessarily provide for ideal officer quality of life. Forward-rotating workday patterns such as this can often be unpopular due to their disruption on domestic and social life. It can be more difficult to schedule child care and align life outside of work with a domestic partner. Organized activities such as sports or clubs generally have fixed days when they occur, making regular attendance impossible in a rotating workday pattern. Off-duty work is also much more difficult to schedule in a rotating workday pattern – a critical issue for officers in many departments, particularly those that work 10 or 12-hour shifts and have more consecutive off days. In essence, a constantly changing set of workdays can, for some, misalign and isolate officers from life outside of work that generally follows a regular weekly pattern.

Consequently, despite this being a schedule that was and is collectively bargained for – and one that has been in place for more than 15 years – **the lack of fixed workdays must be considered a key weakness of the current schedule.**

(1.2) Performance and Efficiency of the Current Schedule

The following chart provides the proactive time levels, a measure of capacity and service level, achieved by the current shift schedule in four-hour blocks. As values drop below 40%, the color of the cell shifts closer to gray:

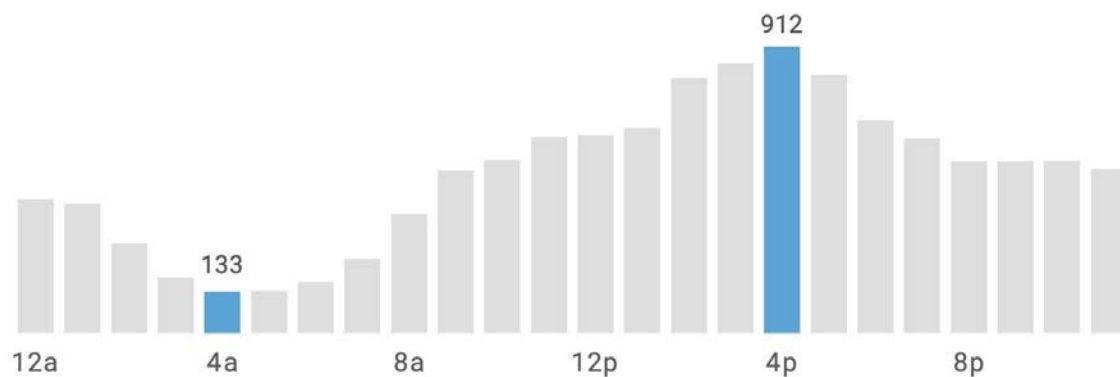
	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Overall
2am–6am	76%	78%	85%	74%	79%	81%	73%	78%
6am–10am	81%	75%	79%	73%	70%	73%	71%	75%
10am–2pm	49%	50%	48%	41%	52%	39%	51%	47%
2pm–6pm	55%	36%	38%	34%	35%	38%	44%	40%
6pm–10pm	60%	48%	57%	58%	56%	46%	47%	53%
10pm–2am	56%	60%	68%	68%	66%	60%	56%	62%
Overall	63%	57%	62%	58%	60%	56%	57%	59%

Overall, the schedule clearly is able to accomplish high levels of proactive time throughout the day, dropping below 40% only during the afternoon and early evening, without decreasing below 34%.

The high proactive time levels do necessarily mean, however, that the schedule is achieving the results efficiently. At 59% proactive time on an overall basis, staffing is at such a high level relative to workload that even moderately inefficient schedules still accomplish deployment objectives.

While not the only aim of developing an optimized shift schedule, schedules should efficiently match staff deployments against periods when workload is greatest. In Ithaca, as explored in the patrol staffing analysis, the difference in workload levels between day and nighttime hours is exceptional. To this point, 7 times more calls for service are generated during the busiest daytime hour and the least busy nighttime hour:

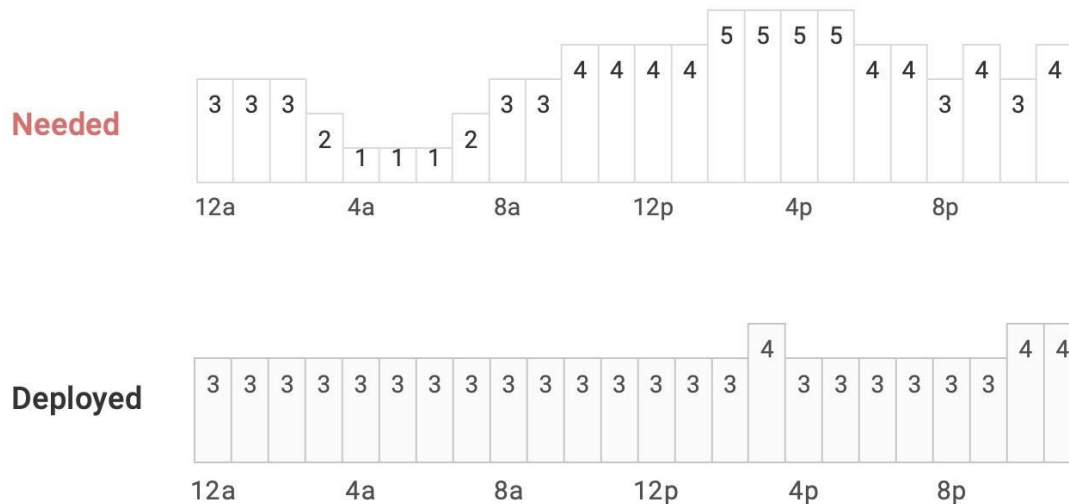
Calls for Service Activity by Hour



Granted, it should not be inferred that 1/7th of the staff are needed at night – during those hours, staffing for officer safety and emergency response capability are paramount. The objective of filling beats in itself is important only so far as it allows for response time to be minimized. In a community the size of Ithaca, this is less likely to be an issue.

Using workload and net availability data, the project team calculated the number of staff that would need to be deployed in order to achieve a proactive time level of 50% – which would represent an extraordinarily high level of service during the daytime hours. While not the only consideration in scheduling, it provides a benchmark against which to gauge how the current schedule used by the Ithaca Police Department allocates personnel against workload demands.

Deployed Staff Required for 50% Hourly Proactive Time vs Expected Number Deployed⁵



With IPD using an equal deployment of 8 officers to each shift, the 4 officers expected at certain times (as opposed to 3) is the result of slight overlaps increasing the average slightly enough to be rounded up.

Nonetheless, the results show that, if 50% proactive time is targeted for at any given hour – an exceptional level of service – too few officers are deployed during the afternoon and early evening hours, with more officers deployed than needed during the nighttime and early morning hours.

2. Priorities for Alternative Schedule Creation

To be able to offer concrete advantages over the current schedule and ensure that they could realistically be adopted through the collective bargaining process, the following aims are central to the development of alternative schedules:

- Deploy officers efficiently based on workload patterns by hour and day in order to provide for consistently high levels of service.
- Provide for officer safety and emergency response capabilities to be maintained at all hours of the day.

⁵ The expected number deployed takes into consideration the number scheduled on any particular day and factors in net availability factors such as leave, training, etc. to develop the 'typical' scenario. This does not factor in the usage of overtime to fill positions or controls against officers taking time off, nor does it include sergeants in the counts.

- Prioritize and provide for officer quality of life by:
 - Using workday patterns that are fixed over a weekly or biweekly cycle.
 - Maximizing the number of officers that receive weekend days off.
 - Scheduling reasonable shift start and end times, particularly for night shift personnel.
- Ensure that alternative schedules are implementable and have the potential to be popular among officers, by using configurations that are analogous to schedules that are popular in other departments.

Effective schedules are able to balance these concerns, which are both qualitative and quantitative and qualitative in nature.

3. Alternative A: 10-Hour Schedule (Fixed Workdays, Adjusted Start Times)

The first alternative is a 10-hour shift in which officers work the same days each week in a four-on, three-off pattern. Such a configuration is extremely common throughout the country, given its ability to provide for overlap between shifts during high-activity periods, while also giving officers the same three days off each week. This results in a 40-hour workweek, totaling 2,080 hours per year.

In this configuration, officers are staggered across workday sets, spreading staff out as evenly as possible across the week. This avoids a critical issue in many departments' 10-hour schedules that assigns a shared overlap day where every officer is on duty. This is inherently inefficient, as any time in which an above average officers are deployed results in other times having a *below* average number of officers deployed. By doubling the officers on one specific day, this occurs in an extreme magnitude, having a noticeable effect on service levels on other days of the week.

Staggering officer workday sets to address this problem also achieves the benefit of giving officers more options and more ways to have at least one weekend day off, whereas most two-team approaches give half of officers the entire weekend and others no weekend days. However, a key weakness of the schedule that this creates is that officers are not working with the same sergeant each day they are on duty.

The following chart illustrates this schedule and the allocation of officers to each shift, with **darker-shaded cells** indicating a workday:

10-Hour Fixed Workday Schedule Configuration

Team	Start	End	Week 1							Week 2							# Officers	
			S	M	T	W	Th	F	Sa	S	M	T	W	Th	F	Sa		
Night	2145	0745	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	1
	2145	0745	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	1
	2145	0745	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	1
	2145	0745	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	1
	2145	0745	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	1
	2145	0745	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	1
	2145	0745	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	1
	2145	0745	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	1
Day	0730	1730	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	1
	0730	1730	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	1
	0730	1730	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	1
	0730	1730	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	1
	0730	1730	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	1
	0730	1730	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	1
	0730	1730	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	1
	0730	1730	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	1
Swing	1200	2200	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	1
	1200	2200	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	1
	1200	2200	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	1
	1200	2200	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	1
	1200	2200	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	1
	1200	2200	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	1
	1200	2200	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	1
	1200	2200	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	1

In total, 8 officers are assigned to the night shift, 8 officers on the day shift, and 8 officers on the swing shift – the same allocation that exists currently.

The following chart shows the proactive time levels achieved by this currently by hour and weekday:

10-Hour Shift Configuration Proactive Time Performance

	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Overall
2am–6am	75%	78%	84%	66%	74%	75%	72%	75%
6am–10am	81%	75%	75%	72%	64%	72%	66%	73%
10am–2pm	63%	62%	52%	51%	55%	55%	57%	61%
2pm–6pm	74%	62%	55%	57%	53%	64%	64%	62%
6pm–10pm	61%	50%	47%	49%	46%	47%	49%	50%
10pm–2am	52%	53%	57%	54%	51%	49%	50%	52%
Overall	69%	64%	62%	59%	57%	61%	61%	62%

Clearly, the schedule outperforms the current schedule significantly, consistently providing for extraordinarily high levels of proactive time while still deploying sufficient officers during the night shift to maintain officer safety and emergency response capabilities:

Potential modifications to this schedule include shifting the start times of the night shift back to 2100 in order to end at 0700, allowing for the shift to facilitate a better circadian rhythm. In this scenario, the day shift would also begin at 0700. An overlap of 15 minutes on either side could also be planned for. No adjustments would be needed to the swing shift, which already has a sufficient overlap with the night shift.

4. Alternative B: 12-Hour Schedule (Pitman Configuration)

Taking a different approach, the second alternative schedule features a 12-hour shift using the popular 'Pitman' configuration, which uses a regularly repeating set of fixed workdays over a 2-week cycle. In this schedule, officers work a 2-on, 2-off, 3-on, 2-off, 2-on, and 3-off pattern.

The workday cycle equates to 84 hours biweekly, or 2,184 hours per year. Some departments pay all hours as regular time and specify the 84-hour biweekly work

periods in the labor agreement, thus bypassing the FLSA requirements for overtime. Others pay the time in excess of 80 biweekly hours as built-in overtime, resulting in 2,080 hours of regular time and 104 hours of scheduled overtime per year as part of the schedule.

With officers completing 7 shifts over a two-week period, the configuration allows for a high degree of simplicity to be achieved. There are just four shift teams and sets of workdays – one each for day and night shifts, working opposite sides of the week.

The following chart illustrates this, with workdays represented by **darker-shaded cells**:

12-Hour Pitman Schedule Configuration

Team	Start	End	Week 1							Week 2							# Officers
			S	M	T	W	Th	F	Sa	S	M	T	W	Th	F	Sa	
Day	0700	1900	■	■	■	■	■	■	■	■	■	■	■	■	■	■	7
	0700	1900	■	■	■	■	■	■	■	■	■	■	■	■	■	■	7
Night	1900	0700	■	■	■	■	■	■	■	■	■	■	■	■	■	■	5
	1900	0700	■	■	■	■	■	■	■	■	■	■	■	■	■	■	5

In the Pitman configuration, all officers get one weekend day off every week. If the workdays are often backwards by one day in the biweekly cycle shown in the chart, then all officers get both Saturday and Sunday off every other week. Virtually no other leading schedule configuration guarantees weekend days off to all officers regardless of seniority.

Another key benefit of 12-hour shift schedules is that they allow for officers for greater opportunity to work off-duty employment should they chose to. This can sometimes make transitioning away from 12-hour systems unpopular among a subset of officers once they are implemented.

The effects of the 12-hour Pitman schedule on proactive time are apparent, as shown in the following chart:

12-Hour Shift Configuration Proactive Time Performance

	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Overall
2am–6am	76%	78%	85%	74%	80%	81%	73%	78%
6am–10am	86%	81%	84%	80%	78%	80%	78%	81%
10am–2pm	64%	64%	63%	59%	66%	57%	66%	63%
2pm–6pm	67%	52%	54%	51%	51%	54%	59%	55%
6pm–10pm	63%	53%	61%	62%	60%	50%	51%	58%
10pm–2am	54%	54%	64%	64%	62%	56%	51%	58%
Overall	69%	64%	68%	64%	66%	63%	63%	65%

No four-hour block falls below 50%, which places the 12-hour schedule slightly ahead of the 10-hour system in terms of efficiency and effectiveness. This is aided by the 84-hour biweekly period, which raises proactive time to 65% on an overall basis.

In spite of the positive characteristics of this schedule, the primary weakness of the schedule, is readily apparent – 12 hours is a relatively long shift in law enforcement work. Issues of fatigue and sleepiness have been attributed to 12-hour shifts by various studies, although it should also be noted that studies have found these effects for 8-hour shifts as well in comparison to 10-hour configurations.

In general, 12-hour shift configurations can be more popular and potentially cause less fatigue issues when staffing levels are adequate, or particularly, above that level. This is intuitive – if officers are going call to call for 12 hours, fatigue issues mount and be exacerbated as officers are held over at the end of a shift to handle a call or write a report. However, if officers are handling on average fewer calls per shift and have more time in between handling calls for service, then 12-hour shift configurations can be more palatable.

In Ithaca, officers have a high proactive time level of 59% of available time on an overall. This indicates that staffing levels are relatively high in comparison to workload, and consequently mean that officers often have ample time in between shifts to ward off some of the negative effects of a 12-hour shift system.

Potential modifications to the shift schedule include shifting the workday cycles back a day to guarantee a full weekend every other week for all officers, as well as adjustment of start times. It is critical, however, to have the night shift return as early as possible in order to maintain adequate circadian rhythm.

5. Conclusions

The current shift schedule is highly unusual, resulting in a forward-rotating work schedule without fixed workdays, while also guaranteeing fewer hours on duty per officer than virtually any other shift configuration. The 8.25-hour shift length, in itself becoming less common as agencies shift to 10 and 12-hour systems, is particularly misaligned given the department's high proactive time levels and consequently longer time for officers on average in between handling calls for service. In a scenario where the norm is for officers to be going from stacked call to stacked call for an entire shift without break, trading a shorter shift length for fewer days off per week or non-fixed workdays might be a reasonable trade. However, with an 8.25-hour shift worked in a 4-on, 2-off rotating pattern, **given the staffing levels and service needs of Ithaca, the current schedule neither maximizes efficiency nor officer quality of life.**

The 10 and 12-hour alternatives developed for this analysis provide for a balance of both qualitative and quantitative factors, offering improvements. Both have fixed sets of workdays, meaning that officers will work the same days every weekly or biweekly period.

Despite the advantages, both schedules represent a monumental change for officers, many of whom have worked this schedule for their entire careers. Furthermore, neither schedule is without its drawbacks and weaknesses. These must be considered within the context of the issues with the current schedule, as well as the relative advantages of each options. As any change to the shift schedule must be collectively bargained, officers will decide whether it makes sense for them – both professionally, as well as in their personal lives.

Recommendation:

As part of the collective bargaining process, implement either the 10-hour fixed workday schedule or the 12-hour Pitman schedule, allocating and deploying officers as outlined in the analysis.

6. Redesign of the Patrol Beat Structure

1. Objectives in Patrol Beat Redesign

The following subsections outline the priorities used in both assessing the current beat structure, as well as creating new beat areas.

(1.1) Patrol Workload Equalization:

Workload should be equalized across all beats in order to maintain proactive capabilities and meet service level mandates.

All beats should be created to have call for service totals that are within $\pm 20\%$ of the overall average. Exceptions can be made in areas that are geographically isolated and/or have significant response time issues, such as hilly terrain or significant distances that must be covered, which require fewer calls. In these cases, a lower call for service target should be used. However, no beat should exceed $\pm 40\%$ of the average – indicating extraordinarily uneven workload – even with these exceptions in mind.

Workload equalization ensure that patrol units in each area are able to respond to calls for service in a timely manner, and that these capabilities are distributed equitably across the city.

IPD staffing provides for the potential to consistently deploy 4 officers during daytime hours, and 3 officers at night, without using high levels of overtime. Given this, a maximum of four beats can be established – the same number that exist now.

Over a five-year period from 2016-2020, the patrol staffing analysis identified 56,949 calls for service that occurred within Ithaca's city boundaries⁶. Among the four beats, this averages out to 2,847 calls per year, or 14,237 calls per beat over the entire five-year period.

To stay within the benchmark range for workload equalization of $\pm 20\%$ the average call for service total, each beat must have between 11,390 and 17,085 calls for service over five years.

⁶ This excludes any responses to incidents outside of Ithaca, as well as calls for service that could not be geolocated, though these occurred at a relatively negligible rate.

The project team geolocated the calls for service that occurred within this period and counted the number that occurred within each beat in order to measure whether workload was adequately equalized among the patrol areas.

(1.2) Neighborhood Integrity

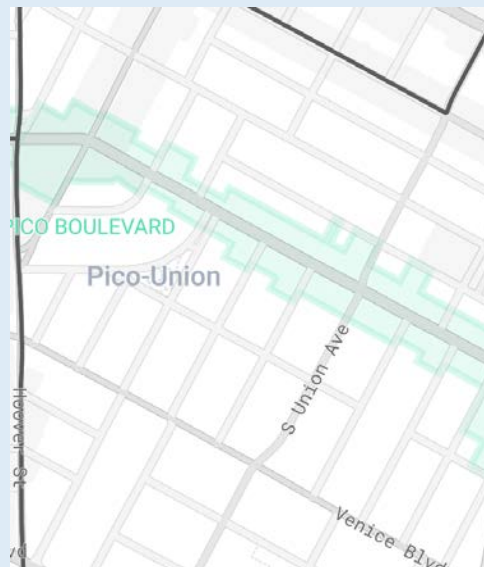
Neighborhoods and business districts should be kept together as much as possible in order to facilitate community policing.

By designing beats around entire areas and neighborhoods – rather than through them – the patrol officers assigned to that area are better able to become familiar with the community and its issues and concerns. From the perspective of the public, this can provide for the development of trust and one point of contact for specific neighborhoods. Some departments even publicize the patrol officer assigned to the area on their website, which can further this sense of geographic responsibility and accountability for community policing.

Consider an example in another municipality where a business district, highlighted in teal could either be split between a beat or kept within one:



Less Effective: *The split down the middle of an arterial road that functions as a focal point for the business district.*



More Effective: *The beat extends to both sides of the street, keeping the business district together.*

Differences in how these boundaries are drawn have real-world impacts in how community policing is coordinated, particularly when distinct areas have assigned points of contact within the police department.

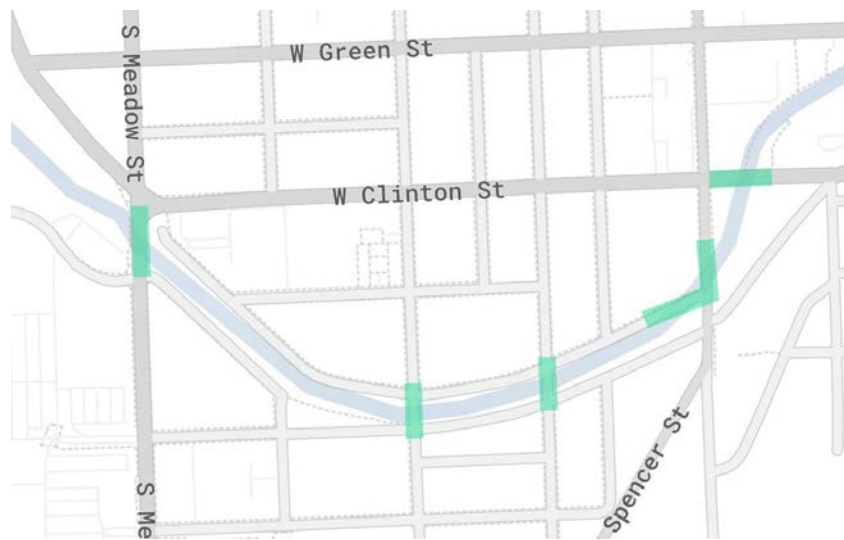
These considerations must also be balanced with call equalization and geographic barriers, although the latter is almost always congruent with neighborhood integrity. Geographic barriers – even manmade barriers such as freeways – are prominent markers that divide and form our understanding of where one community ends and another begins.

(1.3) Logical Barriers and Transportation Routes

The road and transportation network within a beat structure should facilitate timely response times.

Beats should be designed with the local road network in mind, taking into account how features such as creeks or rivers, hills, and highways with limited access impact the ability of officers to travel from one side of the beat to the other in order to respond to a call for service.

Despite its small size of around six square miles, the geography of Ithaca is shaped by its numerous features such as waterways that provide for transportation barriers. Among them, the Cayuga Inlet and several creeks run through the heart of the city, with varying degrees of access across them. Where numerous connection points exist across these features, areas can be joined together in the same beat. Where this is not possible, the transportation barrier it creates could lead to higher response times.



In Ithaca, for example, the many crossings (highlighted in green) across this part of Six Mile Creek prevent any impacts to transportation. Further upstream to the east, by contrast, there are only a few crossings across the creek.

To the contrary, the hillside on the west side of the Cornell campus has only two access points – one at the southern terminus of University Ave, and the other at the northern terminus of Lake St. Traversing west to east can take an extra minute or two as a result of this impediment.

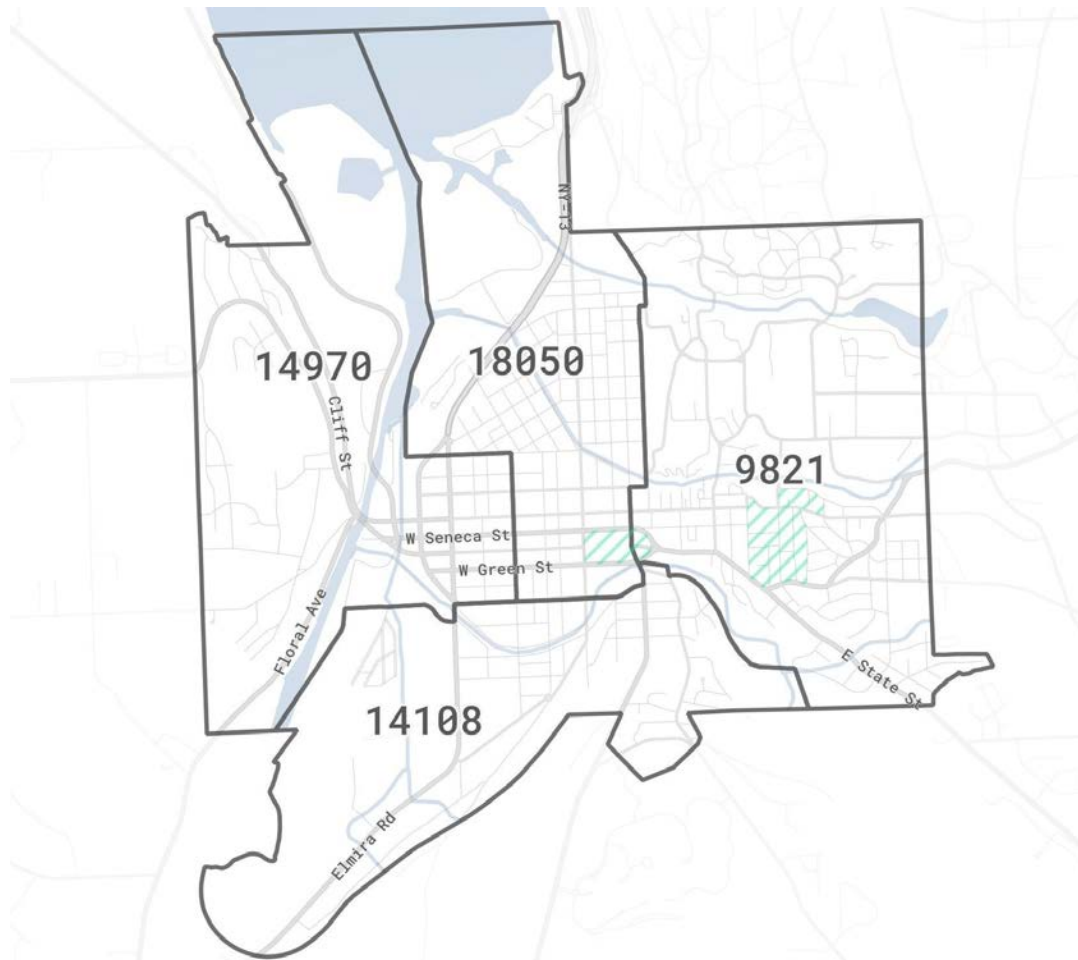
However, these considerations must also be balanced with competing priorities, such as neighborhood integrity and balance of workload. As a result, the degree to which transportation is affected must be weighed as well.

2. Assessment of the Current Beat Structure

Workload equalization the most quantifiable metric by which to evaluate how well a beat structure is able to provide the framework for community policing, by ensuring that no beats are too busy relative to others to be able to have sufficient – or at least equitable – levels of proactive time available. Calls for service over a five-year period (2016–2021) are used for the assessment, with the totals for each beat then compared against the average for all four beats.

The following map provides the five-year call for service totals by beat:

5YR Call for Service Totals by Beat (Current Beat Structure)



The hashed green areas represent officer foot beats, which overlap the car beat structure.

The four beats range from 9,821 calls (-31% below the average) to 18,050 calls (+27% above the average), with the other two remaining within around $\pm 5\%$ of the average. Compared to the benchmark established for patrol workload variation of $\pm 20\%$ from the average, beats 203 (northern) and 204 (eastern) exceed this threshold. However, no beats are more than $\pm 40\%$ of the average, which would indicate severely unequal workloads.

In other words, workload is somewhat even under the current beat structure. Officers assigned to 204 (eastern) would have a largely different day-to-day experience

compared to officers assigned to 203 (northern), assuming officers have primary responsibility for responding to calls that occur in their beat.

In terms of neighborhood integrity, a few of the principally identifiable neighborhoods include Downtown Ithaca – particularly its core, but also extending along State Street –the Cornell University campus, Collegetown, and the box store commercial district surrounding Elmira Rd that includes a Walmart Supercenter. Other neighborhoods include the industrial area along the Cayuga Inlet, the upsloping residential neighborhoods west of the inlet, and the single-family home neighborhoods north of Downtown.

For the most part, the current beat structure is able to keep each of these neighborhoods together. There are some exceptions, however.

In the greater Downtown area, a few blocks of what would generally be considered to be part of the same district are split from 203 (the downtown/northern beat) into 202 (western beat) and 204 (eastern beat), as shown in the following map:



- 1) On the western border, the area along State Street continues into another beat, separating those blocks from the main beat covering the State Street corridor.
- 2) The block between N Aurora St and E State St immediately east of the boundary contains several restaurants and bars that would be considered part of the Downtown area from the public's perspective.

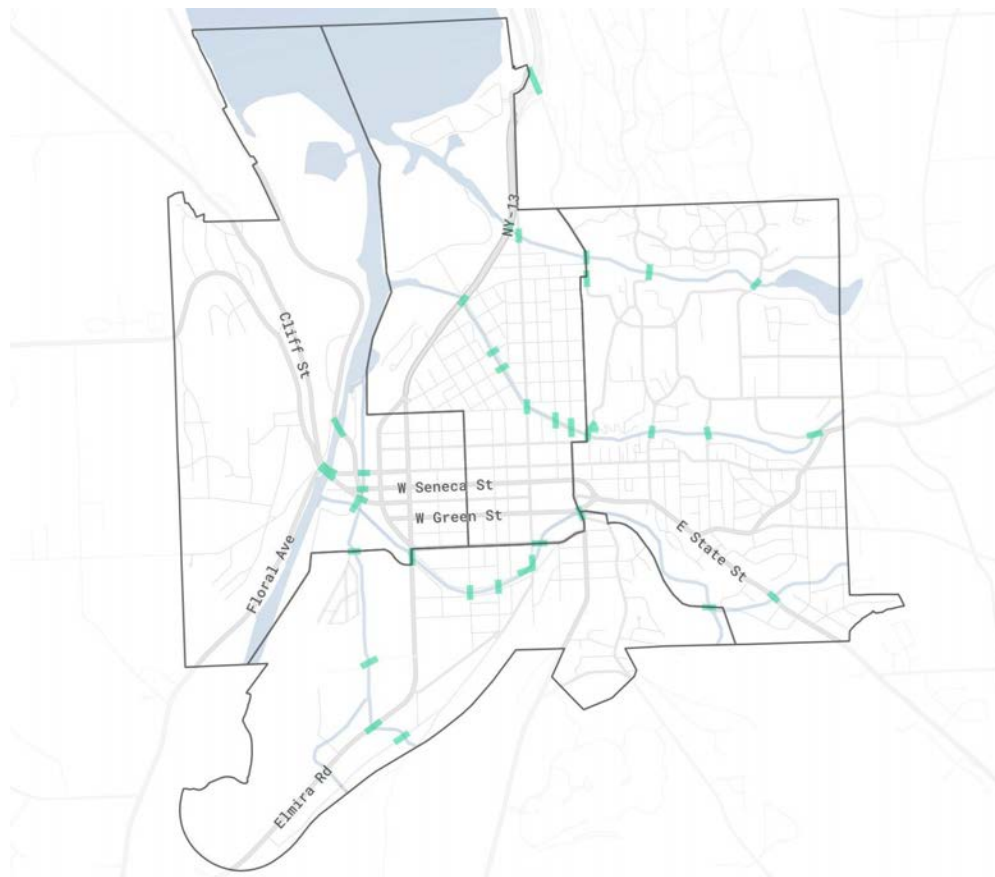
For the most part, however, the current beat structure does an effective job of aligning communities and business districts to beat boundaries.

As discussed earlier, the issue of transportation routes and logical barriers is complex in that it depends greatly on the context of the surrounding transportation network. A river

or creek can be a significant impediment if there are no routes across it for an extended area of its course, but these issues are mitigated and even eliminated if numerous bridges exist crossing it.

The following map provides the road network and waterways of Ithaca with beat boundaries overlaid on top, and bridge crossings highlighted in green:

Transportation Barriers and Waterway Crossings (Current Beat Structure)



It is evident that barriers are well accounted for in the current beat boundaries. One example is the stretch of the creek in the SW quadrant of Ithaca, just SW of E State St label on the map, which has no crossings for almost a mile. The boundary between the two beats is approximately along the river, ensuring that cross-waterway travel is not needed to respond to calls within the same beat.

The following table summarizes the findings made in this assessment of the current beat structure against the criteria established previously:

Current Beat Structure Findings

Category	Rating	Description
Workload Equalization	B-	Moderate workload inequality is an issue in 2 of 4 beats, creating differences in the ability to conduct community policing.
Neighborhood Integrity	A-	Major neighborhoods kept together with only minor exclusions.
Logical Barriers and Transportation	A	

In short, there are no major issues with the current beat structure. The issue of call inequality between beats 203 (Downtown/northern) and 204 (eastern) is tempered by being somewhat moderate in severity, as well as the context of the geographic and transportation barriers that run through and around the area. However, improvements can be made to the beat structure to address call workload inequalities.

3. Redevelopment of the Beat Structure

To accomplish the objective of addressing the current call inequalities within the current structure, the project team undertook a restructuring of its beat boundaries. To accomplish this in a manner that keeps communities together and is cognizant of where concentrations of calls exist, this process must begin with an entirely clean slate.

The project team started with a shapefile layer of U.S. Census blocks – the smallest level of geography available – and combined these to form cluster areas. The resulting cluster areas, which number around 90, each represent a portion of either a neighborhood, line at a geographic barrier such as a waterway, or a notable concentration of calls for service. Within each of these areas, calls for service were totaled over the entire five-year period used in the data analysis.

Initial Cluster Areas Used to Redraw Beat Boundaries



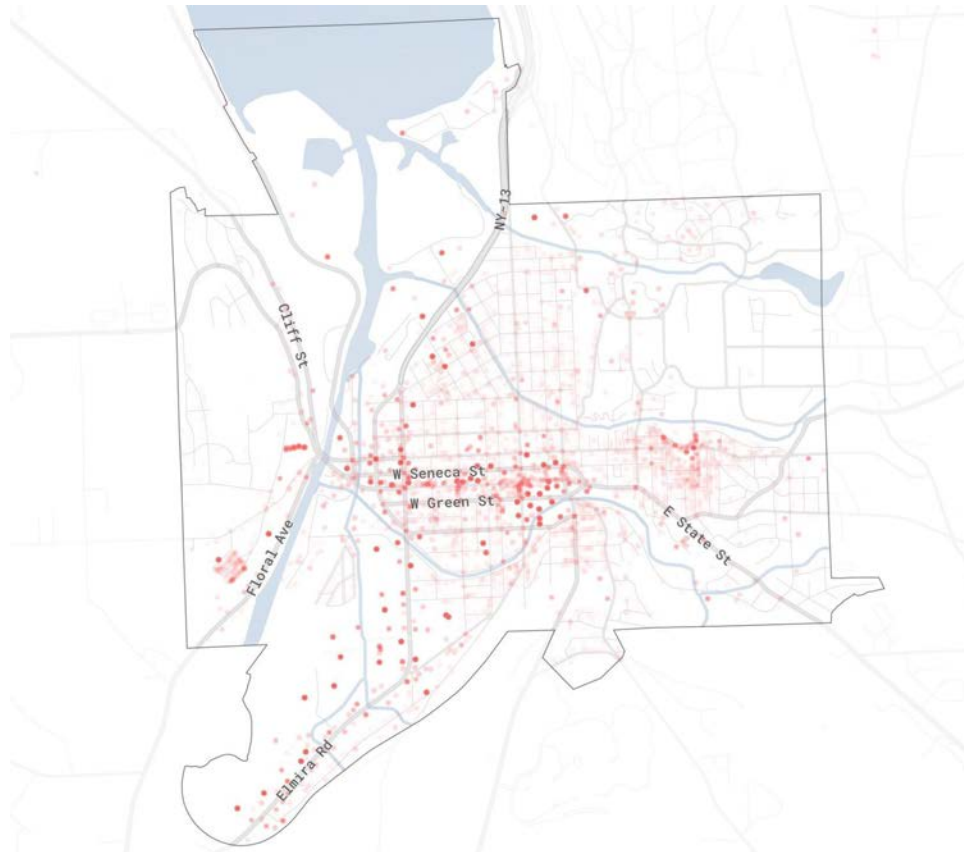
The approximately 90 clusters represent a portion of a larger area, a section of a neighborhood, a cluster of calls, or a geographical barrier (e.g., the Cayuga Inlet).

The clusters are not weighted equally in terms of calls, given the different purposes that the different types of clusters service.

To better illustrate this in the beat redesign process, these numbers are shown visually. For mapping purposes, however, a better illustration can be shown by a point overlay map, which shows each call for service as semi-transparent dots. As more calls occur at the same location or area, the overlapping points become more opaque and visible.

Given that redrawing boundaries requires notice of specific hotspots rather than more generalized areas, this approach avoids some limitations of heat maps. The following map presents this analysis:

5YR Call for Service Concentrations



Clearly, the State Street corridor is a significant area of calls based on this map. And additionally, while the commercial district along Elmira Road may not seem like a concentration, because the addresses are mostly large stores such as a Walmart Supercenter, each of those points can represent hundreds to well over one thousand calls for service.

The clusters are merged together in a continuous process until several areas of focus emerge, which later form the redesigned beats.

The 'mega-clusters' that are formed from combining the smaller clusters represent the major areas and concentrations of calls – the Downtown core, Cornell and Collegetown, the commercial district around Elmira Rd, everything west of the Cayuga Inlet, and so

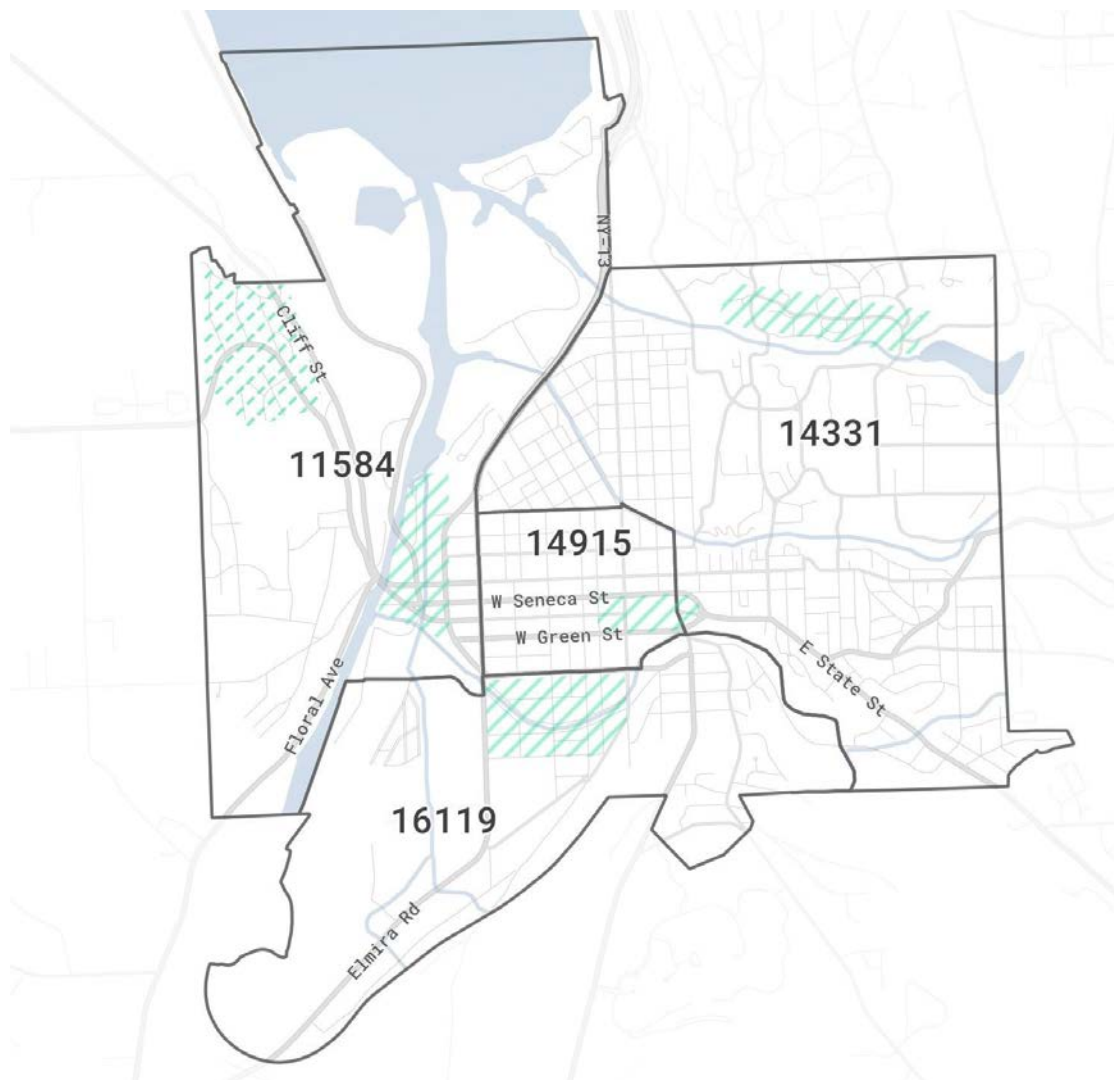
forth. Each of these are guaranteed to be joined within the same beat later in the analysis, and their call totals are recalculated.

Between each of the areas are buffers comprised of unmerged cluster areas, which are then gradually joined to the larger areas to reach equalized workload and to finetune the boundaries. Edits are made in order to ensure that neighborhoods are kept together and geographic barriers are consistent. If needed, travel time estimates from point to point are developed based on the road networks in order to ensure that in-beat travel is kept generally under 8-10 minutes without requiring lights and sirens under normal traffic circumstances.

Input was sought from the community on where walking beats would be desired. These have been incorporated into the alternative beat structure, which include additional walking beats compared to the current configuration.

The following map provides the results of this analysis, displaying the total calls for service over the past five years in the redesigned beat structure:

Redesigned Beat Structure: Boundaries and 5YR Call for Service Totals



The hashed green areas represent the community-defined officer walking beats, which overlap the car beat structure. One of these, represented with dotted lines, is a secondary/optional walking beat area.

All four beats have call for service totals that are within 20% of the average, accomplishing the goal of equalizing workload while keeping neighborhoods together. Geographic barriers are also accounted for, within the contest of available road networks. Nonetheless, trade-offs are inherently part of this process. For instance, a compromise may need to be made in equalization of calls in order to keep travel times

to a minimum, as well as vice versa. In these circumstances however, the magnitude of any issues caused by these decisions are kept within tolerable limits.

The alternative beat structure should be reviewed and revised in consultation with the community and the police department, including line-level patrol officers who ultimately have the greatest day-to-day stake in the new geographic deployment structure.

The draft patrol beat structure can be downloaded electronically as a shapefile (.shp) for use in GIS applications such as ArcGIS or QGIS using the following Drive link:

<https://drive.google.com/file/d/1fEs-JiAYS1GOsxmiQR8nkXlp2aZnrhn-/view?usp=sharing>

The beat structure can also be viewed as an interactive map at the following Google Maps link:

https://www.google.com/maps/d/u/1/edit?mid=1iDD-a-INVbdCYgJUvwSOsFnDA9W9k_I0&usp=sharing

Recommendation:

After a process of review and revision in consultation with the Ithaca Police Department and the community, adopt the alternative patrol beat structure in order to equalize workload and better facilitate community policing.

APPENDIX D:

NEW YORK STATE BASIC COURSE FOR POLICE OFFICERS TRAINING CURRICULUM

New York State Division of Criminal Justice Services
BASIC COURSE FOR POLICE OFFICERS – CURRICULUM CHECKLIST
MPTC Approved 9/4/2019 – Effective Date 01/01/2020

Basic Course for Police Officers Part/Module Name	Required Hours	Actual Hours
Part 1 - Administration of Justice		
1-A. Introduction to Criminal Justice		
1-B. Jurisdictions and Responsibilities of Law Enforcement		
1-C. Adjudicatory Process and Court Structure Civil & Criminal		
Part 1 Total	4	
Part 2 - Introduction to Law Enforcement		
2-A. Constitutional Law	2	
2-B. Discretionary Powers	2	
2-C. Ethics and Professionalism	8	
2-D. Physical Fitness and Wellness - Must include 3 tests. - Must not exceed 3 hours per day nor more than 9 hours per week. - Must be a certified Physical Fitness Instructor.	65	
2-E. Procedural Justice	2	
2-F. Officer Wellness *NEW Eff. 9/1/19*	16	
Part 2 Total	95	
Part 3 - Laws of New York State		
3-A. New York State Penal Law Offenses	16	
3-B. Use of Physical Force & Deadly Physical Force - Instructor must take 2 Day BCPO Use of Force Update Training.	11	
3-C. New York State Criminal Procedure Law Standards of Proof Laws of Arrest Search and Seizure Stop, Question, and Frisk Interview and Interrogation Accusatory Instruments Appearance Tickets Evidence Concepts Eyewitness ID	21	
3-D. New York State Juvenile Law and Procedures	6	
3-E. Civil Liability and Risk Management	2	
3-F. Ancillary New York State Statutes Eff. 1/1/20: Objectives updated	2	
3-G. New York State Vehicle and Traffic Law	5	
Part 3 Total	63	
Part 4 - Law Enforcement Skills		
4-A. Essentials of Response and Investigative Skills *NEW Eff. 9/1/19*	24	
4-A. Field Note Taking Eff. 9/1/19: Consolidated with new 4-A.	2	Consolidated w/ 4-A
4-B. Report Writing	7	
4-C. Electronic Communications	4	
4-D. Observation and Patrol Eff. 9/1/19: Reduced from 4 hrs to 3 hrs	3	
4-E. Case Preparation and Demeanor in Official Proceedings	7	
4-F. Fundamental Crisis Intervention Skills for LE - Must be a certified Mental Health Instructor AND take 2018 Fundamental Crisis Intervention Skills for LE Update Course. OR - Instructor must take Fundamental Crisis Intervention Skills for Law Enforcement Instructor Course.	20	
4-G. Crimes in Progress Eff. 9/1/19: Consolidated with new 4-A.	4	Consolidated w/ 4-A
4-H. Arrest Processing	5	
4-I. Vehicle Stops and Traffic Enforcement	11	
4-J. Defensive Tactics and Principles of Control - Practice must not exceed 4 hours per day nor more than 20 hours per week. - Must be a certified Defensive Tactics Instructor (if before 6/6/18: AND 2 Day Defensive Tactics Instructor Refresher Course).	40	
4-K. Emergency Medical Services - Must provide documentation showing instructor is a certified EMT Instructor.	48	
4-L. Emergency Vehicle Operation and Control - Must be a certified EVOC Instructor.	21	

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New York State Division of Criminal Justice Services
BASIC COURSE FOR POLICE OFFICERS – CURRICULUM CHECKLIST
 MPTC Approved 9/4/2019 – Effective Date 01/01/2020

4-M. Firearms Training - Must be a certified Firearms Instructor.	40	
4-N. Supervised Field Training Review and Orientation	160	
4-O. Traffic Direction and Control	2	
4-Q. DWI Detection and Standardized Field Sobriety Testing - Must be a certified DWI and SFST Instructor	21	
4-R. Physical Evidence Eff. 9/1/19: Consolidated with new 4-A.	42	Consolidated w/ 4-A
4-S. Off Duty and Plain Clothes Police Encounters	4	
4-T. Active Shooter - Must be a certified Firearms, Defensive Tactics OR Reality Based Training Instructor.	16	
4-U. Aerosol Subject Restraint - Must be a certified Chemical Agents Instructor. OR - Instructor must be take Aerosol Subject Restraint Instructor Course.	6	
4-V. Professional Communications	8	
4-W. Decision Making	8	
Part 4 Total	455	
Part 5 - Community Interaction		
5-A. Intoxication	1	
5-B. Community Resources - Victim/Witness Services	3	
5-C. Elder Abuse	2	
5-D. Cultural Diversity/Bias Related Incidents and Sexual Harassment	5	
5-E. Persons with Disabilities	6	
5-F. Crime Control Strategies *NEW Eff. 1/1/20* Replaced: Community Oriented Policing and Problem Solving - Media Relations	2	
5-G. Crime Prevention	2	
Part 5 Total	21	
Part 6 - Mass Casualties and Major Events		
6-A. Standardized Response Plans for Unusual Events - May replace with online courses ICS-100 and IS-700.a	8	
6-B. Behavioral Observation and Suspicious Activity Recognition	7	
6-C. The Nature and Control of Civil Disorder	3	
Part 6 Total	18	
Part 7 - Investigations		
7-A. Domestic Violence - Must be a certified Domestic Violence Instructor	14	
7-B. Organized Crime Familiarization/Enterprise Corruption Eff. 9/1/19: Removed.	2	Removed
7-C. Preliminary Investigation and Information Development Eff. 9/1/19: Consolidated with new 4-A.	2	Consolidated w/ 4-A
7-D. Interviewing Techniques Eff. 9/1/19: Consolidated with new 4-A.	5	Consolidated w/ 4-A
7-E. Common Criminal Investigation Techniques (Larceny, Robbery, Auto Theft, Arson, Burglary, Electronic Media) Eff. 9/1/19: Consolidated with new 4-A.	40	Consolidated w/ 4-A
7-F. Basic Crash Management and Reporting - Instructor must take Basic AND Intermediate Crash Management Courses OR document 70+ hours of formal training.	14	
7-G. Injury and Death Cases	3	
7-H. Sex Crimes	2	
7-I. Narcotics and Dangerous Drugs	3	
7-J. Missing and Abducted Children - Missing Adult Cases	3	
7-K. Animal Abuse Cases	2	
7-L. Contemporary Police Problems Eff. 9/1/19: Removed.	4	Removed
7-M. Human Trafficking	2	
Part 7 Total	43	
Part 8 – Reality Based Training		
8-A. Reality Based Training - Must be a certified Reality Based Training Instructor.	Varies	

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APPENDIX E:

ITHACA POLICE DEPARTMENT TRAINING TOPICS

Ithaca Police Department Training Topics

Annual Training Minimums:

There are NO annual training minimums required by the State of New York. Training is conducted to increase officer's abilities, lesson agency and municipal liability, and stay updated on evolving topics or agency needs. Training may be required by individual companies who provide equipment that we use (example: Taser.)

The items listed below are representative of our minimums.

Spring Firearms

- Topics include marksmanship, weapons handling, priority of life and cover concealment usage, Legal updates, Use of Force refreshers, medical aid for gunshot wounds (suspect aid, officer aid ect.), Tourniquets, quick clot gauze. Tactics related to firearms. Department qualifications and minimum acceptable standards to successfully complete.

Taser Recert/ Updates

- Yearly updates from Taser on device usage, considerations, safety processes, aid to those who the device is used on.

Defensive Tactics

- Review of procedures and practice of techniques and principles. Introduction of newly adopted methods from DCJS updates. Use of Force refreshers, De Escalation techniques, Handcuffing, OC Spray, Baton Usage. Competency Checks.

Fall Firearms

- Topics include all of the above from Spring Firearms but also focus on low light conditions. Data shows that the majority of OIS occur in low light conditions and therefor training in colder weather and in the dark is data driven and valuable. Patrol Rifle

Reality Based Training

- Officers are exposed to a series of realistic scenarios each designed to specifically train and/or test their abilities. These training topics are adopted each year by a panel of instructors and include topics of local value, topics related to national incidents, topics that may need updating. We partner with local agencies and experts to build and conduct scenarios as often as possible. For example, we worked with TC Mental Health on a suicidal subject scenario this spring and TCMH was on site to evaluate and provide feedback on officer's performance.
- Examples of recent topics include but are not limited to:
 - o Suicidal Subjects
 - o Welfare Checks
 - o Narcan Usage
 - o Fentanyl Exposures

- Domestic Disputes
- Mental Health Related Calls for service
- Low Light operations
- Verbal De Escalation
- Rendering Medical Aid
- Traffic Stops
- Officer Rescue
- Ambushed Officers
- Emergency Vehicle Operations
- Active Killer/Shooter Response
- Search and Seizure Scenarios

Additional In Service Training

- These training topics vary from year to year and are selected based on local items of importance, national trends, changes in laws or tactics, and department needs.
- These may include entire multi day training all the way to Body worn camera review of incidents with lead discussions follow ups.
- This year's topics are:
 - Persons in Crisis
 - Search and Seizure
 - Domestic Violence Law
 - Basic Crash Investigation
 - Excited Delirium
 - Evidence Collection and Preservation
 - Juvenile Refresher (Coordinated with Suzi Cook from TC Probation)
 - Trans Mindfulness
 - De Escalation
 - Law Enforcement Assisted Diversion
 - Principle Based Policing

Instructor Development

- Maintaining a progressive and updated capable instructor cadre is vital to a program's success. It is the goal of the IPD to ensure that all instructors, in every topic area receive either in house Instructor training or are sent to an off-site program or course to update their skills, learn new methods or discover new areas of need within the Department to focus on.
- We hosted other agencies (to include our own) and delivered NYS Firearms Instructor School
- We have some of the best respected LE Instructors in New York State. Lt Jake Young and I co Created the NYS 5 day Reality Based Training Instructor Course and are considered Subject Matter Experts in the field. Lt Young also just completed revamping NYS Firearms Instructor Course as a Subject Matter Expert in that field.

Outside Training

- Trainings attended off site this year include:

- Supervisor School (New Sergeants)
- High Impact Leadership
- Peer Support and Mentoring in Law Enforcement
- NYS Human Trafficking Awareness
- Advanced Internal Investigations Course
- Initial Response Strategies for Missing Children
- Read Recognize Respond
- Legally Justified, but was it Avoidable
- Accreditation Program Manager
- Material Creation and Program Implementation
- De Escalation, Intervention and Force Mitigation
- Instructor Development Course
- Master Instructor Course work
- AMBER Alert Best Practices
- Course Director Orientation
- Explosive Detection K9 Handler Panel
- Advanced Assisting Individuals in Crisis
- Progressive Force Concepts Instructor Development
- DCJS Missing Persons
- Child Homicide Investigations
- Force Science Body Worn Camera Course
- National Criminal Justice Training Center De Escalation Training
- Property and Evidence Room Management
- Deceptive Behaviors Hidden Compartments Training
- New York Tactical Officers Association Conference
- Performance Pistol and Carbine Course
- Assisting Individuals in Crisis
- Crisis Intervention Team Training
- New York State Homicide Seminar
- National Association of Black Law Enforcement Officers Conference
- Law Enforcement Training Directors Conference
- DNA and Genetics Training
- Use of Force Summit (Daigle Law Group)
- Taser Instructor Recertification
- Sequential Mapping Exercise (Mental Health and Law Enforcement Collaboration)

Academy Training

- Ideally we would deliver and run our own Police Academy but unfortunately we do not have the resources. We currently possess an instructor in all the basic topic areas, but the logistics of staffing the necessary units simultaneously managing an academy are more than we can currently accomplish with our staffing.
- The two attachments include the DCJS Basic Academy Curriculum.
 - It's important to understand THESE ARE THE MINIMUMS
 - WE UTILIZE THE Broome Academy and the Syracuse Academy. I've attached a copy of the Broome Academy's Curriculum Content Form. You

will see that they go way beyond the minimums and add many topics that are important that do not appear on DCJS basic minimums. I do not have Syracuse's form but know that they as well go well beyond state minimums.



www.publicsafetyreimagined.org

Reimagining
Public Safety Ithaca &
Tompkins
County, N.Y.



Center For
POLICING EQUITY

APPENDIX D

Reimagining Public Safety Coordination Plan

City Manager's Office

Reimagining Public Safety Coordination Plan

TABLE OF CONTENTS

1	Executive Summary	3
2	Introduction	4
2.1	Objective of the Reimagining Public Safety Initiative Coordination Plan	4
2.2	Drivers, Problems to be Solved, and Communities Impacted	4
2.3	Purpose and Value to Organization	5
3	Reimagining Public Safety Team	6
4	Deliverables and Tasks	7
5	Assumptions and Constraints	8
6	Project Budget	9
6.1	Reporting Process, Frequency, and Deadlines	9

1 Executive Summary

Introduction: The Reimagining Public Safety (RPS) initiative is a groundbreaking effort by the City of Berkeley to transform its approach to public safety. The initiative aims to build a safe, equitable, and thriving community through a redefined, multidisciplinary approach to public safety.

Justification: The RPS initiative aims to achieve a transformative approach to public safety, improving community well-being and potentially reducing long-term costs. The expected outcome includes not just policy adjustments but also broad, systemic change.

Objectives: To fulfill¹ the task activities and deliverables outlined within the Mayor and Councils recommendations and [phased approach](#) regarding Reimagining Public Safety:

1. Refer up to \$5.3 Million to the FY 2023-2024 Budget Process for staff and/or consulting services and community investments to complete the Priority Reimagining Public Safety Initiatives listed in Attachment 1, [Section A](#) to the report
2. Direct the City Manager to prioritize over the next two years the programmatic recommendations for Phase 1 of Reimagining Implementation listed in Attachment 1, [Section B](#) to the report.
3. Direct the City Manager to initiate a design process for an innovative and comprehensive public safety agency or Department of Community Safety within the City of Berkeley administration, as outlined in Attachment 1, [Section C](#) to the report, and return with recommendations to the City Council by May 2024 to align with the FY 25-26 Biennial Budget process.
4. Except where resources may allow for expedited implementation, refer additional reforms to the FY 2025-2026 Biennial Budget as outlined in Attachment 1, [Section D](#) to the report.

Scope: The initiative encompasses a breadth of fields including, but not limited to, law enforcement, health, housing and community services, dispatch analysis and coordination with our fire teams, and public works. It will focus on collaborative, proactive, and problem-solving approaches that align with the mission and values of our City and Reimagining Public Safety efforts.

Purpose of the Coordination Plan: This coordination plan is aims to integrate the Assistant to the City Manager, serving as the Reimagining Public Safety Project Coordinator, into the RPS Team and establish a framework for collaborating. Designated City Departments (CMO, HHCS, Police, Fire, Public Works), who have been spearheading this initiative forward, will continue to serve as leads for respective Reimagining Public Safety deliverables. The Assistant to the City Manager will serve as the RPS project coordinator and work collaboratively alongside Departments to catalog and report-out RPS project progress.

Timeline: This timeline will follow the 2020-2026 phased approach [outlined here](#).

Budget and Resources: A budget of up to \$5.3 million has been referred for the FY 2023-2024 Budget Process. Staff and/or consulting services will be engaged for implementing deliverables.

Next Steps: *This coordination plan is a dynamic document and may be updated as needed. Upon formal approval of this plan, we will make every effort to execute the plans and activities outlined herein.*

¹ Unless otherwise amended.

2 Introduction

2.1 Objective of the Reimagining Public Safety Initiative Coordination Plan

The primary objective of this Coordination Plan is to articulate the integration of project coordinator responsibilities within the broader context of leaders and teams committed to propelling the Reimagining Public Safety (RPS) initiative forward. Given the dynamic nature of the RPS initiative, the coordination plan is inherently a living document, adaptable to the evolving needs of the team. It establishes a framework for reporting on the progress of various deliverables and sub-deliverables associated with the Reimagining Public Safety initiative (RPS) being implemented across the City of Berkeley. The Assistant to the City Manager – RPS Project Coordinator’s role will primarily involve cataloging ongoing work, managing information flow, and ensuring that the key stakeholders are informed of RPS developments and progress.

2.2 Drivers, Problems to be Solved, and Communities Impacted

In striving to reimagine public safety, Berkeley’s efforts encompass a balanced distribution of resources, reassessment of policing responsibilities, strategic community investments, and the design of a holistic approach to safety. This approach seeks to offer a balanced model for addressing public safety while also attending to various community needs.

Drivers & Motivators	Problems to be Solved	Communities Impacted
<ul style="list-style-type: none"> • Community Well-being • Public Trust • Equity and Inclusion • Legislative Momentum • Resource Optimization • Fiscal Responsibility • Compliance and Accountability • Resilience and Preparedness • Technological Advances 	<ul style="list-style-type: none"> • Addressing Historical Inequities • Scope and Range of Police Responsibilities • Community Investment Gap • Resource Allocation • Public Perception and Trust • Data and Reporting • Diverse Population Dynamics • Community Call Responses • Holistic Safety and Well-being Approach • Sustainability 	<ul style="list-style-type: none"> • City of Berkeley Residents <ul style="list-style-type: none"> ○ Communities of Color ○ Low Income Communities ○ LGBTQIA+ Communities ○ Justice-Impacted Communities ○ Mental Health & Substance Use Communities ○ Youth & Students ○ Immigrant Communities ○ Justice-Impacted Communities • Community Based Organizations • Government Officials <ul style="list-style-type: none"> ○ City Departments: <i>CMO, Fire, Police, HHCS, Public Works, HR, IT, Finance</i> ○ Council Committees: <i>Public Safety Policy Committee, FITES Committee, Health, Life Enrichment, Equity & Community Committee, Budget & Finance Policy Committee</i> ○ Boards & Commissions: <i>Mental Health Commission, Public Safety Policy Committee, Police Accountability Board, RPS Taskforce</i>

2.3 Purpose and Value to Organization

The purpose of the Reimagining Public Safety Initiative in the City of Berkeley is to develop a more equitable, holistic, and community-centered approach to public safety. By reassessing and restructuring traditional models, we aim to address systemic inequities, increase community trust, and efficiently allocate resources for the well-being of all residents. This initiative not only seeks to enhance the city’s public safety and community engagement, but also positions Berkeley as a potential model for innovative, comprehensive, and inclusive public safety strategies nationwide. Reimagining Public Safety Principles, Commitments, and Objectives

Guiding Principle	Commitment
<p>REIMAGINE Redesign public safety from a traditional Police Department to one that is focused on the diverse needs of the community it serves.</p>	<p>A transformative approach to community-centered safety and reducing the scope of policing, by re-defining our understanding of safety to be holistic and focus not just on crime prevention but health, wellness, and economic security for all of our residents. While the focus has been on reducing the footprint of policing, we recognize that police play a critical role in our society, and we must determine the right size, focus and function of our Police Department to prevent and respond to crime, while exploring alternative response models and upstream investments in social services to create a healthy, safe and equitable community.</p> <p>Reimagining health and safety, considering allocating resources towards a more holistic approach - one that shifts resources away from policing towards health, education and social services, and is able to meet crises with a variety of appropriate responses.</p> <p>Identifying alternatives to policing and enforcement to reduce conflict, harm, and institutionalization, introduce alternative and restorative justice models, and reduce or eliminate use of fines and incarceration.</p>
<p>IMPROVE Improve the City of Berkeley’s public safety system for residents and communities that have experienced the greatest harm from the existing public safety model.</p>	<p>A broad, inclusive community process that will result in deep and lasting change to support safety and wellbeing for all Berkeley residents.</p> <p>Determining the appropriate response to community calls for help including size, scope of operation and powers and duties of a well-trained police department.</p> <p>Supporting police by freeing them to focus on what they do best: respond to and investigate crimes.</p>
<p>REINVEST Increase equitable investment in vulnerable communities and for those who have been historically marginalized.</p>	<p>Equitable investment in the essential conditions of a safe and healthy community, especially for those who have been historically marginalized and have experienced disinvestment.</p> <p>Providing meaningful safety, continuing critical health and social services, and committing to, and investing in, a new, positive, equitable and community-centered approach to health and safety that is affordable and sustainable.</p> <p>Ensuring an appropriately staffed and deployed Police Department while reducing the impact of Police expenditures to the General Fund; Investing in a suite of alternative response services and a sophisticated dispatch system to deploy the most appropriate emergency response in a cost-effective manner.</p>

3 Reimagining Public Safety Team

The Reimagining Public Safety Team has undertaken the substantial task of reshaping the city’s approach to public safety, following the City Council’s adoption of the [July 2020 omnibus motion](#). This initiative, as noted in the [City Manager’s report](#), represents a collective effort, drawing together city departments, community stakeholders, field experts, and the dedicated Reimagining Public Safety Task Force to collaboratively design a new public safety paradigm.

In Phase 1 (2020-2022), the City Manager, leadership team, and city staff actively engaged in comprehensive consultations and strategic planning sessions; their efforts, focused on ensuring that the initiatives underway are well-aligned with both the community’s needs and the city council’s directives, set the stage leading into Phase 2 (2022-2024).

The table below offers an overview of the Reimagining Public Safety Team’s structure for Phase 2, acknowledging the individuals and their collaborative work². It is crucial to emphasize that this initiative is a city-wide effort, reliant on the active involvement of a variety of city staff and community-based subject matter experts throughout its phased implementation. This team is uniquely situated to continue accomplishing this work. Their dedication, passion and leadership around this work is truly exceptional.

Department	RPS Team	
City Manager’s Office (CMO)	Dee Williams Ridley	City Manager
	LaTanya Bellow	Deputy City Manager
	Anne Cardwell	Deputy City Manager
	Carianna Arredondo	Assistant to the City Manager <i>Reimagining Public Safety Project Coordinator</i>
Health Housing and Community Services (HHCS)	Dr. Lisa Warhuus	Director, Health Housing and Community Services
	Katherine Hawn	Senior Management Analyst, HHCS <i>RPS Team Lead Representative (HHCS)</i>
Police	Chief Jennifer Louis	Chief of Police
	Lt. Matthew McGee	Lieutenant, Police <i>RPS Team Lead Representative (Police)</i>
Fire	Chief David Sprague	Chief of Fire
	Shanalee Gallagher	Program Manager, Fire <i>RPS Team Lead Representative (Fire)</i>
Public Works	Liam Garland	Director, Public Works <i>RPS Team Lead Representative (Public Works)</i>
City Attorney’s Office (CAO)	Brendan Darrow	Assistant City Attorney
City Attorney’s Office (CAO)	Emile Durette	Assistant to the City Attorney <i>RPS Team Lead Representative (City Attorney’s Office)</i>

² As noted in the Executive Summary, this coordination plan aims to integrate the Assistant to the City Manager, serving as the Reimagining Public Safety Project Coordinator, into the RPS Team and establish a framework for collaborating. Designated City Departments (CMO, HHCS, Police, Fire, Public Works), who have been spearheading this initiative forward, will continue to serve as leads for respective Reimagining Public Safety deliverables. The Assistant to the City Manager will serve as the RPS project coordinator and work collaboratively alongside Departments to catalog and report-out RPS project progress.

4 Deliverables and Tasks

At the time of this coordination plan’s creation, the Reimagining Public Safety initiative has already been set into motion. City departments, each taking steps in line with their specific mandates and responsibility, are continuing to move forward in their efforts to support this initiative. Department Heads and the designated RPS Team leads will collaborate with the Assistant to the City Manager serving as the RPS project coordinator in identifying and cataloging work that has already been completed, work that is in progress, and future tasks that still require action. This consolidated view will enable effective resource allocation, risk management, and strategic planning, thus ensuring the deliverables are executed in a timely and effective manner.

Department	Deliverable	
City Manager’s Office (CMO)	Phase 1	<ul style="list-style-type: none"> Community Engagement Process
	Phase 2	<ul style="list-style-type: none"> Asst. To City Manager – RPS Project Coordinator DEI Officer & Asst to DEI Officer Grant Assistance Department of Community/Public Safety <i>Design</i> Fines/Fees Analysis <i>Ceasefire Analysis, Design & (early) Implementation</i>
	Phase 3	<ul style="list-style-type: none"> Ceasefire Implementation Launch Universal Basic Income Pilot
Health Housing and Community Services (HHCS)	Phase 1	<ul style="list-style-type: none"> <i>Specialized Care Unit Design</i> <i>Bridge Services</i>
	Phase 2	<ul style="list-style-type: none"> <i>Specialized Care Unit Implementation</i> Respite from Gender Violence Needs and Capacity Assessment Violence Prevention and Youth Services Youth Peers Mental Health Response
	Phase 3	<ul style="list-style-type: none"> <i>Specialized Care Unit Expansion</i>
Police	Phase 1	<ul style="list-style-type: none"> Fair and Impartial Policing
	Phase 2	<ul style="list-style-type: none"> Fair & Impartial Policing Beat Study & Staffing Assessment Wellness Funding -- CIS Contract & PST Staffing – Community Service Officers & Dispatchers
	Phase 3	<ul style="list-style-type: none"> BPD Budget & Staffing Update
Fire	Phase 1	<ul style="list-style-type: none"> <i>Dispatch Analysis Study Design</i>
	Phase 2	<ul style="list-style-type: none"> <i>Dispatch Analysis Study Implementation</i>
	Phase 3	<ul style="list-style-type: none"> <i>Dispatch Redesign Application</i>
Public Works	Phase 1	<ul style="list-style-type: none"> <i>BerkDOT Design</i>
	Phase 2	<ul style="list-style-type: none"> <i>BerkDOT Analysis & Implementation</i> Associate Planner for Vision Zero Collision Analysis Expand Downtown Streets Teams Hearing Officers Alternatives to Sanctions/Fines
	Phase 3	<ul style="list-style-type: none"> <i>BerkDOT Implementation</i> Implementation of Public Safety Department

5 Assumptions and Constraints

In planning and executing the Reimagining Public Safety initiative, it’s crucial to identify the underlying assumptions that guide our strategies, as well as the constraints that may limit our options. This section outlines these assumptions and constraints to provide a structured framework for decision-making, risk management, and effective project implementation on an inter-departmental level.

Assumption/Constraint	Description	Example Detail
Funding	<i>Adequate financial resources will be available for implementing various aspects of the project.</i>	<i>Budget allocation, grants, etc.</i>
	<i>Limited funds may restrict the extent of changes or pace implementation.</i>	<i>Budget caps, competing priorities.</i>
Community Support	<i>There is strong community support and engagement in the reimagining process.</i>	<i>Community meetings, surveys, etc.</i>
	<i>Resistance or opposition from certain community groups may slow down the project’s pace.</i>	<i>Public protests, negative media attention.</i>
Legislative Framework	<i>Necessary changes in local and state laws will be made to facilitate project goals.</i>	<i>Policy adjustments for unarmed enforcement.</i>
	<i>Existing laws may limit the types of changes that can be implemented immediately.</i>	<i>State laws on unarmed enforcement.</i>
Staff Recruitment/Retention	<i>Required staff positions will be filled timely and will remain stable throughout the project.</i>	<i>Assistant City Managers, Vision Zero Coordinator, etc.</i>
	<i>Constraints on hiring or retaining the specialized staff required for the project.</i>	<i>Recruitment challenges, staffing shortages, causing delay.</i>
	<i>High attrition rates.</i>	<i>Hiring and training can take up to a year due to added measures in this specialty.</i>
Technology	<i>Technology platforms will effectively support new dispatch and response models.</i>	<i>Software for prioritized dispatch.</i>
	<i>Technological limitations may constrain the speed or effectiveness of new systems or models.</i>	<i>Outdated systems, interoperability issues, extended timelines.</i>
	<i>Request for Proposals is often a 6-month process. Actual implementation of new systems could take up to two years.</i>	

6 Project Budget

A budget allocation of up to \$5.3 million³ has been designated for Fiscal Year 2023-2024. Together with additional grants, the total funding for the Reimagining Public Safety Initiative exceeds approximately \$9 million. Developed based on recommendations from the City Manager, Mayor, and City Council the budget serves as a financial blueprint for responsibly allocating resources and achieving the initiative’s objectives. For optimized tracking and reporting, we’ve established a simple process that involves multiple stakeholders.

6.1 Reporting Process, Frequency, and Deadlines

The given the dynamic nature of the Reimagining Public Safety work, the team will continue to collaborate on identifying and improving best practices for budget process. RPS Project Leads will be responsible for sharing the following information for respective RPS-related deliverables:

Type of Expense	Tracking Information
For Contracted Items	<ul style="list-style-type: none"> • Vendor Name • Contract # (if applicable) • Budget COA
For Staffing Positions	<ul style="list-style-type: none"> • Position Filled (Y/N) • Job Description/Posting Link

Considering the RPS work is funded by the city across FY 2023 and FY 2024, a quarterly reporting cadence is most effective.

By adhering to these guidelines and protocols, we aim to maintain rigorous control and agility while effectively making meaningful progress on the Reimagining Public Safety Initiative.

³ Subject to change based on bi-annual budget review process and recommendations.

APPENDIX E

Resource Development Associates (RDA) Specialized Care Unit (SCU) Contract & Reports

EXPENDITURE NON-CONSTRUCTION CONTRACT REVIEW FORM: NEW CONTRACT

Contract # 32100082

CONTRACTOR NAME: Resource Development Associates, Inc. (RDA)

Subject of Contract: Specialized Care Unit (SCU) Design

This contract package contains: 3 Original Contracts (Department, Vital Record and Vendor) in folders	Attached	Waiver Attached	Not Required
*The Vital Record contract MUST be in a folder. *Optional: In lieu of folders, Department and Vendor copies may be assembled with an Acco-fastener.			
1. CONTRACT BOILERPLATE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Scope of Services (Exhibit A @ boilerplate)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Payment Provisions (Exhibit B @ boilerplate)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Evidence of Competitive Solicitation OR Waiver by CM or by Council Resolution <i>RFP</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. CERTIFICATIONS			
a. Workforce Composition (businesses with 5 or more employees)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Nuclear Free Berkeley Disclosure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Oppressive States Disclosure (Exception: Community-based, non-profit organizations)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sanctuary City Compliance Statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Certification of Compliance with Living Wage Ordinance (LWO): use current form on web*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Certification of Compliance with Equal Benefits Ordinance: use current form on web*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Community Agency: Certification of Anti-Lobbying	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Community Agency: Certification of Drug-Free Workplace	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Insurance Certificate/s AND Endorsement/s OR Insurance Waiver/s (originals, not copies)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Authorizing Council Resolution # 69,621-N.S. <i>12-1-2020</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Consultant Contracts: Form 700, Statement of Economic Interests	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Federally Funded Project Requirement: Debarment status printout (SAM.gov)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Berkeley Business License # BL-003113 **Contract Amount \$185,000**

Requisition # 12105644 **Council Approved Amount \$185,000** *(Hard copy attached)*

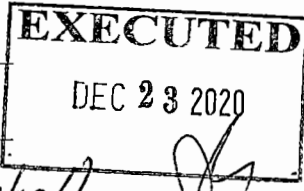
Budget Code 011-51-503-520-0000-000-451-612990: \$100,000
316-51-503-524-2012-000-451-612990: \$85,000

Was there any advance payment? No Yes **If Yes, Advanced Amount \$** _____

If Yes, Purchase Order # _____

Routing and signatures:
All elements of the contract package, including information provided above, have been reviewed for completeness and accuracy and evidenced by the following signatures (Project Manager please print name):

1. <u>Conor Murphy</u> <u>HHCS</u> (email approval)	(510) 981-7611	12/4/2020
Project Manager (PRINT NAME) & Department	Phone No.	Date
2. <u>Ann Song</u> <i>Ann Song</i>		12/17/2020
Department Administrative Officer/Accounting		Date
3. <u>Lisa Warhuus</u> <i>Lisa Warhuus</i>		12/17/2020
Department Head		Date
4. <u>Darryl Sweet</u> <i>D.R.S.</i>		12/18/2020
Contract Administrator		Date
5. <u>Teresa Berkeley-Simmons</u> <i>Budget via Email (Attached)</i>		12/22/2020
Budget Manager		Date



Routing continues to the following persons, who sign directly on the contract:

6. **City Manager** *(Will not sign unless all signatures and dates appear above)*

7. **City Clerk:** CMS Login _____ Destruct _____ Review _____

EXHIBIT A

SCOPE OF SERVICES

Agency Name: Resource Development Associates (RDA)
 Contract Period: January 1, 2021 – June 30, 2022
 Program Title: Specialized Care Unit (SCU) Design

Resource Development Associates, (hereafter RDA) will provide the following services, enumerated below. This contract is for the period commencing January 1, 2021 to June 30, 2022 which may be extended by agreement of the City of Berkeley and RDA.

Specialized Care Unit (SCU) Design

A variety of stakeholder groups (including the Berkeley/Albany Mental Health Commission) has long advocated for the need for a community designed 24/7 crisis care program and the need to reduce the role of law enforcement in crisis response. In July 2020, City Council directed the City Manager to evaluate initiatives and reforms that reduce the footprint of the Police Department and **limit the Police's scope of work primarily to violent and criminal matters. This includes the development of a Specialized Care Unit (SCU) pilot spearheaded by the HHCS Department.** This SCU would consist of trained crisis-response field workers who would respond to mental health crisis occurrences that posed on imminent threat to safety without the involvement of law enforcement.

RDA, in partnership with the HHCS Department, will conduct a comprehensive feasibility study (provided as a written report) for the creation of a 24/7 SCU that provides services in response to public safety calls that do not need or require the presence of police. The feasibility study will be developed through extensive community engagement involving input from diverse service users, City departments, community stakeholders, subject matter experts, professionals, paraprofessionals, and others. RDA will conduct all activities entailed in this project in a manner that is culturally responsive, humble, and deeply respectful of the lived experience of all who are involved. With written permission, RDA may utilize funds to subcontract activities for data collection and community engagement.

The feasibility study will include community-driven program design recommendations, complete budget and potential funding sources, and a detailed plan for phased implementation that includes a proposal and budget for a program pilot while also projected timelines for expanded services informed by local data (such as the coming City Auditor's audit of BPD staffing and budget). The study will also make recommendations for how the SCU can link with other supportive services such as crisis counseling, conflict resolution, housing assistance, wellness checks, first aid, referrals, resource connection, transportation, follow-up, and other services.

RDA will accomplish the work according to the following steps:

1. Work with the City of Berkeley departments, community stakeholders, subject matter

experts, professionals, paraprofessionals, diverse service users and others to produce a feasibility study for the creation of a Specialized Care Unit. The SCU will provide services in response to 911 calls that do not need or require the presence of police as well as to calls made directly to them, independent of 911.

- a. Create a Mission Statement for the SCU program. Specifically, define SCU non-emergency 24/7 rapid response mental health and substance use related services. Services would also address citywide needs for coordinated responses from City Departments (ex. fire/EMT), crisis counseling, conflict resolution, housing assistance, wellness checks, first aid, referrals, resource connections, transportation, follow-up continuity of care and stable, predictable living for those who are served by them.
- b. Prepare a detailed plan for a phased implementation of the SCU.
- c. Prepare a detailed budget for the initial pilot program and projections for expanded services based on data from the audits by City Auditor, and other data-based projections.
- d. Identify potential funding sources, including Medi-Cal reimbursement, Mental Health Services Act (MHSA), Realignment and City of Berkeley General Funds, and strategies to access additional funding from other City departments and/or other sources.

2. Research and identify best practices related to non-police-centered responses

- a. Conduct literature reviews and interviews with representatives of similar/model programs and identify the SCU's intersections with the existing Berkeley social service structure.
- b. Identify necessary qualifications of the SCU team. Describe how SCU staff will de-escalate, assess, provide services, referrals, resources and, in some cases, provide transportation for persons in distress.

3. Gather input from stakeholder groups to inform the program design

- a. Describe how mental health and/or Substance Use Disorder (SUD) interventions and services will be tailored to meet the needs of people and communities of color, as well as LGBTQIA+, unhoused, and economically disadvantaged people who are disproportionately impacted by mental health and carceral systems.
- b. Describe culturally responsive, evidence-based best practices and survey prospective and current users of services.
- c. Interview current and former staff of HOTT, MCT, TOT, Crisis Triage Program, Berkeley Ambassadors, MACROS, CAHOOTS, and the Alameda County CATT team.
- d. Analyze BPD dispatcher protocols and create a method of dispatch for the SCU that includes emergency calls from the public to an independent SCU phone number, as well as 911 calls that are evaluated and redirected to the SCU.
- e. Interview BPD Community Services Bureau Officers and CIT officers.

Some strategies that RDA will consider utilizing include:

- a. Providing lots of digital data collection options for a wide, diverse array of community

members to engage with RDA. Particularly given the current COVID-19 pandemic and shelter-in-place orders, data collection will be limited to remote and virtual connections. Potential digital data collection activities include:

- i. Online surveys
 - ii. Online listening sessions (lightly facilitated sessions where individuals can call or video into during anytime during a set period of time, and then engage with an RDA team member in 1-on-1 ways via online breakout rooms)
 - iii. Online focus groups and town halls (with provider teams, advocacy groups, and other established group entities)
 - iv. Key informant interviews (1-on-1 phone/video interviews with leadership representatives, elected officials, and other key stakeholders for whom a private conversation is preferred)
 - v. Qualitative interviews with diverse crisis response service users
- b. Providing a clear outline and timeline of how the data collected for this project will be used, when components of the SCU plan will be developed, and key feedback points in the project plan.
 - c. Partnering with interested key stakeholders to co-facilitate some data collection activities (online focus groups and listening sessions).

4. Provide recommendations for the best “home” for the SCU; whether it be within the City of Berkeley or a community service provider

5. Contact and planning with impacted departments. Coordinate with City departments who will be impacted by the phased implementation of the SCU; whether it involves a service reduction or service enhancement

6. Facilitate collaboration with local Continuum of Care providers and stakeholders

- a. Identify providers that can engage with the SCU to provide services and become a destination for individuals accessing service via SCU.
- b. Identify strategies to ensure that the SCU is not continuously responding to the same crisis, but rather offering support within the community that allows for on-going treatment and care, including support from clients’ families.
- c. Meet with care partners and those agencies and organizations that will be providing follow-up care in partnership with the SCU.
- d. Evaluate the gaps in service including, but not limited to, the number of shelter beds needed and available, permanent housing vouchers, respite facilities, substance use recovery programs and other options besides the criminal justice system.

7. Develop SCU Feasibility Study Report

- a. Analyze data from MHD, City Auditor, and others to create projections for budget, staffing, training options, and equipment and technology needs.
- b. Describe both the currently available and needed additional IT and technology supports, including the technological interconnections with the local network of

- partners/providers, that support the SCU to access current medical and mental health/substance use records for clients.
- c. Develop a mindful community education and training program focused on empathy and compassion which supports the work and vision of the SCU.

8. Create Evaluation Criteria for the SCU Program

- a. Produce a plan for evaluation and data collection for the SCU program that includes both process and outcome measures.

RDA will employ a variety of strategies throughout this project to reach the diverse populations in Berkeley, and particularly with the local African American communities. The equal opportunity for crisis response services users to meaningfully participate is key to improving the quality of individual service delivery and moreover, to inform structural changes across these crisis response systems. Diverse crisis response service users can describe their routes through these systems, provide their perspectives about the nature of them and how they impact their lives in a way that other stakeholders are not able or qualified to do based on actual lived experience and not professional opinion. BIPOC, LGBTQ+ and other communities are disproportionality represented in public mental health and incarcerations systems, particularly ones designed for punishment and sentencing to prisons. Thus, their input is essential to achieve health equity and community safety.

RDA will work hand-in-hand with the Steering Committee to ensure clear timelines and deadlines are agreed upon early on and adhered to throughout this project – in particular, RDA will actively seek the feedback from the Steering Committee regarding all data collection tools and protocols that this project will utilize. The diversity of backgrounds and roles of the Steering Committee will **provide crucial insights and expertise about the local Berkeley community to RDA's data collection and analysis efforts.**

RDA will work very closely with the Steering Committee – as well as other key stakeholders – early on in this project to collaboratively identify the potential avenues in which to reach **Berkeley's diverse communities, including the types of data collection modalities that will be engaging and productive for RDA to receive the open, honest, and critical feedback that this project needs.** RDA will conduct robust qualitative interviews with diverse crisis response service users in order to identify emerging themes to account for service users and the quality of care. RDA will ensure that those conducting the qualitative interviews with service users are highly experienced in serving these communities and listening to life narratives needed to inform these systems. RDA will remain flexible and adapt its activities to any changing circumstances and process feedback that is shared throughout this project. Of utmost importance to RDA and this project is that community feedback to sought after in culturally competent and trauma-informed ways. RDA and the Steering Committee both understand that the topic of this project is very sensitive and difficult for some populations to engage with openly.

RDA will lead multiple data work sessions with the Steering Committee and other identified key stakeholders at key points in the project. RDA will share its most current preliminary analyses and findings from the quantitative and qualitative data that has been collected thus far. Then, RDA will

facilitate conversations to understand how these stakeholders are interpreting this information, what questions are coming to mind, what potential areas for further exploration or data collection are needed, and also building consensus amongst this larger team of the key findings and SCU planning items thus far. The goal of these collaborative data work sessions is so this entire project team is incrementally building its understanding of the feasibility study as it is unfolding, and actively shaping together the direction in which the SCU planning occurs.

Estimated Project Timeframe

It is envisioned that these services will begin January 1, 2021 and will be completed by June 30, 2022.

Activity	Lead Organization	Timeframe
Gather input from stakeholder groups to inform the program design	RDA	Feb – Jun 2021
Research and identify best practices related to non-police-centered responses.	RDA	Jan – May 2021
Develop Crisis System of Care model of the current state, including identifying gaps in care.	RDA	
Develop SCU Feasibility Report with written recommendations for the SCU program model that includes summary of all stakeholder input, best practice research, detailed description of the ideal model for Berkeley, budget and finance recommendations, recommended pilot model, as well as recommendations for phased and long-term implementation.	RDA	May – Aug 2021
Revise the Berkeley Crisis System of Care Map to include SCU and potential system changes.	RDA (transferring to Berkeley in Jan 2022)	May 2021 – ongoing

EXHIBIT B

PAYMENT

The cost for professional services for the Specialized Care Unit (SCU) Design is \$185,000. The term of the contract is 01/01/2021 – 06/30/2022.

RDA will provide the services described above according to the proposed schedule that may be altered to adapt to emerging needs. A list of all RDA staff positions and their hourly rates are presented below in the event they are called upon to contribute to the project to meet emerging needs.

Position	Hourly Rate
CEO	\$275
Director of Practice and Delivery	\$250
Practice Director	\$225
IT Director	\$200
Senior Project Manager	\$185
Senior Program Associate	\$175
Program Associate	\$150
Research Associate	\$125
Project Support Assistant	\$100

These rates are inclusive of all personnel, fringe benefit, materials, travel, equipment, insurance, communications, indirect, facilities, and administrative costs that will be incurred over the course of the proposed project. The hours proposed for staff on each task are estimates and will be adjusted during the course of the project, but RDA will not exceed the total budget amount in the contract. We bill on a monthly basis for actual hours worked, up to the project's not-to-exceed amount.

Resource Development Associates will bill the City for each area of professional services outlined in the Budget on a monthly basis until the assignment is completed. With written permission, RDA may utilize funds to subcontract activities for data collection and community engagement.

Payments will be made by the Finance Department in arrears after receipt and acceptance of proper, fully itemized, and correct invoices by the Finance Department.

Submit Invoices to:

Conor Murphy, Assistant Management Analyst
 3282 Adeline Street
 Berkeley, CA 94704
CoMurphy@cityofberkeley.info

EVIDENCE OF COMPETITIVE SOLICITATION

Project Name: Specialized Care Unit (SCU) Design

Possible Vendor	Contacted Via
Resource Development Associates (RDA)	pbennett@resourcedevelopment.net

The Request for Proposal (RFP) for the Specialized Care Unit (SCU) Design was solicited to the following list of prospective Bidders below.

Prospective Bidders

Evalcorp Research and Consulting

Facente Consulting

Public Consulting Group

Resource Development Associates

Recovery Innovations INC

An RFP evaluation panel, including mobile crisis unit staff, Alameda County staff, Mental Health Commissioners and a mental health consumer, reviewed each RFP and evaluated it using a scoring matrix. From this initial review emerged two top contenders. These final two bidders completed an interview with the evaluation panel where they presented their proposals and responded to questions from the panel. Ultimately, RDA was chosen because of the quality of the presentation and responses to questions, ability to begin work efficiently, and their higher scoring matrix score.

NON-DISCRIMINATION/WORKFORCE COMPOSITION

FOR ALL CONTRACTS: 5 OR MORE EMPLOYEES

To assist the City of Berkeley in implementing its Non-Discrimination policy, you're requested to furnish information regarding your personnel, as indicated below, and return this form to the City Department handling your contract.

ORGANIZATION Resource Development Associates

ADDRESS 2333 Harrison Street, Oakland, CA 94612

BUSINESS LICENSE # 003113

You may complete this online & make entries in these cells, they will be automatically totaled at the bottom; or print the form & complete by hand/typewriter.

Occupational Category (see page 2 for definitions)	ALL EMPLOYEES		WHITE		BLACK		ASIAN		HISPANIC		OTHER (specify)**	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Officials/Administrators	3	4	2	3			1					1
Professionals	2	15		5				3		2	2	7
Technicians												
Protective Service Workers												
Para-professionals												
Office/Clerical	3	2	1				1			2	1	
Skilled Craft Workers												
Service/Maintenance												
Other Occupation: Specify*												
Totals	8	21	3	8			2	3		4	3	8

*Specify other occupation: _____

**Specify other ethnicity: Official identifying as other is Black and White; Other staff identifying as other are 2+ races or did not state

Is your business MBE/WBE/DBE certified? No If Yes, by what agency? _____

If Yes, please specify: or ethnic identification: _____

Do you have a policy of non-discrimination? Yes

Signature

Patricia M. Bennett Ph.D.

Date 11/16/2020

Print/Type Name of Signer Patricia M. Bennett, Ph.D., President & CEO

Verified by _____

Date _____

City of Berkeley Contract Administrator



City of Berkeley
**Specialized Care Unit
Crisis Response Recommendations**



City of Berkeley

Specialized Care Unit (SCU)

Crisis Response

Recommendations

Sarah Ferrell

Caroline de Bie

Sasha Gayle-Schneider

Amalia Egri Freedman

Nicole Gamache-Kocol

Jamie Dorsey

Kevin Wu

This report was developed by Resource Development Associates under contract with the City of Berkeley.

Resource Development Associates, 2021





Table of Contents

Executive Summary	1
Introduction	3
The SCU Model	8
Recommendations	10
System-Level Recommendations	57
Conclusion	60
Appendix	64



Executive Summary

As part of the larger effort to Reimagine Public Safety, the City of Berkeley contracted with Resource Development Associates (RDA) to conduct a feasibility study for a Specialized Care Unit (SCU), an alternative mental health and substance use crisis response model that does not involve law enforcement.

This is the third of three distinct reports for this effort. The first report (“[Crisis Response Models Report](#)”) presents a summary of crisis response programs in the United States and internationally. The second report (“[Mental Health Crisis Response Services and Stakeholder Perspectives Report](#)”) is the result of engagement with stakeholders of the crisis system, including City of Berkeley and Alameda County agencies, local community-based organizations (CBOs), local community leaders, and utilizers of Berkeley’s crisis response services, and presents a summary of key themes to inform the SCU model.

This third report is intended to guide implementation of the SCU model and includes:

- Core components and guiding aims of the SCU model;
- Stakeholder and best practice-driven design recommendations;
- Considerations for planning and implementation;
- A phased implementation approach;
- System-level recommendations; and
- Future design considerations.

Each recommendation put forth in this report is deeply rooted in the stakeholder feedback included in the two previous reports. This report presents RDA’s recommendations based on this year-long project, which the City of Berkeley may adapt and adjust as necessary.

Key Recommendations

1. The SCU should respond to mental health crises and substance use emergencies without a police co-response.
2. The SCU should operate 24/7.
3. Staff a three-person SCU mobile team to respond to mental health and substance use emergencies.
4. Equip the SCU mobile team with vans.
5. The SCU mobile team should provide transport to a variety of locations.
6. Equip the SCU mobile team with supplies to meet the array of clients' needs.
7. Clearly distinguish the SCU from MCT.
8. Participate in the Dispatch assessment and planning process to prepare for future integration.
9. Ensure the community has a 24/7 live phone line to access the SCU.
10. Plan for embedding a mental health or behavioral health clinician into Dispatch to support triage and SCU deployment.
11. Fully staff a comprehensive model to ensure the success of the SCU mobile team, including supervisory and administrative support.
12. Operate one SCU mobile team per shift for three 10-hour shifts.
13. SCU staff and Dispatch personnel should travel to alternative crisis programs for in-person observation and training.
14. Prepare the SCU mobile team with training.
15. Contract the SCU model to a CBO.
16. Integrate the SCU into existing data systems.
17. Collect and publish mental health crisis response data publicly on Berkeley's Open Data Portal.
18. Implement care coordination case management meetings for crisis service providers.
19. Implement centralized coordination and leadership across city agencies to support the success of mental health crisis response.
20. Continue the existing SCU Steering Committee as an advisory body.
21. Solicit ongoing community input and feedback.
22. Adopt a rapid monitoring, assessment, and learning process.
23. Conduct a formal annual evaluation.
24. Launch a public awareness campaign to promote community awareness and education about the SCU.
25. The SCU mobile team should conduct outreach and build relationships with potential service utilizers.



Introduction

Project Background

In response to the killing of George Floyd by Minneapolis police in May 2020 and the ensuing protests across the nation for this and many other similar tragedies, a national conversation emerged about how policing can be done differently in local communities. The Berkeley City Council initiated a wide-reaching process to reimagine safety in the City of Berkeley. As part of that process, in July 2020, the Council directed the City Manager to pursue reforms to limit the Berkeley Police Department's (BPD) scope of work to "primarily violent and criminal matters." These reforms included, in part, the development of a Specialized Care Unit (SCU) to respond to mental health crises without the involvement of law enforcement.

In order to inform the development of an SCU, the City of Berkeley contracted with Resource Development Associates (RDA) to conduct a feasibility study that includes community-informed program design recommendations, a phased implementation plan, and funding considerations.

The Need for Specialized Mental Health Crisis Response

Just as a physical health crisis requires treatment from a medical professional, a mental health crisis requires response from a mental health professional. Unfortunately, across the country and in Berkeley, police are typically deployed to respond to mental health and substance use crises.

Without the proper infrastructure and resources in place, cities are unable to adequately meet the needs of people experiencing a mental health and/or substance use crisis. Relying on police officers to respond to the majority of mental health 911 calls endangers the safety and well-being of community members. Tragically, police are 16 times more likely to kill someone with a mental illness compared to those without a mental illness.¹ A November 2016 study published in the *American Journal of Preventative Medicine* estimated that 20% to 50% of fatal encounters with law enforcement involved an individual with a mental illness.² As a result, communities have begun to consider the urgent need for crisis response models that deploy mental health professionals rather than police. An analysis found that the 10 largest police departments in the U.S. paid out nearly 250 billion dollars in settlements in 2014, much of which were related to wrongful-

¹ Szabo, L. (2015). People with mental illness 16 times more likely to be killed by police. *USA Today*. <https://www.usatoday.com/story/news/2015/12/10/people-mentalillness-16-times-more-likely-killed-police/77059710/>

² DeGue, S., Fowler, K.A., & Calkins, C. (2016). Deaths due to use of lethal force by law enforcement. *American Journal of Preventive Medicine*, 51(5), S173-S187. [https://www.ajpmonline.org/article/S0749-3797\(16\)30384-1/fulltext](https://www.ajpmonline.org/article/S0749-3797(16)30384-1/fulltext)

death lawsuits of people in a mental health crisis.³ Law enforcement should not be the primary responders to mental health crises.

A 2012 Department of Justice report outlines that policing in the U.S. does not necessarily keep people safer but instead, militaristic policing causes more harm than good and disproportionately impacts communities of color. The report further assessed that over-policing requires more resources without producing benefits to public safety, draining resources that could otherwise be used for more effective public safety strategies.⁴

Nationally, the negative impacts of policing and police violence have been declared a public health issue.⁵ Extensive data shows that aggressive policing is a threat to physical and mental health: inappropriate stops are associated with increased anxiety, depression, PTSD, or long-term health conditions like diabetes. In 2016, at least 76,440 nonfatal injuries due to law enforcement were reported and at least 1,091 deaths were reported. However, due to insufficient monitoring and surveillance of law enforcement violence, these statistics are underestimated.⁶

The impacts of policing disproportionately harm people of color, especially Black Americans, making policing an issue of racial justice. Police disproportionately stop, arrest, shoot, and kill Black Americans. Other marginalized populations, such as people with mental illness, people who identify as transgender, people experiencing homelessness, and people who use drugs, are also subjected to increased police stops, verbal and sexual harassment, and death.⁷

In California, Alameda County has the highest rate of 5150 psychiatric holds in the entire state,⁸ which may indicate inadequate provision of mental health crisis services. Of those individuals placed on a 5150 psychiatric hold in Alameda County and transferred to a psychiatric emergency services unit, 75-85% of the cases did not meet medical necessity criteria to be placed in inpatient acute psychiatric care. This demonstrates an overuse of emergency psychiatric services in Alameda County. Such overuse creates challenges in local communities such as lengthy wait times for ambulance services which are busy

³ Elinson, Z. & Frosch, D. (2015). Cost of police-misconduct cases soars in big U.S. cities. *Wall Street Journal*. <https://www.wsj.com/articles/cost-of-police-misconduct-cases-soars-in-big-u-s-cities-1437013834>

⁴ Ashton, P., Petteruti, A., & Walsh, N. (2012). Rethinking the blues: How we police in the U.S. and at what cost. *Justice Policy Institute, U.S. Department of Justice*. <https://www.ojp.gov/ncjrs/virtual-library/abstracts/rethinking-blues-how-we-police-us-and-what-cost>

⁵ American Public Health Association. Addressing law enforcement violence as a public health issue. Policy number: 201811. 2018. <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2019/01/29/law-enforcement-violence>.

⁶ Ibid.

⁷ Ibid.

⁸ INN Plan – Alameda County: Community Assessment and Transport Team (CATT) (2018, October 25). *California Mental Health Services Oversight and Accountability Commission*. https://mhsoac.ca.gov/sites/default/files/documents/2018-10/Alameda_INN%20Project%20Plan_Community%20Assessment%20and%20Transport%20Team_8.6.2018_Final.pdf

transporting and discharging individuals on 5150 holds. The overuse of involuntary psychiatric holds can be traumatizing for people experiencing crisis, as well as for their friends and family.

The overuse of involuntary psychiatric holds is also an issue of racial justice. Police and ambulance workers have been found to bring Black patients with psychoses to psychiatric emergency service more frequently than non-Black patients with psychoses.⁹ For example, in San Francisco, Black adults are overrepresented in psychiatric emergency services, relative to overall population size.¹⁰

Based on 911 call data from 2001 to 2003 in San Francisco, a study found that neighborhoods with higher proportions of Black residents generate relatively fewer mental health-related 911 calls. The authors suggest that underutilization of 911 by the Black community can result in delayed treatment, therefore increasing the risk posed to the health and safety of people in crisis and their communities. The study highlights the common distrust of law enforcement among communities of color. Such distrust and fear of law enforcement may mean that people of color do not trust that mental health-related calls will be handled appropriately if they seek support for a mental health crisis through 911. The study reinforced that “law enforcement officers’ role in the disposition of calls makes them de facto gatekeepers to safety net services for persons with mental disorders.”¹¹

It is within this context that many Berkeley community members are calling for a more just, equitable, and health-focused crisis response system, in part due to the distrust of institutions of policing or those closely intertwined with police. A variety of stakeholder groups, including the Berkeley Mental Health Commission and the Berkeley Community Safety Coalition, have long advocated for a community-designed 24/7 crisis care model and to reduce the role of law enforcement in crisis response.

⁹ Kessell, E.R., Alvidrez, J., McConnell, W.A. & Shumway, M. (2009). Effect of racial and ethnic composition of neighborhoods in San Francisco on rates of mental health-related 911 calls. *Psychiatric Services*, 60(10), 1376-1378. <https://ps.psychiatryonline.org/doi/pdf/10.1176/ps.2009.60.10.1376>

¹⁰ Ibid.

¹¹ Kessell, E.R., Alvidrez, J., McConnell, W.A. & Shumway, M. (2009). Effect of racial and ethnic composition of neighborhoods in San Francisco on rates of mental health-related 911 calls. *Psychiatric Services*, 60(10), 1376-1378. <https://ps.psychiatryonline.org/doi/pdf/10.1176/ps.2009.60.10.1376>

In a concurrent project for the City of Berkeley's Reimagining Public Safety initiative, the National Institute for Criminal Justice Reform found that among many Berkeley residents, there is a lack of trust in and satisfaction with the Berkeley Police Department. They found that:¹²

- Non-White respondents were more likely to indicate that the Berkeley Police Department is not effective at all compared to White respondents;
- 17.1% of Black respondents and 7.6% of Latinx respondents reported that police had harassed them personally in comparison to only 4.3% of White respondents;
- Respondents are less likely to call 911 during emergencies related to mental health or substance use crisis (57.9%) in comparison to an emergency not involving mental health or substance use (86.2%); and
- Substantially more Black respondents indicated extreme reluctance to call 911 as compared with other groups.

Additionally, the report shared that across all respondents, 65.9% indicated a preference for trained mental health providers to respond to mental health and substance use emergencies "with support from police when needed" and 14.9% indicated a preference "with no police involvement at all." In total, 80.8% of respondents indicated a preference for trained mental health providers to respond to calls related to mental health and substance use.¹³

Clearly, there is an urgent need for a more racially just, equitable, and health-focused mental health crisis response system. The SCU could be well poised to address these inequities by providing specialized mental health crisis intervention, de-escalation, and stabilization without the presence of law enforcement.

Inputs to the Recommendations

This report includes core components and guiding aims of the SCU model, considerations for planning and implementing the SCU model, a phased implementation approach, stakeholder-driven design recommendations, system-level recommendations, and next steps and future design considerations. Each recommendation that RDA puts forth in this report is deeply rooted in the following sources of input:

- Crisis Response Models Report (Report 1 of this series of 3)
- Mental Health Crisis Response Services and Stakeholder Perspectives Report (Report 2 of this series of 3)
- Ongoing engagement with the SCU Steering Committee and the City's Health, Housing & Community Services Department (HHCS)

¹² National Institute for Criminal Justice Reform (2021). Reimagining public safety: Draft final report and implementation plan. https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/Draft%20Final%20Report%20and%20Implementation%20Plan%20FNL%20DRFT%2010.30.21.pdf

¹³ Ibid.

- Learnings from the simultaneous Reimagining Public Safety initiative
- Best practices research

The recommendations presented in this report are directly informed from the strengths, challenges, gaps in services, and lessons learned from crisis response programs around the country. Those considerations, however, must be uniquely tailored to the Berkeley community based on the existing crisis response system and the needs and perspectives of Berkeley residents. Together, the recommendations and implementation approaches presented here are informed by findings from the robust community engagement and citywide processes of the past year.

Crisis Response Models Report

As part of this feasibility study, RDA reviewed the components of nearly 40 crisis response programs in the United States and internationally, including virtually meeting with 10 programs between June and July 2021. A synthesized summary of RDA's findings, including common themes that emerged across the programs, how they were implemented, considerations and rationale for design components, and overall key lessons learned can be found in the [Crisis Response Models Report](#).

Mental Health Crisis Response Services and Stakeholder Perspectives Report

With the guidance and support of the SCU Steering Committee, facilitated by the Director of City of Berkeley's Health, Housing and Community Services Department (HHCS), RDA conducted a large volume of community and agency outreach and qualitative data collection activities in June and July 2021. Because BIPOC, LGBTQ+, unhoused, and other communities are disproportionately represented in public mental health and incarceration systems—particularly ones designed for punishment and sentencing to prisons—their input was sought to advance the goal of achieving health equity and community safety.

Crisis response service users described their routes through these systems, providing their perspectives about their experiences and how these experiences impact their lives in a way that other stakeholders are not able or qualified to do. The goal of the immense amount of outreach and qualitative data collection was to understand the variety of perspectives in the local community regarding how mental health crises are currently being responded to as well as the community's desire for a different crisis response system that would better serve its population and needs. Such perspectives are necessary to improve the quality of service delivery and, moreover, to inform structural changes across the crisis response system.

The synthesis of the City of Berkeley's current mental health crisis system and themes from qualitative data collection can be found in the [Mental Health Crisis Response Services and Stakeholder Perspectives Report](#)



The SCU Model: Planning & Implementation

Core Components

The recommendations presented in this report represent a model that is responsive to community needs, but as planning continues throughout 2021 and into 2022, new considerations and constraints may arise. As dynamics evolve and more information is obtained and assessed, the model must be flexible and adaptable. There are several components that should, however, remain core to the SCU model:

- The SCU responds to mental health and substance use crises.
- The SCU responds with providers specialized in mental health and substance use.
- The SCU model does not include police as a part of the crisis response.
- The SCU is not an adjunct to nor overseen by a policing entity (e.g., Police, Fire, or CERN¹⁴).

With these core components in mind, the SCU model and phased approach were designed to address the challenges, gaps in services, and community aspirations shared by numerous stakeholders throughout Berkeley. The SCU model seeks to:

- Address the urgent need for a non-police crisis response.
- Disrupt the processes of criminalization that harm Black residents and other residents of color, substance users, people experiencing homelessness, and others who experience structural marginalization.
- Increase the availability, accessibility, and quality of mental health crisis services.
- Provide quality harm reduction services for substance use emergencies.
- Strengthen collaboration and system integration across the crisis and wraparound service network.
- Be responsive to ongoing community feedback and experiences.
- Build and repair trust with community members and increase public awareness of newly available services.

A System-wide Change Initiative

The development of a mental health crisis response model as a component of the City of Berkeley's emergency services should be understood as a systemwide change initiative of great magnitude. Developing a shared narrative around community health and well-being while reducing harm, trauma, and unnecessary use of force may build collective support for the SCU model across City of Berkeley agencies and departments. Other cities implementing non-police crisis response models found that garnering buy-in from other

¹⁴ Community Emergency Response Network (CERN) is a model recommended by the National Institute for Criminal Justice Reform through the Reimagining Public Safety process.

city or county departments requires collaboration from the earliest planning stages. Cities shared that when they focused these conversations about shared objectives between the crisis response program and the police, police began to see the program as a resource to them, as mental health professionals could often better handle mental health crises because of their training and backgrounds. Alignment on shared goals and values may support leadership across the City of Berkeley to identify and advance the best resource(s) for responding to mental health needs and substance use crises. An effective systemwide change initiative will also require all involved leaders to communicate and champion the shared vision.

The SCU model requires not only collaboration, but also structural changes and integration across other entities. For one, the SCU's ability to respond to crises relies in large part on the 911 Communications Center ("Dispatch"). However, in 2019, a Berkeley City Auditor's report¹⁵ elevated that the understaffing of Dispatch has led to staffing levels that cannot meet the call volume of residents and has increased call wait times. Increased wait times for 911 callers have negative implications for the safety and well-being of service utilizers and community members. Increased wait times also have negative implications for service providers and crisis responders that are responding to a potentially more advanced state of crisis. Additionally, inadequate staffing levels rely on overtime spending to fund Dispatch, which increases the cost of the entity.

The Auditor's report also recommended increased training for Dispatchers to manage and respond to mental and behavioral health crisis calls, including the management of suicidal callers and persons with mental illness. The well-being and stress of call takers are also of concern. In all, if they are not addressed, such resource shortages and unmet training needs could have a significant impact on the SCU's success.

Other entities that will be affected by the implementation of the SCU model include Berkeley Fire, who responds to crises through Dispatch, and the Mobile Crisis Team (MCT), who provide mental health crisis services in partnership with the Berkeley Police Department. These entities, in addition to Dispatch and the SCU, will have to establish new working relationships and protocols to effectively serve the community together.

Dispatch is an immensely complex system. Integrating the SCU into such a system, while addressing staff capacity and training needs, will take significant planning and coordination, as well as funding. For these reasons, the recommendations for the planning and implementation of the SCU model are laid out in a phased implementation approach to allow for sufficient preparation of Dispatch while providing urgently needed mental health crisis response to community members.

¹⁵ Berkeley City Auditor. (2019, April 25). 911 Dispatchers: Understaffing Leads to Excessive Overtime and Low Morale. https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Dispatch%20Workload_Fiscal%20Year%202018.pdf



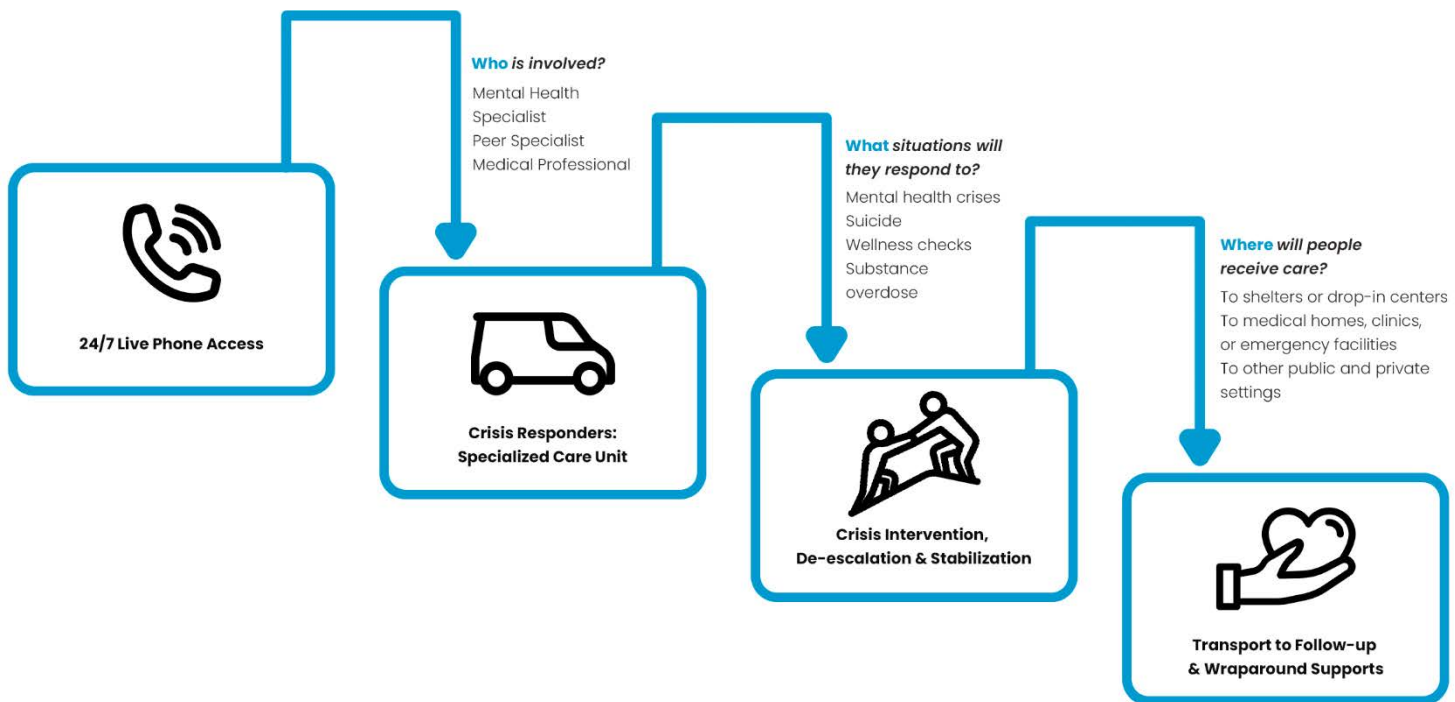
Recommendations

Overview

This report presents recommendations that address what is required for SCU model. Figure 1, below, provides an overview of the specialized care unit’s response. Figure 2 shows the many components required for a comprehensive 24/7 SCU model.

The Specialized Care Unit: Crisis Response

Figure 1: An overview of the SCU crisis response.

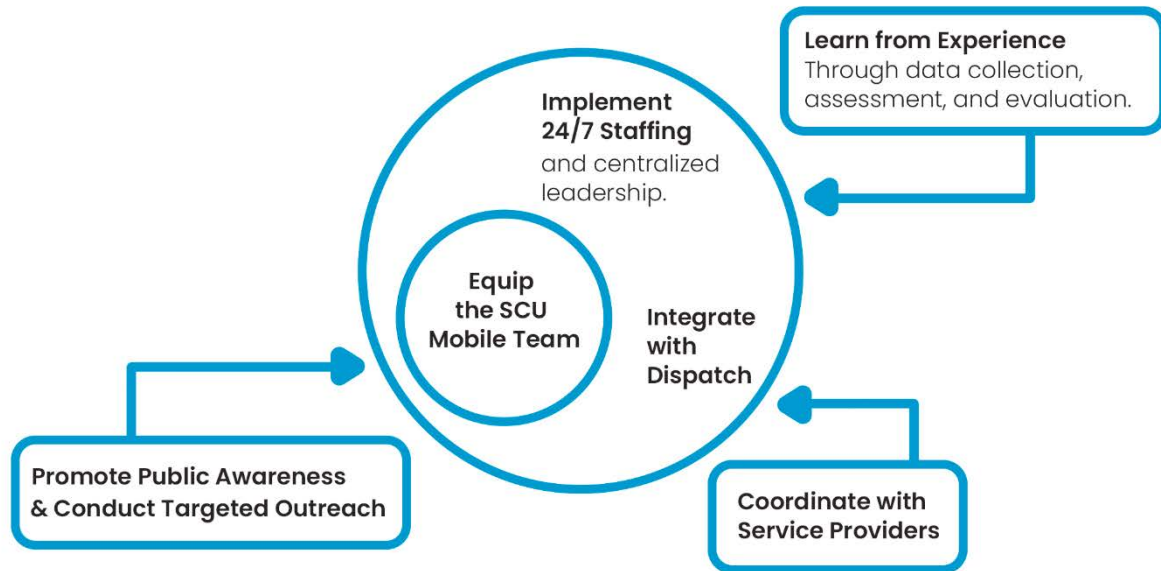


Community members experiencing or witnessing a mental health or substance use crisis will be able to call the SCU through a 24/7 live phone line, from which the SCU mobile team will be deployed to the crisis. The SCU mobile team will include specialists who support a person in crisis with intervention, de-escalation, and stabilization techniques. If necessary, the SCU will also be able to transport a person in crisis to locations that promote the person’s safety and care.



The SCU Model: A Comprehensive 24/7 Crisis Response

Figure 2: An Overview of the comprehensive 24/7 SCU model.



The SCU is not solely a mobile team that delivers specialized care during mental health and substance use crises, but rather requires a comprehensive model. This model includes clinical and administrative staff to ensure 24/7 live access to the phone line and SCU mobile team. The model also requires centralized leadership and system integration to realize systemwide changes. As this new model is implemented, it will require ongoing data collection, assessment, and iteration to ensure it is meeting the needs of the community. And, the model requires that community members know that they can call a non-police, specialized mental health and substance use crisis team.



Phased Implementation

A phased approach will support a successful rollout of the SCU model while planning for integration across city agencies. These timelines may be ambitious given the magnitude of this systems-change initiative and the dependencies of the various model components. While the phased implementation approach represents an ideal timeline and is responsive to the urgent need for specialized mental health and substance use crisis response in Berkeley, it may need to be adjusted to realize the success of the SCU.

Refer to **Appendix A** for a complete phased implementation roadmap.

Figure 3: An overview of the phased implementation approach.

PHASE 0	PHASE 1		PHASE 2
Nov 2021 – Aug 2022	Sept 2022 – Aug 2023	Sept 2023 – Feb 2024	Feb 2024+
<ul style="list-style-type: none"> • Engage SCU Steering Committee & community stakeholders on RFP; launch RFP • SCU staff: Contracting, hiring, training • Dispatch: Planning & assessment • Establish preliminary triage criteria, workflows and protocols • Launch public awareness campaign 	<ul style="list-style-type: none"> • SCU implements crisis response services • Dispatch implements integration or components based on Phase 0 planning • Conduct rapid assessment, monitoring, and iteration • Engage centralized leadership in coordination 	<ul style="list-style-type: none"> • Review annual evaluation and rapid assessments • Prepare for Phase 2 	<ul style="list-style-type: none"> • Implement changes based on evaluation and community need



SCU Mobile Team

The goal of the SCU is to provide specialized care during mental health crises and substance use emergencies, including crisis intervention, de-escalation, and stabilization. This specialized care does not require a police response but instead should be a three-person team of medical and behavioral health specialists. The SCU will need to be equipped to address the nuanced variety of crisis needs across mental health and substance use emergencies.

By providing 24/7 SCU services, the City of Berkeley asserts that mental health crisis response is of the same importance as other crisis services and limits the need to use the police to respond to such crises. Overall, the SCU model aims to disrupt the criminalization of substance use and mental illness and advance racial justice in the City of Berkeley. There are several considerations for how to most effectively promote the safety of crisis responders, persons in crisis, and general community members.

The following recommendations are aligned to best practices and emerging alternative models, while being rooted in community-driven recommendations. Each recommendation is tailored to the City of Berkeley and provides key considerations to support planning and implementation:



Key Recommendations

- 1. The SCU should respond to mental health crises and substance use emergencies without a police co-response.**
- 2. The SCU should operate 24/7.**
- 3. Staff a three-person SCU mobile team to respond to mental health and substance use emergencies.**
- 4. Equip the SCU mobile team with vans.**
- 5. The SCU mobile team should provide transport to a variety of locations.**
- 6. Equip the SCU mobile team with supplies to meet the array of clients' needs.**
- 7. Clearly distinguish the SCU from MCT.**

Recommendation #1

The SCU should respond to mental health crises and substance use emergencies without a police co-response.

The goal of the SCU is to provide specialized care during mental health crises and substance use emergencies. Below are suggested guidelines of when the SCU should and should not respond to a call.

Types of calls SCU **should** respond to:

- Suicide
- Drug overdose
- Welfare check
- Suspicious circumstance
- Complaint of an intoxicated person
- Social disorder
- Indecent exposure
- Trespassing
- Disturbance

Types of calls SCU should **not** respond to:

- Confirmed presence of firearm, knife, or other serious weapon
- Social monitoring and enforcement (e.g., of unsheltered residents in public spaces)
- Calls that Dispatch already deems do not need an in-person response (e.g., argument with a neighbor, minor noise violation)

Location of calls SCU should respond to:

- Public settings (e.g., parks, sidewalks, vehicles)
- Commercial settings (e.g., pharmacies, restaurants)
- Private settings (e.g., homes)

Note: These guidelines and types of calls will need to be further explored to develop triage criteria that adequately reflect all the considerations for when the SCU will respond to crises.

Why isn't the SCU responding with police?

Stakeholders consistently emphasized the need to provide non-police mental health crisis response options, noting that police are primarily trained in issues of imminent public safety threats, not mental health care. Rather than duplicating the MCT's model, the SCU model provides a new option for those better served by a non-police response. A dedicated response unit for mental health, behavioral health, and substance use emergencies will also help to build community trust and increase the likelihood that someone will call for help when they are in a crisis.

Why is the SCU responding to calls at public and private locations? Is that safe?

A mental health crisis can happen anywhere, so the SCU must be able to respond to mental health and substance use crises in both public and private settings. Any variables around the safety of responding to a crisis in a private setting should be assessed before deploying the SCU team (e.g., the presence of a serious weapon).

How were the types of calls decided?

Research from alternative models in other cities, community stakeholders' perceptions of existing needs in Berkeley, and input from crisis responders in the City of Berkeley all indicate that these call types may be well suited for behavioral health and mental health specialists instead of police. The nuances within any of these call types will be further planned for throughout Phase 0.

Considerations for Implementation

Safety & Weapons:

- Not all weapons pose the same risk to crisis responders, so triage and deployment protocols should be aligned to best practices and standards of practice. The SCU may be able to respond to some calls where a weapon is present. The criteria for this safety precaution should be evaluated and planned for during Phase 0.
- If there is a mental health or substance use emergency where a weapon is present, then MCT-Police co-response should be deployed rather than the SCU.
- If the SCU mobile team is on scene but feels their safety is in imminent danger, they should have the ability to call in the MCT-Police co-response as backup support.

Coordinating with Other Entities

- Mobile Crisis Team: The types of calls, triage criteria, and workflows will need to be differentiated for deploying MCT versus SCU.
- Berkeley Police Department: When BPD is on scene and MCT is not available, BPD and SCU will need clear processes for whether police can bring the SCU to support. Similarly, BPD and SCU will need clear processes for when/how SCU leaves if they call the BPD to a scene.

Recommendation #2

The SCU should operate 24/7.

The SCU mobile team should be available to respond to a crisis in person 24 hours per day, 7 days per week. Not having services available 24/7 was the most common challenge expressed by stakeholders about the current mental health crisis response system. In contrast, other crisis services like Fire and Police are available 24/7. By operating the SCU 24/7, the City of Berkeley asserts that mental health crisis response is of the same importance as other crisis services and negates the need to use police to respond to such crises. The need for 24/7 service is supported by national trends, as although some cities have implemented alternative crisis models with limited hours, many of them shared that they plan to expand to 24/7 to meet community needs.

Why does the SCU need to be available 24/7? Why can't it operate only during peak hours?

A mental health or substance use crisis can happen at any time. Stakeholders stressed the importance of having mental health crisis response services available 24 hours per day and 7 days per week. If community members are to trust in the SCU as an ongoing and authentic alternative to police involvement, services need to be available whenever someone calls.

Considerations for Implementation

All other supporting elements described throughout this report will need to accommodate 24/7 availability, such as:

- Phone access to the SCU
- Certain personnel roles, like a Clinical Supervisor
- Staffing structure that allows redundancy of personnel to cover each shift
- Equipment and infrastructure including the number of vans for the mobile team

Recommendation #3**Staff a three-person SCU mobile team to respond to mental health and substance use emergencies.**

The array of mental health, behavioral health, and substance use services offered by the SCU require staff with varying professional specialties. The following roles are necessary to adequately provide these services:

1. A Mental Health Specialist

This role will be the primary provider of mental health services with the ability to conduct 5150 assessments, and therefore need to be licensed. They should have significant training in mental health and behavioral health conditions and disorders, crisis de-escalation, and counseling.

- Recommended position: Licensed Behavioral Health Clinician
- *Possible positions: Licensed Clinical Social Worker (LCSW), Associate Clinical Social Worker (ASW), SUD or AOD Counselor, psychologist*

2. A Peer Specialist

This role should have lived experience with mental health crises and systems, substance use crises or addiction, and be equipped to support system navigation for a person in crisis.

- Recommended position: Peer Specialist
- *Other possible positions: Community Health Worker, Case Manager*

3. A Medical Professional

This role should be able to identify physical health issues that may be contributing to or exacerbating a mental health crisis, including psychosomatic drug interactions. They should be able to administer single-dose psychiatric medicines and have training in harm reduction theory and approaches. They can also assess and triage for higher levels of medical care as needed.

- Recommended position: Psychiatric Nurse Practitioner (Psych-NP)
- *Other possible positions: Nurse Practitioner (NP), EMT, Paramedic*

Why a three-person team?

These three distinct roles create a team that can effectively provide the necessary range of specialized services and can engage in organic collaboration to address each crisis. Cities who have implemented similar models spoke to the advantage of team members taking different roles in each scenario based on each client's needs and preferences.

Why is the mental health specialist conducting 5150 assessments?

The SCU's aim is to reduce the overall number of involuntary holds through effective crisis intervention, de-escalation, and stabilization. However, ensuring the SCU has the ability to conduct 5150 assessments and involuntary holds rather than calling in the police to do the assessment can reduce interactions between people experiencing mental health crisis and police. Additionally, enabling the SCU to conduct the 5150

assessment is a more trauma-informed model because it eliminates the need for a person in crisis to interact with multiple teams and reduces the time it takes to respond to a crisis from start to finish.

Why is there a peer on the team?

The peer is a critical member of the crisis team. Other systems shared that a person in crisis may be most responsive to a peer who has gone through a similar experience and that, at times, peers' unique training and skills allow them to engage that person more effectively than other specialties. Berkeley stakeholder participants emphasized the invaluable contributions of peer specialists, noting that they may be best equipped to lead the de-escalation before the mental health specialist or medical professional steps in to administer care because a person in crisis may be most responsive to someone that has similar lived experience.

Why is there a medical professional on the team? Why a Psych-NP?

Mental health and physical health needs often co-present, with physical needs ranging from basic first aid (e.g., wound care, dehydration) to reactions to substances, such as overdoses or drug interactions. A medical professional, such as a Psych-NP, brings the clinical expertise to understand how physical ailments, chronic medical conditions, and psychiatric conditions affect a service utilizer (e.g., someone with hypertension and schizophrenia using methamphetamines). Other medical professionals, such as NPs, may also have sufficient training to meet the mental health and substance use needs of service utilizers. These situations do not require the expertise of a paramedic or doctor who are trained to respond to emergencies and deliver life-saving care.

Considerations for Implementation:

- The number of mobile teams required will be based on multiple variables including community needs, call volume, and budget (for a more in-depth description, *refer to recommendation #12*).
- There may be challenges in staffing the SCU mobile team with these specific roles, such as the Psych-NP. The SCU model may need to allow for a variety of specialists to fill each of the three main roles.
- Across these roles, the SCU mobile team should have the following competencies:
 - Lived experience of behavioral health or mental health needs, homelessness, addiction or substance use, and/or incarceration
 - Emphasis on dual diagnosis (mental health and substance use) training, psychosomatic interactions, substance use management, and harm reduction
 - Identities reflective of those most harmed by the current system of care and/or those who are most likely to use or benefit from the SCU services
 - Multilingual
- Across these roles, the SCU mobile team will need to be trained on a variety of topics (for a full list, *refer to recommendation #14*). These may be desirable prerequisite skills, such as:
 - Disarming without the use of weapon
 - Motivational interviewing
 - Naloxone administration
 - Harm reduction
 - Trauma-informed care

Recommendation #4

Equip the SCU mobile team with vans.

Based on the scope of services, the SCU mobile team will need a vehicle to arrive at each call, carry equipment and supplies, and transport clients to another location. A well-equipped van should be both welcoming and physically accessible to clients and easily maneuverable by staff.

SCU vans should include:

- Wheelchair accessible features
- Lights affixed to the top of the van, allowing for sidewalk parking
- Locked supply cabinets
- Rear tinted windows for client privacy
- Rear doors not operable from the inside
- Power ports to charge laptops, tablets, and phones
- Comfortable seating
- SCU logo on the side of the van so the community can easily identify the team

SCU vans should **not** include:

- Sirens
- A plexiglass barrier between the front and back seats

Why not use an ambulance?

There are a several reasons why an ambulance is not the appropriate vehicle for the SCU:

- Ambulances must transport to a receiving emergency department when transporting from the field (a call for service from a community member), which may not always be the most appropriate end point for the level of care required (*refer to recommendation #5*).
- Ambulances require a special license to drive and would require the inclusion of an EMT or paramedic on staff and would therefore increase the expense of the SCU.
- Ambulances are more expensive to purchase and maintain than a van.
- A van is potentially less stigmatizing and traumatizing for a person in crisis.

Why were these specific features chosen?

All van specifications are based on lessons learned from alternative crisis response programs in other cities and experiences and insight shared by the Berkeley Fire Department. Many van features, such as locked supply cabinets and locked rear doors, are designed to increase the safety of both crisis responders and a person in crisis. Other van features support the SCU mobile teams to provide a variety of services.

Why shouldn't the van have sirens or a plexiglass barrier?

Sirens can draw unnecessary public attention, thereby reducing privacy for a person in crisis, while both sirens and plexiglass barriers can exacerbate the stigmatization, traumatization, and criminalization of mental health and substance use crises.

Considerations for Implementation

The number of vans required will be based on the number of SCU mobile teams and shift structure/overlap (*refer to recommendation #12*).

Recommendation #5

The SCU mobile team should provide transport to a variety of locations.

The SCU should provide a level of care appropriate to each specific crisis with the aim of de-escalating crises, preventing emergencies, and promoting well-being. The SCU will transport service utilizers in the SCU van (*refer to recommendation #4*) unless there is a medical need that requires the SCU to request an ambulance for transport.

The SCU will transport service utilizers to:

- Inpatient units of psychiatric emergency departments
- Primary care providers, psychiatric facilities, or urgent care
- Crisis stabilization units, detox centers, or sobering centers
- Drop-in centers and other CBOs
- Shelter or housing sites
- Domestic violence service sites
- Long-term programs including residential rehabilitation sites
- Requested public locations (e.g., parks)
- Requested private locations (e.g., home)

Considerations when deciding transport location:

- Transport can be voluntary or involuntary, based on a 5150 assessment
- The SCU should be able to deny the request of a person in crisis for transportation based on their assessment of the appropriate level of care
- The SCU will need to assess safety or liability concerns for the service utilizer or other bystanders based on transport location (e.g., not transporting an intoxicated person home where another person is present at the home)

Why should the SCU transport service utilizers to so many different locations?

The SCU model aims to support diversion of people experiencing crises away from jails and hospitals and into the appropriate community-based care and resources. Some crises can be resolved on scene, while others will require transport to another location. Even if a crisis is de-escalated on scene, service utilizers may benefit from being transported to another location for additional care or resources. Throughout this project, stakeholder participants emphasized that the level of need outweighs the available resources and providers in Berkeley and Alameda County. Providing transport to a variety of locations and resources allows the SCU to provide the level of care appropriate to each specific crisis and increases the possibility of providing care in an overwhelmed service network. *Refer to Section V for long-term recommendations for addressing the needs of the service network.*

Considerations for Implementation

- Established, trust-based relationships with community partners and warm handoff procedures will improve overall quality of care and can reduce the amount of time required when dropping off a client.
- Staff at emergency facilities will need to be familiar with the SCU, including the van, logo, and uniforms, to be prepared to receive transported clients in a timely and responsive manner, reducing “wall time.”
- Triage criteria and workflows should support the SCU in assessing where and how to transport a person in crisis.
- Triage criteria and workflows for transport should address the safety implications for both the person in crisis and other community members.

Recommendation #6

Equip the SCU mobile team with supplies to meet the array of clients' needs.

The SCU will be responding to a variety of calls, each with their own specific needs. The supplies needed will vary depending on the call. Below is a suggested list of supplies the SCU should carry, generated from the input of stakeholders and other alternative crisis response programs. These supplies will facilitate a harm reduction approach and directly contribute to the health and well-being of the person in crisis.

- | | |
|-------------------------|---|
| Medical supplies | <ul style="list-style-type: none"> • First aid kit • Personal protective equipment • Wound care supplies • Stethoscope • Blood pressure armband • Oxygen • Intravenous bags • Single-dose psychiatric medications |
|-------------------------|---|

- | | |
|--------------------------------|---|
| Client engagement items | <ul style="list-style-type: none"> • Food and water • Clothing, blankets, and socks • Transportation vouchers • "Mercy beers" and cigarettes • Tampons and hygiene packs |
|--------------------------------|---|

- | | |
|----------------------------------|--|
| Community health supplies | <ul style="list-style-type: none"> • Safe sex supplies and pregnancy tests • Naloxone • Clean needles and glassware • Sharps disposal supplies |
|----------------------------------|--|

- | | |
|-------------------|--|
| Technology | <ul style="list-style-type: none"> • Cell phones • Data-enabled tablets • Computer Aided Dispatch (CAD) • Police radio |
|-------------------|--|

- | | |
|-----------------|--|
| Uniforms | <ul style="list-style-type: none"> • Casual dress: polo or sweatshirt with the SCU logo |
|-----------------|--|

Why does the SCU need to carry client engagement items?

These items can help initiate an interaction while also meeting the basic needs of clients while they are experiencing a crisis.

Why does the SCU need to carry community health supplies?

These supplies can help address an underlying physical health need or provide harm reduction for substance use crises.

Why does the SCU need technology and uniforms?

The team needs cell phones and data-enabled tablets for mobile data entry. The tablets should be preloaded with an electronic health record (EHR) application so staff can access client history to provide more effective, tailored care. Wearing a casual uniform can help the team appear more approachable to clients and be easily identifiable. Uniforms that look more like traditional emergency response uniforms can be triggering for clients who have had traumatic experiences with emergency responders.

Considerations for Implementation

- The need for basic provisions among service utilizers is often significant and therefore affects the model's budget. To effectively plan for the program budget, San Francisco's Street Crisis Response Team shared that they budgeted for \$20 in supplies per client contact but quickly exceeded their \$10,000 annual budget. Denver's STAR program noted that these supplies were in high demand and the budget was supplemented with donations.
- Staff should track which supplies are used most often and which supplies are requested by clients that the SCU does not carry.

Recommendation #7

Clearly distinguish the SCU from MCT.

Once the SCU model is implemented, there will be two teams responding to mental health crisis calls in the City of Berkeley: the Specialized Care Unit and the Mobile Crisis Team. It will be necessary to clearly distinguish the role of these two teams so that the proper response is deployed for each situation. The general public will also need to be informed regarding the two teams, how to access them, and why.

Suggested scenarios when MCT and Police should be deployed instead of the SCU:

- If there is a confirmed presence of a serious weapon during a mental health crisis, the police and MCT would be deployed.
- If the police request mental health support during a crisis, MCT will be deployed as a co-response.
- If the SCU is on a call and needs backup or cannot successfully intervene, they would call for an MCT-police co-response.

If there's an SCU, why should the MCT still exist?

When the police respond due to the presence of a weapon or other element outlined above, a joint response that includes clinical staff to support the intervention is a best practice and community asset, delivering a trauma-informed response focused on de-escalation. This is especially true for a person in crisis with past traumatic experiences with the police. The MCT remains an important resource that can reduce the negative impacts of police presence during situations where a mental health crisis intersects with issues of imminent public safety.

Why is it important to distinguish MCT from the SCU?

Trust & Acceptability of SCU: MCT responds to the majority of their calls with police backup. Because SCU is a non-police crisis response option, clearly distinguishing the two models will be essential in establishing and maintaining community trust to increase utilization of the SCU, particularly among groups most at risk of harm from police violence.

Logistics for Deploying the Right Team: Dispatch will need tools and training to clearly differentiate the teams' roles to effectively deploy the right team for each mental health crisis call.

Considerations for Implementation

- All triage criteria and workflows need to be reflective of the differentiation between SCU and MCT. This includes the triage criteria and workflows for Dispatch and/or the alternative phone line and Alameda County's Crisis Support Services (CSS) (*refer to recommendation #9*).
- The distinction between MCT and the SCU, particularly around availability and police involvement, should be emphasized in the public awareness campaign (*refer to recommendation #24*).
- Tracking the acuity levels of calls, as well as whether MCT and police were called in for backup, can help refine the Dispatch process and ensure that the right team is deployed.

Accessing the SCU Crisis Response: Dispatch & Alternative Phone Number

Implementing the SCU as a 24/7 mental health and substance use crisis model requires that community members have reliable and equitable access to the team. By integrating the SCU crisis response into 911 and Dispatch's processes, mental health crisis services will be elevated to the same level of importance as Fire and Police when calling for emergency services, thus promoting community access to specialized crisis care. To reach this goal, the SCU model, City of Berkeley leadership, and Dispatch will need to work together during assessment and planning processes.

The need to develop and implement the SCU model is urgent. Yet Dispatch is a complex, under-resourced, and overburdened system. To achieve structural change that ensures sustainability, significant planning and coordination is essential.

There are several possibilities for how to advance the SCU-911 integration aligned to the phased implementation approach. The following recommendations are aligned to best practices and emerging alternative models and responsive to the needs and concerns expressed by community stakeholder participants. Each recommendation should be further explored, assessed, and discussed across City of Berkeley leadership:



Key Recommendations

- 8. Participate in the Dispatch assessment and planning process to prepare for future integration.**
- 9. Ensure the community has a 24/7 live phone line to access the SCU.**
- 10. Plan for embedding a mental health or behavioral health clinician into Dispatch to support triage and SCU deployment.**

Recommendation #8

Participate in the Dispatch assessment and planning process to prepare for future integration.

Ultimately, the SCU should be integrated into 911 and Dispatch protocols. To reach this goal, the SCU model, City of Berkeley leadership, and Dispatch will need to work together during assessment and planning.

Dispatch, through the Berkeley Fire Department, has conducted a Request for Proposal process and selected a consulting firm to support enhancements to the deployment of Fire and EMS/Ambulance services. That assessment and planning process should integrate SCU implementation, preparing for the SCU to be a mental health emergency response on par with police and fire emergency calls.

If this is a non-police response model, why is Dispatch involved?

An effective mental health crisis response that increases community safety, well-being, and health outcomes relies on the SCU actually being deployed to community members in crisis. Dispatch has established infrastructure and technology that could effectively and safely deploy the SCU mobile team. Moreover, 911 is a well-known resource to the general public, which many people do seek during crises. In 2017, Dispatch received 256,000 calls.¹⁶ For these reasons, integration of the SCU into 911 and Dispatch's processes is an important method for deploying the SCU team to people experiencing a mental health or substance use crisis.

Will another assessment and planning process delay the launch of the SCU?

Dispatch's expertise and experience are a critical asset to lead the assessment, planning, and implementation of revised 911 procedures that include the SCU. The Dispatch assessment and planning project is slated to begin in 2022; by incorporating assessment and planning for the SCU into an existing project, it will initiate the process several months sooner than if a separate and new project were to be initiated. Additionally, integrating both projects will ensure consistent and simultaneous efforts rather than disjointed efforts that require backtracking or undoing of work and decisions.

Considerations for Implementation

- A systems-change initiative of this magnitude will need identified shared aims and goals.
- A systems-change initiative of this magnitude will need Dispatch leadership to champion the effort and communicate early, often, and positively about the upcoming changes.
- By participating in Dispatch's assessment and planning processes, the SCU model can identify opportunities early on that support the integration, such as using aligned terminology and data collection processes.
- A Dispatch representative should join the SCU Steering Committee (*refer to recommendation #20*).
- Dispatch leadership should join the model's centralized coordinating body (*refer to recommendation #19*).

¹⁶ Berkeley City Auditor. (2019, April 25). 911 Dispatchers: Understaffing Leads to Excessive Overtime and Low Morale.

https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Dispatch%20Workload_Fiscal%20Year%202018.pdf

Recommendation #9

Ensure the community has a 24/7 live phone line to access the SCU.

Implementing the SCU as a 24/7 mental health and substance use crisis model requires a 24/7 live phone line to ensure community members have reliable and equitable access to mental health crisis response. The 24/7 availability is essential for community members to feel confident in the availability of the mental health crisis response, as stakeholders reported that MCT's alternative phone number—which is not live and relies on voicemail and callbacks—does not feel like a reliable resource during crises.

The need to develop and implement the SCU model is urgent and at the same time must achieve structural change to ensure sustainability. Implementing a process for the short-term that must be undone would be an inefficient use of funds and may confuse the public and exacerbate distrust. For these reasons, the following three options should be further considered and assessed for how to most effectively ensure 24/7 live access to the SCU crisis response:

1. Option A: Use the existing 911 Communications Center (“Dispatch”) to deploy the SCU.
2. Option B: Contract to a CBO that can staff and implement an alternative number phone line as part of the SCU model.
3. Option C: Use the 988 National Suicide Prevention Lifeline to receive, triage, and assess all mental health crisis calls.

Table 1 below highlights several factors to consider related to timeline and staff capacity, funding, safety, system integration, and public awareness. Based on these factors, it appears that Option A (using the existing 911 Communications Center to deploy the SCU) would be the best option for the City of Berkeley. However, these factors should be further discussed by City of Berkeley leadership across HHCS and Dispatch with careful consideration of the phased implementation approach and timeline.

Table 1: Options and factors to assess when planning for the community to have 24/7 live phone line access to the SCU.

	Option A *Recommended Option*	Option B	Option C
	Use 911 and existing Communications Center (“Dispatch”) to deploy the SCU.	Contract to a CBO that can staff and implement an alternative number phone line as part of the SCU model.	Use the 988 national phone line to receive, triage, and assess all mental health crisis calls.¹⁷
Timeline & Staff Capacity	<p>Assess Dispatch’s ability to recruit, hire, and train new staff on a timeline aligned to the phased implementation approach.</p> <p>Consider the amount of resources and time required for Dispatch to train existing staff on new protocols.</p> <p>Consider Dispatch’s capacity to support the SCU adoption and integration in addition to the current accreditation process.</p>	<p>Assess whether a CBO can realistically implement both the SCU model and an alternative phone number (i.e., call center), including recruiting, hiring, and training all new personnel.</p>	<p>Monitor the alignment of national, state, and county timelines for 988 implementation.</p> <p>Assess whether the 988 call center will be staffed appropriately for the additional call volume brought in by requests for SCU.</p>
Funding	<p>Estimate the additional funds required for Dispatch to recruit new personnel (i.e., a recruitment team) and manage the Human Resource capacity to support additional staff.</p>	<p>Estimate the cost to create and operate an independent 24/7 live alternative phone line.</p>	<p>Explore the amount of funding and resourcing available for 988 to assess whether the funds sufficiently support the 24/7 SCU.</p>

¹⁷ Gold, J. (2021). How will California’s new 988 mental health line actually work? *U.S. News*. <https://www.usnews.com/news/health-news/articles/2021-10-12/how-will-californias-new-mental-health-hotline-actually-work>

Option A (Recommended)

Option B

Safety Promotes Safety

Evaluate and compare each option’s ability to establish protocols or infrastructure to support the safety of crisis responders and community members.

Dispatch already has established protocols and technology to track the crisis responder’s location/position through CAD.

Assess the resources and timing required for a CBO to ensure sufficient training on the use of the CAD system and radio communication.

Assess the ability for existing Alameda CSS and 988 technology to integrate with Dispatch’s CAD system and radio communication.

Dispatch already has established protocols and technology to maintain radio communication between Dispatch and crisis responders, especially during rapid changes in a situation.

Assess workflows and processes that would affect the number of times a caller must repeat triage/assessment; estimate whether there will be an increase in dropped calls.

Evaluate the effectiveness of existing processes to transfer calls between Alameda CSS and Dispatch.

Dispatch already has established protocols and technology to streamline the handling and transfer of calls so that a person in crisis does not have to repeat their story multiple times, thereby reducing the number of dropped calls.

Consider if a non-911 entity will more effectively reduce police-community interactions during mental health and substance use crises.

Consider if the 988 entity will more effectively reduce police-community interactions during mental health and substance use crises.

Risks to Safety

Evaluate and compare the potential risks to the safety of crisis responders and community members across each option.

Consider whether Dispatch will be more likely to deploy the police than the SCU during initial model implementation.

Consider whether alternative phone line personnel will be more likely to deploy the SCU than transferring calls to 911.

Consider whether community members will be confused about 988 and may believe it is only for suicide prevention rather than the full spectrum of mental health and substance use crises, and therefore be less likely to call 988.

Evaluate whether community members’ fear of a police response, will reduce the utility, acceptability, and accessibility of the SCU.

Evaluate whether community members will be more likely to call an alternative phone number than 911 if they are experiencing a mental health or substance use crisis.

Option A (Recommended)

Option B

System Integration

N/A
(911 is already integrated with Berkeley Fire, Falck, and Alameda County CSS)

Explore the process for a CBO to assess and prepare callers if they need to transfer the call to 911, such as if the presence of weapons is confirmed. Evaluate the effects, such as a slowed response time or increased risk of a dropped call.

Consider whether the transfer of calls to 911 (i.e., calls ineligible for SCU) will undermine community trust in the alternative phone line.

Determine the feasibility of integrating a CBO’s technology to allow for the transfer of calls between Alameda CSS and Dispatch.

Determine the feasibility of a CBO’s technology to receive calls from Fire and Falck if they request the SCU.

Determine whether Alameda County will be able to deploy a Berkeley-specific team (the SCU) for only Berkeley residents as a component within the larger 988 model.

Assess what will be required for a county system to deploy a model administered by a CBO, such as additional contracts, MOUs, or staff licensure requirements.

Public Awareness

Consider what will be required of a public awareness campaign to build community trust in 911 to deploy the SCU as a non-police response.

Consider what will be required of a public awareness campaign to inform Berkeley residents both about the SCU as a non-police crisis response and promote an alternative phone number to access the SCU.

Assess the public awareness and education planned for 988.

Assess whether the Alameda County 988 public awareness campaign can be adjusted for Berkeley to communicate the availability of the SCU through 988.

Why consider different options for phone access to the SCU?

The numerous factors that should be assessed to determine the best option for phone access to the SCU will require a significant amount of collaboration and detailed planning across city leadership, which requires time throughout Phase 0. The general public is familiar with 911 as a crisis response resource. As a result, 911 could be an important method of ensuring mental health and substance use crises are routed to the SCU mobile team. However, stakeholders, especially residents of color and Black residents, consistently shared that the fear of physical violence, criminalization, or retaliation by police in response to mental health and substance use emergencies is a barrier to calling 911. Therefore, a non-911 option may support community members to feel confident in the SCU as a non-police mental health crisis response. Considering and assessing the full array of options will ensure the best approach for a reliable and equitable access to 24/7 mental health crisis response.

Why is Option A elevated as the recommended option?

Overall, Option A is recommended because it appears to be a better fit for the SCU model. It will most likely be the more cost-effective option, will allow for the SCU mobile team to be launched soonest, and will align to the phased implementation approach and the future integration of the SCU into 911.

By pursuing Option A, preparation with Dispatch can begin sooner than the other options, thus allowing for additional time to plan and prepare. This additional planning time can be used to address concerns regarding safety, community trust, and public awareness. Integrating the SCU into 911 from the initial phases of implementation may also support a streamlined and efficient integration. In contrast, Option B will likely require significantly more funding to create an entirely new call center, which may become obsolete once 988 is implemented, nationally. The feasibility and expense of standing up an entirely new call center (option B) may be prohibitive. Option C will require significant coordination with Alameda County and has many implications that are outside of the control of the City of Berkeley, which could cause delays or challenges to the implementation of the SCU model.

Additionally, 911 has established technology and infrastructure for receiving and triaging phone calls, deploying crisis responders, tracking the crisis response to promote responder safety, and collecting data that is essential for monitoring, evaluation, and follow-up. Moreover, for the public awareness campaign, it may be easier to communicate the SCU as a non-police response through 911 than it is to both communicate the SCU as a non-police response and to publicize an alternative phone number.

Why might the model implement an alternative phone number? (Option B or Option C)

First, due to existing community distrust of policing systems, it is important to establish the SCU response as a non-police response. By implementing the alternative phone number first, community members may be encouraged to utilize the SCU. Second, the existing Dispatch system is complex, overburdened, and underfunded. In order to have a successful integration of the SCU within 911, it may require more time for planning for a sustainable integration that ensures community safety. Third, lessons learned from other cities implementing alternative models may indicate this order would support SCU success. For example, the Portland Street Response team can be accessed through both 911 and a non-emergency phone number connected to Dispatch. However, they found that calls from 911 were prioritized rather than calls from the alternative line when deploying the team. Berkeley will need to establish clear prioritization and triage protocols so that the highest-acuity calls receive adequate responses, rather than the response being determined by the source of the call.

Do other cities use multiple phone numbers?

From the reviewed models, at least seven use two or more lines for emergency crisis calls:

- Olympia, WA: Crisis Response Unit
- Sacramento, CA: Department of Community Response
- Austin, TX: Expanded Mobile Crisis Outreach Team (EMCOT)
- Oakland, CA: Mobile Evaluation Team (MET)
- Portland, OR: Portland Street Response
- Eugene, OR: Crisis Assistance Helping Out on the Streets (CAHOOTS)
- Denver, CO: Supported Team Assisted Response (STAR)

If the model uses an alternative phone line, what happens if people still call 911 when they are having a mental health crisis?

Dispatch should have the option to forward calls to the SCU alternative phone line, where those staff can triage the call and deploy the SCU. Establishing these protocols will be part of the assessment and planning process. It is also important that a public awareness campaign promotes access to the SCU team (*refer to recommendation #24*).

Additional Considerations for Implementation:

- The phone line will require dedicated office space and equipment to process calls and deploy the SCU.
- The phone line will need technology and protocols to ensure data collection and integrity to support monitoring and evaluation (*refer to recommendations #22 and #23*).
- The phone line will require enough staff to maintain a 24/7 live response including staff to receive calls and supervisory staff. This team will need to be sufficiently staffed to account for shift overlap, sick leave, and vacation time.
- Additional data collection and planning will be required to determine the adequate number of call takers and fully implement the phone line.
- Option A may require that Dispatch makes more gradual changes to triage criteria, deploying the SCU to a more limited scope of call types with a gradual increase in SCU deployment through Phase 1 implementation.
- Either option B or option C would still require the phone line entity to collaborate with Dispatch to develop types of calls, triage criteria, and workflows to allow for future integration of SCU into Dispatch.
- The future structure of the 911 Communications Center within Berkeley Police Department should be evaluated (*refer to Section V*).

**Please note: Dispatch uses specific terminology that may not be accurately represented here. The language in these recommendations should be understood from a lay perspective rather than rigid technical language (e.g., call takers versus dispatchers, assessment versus triage versus decision-trees).*

Recommendation #10

Plan for embedding a mental health or behavioral health clinician into Dispatch to support triage and SCU deployment.

Embedding a mental or behavioral health clinician within the Dispatch represents a new process for Berkeley's Dispatch and broadens Dispatch's lens from being solely a Police entity to an entity that includes clinical specialists. Dispatch must be involved in planning for this additional team member.

Why should Dispatch have a clinician in the call center?

Embedding a mental health clinician in emergency call centers is an emerging best practice, though only a few cities nationally report staffing their call centers with clinicians. The few cities that have included mental health clinicians in their call centers have found them to be a useful resource. Where implemented, clinicians provide specialized training for call takers to handle behavioral health crisis calls, receive transferred behavioral health crisis calls, and provide guidance.¹⁸

How does having a clinician in Dispatch promote community or crisis responder safety?

Berkeley Dispatch is deeply committed to the safety of crisis responders. In interviews for this project, Austin's EMCOT program¹⁹ shared that embedding a clinician within their call center increased communication around safety and risk assessment during triage, including increased deployment of the crisis response team. They also shared that this integration improved handoffs for telehealth conducted by the clinician. Berkeley should plan for embedding a clinician in Dispatch to support with de-escalation and determinations because it could promote safety.

Why does the clinician need to be part of planning in Phase 0 if implementation is in Phase 1?

This change represents a structural shift for Dispatch, incorporates new roles for a specialized skillset, and changes several workflows. As a result, having a clinician participate in planning in Phase 0 will support successful implementation in future phases. Additionally, given the current significant understaffing and under-resourcing of Dispatch, the clinician can augment staff capacity without Dispatch having to acquire a new, specialized skillset.

Considerations for Implementation:

- Calls that do not require an in-person response should continue to be sent to Alameda County CSS for phone support.
- Staffing structures will need to be adapted, such as determining which roles supervise the clinician and which roles the clinician supervises.
- The clinician may be able to provide training and ongoing professional development to support call takers to identify and address mental health calls.
- There may be a need for multiple clinicians depending on their role and the call volume.
- This recommendation will need to be adapted based on how recommendations #8 and #9 are implemented.

¹⁸ Velazquez, T & Clark-Moorman, K. (2021). New research suggests 911 call centers lack resources to handle behavioral health crises. *ResearchGate*.

https://www.researchgate.net/publication/355684339_New_Research_Suggests_911_Call_Centers_Lack_Resources_to_Handle_Behavioral_Health_Crises

¹⁹ Read more about the EMCOT program here: <http://www.austintexas.gov/edims/pio/document.cfm?id=348966>

Implement a Comprehensive 24/7 Mental Health Crisis Response Model

There are many considerations for realizing the full implementation of a 24/7 model including hiring personnel, establishing clear roles, and providing office space and required materials. Staffing a comprehensive model should seek to address the perceived challenges of existing crisis response systems throughout Berkeley, such as not having 24/7 availability or sufficient staff capacity.

The following recommendations are designed to leverage the lessons learned from other cities implementing non-police crisis response models and be responsive to the needs and concerns expressed by community stakeholder participants. Each recommendation should be further explored as launch and implementation progresses:



Key Recommendations

- 11. Fully staff a comprehensive model to ensure the success of the SCU mobile team, including supervisory and administrative support.**
- 12. Operate one SCU mobile team per shift for three 10-hour shifts.**
- 13. SCU staff and Dispatch personnel travel to alternative crisis programs for in-person observation and training.**
- 14. Prepare the SCU mobile team with training.**

Recommendation #11

Fully staff a comprehensive model to ensure the success of the SCU mobile team, including supervisory and administrative support.

In addition to the three-person SCU mobile team (*recommendation #3*), the 24/7 live phone line (*recommendation #9*), and the clinician in Dispatch (*recommendation #10*), the SCU will require supervisory and administrative support roles. These roles will support the day-to-day services and operations of the SCU mobile team. They also will participate in case management meetings (*recommendation #18*), rapid assessment and monitoring (*recommendation #22*), and model evaluation (*recommendation #23*).

Recommended Personnel Roles & Types of Responsibilities²⁰:**Program Manager**

- Review data from implementation, lead rapid assessment process, support changes and iteration to model
- Liaise with city, Dispatch, and central leadership around implementation, rapid assessment, and coordination
- Manage contract and budget
- Manage scheduling and shifts

Clinical Supervisors

- Oversee and support SCU mobile team, provide consultation for medical and mental health services
- Plan and lead training and professional development for SCU mobile team
- Collaborate with peer specialist supervisor on how to best support SCU mobile team
- Share client and staff feedback to program manager for rapid assessment and monitoring

Peer Specialist Supervisor

- Oversee and support peer specialists on SCU mobile team with an emphasis on emotional support for peers
- Plan and lead training and professional development for SCU mobile team, with an emphasis on utilizing peer specialists and other forms of team communication and support (e.g., advocacy, equal value, communication)
- Collaborate with clinical supervisor

Call Takers / Call Center (*pending implementation of recommendations #8-10*)

- Receive calls from the 24/7 live phone line; triage calls and deploy SCU mobile team, as required
- Receive calls from Dispatch
- Transfer calls that do not require in-person services to Alameda County CSS
- Participate in case management care coordination meetings, as relevant

²⁰ Refer to **Appendix B** for the number of personnel, availability, shifts, and a sample shift structure

Considerations for Implementation

Availability or shift structure for roles:

- The program manager and peer specialist supervisor roles should be available during traditional business hours.
- The clinical supervisor role should be available 24/7 and will require redundancy in hiring.
- The call center will need to be staffed to ensure a 24/7 live phone line. If Option B is pursued (*refer to recommendation #9*), the call center should be situated within the SCU model rather than a separate CBO. This could promote morale and team identity and will increase the quality and efficiency of communication.

Office & Equipment Needs:

- The SCU model will need an office space that accommodates all personnel and their roles, such as daily huddles, desks, and equipment.²¹
- Stakeholders suggested that the SCU would benefit from developing relationships with service utilizers and their families. If these opportunities are pursued as part of the SCU's function, then office space could also accommodate service utilizer and family consultations and/or open "office hours" for relationship building.

²¹ Refer to **Appendix C** for the budget and additional office equipment needs, such as computers, phones, printers, etc.

Recommendation #12**Operate one SCU mobile team per shift for three 10-hour shifts.**

In order to staff a crisis response model that operates 24/7, the SCU should staff one mobile team per shift for three 10-hour shifts. We estimate that the SCU would respond to three to six incidents per 10-hour shift, with each incident requiring 20 to 120 minutes for response and closure. This should generally be manageable by one SCU mobile team.²²

Why 10-hour shifts?

Based on feedback from those operating similar models as well as from community stakeholders, 10-hour shifts are common in residential settings and tend to work well for clinical and mental health staff. There are often labor union protections for shifts longer than 10 hours. Three 10-hour shifts would provide 24/7 coverage while allowing for some overlap before and after each shift.

Why should shifts overlap?

The SCU mobile team shifts should overlap so that the team can conclude engagement with a person in crisis before their shift ends. The next shift would be able to respond to a crisis call that comes in towards the end of the preceding team's shift. The overlap also supports team huddles for care coordination. The shift structure and overlap should include time for the required paperwork at the end of the shift so that there is not an expectation that paperwork is completed during off hours.

Will one SCU mobile team be sufficient?

This estimate is comparable to the call and incident volume reported by Denver's STAR pilot, Portland's Street Response pilot, and Eugene's CAHOOTS program. Though the city population of Denver and Portland are 5.8 and 5.3 times larger than Berkeley's population, respectively, their pilots are restricted to smaller geographic units of the city; Denver and Portland both operate only 1 mobile crisis response team per shift. Eugene's city population is 1.4 times the population of Berkeley, and Eugene operates 1 crisis team per shift, with an additional team during peak hours of 10am-12pm and 5pm-10pm.²³

Considerations for Implementation

- Staffing structure will require redundancy to allow for personnel to take vacation and sick days, and in anticipation of periodic vacancies.²⁴
- Staffing structure may need to plan for on-call or floater shifts.

²² Estimates for SCU call volume are based on analysis of call and service volume by MCT from 2015 to 2019, the Auditor's Report and analysis of Berkeley Police Department's call and service volume from 2015 to 2019, and analysis of Berkeley Fire's and Falck's transport volume and time on task from 2019 to 2021. Please refer to **Appendix D** for more specific analysis and estimates.

²³ The City of Eugene (2019-03240). <https://www.eugene-or.gov/DocumentCenter/View/56579/2019-03240-White-Bird-CAHOOTS-Services---SIGNED>

²⁴ Refer to **Appendix B** for the number of personnel, availability, and a sample shift structure.

Recommendation #13

SCU staff and Dispatch personnel should travel to alternative crisis programs for in-person observation and training.

Although Berkeley's SCU model will be uniquely designed and tailored for the Berkeley community, there are many opportunities to learn from successes and challenges of other models that have implemented non-police mental health crisis response programs. For example, the Denver STAR team shared that their Dispatch team benefited greatly from traveling to Eugene, OR to observe and learn about the CAHOOTS model and plan their deployment protocols.

Options for city programs to visit:

- CAHOOTS: Eugene, OR
- STAR: Denver, CO
- EMCOT: Austin, TX

Recommended personnel to attend:

- Dispatch: Supervisor
- SCU: Clinical Supervisor and Program Manager
- Phone line staff, as relevant (refer to recommendation #9)

Potential program components to observe during site visit:

- Triage criteria and workflows
- Assessing for risk and safety
- Working with the mental health clinicians embedded in Dispatch
- Coordinating and prioritizing calls between 911 and an alternative phone number
- SCU mobile team services and team coordination
- Role clarification

Why should Dispatch and SCU staff travel to these sites together?

This training opportunity would support the collaboration between the SCU and Dispatch in planning for the phased integration. By traveling to the sites together, SCU and Dispatch will not only hear the same questions and answers but can ideate and collaborate on adaptations for the Berkeley SCU model. Finally, this is an important opportunity for relationship building between SCU staff and Dispatch, which is essential to this systems-change initiative.

Considerations for Implementation

- Travel costs will need to be included in the initial budget; estimates for consulting fees from the sites are already included.²⁵

²⁵ Refer to **Appendix C** for the estimated SCU model budget.

Recommendation #14**Prepare the SCU mobile team with training.**

The SCU will require training in a set of specific skill areas to be best equipped to provide mental health crisis response. The personnel hired should already have demonstrated their specialized skill set in previous employment settings; training will therefore support the team to align on how to implement their skills. Training also supports teams to work together and with other entities effectively, such as Dispatch, which is essential in crisis response.

The SCU mobile team should be trained in the following topics:

- General de-escalation techniques
- Disarming without use of weapon
- Substance use management
- Naloxone administration
- Harm reduction theory and practice
- First aid
- Situational awareness and self-defense
- Radio communication
- Motivational interviewing
- Implicit bias, cultural competency, and racial equity
- Trauma-informed care
- Training on data collection protocols and data integrity (refer to recommendations #17 and #18)
- Compliance with confidentiality and HIPAA when interacting with Police and/or Dispatch

How long will it take to train staff?

Eugene's CAHOOTS program includes at least 40 hours of classroom training and 500 to 600 hours of field training for all new staff.²⁶ This equates to 12.5 to 15 weeks of training when calculated on a full-time basis.

What informed these suggested training topics?

These training topics were generated from a variety of alternative model program recommendations and input from Berkeley service providers and community stakeholders.

Considerations for Implementation:

- The phased approach timeline incorporates an estimate aligned to CAHOOTS' model, with room for adaptation.
- Training should be provided to all new SCU staff as they are added to the team, regardless of start date.
- Additional training topics may be identified by the SCU team.

²⁶ Beck, J., Reuland, M., & Pope L. (2020). Case Study: CAHOOTS. Vera. <https://www.vera.org/behavioral-health-crisis-alternatives/cahoots>

Administration and Evaluation

There are many considerations for effectively administering and monitoring implementation of a new, 24/7 mental health crisis response model. Effective implementation includes ongoing collaboration and decision-making at both the structural and provider levels.

At a structural level, the SCU model will require cross-system coordination for implementing new processes and therefore will require leadership across the City of Berkeley and SCU to collaborate around ongoing program monitoring, data review and transparency, and system integration. At a provider level, the SCU model will require collaboration and communication to support care coordination and case management for people that have experienced crisis as well as to elevate emerging challenges and successes.

Moreover, the community can—and must—provide essential advisory capacities. The community should be actively engaged to provide input and feedback throughout the planning and implementation of the SCU, including through the SCU Steering Committee and ongoing opportunities for the general public.

The following recommendations were informed by the lessons learned from other cities implementing alternative crisis models and aim to be reflective of the perspectives shared by the project’s stakeholder participants. Each recommendation should be a starting point to promote cross-sector collaboration, adjusting to accommodate the evolution of the SCU:



Key Recommendations

- 15. Contract the SCU model to a CBO.**
- 16. Integrate the SCU into existing data systems.**
- 17. Collect and publish mental health crisis response data publicly on Berkeley’s Open Data Portal.**
- 18. Implement care coordination case management meetings for crisis service providers.**
- 19. Implement centralized coordination and leadership across city agencies to support the success of mental health crisis response.**
- 20. Continue the existing SCU Steering Committee as an advisory body.**
- 21. Solicit ongoing community input and feedback.**
- 22. Adopt a Rapid Monitoring, Assessment, and Learning process.**
- 23. Conduct a formal annual evaluation.**

Recommendation #15

Contract the SCU model to a CBO.

The administrative structure of crisis response systems across the country varies significantly. Some are administered by government agencies, some are run in collaboration between a government agency and CBO, and some are entirely operated by CBOs. There are several reasons why the SCU model should be contracted to a CBO, at least through Phase 2 of the phased implementation approach.

The SCU crisis response model would benefit from being contracted to a CBO for several reasons:

- **Supports a quick launch:** CBOs are often able to move more nimbly than government agencies, especially as it relates to hiring; adequately staffing the SCU mobile crisis team is a critical element in timely implementation. Given the urgent need, the ability to launch the SCU quickly and provide non-police mental health crisis response services is critical.
- **Established relationships with community members:** Stakeholders made it clear that CBOs have developed strong relationships with service utilizers accessing mental health support, homelessness resources, street medicine, and system navigation and referrals. CBOs in Berkeley have expertise in the community that can be leveraged to advance the SCU's crisis response efforts.
- **Referral networks and partnerships:** A CBO with established networks and partnerships would be well positioned to support service utilizers with referrals as well as transport to community-based resources. Additionally, these relationships can support warm handoffs at transport locations.

Considerations for Implementation

- To contract with a CBO, the City of Berkeley will have to issue a Request for Proposals (RFP). The RFP process will need to evaluate a CBO's capacity to develop and implement a model of this size on this timeline.
- The City should identify a backup plan if no qualified CBOs respond to the RFP.
- The CBO's practices should align to the values and principles of the SCU. The City may need to use contracts and MOU specifications to require:
 - Adequate and equitable wages for all SCU staff and crisis responders, especially peer specialists and peer specialist supervisors.
 - A representative and equitable hiring process that prioritizes staff who are reflective of those most marginalized and harmed by existing crisis response options and the criminal legal system.
 - Necessary data and metrics to collect and report as well as ensuring sufficient technological systems to meet these needs.
- CBOs may face challenges inherent in the contract structure, which should be evaluated and protected against as these challenges can undermine sustainability and longevity.
 - Short-term funding: only funding the SCU in one-year increments can reduce staff retention and inhibit investments in operations (*refer to Section V*).
 - Overhead costs: allocate enough funds for overhead costs (e.g., salary, training, and office equipment), which are critical to SCU success.
 - Contract monitoring: data collection, monitoring, and evaluation are essential to the success and iteration of the SCU but should not be prohibitive to the work.
- There may be additional needs or considerations around data and system integration (*refer to recommendation #16*) and the collaboration across administration and leadership if a CBO implements the SCU; these may need to be included in the contract.
- All recommendations are written with a contracted CBO in mind; additional implications may arise during planning and Phase 0.

Recommendation #16

Integrate the SCU into existing data systems.

Having access to patient data will support the SCU to provide tailored, informed, and equitable services for those experiencing mental health and substance use crises. Access to existing data systems, such as an EHR, will not only ensure that the SCU has access to relevant patient information, but also that other providers are aware when, how, and why their client might be interacting with crisis response. Finally, integrating the SCU into existing data systems will ensure aligned and consistent data collection, which is essential for the rapid assessment monitoring (*refer to recommendation #22*) and evaluation (*refer to recommendation #23*).

There are many factors outside of the purview of the SCU, HHCS, or even that City of Berkeley that affect whether data and system integration can be achieved. These factors include patient privacy and legal protections (i.e., HIPAA), technological capabilities, available funding, logistics across private and government entities, and more. As a result, this recommendation is included as an aspiration that should be planned for in future phases and may not be realized during Phase 1 of implementation.

- Bidirectional, live data feeds should be integrated between the SCU and other data sources, including but not limited to:
 - EHRs used by major medical systems and Federally Qualified Health Centers (FQHC)
 - Alameda County's Community Health Record (CHR)
 - Alameda County's YellowFin

Why does the SCU need to access service utilizers' records, such as EHRs?

Access to an EHR allows crisis responders to make informed decisions based on a service utilizer's health history. This access also enables crisis responders to communicate directly with a service utilizer's existing support team, such as psychiatrists or case managers, when providing crisis response or referring the service utilizer for follow-up care.

Is it common for crisis responders and clinicians to have access to service utilizer records?

Many other crisis response programs enable access to these sources of data. For example, the Alameda County Community Assessment and Transport Team (CATT) has access to the county's CHR. Providers at FQHCs, including programs like Lifelong's Street Medicine Team, have access to an integrated EHR. Berkeley Mental Health (BMH) is already integrated with the county's YellowFin reporting system. Other city models, such as Denver STAR, enable their crisis responders to access existing data systems.

Why should the data feeds be bidirectional?

Not only do crisis responders need to access service utilizer medical history, but the data they collect during a crisis response should be entered into the centralized data systems so that a service utilizer's existing support team has an updated and complete case history. The county's CHR has live data feeds from many providers and so the SCU's data should also have bidirectional capabilities when possible.

Considerations for Implementation

- The Berkeley City Attorney and IT have signed onto the county's CHR, and many CBOs and medical providers have also already signed onto the CHR, which could facilitate the SCU's integration into this system.
- The SCU will need access to EHRs and the CHR to participate in client case management meetings (*refer to recommendation #18*).
- SCU team members will need training and support to accurately enter data into these platforms, which is essential to data integrity.
- Legal protections for confidentiality and consent will have to be carefully assessed to determine the feasibility of this recommendation and implementation approach.
- Many health conditions can be criminalized and prosecuted. The SCU data must be separate from Dispatch and CAD data because Dispatch is situated within Berkeley Police Department. Presently, Dispatch does not have access to EHRs or the CHR, and in the future, this separation should continue.

Recommendation #17

Collect and publish mental health crisis response data publicly on Berkeley's Open Data Portal

Data collection is essential to monitoring and evaluation and spans across the SCU mobile team and supporting personnel, Dispatch and/or the alternative phone line, and central leadership. Given how many different personnel and agencies will be collecting and reviewing data, it is essential that data collection be planned for early in Phase 0 to ensure alignment, accuracy, and data integrity.

- Types of data that should be collected and published:
 - Call volume
 - Time of calls received
 - Service areas
 - Response times
 - Speed of deployment
 - Determinations and dispositions of Dispatch (including specific coding for violence, weapons, and emergency)
 - All determinations and deployed teams from Dispatch
 - Percentage of calls responded to by SCU of all calls sent to SCU
 - Type or level of service needed compared to the initial determination at the point of Dispatch
 - Service utilizer outcomes
 - Number of 5150 assessments conducted
 - Number of 5150s confirmed and involuntary holds placed
 - Number of transports conducted
 - Location of transport destinations
 - Type of referrals made
 - Priority needs of clients served (housing, mental health)
 - Number of requests for police involvement
 - Racial demographics of service utilizers
 - Other relevant characteristics of service utilizers, such as homelessness status or dementia

Note: not an exhaustive list.

- Examples of public data dashboards from alternative crisis models:
 - [Portland's Street Response data dashboards](#)
 - [NYC's B-HEARD monthly data reports](#)

How does data collection promote community safety and health?

Nationally, many emergency call centers lack consistent data collection and internal sharing and review, suggesting city administrators and leaders are unable to effectively use data to understand the scope of behavioral crisis and response in their communities.²⁷ Collecting data in a way that can be used among program administrators will be essential in supporting the success of the SCU and positive outcomes for the community. Moreover, during this project, it was impossible for RDA to conduct an “apples-to-apples” analysis between data from any of the contributing agencies (Police, Fire and Falck, MCT, Dispatch/Auditor’s Report) because the data entry practices across each agency are inconsistent. Specifically, the variables that each agency records for each call response are not the same. In instances where there were similarities in the types of variables used between agencies, the values that they each used to enter or code their data were not comparable.

Why does publishing data publicly matter?

Publishing data through Berkeley’s Open Data Portal could promote transparency around crisis response services, address community stakeholders’ distrust of the system, and keep the community informed about the SCU and the city’s crisis response services.

Considerations for Implementation

- Multiple agencies are likely to engage in data collection that contributes to the SCU model. All data variables and definitions should be aligned to ensure system integration and data integrity, including:
 - CAD data
 - Additional 911 and Dispatch data (as applicable)
 - Alternative phone number data (as applicable)
 - SCU mobile team data
 - EHR data
 - CHR data
- Personnel will need ample training on data collection, including variable definitions and data entry processes, to ensure a high degree of data integrity.
- Staff will need adequate technology to collect and report on data (*refer to recommendation #6*).

²⁷ Velazquez, T & Clark-Moorman, K. (2021). New research suggests 911 call centers lack resources to handle behavioral health crises. *ResearchGate*.

https://www.researchgate.net/publication/355684339_New_Research_Suggests_911_Call_Centers_Lack_Resources_to_Handle_Behavioral_Health_Crises

Recommendation #18

Implement care coordination case management meetings for crisis service providers.

Service utilizers often receive care across multiple agencies and individual service providers, but transparency and visibility of service utilizers that move in and out of these agencies is a challenge. Regular case management coordination meetings across organizations and providers could help to address the perceived lack of coordination across different services and to improve the care coordination for service utilizers, such as those discharged from inpatient facilities.

Who should participate:

- SCU mobile team
- Service providers and case managers identified through CHR and EHRs
- Partners and those receiving referrals at CBOs
- A designated meeting coordinator (e.g., SCU program manager, city staff)

What the meetings should achieve:

- Discuss care for shared service utilizers
- Discuss needs of high service utilizers, services provided
- Discuss successes or challenges with warm handoffs and referral pathways

How is care coordination relevant to crisis response?

Care coordination supports providers in making informed decisions about the services to provide and can prevent future crisis. Throughout the project's qualitative data collection, service providers in Berkeley commonly provided the idea of care coordination meetings between the SCU and providers; they expressed that if their clients access SCU crisis services, they would benefit from collaborating with the SCU. The REACH Edmonton program also shared that meetings for frontline workers to discuss shared clients increased positive client outcomes. Finally, Berkeley's Transitional Outreach Team (TOT) shared challenges they have encountered when providing follow-up care after MCT responds to an incident, especially communicating with the many external providers that interact with a single service utilizer.

Why is there a coordinator role in these meetings? Who is that?

Based on the lessons learned from other cities implementing alternative crisis response models, such as the REACH Edmonton and Denver STAR programs, care coordination meetings will require a centralized coordinator or leader from the SCU. Frontline workers do not have the capacity to manage these meetings, which includes scheduling, note taking, preparing data, following up on items as necessary, and other duties. The care coordinator may be an administrative staff member of the SCU, such as the program manager, or a staff member from the City of Berkeley who oversees many of the relevant contracted providers (beyond the SCU).

Considerations for Implementation:

- These meetings will require a clear owner to manage meeting topics, prepare data, identify non-urgent items for follow-up, and ensure equitable power and time talking, especially for peer specialists. The SCU program manager may be best poised for this role.
- Integrated data systems that allow for sharing data and reviewing case history across providers would enhance care coordination and case management (*refer to recommendation #16*).
- There may be a benefit to call takers joining these meetings if they identify and document who is in crisis.

Recommendation #19

Implement centralized coordination and leadership across city agencies to support the success of mental health crisis response.

Overall, programs benefit from ensuring there are one or more people responsible for coordinating the program at a birds-eye view. As a new mental health crisis response initiative, the SCU model will require cross-system coordination for implementing new processes, training, monitoring, and evaluation. Moreover, because these initiatives span across Dispatch and/or an alternative phone number, the SCU mobile team, and other referral entities like Fire, Police, MCT, TOT, and mental health and social service providers, a centralized coordinating body will be essential to the success of this far-reaching initiative.

Who should participate:

- Berkeley Dispatch
- Berkeley Department of Public Health
- Berkeley Mental Health (BMH)
- Berkeley Health, Housing & Community Services Department (HHCS)
- SCU Program Manager
- Berkeley Fire Department
- Berkeley Police Department
- Other relevant parties as the project evolves

What the meetings should achieve:

- Progress along the phases of implementation
- Lead the rapid assessment processes and regularly review data
- Review SCU Steering Committee feedback
- Review service utilizer and stakeholder feedback
- Prioritize issues
- Make decisions

Additional outcomes:

- Increase open communication across city agencies
- Build trust across crisis responders and city departments
- Align all partners on shared values for increasing community health and well-being

Why is the Berkeley Police Department involved in this leadership body if the SCU is a non-police response?

Because the police currently respond to all mental health calls received through 911, any decision about shifting specific call and service types from police to SCU will require BPD buy-in, communication, and planning. Moreover, Dispatch is currently situated within BPD, and therefore, BPD leadership will be required to assess and approve changes to Dispatch. For instance, to ensure that all SCU data is kept confidential and separate from police, BPD will need to support planning for CAD data to integrate with SCU in a compliant manner. Finally, police may be able to request SCU deployment, so these types of protocols will need BPD's input.

Considerations for Implementation:

- These meetings will need a clear owner to schedule meeting times, prioritize agenda topics, prepare data, identify non-urgent items for follow-up, and coordinate follow-up communication to relevant stakeholders.
- A data dashboard will support data review and rapid assessment processes.
- Some agencies may have strong bargaining presence or positional power, such as BPD. It is important that these meetings uphold equitable power and weight in making decisions.
- Throughout Phase 0 and Phase 1, this group may need to meet on a weekly basis.
- Additional stakeholders may need to be added to this group (permanently or ad hoc for specific topics), such as representatives from emergency departments, John George Psychiatric Hospital, or other city or county stakeholders.
- As the model progresses, this group may discuss opportunities to improve the mental health crisis system at a broader scale, beyond the scope of the SCU's crisis response, such as more inter-county and inter-city coordination on systemic issues related to housing.

Recommendation #20

Continue the existing SCU Steering Committee as an advisory body.

Presently, the SCU Steering Committee has representatives with ties to community groups and stakeholders. The SCU Steering Committee should continue as an advisory body to incorporate into decision-making spaces the perspectives that may otherwise be neglected in government spaces.

The SCU Steering Committee should continue to advocate for marginalized communities in the SCU model design and delivery by taking on an advisory role through Phase 0 and Phase 1 of implementation, at a minimum.

The current participants should remain, if they choose, including:

- Berkeley Community Safety Coalition
- Representatives from the Mental Health Commission
- HHCS staff
- BMH staff
- Berkeley Fire

Additional participants should be added, including:

- Relevant staff from the SCU or administrative CBO, such as the program manager or clinical supervisor
- Dispatch personnel, particularly someone in a leadership position who can both promote change and holds expertise relevant to implementation

Considerations for Implementation

- HHCS staff should maintain the role of coordinating the SCU Steering Committee, even if a contracted CBO leads the SCU, because HHCS will lead other aspects of oversight including contract management.
- Additional participants may be added to the SCU Steering Committee at different times. For example, Dispatch personnel should join earlier in Phase 0 of implementation, while SCU personnel will join once that team is fully staffed in Phase 1.

Recommendation #21

Solicit ongoing community input and feedback.

Governments often face barriers in hearing from community members that are the most structurally marginalized. However, engaging existing coalitions and networks designed to represent marginalized service users' perspectives can support more equitable engagement. Intentional outreach for these opportunities is essential because, historically, government institutions and other structures have prevented the full and meaningful engagement of Black people, Indigenous people, people of color, working class and low-income people, immigrants and undocumented people, people with disabilities, unhoused people, people who use drugs, people who are neurodivergent, LGBTQ+ people, and other structurally marginalized people. Prioritizing the engagement, participation, and recommendations of the community members most harmed by existing institutions, including those most harmed by police violence, will ensure that systems of inequity are not reproduced by a crisis response model.

Instead, community engagement can support the SCU to address structural inequities. In addition to the SCU Steering Committee, ongoing opportunities for the community to provide input to decisions as well as feedback about their experiences will be valuable to the SCU model throughout Phase I.

Suggested methods to receive community input and feedback:

- Focus groups
- Town halls or community forums
- On-site outreach
- Questionnaire
- Online feedback "box"

Modalities should ensure equitable access to participation:

- Online and in person
- Large groups, small groups, and one-on-one
- Anonymous
- Written and verbal
- Translation and interpretation

Encourage participation among:

- Service utilizers
- Community members with mental health and behavioral health needs who have not yet engaged with the SCU
- Service providers at CBOs, especially those receiving SCU transports and referrals

Address structural barriers to participation by:

- Using convenient, accessible, and geographically diverse locations
- Offering events at varying times to accommodate different schedules
- Providing financial compensation
- Providing childcare

Why is more community engagement needed if community input informed the model?

The robust community engagement that contributed significantly to the development of this model demonstrates the valuable perspective and knowledge held by community members about the types of services needed and how to make them more accessible and acceptable. Soliciting ongoing feedback once the SCU is launched will provide insight to how well the model is meeting community members' needs and where barriers to crisis care persist, servicing both quality improvement and evaluative needs.

Why should ongoing community engagement be conducted?

Community input and feedback should not be limited to the end of Phase 1 as part of a summative evaluation, but instead be ongoing to account for the changing landscape of SCU model implementation and the needs of both service utilizers and the broader community. It will also support ongoing iteration of the SCU throughout Phase 1, while planning for more complex modifications in Phase 2.

Considerations for Implementation

- The opportunities for community input and feedback should be held regularly, such as monthly, or quarterly.
- Frequent service utilizers, perhaps identified during the SCU's first three months of implementation, could be the primary recruitment base for feedback.
- Address barriers to equitable participation in feedback, such as by providing childcare, transportation vouchers, or financial compensation for time.
- Community feedback should be evaluated as essential data points that directly inform the rapid assessment processes (*refer to recommendation #22*).

Recommendation #22

Adopt a rapid monitoring, assessment, and learning process.

Many crisis response programs use data to monitor their ongoing progress and successes, modify and expand program pilots, and measure outcomes and impact to inform ongoing quality improvement efforts. Data collection, data system integration, centralized coordination across city leadership, the SCU Steering Committee, and ongoing input and feedback from community members and service utilizers (*recommendations #16, #17, #19, #20, and #21*) should all contribute to the monitoring that supports ongoing implementation, assessment, and iteration.

A rapid assessment process will likely need to:

- Develop a shared vision for the SCU model.
- Develop goals for the SCU model.
- Create assessment questions to guide the monitoring and learning process.*
- Define indicators or measures.
- Use a mixed-methods approach, including quantitative programmatic data and feedback from service utilizers, staff, and other stakeholders.

All model components will benefit from assessment, including:

- Availability of the team, accessibility of Dispatch and/or alternative phone line, response time
- Services provided, expertise of mobile team, training
- Equipment, vehicles, and supplies
- Transport, service linkages and handoffs, partnerships with CBOs
- Case management meetings and centralized leadership coordination
- Data collection, data integration, data integrity, and data transparency
- Public awareness campaign

Consider using the Results-Based Accountability (RBA) framework²⁸ to assess SCU performance aligned to:

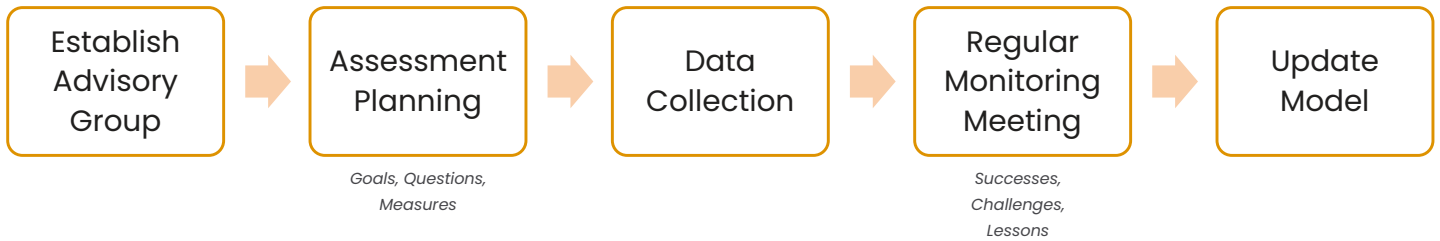
- Quantity of SCU services
- Quality of SCU services
- The impact or outcome of SCU services

*From the shared vision, create assessment questions to use throughout the duration of Phase 1, such as:

- Is there a need to scale and increase services?
- Are resources being used efficiently in the pilot? Will they be used efficiently with an increase in services?
- How effective is the current approach? Will it be effective with an increase in services?
- Is the current approach appropriately tailored to the Berkeley community? Is it appropriate for the Berkeley community?

²⁸ The City of Berkeley is using RBA for performance monitoring efforts and therefore may benefit from using RBA for the SCU model too.

Figure 4: Rapid Monitoring, Assessment, and Learning Process



A rapid monitoring, assessment, and learning process can happen in multiple venues. Some questions may be assessed on a quarterly basis, while others can happen on a monthly or weekly basis.

Considerations for Implementation:

- The rapid assessment process will need to establish clear roles for leading the meetings and decision-making, especially between the SCU program manager and central coordinating leadership.
- The rapid assessment process will benefit from clear timelines and processes for reviewing data, discussing changes and adaptations, and sharing findings across relevant stakeholders.
- The rapid assessment process may have multiple processes or venues based on specific data points or meeting frequencies. Clarify who should be attending, such as Dispatch, the alternative phone number (if applicable), the SCU mobile team, HHCS leadership, and others.

Recommendation #23**Conduct a formal annual evaluation.**

Several components of the SCU – including the model’s services, the SCU mobile team’s training, the deployment determinations of Dispatch and/or the alternative phone line, and impacts and outcomes for service utilizers – offer potential for demonstrating the success of the model through formal evaluation. The evaluation should measure whether the SCU model is progressing towards the intended outcomes, as well as suggest opportunities for modifications and expansion. Design of a formal, annual evaluation is best done early in program planning.

Evaluation may define:

- A Theory of Change or Logic Model
- Short-term and medium-term goals

Evaluation could measure:

- Fiscal analysis, especially evaluation of progress towards the City’s aim of reducing BPD’s budget by 50%
- Systems change effectiveness, including evaluation of progress towards City’s goal of reducing the footprint of BPD to criminal and imminent threats
- Program efficacy/effectiveness, quality of service
- Service utilizer outcomes
- Ongoing barriers and challenges that Phase 2 can address
- Effectiveness of public awareness campaign, whether community members know about it
- Impacts aligned to a Racial Equity Impact Assessment²⁹

Evaluation should include:

- Qualitative and quantitative data
- Perspectives from SCU personnel
- Perspectives from service utilizers
- Perspectives from adjacent organizations, staff, and SCU Steering Committee

How is the proposed evaluation different than rapid monitoring?

Evaluation and rapid monitoring, or quality improvement, are complementary and should inform each other. Rapid monitoring is intended for more immediate quality improvement and occurs on more frequent cycles to guide iterative implementation of specific model elements. Evaluation asks broader questions from a greater degree of distance to guide adjustments to the model that will support ongoing effectiveness and sustainability. Staff are typically central to rapid monitoring to facilitate ongoing improvements, but an evaluation is generally conducted by an outside team that has some distance from day-to-day operations.

Considerations for Implementation

- If the City of Berkeley intends to contract out the evaluation, then the RFP and contracting process should be initiated early in Phase 0 to allow for adequate planning.

²⁹ To learn more about Racial Equity Impact Assessments, visit:

https://www.raceforward.org/sites/default/files/RacialJusticeImpactAssessment_v5.pdf

Promoting Public Awareness

Promoting public awareness of the SCU and its aims will be essential to the SCU's success. Public education efforts should be advanced through a variety of methods, including a far-reaching campaign and targeted outreach. These efforts should emphasize that the SCU is a non-police crisis response service and promote how to access the SCU (i.e., which phone number to call). Overall, promoting public awareness is essential to building trust and addressing fears or reluctance that might inhibit people to call for support during a mental health or substance use crisis.

Promoting awareness and establishing relationships with other providers in the response network is also important, especially staff at emergency facilities who may interact with the SCU during the transport of a person who has experienced a mental health or substance use crisis. This type of relationship-building and education can streamline processes to promote positive outcomes for people in crisis.

The following recommendations should be adapted and implemented to advance public education and awareness about the SCU model:



Key Recommendations

- 24. Launch a public awareness campaign to promote community awareness and education about the SCU.**
- 25. The SCU mobile team should conduct outreach and build relationships with potential service utilizers.**

Recommendation #24

Launch a public awareness campaign to promote community awareness and education about the SCU.

For the community to be able to call for an SCU response, they must know that it exists. Stakeholder input throughout this project has indicated that community members must trust that the SCU provides a crisis response without the use of law enforcement for the SCU to be a viable and sought-after crisis response option. For these reasons, promoting public awareness of the SCU and its aims will be essential to the SCU's success.

Aims of the campaign:

- Emphasize the SCU as a non-police mental health and crisis response option
- Distinguish the roles and responses of SCU, MCT, and police
- Promote how to access the SCU (i.e., through 911, an alternative number, or 988)
- Describe when SCU will not respond (e.g., social monitoring, weapons) and when it will (e.g., types of services).
- Emphasize the community engagement that informed the model
- Share the availability of Berkeley Open Data
- Promote opportunities for ongoing stakeholder input and feedback

Why is it important to launch a public awareness campaign?

To inform the community of this new resource and to distinguish the SCU as a non-police response. Stakeholder input throughout this project has indicated that community members must trust that the SCU provides a crisis response without the use of law enforcement for the SCU to be a viable and sought-after crisis response option.

How do other cities promote their crisis response model?

Other cities provided examples of promoting awareness outside of mass media. For example, Portland's Street Response team contracts with street ambassadors with lived experience (via a separate contract with a local CBO) who perform direct outreach to communities and work to explain the team's services and ultimately increase trust with potential service utilizers.

Considerations for Implementation

- The methods of the campaign may need to be tailored to the targeted stakeholder groups and may include:
 - Mass media, billboards, advertisements on public transportation, radio announcements, local newspaper announcements, updates to the city's social media and websites, updates to service providers' and CBOs' social media.
 - Business cards with contact information for potential service utilizers.
 - "Meet-and-greets" that the SCU mobile team hosts with service providers at CBOs and emergency facilities.
- The public awareness campaign may have multiple phases, such as first promoting awareness of the SCU and how to access it, and then promoting opportunities for stakeholder feedback.

Recommendation #25

The SCU mobile team should conduct outreach and build relationships with potential service utilizers.

In addition to a public awareness campaign that promotes the SCU as a community resource, shares how to access the SCU, and emphasizes the non-police design, many service utilizers may still be reluctant to engage with a new entity. As a result, to most equitably meet the needs of potential service utilizers and especially substance users, the SCU may need to conduct in-person outreach. This outreach should be targeted to specific groups who are most likely to call the SCU with the aim of establishing trusting relationships and sharing more about their harm reduction approaches.

Targeted sites for relationship building with potential service utilizers:

- Encampments
- Safe parking RV lots
- Drop-in centers
- Downtown Berkeley
- People's Park
- Emergency department waiting rooms

Why might service utilizers be reluctant to engage in services with the SCU?

Many community members have personally experienced the criminalization of substance use and mental health emergencies, whether through their own experiences or having witnessed the experiences of family, friends, or community members. Such carceral approaches include involuntary psychiatrist holds and unnecessary transport to hospitals. In particular, unsheltered residents and substance users may be more distrustful of a new team and be less likely to call during a crisis. In interviews, unsheltered residents shared that not all of their substance use management are being adequately addressed by current crisis responders and they experience high rates of transport to emergency departments. Many also shared that they fear police retaliation for their substance use. In general, there are several reasons why community members may be hesitant about engaging crisis responders, which could be addressed by individual, relational outreach.

Why would relationship building improve utilization of the SCU?

Despite many service utilizers reporting overall distrust of first responders, they also shared that EMTs have developed trusting relationships and strong rapport for handling overdoses. Because of this relationship, service utilizers are more willing to call for an EMT to respond to an overdose. Similarly, having strong relationships built on trust will be key to the success of the SCU.

Considerations for Implementation

- If there are periods of low call volume, the SCU may use those times as opportunities to build relationships in communities of potential service utilizers and proactively provide services.
- This outreach may also be implemented based on data and findings or in preparation for Phase 2 expansion and changes.



System-Level Recommendations

The development of a mental health crisis response model as a component of the City of Berkeley's emergency services should be understood as a systems-change initiative of great magnitude. There are several critical factors that must be attended to in order to realize the full implementation of the SCU and to progress towards its intended outcomes.

Addressing the Needs of Dispatch

There is an urgent need for a 24/7 mental health and substance use crisis response model that does not rely on law enforcement to provide specialized mental health care. To provide this service, crisis responders must be connected to those in crisis. Thus, the role of Dispatch is essential.

Dispatch needs a full assessment and planning process to address the complexity of the 911 response system. This assessment and planning, though urgent, cannot be done hastily. The SCU will benefit if Dispatch is able to:

- Address the understaffing, under-resourcing, and identified training needs of call takers.
- Plan for a sustainable integration.
- Plan for a variety of scenarios to ensure crisis responder and community safety.
- Participate in the SCU phased-implementation approach and ongoing collaboration with SCU leadership.
- Establish trusting relationships and rapport with the SCU so that call takers are confident in deploying the SCU for scenarios they previously would have deployed MCT or Police.

A Sufficient Investment of Resources

A lack of sufficient resources is not only a challenge for Dispatch, but is a common challenge expressed by service providers in Berkeley and in other locales. Within the City of Berkeley, both TOT and MCT have challenges meeting the needs of community members because their hours of operation are limited, and they do not have enough staffing and resources to provide 24/7 services. This results in the perception of slow or delayed response times and can decrease the likelihood that callers continue to seek that service. Efforts in other cities, such as the Mental Health First and MACRO initiatives in Oakland and the Street Crisis Response Team in San Francisco, have also had to restrict their hours of availability and services due to a lack of sufficient funding.

Mental health crisis response could be essential in promoting health equity in the City of Berkeley. However, if it is not sufficiently resourced to provide 24/7 crisis response without long wait times, it will not achieve trust, and will become utilized less often and will therefore not achieve the desired systems-change results. This resourcing includes not only the SCU mobile crisis team, but the entirety of the model and related infrastructure, from the call center to program manager. Sufficient resourcing also includes dedicated time by city leadership to support coordination, collaboration, and problem-solving.

The Role of Trust

Trust was one of the most discussed factors across stakeholder engagement and will be a critical ingredient to the success of this system-wide change initiative. The public awareness campaign and all Phase 0 planning processes must address the concerns and doubts that could undermine trust across community stakeholders, the service provider network, and city leadership.

Trust will shape whether community members utilize the SCU. Community members must trust that the SCU:

- Is a non-police crisis response.
- Is accessible and available 24/7.
- Is responsive to emerging needs and ongoing community input and feedback.
- Provides competent harm reduction and non-carceral approaches to mental health and substance use crisis intervention.

Trusting relationships affect the quality of referrals, warm handoffs, and service linkages across the service provider network. Service providers emphasized that trust plays a role in:

- Whether they will refer a client to another provider.
- The amount and type of information they disclose about a shared client.
- Whether systems will choose to share and integrate data.

- The quality of collaboration and communication during warm handoffs, care coordination, or at client discharge.

Trusting relationships are essential to centralized coordination and collaboration among city leadership.

The SCU model will require a variety of agencies and departments to work together in new ways and toward new ends. Other cities implementing alternative crisis models shared that trust was enhanced across leadership by:

- Aligning on shared values and commitment to improving health outcomes for people in crisis.
- Recognizing and adapting to the varied cultures of city departments, agencies, and CBOs.
- Ensuring decision-making power is allocated in alignment with the aims of the crisis model, such as ensuring that law enforcement does not have an unaligned or inequitable of voice or power in making decisions.
- Reviewing data to promote accountability and celebrate successful outcomes.
- Planning for sufficient time to prepare and participate in collaboration.



Conclusion: Next Steps & Future Considerations

This report presents recommendations for a model that is responsive to community needs. Still, there were numerous questions, issues, needs, and considerations that surfaced that were beyond the scope of the project. Decisions around those factors could significantly shape the types of services the SCU provides as well as how it is coordinated and administered across agencies. Such considerations are pertinent to the future of the SCU, crisis response, and the mental health service system in Berkeley, and therefore should continue to be discussed by city leadership and those implementing the SCU.

Long-Term Sustainable Funding

The SCU model requires long-term sustainable funding. A sound fiscal strategy must recognize the robustness of costs associated with the SCU and plan for institutionalizing and sustaining those costs. There are a number of potential funding sources for the SCU model, including Medi-Cal reimbursement, Medi-Cal opportunities through CalAIM, and DHCS grants. However, these funding streams are unlikely to sustain a crisis response model on their own. Other funding and resources may need to be braided into the SCU to effectively implement this model.

While braiding allows for maximizing funding resources, it also requires clear and separate tracking of services based on funding sources and requirements. With multiple funding streams, the target populations, reporting requirements, eligibility criteria, and performance measures can vary greatly. A braided funding model, therefore, requires knowledgeable administrators as well as dedicated time to manage. This can be especially resource-intensive for a CBO implementing the SCU. The SCU model will need to be very clear about the funding requirements and develop an appropriate system for ongoing tracking and reporting.

Different financing mechanisms provide varying levels of sustainability and predictability, considerations which should inform the development of a fiscal strategy for the SCU model. Unfortunately, these recommendations may not be fully realized if there is not a long-term sustainable fiscal strategy. Modifications to the SCU model could negatively impact the quality of service delivery or lessen the population impact.

Across the country, some cities have used a sales tax to fund their alternative crisis response models while others have redirected funds away from police departments. Rather than identifying new or short-term grant awards, a primary consideration for the City of Berkeley should be to look to dollars that can be reinvested from the Berkeley Police Department, in alignment with the Reimagining Public Safety initiative, to develop a sustainable and comprehensive SCU model.

Continue Planning for 24/7 Live Phone Access to the SCU

Significant planning will be required to fully realize the 24/7 live phone access to the SCU (*refer to recommendations #8, 9, and 10*). Reaching out to existing call centers—such as Alameda County CSS—or to other cities implementing similar crisis models could support the development of the phone access to the SCU. Additional planning is needed to determine, at a minimum:

- Equipment and technology needs
- Staffing requirements for the estimated call volume
- Recruitment, hiring, and training
- Workflow and protocol development
- Cost and funding availability

The Location of 911 Dispatch Within the Berkeley Police Department

The 911 Communications Center is currently operated by the Berkeley Police Department. This structure affects how Dispatch is funded and who makes decisions. As the role of Dispatch is broadened to coordinate a greater variety of responses to emergencies, there may be advantages to moving Dispatch outside of the Berkeley Police Department, such as improved communication and coordination across relevant agencies. For instance, it has been expressed that Dispatch call takers are currently more comfortable deploying the police than other crisis responders given their long tenure and rapport with police officers, so call takers' ability to establish rapport with the SCU team is needed for them to be comfortable deploying the SCU. Structural changes like this may also align to several of the Reimagining Public Safety initiative's aims. This consideration can be explored as part of the assessment and planning processes of the phased implementation approach.

Preventing Social Monitoring: Clarifying the SCU's Guiding Principles

The SCU model is designed to ensure that mental health specialists respond to people experiencing mental health crises. However, there is significant and justified concern that the SCU could be co-opted to support the social monitoring and enforcement of unsheltered residents. Clarifying the SCU's guiding principles could support in reifying the intentions of the model to ensure that all practices are aligned with those principles.

There are several elements within the model design where data, ongoing conversation, and service utilizer feedback can ensure that the SCU lives out its intention. One such example is whether and how the SCU would be deployed with the police and/or how the SCU is distinguished from MCT. For example, if a caller reports an unsheltered neighbor is residing on their sidewalk or driveway, this may not qualify for an SCU response. However, if that call is deployed to the police, then the response effectively criminalizes unsheltered Berkeley residents. Such scenarios should be explored as the SCU model is implemented, refined, and expanded.

Address the Full Spectrum of Mental Health and Substance Use Crisis Needs

Mental health and substance use crises vary in severity along a spectrum. A crisis can present as someone in immediate danger to themselves or others, someone who needs regular support to address their basic needs, or someone who is generally able to manage their needs but needs occasional support to prevent a future crisis.

Throughout this project, many stakeholders expressed that in order to effectively address the challenges of the current system, solutions and changes must engage with the nuances and spectrum of mental health crises:

- Some forms of crisis are readily visible while others are not.
- Some forms of neurodivergence are reported as a mental illness or crisis, but they are not.
- Some forms of crisis occur because the person is unable to access services to meet their needs.
- Some forms of emergency service utilization stem from ongoing unmet basic needs such as food and affordable housing.

Stakeholder participants urged that the concept and definition of a mental health crisis and crisis services be expanded to not only support crisis intervention but also prevention, diversion, and follow-up. The following two considerations should be further explored because they may support the SCU model. Both considerations represent a form of

reimagined public safety and may be realized with additional resources, such as funds divested from Berkeley Police Department:

Expand the SCU Model to Include a Follow-up Care and Coordination Team

There will likely be a need for a team to receive referrals from the SCU mobile team and connect with service utilizers for follow-up care. Follow-up care could include referrals, system navigation, and case management support. This team may also need to conduct outreach to make contact with service utilizers and address barriers to care as needed. For example, some service utilizers may be unable to follow through with a referral if they do not have reliable access to transportation or experience challenges maintaining scheduled appointments. This team could potentially be funded by the 988 funding allocated to dedicated follow-up teams deployed from 988 crisis call centers.³⁰

There are many lessons that should be learned from the existing Transitional Outreach Team (TOT), such as challenges they face with adequate staffing and funding or constraints and limitations with who they can serve. Any initiatives around follow-up care should augment rather than duplicate the TOT.

Increase the Number of Sites for Non-emergency Care for Berkeley Residents

Throughout this project, stakeholder participants emphasized the need for sites for non-emergency care, such as drop-in centers, day centers, sobering sites, and respite centers. These services are important for harm reduction and crisis prevention, and as such would support the outcomes of the SCU model. There may be opportunities in Phase 0 or Phase 1 to reserve beds at a shelter or similar care facility as a temporary measure, ensuring persons in crisis have access to these beds after engaging with the SCU. However, increasing the overall number of sites for non-emergency care would require a longer-term investment

³⁰ Santos, M (2021). New suicide prevention hotline aims to divert callers from police. *Crosscut*. <https://crosscut.com/politics/2021/07/new-suicide-prevention-hotline-aims-divert-callers-police>

 **Appendix**



Appendix A: Launch Timeline & Phased Implementation Approach

Phase 0 – Launch Timeline
Nov 2021 – May 2022

System-Level: Planning, Launch, Implementation		HHCS	Steering Committee	Dispatch	Contracted CBO
	Engage community on feedback to SCU Model recommendations	X	X		
	Engage community on SCU RFP requirements	X			
Dec	Dispatch leadership communicates and champions (internally) the SCU change-initiative			X	
	Plan for Dispatch assessment (e.g., determine if RFP needed)	X		X	
Jan	Make decisions about 24/7, live phone line to SCU (option A, B, C)	X	X	X	
Feb	Issue RFP for SCU	X			
	<i>Issue RFP for SCU alternative phone line (TBD)</i>	X			
	RFP Deadline				
Mar	Review all RFPs	X	X		
	Select awardee for SCU	X	X		
	Begin planning for site visits	X		X	X
Apr	Contract process for SCU	X			
May	Hire SCU personnel (mobile team, supportive and administrative roles, Dispatch/phone staff)				X
	Hire mental health clinician to support Dispatch assessment & planning	X		X	
	Build relationships across all new personnel	X	X	X	X
June - Aug	<i>Plan & Implement Recommendations: Refer to Phase 0 Implementation Approach</i>				

Phased Implementation Approach	Phase 0		Phase 1		Phase 2	Future, Beyond Phase 2
	Nov 2021 - Aug 2022		Implementation Sept 2022 - Aug 2023	Planning for Phase 2 Sept 2023 - Feb 2024	Feb 2024+	
SCU Mobile Team Recommendations						
1 The SCU should respond to mental health crises and substance use emergencies without a police co-response	Clarify specific factors and codes for all suggested SCU call types	Develop triage criteria and workflows across all SCU call-types and services.	Coordinate with other entities (BPD, MCT, UCPD) for differentiation and/or collaboration.	<i>SCU mobile team goes live, providing services</i>	<p>Consider additional types of calls for service that they can respond to where armed police officers are not needed or aligned to a reimagined definition of public safety, such as:</p> <ul style="list-style-type: none"> - Completing documentation while providing crisis services where a traditional "police report" is needed, such as in cases of sexual assault, sexual harassment, and rape - Petty theft - Nonviolent conflicts, such as neighbor disputes or youth behavioral issues - Minor assaults, with no weapons present - Proactive support at events that may trigger a crisis (e.g., during an encampment sweep) 	Integrate other SCU model elements (e.g., follow-up care team [Report Section V])
2 The SCU should operate 24/7						
3 Staff a 3-person SCU mobile team to respond to mental health and substance use emergencies						
4 Equip the SCU Mobile Team with vans	Procure vans					
5 The SCU Mobile Team should provide transport to a variety of locations	Introduce SCU to emergency facility staff at all transport destinations					
6 Equip the SCU mobile team with supplies to meet the array of clients' needs	Procure supplies					
7 Clearly distinguish the SCU from MCT	Develop clear roles and parameters for SCU and MCT teams by collaborating across Dispatch, the SCU Steering Committee, the current MCT team, and other relevant leadership			Evaluate the role of MCT and the efficacy of having both teams.	Communicate to general public and relevant service providers about changes relevant to the distinguished roles of MCT and SCU	
	<i>Note: These decisions are essential for developing triage criteria and workflows and for communicating to the general public in a public awareness campaign.</i>			Make recommendations for Phase 2, such as changes to each team's scope or processes.		

Phased Implementation Approach

Phased Implementation Approach	Phase 0	Phase 1		Phase 2	Future, Beyond Phase 2
	Nov 2021 - Aug 2022	Implementation Sept 2022 - Aug 2023	Planning for Phase 2 Sept 2023 - Feb 2024	Feb 2024+	2
Accessing the SCU Crisis Response					
8 Participate in the Dispatch assessment and planning process to prepare for future integration	<p>Decide the most effective method for 24/7, live phone access to the SCU (Option A, B, C)</p> <p>Dispatch makes investments in staffing and technologies, as needed</p> <p>SCU model discusses with Dispatch the necessary data (variables, definitions, timelines, privacy, etc.) to be collected during each Phase of implementation</p> <p>Dispatch begins planning for changes to CAD or other data systems</p>	<p>Dispatch makes investments in staffing and technologies, as needed</p> <p><i>Dispatch implements Phase 1 protocols, as determined by Phase 0 planning (Option A, B, C)</i></p>	<p>Implement new triage criteria and workflows</p>		
9 Ensure the community has a 24/7 live phone line to access the SCU	<p>Implement and adapt 24/7, live phone line access to SCU (Option A, B, C)</p> <p>Adapt protocols for other Berkeley crisis responders (Fire, EMS/Falck, MCT, Police) to request SCU support through the alternative phone number</p> <p>Dispatch and HHCS/SCU identify opportunities for Phase 1 implementation (based on Option A, B, C), such as: - Phase 1 call types for SCU deployment OR preliminary calls that Dispatch will transfer to the alternative phone line in early Phase 1 (e.g., welfare checks) - Dispatch supports alternative phone line to develop aligned triage criteria and workflows to support future integration</p>	<p><i>If Option B or C: Plan for how calls will be triaged and prioritized from the two separate sources (alternative number and 911) in deploying the SCU mobile teams in Phase 2</i></p>	<p>Determine if the SCU should respond to crises by sight ("proactive" deployment and intervention)</p> <p>Determine if the SCU should self-deploy by listening to the police radio (based on other models: Eugene's CAHOOTS, Denver's STAR, and San Francisco's Street Crisis Response Team)</p>	<p><i>If Option B or C: Integrate SCU into 911</i></p>	
10 Plan for embedding a mental health or behavioral health clinician(s) into Dispatch to support triage and SCU deployment	<p>Dispatch hires one clinician to support the Dispatch assessment process and to support triage criteria and workflow development for calls routed to SCU</p> <p>Clinician attends trainings and site observations with Dispatch and SCU</p> <p>Clinician(s) supports planning for triage criteria, call-types, etc. <i>(as relevant: Option A, B, C may affect timing of this)</i></p> <p><i>If Option A:</i> Dispatch prepares for fully embedding clinician(s), including clarifying their roles and supervision structure</p> <p><i>If Option B or C: implement this in Phase 2</i></p>	<p>Clinician(s) support Dispatch based on the assessment findings and next steps, such as: - supervises call-takers triaging mental health crisis calls - provides trainings to call-takers based on 2019 Auditor's Report and ongoing assessment</p>			<p>Assess whether clinician(s) can provide services beyond SCU deployment, including basic telemedicine and psychiatric screenings or psychiatric crisis assessment</p>

Phased Implementation Approach

	Phase 0 Nov 2021 - Aug 2022	Phase 1		Phase 2 Feb 2024+	Future, Beyond Phase 2
		Implementation Sept 2022 - Aug 2023	Planning for Phase 2 Sept 2023 - Feb 2024		
Implement a Comprehensive, 24/7 Mental Health Crisis Response Model					
Fully staff a comprehensive model to ensure the success of the SCU mobile team, including supervisory and administrative support roles for SCU					
11					
12 Operate one SCU mobile team per shift for three 10-hour shifts					
13 SCU staff and Dispatch personnel should travel to alternative crisis programs for in-person observation and training	<p>incorporate into training timelines to allow for these periods of travel and training. <i>Note: City of Berkeley and/or the contracted CBO may need to reach out to the other cities and programs to solidify travel and training plans prior to the hiring of any individual personnel.</i></p> <p>Allot time after the site visit(s) for debriefing, reflecting on lessons learned, and discussing how to integrate key takeaways into the SCU model.</p> <p>Include in debrief and planning conversations personnel that traveled for site observations, HHCS staff, additional Dispatch leadership, and Steering Committee members as needed.</p>				
14 Prepare the SCU mobile team with training, informed by community needs		Plan the training schedule based on community needs, ongoing assessment and planning, and prerequisite skills and experiences of hired personnel			

Phased Implementation Approach	Phase 0		Phase 1		Phase 2	Future, Beyond Phase 2
	Nov 2021 - Aug 2022		Implementation Sept 2022 - Aug 2023	Planning for Phase 2 Sept 2023 - Feb 2024	Feb 2024+	2
Administration and Evaluation						
15 Contract the SCU Model to a CBO				Extend contract and provide funding for Phase 2, as applicable		Determine if the SCU can be administered through the City of Berkeley, elevating it to the status of Police and Fire as an essential citywide emergency service and ensuring long-term sustainability
16 Integrate SCU into existing data systems	Assess feasibility of data integration across various systems and sources: assess system capacity needs to realize integration, seek consultation on legal issues surrounding patient protections and sharing health data across providers Evaluate implications for Recommendation 18 (care coordination case management meetings) based on feasibility and adaptations from this recommendation (Recommendation 16) Maintain and strengthen data privacy before SCU is integrated with Dispatch (given that Dispatch is situated within Berkeley Police and that many health conditions can be criminalized and prosecuted)		Continue: Assess feasibility of data integration across various systems and sources: assess system capacity needs to realize integration, seek consultation on legal issues surrounding patient protections and sharing health data across providers Coordinate with Alameda County Care Connect to plan for bi-directional data feeds with the Community Health Record (CHR) Plan for access to EHRs and other relevant data systems			
17 Collect and publish mental health crisis response data publicly on Berkeley's Open Data Portal	Coordinate with City of Berkeley to add new data to Portal Plan for how regularly data will be refreshed/updated on Portal	Publish data regularly				
18 Implement care coordination case management meetings for crisis service providers	Involve all relevant agencies in planning to define, align, and adjust data definitions, variables, and collection practices. (e.g., 911-Dispatch, MCT, BPD, BFD, Falck, HHCS, SCU, etc.) Engage potential participants to plan for Phase 1 implementation of care coordination case management meetings (identify and confirm participants, confirm meeting intervals, set meeting times, etc.)	Convene and implement care coordination meetings				
19 Implement centralized coordination and leadership across city agencies to support the success of mental health crisis response	Engage potential participants to plan for Phase 1 implementation of centralized coordination and leadership meetings (identify and confirm participants, confirm meeting intervals, set meeting times, etc.)	Convene and implement centralized coordination and leadership meetings				

Phased Implementation Approach

	Phase 0 Nov 2021 - Aug 2022	Phase 1		Phase 2 Feb 2024+	Future, Beyond Phase 2
		Implementation Sept 2022 - Aug 2023	Planning for Phase 2 Sept 2023 - Feb 2024		
<i>Administration and Evaluation (continued)</i>					
20 Continue the existing SCU Steering Committee as an advisory body	Identify additional Steering Committee members Invite and engage new members Adapt processes, group norms and agreements, and/or meeting schedules, as relevant Decide on methods and intervals for collecting community input and feedback during Phase 1	Hold regular meetings of SCU Steering Committee; incorporate decision-making processes across other Recommendations			
21 Solicit ongoing community input and feedback	Develop a plan to communicate the opportunities for community and feedback; incorporate into public awareness campaign	Solicit ongoing community input and feedback; incorporate decision-making processes across other Recommendations			
22 Adopt a rapid monitoring, assessment, and learning process	Plan for the evaluation and rapid assessment processes to use overlapping data and be mutually-supportive and streamlined Plan for all data definitions and collection processes to be aligned across rapid assessment and evaluation aims.	Ensure that the evaluation findings are available for the latter six-months of Phase 1 to support planning for Phase 2	Review evaluation findings Plan for Phase 2		
24 Launch a public awareness campaign to promote community awareness and education about the SCU	Plan for public awareness campaign, including targeted modalities, targeted audiences, and/or phased timing Launch public awareness campaign	Continue public awareness campaign, as necessary			
25 The SCU mobile team should conduct outreach and build relationships with potential service utilizers	Conduct targeted outreach and establish trusting relationships between SCU and community members, promoting utilization of SCU	Continue targeted outreach and build relationships as necessary			

Appendix B: Sample Shift Structure & Redundancy Needs

Model Component	Phase	Staffing Needs	Shift Type	M	T	W	Th	F	Sa	Su	No. of shifts (week 1)	No. of shifts (week 2)	No. of staff per unit	No. of units	No. of FTE needed	Notes	
SCU	Phase 1	Shift 1	10-hour shift	mobile unit A	mobile unit A	mobile unit A	mobile unit B	mobile unit E	mobile unit E	mobile unit E	mobile unit a	3	4	3	6	18	Assumes one mobile unit per shift
		Shift 2	10-hour shift	mobile unit B	mobile unit B	mobile unit B	mobile unit C	mobile unit F	mobile unit F	mobile unit F	mobile unit b	4	3	3			Assumes a three-person mobile unit
		Shift 3	10-hour shift	mobile unit C	mobile unit C	mobile unit C	mobile unit D	mobile unit D	mobile unit D	mobile unit D	mobile unit c	4	3	3			Six clinicians, six peers, six therapists
											mobile unit d	4	3	3			
											mobile unit e	3	4	3			
											mobile unit f	3	4	3			
SCU	Phase 1	Shift 1	10-hour shift	clinical supervisor A	clinical supervisor A	clinical supervisor A	clinical supervisor B	clinical supervisor E	clinical supervisor E	clinical supervisor E	clinical supervisor A	3	4	1	6	6	
		Shift 2	10-hour shift	clinical supervisor B	clinical supervisor B	clinical supervisor B	clinical supervisor C	clinical supervisor F	clinical supervisor F	clinical supervisor F	clinical supervisor B	4	3	1			
		Shift 3	10-hour shift	clinical supervisor C	clinical supervisor C	clinical supervisor C	clinical supervisor D	clinical supervisor D	clinical supervisor D	clinical supervisor D	clinical supervisor C	4	3	1			
											clinical supervisor D	4	3	1			
											clinical supervisor E	3	4	1			
											clinical supervisor F	3	4	1			

APPENDIX E

SCU	Phase 1	shift busines	8-hour shift	progra m manag er	progra m manag er	progra m manag er	progra m manag er	progra m manag er	-	-	progra m manag er	5	n/a	1	1	1	Assumes mobile unit peers are supervised by clinical supervisor during shift; this specialist is for other professional supports for Peer Specialists
		shift busines	8-hour shift	peer supervi sor	peer supervi sor	peer supervi sor	peer supervi sor	peer supervi sor	-	-	peer supervi sor	5	n/a	1	1	1	
Alternati ve Phone Line	Phase 1	Shift 1	12-hour shift	call team A	call team A	call team A	call team B	call team D	call team D	call team D	call team a	3	4	2	4	8	Assumes two call receptionists per shift
		Shift 2	12-hour shift	call team B	call team B	call team B	call team C	call team C	call team C	call team C	call team b	4	3	2			
											call team c	4	3	2			
											call team d	3	3	2			
Dispatch	Phase 0	shift busines	8-hour shift	BH/MH triage clinicia n	BH/MH triage clinicia n	BH/MH triage clinicia n	BH/MH triage clinicia n	BH/MH triage clinicia n	-	-	BH/MH triage clinicia n	5	n/a	1	1	1	
	Phase 1	Shift 1	12-hour shift	BH/MH triage clinicia n A	BH/MH triage clinicia n A	BH/MH triage clinicia n A	BH/MH triage clinicia n A	BH/MH triage clinicia n C	BH/MH triage clinicia n C	BH/MH triage clinicia n C	BH/MH triage clinicia n A	4	3	1	4		Assumes one clinician per dispatch shift

APPENDIX E

	Shift 2	12-hour shift	BH/MH triage clinician B	BH/MH triage clinician B	BH/MH triage clinician B	BH/MH triage clinician B	BH/MH triage clinician D	BH/MH triage clinician D	BH/MH triage clinician D	BH/MH triage clinician B	4	3	1				
										BH/MH triage clinician C	3	4	1				
										BH/MH triage clinician D	3	4	1				

Appendix C: Budget

Salaries, wages, benefits	FTE	Salary	Cost/Year	Notes	Source
BH Licensed Clinician / Psych-NP	6	\$ 178,000.00	\$ 1,068,000.00	JobsEQ "Nurse Practitioner"	JobsEQ Mean Annual Wages for San Francisco-Oakland-Bay Area
Mental Health Peer Specialist	6	\$ 77,500.00	\$ 465,000.00	JobsEQ "Health Education Specialists"	JobsEQ Mean Annual Wages for San Francisco-Oakland-Bay Area
BH Licensed Therapist / LCSW	6	\$ 85,800.00	\$ 514,800.00	JobsEQ "Mental Health and Substance Abuse Social Worker"	JobsEQ Mean Annual Wages for San Francisco-Oakland-Bay Area
Clinical Supervisor	6	\$ 178,000.00	\$ 1,068,000.00	JobsEQ "Nurse Practitioner"; unable to find accurate salaries for a supervisory position	
Peer Specialist Supervisor	1	\$ 85,800.00	\$ 85,800.00	unable to find accurate salary range; using LCSW range	
Program Manager	1	\$ 105,000.00	\$ 105,000.00		
Phase 0 Dispatch MH/BH Clinician	1	\$ 105,782.00	\$ 105,782.00	"SUPERV PUBLIC SFTY DISP"	https://www.cityofberkeley.info/uploadedFiles/Human_Resources/Level_3_-_General/ClassificationAndSalaryListingByTitle.pdf
Subtotal			\$ 3,412,382.00	Total FTE Salary	
Subtotal			\$ 853,095.50	Fringe Benefits, 25%	
Total Salary + Benefits			\$ 4,265,477.50		
Ongoing materials and services			Cost/Year	Notes	
Evaluation			\$ 185,000.00	Used cost of RDA feasibility study as estimate	
Vehicle maintenance	4	\$ 20,000.00	\$ 80,000.00	Estimate provided by Berkeley Fire	
Advertisement & PR	12	\$ 2,000.00	\$ 24,000.00	Includes community education workshops, advertising, outreach and engagement	
Small equipment & supplies	1200	\$ 20.00	\$ 24,000.00	Wound care, hygiene, harm reduction, meals, transportation vouchers,	

APPENDIX E

				<i>clothing, blankets, etc. Based on SF SCRT data, assumes 100 contacts with clients per month, \$20 per client contact; SF SCRT budgeted 10k and said they needed more</i>	
Office supplies and postage	12	\$ 200.00	\$ 2,400.00		
Communications	12	\$ 600.00	\$ 7,200.00		
Printing and copying	12	\$ 100.00	\$ 1,200.00		
Travel and transportation	12	\$ 100.00	\$ 1,200.00	<i>Local travel for care coordination & meetings</i>	
Training and meetings	12	\$ 1,000.00	\$ 12,000.00	<i>Equity, team dynamics, and other ongoing training</i>	
Licenses/fees/subscriptions	12	\$ 50.00	\$ 600.00		
Insurance			\$ -		
Contract services			\$ -		
Legal services			\$ -		
Audit and consulting			\$ -		
Utilities			\$ -		
Facilities			\$ -		
Subtotal			\$ 337,600.00	<i>ongoing materials and services</i>	
Subtotal: Personnel and non-personnel recurring subtotal			\$ 4,603,077.50		
Administrative overhead			\$ 276,184.65	<i>6% for all recurring costs</i>	
Total recurring cost			\$ 4,879,262.15		
One time cost			Cost/Year	Notes	
Vehicle	5	\$ 60,000.00	\$ 300,000.00	<i>Assume 60k per van with wheelchair capacity</i>	
Recruitment	27	\$ 4,000.00	\$ 108,000.00	<i>Median national average of recruiting new employee</i>	

APPENDIX E

Training (SCU staff and Dispatch)			\$ 75,000.00	Assume training for all Dispatch, BPD, Fire, MCT, & SCU staff; both program onboarding and emerging best practices related to crisis response
Technology (computers, phones, etc.)			\$ 25,000.00	Laptop/tablets, cell phones for all staff, MiFi, portable chargers
Rapid assessment			\$ 40,000.00	Evaluation planning meetings, data request development, community-input meetings
Community outreach and education (including materials development)			\$ 25,000.00	Curriculum development, materials, advertisement, outreach (SF SCRT hired consultant to do this work)
Subtotal			\$ 573,000.00	
Administrative overhead			\$ 34,380.00	6% for all one-time costs
Total one-time cost			\$ 607,380.00	
Recommendations			Cost/Year	Notes
Signing bonus	7	\$ 5,000.00	\$ 35,000.00	Signing bonus recommended for licensed clinical staff
Technical Assistance			\$ 15,000.00	Consultation from existing similar alternative models
Total additional recommendations			\$ 50,000.00	
Total cost with recommendations			\$ 5,536,642.15	Estimated cost for program and recommendations

Appendix D: Anticipated Incident Volume

		Potential Daily Incidents for SCU (Average)	Potential Incidents per shift for SCU (Average)
Average daily BMH-Crisis incidents (FY15-19) <i>MCT, TOT, CAT</i>	10.73 incidents	19.82	6.61
Average daily BPD MH Incidents (FY14-20)	28.91 incidents		
Average time on task for transports BFD & Falck	101.48 minutes		

	Denver ³¹ 6 months, 1 team, not citywide, not 24/7	Portland ³² 6 months, 1 team, not citywide, not 24/7	CAHOOTS ³³ Annual, 1-2 teams, 24/7
Average incidents per shift	5.75	3	(Per hour) 1.81
% incidents that resulted in a transport	14.30%	6.27%	23.38%
% transports that were to the hospital	16.82%	58.33%	
Average minutes on task	24.65	19.33	
Reduction of BPD calls	2.75%	4.60%	5-8%

³¹ STAR Program Evaluation (2021, January 08). https://wp-denverite.s3.amazonaws.com/wp-content/uploads/sites/4/2021/02/STAR_Pilot_6_Month_Evaluation_FINAL-REPORT.pdf

³² City of Portland

Bureau of Fire and Rescue (2021, October). Portland street response: Six-month evaluation. <https://www.portland.gov/sites/default/files/2021/psu-portland-street-response-six-month-evaluation-final.pdf>

³³ Eugene Police Department Crim Analysis Unit (2020, August 21). CAHOOTS program analysis. <https://www.eugene-or.gov/DocumentCenter/View/56717/CAHOOTS-Program-Analysis>



City of Berkeley

Mental Health Crisis Response Services and Stakeholder Perspectives Report



City of Berkeley

Specialized Care Unit Model Recommendations

City of Berkeley Mental Health Crisis Response and Stakeholder Perspectives Report

Sarah Ferrell

Caroline de Bie

Sasha Gayle-Schneider

Jamie Dorsey

Nicole Gamache-Kocol

Kevin Wu

This report was developed by Resource Development Associates under contract with the City of Berkeley Health, Housing & Community Services Department.

Resource Development Associates, October 2021





Table of Contents

Executive Summary	4
Introduction	6
Communitywide Data Collection	7
Overview of Berkeley Crisis Response	11
Stakeholder Feedback	23
Community Aspirations	46
Appendices	51

Executive Summary

The City of Berkeley contracted with Resource Development Associates (RDA) to conduct a feasibility study to inform the development of Specialized Care Unit (SCU) pilot to respond to mental health crises without the involvement of law enforcement. RDA's feasibility study includes community-informed program design recommendations, a phased implementation plan, and funding considerations. RDA's first report from this feasibility study was a synthesis of crisis response programs in the United States and internationally. This second report details RDA's synthesized findings from speaking with and collecting data from a myriad of City of Berkeley and Alameda County agencies, community-based organizations (CBOs), local stakeholders and community leaders, and utilizers of Berkeley's crisis response services.

This report has two focus areas: 1) describing the City of Berkeley's current mental health crisis response system, including the roles and responsibilities of the various agencies involved and basic quantitative data about the volume of mental health crisis calls received; and 2) sharing key themes from RDA's qualitative data collection efforts across the Berkeley community.

Presently, callers experiencing a mental health crisis typically call 911, Mobile Crisis Team (MCT) phone line, or the Alameda County Crisis Support Services phone line. Depending on the assessment of the call, phone or in-person services are deployed. All these points of access could result in a police response.

In Berkeley, while there are a variety of programs and service provided by Berkeley Mental Health, Berkeley Police, Berkeley Fire, and an array of community-based organizations, there is an overall insufficient level of resources to meet the volume and types of mental health crisis needs across the city. Stakeholder participants urged that the concept and definition of a mental health crisis and crisis services be expanded to include the full spectrum of a mental health crisis, including prevention, diversion, intervention, and follow-up. Through this lens, stakeholders identified strengths and challenges of the existing crisis response system, described personal experiences, and shared ideas for a reimagined mental health crisis response system.



Key Themes from Stakeholder Feedback

Perceptions of the urgent need for a non-police mental health crisis response in Berkeley

Perceptions of varied availability, accessibility, and quality of crisis response services

Perceptions of insufficient crisis services for substance use emergencies

Perceptions of a need for a variety of crisis transport options

Perceptions of a lack of sites for non-emergency care

Perceptions around supporting the full spectrum of mental health crisis needs

Perceptions of a need for post-crisis follow-up care

Perceptions of barriers to successful partnerships and referrals across the mental health service network

Perceptions of needs to integrate data systems and data sharing to improve services

Perceptions of a need for increased community education and public awareness of crisis response options

Participants were asked to share their ideas for alternative approaches to mental health and substance use crises as well as to share community needs for a safe, effective mental health and substance use crisis response. Such perspectives illuminate the perceived gaps in the current system that could be filled by a future SCU. These perspectives are summarized as guiding aspirations for reimagining public safety and designing a response system that promotes the safety, health, and well-being of all Berkeley residents.



Community Aspirations

Stakeholder-identified opportunities to address the root causes that contribute to mental health, homelessness, and substance use crises

Stakeholder-identified opportunities for centering BIPOC communities in crisis response

Stakeholder-identified opportunities for community oversight to ensure equitable and transformative crisis care

Introduction

In response to the killing of George Floyd by Minneapolis police in May 2020 and the ensuing protests across the nation for this and many other similar tragedies, a national conversation emerged about how policing can be done differently in local communities. The Berkeley City Council initiated a broad-reaching process to reimagine policing in the City of Berkeley. As part of that process, in July 2020, the Berkeley City Council directed the City Manager to pursue reforms to limit the Berkeley Police Department's scope of work to "primarily violent and criminal matters." These reforms included, in part, the development of a Specialized Care Unit (SCU) pilot to respond to mental health crises without the involvement of law enforcement.

To inform the development of an SCU, the City of Berkeley contracted with Resource Development Associates (RDA) to conduct a feasibility study that includes community-informed program design recommendations, a phased implementation plan, and funding considerations. RDA's first report from this feasibility study was a synthesized summary of its review of the components of nearly 40 crisis response programs in the United States and internationally. This second report details RDA's synthesized findings from speaking with and collecting data from a myriad of City of Berkeley and Alameda County agencies, community-based organizations (CBOs), local stakeholders and community leaders, and utilizers of Berkeley's crisis response services.

With the guidance and support of an SCU Steering Committee (led by the Director of City of Berkeley's Health, Housing and Community Services Department), RDA conducted a large volume of community and agency outreach and qualitative data collection activities between June-July 2021. The goal of this immense undertaking was to understand the variety of perspectives in the local community regarding how mental health crises are currently being responded to as well as the community's desires for a different crisis response system that would better serve its populations and needs. The City of Berkeley will be implementing an SCU that consists of a team of providers – that does not include law enforcement representation – who will respond to mental health crisis situations in Berkeley. Given that this is happening, RDA's data collection focused on obtaining perspectives that could inform the development of Berkeley's SCU; in contrast, RDA's data collection was not targeted at understanding the validity or utility of having a SCU in Berkeley.

RDA's outreach and data collection efforts yielded a large volume of information. In order to ensure this report is accessible to a wide audience - in both the length and breadth of findings - RDA's analysis of all the information it collected was led by a clear goal of identifying common themes across its many data sources. Additionally, RDA sought to distill all findings into manageable pieces that could be succinctly written about in this report.

This report has two focus areas: 1) describing the City of Berkeley's current mental health crisis response system, including the roles and responsibilities

of the various agencies involved and basic quantitative data about the volume of services provided; and 2) sharing the common themes from RDA's qualitative data collection efforts across the Berkeley community. It is important to note upfront that given the limited quantitative data available about Berkeley's historical mental health crisis response calls – as documented and described in much depth by the Berkeley City Auditor's study (released in April 2021) entitled "Data Analysis of City of Berkeley's Police Response"¹ – this report is focused on qualitative data. That data allows for a better understanding of what this set of stakeholders feels about the current crisis system and their hopes for an improved system. After sharing information about Berkeley's current mental health crisis response services, this report shares information from RDA's qualitative data collection activities with local agencies, CBOs, stakeholders, and utilizers of crisis response services.

Communitywide Data Collection

In order to fully understand the current state of the mental health crisis system in the City of Berkeley, RDA engaged a variety of stakeholders in gathering both quantitative and qualitative data. As this is a community-driven process, much of the data collection was through engaging members of the Berkeley community. These methods will be described below.

Note: Please refer to the following section, [What is the current mental health crisis call volume in Berkeley?](#) for a description of the project's quantitative methods.

Community Engagement Planning Process

To bring resident and other stakeholder voices into community planning efforts, RDA worked closely with the SCU Steering Committee² to develop a comprehensive, inclusive, and accessible outreach and engagement plan. The goal of this plan was not to reach a group that was "representative" of all Berkeley residents, but rather to hear from those that receive crisis response services, those that call or initiate crisis

¹ https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf

² Berkeley Specialized Care Unit Steering Committee members: Colin Arnold, Paul Kealoha Blake, Jeff Buell, Caroline de Bie, Margaret Fine, Maria Moore, Andrea Pritchett, David Sprague, David McPartland, Marc Staton, Lisa Warhuus, and Jamie Works-Wright.

response, and those whose voices are commonly omitted from city planning efforts. The plan focused on those who are most marginalized by the current system and are most at risk of harm. These groups include, but are not limited to the following:

- Individuals who are frequently targeted by policing, including:
 - Black and African Americans
 - Native Americans
 - Pacific Islander Americans
 - Latinx Americans
 - Asian Americans
 - SWANA (Southwest Asia and North Africa)
- People who have experienced a mental health crisis
- People experiencing or at risk of homelessness
- People who use substances
- Gay, Lesbian, Bisexual, Queer, Transgender and Non-Binary people
- Seniors and older adults
- Transition age youth (TAY)
- People with disabilities
- Survivors of domestic violence and/or intimate partner violence
- People returning to the community from prison or jail
- Veterans
- Immigrants and undocumented residents

RDA and the steering committee also reached out to a wide range of advocates, service providers, and CBOs. In addition to wanting to understand the current state of crisis services from a provider perspective, one of the objectives for reaching out to these advocacy and community organizations was to leverage their community and client connections to reach the target populations.

Once the target groups were identified, RDA and the SCU Steering Committee developed a specific outreach plan and interview guides for each group. The outreach strategy was designed to maximize accessibility by providing multiple opportunities for engagement. Interview guides³ were customized to each group but followed the same set of four core questions:

1. People's experiences with, and perceptions of, the current mental health and substance use related crisis response options;
2. Challenges and strengths of current mental health and substance use related crisis response options;
3. Ideas for an alternative approach to mental health and substance use related crises; and
4. Needs identified by the community for a safe, effective mental health and substance use related crisis response.

³ For an example interview guide, see [Appendix A](#).

This set of four questions was also used to create a survey distributed to providers unable to attend focus groups, their clients, other service utilizers, and the broader Berkeley community.

It is important to note that mental health crisis affects everyone. RDA purposefully focused engagement efforts on groups that are most often marginalized and at risk of harm from the current crisis system, but in so doing, was an approach that may not have brought in all voices impacted by mental health crisis. The key themes brought out by stakeholders, therefore, may not be fully representative of the broader Berkeley community. Instead, the key themes reflect the perspective of those most impacted by the current system.

Data Sources

All outreach activities occurred between June and July 2021. RDA engaged the community in a variety of in-person and virtual mediums including interviews, focus groups, shadowing, and surveys. In total, RDA conducted 18 focus groups, 51 individual interviews, 1 full day of shadowing dispatch at BPD, and administered 1 online survey.

The CBOs and community members that were targeted for outreach skewed towards either agencies serving unhoused populations in Berkeley or individuals who were unhoused. This was an intentional strategy to reach a population that is generally underrepresented in community-wide data collection efforts. But, as mentioned above, mental health crises can affect anyone, not just those who are unhoused.

Below is a list of groups that were engaged in interviews or focus groups as part of this process.

Type of Group	Organizations/Departments (# individuals)
City of Berkeley & Alameda County	<ol style="list-style-type: none"> 1. Berkeley Fire Department 2. Berkeley Fire Department – Mobile Integrated Paramedic (MIP) 3. Berkeley Mental Health 4. Berkeley Mental Health - Mobile Crisis Team 5. Berkeley Mental Health – Crisis, Assessment, and Triage (CAT) 6. Berkeley Mental Health - Homeless Full Service Partnership 7. Berkeley Mental Health – Transitional Outreach Team (TOT) 8. Berkeley Police Department - Key Informants 9. Berkeley Police Department – Dispatch 10. Berkeley Police Department - Community Services Bureau 11. Berkeley Police Department - Public Safety Officers 12. City of Berkeley - Aging Services 13. Alameda County Behavioral Health Care Services 14. Alameda County Crisis Support Services

Type of Group	Organizations/Departments (# individuals)
Community-Based Organizations	<ol style="list-style-type: none"> 1. Alameda County Network of Mental Health Clients 2. Alameda County Psychological Association 3. Anti Police-Terror Project 4. BACS - Amber House 5. Berkeley Free Clinic 6. Dorothy Day House 7. Harm Reduction Therapy Center 8. LifeLong Medical Care - Ashby Health Center, Behavioral Health 9. LifeLong Medical Care - Street Medicine 10. Needle Exchange Emergency Distribution (NEED) 11. Pacific Center 12. UC Berkeley School of Social Welfare 13. Women's Daytime Drop-In Center
Service Utilizers	<ol style="list-style-type: none"> 1. People's Park 2. Seabreeze encampment 3. Planting Justice

Demographics of Participants of RDA's Data Collection Efforts

RDA was able to reach a large demographic of providers, service utilizers, and community members across these engagement efforts. These data collection efforts were not focused on providers of mental health care, substance use disorder care, or insurance companies like Kaiser Permanente or the Alameda Alliance. This was a purposeful decision to gain the insight of those who are outside of the current system of care. Demographic information was not gathered for City of Berkeley or Alameda County staff.

Overall, RDA received information from more people in the 30-44 range than any other age range. As compared to Berkeley's overall population, service utilizers and providers who identified as Black or African American were overrepresented in RDA's data collection efforts. There were far more cisgender participants than transgender participants overall, though a higher proportion of service utilizer respondents were transgender compared to survey respondents and provider respondents. RDA collected feedback from more than double the number of female-identifying participants than male identifying participants. Overall, there were very few genderqueer or nonbinary participants. The most common zip codes of participants were 94710, 94702, 94703, and 94704. For more a more detailed description of participant demographics, see [Appendix B](#).

Impacts of COVID-19 Pandemic on Data Collection

The COVID-19 pandemic made it challenging for this project to engage with participants for data collection. The rise of the Delta variant in August 2021 further complicated matters. Many non-medical social service providers in Berkeley had suspended or limited their in-person services with clients due to the pandemic, so RDA was unable to connect with clients in-person. Invitations were sent to case managers and group/individual counselors to forward to their clients in hopes of interviewing clients, but this did not prove to be effective. Aside from being unable to connect with participants in-person, many providers were overwhelmed with ongoing COVID-19 emergency response and unable to participate in focus groups or the survey. Eleven agencies were in conversation with RDA but were unable to attend any focus groups or submit a survey, and 34 agencies did not respond to attempts to connect. Despite these challenges, RDA found considerable themes and patterns in the data that was collected for this project and feel strongly that the data and perspectives presented here represent the scope of the issues pertinent to mental health crisis response in the City of Berkeley.

Overview of Berkeley Crisis Response

What is the current mental health crisis response system in Berkeley?

To understand where the gaps are in the mental health crisis response system in Berkeley, it is important to understand each component and the surrounding landscape of providers and services. The following section describes the process of a mental health call, key city and county entities involved in the crisis system, and other community-based organizations who provide crisis services. This information was gathered during key informant interviews with city and county staff, CBO provider focus groups, and consulting online materials.

Process of Response to a Mental Health Call⁴

When someone makes a call for a mental health crisis, they will typically call 911, the Mental Health Division's Mobile Crisis Team (MCT) phone line,

⁴ See [Appendix C](#) for a flowchart of this process.

or Crisis Support Services of Alameda County. The caller is often a family member, friend, or bystander.

If the call goes to 911, the staff member at Berkeley dispatch receives the call. They use the Emergency Medical Dispatch (EMD) protocols to assess whom to deploy to the scene: fire, police, or an ambulance. When assessing a call for the presence of mental health issues, they consider many factors including the possibility of violence against the caller or others, certainty or uncertainty of violence, whether the person is using substances and what type of substance, the coherence of the person's thoughts or behaviors, and background noises. Callers can specifically request MCT, in which case dispatchers may call MCT on the radio and request an MCT call-back for the caller.

If they determine that services can be delivered over the phone, they can transfer the call to Alameda County Crisis Support Services (CSS). If CSS cannot resolve the crisis, they will send the call back to dispatch for an in-person response. If an in-person response is required, they will transfer the call to the appropriate dispatcher staff. Calls with a potential for violence or criminal activity are transferred to police dispatch. Police can call the Berkeley Mobile Crisis Team (MCT) for backup if it is clear that there is a mental health component to the situation. Calls that involve mental health are sent to police dispatch. Police will then alert the MCT that they are needed on-scene. The police will arrive first to secure the scene, then mobile crisis will provide mental health crisis services while police are still on-scene. If the individual needs to be transported to a secondary location, the police will call for an ambulance. Calls that involve a medical or fire issue are transferred to fire dispatch. If fire staff need to place an involuntary hold on the person, they can call police to place the hold.

If the caller decides to call MCT directly, their call will be sent to a confidential voicemail. An MCT staff member will listen to the voicemail, call the person back, and provide services over the phone. If no further services are required, the call is resolved. If an in-person response is required, MCT will call police dispatch to have police secure the scene. After MCT calls dispatch, they will travel to the scene of the incident. Once the scene is secured, MCT provides services and may call an ambulance through dispatch if transport is needed.

If the caller decides to call CSS directly, staff will first attempt to resolve the crisis over the phone. If they are able to de-escalate the crisis over the phone, they will provide referral services to additional resources or, on rare occasions, contact Berkeley Mental Health for follow-up care. If they are unable to resolve the crisis, they will send the call to 911 dispatch.

After the incident, the Berkeley Transitional Outreach Team (TOT) will follow-up with the client to ensure that options for longer term care have been offered. TOT can provide referrals and linkage to long-term services, bridging the gap between a moment of crisis and ongoing mental health care.

City and County Teams that Respond During a Crisis

There are several teams within the City of Berkeley and Alameda County that provide services to someone experiencing a mental health crisis. These include programs within Berkeley Mental Health, Berkeley Police Department, Berkeley Fire Department, and Alameda County Behavioral Health Care Services. Although, as mentioned later in this report, the community does not see these services as sufficient or linked.

Berkeley Mental Health Crisis Programs:

The City of Berkeley is contracted by Alameda County to deliver mental health services to Berkeley residents. In general, Berkeley Mental Health programs are funded to serve individuals with severe mental health needs who have major impairments in their functioning and are covered by Medi-Cal. However, Crisis Services teams (not including Homeless FSP) can serve any Berkeley resident, regardless of diagnosis or insurance status. It should be noted that residents covered by private insurance are eligible for services through their insurer and are not eligible for most Berkeley Mental Health programs.

The *Crisis, Assessment, and Triage (CAT)* program is a key access point for a wide range of Berkeley residents to get connected to mental health services. They are a team of clinical staff—licensed clinicians, paraprofessionals, peers, and/or family members—that conduct mental health screenings and assessments, mental health planning/consultation, and linkages to county or community-based care. They are also the official entry point for Berkeley Mental Health’s Homeless Full Service Partnership (HFSP), Adult Full Service Partnership (AFSP), and Comprehensive Community Treatment (CCT) programs. As previously noted, these programs have strict eligibility requirements driven by their funding. Most callers are referred to non-city resources. They offer both remote as well as in-person, walk-in assessments, and linkages to appropriate care. If someone is in crisis, they can suggest or facilitate linkage to 911, MCT, Amber House, or other crisis resources. CAT can also provide limited outreach and transportation services to people experiencing homelessness or people with disabilities who also want to engage in mental health services.

The *Mobile Crisis Team (MCT)* is a team of licensed clinicians that provide crisis intervention services to people in crisis within the Berkeley city limits. These services include de-escalation and stabilization for individuals in crisis, consultation to hospital emergency personnel, consultation to police and fire departments, hostage negotiation, and disaster and trauma-related mental health services. When fully staffed, MCT can operate 7 days a week from 11:30am-10pm. Due to persistent staff shortages, MCT is currently unable to operate on Tuesdays or Saturdays. They primarily receive referrals from Berkeley Police Department, Berkeley Fire Department, hospital emergency rooms, and directly from residents. Most calls for MCT are received on the police radio directly from BPD for 5150 evaluations. Calls can also come directly through the MCT voicemail.

The *Transitional Outreach Team (TOT)* follows up with individuals after an interaction with MCT. The TOT team consists of one licensed clinician and

one unlicensed peer team member. The function of the TOT team is to offer linkages to appropriate resources and help navigating the system of care after someone has experienced a crisis. TOT assesses the individual's eligibility for services, including insurance status, before making referrals to care. During the pandemic, their services have been mostly limited to phone calls. Pre-pandemic, they regularly connected with service utilizers after they were discharged from the hospital. Most often, TOT connects people with homeless service provider agencies, the CAT team for connection to BMH programs, case management services at other clinics, or any other community provider that would meet the client's needs. Due to a recent division restructuring, TOT and CAT have been combined into one unit to allow more community members to access information and referrals provided by TOT.

The *Homeless Full Service Partnership (HFSP)* is Berkeley Mental Health's newest program. They are a team of two behavioral health clinicians, two social service specialists, one mental health nurse, one part-time psychiatrist (0.5 FTE), and one clinical supervisor. HFSP serves adults who are homeless or at risk of homelessness and have major functional impairments related to a mental health diagnosis. They provide a wide array of services based on the client's needs including support applying for benefits, connection to short-term and long-term housing, harm reduction for substance use, and support with physical health needs.

Berkeley Police Department: The Berkeley Police Department (BPD) is made up of patrol teams, Communications Center (i.e., dispatch) staff, other sworn officers, and non-sworn professional personnel. In total, the 2020 budget included 181 sworn officers and 104.2 professional staff.^[1] BPD patrol team duties include responding to emergency and non-emergency calls for service or criminal activity, enforcing the law, responding to community needs, and directing traffic. The role of BPD patrol teams in mental health crises is to assess the situation to determine if there is a threat of public safety, assess how volatile the situation is, and secure the scene. Oftentimes, police officers will then provide crisis intervention services themselves, either because MCT is unavailable or the officer believes they can adequately respond with their experience and skillset. Otherwise, they will bring in another service team, such as MCT or Fire/ambulance to provide additional mental health or medical services. Officers may on-view incidents, but primarily receive assignments from the Communications Center. Officers may also coordinate with the other City Departments on some cases. All officers also receive a minimum of eight hours of advanced officer training in de-escalation and crisis intervention per year; and many officers are trained in a full week CIT-training course. The Department continues to assign

^[1] Berkeley City Auditor. (2021, July 2). *Data Analysis of the City of Berkeley's Police Response*.

https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf

officers to this full week training as staffing allows and course space is available.

BPD's Communications Center is staffed by dispatchers who handle the following: community calls, records checks, fire dispatching, and police dispatching.^[2] Call takers receive non-emergency and 911 calls, assess the call (including using the emergency medical dispatch (EMD) protocol, enter data into the computer aided dispatch (CAD) system to be dispatched to either police or fire personnel where appropriate. Other calls may be directed to other City Departments or BPD work units. The dispatchers deploy the appropriate response to the scene and maintain radio contact until personnel arrive at the scene.

Other sworn officers in BPD include area coordinators, a bike unit, detectives and traffic enforcement unit, and other sworn non-patrol officers. Area coordinators are situated within the Community Services Bureau and work with patrol officers in their area and seek to address community needs. Officers on the bike unit are assigned to patrol specific areas, where they address public safety issues and other community safety concerns. Detectives follow up on criminal investigations, conduct search warrants and work with the District Attorney's Office on charging. The traffic enforcement unit responds to traffic related complaints, investigates serious injury and fatal collisions, and analyzes and provides state mandated reporting on collision data. Other sworn, non-patrol officers include special assignments in personnel and training, policy, and police technology.

The remaining staff are non-sworn, professional personnel including community service officers, crime scene technicians, and parking enforcement officers. Community service officers work in jail and as crime scene technicians who collect and document evidence from crime scenes. Parking enforcement officers enforce parking violations and support traffic safety related matters. Many of these functions are also supported by Police Aides and Reserve Police Officers.

Berkeley Fire Department: The Berkeley Fire Department (BFD) is comprised of 7 fire stations, 130 sworn fire suppression personnel and paramedic firefighters.⁵ BFD provides 24/7 response to emergencies including fires, medical emergencies, and disasters. The department operates 4 24/7 Advanced Life Support ambulances that are primarily responsible for all emergency medical transport within the City of Berkeley to local emergency departments.

^[2] Berkeley City Auditor. (2019, April 25). *911 Dispatchers: Understaffing Leads to Excessive Overtime and Low Morale*.

https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Dispatch%20Workload_Fiscal%20Year%202018.pdf

⁵ City of Berkeley Fire Department. (n.d.). *History of the Berkeley Fire Department*. Retrieved October 5, 2021, from

https://www.cityofberkeley.info/Fire/Home/Department_History.aspx

BFD also participates in care coordination for high utilizers of services as part of the Community Accessing Resources Effectively (CARE) Team. This team is a multidisciplinary group of practitioners made up of both staff from community organizations as well as City of Berkeley staff. The group is facilitated by the EMS division of the department and aims to connect residents using high amounts of emergency services to more appropriate and/or long-term care options.

During the COVID-19 pandemic, BFD operated a Mobile Integrated Paramedic (MIP) unit for a six-week pilot. The MIP unit provided community paramedicine as a diversion from hospitals during the early days of the pandemic. This team did proactive street outreach in the community to help meet basic needs and provide referrals to community organizations, based primarily on 9-1-1 callers who ended up not seeking care at an Emergency Department.

For people experiencing a mental health crisis, the City of Berkeley contracts with Falck Ambulance, which is also the private provider for emergency medical transport for Alameda County. Falck provides treatment, stabilization, and transports to hospitals, including voluntary and involuntary psychiatric hospitalizations. BFD firefighters can call Falck directly when an individual needs to be transported for mental health issues, although most transport requests are through requests from Mobile Crisis. The current collaboration with Falck began July, 1 2019, and the contract is overseen by BFD.

Alameda County Behavioral Health Care Services Crisis Programs:

Alameda County Behavioral Health Care Services (AC BHCS) operates both crisis and long-term mental health service programs.⁶ Some key crisis programs include Crisis Support Services, Acute Crisis Care and Evaluation for Systemwide Services, Mobile Crisis Team, Mobile Evaluation Team, and the Community Assessment and Transport Team.

The Alameda County Mobile Crisis Team, Mobile Evaluation Team, and the Community Assessment and Transport Team do not serve the geographic area of the City of Berkeley; despite this, we include brief information about them below to describe the types of mobile crisis services available to the other cities in Alameda County.

Crisis Services Eligible to Berkeley Residents

Crisis Support Services (CSS) is a county contracted program that provides several services for individuals experiencing a mental health crisis, including a 24-hour crisis phone line, text messaging, therapy groups, therapy services for older adults, school-based counseling, grief therapy,

⁶ Alameda County Behavioral Health Care Services. (n.d.). *Acute & Integrated Health Care – Acute & Crisis Services*. Retrieved October 5, 2021, from <http://www.acbhcs.org/acute-integrated-health-care/acute-crisis-services/>

and community education.⁷ CSS coordinates closely with mobile crisis teams in Oakland and Alameda County and often refer clients to mobile crisis. They are staffed by trained crisis counselors, both licensed and unlicensed. Most often calls to CSS are direct from someone experiencing a crisis. Berkeley dispatch can transfer calls to CSS for phone support if they deem an in-person response is not required. CSS fields over 40,000 calls annually and spends an average of 25-30 minutes per call.

Acute Crisis Care and Evaluation for Systemwide Services (ACCESS) is the main entry point for Alameda County residents to get connected to acute and longer-term mental health and substance use services.⁸ The phone line is staffed by licensed mental health clinicians and administrators who screen and assess the client's needs, provide information about available options, and refer to an appropriate service. Clinicians also screen clients to see if they meet medical necessity criteria for Specialty Mental Health Services (SMHS). Calls that come in after 5pm or on weekends are routed to CSS.

Crisis Services Not Eligible to Berkeley Residents

The Alameda County *Mobile Crisis Team* responds to mental health crisis calls either in-person or over the phone.⁹ They are staffed by two licensed clinicians. Calls can come directly to the mobile crisis team, or they can be dispatched by 911 or CSS. The Alameda County Mobile Crisis Team responds in a police co-responder model.

The *Mobile Evaluation Team (MET)* is a co-responder program; one Oakland police officer and one licensed clinician respond to calls in an unmarked police car. They respond to mental health calls that come through 911 dispatch.

The *Community Assessment and Transport Team (CATT)* provides community-based crisis intervention, medical clearance, and transport services. Administered through Bonita House, a licensed clinician and an EMT will be dispatched to a scene where the individual needs to be transported to a higher level of care. CATT currently utilizes a police co-responder model.

Other Service Providers in the Mental Health Crisis Response System: In addition to services provided by the City of Berkeley and Alameda County, there is an array of community-based services and other providers within the mental health crisis response system in Alameda

⁷ Crisis Support Services of Alameda County. (n.d.). *24-Hour Crisis Line*. Retrieved October 5, 2021, from Alameda County Behavioral Health Care Services. (n.d.). *Acute & Integrated Health Care – Acute & Crisis Services*. Retrieved October 5, 2021, from <http://www.acbhcs.org/acute-integrated-health-care/acute-crisis-services/>

⁸ Alameda County Behavioral Health Care Services. (n.d.). *ACCESS program*. Retrieved October 5, 2021, from <http://www.acbhcs.org/providers/Access/access.htm>

⁹ In this report, the acronym "MCT" is only used in reference to the City of Berkeley's Mobile Crisis Team, not Alameda County's Mobile Crisis Team.

County. These generally fall into four categories: crisis response providers, crisis stabilization units, drop-in centers, and medical service providers.

The agencies listed below are not meant to be a comprehensive list, rather these were the organizations that were mentioned most frequently by focus group participants, interviewees, and survey respondents. There are many organizations and individuals who contribute to crisis prevention and stabilization by addressing other needs such as housing, substance use, ongoing mental health support, or domestic violence. Though not enumerated in this report, the ecosystem of services in Berkeley and surrounding areas help prevent community members from escalating into crisis.

Crisis Response Providers: Crisis response providers accompany individuals while they are experiencing a crisis, work with the client to de-escalate, and connect them to resources to meet their needs. It should be noted that ongoing mental health service providers, such as therapists or clinical case managers, de-escalate and divert mental health crises every day. In this report, we are focusing on providers who respond to acute crisis situations that are outside of long-term supports. The two key crisis response providers mentioned most often by the community are Mental Health First and UC Berkeley.

Mental Health First is a project of the Anti Police-Terror Project (AFTP). Based in Oakland, this volunteer-run crisis line provides crisis support, de-escalation, mediation, and connection to resources to anyone who calls. They are available on Friday and Saturday nights, 8pm to 8am, when other crisis services are unavailable. Community members can access services via phone, text, or social media. About half of callers are calling for themselves, while the other half are calls from friends or family members concerned about a loved one. Mental Health First can help people navigate the complicated mental health system and get them connected to services.

When a student is experiencing a mental health crisis on the UC Berkeley campus, *UC Police Department (UCPD)* are often the ones who arrive on scene. UCPD employs a mix of sworn and non-sworn personnel including 49 police officers, 10 dispatch and records staff, 31 security patrol officers, and 12 professional staff.¹⁰ UCPD police officers are currently the ones who respond during a mental health crisis. However, the University has publicly stated plans to phase out involvement of police during a crisis and shift to having its Tang Center counselors respond to mental health

¹⁰ Berkeley UCPD. (n.d.). *Department Demographics*. Retrieved October 5, 2021, from <https://ucpd.berkeley.edu/department-demographics>

calls.¹¹ They are currently in the process of planning and developing a new mental health response team.¹²

The *UC Berkeley Tang Center* offers health, mental health, and crisis services to all UC Berkeley students, regardless of insurance. Their staff, which include licensed psychologists, psychiatrists, and psychiatric nurses, respond to urgent mental health concerns.¹³ They also provide services after a sexual assault or incident of domestic violence and respond to campus crises (e.g., when a student passes away).¹⁴ As of the Fall 2021 semester, students can access these services by calling the Tang Center's urgent phone or after-hours support lines. But as previously mentioned, UC Berkeley is currently redesigning their crisis response model so students can more easily get connected with Tang Center staff during a crisis.

Crisis Stabilization Units and Psychiatric Facilities

Crisis Stabilization Units and psychiatric facilities provide a safe location for people to de-escalate from crisis, receive psychological support, and get connected with mental health services. There are no crisis stabilization units within the City of Berkeley, so Berkeley residents in crisis are often transported or referred to the facilities noted below.

John George Psychiatric Hospital (JGPH, or John George) is a locked facility where patients can receive short-term psychiatric care from doctors, psychiatrists, and counselors. Once a patient receives medical clearance (i.e., they do not have any acute medical needs), they can be transported to JGPH. John George is the main facility that individuals are transported to when they are under an involuntary hold. Many patients are referred and/or transported by emergency services and mobile crisis teams across the County.

Willow Rock Center operates both a 12-16 bed crisis stabilization unit as well as an inpatient unit for adolescents ages 12-17.¹⁵ A team of psychiatrists, nurses, group and individual therapists and counselors provides assessment, counseling, medication administration, group,

¹¹ Public Affairs. (2021, August 18). UC Berkeley to shift some campus services away from UCPD. *Berkeley News*. <https://news.berkeley.edu/2021/08/18/uc-berkeley-to-shift-some-campus-services-away-from-ucpd/>.

¹² Berkeley Business Process Management Office. (n.d.). *Mental Health Response*. Retrieved October 5, 2021, from <https://bpm.berkeley.edu/projects/active-projects/reimagining-uc-berkeley-campus-and-community-safety-program/mental-health>

¹³ University Health Services. (n.d.). *Meet the CAPS Staff*. Retrieved October 5, 2021, from <https://uhs.berkeley.edu/mental-health/counseling-and-psychological-services/caps/about-caps/meet-caps-staff>

¹⁴ University Health Services. (n.d.). *Crisis Counseling for Urgent Concerns*. Retrieved October 5, 2021, from <https://uhs.berkeley.edu/counseling/urgent>

¹⁵ Telecare. (n.d.). *Willow Rock Center*. Retrieved October 5, 2021, from <https://www.telecarecorp.com/willow-rock-center>

family, individual therapy, and connections to resources. The locked, inpatient unit is the main transport facility for adolescents under an involuntary hold. Their patients are often referred from Kaiser Permanente, schools, and emergency services. They also accept walk-ins for voluntary services.

Cherry Hill Detoxification Services Program provides services for adults needing to detox from substances.¹⁶ Their sobering unit has 50 beds for patients to stay 23 hours or less. The detox unit has 32 beds for patients to stay 4-6 days. Trained staff screen patients, provide medical services and psychological support, and link patients to services to meet their needs before discharge. Both units often get referrals from emergency services but also can accept self-referrals.

Amber House, operated by Bay Area Community Services (BACS), is a 23-hour mental health crisis stabilization unit (CSU) that provides a quiet environment for clients to receive short-term psychological support and have their basic needs met. The team is a clinician, a nurse, a supervisor, and an on-call psychiatrist, who provide voluntary services for people experiencing an acute mental health crisis. Many of their clients are transported or referred by mobile crisis teams, Oakland's CATT program, and occasionally police. Before a client is discharged, a staff member will provide referrals for long-term mental health care and other resources to meet their needs. Amber House also operates a crisis residential treatment (CRT) program in the same facility (which is Alameda County's only combined CSU and CRT), providing clients the option for a longer stay.

Drop-In Centers

The City of Berkeley has three drop-in centers for residents: the Berkeley Drop-In Center, Berkeley Wellness Center, and the Women's Daytime Drop-In Center. While not all sites have specific services for individuals in crisis, they can be an entry point for mental health services.

The *Berkeley Drop-In Center* is a peer-run, walk-in community center that provides drop-in time, service advocacy, and housing advocacy.¹⁷ Clients can have their basic needs met, find a place to socialize, get connected to benefits, receive a referral for subsidized housing, and get linked to mental health services.

The *Berkeley Wellness Center*, operated by Bonita House, provides art classes, employment services, connection to benefits, primary care, counseling, case management, and evidence-based support groups for

¹⁶ Horizon Services. (n.d.). *Cherry Hill Detoxification Program Services*. Retrieved October 5, 2021, from <https://www.horizonservices.org/cherry-hill-detoxification>

¹⁷ City of Berkeley. (n.d.). *Berkeley Drop-In Center*. Retrieved October 5, 2021, from https://berkeleycity.networkofcare.org/mh/services/agency.aspx?pid=BerkeleyDropInCenter_670_2_0

adults with mental health and co-occurring disorders.¹⁸ The Berkeley Wellness Center serves as an entry point to recovery and supportive services for people with a broad range of mental health needs and co-occurring conditions.

The *Women's Daytime Drop-In Center (WDDC)* provides similar services for homeless women and their children.¹⁹ A small team of case managers, managers, and volunteers provide various services including case management, food, groceries, and hygiene kits. Clients can also receive referrals to additional services that are beyond the scope of WDDC.

Medical Service Providers

Because a mental health crisis and substance use crisis can co-occur, medical service providers play an important role in crisis stabilization and prevention. The two medical outreach teams mentioned by the community were Lifelong Street Medicine and Berkeley Free Clinic's Street Medicine team.

LifeLong Street Medicine is a program contracted by Alameda County Health Care for the Homeless Street Health.²⁰ Multidisciplinary teams provide street psychiatry and substance use recovery services for people experiencing homelessness in Berkeley. They can also provide connections to primary care, social services, housing, and other resources.

Berkeley Free Clinic's Street Medicine team is a volunteer-run collective where volunteers are trained as medics and provide services in the community.²¹ Their services include HIV and STI testing and treatment, first aid, vaccinations, hygiene kit distribution, and substance use supplies and training. The teams regularly do proactive outreach to connect to new clients.

What is the current mental health crisis call volume in Berkeley?

In addition to its deep community engagement process, RDA also reviewed quantitative data on the volume of calls related to mental health issues and who is making those calls. As noted previously, quantitative data from City of Berkeley agencies conducting crisis response (i.e., Mobile Crisis Team, Berkeley Police Department, and Berkeley Fire Department) currently have a variety of limitations. Because

¹⁸ Bonita House Inc. (n.d.). *Berkeley Wellness Center*. Retrieved October 5, 2021, from <https://bonitahouse.org/berkeley-creative-wellness-center-cwc/>

¹⁹ Women's Daytime Drop-In Center. (n.d.). *Women's Daytime Drop-In Center*. Retrieved October 5, 2021, from <https://www.womensdropin.org/>

²⁰ Alameda County Health Care for the Homeless. (n.d.). *Street Health*. Retrieved October 5, 2021, from <https://www.achch.org/street-health.html>

²¹ Berkeley Free Clinic. (n.d.). *Street Medicine Team*. Retrieved October 5, 2021, from <https://www.berkeleyfreeclinic.org/street-medicine-team>

of these limitations, RDA suspects that the available data is generally an underrepresentation of the true volume of mental health related calls in Berkeley. Given these limitations, RDA explored the available data for trends that can support the community in building its understanding of who is currently utilizing Berkeley's crisis services.

It is important to note that the City of Berkeley has contracted with the National Institute of Criminal Justice Reform (NICJR) to lead the City's current Reimagining Public Safety work. As a part of its current engagement, NICJR collaborated with Bright Research Group (BRG) on a large community engagement effort to better understand the local community's perspectives across a variety of issues pertaining to public safety in Berkeley. NICJR and BRG shared their findings on July 29, 2021 at Berkeley's Reimagining Public Safety Task Force (RPSTF) meeting; the slide deck presentation of key findings can be found online.²² The overarching findings from this presentation align with RDA's community-wide data collection efforts.

Key Mental Health Call Volume Trends

- MCT has responded to a declining number of 5150s since 2015, in part due to staff vacancies and the pandemic.
- The most frequent incident types of all 5150 calls to BPD were disturbance, welfare check, mentally ill, and suicide.
- Around 40% of BPD's welfare check calls included a mental health related facet to the response, followed by around 20% of disturbance calls, and around 10% of calls regarding suspicious circumstances.
- Falck has been contracted to conduct the large majority of 5150 transports in Berkeley, most often taking service utilizers to Alta Bates Medical Center and John George Psychiatric Emergency Services.
- BFD conducted fewer 5150 transports in Berkeley and only took service utilizers to Alta Bates, Oakland Children's Hospital, and Kaiser Hospital.
- The time required for a 5150 is, in part, determined by geography and the destination of transport.
- Calls for 5150s are most frequent from 10:00am to midnight and least frequent from 2:00am to 8:00am. There are no notable differences in the frequency of calls by day of the week.

For a deeper description of call volume and data, demographics of calls, and methods please see [Appendix D](#).

²² City of Berkeley's Reimagining Public Safety Task Force. (2021, July 29). *Berkeley Reimagining Public Safety – Community Engagement Report*. https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/CE-presentation-Final.pdf

Stakeholder Feedback

Mental health crises vary in severity along a spectrum. A crisis can present as someone in immediate danger to themselves or others, someone that needs regular support to address their basic needs, or someone that is generally able to manage their needs but needs occasional support to prevent a future crisis. Many stakeholders expressed that in order to effectively address the challenges of the current system, solutions and changes must engage with the nuance and spectrum of mental health crises.

Many stakeholders shared that by broadening our concept or definition of a mental health crisis, we can better design the mental health crisis response system and related services. Stakeholders provided several examples of the nuance and spectrum of mental health crises:

- ❖ Some forms of crisis are readily visible (such as people presenting to hospitals or experiencing a crisis while in public) while others may be unseen (such as a homeless-but-sheltered individual recovering from intimate partner violence).
- ❖ Some forms of mental illness or neurodivergence are reported by a bystander as a crisis, but there is not an acute crisis situation and should not result in a forced transport just because of a bystander's concern.
- ❖ Some forms of crisis are a result of community members not knowing where to access services even if they are able to identify their needs.
- ❖ Some forms of emergency service utilization stem from an ongoing unmet need for basic goods and services, such as a high utilizer that regularly presents at the hospital emergency department because they need food.

Overall, there is wide consensus among interviewed stakeholders that the current mental health, substance use, and homelessness crisis systems in Berkeley are under-resourced and unable to meet both the volume of need and the various ways in which crisis presents.

Expectations for different types of crisis responders varied greatly by stakeholder. Stakeholders shared mixed experiences with BPD's ability to successfully de-escalate situations and respond empathetically to people in crisis, and often attributed the quality of interaction to the traits of an individual officer. Stakeholders often held low expectations for BPD to intervene non-violently and expressed positive perceptions when BPD "didn't do anything." On the other hand, stakeholders shared high expectations for other crisis service providers including MCT responders or county case managers. Negative feedback from stakeholders was often because providers were not meeting these high standards. As a result, understanding stakeholder praise and criticism of crisis responders – such as MCT, BPD, and other CBOs – requires understanding stakeholders' varied expectations.

In discussing their experiences as well as the strengths and challenges of existing crisis response system, interviewed participants and survey respondents also shared ideas for a reimagined mental health crisis response system. The following sections detail key themes that were elevated across stakeholder participants.

Illustrative quotes from survey respondents are included alongside key themes. Due to concerns with anonymity and limitations of data collection, quotes from interviews and focus groups were unable to be included.



Key Themes from Stakeholder Feedback

Perceptions of an urgent need for a non-police mental health crisis response in Berkeley

Perceptions of varied availability, accessibility, and quality of crisis response services

Perceptions of insufficient crisis services for substance use emergencies

Perceptions of a need for a variety of crisis transport options

Perceptions of a lack of sites for non-emergency care

Perceptions around supporting the full spectrum of mental health crisis needs

Perceptions of a need for post-crisis follow-up care

Perceptions of barriers to successful partnerships and referrals across the mental health service network

Perceptions of needs to integrate data systems and data sharing to improve services

Perceptions of a need for increased community education and public awareness of crisis response

Stakeholder perceptions of the urgent need for a non-police mental health crisis response in Berkeley.



"I think a carceral approach creates more trauma and fear. I have been traumatized by being in jail. I do not wish to be incarcerated when all I need is support."

- SCU Survey Respondent

Overall, there was a strong sense of urgency for a change in the response to mental health crises in Berkeley. Service providers indicated that they routinely use creative interventions and provide services for clients multiple times and consider calling the police a last resort. Service providers shared that if there were an SCU, they would prefer to use a non-police option for crisis response.

Service providers and crisis responders expressed a sense that the current system is "broken," that they see the same service utilizers on a frequent basis. Providers shared examples of clients unable to access existing services, not engaged in services they are enrolled in, or not willing to receive offered treatment for a variety of reasons. Stakeholders felt that most people need support accessing resources in addition to immediate crisis response or de-escalation. However, they believe the existing crisis response system often relies on police to respond to calls. This is not the specialty of the police, nor are they able to provide a full range of follow-up linkages and referrals to trauma-informed social services.

There is strong consensus across city staff, service providers, service utilizers, and survey respondents that police do not best serve the needs of those who are experiencing a mental health or substance use crisis. Stakeholders emphasized that a mental health crisis should not be equated with violence, though there is often the misconception that any display of mental illness is violent or a threat to public safety.



*"My perception is that mental health issues, substance use, and homelessness are *rampant* in Berkeley - now more than ever - and police are simply not the right people to deal with these issues."*

- SCU Survey Respondent

Stakeholders shared that there are scenarios in which the presence of police can increase the danger for service utilizers or bystanders. In the context of intimate-partner and domestic violence, there is often a fear of retaliatory violence if the police are called in to respond to the abused partner seeking help. Stakeholders shared examples police presence and visible weapons escalating a mental health crisis, causing an increase in erratic or unpredictable client behavior. Particularly for service utilizers with traumatic histories from interactions with police officers, they felt the presence of police can escalate a crisis or emergency. Service providers shared stories of clients that have suffered through immense psycho-social harm and/or medical complications before reaching out to 911 due to their fear of the police.

Survey respondents and service providers shared the perception that sometimes police think a weapon is present on an individual when it is not, and felt that police use unnecessary violence and force, which overall decreases their sense of safety. Stakeholders felt that this context results in an environment in which they do not call for emergency help because of

a fear of police, leaving community needs for crisis support unmet. Service providers also elevated that there are ways to disarm someone without using force or weapons which would improve the safety for both service utilizers and providers alike.

For these reasons, Crisis Support Services of Alameda County (CSS) crisis line providers shared that they prepare callers for interactions with the police by telling them what to expect when the police arrive and providing options to keep themselves safe (e.g., stepping outside, double checking that there are no weapons or illicit substances on their person, and closing their front door). However, they did mention that service utilizers using substances or experiencing a break with reality may not be able to follow close directions and are at increased risk of police violence due to the heightened probability of misunderstanding or miscommunication.

Stakeholders shared a few strengths of police involvement in the existing crisis response system. They shared that police may provide a useful resource for people who need documentation of a crime for future legal reference. A police report with these details can later be used in a court setting or provided as proof to an insurer. Additionally, many service providers indicated police presence can protect the safety of crisis responders and bystanders when weapons are present. Some stakeholders elevated that the presence of police can be supportive when community members or service providers are attempting to de-escalate a crisis.

The overwhelming importance and immediacy of changing the mental health crisis response system was emphasized in stakeholders' references to the violence committed against a woman killed by BPD during a mental health crisis in 2013 and a man shot by BPD during a mental health crisis in 2021. Stakeholders shared that providing a non-police mental health crisis response option could increase the acceptability and accessibility of crisis response by addressing this fear, thereby promoting the safety and well-being of community members and service utilizers.

There were differing perspectives of whether police should have any involvement in crisis response. The expressed perspectives included: there should be no police involvement; police should be called as back-up only if SCU de-escalation efforts were unsuccessful; police should be called as back-up only if the presence of weapons was confirmed; or police should be involved through a co-responder model like MCT.

Stakeholders offered important considerations for police involvement. Some stakeholders suggested that police should be dressed in plain clothes to avoid their presence further escalating a community member in crisis. Other stakeholders shared that if police are involved in the SCU model of crisis response, then they should be in uniform; they elevated that community members should understand who they are speaking to, given that a police officer can arrest, detain, and/or incarcerate them. Additionally, because community members expressed that they have the right to identify a police officer's badge number and last name -- which is particularly important if a community member needs to report any



"I desperately needed help for a friend who was experiencing a mental health crisis. She was adamant that I not call police because she is scared of them and feared that they would be violent with her. There were no alternatives available in Berkeley. I have watched police respond to people in crisis many times. Some cops are aware that their presence can escalate people. Some of the cops are oblivious of how they impact a situation and make it worse."

- SCU Survey Respondent



"I have had police response in an emergency crisis. It only made the crisis more terrifying and traumatic."

- SCU Survey Respondent

misconduct -- police should be in uniform. Furthermore, stakeholders elevated their fear of being targeted by certain police officers as someone that experiences mental health emergencies and/or someone who uses drugs; for this reason, stakeholders shared that it is important for police to remain in uniform to mitigate the criminalization of mental health crises and drug use and for public awareness.

Stakeholders shared considerations for protecting and enhancing the safety and well-being of crisis responders, service utilizers, and community bystanders alike. The presence of weapons is a primary safety consideration for many stakeholders. Stakeholders reported concerns about determining and dispatching the appropriate intervention team in order to prevent injury or assault to crisis responders, especially when there are weapons present. Many stakeholders also emphasized that the safety of the person in crisis must be protected too.

Stakeholders provided many ideas for how a non-police crisis response system could best support Berkeley residents. Community members and providers suggested a crisis response team include mental health practitioners such as peer workers, therapists, direct patient care specialists, social workers, medical providers and/or psychiatrists. They also suggested several trainings that would support crisis responders to better meet the needs of people in crisis, such as trainings on trauma-informed care, de-escalation, and crisis neutralization. Finally, given the types of crises service providers and service utilizers most often experience, stakeholders elevated specific technical knowledge that crisis responders should be prepared to employ, including basic first aid, domestic-violence crisis response training, and specific knowledge on DSM-5 mental health diagnoses, and co-occurring drug-induced states.



Additional Perspectives from the SCU Survey

"The police response here is among the most professional that I have seen in any jurisdiction in the nation - yet the bottom line is requiring police to respond to crisis situations in which they do not have the requisite training is a disservice to both the officers and those on the other side of the response."

"I don't feel unsafe in the community. My homeless neighbors are much more unsafe than I am because they are consistently interacting with people who hate them, with some bad cops including the campus cops."

"There is a huge crisis in our city of homelessness and mental health and the police only ever make things worse. Sweeps, seizures of possessions, harassment and intimidation of unhoused residents is all too common. The violent detention of mentally ill people seems to be a day to day reality. Heavy restraints and spit hoods being used in the place of de-escalation and care. The Berkeley police shot a man in crisis through the mouth this year and that is beyond unacceptable!!!"

"I need to know that if I, or someone I love, is experiencing a mental health crisis that there is a trained mental health professional that I can call who will come, without a gun, and that I will receive care, not a cop, and that I will not end up dead. Knowing I won't be shot dead by a cop for the "crime" of living with mental illness, for being poor, or for having a substance use disorder would help me to feel safe."

Stakeholder perceptions of varied availability, accessibility, and quality of crisis response services

Perceived Strengths

- MCT provides quality services
- Positive experiences with individual BPD officers
- BFD created a resource list to better provide referrals

Perceived Challenges

- Lack of 24/7 crisis services
- Requiring service utilizers to keep appointments
- Slow response times for MCT due to limited staffing
- Long waitlists for services
- Few options for de-escalation or non-emergency care
- Poorer quality of services provided to people of color and unsheltered people

Stakeholder Ideas

- Proactively communicate service availability & hours of operation
- Increase 24/7 service options
- Increase training on racial justice, cultural sensitivity, harm reduction, and de-escalation

Stakeholders identified a few strengths of the availability, accessibility, and quality of crisis services. Many reported that there is general knowledge of the existing crisis response options in Berkeley. Some providers reported positive experiences with police, and many reported positive experiences with MCT. Another strength shared by stakeholders is that BFD's ability to refer and link service utilizers to resources has increased since they created a list of CBOs and local programs.

A common challenge elevated by stakeholders is the lack of 24/7 response options. A mental health crisis can happen at any time, but many crisis programs operate during standard business hours. The limited hours of operation of MCT were elevated by stakeholders as a significant challenge that increased the risk of police interaction with service utilizers who call 911 when MCT is not staffed.

Stakeholders frequently mentioned limited MCT staffing as a major barrier to accessing quality crisis response services. For the last two years, two of four crisis staff positions have been vacant. Because MCT responds to calls in pairs, only one team is available to respond at a time. This can result in long wait times if the team is responding to another call. Additionally, if there is a high call volume, MCT will prioritize high acuity calls where someone is showing imminent signs of crisis or distress. The reduction in staffing also led to a reduction in hours. This has caused confusion among providers and service utilizers. Service providers elevated this as a source of uncertainty and distrust that can reduce the likelihood of someone accessing services in the future.



"Berkeley MCT is only open on weekdays during certain hours. I have never had an incident where I needed help with a client coincide with their open hours."

- SCU Survey Respondent



"Mobile Crisis folks are good. It's just that they always come with the cops, and sometimes they can't come for many hours because they're busy."

- SCU Survey Respondent

Stakeholders believe these challenges and barriers to accessing services or ensuring the availability of services are ultimately challenges to the overall safety and well-being of potential service utilizers, community bystanders, and service providers.

A Berkeley City Auditor's report in 2019 elevated that the understaffing of the 911 Communications Center has led to staffing levels that cannot meet the call volume and increased call wait times.²³ Increased call wait times have negative implications for the safety and well-being of service utilizers and community members, as well as the service providers and crisis responders that are responding to a potentially more advanced state of crisis. Additionally, inadequate staffing levels have caused BPD to rely on overtime spending to fund the Communications Center, which increases the cost of the entity.

There was consensus among participants that many facets of the crisis response system feel understaffed, which can lead to decreased service availability and slower responses. Under-resourcing can create challenges to service availability across the providers and programs throughout Berkeley and Alameda County. Service utilizers and community members reported long waiting lists for permanent supportive housing units, a key stabilizing factor that could reduce the incidence of mental health crises overall. There was also a perception among stakeholders that service utilizers are faced with long waits to access healthcare, case managers, and temporary congregate shelters.

Some CBOs also identified a need for more multilingual services, especially Spanish-speaking providers. They also indicated that a fear of ICE or 911-corroboration with ICE is a barrier for undocumented community members to call 911, especially for undocumented residents that are unhoused. Service providers suggested that more culturally competent services would increase the likelihood of someone seeking services when they are experiencing a crisis.

Stakeholders believe that these challenges to availability and accessibility can reduce the quality of available services. When police must respond to a mental health crisis because it is outside MCT business hours, community members do not feel the response was adequate or of the highest quality. Crisis responders expressed that they frequently provide medical solutions when the service utilizers they encounter have mental health needs and are most affected by broader societal problems.

When MCT is not operating, CSS indicated that they do more de-escalation over the phone prior to calling for police support to prepare



"It's a revolving door (with Santa Rita, John George, etc.) where crises are sometimes averted, but almost no one is truly healed and set on a good path of recovery or even stability."

- SCU Survey Respondent

²³ Berkeley City Auditor. (2019, April 25). *911 Dispatchers: Understaffing Leads to Excessive Overtime and Low Morale*. https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Dispatch%20Workload_Fiscal%20Year%202018.pdf

the service utilizer and reduce their risk of harm; however, they shared that phone support may not always be sufficient for every mental health crisis.

Overall, there was consensus among stakeholders that there is a lack of successful linkages and connection to follow-up services beyond John George Psychiatric Hospital. Many participants felt that hospitalization may not be appropriate care for everyone experiencing a mental health crisis. Crisis responders and providers reported service utilizers requesting to not be sent to John George, but that as service providers they do not feel they have other options. For service utilizers, trauma histories can be re-triggered by congregate shelters, psychiatric care or hospitals, and police interactions. Stakeholders elevated a need for increased options for where people can be transported during a crisis.

Finally, there is a perception that the quality of the City's first responder crisis response services is inhibited by a lack of training that sufficiently addresses harm reduction, racial justice and cultural sensitivity training, and successful de-escalation. Service providers shared examples of clients' needs not being taken seriously, such as instances of individual EMTs not responding to unsheltered clients and/or clients of color. These examples demonstrate how stigma, dehumanization, and racism decrease quality of services.

Given the constraints of how the existing crisis system is funded and resourced currently, stakeholders elevated that any changes to program hours of operation, locations, staffing, phone numbers, and/or other logistical/programmatic decisions be shared regularly and distributed to the partnership network in order to improve availability, accessibility, and quality of service provision. They felt that the ideal alternative crisis response options would include 24/7 mental health crisis response and should address the desired competencies of harm reduction, racial justice and cultural sensitivity, and de-escalation to increase community safety and promote health and well-being.



"The resources we have are helpful, but we need more. We especially need affordable housing units. The mobile street medicine teams have been very helpful. Shelters are ok for some people, but often exclude people with disabilities who need assistance the most."

- SCU Survey Respondent



Additional Perspectives from the SCU Survey

"They tend to exist in ways that are the most convenient for the service providers, not for the person in need. Mental Health Services don't really happen outside of their offices. How can disordered, homeless people be expected to make and keep appointments at some unfamiliar address? The drug epidemic is complicating things and I have seen no evidence that this city wants to commit to rehab on demand which is what we need. We need to be able to offer help when it is needed- not when it is convenient."

"I've been doing outreach work for more than a year in Berkeley now and access to mental health crisis support is almost nonexistent. It is highly needed as many individuals are experiencing some level of mental health issues."

"... My experience with the police response has been that the City of Berkeley crisis team has been understaffed or not working the day that I phoned, or my report of the need for crisis support was minimized, and it was explained that the person "wasn't breaking any law." Crisis doesn't often intersect with law breaking, nor does an individual always meet the criteria for a 5150. There are trained individuals who can help with this, and police often offer heavy handed threats of arrest, or physical violence, in attempt to stop a behavior."

Stakeholder perceptions of insufficient crisis services for substance use emergencies

Perceived Strengths

- EMTs respond well to substance overdoses
- EMTs are well-trusted by many unsheltered communities and encampments

Perceived Challenges

- Not enough SUD training for clinicians providing complex mental illness care
- High rates of transport to emergency facilities for substance use emergencies
- Infrequent referrals to substance use management services
- Too few resources to meet high volume of substance use emergencies and management needs

Stakeholder Ideas

- Incorporate harm reduction framework into all crisis response
- Distribute NARCAN
- Distribute harm reduction supplies (e.g., sharps disposal, clean needles, etc.)



“Decriminalization is key to “illegal” drug use and harm reduction methods of dealing with addiction and drug use save lives and alleviate the stigma.”

- SCU Survey Respondent

Stakeholders explained that mental health crises often include substance use emergencies, but they felt that variety and uniqueness of substance use emergencies is often overlooked and not adequately served in the existing crisis response. Stakeholders described many examples of physical and psychosocial health needs related to substance use that do not involve an overdose. Service providers shared that substance use emergencies and mental health crises are often co-occurring as substance use is common among people with histories of trauma and is used as a form of self-medicating.

Substances can alter someone’s mental state and contribute to or exacerbate what is perceived as a mental illness. Stakeholders elevated that when a person is in distress, providers should assume that something is triggering that distress, be it an event or intoxication. One of the most frequently and emphatically emphasized points by service providers was the need to address mental health and substance use in tandem.



"The people with mental illness should get treatment. In crisis, they should be housed with treatment. Those with substance abuse should have treatment available. Being homeless probably makes people mentally ill. I think I would be mentally ill if homeless."

- SCU Survey Respondent

In the event of a substance overdose, stakeholders felt that Berkeley EMTs are well-trained, follow protocols, and administer effective treatment for users that have overdosed. Stakeholders reported that EMTs are well-trusted by marginalized substance-using communities, including homeless encampments. Seabreeze encampment residents shared that they avoid calling 911 for any emergencies except to specifically request an EMT during an overdose.

Stakeholders described many challenges to how the system currently addresses substance use emergencies. They felt that the physical health and mental health needs of a service user experiencing a substance use emergency are treated as separate needs. Service providers explained that whichever presents as more immediately pressing often dictates the classification for the call; they felt that this results in inadequate service provision during a crisis.

Community-based providers elevated that when seeking care for clients with complex trauma or chronic mental illness, they are rarely put in contact with a provider that has SUD training. Service providers expressed a need for an integrated approach to substance use emergencies, with providers working together to tend to both the psychological and physical health needs of their clients.

Substance users reported frequent transport to hospitals and sobering centers when emergency providers respond to crises. Interviewed substance users shared that they were only informed of other substance use management options when other case managers shared those options (not emergency services personnel prior to transport).

Stakeholders suggested ways that the current crisis response system could better address the needs of substance use emergencies, including incorporating a Harm Reduction framework into first responder's approach to drug use, distributing Narcan, and distributing harm reduction supplies such as clean needles, pipes, and safe sharps disposal kits.



Additional Perspectives from the SCU Survey

"I am a Nurse Practitioner... Some camps in Berkeley have agreements internally not to call the police on each other. If someone does, there is retaliation, sometimes in the form of lighting the person's tent on fire. This means people do not call 9-11 when there is a mental health emergency. While I completely understand why the mobile crisis unit has police officers, it is not used as often as it could be because of that fact...Many unhoused folks we meet use meth in part to stay up all night so they will not get raped or robbed during the night. This is of course not the only reason folks use meth and other drugs--there are mental health issues, addiction, etc. But until people are housed, it is very, very hard for them to cut down or quit, because the risks can outweigh the benefits in their minds."

"...Offering safe use and drug checking sites, so we can reduce harm that comes from unsafe drug use. Creating accessible, affordable, and temporary housing for each phase of a person's recovery from crisis. Ensuring people have access to food, safe shelters, and access needs are met."

Stakeholder perceptions of a need for a variety of crisis transport options

Perceived Strengths

- Transport is provided to emergency sites during medical emergencies

Perceived Challenges

- High rates of involuntary transports (5150s) do not align with service needs
- Lack of options for transport to non-emergency sites
- Ambulances and emergency services can be cost-prohibitive for service utilizers

Stakeholder Ideas

- Provide voluntary transport to non-emergency sites
- Provide services and supplies during transport process



“With all the services available, as a firefighter, all we can really do is take someone to the ER, which is not definitive care for homelessness. Mobile support of homeless services would be a game changer, much the way mental health comes out into the field.”

- SCU Survey Respondent

Crises can vary in levels of acuity, and not everyone calling in to report a mental health emergency needs transport to a psychiatric facility, hospital emergency department, or inpatient setting. Both EMTs and police shared that they provide free transport to a medical facility, which is important in the event of medical health emergencies. However, Alameda County has the highest rates of 5150s per capita in California.²⁴ Service providers described full emergency departments and service utilizers not being admitted upon arrival. There are also financial implications for being transported in an ambulance, which providers suggested may deter service utilizers from requesting emergency services. Stakeholders felt that there are few to no options for service utilizers to request transport to a different, non-medical facility or location. Stakeholders did provide some examples of CBOs and non-emergency programs that provide transportation to their clients, though they shared that these services are not for the general public and barriers to transportation persist.

Given the need for addressing a variety of transport needs, stakeholders elevated the importance of an SCU team to have the ability to provide voluntary transport services to any secondary location, such as a sobering center or a public location. Service providers and community members suggested that the transport vehicle should have available supplies to provide care during a transport, such as one-off doses of psychiatric medicines, food, and water. There was a shared sense that providing

²⁴ California Department of Health Care Services. (2017, October). *California Involuntary Detentions Data Report; Fiscal Year (FY) 2015-2016*. https://www.dhcs.ca.gov/services/MH/Documents/FMORB/FY15-16_Involuntary_Detentions_Report.pdf

transport options that meet the mental health needs at varying levels of acuity has important implications for the safety and well-being of crisis responders and service utilizers.



Additional Perspectives from the SCU Survey

"...Another challenge is the lack of options for people in crisis either hospitalization or nothing which is very harmful. Another issue are people who feel terrible but are not exactly in crisis but because there are not enough mental health providers they are forgotten or left to their own devices."

"I need to know that if I call for help, a compassionate response will arrive and be able to take a person to a humane location, respite of some kind. Not forcing them into a hospital where they are stripped of agency, but giving them a place where they can stabilize without adding to their feeling of trauma and powerlessness."

Stakeholder perceptions of a lack of sites for non-emergency care

Perceived Strengths

- Drop-in centers, day centers, sobering sites, and respite centers provide essential non-emergency services

Perceived Challenges

- No drop-in site for mental health emergencies or crises in Berkeley
- Too few drop-in sites for non-emergencies to meet the volume of need
- Lack of support for people released from a psychiatric hold

Stakeholder Ideas

- Offering drop-in sites with counselors and Peer Specialists, a phone line, and no service/time limits
- Offering office hours and/or relationship-building opportunities between the SCU and service utilizers

Stakeholders shared examples of sites that can support non-emergency care and felt that they are effective for mitigating further crises. These examples include drop-in centers, day centers, sobering sites, and respite centers. Services providers believe that such spaces allow individuals to meet their basic needs – including access to restrooms, showers, clothing, food, and rest – as well as have a safe space for self-regulation and self-soothing. Stakeholders, particularly service providers, feel that these types of resources are essential for harm reduction, crisis intervention, health promotion, and crisis prevention. Stakeholders shared that these sites can be a safe and trusted source for someone to access so that a primary caregiver can have a break, such as a parent that provides an adult child behavioral health support and care. Participants mentioned other CBOs

that operate drop-in sites, such as the Women’s Drop-In Center or Berkeley Drop-In Center, but service providers indicated that there is still an unmet need for more sites that serve sub-acute needs. Because there is not a drop-in center for emergencies, service utilizers and community service providers described relying on either 911 or the CSS 24/7 phone line. Similarly, stakeholders felt that the availability of non-emergency drop-in centers for individuals to have non-emergency, indoor downtime is too limited to meet the volume of need. CBO service providers as well as crisis responders described situations of individuals being released from psychiatric holds without adequate support upon their release. They felt that these individuals would greatly benefit from the availability of additional drop-in centers.

Service utilizers and community-based service providers emphasized that it would be useful for the SCU to have an office available for community members to develop relationships with the team, like Aging Services’ Senior Centers. They suggested that a drop-in site could have a social worker or peer counselor to accept and direct phone calls, answer questions, and support those accessing the drop-in site.



Additional Perspectives from the SCU Survey

“...addressing the connection to community in the long term - spaces for people to gather publicly without needing to pay money, so we can get to know our neighbors.”

“... We need wrap-around services, a halfway house or drop-in center for people being released from a psychiatric hold, to ease them back into their lives and connect them with ongoing services.”

Stakeholder perceptions around supporting the full spectrum of mental health crisis needs

Perceived Strengths

- Relationship building is important in crisis response

Perceived Challenges

- Wages, retention, and union agreements may affect type of staff on crisis response team
- Crisis response lacking sufficient supplies and expertise for SUD treatment, de-escalation, and system navigation
- Crisis responders are not often representative of service utilizers

Stakeholder Ideas

- Incorporate clinicians, social workers, and peer counselors on crisis response team
- Increase compensation for Peer Specialists and non-clinical staff



“A response team targeted at de-escalation and risk reduction would be best; it would be best staffed by those who can actually connect people in need to resources rather turning a crisis into a criminal matter, such as police do.”

- SCU Survey Respondent

Stakeholders shared many strengths of crisis responders across a spectrum of non-clinical and clinical background and expertise, emphasizing the importance of empathy and building trusting relationships. For instance, TOT staff received positive feedback across stakeholder groups for their follow-up work post-crisis, especially due to their diverse staff and rigorous training in preparation for field work. Service providers emphasized the importance of Peer Specialists to support service utilizers by reassuring them from their own background of lived experience, especially during transport or if the team applies physical restraints.

Crisis responders and service utilizers shared that the pre-existing relationships paramedics have with community members, particularly those that repeatedly need crisis response services, allows paramedics to deliver better care. Some CBOs have observed similar success when incorporating Nurse Practitioners on their street outreach teams. Overall, stakeholders believe that the ability for the same personnel to be providing crisis response services over an extended period can lead to positive outcomes of relationship building and knowing a client's background.

However, stakeholders raised some potential challenges that must be considered when deciding how to staff a crisis response team. Crisis responders explained that paramedics often have a higher salary than other crisis responders and their skills can be under-utilized during a mental health crisis. They felt that this could make staffing a crisis response

program with paramedics less financially efficient. On the other hand, they shared that other crisis responders, such as peer specialists, can be underpaid for their level of contribution, which they suggested might make retention a challenge. One additional consideration shared by crisis responders is that staff can have different union agreements that restrict the number of hours that can be worked per shift, which would affect the program's overall staffing model and schedule.



"I think professionals who are trained to resolve these crises non-violently is key. For example, social workers."

- SCU Survey Respondent

Stakeholders felt that some of the services most important for mental health are not always standard practice among current crisis response teams. The types of clinical services that stakeholders reported as most important for mental health crisis response include prescribing psychiatric medicines, administering single-dose psychiatric medicines, quick identification of a substance overdose and/or the need for Narcan intervention, as well as a nuanced understanding of drug-psychosomatic interactions. The types of non-clinical services that stakeholders reported as most important for mental health crisis response included de-escalation, resource linkages and handoffs, system navigation, providing perspective from providers with shared identities or experiences, building ongoing relationships with frequent utilizers, and overall building trust and rapport with the community.

Given the considerations around the types of needs that various specialties can address during crises, as well as the implications for financial feasibility, stakeholders elevated additional ideas for how to staff crisis response teams. Stakeholders expressed support for a crisis response team with a medical provider (e.g., advanced practice nurses, psychiatric mental health nurse practitioners, EMTs, or paramedics), social workers, and especially peer counselors. Stakeholders expressed that non-clinical staff are equally valuable to clinical staff in a crisis response team, a value which should be reflected in their salaries.



Additional Perspectives from the SCU Survey

"We need a crisis response team with trained social workers, case managers, and clinicians trained in de-escalation techniques. This team should be able to connect people in crisis with emergency shelter and other services."

"I do not believe that the police are trained to respond to the needs of an individual, homeless, or otherwise, experiencing a crisis. Mental health, substance use, and homelessness related crisis are best responded to by someone who has been trained to work with these issues, or a peer who, along with a trained professional, can provide support and most importantly, follow up."

Stakeholder perceptions of a need for post-crisis follow-up care.

Perceived Strengths

- Positive experiences with existing referral services (i.e., TOT and CAT)

Perceived Challenges

- Existing programs do not meet the volume of need
- Difficulty contacting service utilizers for follow-up care
- Lack of warm handoffs to follow-up providers
- Limited long-term service availability
- Strict missed appointment policies

Stakeholder Ideas

- SCU provides follow-up care
- SCU builds relationships to support before, during, and after a crisis
- Providers should be familiar with case history, triggers, etc.

For crisis services provided by the City of Berkeley, the Transitional Outreach Team (TOT) is the primary resource for post-crisis follow-up care. Service utilizers and community-based service providers elevated many strengths about the TOT team, including their ability to connect service utilizers to longer-term care options and social services when interested.

At the same time, stakeholders uplifted a need for additional follow-up care after a mental health emergency. TOT staff and Berkeley Mental Health leadership described many challenges TOT face in meeting the level of need across the crisis spectrum. The team is not adequately staffed to meet the current demand for their services. TOT is a team of only two staff with limited business hours for providing linkage to care. TOT staff also shared that the service provider that responds during a crisis (i.e., MCT) is not the same provider that makes follow-up connections (i.e., TOT), and that there are many potential providers to provide ongoing, long-term care (e.g., Berkeley Mental Health, Alameda County Behavioral Health, or private providers). They felt that this can create challenges for them to provide successful referrals and handoffs to post-crisis follow-up care, sharing background information on clients, and building trust and establishing rapport.

TOT staff also shared many challenges they face in reaching clients, particularly those leaving an inpatient or emergency facility, such as John George or Alta Bates Hospital. They explained that clients are sometimes discharged prior to their connection with TOT, often outside of TOT's hours of operation. They find it particularly difficult to connect with service utilizers that do not have a cell phone or a consistent residence, which they explain is common among high-utilizer community members, such as those with severe mental illness or those experiencing homelessness.



"I think police officers already deal with so much, there's often an acute need they're responding to when in fact these individuals need long-term care."

- SCU Survey Respondent



We need clean, safe shelters for people to spend the night if they're homeless and/or under threat. Kicking them out of shelters doesn't make the problem go away.

- SCU Survey Respondent

In general, many people that experience mental illness or mental health crises require or are recommended to long-term therapy or extended sessions. However, it is the perception of stakeholders that services are primarily devoted to high-acuity and short-term and service utilizers are unable to access long-term therapy. Stakeholders felt that the providers who do offer therapy or counseling are unable to meet the volume of weekly appointment needs of service utilizers due to budget and billing constraints. Therapy is not only a form of post-crisis care but also a pre-crisis prevention tool; service providers suggested brief intervention therapy in non-emergency settings (such as a service utilizer walking in during a crisis) to augment the existing crisis response system.

Outside of Berkeley Mental Health services, there are often strict policies around missing appointments, largely tied to insurance and billing requirements, that result in service disruption or termination for service utilizers. Service providers and service utilizers feel that these strict missed appointment policies are inaccessible to many low-income service utilizers and often result in the discontinuation of services. Stakeholders described some barriers that service utilizers may face in maintaining their appointments, including working more than one job (especially during standard business hours), having a reliable cell phone, having access to a calendar, and/or having a reliable mode of transportation.

The importance of follow-up care was elevated by all stakeholder groups as a priority for the SCU. Service providers argued that there may be benefits to having the same people providing care before, during, and after a mental health crisis, to build relationships, establish trust, and understand an individual service utilizer's care history, behaviors, triggers, and needs.



Additional Perspectives from the SCU Survey

"I would like for the police to be removed from crisis services and to have a rapid response available when I call...I would like for there to be more connection to services and follow up as part of the planning. There is often not a resource available for the person, and living on the streets is stressful, so repeated contact is essential. It can't be a one and done and often would mean an increase in FSP teams."

"Alternative trained individuals, such as social workers or mental health professionals as part of this time, increased community-based mental health care services, social and rehabilitative services that highlight social reintegration, such as Supported Housing, Supported Employment, and Supported Education."

Stakeholder perceptions of barriers to successful partnerships and referrals across the mental health service network

Perceived Strengths

- Providers know the referral options available for their clients

Perceived Challenges

- Limited coordination and information sharing between providers of shared clients
- BPD engages with many high utilizers but is not connected to the network of providers
- Lack of trust and understanding across service providers

Stakeholder Ideas

- Engage providers in discussions on system improvement
- Increase collaboration between cities, counties, and providers
- Address systemic factors of crises
- Increased outreach and care coordination of referrals



“A 24-hour crisis line/team or at least a team more available than currently. Police and that team should attend the regular city coordination meetings with the current teams that are doing outreach.”

- SCU Survey Respondent

There was consensus among stakeholder groups that the existing mental health and crisis service network is complex, involves many providers, and can be a challenge for both clients and providers to navigate. Across these entities, establishing partnerships and referral pathways can be done informally (such as knowing which organization provides which types of services) or can be formalized (such as holding regular case management meetings for shared clients). Among community-based service providers, interviewees shared that they typically do know the scope of options available to their clients.

In general, stakeholders elevated a perceived lack of coordination between service entities in Berkeley. For example, a single client might receive emergency services from John George or Highland Hospital, but also have a primary care provider, have engaged frequently with the LifeLong Street Medicine Team, and have a case manager at the Women’s Drop-In Center for wraparound services. Stakeholders shared that there is not active collaboration across all these entities or an established infrastructure to facilitate an understanding of all the touch points between providers and a service utilizer. Ultimately, stakeholders feel that this obstructs the visibility of how a service utilizer moves through various points in the system. Some providers explained that they may not share the full case history or behavior details of a client with other service providers initially because they fear the client will be rejected or denied service, particularly for violent behaviors. They feel that this prevents informed and well-placed referrals and service provision.

TOT staff shared that service coordination is lacking between hospitals and TOT for post-crisis follow-up care. To connect with an MCT service

utilizer at the hospital, TOT explained that they must rely on the discharging facility to contact them and coordinate the release of the shared client. TOT staff reported needing to spend time in hospitals to establish relationships with new case managers, front desk staff, nurses, and orderlies to facilitate this information sharing and warm handoff of clients; they described a lack of standardized protocol for such coordination.

BPD also reported feeling disconnected from the care continuum and lacking coordination with trusted CBOs and behavioral healthcare providers around shared clients. BPD routinely engages with frequent crisis service utilizers and sometimes carries supplies like food and clothing, though there is not an existing pathway for BPD to identify, contact, and coordinate with a case manager. BPD elevated that these frequent utilizers would be better served by a case manager.

Service providers also reported that BPD does not routinely bring service utilizers to their locations for support, and some questioned whether BPD know that their programs and services exist. Still, others felt that police presence at their sites is disruptive and may prevent potential service utilizers from coming if they witness police officers around the premises.

Stakeholders offered possibilities to enhance the referral pathways and partnerships across the crisis response network at both structural and provider levels. At a structural level, stakeholders suggested having a regular convening of local care providers to discuss opportunities to improve the mental health crisis system. Stakeholders also suggested having more inter-county and inter-city coordination on systemic issues related to housing and healthcare. Stakeholders suggested that the crisis response system should be expanded and augmented to include more non-mental health related service provision on the spot and not only connections or linkages to resources. Additionally, stakeholders expressed a desire for more outreach and partnerships with long-term care to enhance coordination and referrals across the service network.

At a provider level, stakeholders suggested having more coordination between providers and outreach teams. Service providers also expressed an interest in having regular meetings with the SCU to discuss shared clients, which could improve care coordination as well as client outcomes.



Additional Perspectives from the SCU Survey

"The challenge is, and has been, to have adequate staffing to provide services to those in crisis, with severe mental health diagnosis and/or dual diagnosis in the moment and following a crisis response. Successful efforts have been proven by street health teams to engage and provide treatment on the street, which often include de-escalation. The struggle lies on helping folks transition into care in the clinics, recovery programs, or a combination of both: with adequate staffing to provide long term services. So, challenges would fall under budget & funding to expand staffing and programming, including crisis residential, and Board and Care Homes...The City appears open and willing to try an approach that will better meet the needs of its citizens."

Stakeholder perceptions of needs to integrate data system and data sharing to improve services

Perceived Strengths

- Some medical clinics use the same EHR
- Some agencies use a shared Alameda County Community Health Record

Perceived Challenges

- Limited data integration across providers inhibits care coordination

Stakeholder Ideas

- Expand data integration across providers and provider access to case history
- Increase care coordination across providers
- Notify case managers after discharge from hospital



"I would also feel safe knowing that the City and County were working together to identify ways to increase funding for mental health services in conjunction with housing to meet the mental health/substance use recovery needs of the community."

- SCU Survey Respondent

Service providers feel that better system integration and data sharing across the service provider network can support providers in meeting the needs of service utilizers. Stakeholders feel that system integration and data sharing are strongly related to the successes and challenges of partnerships, referrals, and connectivity across the service network.

The numerous entities that span the mental health, substance use, and homelessness service network include CBOs and government agencies across the City of Berkeley, Alameda County, and other cities and counties. Service utilizers also move across these regions, accessing services in multiple cities or counties. As a result, system integration could happen at many levels.

Fortunately, subsets within the service network do have data integration and sharing capabilities. For instance, providers shared that all federally-qualified health centers (FQHCs) are on the same network as hospital Emergency Departments.

Some program directors also discussed a recent effort at the county level to integrate data into one Community Health Record for service utilizers.²⁵ This system integrates medical, mental health, housing, and social service data into one platform. There are currently over 30 organizations within

²⁵ Alameda County Care Connect. (n.d.). *Why AC Care Connect? Why Now?* Retrieved October 11, 2021, from <https://accareconnect.org/care-connect/#faq-item-5>

Alameda County who are using the community health record, with a goal of every agency being onboarded onto the system.²⁶

Until then, the current multitude of agency data systems are not yet fully integrated. Providers explain that they are unable to identify shared clients or high utilizers of multiple systems, track those service utilizers' touchpoints across the service network, or view patient history across those service touchpoints. Case managers share that they are not notified when a client is discharged from a medical facility or community provider of care. Service providers feel that this lack of data integration affects collaboration, referrals, and, ultimately, client outcomes. The limited visibility of a service utilizer's prior history was raised by service providers as a challenge to supporting safety when trauma histories, triggers, and recent mental health crises cannot be incorporated into care planning.

Additionally, except for diagnosis and treatment purposes, HIPAA privacy regulations require service utilizers to give consent and Release of Information (ROI) to providers for external case managers' names, information, and service documentation to be included in medical records. This limits the collaboration between case managers and other providers on a case-by-case basis.

Stakeholders elevated that it would be ideal to have all service providers, including an SCU, utilizing the same data platform. They also indicated that non-medical CBO providers and case managers should have contact with the client's health home (if established), especially for substance use management and medication management. Case managers could then be notified when a service utilizer is engaged or discharged from care. Service providers emphasized the importance of understanding someone's medical and social history to provide appropriate care and anticipate what could trigger or escalate them. Service providers also warned to not overburden the SCU with documentation requirements.



"...But we need more training in mental health, de-escalation and interagency training and coordination. We have a lot of great people working these issues, we just need a little more cross pollination of effort."

- SCU Survey Respondent



Additional Perspectives from the SCU Survey

"...Secondly, we need significantly greater inter-municipal and inter-county collaboration in order to tackle structural problems that homeless and mentally ill clients face...Increasingly, our clients are more mobile, have longer commutes, and with gentrification and sprawl, landscapes of poverty and wealth are shifting. We need to be able to be responsive to clients across municipalities and communities, as people who seek services in Berkeley, particularly homeless and low-income clients, often no longer have the means themselves to be able to live in Berkeley."

²⁶ Raths, D. (2021, October 4). Alameda County's Social Health Information Exchange Expands. *Healthcare Innovation*. <https://www.hcinnoationgroup.com/interoperability-hie/health-information-exchange-hie/article/21240807/alameda-countys-social-health-information-exchange-expands>

Stakeholder perceptions of a need for increased community education and public awareness of crisis response options

Perceived Strengths

- 911 is well-known by the general public as a crisis response option

Perceived Challenges

- Lack of clarity that MCT responds with police, undermining trust
- Limited knowledge around services and availability
- Distrust of system can prevent people from calling 911
- Incidents of unnecessary use of 911

Stakeholder Ideas

- Launch a public awareness campaign for new SCU and clearly distinguish it from MCT
- Work with partners and service providers to advertise SCU
- Increase community education on use of 911 and techniques for conflict resolution

A common perspective among stakeholders is that the general public is unclear around when police will or will not be involved in a response. Many service providers and service utilizers do not know the current options and availability of services in Berkeley to support during a mental health crisis. Overall, stakeholders share that there is a lack of understanding of what services are available and which entity provides those services. They feel that this undermines a sense of safety and contributes to distrust of the current mental health crisis response system.

One common challenge raised by many stakeholders has been the lack of understanding of MCT's co-responder model. Many providers shared that they have contacted the MCT line specifically to avoid calling 911 and were surprised when MCT was accompanied by police. Many providers, therefore, stopped calling MCT because of its collaboration with BPD. Similarly, service utilizers shared that there is a lack of trust that MCT can manage a crisis without police presence. Service utilizers are concerned that their safety is endangered in these instances and that they may experience retaliation or police surveillance after requesting service provision from MCT, especially when they request help during substance use emergencies.

Stakeholders spoke to the importance of promoting community education and public awareness to address these challenges. They feel that the success of an SCU would be contingent on community education and public awareness around whether there would be police involvement in an SCU response. Service providers shared that connecting with local CBOs, leveraging existing partnerships, and building trust will be essential for an SCU to have buy-in among service providers to call a new



"In the past, I have witnessed unsafe situations or people who look like they could use support, but I am too afraid to call the police in those situations, for fear that they could show up and harm or kill the person."

- SCU Survey Respondent



“More trained & well-compensated and insured crisis response staff, especially at night, around the full moon, or public events, & other times of increased disturbances, & more info put out there about what they do to help.”

- SCU Survey Respondent

service that they have not used before. Service providers are interested in understanding more closely how services will be provided, the techniques that will be used for de-escalation and crisis intervention, and the SCU’s relationship with the police.

Stakeholders also shared challenges around the general public’s use of 911 and ideas for how to increase responsible use of 911. Stakeholders shared many instances of inappropriate use of 911, such as during disputes among neighbors or because a housed person or business does not want an unhoused neighbor to be near them. For these reasons, stakeholders emphasized the importance of a community education campaign around appropriate uses of 911. Stakeholders suggested that such a campaign could include strategies and techniques for managing conflicts and disputes without calling for crisis responders as an additional form of promoting community safety through methods that do not require law enforcement.



Additional Perspectives from the SCU Survey

“Merchants in the shopping districts should not be able to call the cops like they’re calling customer service when a homeless person is not breaking any laws. It would be great if crisis services were more friendly and less coercive (cops), if the mental health delivery system was more robust, if crisis teams could respond in a timely way, if clinicians didn’t use police radios on mobile crisis calls, if actual risk assessments were done on calls where no one would ever need a cop (when the person is willingly ready to go to the hospital), if hospitals would actually keep and treat the most ill patients rather than turning them away after 24 hours in a waiting area, if there were more mental health respite beds run by people who aren’t ready to call the police if someone is agitated.”

Community Aspirations

Throughout stakeholder engagement, participants were asked to share their ideas for alternative approaches to mental health and substance use crises as well as to share community needs for a safe, effective mental health and substance use crisis response. These perspectives help illuminate the gaps in the current system that could be filled by a future Specialized Care Unit.

The following perspectives provide guiding aspirations for reimagining public safety and designing a response system that promotes the safety, health, and well-being of all Berkeley residents.



Community Aspirations

Stakeholder-identified opportunities to address the root causes that contribute to mental health, homelessness, and substance use crises

Stakeholder-identified opportunities for centering BIPOC communities in crisis response

Stakeholder-identified opportunities for community oversight to ensure equitable and transformative crisis care

Stakeholder-identified opportunities to address the root causes that contribute to mental health, homelessness, and substance use crises



“Berkeley should decriminalize the use of all drugs, it needs to create housing for the chronically mentally disturbed, it needs to have very well-trained people responding to crises. Berkeley together with Alameda County, should be providing wraparound services for the mentally disturbed and substance abusers. It needs to stop criminalizing people who are homeless.

- SCU Survey Respondent

Stakeholders unanimously pointed to the context surrounding the conversation on mental health crises: there are intersecting, state-wide crises of homelessness due to the lack of affordable housing²⁷ and the opioid epidemic. When reflecting on alternative ideas and community needs, stakeholders expressed desires for addressing the root causes that manifest in the present-day rates of mental illness, homelessness, and substance misuse and abuse. Stakeholders discussed possibilities for shifting funding away from the criminal system and policing to overall community infrastructure (such as jobs, housing, and education) and increasing preventative healthcare to address the root causes of mental health, homelessness, and substance use emergencies more adequately.

Stakeholders also emphasized how stigma and criminalization of drug use and/or mental illness continue to exacerbate crises. Stigma and criminalization are barriers to accessing care and addressing these crises at both the individual and structural levels. At the individual-level, stakeholders identified that internalized stigma around mental illness, homelessness, or substance use, can prevent individuals from seeking care and that service providers can reinforce stigma through their actions and/or withhold care. They described instances of criminalization of mental illness, homelessness, and substance penalizing individuals who do seek care, preventing or terminating employment or housing, and consequently perpetuating a cycle of these experiences. At a structural level, stakeholders emphasized that stigma and criminalization shape the prioritization of funding and budget allocations away from quality healthcare, affordable housing, and evidence-based harm reduction approaches that promote community safety and health. Stakeholders also identified that the gaps in the existing crisis response system are because the crisis response system was designed around the stigma and criminalization of these experiences rather than designed to provide care and promote well-being.

²⁷ In 2019, Berkeley passed a resolution calling on the Governor to declare homelessness a state of emergency. https://www.cityofberkeley.info/Clerk/City_Council/2019/02_Feb/Documents/2019-02-19_Item_10_Declaring_a_California_Homelessness.aspx



Additional Perspectives from the SCU Survey

“As with every other part of the United States, we too are dealing with a rather poorly run medical care delivery system. We are also dealing with the war on drugs which is a total failure and has criminalized for too many people for a drug related problem, which is a public health issue and should never have been a criminal justice issue.”

“Honestly we need more than just mental health crisis teams. We need a holistic approach. One that considers not just the crisis but also everything before. We need to address the underlying cause - child abuse, domestic violence, individualism and lack of community.”

“The system is overwhelmed. It has been extraordinarily difficult to link clients to shelter or mental health consistently in Berkeley. The problems that most clients suffering from mental illness in the region face are primarily systemic in nature, and there is an extreme lack of resources available in the way of permanent housing, shelter, or frontline community mental health services. Furthermore, for clients who are low-income, learning disabled or struggle with executive functioning, or homeless, engaging in the kind of time-intensive, linear, multi-step bureaucratic processes necessary to enter into the shelter and mental health systems is often all but impossible without intensive agency advocacy and persistency. Homeless clients in particular struggle with agency-based barriers to care, often move between counties and municipalities, lack targeted outreach, and experience outreach primarily as criminalization, a tragedy given that cost of living, region-wide housing shortages, and past failures of criminal justice policy are disproportionately responsible for endemic homelessness in the Bay Area.”

“Firstly, funding priorities need to shift. We need to address the root causes of mental illness, substance use, and homelessness - trauma, often created or exacerbated by decades of failed criminal justice policy and lack of investment in community infrastructure and social services, criminalization of drug users as opposed to investment in substance use counseling and harm reduction programs, and the legacy of a suburbanized and disjointed approach to regional housing policy and governance. We need to shift funding priorities in Berkeley and the region towards funding social services, especially mental health and substance use rehabilitation, education, parks and transit infrastructure, and encourage policies that protect renters and the working poor, especially families. We need to not only shift towards social workers and mental health responders as the primary agents in engagement with clients suffering from mental illness, and not only increase homeless outreach - we also need to acknowledge the history of homeless-led political engagement in Berkeley and the region, and employ a model that politically values the voices of homeless clients themselves...”

Stakeholder-identified opportunities for centering BIPOC communities in crisis response

Stakeholders emphasized that people of color, particularly Black or African American people, are most often harmed by police. They also named that in Berkeley, the structures that put people at risk of homelessness disproportionately affect Black residents, which results in Black Berkeley residents disproportionately experiencing homelessness.²⁸

Some service providers also shared incidences of racial bias and discrimination by BPD against their Black clients. For example, at a CBO provider of non-emergency services, case managers reported calling 911 because MCT was closed; the case managers reportedly gave specific instructions that a young White woman was threatening staff and refusing to leave the premises. Yet, upon arrival, BPD harassed and threatened to arrest a Black client.

Black service utilizers and service providers alike elevated their own experiences navigating systems with entrenched racism, including interactions with police and medical facilities. For example, one Black clinician shared the important and unique ways that Black personnel promote a sense of safety, security, and trust for Black service utilizers. The provider shared that the comfort and reassurance of a shared identity increases the opportunities to be more honest, especially during medical or mental health crises.

Stakeholders shared that reducing contact between police and Black residents, especially Black unsheltered residents, is important to public safety. Stakeholders also shared that Black residents and other community members of color should provide input and feedback as an SCU is designed and implemented in Berkeley.



Additional Perspectives from the SCU Survey

"less arrests and escalation by police, I worry because the homeless population is mostly African American."

"...The proportion of folks who are Black among those homeless in Berkeley is much higher than the general population. We know that police interacting with POC is a dynamic that all too often leads to harm."

²⁸ City of Berkeley. (2019). *City of Berkeley Homeless Count & Survey – Comprehensive Report*. Retrieved October 11, 2021, from https://everyonehome.org/wp-content/uploads/2019/09/2019HIRDReport_Berkeley_2019-Final.pdf

Stakeholder-identified opportunities for community oversight to ensure equitable and transformative crisis care

Due to system distrust and the current climate around Berkeley's Reimagining Public Safety efforts, stakeholders expressed a desire and need for ongoing community input and oversight of crisis response, especially by those most impacted by crisis services.

Stakeholders suggested leveraging the Mental Health Commission, which they feel is currently underutilized. They also expressed the importance of ensuring that engagement and oversight opportunities are accessible for the most structurally marginalized residents and residents utilizing SCU and crisis response services.



Additional Perspectives from the SCU Survey

"Crisis response that reaches out to the community to ask what they want; particularly communities of color, and enlist this community in the creation of the programs..."

Thoughtful, constructive ways for integration and engagement of the challenged community with the community of Berkeley residents and workers."

Appendices

Appendix A. Sample Interview Guide

CBO Staff Focus Group Guide

Focus Group Details

Date	
Facilitator	
Community groups in attendance	

Overview

[Introduce facilitator and notetaker]

We are gathering information about mental health and substance use crisis response in the City of Berkeley, including by contacting (211, 911, BMH crisis triage line, etc.) and who responded (if at all): social workers, medics/EMT, fire and/or police in our city. We are interested in hearing specifically about your experiences, and/or your perceptions of, mental health and substance use crisis response in the City of Berkeley. We are gathering this information to inform the development of a Specialized Care Unit (SCU) for the City of Berkeley as a non-police crisis response to mental health and substance use calls.

At the end of the discussion, if you feel like you didn't get to share something, or you think of something else you want to share later, feel free to visit our website for additional ways to provide feedback. <https://sites.google.com/rdaconsulting.com/city-of-berkeley-scu/>

This focus group will last approximately 90 minutes. If possible, please leave your video on and keep yourself muted when you are not speaking. You may respond to our questions verbally or in the chat, whichever you prefer.

Our goal for today is to understand your experiences as providers and advocates and do not expect you to share private details of your clients' experiences. Your own responses will be kept confidential and will be de-identified in any report back to the City of Berkeley.

We understand that some experiences with the current crisis response may have been harmful to you and/or your clients; if you would like to take a break or leave the focus group, please do so at any time.

Does anyone have any questions before we begin?

Questions

Warm-up

To get us started, we would like to do some introductions.

1. Please introduce yourself to the group by sharing your name, group or organization you are representing, your role, how long you've been there, and a word or phrase that comes to mind when you think about "mental health and substance use crisis services".

Experience with and perceptions of mental health and substance use crisis response

Now I would like to ask you some questions about your experience with and perceptions of the mental health and substance use crisis response options in the City of Berkeley.

2. What do you know about the existing mental health and substance use crisis response options in the City of Berkeley?
 - a. What kinds of crises do these services respond to?
 - b. What is missing?
3. How do the services your organization or program provides intersect with mental health and substance use related crisis services?
4. Are individuals referred to your program after experiencing a mental health or substance use related crisis?
 - a. If so, what services do you typically provide
 - b. How are those clients connected to your program?
5. Where would your clients go/who would they call if they were experiencing a mental health or substance use related crisis?
 - a. If, as a provider, a client was experiencing a mental health or substance use related crisis is there a program that you would call for support?
 - i. If so, who would you call? How do you decide who to call?
 - ii. How effective has the response been?
 - iii. Please share an example of a situation where you needed to contact someone to support a mental health or substance use related crisis for a client.
 1. Do you feel that the service was helpful? If so, how?
 2. If not, what could have been done differently?
6. Do you feel comfortable/safe calling for support from the existing mental health or substance use related crisis service options? Why or why not?
 - a. Do you feel that the existing mental health or substance use related crisis response options are helpful to clients? Why or why not?
7. Are there times that you have chosen not to call for mental health or substance use related crisis response services? Why or why not?
 - a. What did you do instead?
 - b. What might have made you feel more comfortable calling for support when a client was experiencing a mental health or substance use related crisis?
8. What do you feel that your clients typically need when they are experiencing a mental health or substance use related crisis?
 - a. Where might you refer a client if your program or organization can't provide the help they need during a mental health or substance use related crisis?
9. Are there local organizations or groups that you collaborate with that are maybe not considered part of the "system"?
 - a. If so, who are they and what kinds of support do they provide?
 - i. Do you think they would want to talk with us? *[if yes, get contact info for follow up]*

Strengths and challenges of the current mental health or substance use related crisis response options

In this section we will be discussing what the system is doing well and what the system is not doing so well.

10. In your opinion, what are some of the strengths of the current mental health or substance use related crisis response options?
 - a. If your clients have experienced a mental health or substance use related crisis, were they able to get help? How so?

11. In your opinion, what are some of the weaknesses of the current mental health or substance use related crisis response options?
 - a. Why do you think things aren't working?
 - b. Do you think mental health or substance use related crisis response services are difficult for your clients to access? How so?
 - c. What are some of the gaps related to mental health or substance use related crisis response options?

12. Do you feel that some people are served better than others by the current crisis system?
 - a. If so, who is left out?
 - b. Are people treated differently based on their race, gender, culture, sexuality, or disability? If so, how?

Ideas for alternative model

In this section I'm now going to ask you for your ideas for an ideal response for someone experiencing a mental health or substance use related crisis.

13. What would an ideal mental health or substance use related crisis response look like for you and the people you serve?
 - a. What kind of response would best meet the needs of your clients?
 - b. What would make it more likely for you to reach out to a crisis team for support?
 - c. What would make it less likely for you to reach out?
 - d. Who should, and should not, be involved in a mental health or substance use related crisis response? (i.e., Police, EMT, clinicians, peers, social workers, others?)
 - e. What do you consider to be essential features of an effective mental health or substance use related crisis response that is responsive to, and respectful of, the clients you serve?

14. What do you feel needs to be included in a new mental health or substance use related crisis response for you to feel safe calling for or providing those services?

Wrap up

We are hoping to talk to people one on one who are less likely to attend a focus group, but who have lived experience and would like to provide feedback on the development of a Specialized Care Unit. We are asking you to think about the people your program serves and consider if there are individuals who might want to share their experience with us in an interview either in person or over the phone.

15. What do you think are the best ways to engage your clients in this process?
 - a. How can we make sure that everyone's voice is heard?
 - b. Who is the best person to interview them?

- c. Would they be comfortable talking with someone from RDA or is there another person who might be more suited to talk with them?
- d. [Note contact information for follow up if applicable]

16. Is there anything else that you didn't get to share today that is important for us to know?

Closing

Thank you for your participation. We genuinely appreciate the time you took to speak with us today. We will be conducting interviews with other organizations and community members over the next few months and compiling a report based on the feedback, which will be shared with you and the community. If you would like to share any additional information with the City of Berkeley, feel free to visit <https://sites.google.com/rda consulting.com/city-of-berkeley-scu/>.

Appendix B. Demographics of Community Engagement Participants

As a reference point, it is important to understand the demographics of the Berkeley population. Table 1 below shows the demographics of Berkeley's overall city population (in July 2019) and the Medi-Cal recipient population (FY 2019-2020). Medi-Cal population demographics are included because the majority of City of Berkeley ongoing funded mental health services are restricted to this population, due to funding requirements. Relative to Berkeley's overall population, Black or African American residents are overrepresented in the City's Medi-Cal population, while Whites and Asians are underrepresented.

Table 1. Berkeley Population and Medi-Cal Recipient Demographics (2019)

	City Population (July 2019) ²⁹	Medi-Cal Recipients (FY 2019-2020)
Population Size	121,363	18,548
Race Ethnicity (%)		
White	53.3%	26%
Black/African American	7.9%	22%
Hispanic/Latino	11.4%	12%
Asian/Pacific Islander	21.5%	10%
American Indian/Alaska Native	0.5%	0%
Other (including 2+ races)	7.5%	33%
Gender (%)		
Female	50.5%	51%
Male	49.5%	49%

In the charts shown below, "provider participants" are those who were interviewed by RDA as part of CBO interviews and focus groups. "Service utilizer participants" are clients of CBOs or encampment residents who were interviewed by RDA. And "survey participants" are individuals who responded to RDA's online survey; these respondents could be a mix of providers, service utilizers, and/or other Berkeley residents or stakeholders.

²⁹ United States Census Bureau. (2019). *QuickFacts – Berkeley city, California*. <https://www.census.gov/quickfacts/berkeleycitycalifornia>

Figure 1 below shows the age distribution of the individuals that participated in this process. Overall, RDA received information from more people in the 30-44 range (39%) than any other age range.

Figure 1. Participants by age (n = 122 individuals)

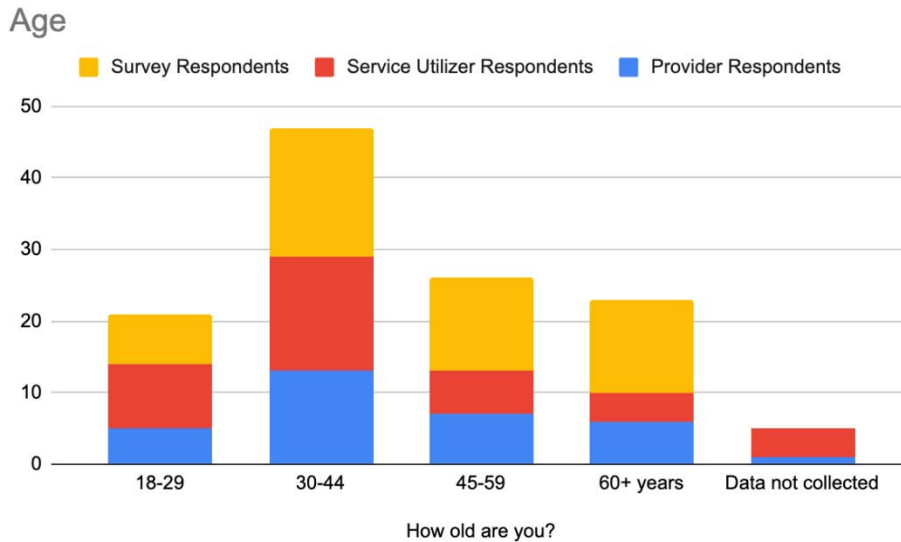


Figure 2 below shows the racial and ethnic distribution of participants in RDA's data collection.³⁰ Participants were asked to note all races/ethnicities that they identified with, so these are duplicated counts; for this reason, specific percentages should not be interpreted from this data. A large proportion of participants were white, especially among the survey respondents who participated. Most of the Black or African American participants contributed their perspectives via RDA's in-person focus groups or interviews. As compared to Berkeley's overall population, service utilizers and providers who identified as Black or African American were overrepresented in RDA's data collection efforts, (see Table 1).

³⁰ 13 participants selected more than one racial or ethnic identity, so these numbers are duplicated. For example, if a participant selected White and Black or African American, they are counted in both the White and African American categories.

Figure 2. Participants by race/ethnicity (n = 122 individuals)

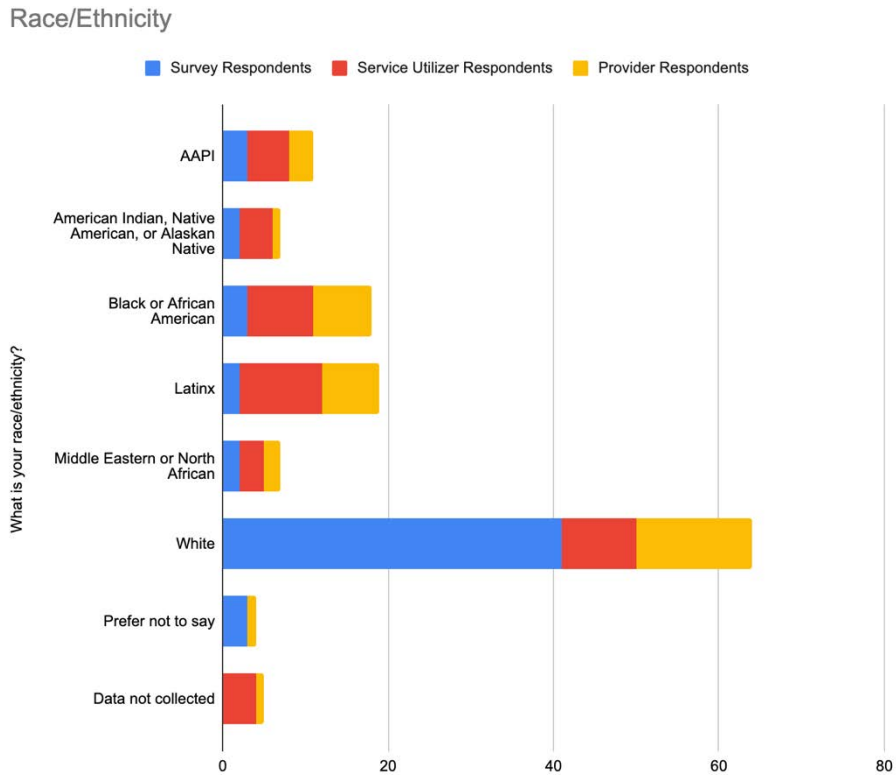


Figure 3 below shows the number of transgender and cisgender participants of RDA's data collection. Overall, there were far more cisgender participants than transgender participants. However, a higher proportion of service utilizer respondents (13%) were transgender, while less than 4% of survey respondents and 3% of provider respondents were transgender.

Figure 3. Participants by transgender/cisgender (n = 122 individuals)

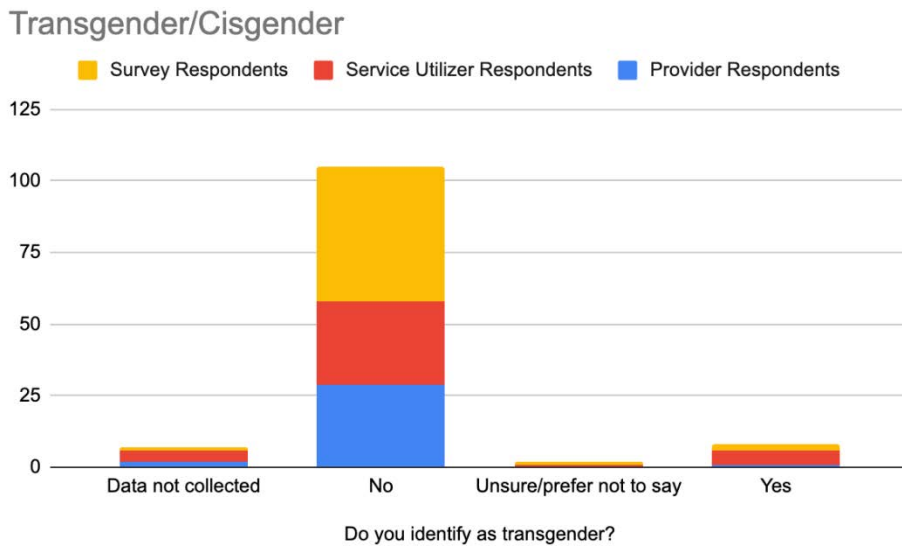


Figure 4 below shows the gender identity distribution of participants to RDA's data collection. RDA collected feedback from more than double the number of female-identifying participants (72) than male-identifying participants (31). There was an even distribution among service utilizer respondents (41% female and 41% male) compared to survey respondents (67% female vs. 20% male) and provider respondents (69% female, 16% male). Overall, there were very few genderqueer or nonbinary participants (<1% and 6% respectively).

Figure 4. Participants by gender identity (n = 122 individuals)

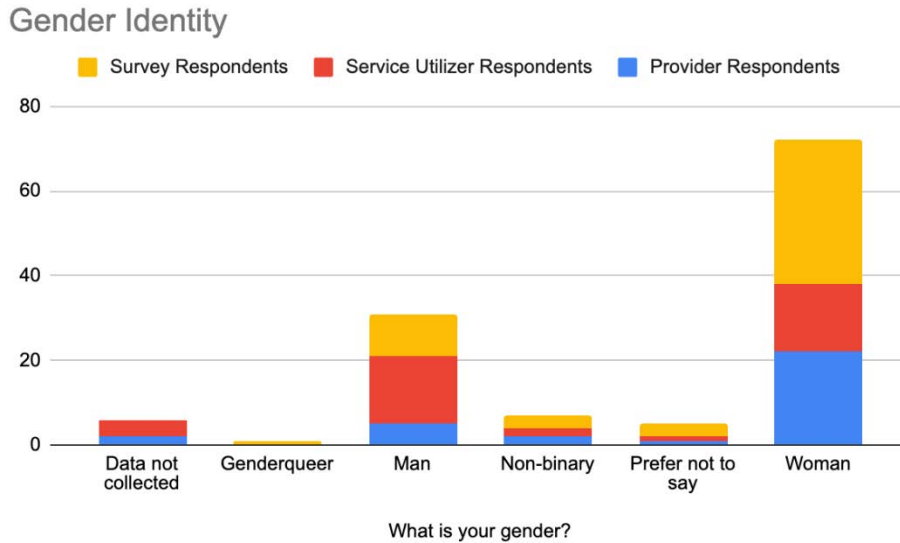


Figure 5 below shows the sexual orientation of participants of RDA's collection. Over one third (35%) of participants identified as heterosexual or straight, while over one fourth (28%) identified as LGBTQ+. The remaining participants did not share their sexual orientation or it was not asked of them. Over half of survey respondents (57%) identified as straight, while only 31% of provider respondents and 10% of service utilizer respondents identified as straight.

Figure 5. Participants by gender identity (n = 122 individuals)

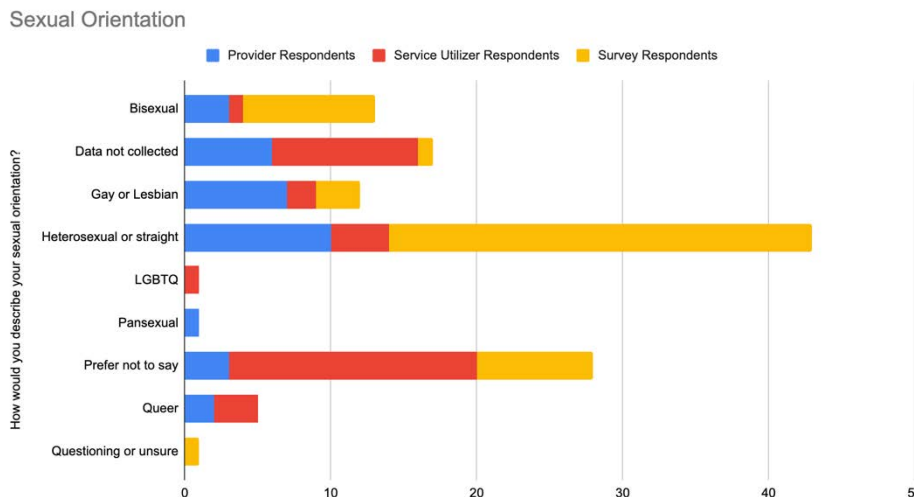
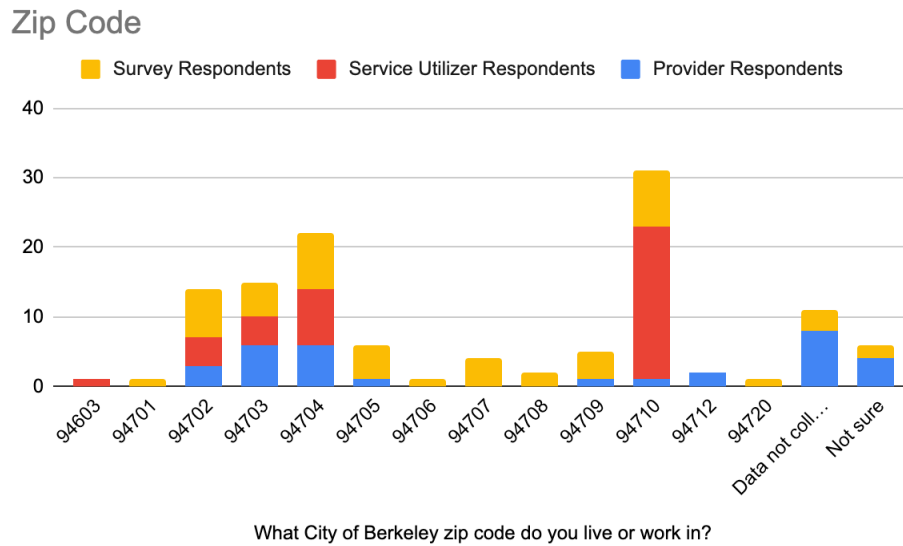
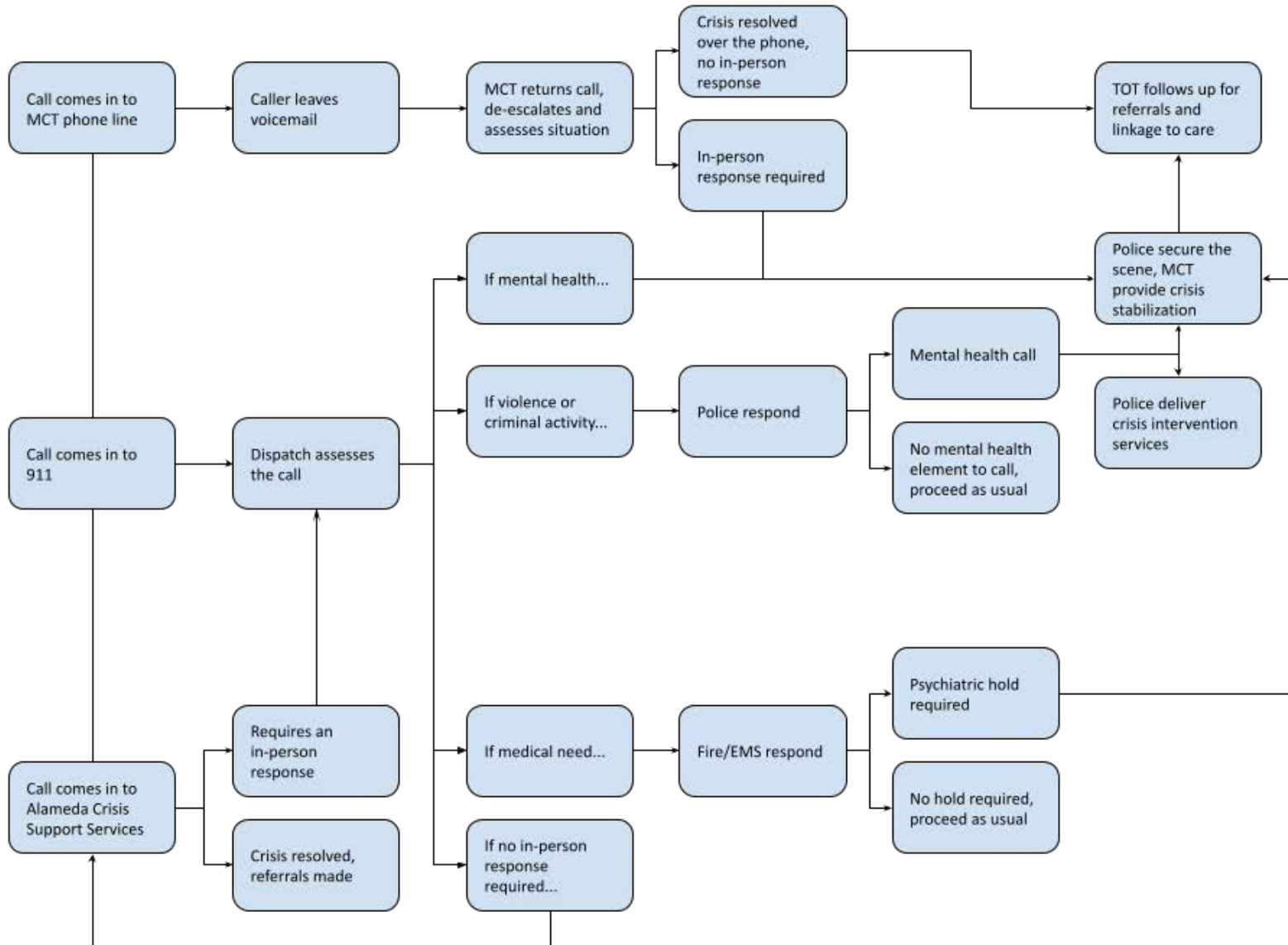


Figure 6 below shows the geographical distribution of participants of RDA's data collection. The most common zip code of participants was 94710 (25%), in large part due to the number of Seabreeze encampment residents that participated in this process. Closely following were the Berkeley ZIP codes of 94702, 94703, and 94704 with 11%, 12%, and 18% of participants, respectively.

Figure 6. Participants by ZIP code (n = 122 individuals)



Appendix C. Process of a Mental Health Call



Appendix D. Mental Health Call Responses – Call Volume and Demographics

Data Collection Methods and Challenges

Early on in this project, RDA submitted requests to Berkeley Mental Health’s Mobile Crisis Team (MCT) and the Berkeley Fire Department (BFD) to receive data on responses to all mental health related calls. MCT shared basic service-level data of their responses for FYs 2015-2020. BFD shared data from BFD and Falck (the city’s contracted ambulance services provider for mental health crises) that was limited to responses to 5150 calls in Berkeley between calendar years 2019-2021.

RDA did not submit a data request to the Berkeley Police Department (BPD) for two reasons. First, from another evaluation project that RDA currently has with the Berkeley Mental Health Division, RDA already had basic service-level data from BPD regarding their responses to calls originating for 5150s, for the period of CYs 2014-2020. Second, in April 2021, the Berkeley City Auditor released a comprehensive report on its extremely in-depth data analysis of BPD’s responses. For the purposes of RDA’s project regarding the Specialized Care Unit (SCU), there was no need to replicate any of the work and findings that came from the Berkeley City Auditor. Please see the Berkeley City Auditor’s report for a detailed description of its methods, findings, data limitations, and data recommendations for BPD.³¹ The findings that are shared in this report from the Berkeley City Auditor’s study are extrapolated directly from the data about BPD calls (from CYs 2015-2019) that was included in the Auditor’s report.

In general, RDA’s analysis of MCT, BFD, Falck, and BPD call data yielded high-level summary plots about subject/patient demographics and call volume. The general limitations of all available data prevented a more in-depth analysis of the data. More detailed tabular findings are not shared in this report for two reasons: 1) given that all of the quantitative data are under representations of the true volume of crisis responses and callers in Berkeley, only the trends about the volume of mental health related calls and caller demographics should be interpreted from this data, not the specific numbers; and 2) in order to protect the privacy of the few individuals who populated some of the specific categorizations of this data, RDA cannot disclose data which includes small sample sizes.

There were limitations to the quantitative datasets that RDA received. Of greatest impact is that the data entry practices across each agency were not consistent with each other, thus limiting which data could be pulled for analysis as well as which findings could be compared between agencies. For example, due to data limitations, RDA was unable to present a total call volume across agencies or the unmet need for mental health intervention during 5150 transport. Though estimates on call volume and unmet need are relevant to understanding crisis response options, inconsistent data collection and reporting across agencies would make this calculation inaccurate and misleading.

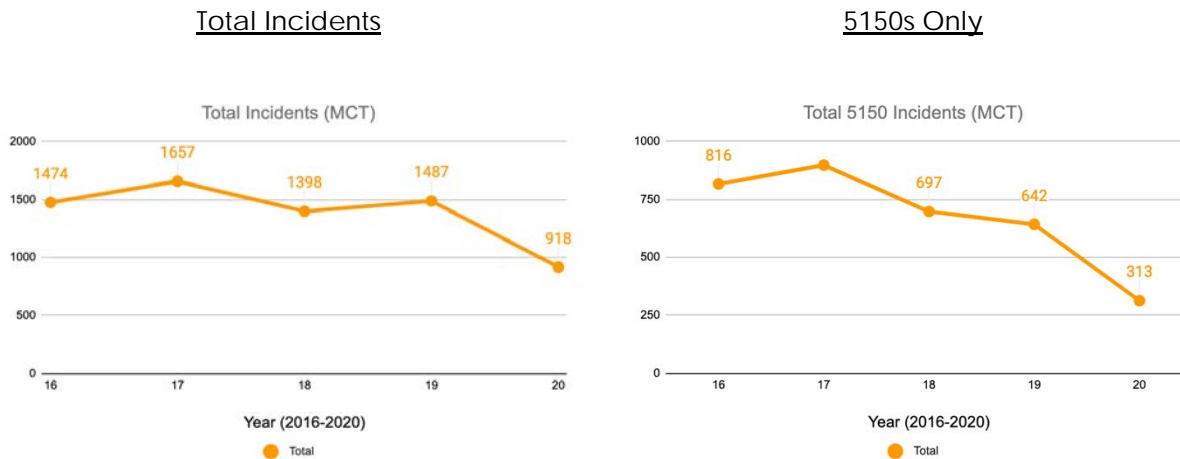
³¹ Berkeley City Auditor. (2021, July 2). *Data Analysis of the City of Berkeley’s Police Response*. https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf

The data challenges that RDA encountered were very similar to those faced by the Berkeley City Auditor; please refer to the Berkeley City Auditor’s report of its findings of Berkeley’s Police Response for a thorough description of their data challenges.³²

Mental Health Call Volume

Mobile Crisis Team: From the call data that MCT shared with RDA, findings are limited to only showing the total volume of calls that MCT responded to during 2015-2020. Due to missing data and data elements across the various years, there were not any consistent elements for which findings could be determined over the full five-year period. Figure 7 below shows the volume of MCT’s total incidents and which of those incidents resulted in a 5150 for each year between 2015-2020.

Figure 7. Mobile Crisis Team (MCT) Incidents in 2015-2020 - Total



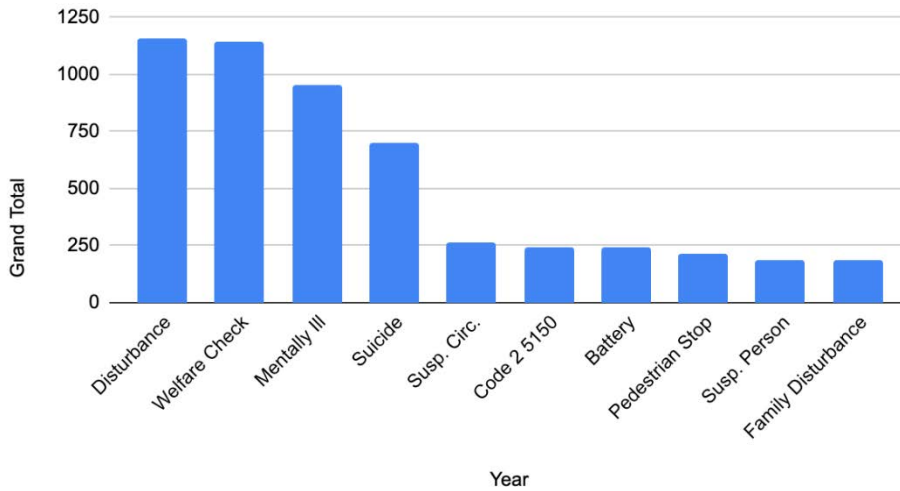
Since 2015, there has been a gradual decline in the number of total and 5150 incidents that MCT responded to in Berkeley due to staff vacancies as well as the COVID-19 pandemic.

Berkeley Police Department: For the period of 2014-2020, RDA received data from BPD that included all calls initially coded by BPD as needing a 5150 response. This was the only type of designation that could be queried in BPD’s data for mental health related calls. From this dataset, RDA identified the variety of other types of incidents that were coded alongside “5150” for each call. Figure 8 below shows the top ten incident types for all the 5150 calls that BPD responded to in 2014-2020.

Figure 8. Top 10 Berkeley Police Department (BPD) 5150 Incident Call Types, 2014-2020

³² Berkeley City Auditor. (2021, July 2). *Data Analysis of the City of Berkeley’s Police Response*. https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf

Top 10 BPD 5150 Incident Call Types (2014-2020)

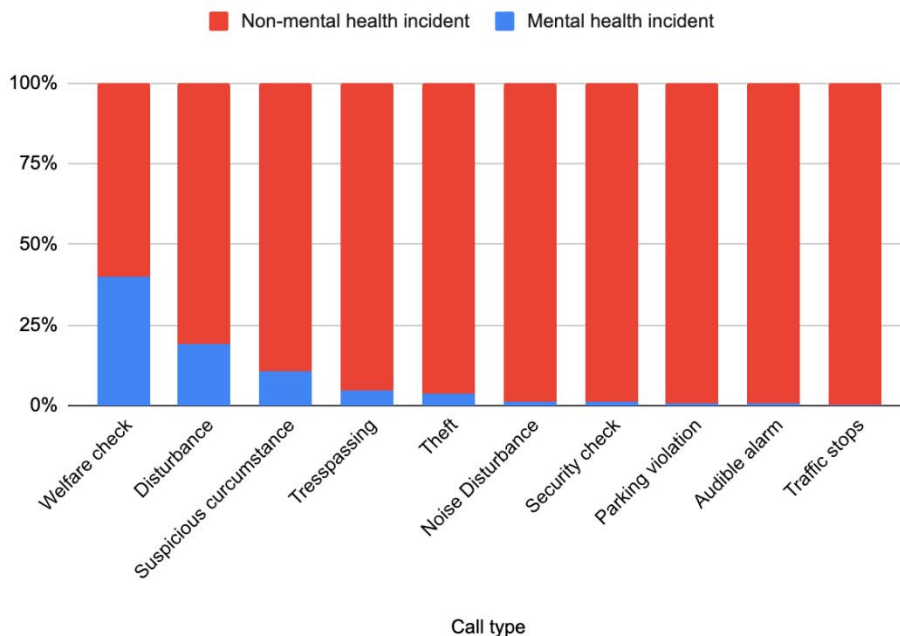


Disturbance, welfare check, mentally ill, and suicide were the most frequent incident types of all 5150 calls to BPD.

The Berkeley City Auditor conducted a qualitative analysis of its BPD call response data to explore the differences between calls that were or were not mental health related. Because BPD’s data does not have an explicit variable that denotes whether each call is mental health related or not, the Berkeley City Auditor did a keyword search for mental health related terms in the open narrative fields of BPD’s call entries. Figure 9 below shows the differences in mental health related and non-mental health related calls that BPD responded to between 2015-2019, stratified by call type.

Figure 9. Berkeley Police Department (BPD) Call Types, 2015-2019

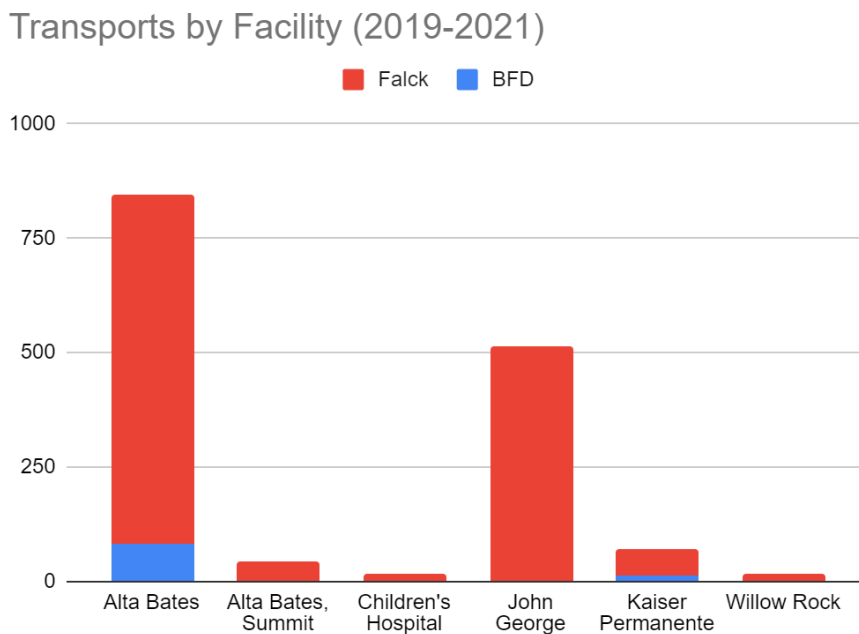
Top Call Types with Mental Health Incidents (2015-2019)



Around 40% of BPD’s welfare check calls included a mental health related facet to the response, followed by around 20% of disturbance calls, and around 10% of calls regarding suspicious circumstances.

Berkeley Fire Department: The data that BFD shared with RDA (which included data from BFD and Falck) included information on the facilities that BFD and Falck transported 5150 cases to between 2019-2021. Falck conducted the large majority of 5150 transports in Berkeley. Most 5150 transports were to Alta Bates Medical Center and John George Psychiatric Emergency Services. BFD only transported 5150 cases to Alta Bates, Oakland Children’s Hospital, and Kaiser. As contracted, Falck conducted 5150 transports to all the agencies noted below.

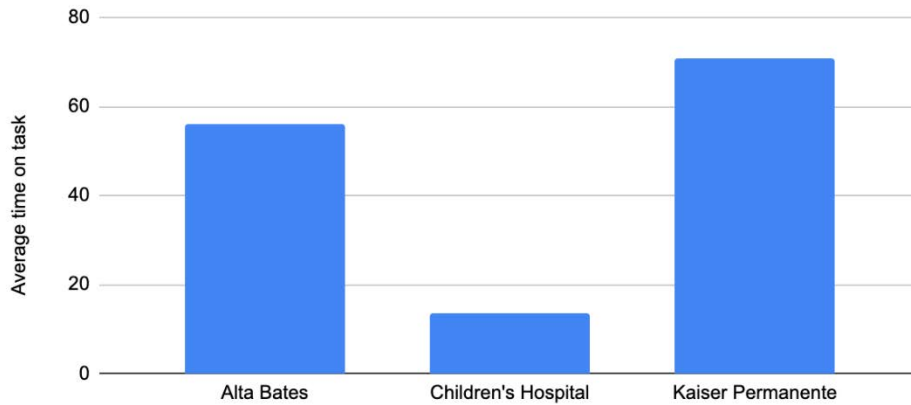
Figure 10. BFD and Falck 5150 Transports by Destination, 2019-2021



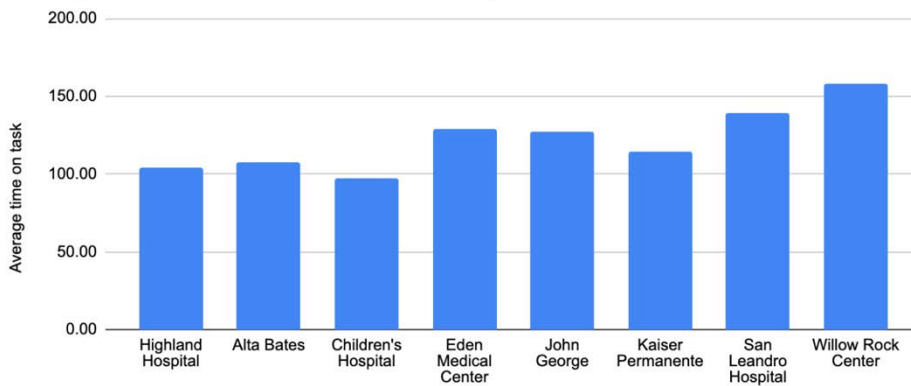
BFD also shared data regarding their and Falck’s time on task for each 5150 response and transport. Time on task represents the time from which BFD or Falck arrive at the scene to the point in which they complete the transport of the patient to the destination. Of the 95 5150 transports that BFD conducted between 2019-2021, BFD’s average time on task was 20 minutes. Of the 1,523 5150 transports that Falck conducted between 2019-2021, Falck’s average time on task was 115 minutes. This is because Falck is the designated ambulance provider who is transporting 5150 cases around Alameda County. These calls can take more time and can be to farther locations. Figure 11 below shows the average time on tasks for BFD and Falck.

Figure 11. BFD and Falck Time on Task for 5150 Transports, 2019-2021

Average Time on Task, BFD (2019-2021)



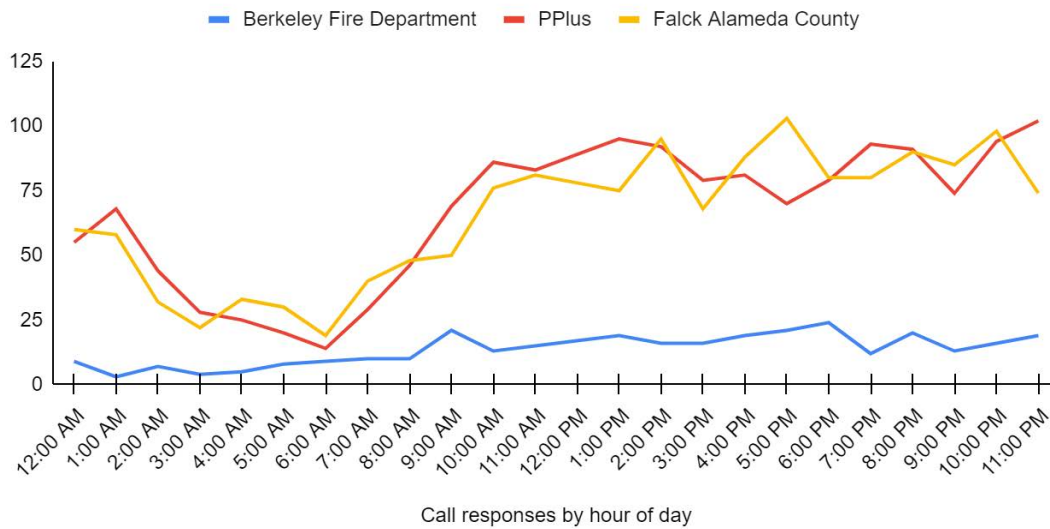
Average Time on Task, Falck (2019-2021)



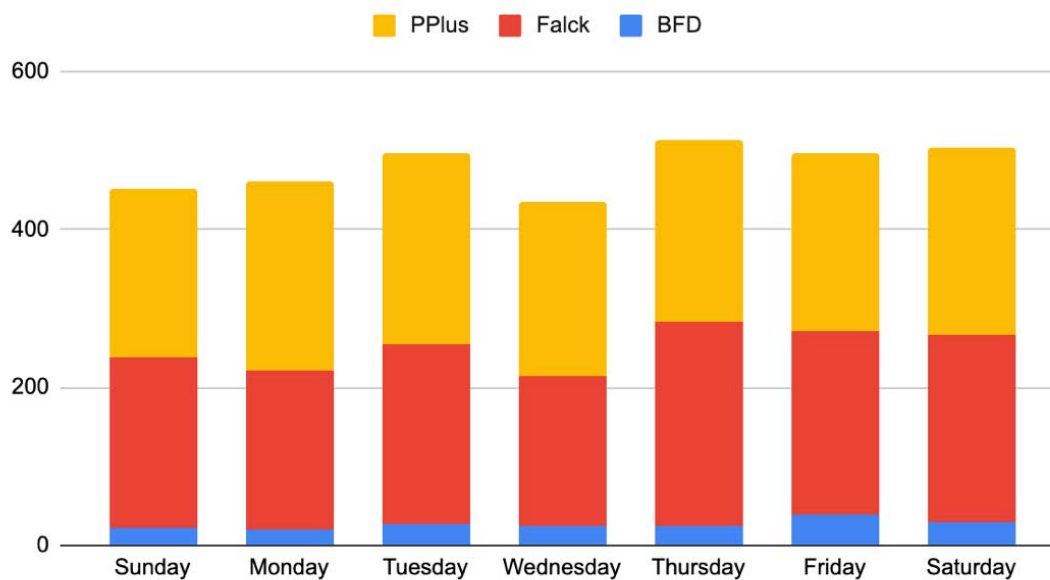
BFD, Paramedics Plus (or PPlus, the contracted ambulance provider prior to Falck), and Falck’s data on their 5150 call responses also included information on the day of the week and time that each 5150 call was initiated. RDA analyzed this data to search for any notable trends regarding when 5150 calls originate. Figure 12 below shows when each agency’s 5150 call responses occurred; this data spans the years 2018-2021. From this data, it appears that 5150s are least frequent during the very late-night and early-morning hours (2:00-8:00am), and the most frequent between 10:00am – midnight. There is no noticeable difference in the frequency of 5150s across the seven days of the week.

Figure 12. BFD, PPlus, Falck 5150 Transports by Time of Day and Day of Week, 2018-2021

Call Responses by Hour of Day (2018-2021)



Call Responses by Day of the Week (2018-2021)

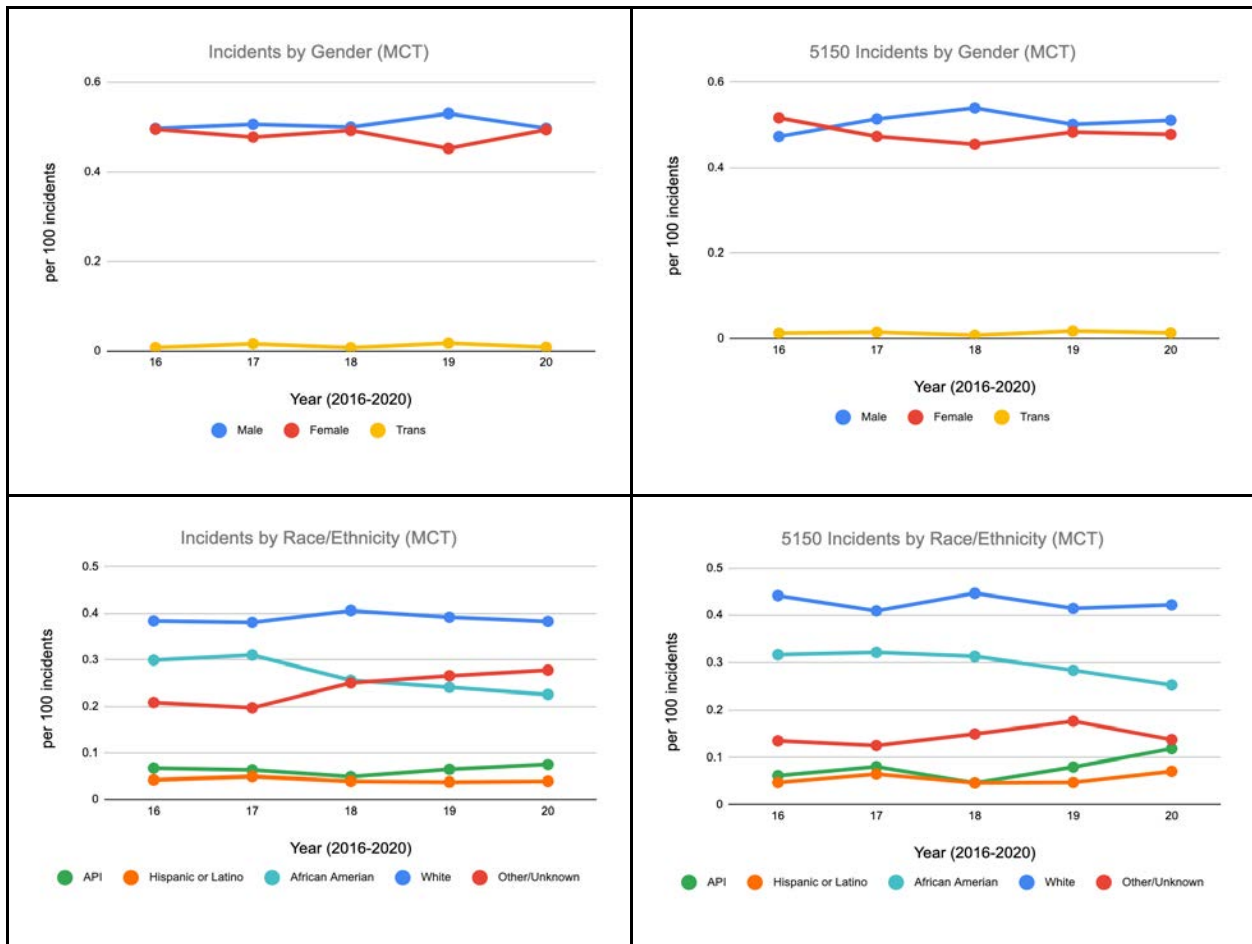


Demographics of Mental Health Call Responses

Mobile Crisis Team: For the five-year period of FY 15/16 through FY 19/20, the Berkeley Mental Health Division’s Mobile Crisis Team (MCT) shared data about both their overall volume of responses as well as those pertaining specifically to 5150 calls. Figure 13 below includes four figures that show MCT’s incidents by gender (first row), and then incidents by race/ethnicity (second row) by each fiscal year.

Figure 13. Mobile Crisis Team (MCT) Incidents in 2015-2020 - Gender, Race/Ethnicity

Total Incidents	5150s Only



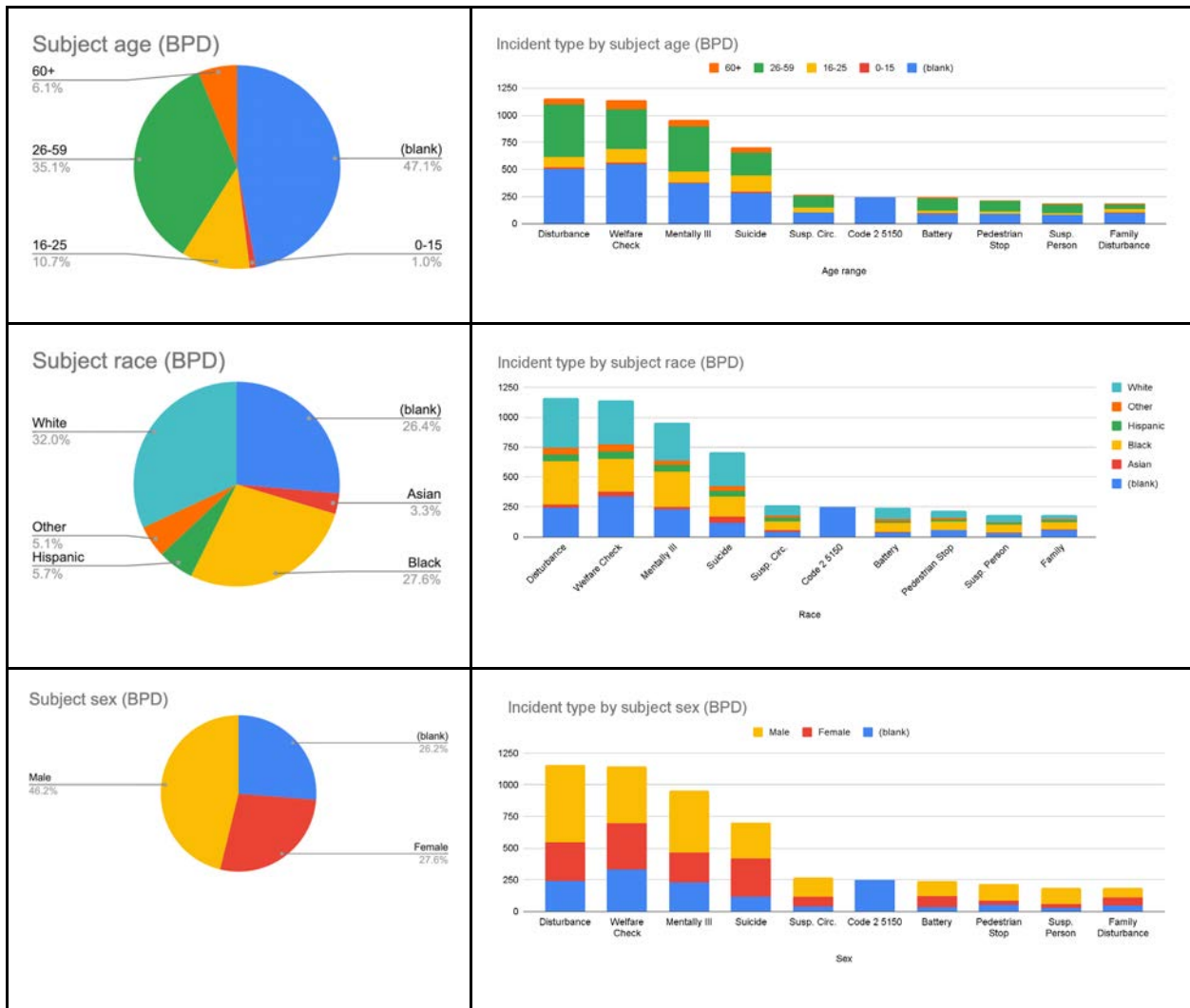
MCT incidents were with slightly more males than females, and very few trans individuals. And, regarding race/ethnicity, MCT cases were most often White, followed by African American, other/unknown, Asian Pacific Islander, and Hispanic or Latino. Given that African Americans comprise only 7.9% of Berkeley's population (see Table 1), they are very overrepresented in MCT's service utilizer population.

Berkeley Police Department: For the six-year period of CY 2014 through CY 2020, the Berkeley Police Department (BPD) shared data regarding demographics (age, race, and sex) for each of its calls that were originated as designated 5150 responses. Since 2019, the majority of 5150 responses were conducted by Falck - an ambulance services provider contracted by BFD - because Falck is the designated entity (between the two agencies) to conduct 5150 transports in Berkeley. Figure 14 below includes six figures that show: 1) the summative demographics of BFD's 5150 subjects, and 2) the incident types stratified by subject demographics.

Figure 14. Berkeley Police Department (BPD) 5150 Subjects in 2014-2020 - Demographics and Incident Types³³

<u>Subjects by Demographics</u>	<u>Incident Types by Demographics</u>
---------------------------------	---------------------------------------

³³ Data noted as (blank) represent data points where data were missing.

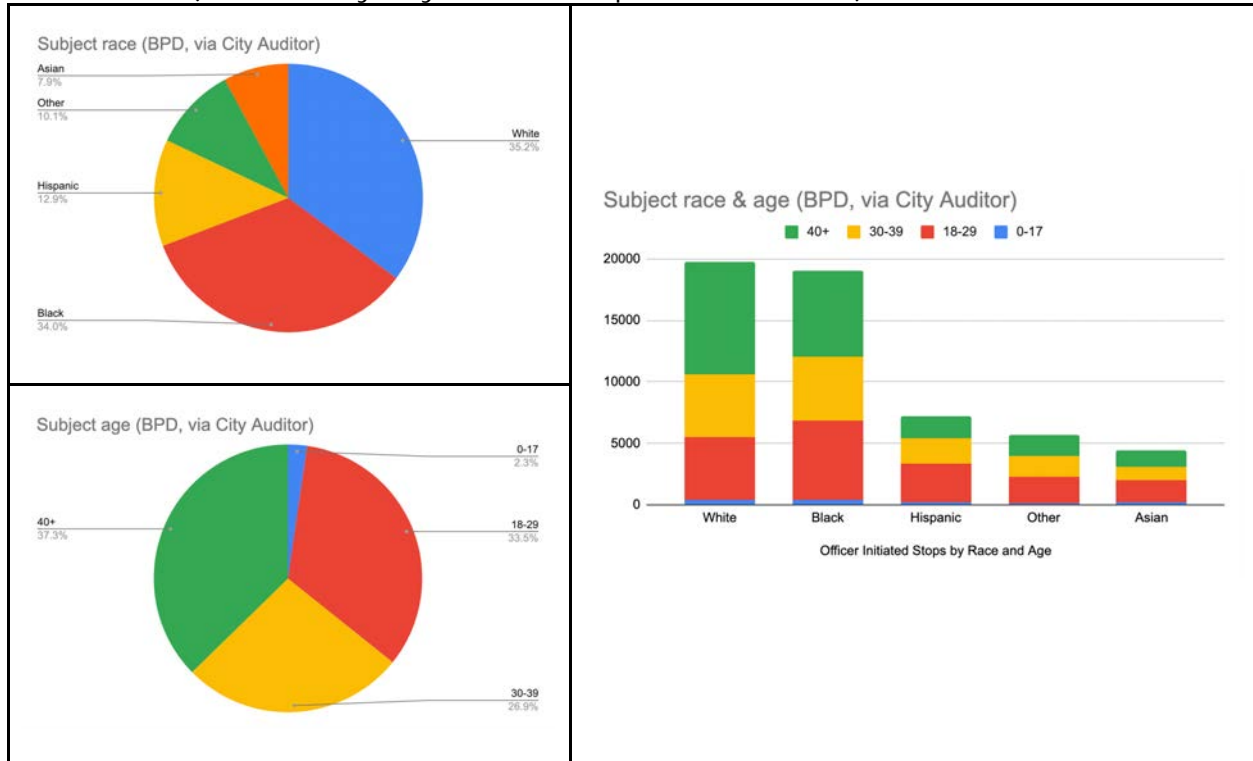


Of the BPD 5150 calls that had demographic variables coded, most responses were with individuals between ages 26-59, White, or male. Liked noted above with MCT’s service utilizer population, given that African Americans comprise only 7.9% of Berkeley’s population (see Table 1), they are also very overrepresented amongst BPD’s 5150 population. Most BPD 5150 calls were also coded as disturbance calls, welfare checks, mentally ill individuals, and suicide. Each incident type is not mutually exclusive, so any particular incident could have one or multiple more incident type logged towards it in addition to being a 5150.

The Berkeley City Auditor’s report (released in April 2021) on BPD call responses included a variety of tables with data on the demographics of the subjects of their officer-initiated stops by race and age; please refer to the Berkeley City Auditor’s Report in Figure 19: Officer-Initiated Stops by Race and Age, 2015-2019.³⁴ RDA took the data shared in that figure to produce different visual representations of all subjects that BPD responded to between 2015-2019; this data includes responses to non-mental health related calls, as well.

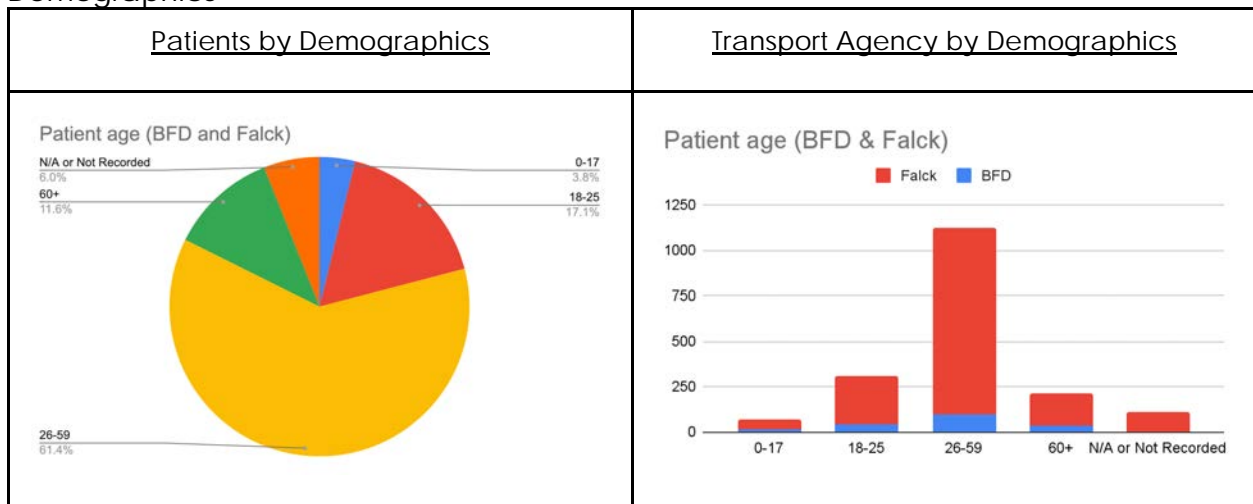
³⁴ Berkeley City Auditor. (2021, July 2). *Data Analysis of the City of Berkeley’s Police Response*. https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf

Figure 15. Berkeley Police Department (BPD) Officer-Initiated Calls in 2015-2020 - Race and Gender (via Berkeley City Auditor's Report on BPD Calls)



Berkeley Fire Department: For the three-year period of CY 2019 through CY 2021, the Berkeley Fire Department (BFD) shared data regarding demographics (age, race, and gender) and incident type for each of its calls that were originated as designated 5150 responses. Figure 16 below includes six figures that show: 1) the summative and combined demographics of BFD and Falck's 5150 patients, and 2) the differences in volume of BFD and Falck 5150 responses stratified by patient demographics. Figure 17 below shows the total combined 5150 responses by BFD and Falck, first grouped by gender by race, then by race by gender.

Figure 16. Berkeley Fire Department (BFD) and Falck 5150 Patients in 2019-2021 - Demographics



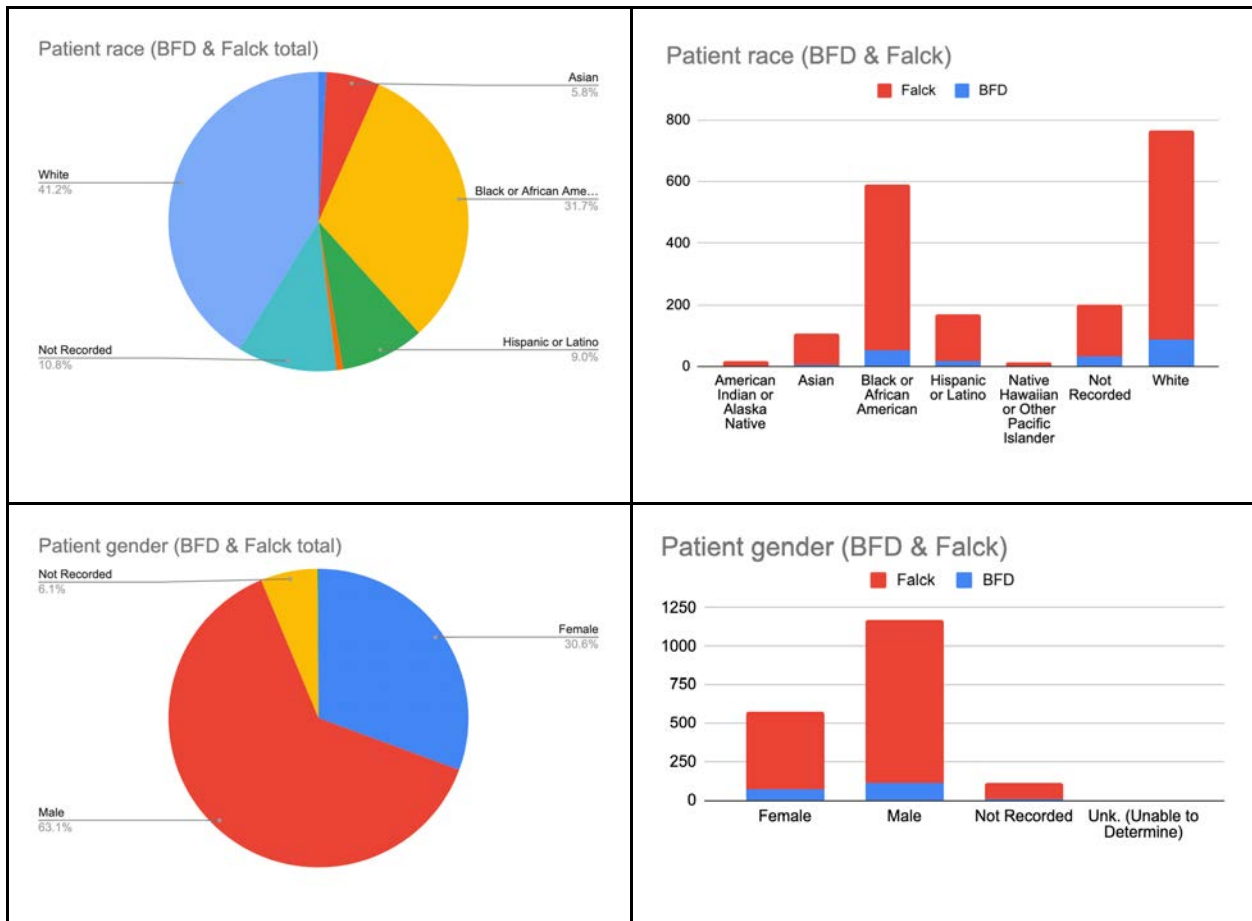
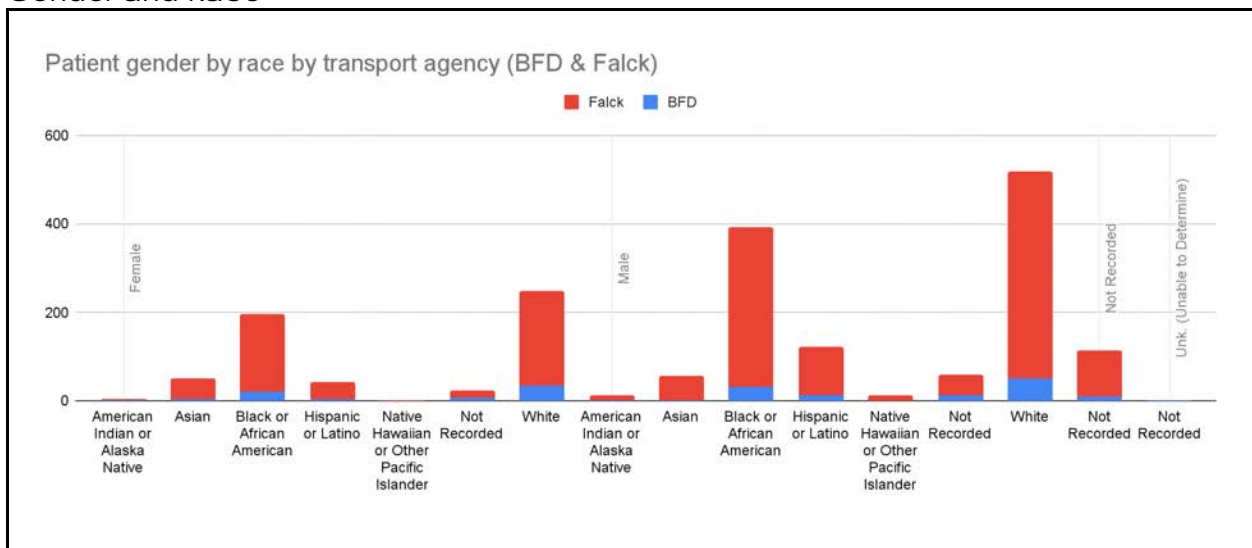
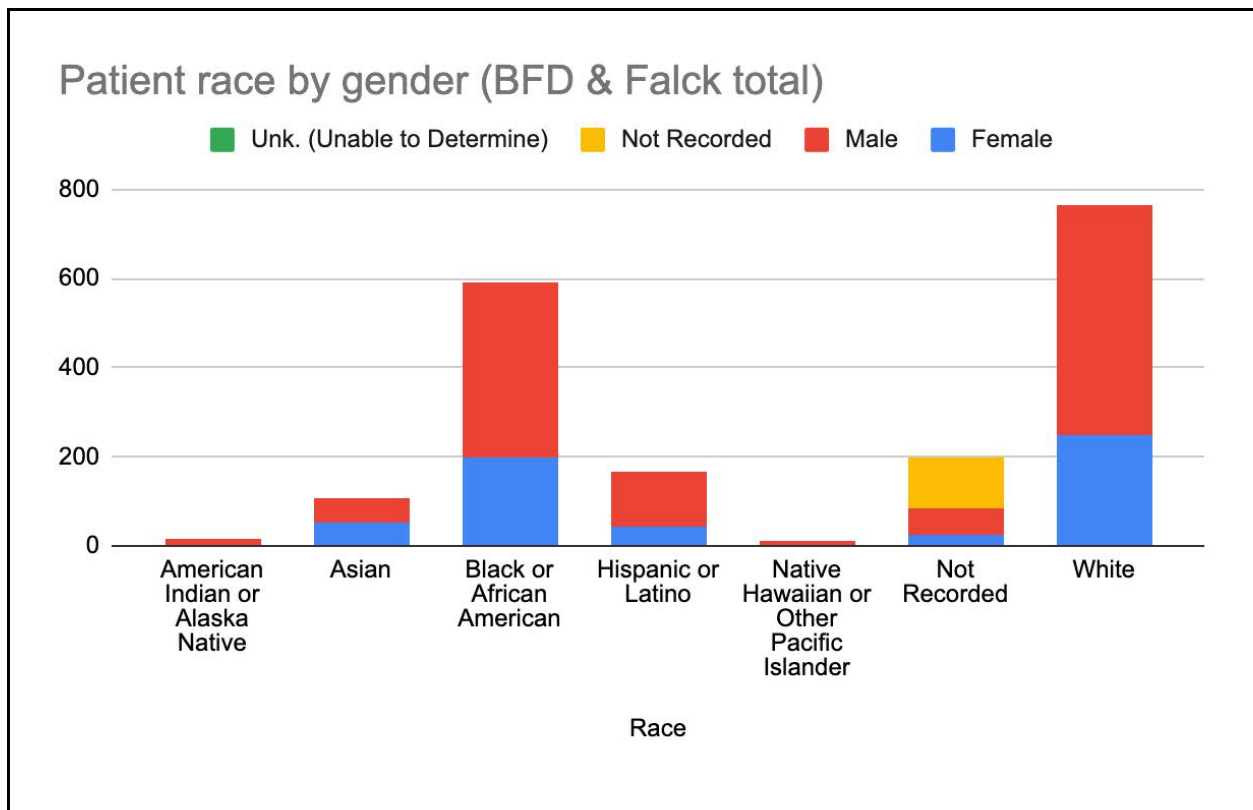


Figure 17. Berkeley Fire Department (BFD) and Falck 5150 Patients in 2019-2021 - By Gender and Race





Similar to the incidents that MCT responded to, the 5150 patients that BFD and Falck responded to are mostly between ages 26-59, White, or male. Falck also conducted a large majority of the 5150 transports in Berkeley, as compared to BFD.



City of Berkeley

Crisis Response Models Report



City of Berkeley

Specialized Care Unit Model Recommendations

Crisis Response Models Report

Caroline de Bie

Sarah Ferrell

Sasha Gayle-Schneider

Jamie Dorsey

Nicole Gamache-Kocol

Kevin Wu

This report was developed by Resource Development Associates under contract with the City of Berkeley Health, Housing & Community Services Department.

Resource Development Associates, September 2021





Table of Contents

Introduction	4
Crisis Response Models: An Overview	6
Components of Crisis Response Models	8
Program Administration	23
Program Planning Process	28
Lessons Learned	32
Appendices	36

Introduction

In response to the killing of George Floyd by Minneapolis police in May 2020 and the ensuing protests across the nation for this and many other similar tragedies, a national conversation emerged about how policing can be done differently in local communities. The Berkeley City Council initiated a broad reaching process to reimagine policing in the City of Berkeley. As part of that process, in July 2020, the Berkeley City Council directed the City Manager to pursue reforms to limit the Berkeley Police Department's scope of work to "primarily violent and criminal matters." These reforms included, in part, the development of a Specialized Care Unit (SCU) pilot to respond to mental health crises without the involvement of law enforcement.

In order to inform the development of an SCU, the City of Berkeley contracted with Resource Development Associates (RDA) to conduct a feasibility study that includes community-informed program design recommendations, a phased implementation plan, and funding considerations. As part of this feasibility study, RDA reviewed the components of nearly 40 crisis response programs in the United States and internationally, including virtually meeting with 10 programs between June and July 2021. This report provides a synthesized summary of RDA's findings, including common themes that emerged from across the programs, how they were implemented, considerations and rationale for design components, and overall key lessons learned. Please see the table below for a list of the programs that RDA reviewed. For the first nine programs listed (in bold and italics), RDA conducted phone interviews with representatives to obtain a further understanding of their program models; these programs are cited more often in this report because RDA had more details about them. For the remaining programs listed, RDA reviewed information that was available online. For a tabular summary of the key components of each crisis response program that RDA reviewed, please see Appendix C at the end of this report.

Additionally, SAMHSA's summary of its National Guidelines for Behavioral Health Crisis Care (released in 2020) is included in Appendix A of this report.

<u>Program Name</u>	<u>Location</u>
<i>B-HEARD (the Behavioral Health Emergency Assistance Response Division)</i>	<i>New York, NY</i>
<i>Crisis Assistance Helping Out On The Streets (CAHOOTS)</i>	<i>Eugene, OR</i>
<i>Crisis Response Pilot</i>	<i>Chicago, IL</i>
<i>Expanded Mobile Crisis Outreach Team (EMCOT)</i>	<i>Austin, TX</i>
<i>Mental Health First / Anti-Police Terror Project</i>	<i>Sacramento and Oakland, CA</i>
<i>Portland Street Response</i>	<i>Portland, OR</i>

<u>Program Name</u>	<u>Location</u>
<i>REACH 24/7 Crisis Diversion</i>	<i>Edmonton, Alberta, Canada</i>
<i>Support Team Assisted Response (STAR)</i>	<i>Denver, CO</i>
<i>Street Crisis Response Team (SCRT)</i>	<i>San Francisco, CA</i>
Albuquerque Community Safety Department	Albuquerque, NM
Boston Police Department's Co-Responder Program	Boston, MA
Community Assessment & Transport Team (CATT)	Alameda County, CA
Community Paramedicine	California (statewide)
Crisis Call Diversion Program (CCD)	Houston, TX
Crisis Now	National model (via SAMHSA)
Crisis Response Unit	Olympia, WA
Cuyahoga County Mobile Crisis Team	Cuyahoga County, Ohio
Department of Community Response	Sacramento, CA
Department of Community Solutions and Public Safety	Ithaca, NY
Downtown Emergency Service Center (DESC) Mobile Crisis Team	King County, WA
Georgia Crisis & Access Line (GCAL)	Georgia (statewide)
Los Angeles County Department of Mental Health – ACCESS Center	Los Angeles County, CA
Los Angeles County Department of Mental Health – Co-Response Program	Los Angeles County, CA
Los Angeles County Department of Mental Health – Psychiatric Mobile Response Teams (PMRT)	Los Angeles County, CA
Mobile Assistance Community Responders of Oakland (MACRO)	Oakland, CA
Mental Health Acute Assessment Team (MHAAT)	Sydney, Australia
Mental Health Mobile Crisis Team (MHMCT)	Nova Scotia, Canada
Mobile Crisis Assistance Team (MCAT)	Indianapolis, IN
Mobile Crisis Rapid Response Team (MCRRT)	Hamilton, Ontario, Canada
Mobile Emergency Response Team for Youth (MERTY)	Santa Cruz, CA
Mobile Evaluation Team (MET)	East Oakland, CA
Psykiatrisk Akut Mobilitet (PAM) Unit, the Psychiatric Emergency Response Team	Stockholm, Sweden

<u>Program Name</u>	<u>Location</u>
Police and Clinician Emergency Response (PACER)	Australia (several locations)
Seattle Crisis Response Team	Seattle, WA
Street Triage	England (several locations)
Therapeutic Transportation Pilot Program/Alternative Crisis Response	Los Angeles City and County, CA
Toronto Crisis Response	Toronto, Ontario, Canada

Crisis Response Models: An Overview

Of the crisis response program models reviewed, almost all specify that they respond to mental health and behavioral health concerns in their communities. Some models additionally specify that they respond to non-emergency calls, crises or disturbances related to substance use, homelessness, physical assault and sexual assault, family crises, and/or youth-specific concerns, as well as conduct welfare checks.

In California, Alameda County has the highest rate of 5150 psychiatric holds in the entire state.¹ Of those Alameda County individuals placed on a 5150 psychiatric hold that were transferred to a psychiatric emergency services unit, 75-85% of the cases did not meet medically necessary criteria to be placed in inpatient acute psychiatric services. This demonstrates an overuse of emergency psychiatric services in Alameda County, which creates challenges in local communities such as having lengthy wait times for ambulance services when these ambulances are tied up transporting and waiting to discharge individuals on 5150 holds at psychiatric emergency service units.

Mental health crises are varied - they affect individuals across their lifespans, manifest in a variety of behaviors, and exist on a spectrum of

¹ INN Plan – Alameda County: Community Assessment and Transport Team (CATT) – October 25, 2018. (2018, October 25). California Mental Health Services Oversight and Accountability Commission. <http://www.mhsoac.ca.gov/document/inn-plan-alameda-county-community-assessment-and-transport-team-catt-october-25-2018> & https://mhsoac.ca.gov/sites/default/files/documents/2018-10/Alameda_INN%20Project%20Plan_Community%20Assessment%20and%20Transport%20Team_8.6.2018_Final.pdf

severity and risk. A crisis response system ultimately seeks to provide care to individuals in the midst of a mental health crisis, keeping the individual and their surrounding community safe and healthy, and preventing the escalation of the crisis or exacerbating strains to mental and emotional well-being. As such, there are many considerations for the design of a mental health crisis response system that addresses the current shortcoming or flaws in existing models around the country and internationally.

Traditionally, the U.S. crisis response system has been under the purview of local police departments, typically with the support of local fire departments and emergency medical services (EMS), and activated by the local 911 emergency phone line. Over time, communities have responded to the need for a response system that better meets the mental health needs of community members by activating medical or therapeutic personnel in crisis response instead of traditional first responders (i.e., police, fire, EMS).

Term	Definition
<i>Traditional Crisis Response Model</i>	For the purposes of this report, we assume a traditional crisis response model includes having all crises routed through a 911 center that then dispatches the local law enforcement agency (as well as fire department and/or EMS, if necessary) to respond to the crisis.
<i>Co-Responder Model</i>	Co-responder models vary in practice, but they generally involve law enforcement officers and behavioral health clinicians working together to respond to calls for service involving an individual experiencing a behavioral health crisis.
<i>911 Diversion Programs</i>	Programs with processes whereby police, fire, and EMS dispatchers divert eligible non-emergency, mental health-related calls to behavioral health specialists, who then manage crisis by telephone and offer referrals to needed services.
<i>Alternate Model</i>	Emerging and innovative behavioral health crisis response models that minimize law enforcement involvement and emphasize community-based provider teams and solutions for responding to individuals experiencing behavioral health crises.

Like a physical health crisis that requires treatment from medical professionals, a mental health crisis requires responses from mental health professionals. Tragically, police are 16 times more likely to kill someone

with a mental health illness compared to others without a mental illness.² A November 2016 study published in the American Journal of Preventative Medicine estimated that 20% to 50% of fatal encounters with law enforcement involved an individual with a mental illness.³ As a result, communities have begun to consider the urgent need for crisis response models that include mental health professionals rather than police.

In the current national discussion about appropriate crisis response strategies for individuals experiencing mental health crises, the prominent concerns voiced have typically focused on the safety of crisis responders and community members, the funding of such programs, and balancing a sense of urgency to implement new models quickly with the need for intentional planning and preparation. In order to understand the current models that exist, RDA reviewed nearly 40 national and international crisis response programs and specifically interviewed staff from 9 programs about their:

- Program planning efforts, including community engagement strategies, coordinating across city agencies and partner organizations, and program planning, implementation, and evaluation activities;
- Models' key elements, including dispatch, staffing, transport capabilities, follow-up care, and more;
- Program financing;
- Other considerations that were factored into their program planning; and
- Key lessons learned or advice for the City of Berkeley's implementation of its SCU.

Components of Crisis Response Models

While each crisis response program was designed to meet the needs of its local community, there are several overarching components that were common across the programs that RDA explored. The majority of crisis response programs use their community's existing 911 infrastructure for dispatch. Most programs respond to mental health and behavioral health calls where they engage in de-escalation, assessment, referral, and

² Szabo, L. (2015, December 10). People with mental illness 16 times more likely to be killed by police. USA Today.

<https://www.usatoday.com/story/news/2015/12/10/people-mental-illness-16-times-more-likely-killed-police/77059710/>

³ DeGue, S., Fowler, K.A., & Calkins, C. (2016). Deaths Due to Use of Lethal Force by Law Enforcement. *American Journal of Preventive Medicine*, 51 (5), S173-S187. [https://www.ajpmonline.org/article/S0749-3797\(16\)30384-1/fulltext](https://www.ajpmonline.org/article/S0749-3797(16)30384-1/fulltext)

transport. Nearly all programs recognize the need to operate 24/7. Staffing structure varies by the needs of the community, but many response team units are staffed by teams of two to three individuals and can include a combination of mental health professionals, physical health professionals, and peers with lived experience. Many teams arrive in plainclothes or T-shirts with logos in a vehicle equipped with medical and engagement items. Teams typically receive skills-based training in de-escalation, crisis intervention, situational awareness, and communication. Crisis teams will either transport clients themselves or call a third party to transport, depending on the legal requirements and staffing structure of the crisis response team. Programs varied in their inclusion and provision of follow-up care.

Underneath the high-level similarities of the crisis response models that RDA researched are the tailored nuances that each program adapted to its local needs, capacities, and priorities. Below are additional details, considerations, and examples from existing models to further inform the City of Berkeley's development and implementation of its SCU.

Accessing the Call Center

Of the reviewed crisis response programs, the majority use the existing local 911 infrastructure, including its call receiving and dispatch technology and staff. There are several advantages to this approach. The general public is typically familiar with the number and process for calling 911, which can reduce the barrier for accessing services. Also, because 911 call centers already have a triage protocol for behavioral health calls, there can be a more seamless transfer of these types of calls to the local crisis response program. Additionally, some calls might not be reported as a mental health emergency but can be identified as such by trained 911 dispatch staff.

Generally, the administration of 911 varies across the nation. In some locales, 911 is operated by the police department, while in other locales it is administered centrally across all emergency services. Some programs have mental health staff situated in the 911 call center to: a) directly answer calls; b) support calls answered by 911 staff; and/or c) provide services over the phone as a part of the 911 call center's response. In Chicago, in addition to diverting more calls to the crisis response program, the staff of Chicago's Crisis Response Pilot anticipates that having mental health clinicians embedded in their call center to do triage and telemedicine will help them lay the foundation for a smooth transition to 988.

988 is the three-digit phone call for the National Suicide Prevention Lifeline. By July 16, 2022, phone service providers across the country will direct all calls to 988 to the National Suicide Prevention Lifeline, so that Americans in crisis can connect with suicide prevention and mental health crisis

counselors.⁴ In California, AB 988 was passed in the State Assembly on June 2, 2021 (and is currently waiting on passage by the State Senate) – AB 988 seeks to allocate \$50 million for the implementation of 988 centers that have trained counselors receiving calls, as well as a number of other system-level changes.⁵ In RDA’s research of crisis response models, some programs are actively planning for the upcoming 988 implementation when exploring the functionalities of their local 911 infrastructure and responsibilities; other programs were not differentiating 988 from 911 in the communities. For the purposes of this report, moving forward, we will not differentiate 911 from 988, and will refer to all emergency calls for service as going to 911.

Other programs use an alternative phone number in addition to or instead of 911. These numbers can be an existing non-emergency number (like 211) or a new phone number that goes directly to the crisis response program. Oftentimes a program will utilize an alternative phone number when they believe that people, particularly those disproportionately impacted by police violence, do not feel safe calling 911 because they fear a law enforcement response. Portland’s Street Response team & Denver’s STAR team use both a non-emergency number and 911, routed to the same call center. This supports community members that are hesitant to use 911 while also ensuring that calls that do come through 911 are still routed to Portland’s Street Response team. Overall, designing a system in Portland with both options was intended to increase community members’ access to mental health crisis services. Given that Portland’s program began on February 16, 2021, not enough time has elapsed for findings to be generated regarding the success of this model. But a current challenge that Portland shared with RDA is that some calls to their non-emergency number have wait times upwards of an hour because their call center needs to prioritize 911 calls.

In other program models, an alternate phone number may have been used in the community for years and, therefore, is a well-known resource. For example, in Canada’s REACH Edmonton program, the 211 line is well-used for non-emergency situations, so it is used as the main connection point for its crisis diversion team.

Triage & Dispatch

Once a call is received, dispatch or call center staff will assess whether services could be delivered over the phone or whether the call requires an in-person response, and whether the response should be led by the crisis response team or another entity. Several programs utilize existing

⁴ Federal Communications Commission. (2021). Suicide Prevention Hotline. <https://www.fcc.gov/suicide-prevention-hotline> & <https://www.fcc.gov/sites/default/files/988-fact-sheet.pdf>

⁵ Open States. (n.d.). California Assembly Bill 988. Retrieved September 2, 2021, from <https://openstates.org/ca/bills/20212022/AB988/>

well-used triage tools and/or made modifications to those triage tools based on a renewed emphasis of having non-police responses for mental health crises. Please see Appendix B for sample outlines of types of scenarios for crisis response teams that were shared with RDA. A dispatch's assessment of mental health related calls is dependent on the services provided by the local mental health crisis response team, an assessment of the situation and the caller's needs, who the caller has identified as the preferred response team, and any other safety concerns.

Some programs prioritize staff assignment based on call volume and need, such as programs that have chosen to pilot non-police crisis response teams in specific geographic locations within their jurisdiction. In these programs, the call center must, therefore, determine the location of the requested response when dispatching a crisis response team. For example, Chicago's Crisis Response Pilot has four teams that are assigned to different areas of the city based on their local ties and expertise of community needs; each team, therefore, only responds to calls that come from their assigned area. When programs are able to scale their services and hire more staff, many pilot programs plan to expand their geographical footprints.

Many crisis response teams are dispatched via radio or a computer-aided dispatch (CAD) system, and some have the ability to listen in on police radio and activate their own response if not dispatched. Of the nine programs that RDA interviewed, the Eugene CAHOOTS program allows its team to be self-dispatched, the Denver STAR program allows its team to directly see what calls are in the queue so they can be more proactive in taking and responding to calls, and the San Francisco SCRT program allows its team to respond to incidences that they witness while being out in the streets. Regarding the ability to self-dispatch, San Francisco's SCRT program is currently figuring out the regulatory requirements that might prohibit self-dispatching paramedics because they must be dispatched through a dispatch center.

Having multiple opportunities to engage the crisis response team is important to ensure community members have the most robust access to the service. For example, in Denver, their police, fire, and EMS can call their Support Team Assisted Response (STAR) team directly. Across all incidents that the Denver STAR team responded to in the first six months of its pilot implementation, it was activated by 911 dispatch in 42% of incidents, by police/fire/EMS in 35% of incidents, and self-activated in 23% of incidents.⁶ These data from the Denver STAR team demonstrate how, especially in the early stages of a new program's implementation, new processes and relationships are continually being developed, learned, refined, and implemented. For this reason, it is beneficial to have safeguards in place in triage and dispatch processes so that the crisis

⁶ Denver STAR Program. (2021, January 8). STAR Program Evaluation. https://www.denverperfect10.com/wp-content/uploads/2021/01/STAR_Pilot_6_Month_Evaluation_FINAL-REPORT.pdf

response team can be flexible in responding to the various ways in which crisis response calls originate.

Assessing for Safety

The presence of weapons or violence are the most common reasons why a crisis response team would not be sent into the field. Some of the reviewed programs only respond to calls in public settings and do not go to private residences as an effort to protect crisis team staff, though this was the case in a few of the 40 reviewed programs. Calls that are deemed unsafe or not appropriate for a crisis response team will often be responded to by police, co-responder teams, police officers trained in Critical Intervention Team (CIT) techniques, or other units within the police department. Many alternative models have demonstrated that the need for a police response is rare for calls that are routed to non-law enforcement involved crisis response teams. For instance, in 2019, Eugene's Crisis Assistance Helping Out On The Streets (CAHOOTS) team only requested police backup 150 times out of 24,000 calls, or in fewer than one percent of all calls received by the crisis team;⁷ this demonstrates that effective triage assessments and protocols do work in crisis response models.

Several of the programs interviewed by RDA mentioned that they are currently evaluating options for their non-police crisis response teams to respond to situations that may involve weapons or violence. These are situations that would otherwise be scenarios that default to a police response. These programs are aware of the risks of police responses to potentially escalate situations that could otherwise be deescalated with non-police involved responses and are trying to find ways to reduce those types of risks.

The types of harm and concerns for safety that should be assessed are not only for crisis response team staff, but also for the individual(s) in crisis and surrounding bystanders or community members. SAMHSA's best practices on behavioral health crisis response underscores that effective crisis care is rooted in ensuring safety for all staff and consumers, including timely crisis intervention, risk management, and overall minimizing need for physical intervention and re-traumatization of the person in crisis.⁸ When call center staff deem a call safe and appropriate for the crisis response team, they will assign the call to the crisis response team. There may be multiple calls and situations happening concurrently, in which case the call center staff

⁷ White Bird Clinic. (n.d.). What is CAHOOTS?. Retrieved August 29, 2021, from <https://whitebirdclinic.org/what-is-cahoots/>

⁸ Substance Abuse and Mental Health Services Administration (SAMHSA). (2020). Crisis Services – Meeting Needs, Saving Lives.

https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PE20-08-01-001%20PDF.pdf (page 32)

prioritize the calls based on pre-established criteria, such as acuity and risk of harm.

Crisis Response Teams Increase Community Safety

New York City's Behavioral Health Emergency Assistance Response Division (B-HEARD) program is being piloted in a region that receives the city's highest number of mental health emergency calls.⁹ In the first month of implementation, the program demonstrated:

- Increased rates of people accepting care from the B-HEARD team compared to traditional 911 response teams.
- The proportion of people transported by the crisis response team to the hospital for more care was far smaller than the proportion transported with their traditional 911 response.
- An anticipated increase of 911 operators routing mental health emergency calls to the B-HEARD team.

"A smarter approach to public health and public safety. A smarter use of resources. And the evidence — from Denver to New York — shows that responding with care works."

- U.S. Representative Jamaal Bowman, D-NY

Hours of Operation

Because a mental health crisis can happen at any time, many programs have adopted a 24-hour model that supports the community seven days a week; of the 40 programs that RDA reviewed, 12 have adopted a 24/7 model. Some programs that are in their early phases of implementation have launched with initially limited hours but have plans to expand to 24/7 coverage once they are able to hire more staff for crisis response teams. If a program uses 911 as a point of access for the crisis response team, then there may be a community perception or expectation that the crisis response team also operates 24/7 the same way that 911 operates 24/7.

Other programs with more restricted resources often have limited hours; some offer services during business hours (9am to 5pm, Monday through Friday) while others offer services after-hours. Using historical data to prioritize coverage during times with highest call volumes can help a program adapt to local needs. For example, Mental Health First Oakland currently responds to calls Friday through Sunday from 7pm to 7am

⁹ Shivaram, D. (2021, July 23). Mental Health Response Teams Yield Better Outcomes Than Police In NYC, Data Shows. *National Public Radio (NPR)*. <https://www.npr.org/2021/07/23/1019704823/police-mental-health-crisis-calls-new-york-city#:~:text=Hourly%20News-.New%20York%20City%20Mental%20Health%20Response%20%20Teams%20Show%20Better%20Results,were%20admitted%20to%20the%20hospital.>

because they have found that those times are when mental health services are unavailable but need is high.

Types of Calls

Some crisis response programs only respond to specific call types, such as calls pertaining to mental health, behavioral health, domestic violence, substance use, or homelessness. A fraction of programs only respond to acute mental health situations, such as suicidal behavior, or conversely only non-acute mental health calls, such as welfare checks. And, some crisis response programs respond to any non-emergency, non-violent calls, which may or may not include mental health calls. Every program is unique in the calls that they are currently responding to as well as how agencies coordinate for different types of calls. Additionally, given that many programs are actively learning and adapting their models, what and how they respond to calls is evolving.

The most common types of calls that programs are responding to are calls regarding trespassing, welfare checks, suicidal ideation, mental health distress, and social disorder. Several programs mentioned that their main call type - trespassing - is to move an unwanted person, usually someone that is unsheltered and sitting outside the caller's home or business. While programs provide this service, many advocate for increased public education around interacting with unhoused residents and neighbors without the need to call for a third-party response.

The programs in New York City, Chicago, and Portland shared with RDA that they are keeping their scopes of services small for their current pilot implementations. At a later time, they will learn from the types of calls receive and determinations made in order to determine how they will expand their program to respond to more situations (e.g., including serving more types of crises, more types of spaces like private residences, etc.).

In order to demonstrate the variety of incidents that different programs respond to, below are highlights regarding the types of calls that some of the programs that RDA interviewed respond to:

- New York City's B-HEARD program is currently responding to calls regarding suicidal ideation with no weapons, mental health crisis, and calls signaling a combination of physical health and mental health issues. For calls where weapons are involved or are related to a crime, NYPD is the initial responder. The B-HEARD program provides transport and linkage to shelters, where the shelters then provide follow-up services.
- Chicago's Crisis Response Pilot is determining how they will address "low-level crimes" and crimes related to homelessness, especially if the root cause of the crime is an unmet behavioral health and/or housing need. The program does not have an official protocol or decision tree yet for determining which calls it will respond to. But,

its emphasis is on responding to mental health crisis and mental health needs.

- The Portland Street Response program is currently only responding to calls regarding crises that are happening outdoors or public settings (e.g., storefronts), not in private residences. The majority of their calls are related to substance use issues, co-occurring mental health and substance use issues, and welfare checks. The program cannot respond to suicide calls because of a Department of Justice (DOJ) contract that the City of Portland has that would require the Portland Street Response Program to appear before a judge and renegotiate that contract that the city currently has; this process would take at least two years to happen.
- Denver's STAR program currently responds primarily to calls where individuals have schizophrenia, bipolar disorder, major depression, and/or express suicidal thoughts but have no immediate plans to act upon them. The STAR program also conducts many Welfare checks. The program is currently primarily dealing with issues related to homelessness because its pilot rolled out in Denver's downtown corridor where there is a high number of unsheltered individuals.

Services Provided Before, During, and After a Crisis

The reviewed programs offer a variety of services before, during, and after a mental health crisis. Regarding services provided before crises occur, some programs view their role as supporting individuals prior to crisis, including proactive outreach and building relationships in the community with individuals. Portland's Street Response team contracts with street ambassadors with lived experience (via a separate contract with a local CBO) that do direct outreach to communities; street ambassadors work to explain the team's services and ultimately increase trust. Portland's Street Response team also works with nursing students who provide outreach and medical services to nearby encampments. Mental Health First has a strong cohort of repeat callers who request accompaniment through issues they are facing that the team will go into the field to provide – these services can help them avoid escalating into a crisis. Denver's STAR program initiates outreach with local homeless populations to ensure they have medicines and supplies. These proactive efforts are examples of crisis response teams supporting potential individuals before they are in crisis, and thus also promoting their overall health and well-being.

During a crisis response, most programs offer various crisis stabilization services, including de-escalation, welfare checks, conflict resolution and mediation, counseling, short-term case management, safety planning, assessment, transport (to hospitals, sobering sites, solution centers, etc.), and 5150 evaluations. To engage the individual in crisis, staff will provide supplies to help meet basic needs with items such as snacks, water, and clothing. If there is a medical professional on the team, they can provide

medical services including medical assessments, first aid, wound care, substance use treatment (i.e., medicated-assisted treatment), medication assistance and administration, and medical clearance for transport to a crisis stabilization unit (CSU).

After a crisis, the teams may provide linkage to follow-up care. Some crisis response teams do short-term case management themselves, but most refer (and sometimes transport) individuals to other providers for long-term care. Referrals can be a commonly provided service of a crisis response program. For example, 41% of Denver STAR's services are for information and referrals.¹⁰ Many programs have relationships with local community-based organizations for providing referrals and linkages, while some programs have a specific protocol for referring individuals to a peer navigation program or centralized care coordination services.

¹⁰ Alvarez, Alayna. (2021, July 21). Denver's pilot from police is gaining popularity nationwide. Axios. <https://www.yahoo.com/now/denver-pivot-police-gaining-popularity-122044701.html>

Term	Definition
Transport	Placing an individual in a vehicle and driving them to or from a designated mental health service or any other place.
5150	5150 is the number of the section of the Welfare and Institutions Code which allows an adult who is experiencing a mental health crisis to be involuntarily detained for a 72-hour psychiatric hospitalization when evaluated to be a danger to others, or to himself or herself, or gravely disabled.
Peer Worker	A mental health peer worker utilizes learning from their own recovery experiences to support other people to navigate their recovery journeys.
Medication-Assisted Treatment (MAT)	MAT is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of SUDs.
Narcan	Narcan (Naloxone) is a nasal spray used for the treatment of known or suspected opioid overdose emergencies.
Crisis Stabilization Unit	A mental health voluntary facility that provides a short-term stay for individuals needing additional stabilization services following a behavioral health crisis.
Sobering Center	A facility that provides a safe, supportive environment for publicly intoxicated individuals to become sober.

Staffing Crisis Teams

Most teams include a combination of a medical professional (e.g., an EMT or nurse), a mental health clinician (e.g., a psychologist or social worker), and a peer. Having a variety of staff on a team allows the program to respond to a diverse array of calls, meet most needs that a client might have, and gives the client the ability to engage with whomever they feel most comfortable.

The reviewed programs staffed their crisis teams with a variety of medical professionals. There was consensus among interviewed programs that crisis response team EMTs, paramedics, nurse practitioners, or psychiatric nurse practitioner clinicians should have at least three to five years of experience in similar settings, as well as having comprehensive de-escalation and trauma-informed care training and skills. Austin's Extended Mobile Crisis Outreach Team (EMCOT) program cited that a paramedic's ability to address a client's more acute physical health and substance use

needs is a beneficial diversion away from an EMS or police response.¹¹ However, in many cities, the skills and expertise of paramedics are not heavily utilized, as many mental and behavioral health calls do not require a high level of medical care. However, a medical professional can be an important addition to the team, especially for services like providing first aid, wound care, the administration of single-dose medication, medication-assisted treatment (MAT) for substance use issues, and 5150 transports. Considerations for which medical professionals should be staffed on a crisis team depends on the types of services the model intends to provide, the historical data on the types of calls or service needs, the local rules for which services can be provided by specific professions, and the overall program budget.

All programs had a mental health provider on their crisis response teams. There is variability in the level of formal education, training, and licensure of the type of mental health provider in each program. Some programs have licensed, masters-level therapists and clinicians (e.g., ASW, LCSW), while other programs utilize unlicensed mental health providers. Considering if a program wants or needs to be able to bill Medicaid or other insurance payors, the ability to place a 5150 hold, as well as the direct costs of providers with differing levels of education and training are examples of considerations and decision points that programs have when determining what type of professional they want to provide mental health services.

Across the programs reviewed and interviewed by RDA, there is variability in the current presence of peer support specialists on teams. By definition, peer workers are “those who have been successful in the recovery process who help others experiencing similar situations.”¹² Studies demonstrate that by helping others engage with the recovery process through understanding, respect and mutual empowerment, peers increase the likelihood of a successful recovery. While they do not replace the role of therapists and clinicians, evidence from the literature and testimonials given to RDA leave no doubt about their value added on a crisis response team. Peer support specialists are able to connect with clients in crisis in ways that are potentially very different from how mental health clinicians and medical providers are trained to provide their specific types of services.

Although 21 of the 40 reviewed programs were classified as alternative models for mental health crisis response, it is important to note that co-responder programs, which were 11 of the 40 reviewed programs, include a police officer on the response team. A co-responder program will often

¹¹ Expanded Mobile Crisis Outreach Team. (n.d.). Integral Care Crisis Services. Retrieved August 29, 2021, from

<https://www.austintexas.gov/edims/document.cfm?id=302634>

¹² Who Are Peer Workers?. (2020, April 16). Substance Abuse and Mental Health Services Administration (SAMHSA) Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS).

<https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers>

be used for higher acuity calls that involve the risk of violence by the person in crisis or the risk that the person in crisis has a weapon. As co-responders, police may arrive on site before the rest of the crisis team does. Other models treat the police officer as a back-up personnel, allowing the crisis team to evaluate the level of risk or danger of the situation and then, if de-escalation tactics are unsuccessful, call the police for support.

Team structures vary depending on funding, local salary structures for different types of providers, program design, and program administration. For example, 24-hour programs require more teams and staffing while programs with limited hours will likely have fewer shift rotations and therefore fewer teams. San Francisco's Street Crisis Response Team has six teams with three members per team; shifts are 12 hours long with two teams assigned to each shift. Overlap between the shifts has improved coordination between the teams. Programs with unionized staff (e.g., EMTs, paramedics) require regimented 8-, 10-, or 12-hour shifts, which also influences a team's capacity and scheduling.

Training

Training requirements vary based on the staffing structure and services provided by a crisis response program as well as the specific needs of the local community. Across the board, programs train their staff in crisis intervention topics such as de-escalation, mental health intervention, substance use management, and situational awareness. Many teams are trained together as a cohort to build relationships and trust between staff. Most teams are trained for around 40 hours in the classroom and then supervised in the field. In co-respondor teams, police officers often receive 40 hours of Crisis Intervention Team (CIT) Training.

Specialized staff also receive specific training relevant to their role. Dispatch staff typically receive separate training focused on risk assessment and triage. In programs with clinicians embedded within the call center, the clinicians often provide training to other dispatch staff on mental health topics. Interviewed programs also recommended the crisis response team's dispatch team learn to assess call risk level by building an intake/eligibility tool, as well as through risk assessment and motivational interviewing. For both Denver's STAR and Portland's Street Response programs, dispatch staff were trained by and then shadowed Eugene's CAHOOTS dispatch team, leveraging the decades of experience of CAHOOTS' established alternative crisis response model.

Specific de-escalation and crisis intervention training in which programs participate include key strategies to mitigate risk in the field, learning effective radio communication, and motivational interviewing skills. Some interviewed programs shared that substance use training should be attended by all crisis response staff, not just clinicians; for example, Narcan administration, tourniquet application, and harm reduction training are critical training skills for all team members when supporting a client during a substance use emergency.

Training on implicit bias was also regarded as essential among interviewed programs. Many interviewed programs agreed that receiving training in team-building and communication strategies, trauma-informed care, cultural competency, and racial equity advances the intention and principles of their alternate response program.

Equipment: Uniforms, Vehicles, and Supplies

Most teams arrive either in plain clothes or a T-shirt with a logo. Interviewed programs attested that casual clothing helps crisis response teams appear approachable and creates a sense of comfort for the person in crisis. In contrast, programs worried that formalizing their uniforms could trigger negative past experiences that community members have had with institutions (e.g., police, psychiatric hospitals, prisons) and, therefore, escalate someone in crisis. However, EMTs or police in a co-responder team do wear their usual uniform so that they are easily identifiable as first responders.

The types of vehicles and equipment needed for each model vary based on the scope of services provided, types of calls to which the team responds, and the team's staffing structure. The majority of programs have a van or fleet of vans with the program logo on it and are stocked with necessary supplies. Some programs use their vehicles for on-site service delivery, while others use them only for transporting a client to an alternate location. Programs situated within fire departments often have EMTs or paramedics on-staff, so those teams ride in ambulances or vans with transport capabilities. Co-responder programs often use police vehicles, either marked or unmarked.

There are several considerations for how the design of the vehicle increases accessibility and safety for clients, as well as supports the security of providers. Vans should be accessible to wheelchairs so that crisis response teams can provide services within the interior of the van (to ensure client privacy) and in the event of a needed transport. Also, vans equipped with lights allow them to park on sidewalks and increase traffic safety. Several interviewed programs mentioned using Eugene's CAHOOTS program's van specifications. One component of this design is a plexiglass barrier between the van's front and back seats, which protects both the driver and anyone riding in the back in the case of an accident; additionally, the barrier keeps clients in the back of the vehicle and protects the driver from any disruption that could decrease safety during the transport. However, some cities are moving away from including the plexiglass barrier between the front and back seats in their vans due to the stigma and lack of trust it communicates to the client.

Many vehicles and teams are equipped with various technologies, including radios with connection to dispatch, cell phones, and data-enabled tablets for mobile data entry. Denver's STAR program has access to the local 911 dispatch queue to understand what calls are being

assessed and which could potentially use the program's response. The STAR program teams also have direct access to an electronic health record (EHR) system where they can look-up an individual's health history or communicate directly with a client's psychiatrist or case manager and thus provide tailored, high quality of care in real-time.

If crisis response teams provide medical services, they often carry items such as personal protective equipment, wound care supplies, a stethoscope, blood pressure armband, oxygen, and intravenous bags. Teams also often carry engagement items to initiate client interactions and meet basic needs, such as food, water, clothing, socks, cigarettes, "mercy beers," tampons, condoms, and hygiene packs. When it is able to go into the field again, the Mental Health First model intends to use an RV instead of a van, so they can invite clients into the RV for more privacy and then supply them with a variety of supplies for their basic needs (e.g., clothing).

Overall, when deciding the types of uniforms, vehicles, and equipment to obtain, programs considered what would be recognizable, establish expertise, support the service delivery, build trust with those whom they serve, and not trigger or further harm individuals in crisis.

Transport

The ways that programs transport clients to a subsequent location varies in many ways, including when the transport is allowed, who is doing the transport, where clients are transported, and who is affected by the transport decision.

While some programs have the capability to transport clients themselves, others call a third party to do the transport. This depends on whether staff are licensed to do involuntary transports, whether the vehicle is able to transport clients, and whether it is deemed safe to provide transport at that time. Oftentimes, programs will only conduct voluntary transports, and they may pre-establish specific locations or allow the client's location of choice. If clients do not want to be transported to another location, some programs will end the interaction. Because Denver's STAR team does not use an ambulance, they can refuse someone's requested transport to a hospital if a lower level of care is appropriate, such as a sobering center. Some programs conduct involuntary holds, either done by program staff or by calling for police backup. Waiting for police can undermine the level of care provided, a delay which poses a threat to the client's safety and well-being. Portland's Street Response program experiences delays of up to an hour when requesting police for involuntary holds; for this reason, the team hopes to have the ability to do 5150 transports themselves, and in a trauma-informed way that gives individuals a sense of control over the situation. Whether a crisis response team can transport clients, initiate involuntary holds, and/or call police for back-up in these situations are all considerations which implicate the continued involvement of law enforcement in crisis response.

In the transport process, clients may be transported to short- or long-term service providers as well as the client's location of choice. Some short-term programs include a crisis stabilization facility, detox center, sobering center, homeless shelter, primary care provider, psychiatric facilities, diversion and connection center, hospital, and urgent care. Long-term programs include residential rehabilitation and direct admission to inpatient units of psychiatric emergency departments. Building relationships at these destinations and with providers is key to successful warm handoffs and ensuring clients in crisis receive the appropriate care. For example, challenges can arise when bringing someone to an emergency room if the hospital is not fully aware of what the crisis response program is, which makes it more difficult to advocate for the client to receive services.

There are many things to consider about client and provider safety when transporting a client. Some programs do not give rides home and only transport the person to a public place. Others have restrictions on when they will transport a client to a private residence. For example, Denver's STAR team will not take a person home if they are intoxicated and if someone else is in the home because they do not want to put the other person in potential harm. Instead, when responding to an intoxicated individual, the STAR team transports them to a sobering center, detox facility, or similar location of choice. In Portland, first responders and crisis response providers use a risk assessment tool that helps them determine if ambulance transport needs to be arranged. Portland's risk assessment tool asks providers to determine if the individual has received sedation medication in the last six hours, had a Code Gray in the last 6 hours, had a history of violence and/or aggression, had a history of AWOL, or are showing resistance to hospitalization; if the answer is yes to any of these five questions, then they will arrange for ambulance transport for the individual in crisis.

Follow-up Care & Service Linkage

Follow-up care and linkage to services are handled in a variety of ways. Some programs include referrals to internal, non-crisis response program staff as a service provided directly by the crisis response team. When community health workers and peer support specialists are staffed on crisis response teams, they often lead the referral and navigation support role. After responding to a crisis, Portland's Street Response team (an LCSW and paramedic) call a community health worker if the client wants linkages or additional follow-up supports. While referrals and linkages are important to client outcomes and prevention, this kind of follow-up care can be challenging for many programs to do because it can be difficult to find individuals in the community, particularly if they are not stably housed or do not have a working phone. Portland's Street Response team often goes to encampments to provide follow-up care, which is a program element that is also effective as proactive outreach into local communities.

Other programs refer individuals to other external teams or organizations not affiliated with the crisis response team whose primary role is to provide follow-up care to individuals who served by the crisis response team. Olympia's Crisis Response Unit specifically identifies repeat clients for a referral to a peer navigation program for linkage to care. Additionally, many programs have relationships with community-based organizations and refer clients there for follow-up services. Newer programs that have yet to fully launch stated this was a focus of their program design, as well. For example, San Francisco's Street Crisis Response Team partners with a centralized Office of Care Coordination within the San Francisco Department of Public Health that provides clients with linkages to other services; the Street Crisis Response Team essentially embeds this handoff in their own processes.

And, there are some programs that do not include follow-up care within the scope of their services. For example, Eugene's CAHOOTS program has a narrower focus on crisis stabilization and short-term care; they do not provide referrals or linkage to longer-term services for their clients.

Program Administration

Across the crisis response models that RDA researched and interviewed, there was variability in how they are each administered. As each program is constructed around their local agency structures, resources, needs, and challenges, how their programs are administered are also just as adaptive.

Administrative Structure

The administrative structure and placement of crisis response programs varies significantly. Some programs are administered and delivered by the city/county government, some programs are run in collaboration between a city/county government and community-based organizations (CBO), while others are entirely operated by CBOs.

The administration and structure of a crisis response program may be affected by the geographic and/or population size of the local region and what stage of implementation the program is in. For instance, consistent and guaranteed funding helps sustain programs for the long-term, so developing a program within the local municipal structure may be an advantage over contracting the crisis response program to a CBO. Some programs found that staff retention was higher for government positions, due to their generally higher wages and increased benefits compared to what CBOs generally offer. Additionally, the use of the existing 911 and dispatch infrastructure may be streamlined for crisis response programs administered by city/county governments because they can be situated within existing emergency response agencies and use existing interagency data sharing and communication processes

more easily. Finally, programs that are situated within a local health system -- such as Departments of Public Health, Behavioral Health, or public hospitals -- may have existing protocols and processes with which to collaborate with CBOs for referral assistance, case management, resourcing, and follow-up service provision.

On the other hand, programs that are primarily administered and staffed through CBOs reported a sense of flexibility and spontaneity in their program design, expansion, and evolution, especially for early-stage pilots that intend to change and grow over time. These programs shared that they experienced reduced bureaucratic barriers that were conducive to community engagement and program redesign. Additionally, most programs that included peer support specialists in their crisis response program had these roles sourced by CBOs – these peer support specialists were either fully integrated into crisis response teams or were referred to by crisis response teams to provide linkage and follow-up services.

Though there is variety in what entity administers crisis response programs, who sources or contracts the crisis responders, and where funds are generated, all programs require cross-system coordination for designing the program and implementing the dispatch, training, funding, and program evaluation/monitoring activities.

Staffing and sourcing a crisis response program entirely by volunteers can also be helpful in reducing barriers for potential providers to enter this professional field, elevating lived experience of staff, addressing community distrust of the police-involved response system, and building a mental health workforce. However, currently, all-volunteer models face challenges in having consistent and full staffing coverage, which limits a program's overall service provision and hours of operation.

Financing

Aside from the health benefits of increasing mental health and medical resources in crisis responses, there are financial benefits, too. For example, in Eugene, the CAHOOTS program's annual budget is \$2.1 million. In contrast, the City of Eugene estimates it would cost the Eugene Police Department \$8.5 million to serve the volume and type of calls that are directed to CAHOOTS.¹³

Several cities are funding crisis response systems through the city's general fund, which offers a potentially sustainable funding source for the long-term because it demonstrates that city officials are committed to investing in these services with public funds. To generate these funds, Denver added a sales and use tax in 2019 (one-quarter of a percent) to cover mental health services, a portion of which funds the STAR program.

¹³ White Bird Clinic. (n.d.). What is CAHOOTS?. Retrieved August 29, 2021, from <https://whitebirdclinic.org/what-is-cahoots/>

Some cities have funded crisis response programs by reallocating other city funds. Chicago's Police Department currently pays the salary of the CIT-officer in Chicago's crisis response pilot program. Chicago's crisis response pilot also receives additional funding from Chicago's Department of Public Health. Austin's EMCOT program is funded by \$11 million reallocated from the Police Department. And Eugene's CAHOOTS program is fully funded through a contract by the Eugene Police Department.

Federal or state dollars have also been used for some crisis response programs. Alameda County's Community Assessment and Transport Team (CATT) is funded by California's Mental Health Services Act (MHSA) Innovation funds. Chicago's current crisis response pilot uses Centers for Disease Control and Prevention (CDC) funding. New York City and Los Angeles both plan to bill Medicaid as a funding source for their emerging crisis response programs. The national Crisis Now program bills per service and per diem for mobile crisis and crisis stabilization services, which is reimbursed by Medicaid.

Some programs are able to leverage private funds to support their services. In addition to the allocation of city funds, Chicago receives funding from foundations and corporations to fund its crisis response program. The Mental Health First program is entirely supported by donations, grants, and volunteer time.

These financing mechanisms provide varying levels of sustainability and predictability, which may affect the longevity of a program and, therefore, its overall impacts. Ensuring that programs can be continuously funded ensures resources go into direct service provision and program administration, rather than on development, fundraising, or grant management. Staff recruitment and retention is also more successful when there is long-term reliability of positions.

Program Evaluation

Many crisis response programs use data to monitor their ongoing progress and successes, modify and expand program pilots, and measure outcomes and impact. Standardizing data collection practices (i.e., data collection tools, measures, values for measures, aligned electronic sources for data entry, etc.) across participating teams and agencies within and across cities/locales, especially for regional plans, supports effective program evaluation and reporting. Addressing this consideration is best done early in program planning because it affects the protocols developed for triage and dispatch, the equipment that crisis response teams use to record service delivery notes or accessing clients' EHR records, the way referrals and hand-offs are conducted, whether or how Medicaid billing/financing will be leveraged, and more. Several cities noted that they incorporated data sharing and access into MOUs that outlined the scope of work. The providers in most programs have access to an electronic health record (EHR) system that they are able to enter

their contact notes into – having access to a centralized data collection portal like this can greatly aid a program’s evaluation efforts.

Pilot Program Evaluation Highlight: Denver’s Support Team Assisted Response (STAR) Program

Denver planned to evaluate the STAR program after an initial six-month pilot phase. For the evaluation, data was collected from both the 911 CAD database and the Mental Health Center of Denver. Data was kept in separate systems to protect health-related information from the law enforcement database. The program evaluation provided data on incident locations, response time, response dispatch source (i.e., 911, police unit, or STAR-initiated), social demographics of consumers served, services provided, location of client transport/drop-off, and more. The use of two data systems also allowed the program to evaluate what the STAR team identified as the primary issue of concern compared to clinical diagnoses from the health data.¹⁴

As a result of analyzing these data, Denver identified its program successes and impacts and is committed to expanding the funding and scope of the program. This expansion includes purchasing more vans, staffing more teams, expanding the hours of operation, expanding the service area across the City, hiring a supervisor, and investing in program leadership. Additional plans for future evaluation include building a better understanding of populations served and more rigorous data capture, a longitudinal study to understand consumer long-term outcomes, and a cost-benefit analysis to understand the economic impacts of the program.

Once data is collected, a process for analyzing, visualizing, and reviewing data supports the overall effectiveness of program monitoring, thus contributing to changes to a pilot and the overall outcomes achieved by the program. Some programs have developed internal data dashboards to compile and organize their data in real-time, thus allowing them to review their program data on a weekly basis. And, some programs are also planning for an external evaluation to assist them in developing a broader understanding of their program’s impacts for their clients and in the larger community.

¹⁴ Denver STAR Program. (2021, January 8). STAR Program Evaluation. https://www.denverperfect10.com/wp-content/uploads/2021/01/STAR_Pilot_6_Month_Evaluation_FINAL-REPORT.pdf

Examples of Metrics that Cities Collect, Review, and Publish Data On

- Call volume
- Time of calls received
- Service areas
- Response times
- Speed of deployment
- Determinations and dispositions of dispatch (including specific coding for violence/weapons/emergency)
- Which teams are deployed across all emergency response
- Actual level of service needed compared to the initial determination at the point of dispatch
- Number of involuntary holds that are placed
- Number of transports that are conducted
- Type of referrals made
- Priority needs of clients served (housing, mental health)
- Frequency of police involvement

Making data about crisis response programs publicly available is also important for community transparency and public research. For example, New York City is planning to publish B-HEARD program data on a monthly basis. And, Portland has a public data dashboard for its crisis response program that is updated at least once per week.¹⁵ Such data transparency allows local constituents and stakeholders to check on the progress of their local crisis response program and whether it is making a difference. Such transparency can also contribute to public research and dissemination efforts about emerging alternate crisis response models.

Coordinating the Crisis Response System

Given the complexity of a crisis response system -- from its administrative structure and financing, the technical integration of dispatch with responders, the coordination of referrals and linkages, to client case management -- coordination is an essential, ongoing element of any program. This coordination requires investing in staff time and skills to participate in coordination efforts, focusing on de-siloing all components of crisis response, and effective leadership and vision. Coordination affects financing decisions and contributes directly to client outcomes; therefore, coordination implicates every aspect of program planning, implementation, and evaluation. Overall, program administration benefits

¹⁵ Portland Street Response Data Dashboard. (n.d.). City of Portland, Oregon. Retrieved August 29, 2021, from <https://www.portland.gov/streetresponse/data-dashboard>

from having coordination done at a high level, ensuring there is a person(s) responsible for holding the program at a birds-eye view.

Coordinating services between the crisis response team and community partners includes ensuring there are open communication channels between various entities at a structural level down to a client case management level. At a structural level, it requires investing in staff time, technology, and protocol development, not just at the initial program launch but on an ongoing basis. Based on the program evaluation and data collection design, system-level coordination can support ongoing data review and inform future decisions made about a program.

For example, the managers of San Francisco's Street Crisis Response Team participate in interagency meetings to ensure strategic coordination of service delivery across San Francisco's Department of Public Health, Fire Department, and Office of Care Coordination. Additionally, when Austin's EMCOT program's call center staff integrated the call center technology and co-located their crisis response services within the city's 911 dispatch, the crisis response program had reduced dropped calls, increased communication around safety and risk assessment during triage, more effective handoffs to mental health clinicians for telehealth, and increased deployment of the crisis response team by dispatch.

System-level coordination also has important downstream effects, such as ensuring that first responders (i.e., police, fire, EMS) can call the crisis response team to respond to a situation if they are dispatched first. At a client level, system coordination can support case management, referrals and linkages, and improved client outcomes. For example, Canada's REACH Edmonton program provides governance support and coordination to a network of CBO providers, including facilitating a bimonthly meeting for frontline workers to discuss shared clients. The program shared that for its most complex cases, this coordination significantly increased positive client outcomes. The program also found that they were able to better leverage the expertise of peer support specialists by having a specified coordinator leading these meetings and ensuring their voice and participation was valued. Service providers within this network all utilize the same EHR for documenting and sharing client notes, though the program has encountered challenges in data sharing. Overall, the REACH Edmonton program shared that system-level coordination must be tightly managed but that most program staff and frontline workers do not have the capacity to do so, so having a centralized governance and coordinating body is essential.

Program Planning Process

Planning the large and small details of a crisis response program is an essential part of a successful launch. Although each city will have a different planning process and timeline based on the local community's needs and administrative designs, some common themes emerged across the crisis response models that RDA reviewed.

Planning across city departments typically includes active involvement from emergency medical services, fire, and police as well as leaders from local public health and mental/behavioral health agencies and CBOs. Many cities stated that having emergency responders involved in the collaborative brainstorming and discussions from the earliest planning stages was essential in garnering buy-in from other city or county departments, including identifying the best resource(s) when responding to mental health needs and crises. Planning also requires engaging other entities; for instance, Portland has to negotiate with the local police union for all services provided by Portland's Street Response program. Some cities shared that they are aware of beliefs of local police departments and unions about potentially losing funding for police services when new crisis response services are added to the local infrastructure. But, cities found that when they focused the conversation about shared objectives between the crisis response program and the police, police began to see the program as a resource to them as mental health professionals could often better handle mental health crises because of their training and backgrounds. This alignment on shared goals and values underpins the reason that the Eugene Police Department funds the city's non-police crisis response program, CAHOOTS. Developing a collective and shared narrative around community health and well-being while reducing harm, trauma, and unnecessary use of force, is essential in promoting any crisis response program.

Program planning allows cities to identify elements to include in the pilot that will be investigated throughout the pilot stages. For instance, the planning process may include heat mapping the highest call-volume areas of the city or discussing preliminary milestones to support scaling or expansion of a pilot program. As an example, New York City's B-HEARD model is currently focused on deploying the B-HEARD team using the existing 911 determination process for identifying mental health emergencies; but, in the future, the program will also assess how those determinations are made to improve the determination and dispatch processes. Their sequencing of planning priorities allowed the program to be launched on a shorter timeline while preparing for an iterative evaluation and design process.

In the future, many learnings can be extrapolated from the ways that crisis response programs are being implemented across the United States and internationally. At this point in time, given that many implementations began within the past two years and are still actively evolving and changing, it is premature to pinpoint common themes in how similar and different jurisdictions and communities (e.g., population size, population density, geography, etc.) are unfolding their emerging crisis response programs.

Planning Timeline

While some cities operated co-responder models for years before moving to a non-police model, other cities are launching non-police models for the first time. Some cities engaged in extensive community engagement

processes while others launched programs quickly and plan to collect feedback for future iterations of their program.

For instance, Denver had a co-responder model from 2016-2020 and launched the STAR program in 2020 for an initial six-month pilot. The program was launched very quickly in 2020, and then it held community forums to hear from community members for input on the expansion. In Chicago, planning began in the summer of 2019 and the mental health advisory commission developed recommendations in October 2019, then planning and funding continued throughout the summer of 2020, with the program launched in the summer of 2021 (two years after initial program planning began).

New York City's B-HEARD program was originally announced in November 2020 with an initial launch target of February 2021, though the launch was delayed until June 2021 (eight months later). San Francisco's Street Crisis Response Team began planning in July 2020 and launched with one team in November 2020 (five months later); the program added a second team and additional hours in January 2021, added four more teams in March 2021, and integrated the local Office of Coordinated Care team for follow-up and linkages in April 2021 (all over a span of four months); the City of San Francisco wanted to move quickly due to its budgeting timeline so it did not conduct much initial community engagement, but rather expected the program design to be an iterative process with future opportunities for community input and evaluation. Additionally, for many pilot crisis response programs, when they are able to scale their services and hire more staff, then they plan to expand their geographical footprints.

Community Engagement

Community engagement is an invaluable element of program design and evaluation that leverages the expertise of the local community members directly impacted by these services. Community engagement activities are conducted to include the perspectives of potential service recipients, existing consumers of the behavioral health and crisis systems, existing coalitions, and/or local community-based service providers in the development and implementation of crisis response programs.

Cities may face barriers in hearing from community members that are the most structurally marginalized, so engaging existing coalitions and networks can support more equitable and targeted outreach. For instance, in Chicago, Sacramento, and Oakland, program planners worked with credible messengers that were connected to networks that the cities were not connected to, such as a teen health council, street outreach teams, homeless advocacy organizations, and disability rights collectives. There was a focus especially on working with mutual aid collectives and other underground groups that do not receive city funding, including voices that may otherwise be neglected in government spaces. This level of outreach and intentionality is essential because, historically, government institutions and other structures have prevented

the full and meaningful engagement of people of color, working class and cash-poor people, immigrants and undocumented people, people with disabilities, people who are cognitively diverse, LGBTQ+ people, and other structurally marginalized people. Engaging community members that are most directly impacted by crisis response programs, such as unsheltered people, will lead to feedback that is informed by direct lived experiences with the prior and existing programs in a given community. Additionally, prioritizing the engagement, participation, and recommendations of community members that are most harmed by existing institutions - such as the disproportionate rates of police violence against people of color¹⁶ - will ensure that systems of inequity are not reproduced by a crisis response program. Instead, intentional community engagement can support the program to address existing structural inequities.

Community engagement can inform program planning, program implementation, and program evaluation in unique ways. When planning for a crisis response program, community engagement can be used to survey existing needs, collect input on priorities, and engage hard-to-reach consumers. To hear directly from community members, Chicago interviewed 100 people across the city to ask about their service needs and how to implement a co-responder or alternative crisis response model. Denver targeted specific community stakeholder groups when collecting feedback for its program design, including perspectives from residents with lived experience, community activists for reimagining policing, a Latinx clinic, and a needle exchange program.

When implementing a crisis response program, engaging the community can identify opportunities for program improvement in real-time and promote community education about the program's services and partners. To collect feedback on key components of its model, Portland worked with a local university to send a questionnaire to service recipients. Denver prioritized community education by working with Business Improvement Districts (BIDs) to educate them on appropriate and inappropriate times to call 911 and how to more effectively and compassionately engage with unsheltered neighbors. Denver also worked to build trust with local CBOs to increase their engagement of the STAR crisis response team. Such community engagement can improve program implementation by increasing community awareness of the program, clarifying existing barriers for community members, and modifying service provision processes and priorities on an ongoing basis.

¹⁶ Edwards, F., Lee, H., & Esposito, M. (2019). Risk of being killed by police use of force in the United States by age, race-ethnicity, and sex. *Proceedings of the National Academy of Sciences of the United States of America (PNAS)*, 116(34), 16793-16798.
<https://www.pnas.org/content/116/34/16793>

Lessons Learned

As cities have begun planning, launching, and iterating on a variety of crisis response program models, they shared key lessons learned and recommendations for new cities considering implementing non-police crisis response programs.

Community members are essential sources of knowledge: Co-creating a crisis response model with community members that have directly experienced the crisis system will make the program more accessible and utilized.

Community engagement requires time: Build the engagement and planning time into the overall program development approach and timeline.

Use a pilot approach: Test, modify, and expand specific aspects of each crisis response model based on program successes, challenges, and consumer feedback.

Build trust across the network: Cities must build trust across city agencies and local CBOs to successfully launch and implement a crisis response program.

The 911 dispatch system is complex: Successful implementation of a crisis response program requires sufficient planning, time/resources investment, and buy-in for revising 911 call determination and dispatch processes.

Look to the future: While alternative models are currently focused on crisis response, future models could also support a population's holistic health outcomes and redefine what "safety" means in a community.

Community members are essential sources of knowledge.

Program representatives that spoke with RDA emphasized the many considerations that programs must make to ensure a program is utilized and accessible to community members. The interviewed programs emphasized the importance of co-creating programs with community members because community members have experienced the existing crisis response options, know where the gaps exist, and may have already implemented or witnessed community-based short-term solutions that should directly inform program design. Cities explained that creating a program or model that does not appeal to the consumer, especially in terms of the involvement and presence of law enforcement, will decrease

the reach and impact of the program. Community members must trust the program if they are going to call and engage in services. For example, because they understood that a significant barrier was that the general public was not confident that they could call 911 to engage a non-police response to a mental health or related crisis, the San Francisco's Street Crisis Response Teams have done significant outreach at community events and presentations at CBOs to build relationships and trust.

Community engagement requires time.

Learning from the community requires time, so plans for community engagement should be part of any new program's overall timeline and approach. For example, after their initial implementation began, Denver's STAR teams learned that there is a need to expand their program with multilingual teams, which they have since been effective in making progress towards achieving this. It has been a part of the STAR program's process to prioritize program needs as they arise while planning for expansion.

Use a pilot approach.

Cities also recommended using a pilot approach so that the model can evolve and expand over time. For example, Chicago piloted two crisis response teams with a CIT-officer and piloted two teams without a CIT-officer to determine the role and efficacy of the CIT-officer in a crisis response. New York City designed their pilot to focus on one zone (a geographic subsection of a borough) before broadening the pilot to more of the city. A pilot approach allows a city to learn from implementation successes and challenges, hear from service recipients, and generate buy-in from potentially hesitant stakeholders.

Build trust across the network.

Cities elevated that building trust across city departments and with CBOs was an essential component of their processes. Cities recognize the different cultures and priorities across city departments and agencies as well as CBOs and volunteers. Within a local government, framing this work as a health response helps to align all partners on their shared values. Moreover, emphasizing to the local police departments that taking a responsibility off their plate is a benefit to them, which may help them to see the crisis response teams as assets and resources to them. Additionally, while bringing onboard internal (i.e., city departments and agencies) stakeholders to the table, it is important to ensure that they each have the appropriate degree of weight in decision making for the program. For example, New York City emphasized that law enforcement should not have an imbalance in controlling the conversation or

decisions. Programs also shared examples of opportunities to build trust across staff members: San Francisco's Street Crisis Response Team used all-team debriefs to strengthen communication and establish processes; and Canada's REACH Edmonton used data on their program and outcomes to promote accountability between providers. Ultimately, building and sustaining trust across a network of crisis response teams, first responders, and law enforcement agencies is a type of role that the central coordinating governance structure of a crisis response system should aim to lead and support.

The 911 dispatch system is complex.

The 911 dispatch component of a crisis response model is complex and requires effective collaboration for successful implementation. New York City felt that the dispatch and deployment components of its B-HEARD program took the most time to design well (e.g., diagramming calls, finding existing data), even though the 911 data infrastructure already existed. Similarly, Los Angeles' Department of Mental Health found the call diversion process and decision-making to be the most challenging aspect to align across departments. By being aware of this hurdle from the beginning, a new program can allocate sufficient time and resources as well as identify strategic personnel to support the development of this important component of any crisis response program.

Look to the future.

Finally, cities offered that they are only in their first steps of a longer process of designing alternative models of care in their communities. Planning for a program's next steps can make the initial pilots even more successful and support the transition to future iterations. For instance, Portland's Street Response program is primarily focused on low-acuity crises, though there is a need for a non-police response that can respond to higher acuity calls, including incidences with weapons, in order to achieve Portland's aim of reducing police violence. Mental Health First emphasized that an armed officer does not necessarily provide security and safety to bystanders, providers, or consumers, and so alternative crisis response models are countering a larger system of socialization around notions of safety and the role of 911 in a community. Additionally, these models are operating within larger mental health response systems that must work together to ensure fewer community members are going into crisis in the first place. Programs should always be considering how alternative models of care can support individuals from entering into crises, too. Denver's STAR program shared that they have numerous opportunities for prevention efforts, such as proactive response after encampment sweeps, checking in with consumers in high visibility areas even if there is not a call there, and proactively connecting people to services. By keeping an open mind for what a more holistic crisis response system could look like in their future, cities can plan for their present day,

early-stage pilot programs to be a part of their evolving and innovative models of care.

Appendices

Appendix A. SAMHSA's National Guidelines for Behavioral Health Crisis Care - Best Practice Toolkit Executive Summary¹⁷

The *National Guidelines for Crisis Care – A Best Practice Toolkit* advances national guidelines in crisis care within a toolkit that supports program design, development, implementation and continuous quality improvement efforts. It is intended to help mental health authorities, agency administrators, service providers, state and local leaders think through and develop the structure of crisis systems. The toolkit includes distinct sections for:

- ✓ Defining national guidelines in crisis care;
- ✓ Implementing care that aligns with national guidelines; *and*
- ✓ Evaluating alignment of systems to national guidelines.

Given the ever-expanding inclusion of the term “crisis” by entities describing service offerings that do not truly function as no-wrong-door safety net services, we start by defining what crisis services are and what they are not. Crisis services are for **anyone, anywhere and anytime**. Crisis services include (1) crisis lines accepting all calls and dispatching support based on the assessed need of the caller, (2) mobile crisis teams dispatched to wherever the need is in the community (not hospital emergency departments) and (3) crisis receiving and stabilization facilities that serve everyone that comes through their doors from all referral sources. These services are for **anyone, anywhere and anytime**.

With non-existent or inadequate crisis care, costs escalate due to an overdependence on restrictive, longer-term hospital stays, hospital readmissions, overuse of law enforcement and human tragedies that result from a lack of access to care. Extremely valuable psychiatric inpatient assets are overburdened with referrals that might be best-supported with less intrusive, less expensive services and supports. In too many communities, the “crisis system” has been unofficially handed over to law enforcement; sometimes with devastating outcomes. The current approach to crisis care is patchwork and

¹⁷ Substance Abuse and Mental Health Services Administration (SAMHSA). (2020). National Guidelines for Behavioral Health Crisis Care – Best Practice Toolkit Executive Summary. <https://www.samhsa.gov/find-help/implementing-behavioral-health-crisis-care> & <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf>

delivers minimal treatment for some people while others, often those who have not been engaged in care, fall through the cracks; resulting in multiple hospital readmissions, life in the criminal justice system, homelessness, early death and even suicide.

A comprehensive and integrated crisis network is the first line of defense in preventing tragedies of public and patient safety, civil rights, extraordinary and unacceptable loss of lives, and the waste of resources. There is a better way. Effective crisis care that saves lives and dollars requires a systemic approach. This toolkit will delineate how to estimate the crisis system resource needs of a community, the number of individuals who can be served within the system, the cost of crisis services, the workforce demands of implementing crisis care and the community-changing impact that can be seen when services are delivered in a manner that aligns with this Best Practice Toolkit. Readers will also learn how this approach harnesses data and technology, draws on the expertise of those with lived experience, and incorporates evidence-based suicide prevention practices.

Core Services and Best Practices

The following represent the *National Guidelines for Crisis Care* essential elements within a **no- wrong-door** integrated crisis system:

1. **Regional Crisis Call Center:** Regional 24/7 clinically staffed hub/crisis call center that provides crisis intervention capabilities (telephonic, text and chat). Such a service should meet National Suicide Prevention Lifeline (NSPL) standards for risk assessment and engagement of individuals at imminent risk of suicide and offer quality coordination of crisis care in real-time;
2. **Crisis Mobile Team Response:** Mobile crisis teams available to reach any person in the service area in his or her home, workplace, or any other community-based location of the individual in crisis in a timely manner; *and*
3. **Crisis Receiving and Stabilization Facilities:** Crisis stabilization facilities providing short-term (under 24 hours) observation and crisis stabilization services to all referrals in a home-like, non-hospital environment.

In addition to the essential structural or programmatic elements of a crisis system, the following list of essential qualities must be “baked into” comprehensive crisis systems:

1. Addressing recovery needs, significant use of peers, and trauma-informed care;
2. “Suicide safer” care;
3. Safety and security for staff and those in crisis; *and*

4. Law enforcement and emergency medical services collaboration.

Regional Crisis Call Hub Services – Someone To Talk To

Regional, 24/7, clinically staffed call hub/crisis call centers provide telephonic crisis intervention services to all callers, meet National Suicide Prevention Lifeline (NSPL) operational standards regarding suicide risk assessment and engagement and offer quality coordination of crisis care in real-time. Ideally, these programs will also offer text and chat options to better engage entire communities in care. Mental health, substance use and suicide prevention lines must be equipped to take all calls with expertise in delivering telephonic intervention services, triaging the call to assess for additional needs and coordinating connections to additional support based on the assessment of the team and the preferences of the caller.

Minimum Expectations to Operate a Regional Crisis Call Service

1. Operate every moment of every day (24/7/365);
2. Be staffed with clinicians overseeing clinical triage and other trained team members to respond to all calls received;
3. Answer every call or coordinate overflow coverage with a resource that also meets all of the minimum crisis call center expectations defined in this toolkit;
4. Assess risk of suicide in a manner that meets NSPL standards and danger to others within each call;
5. Coordinate connections to crisis mobile team services in the region;
and
6. Connect individuals to facility-based care through warm hand-offs and coordination of transportation as needed.

Best Practices to Operate Regional Crisis Call Center

To fully align with best practice guidelines, centers must meet the minimum expectations and:

1. Incorporate Caller ID functioning;
2. Implement GPS-enabled technology in collaboration with partner crisis mobile teams to more efficiently dispatch care to those in need;
3. Utilize real-time regional bed registry technology to support efficient connection to needed resources; *and*
4. Schedule outpatient follow-up appointments in a manner synonymous with a warm handoff to support connection to ongoing care following a crisis episode.

To align with National Suicide Prevention Lifeline (NSPL) operational standards, centers must:

1. Practice **active engagement** with callers and make efforts to establish sufficient rapport so as to promote the caller's collaboration in securing his/her own safety;

2. Use the **least invasive intervention** and consider involuntary emergency interventions as a last resort, except for in circumstances as described below;
3. Initiate life-saving services for attempts in progress – in accordance with guidelines that do not require the individual’s consent to initiate medically necessary rescue services;
4. Initiate active rescue to secure the immediate safety of the individual at risk if the caller remains unwilling and/or unable to take action to prevent his/her suicide and remains at imminent risk;
5. Practice active engagement with persons calling on behalf of someone else (“third-party callers”) towards determining the least invasive, most collaborative actions to best ensure the safety of the person at risk;
6. Have supervisory staff available during all hours of operations for timely consultation in determining the most appropriate intervention for any individual who may be at imminent risk of suicide; *and*
7. Maintain caller ID or other method of identifying the caller’s location that is readily accessible to staff.

True regional crisis call center hub services that offer air traffic control-type functioning are essential to the success of a crisis system. Cracks within a system of care widen when individuals experience interminable delays in access to services which are often based on an absence of:

1. Real-time coordination of crisis and outgoing services; *and*
2. Linked, flexible services specific to crisis response; namely mobile crisis teams and crisis stabilization facilities.

Mobile Crisis Team Services – Someone To Respond

Mobile crisis team services offering community-based intervention to individuals in need wherever they are; including at home, work, or anywhere else in the community where the person is experiencing a crisis. For safety and optimal engagement, two person teams should be put in place to support emergency department and justice system diversion. EMS services should be aware and partner as warranted.

Minimum Expectations to Operate a Mobile Crisis Team Services

1. Include a licensed and/or credentialed clinician capable to assessing the needs of individuals within the region of operation;
2. Respond where the person is (home, work, park, etc.) and not restrict services to select locations within the region or particular days/times; *and*
3. Connect to facility-based care as needed through warm hand-offs and coordinating transportation when and only if situations warrants transition to other locations.

Best Practices to Operate Mobile Crisis Team Services

To fully align with best practice guidelines, teams must meet the minimum expectations and:

1. Incorporate peers within the mobile crisis team;
2. Respond without law enforcement accompaniment unless special circumstances warrant inclusion in order to support true justice system diversion;
3. Implement real-time GPS technology in partnership with the region's crisis call center hub to support efficient connection to needed resources and tracking of engagement; *and*
4. Schedule outpatient follow-up appointments in a manner synonymous with a warm handoff in order to support connection to ongoing care.

Essential functions of mobile crisis services include:

- Triage/screening, including explicit screening for suicidality;
- Assessment;
- De-escalation/resolution;
- Peer support;
- Coordination with medical and behavioral health services; *and*
- Crisis planning and follow-up.

Crisis Receiving and Stabilization Services – A Place to Go

Crisis receiving and stabilization services offer the community a no-wrong-door access to mental health and substance use care; operating much like a hospital emergency department that accepts all walk-ins, ambulance, fire and police drop-offs. The need to say yes to mental health crisis referrals, including working with persons of varying ages (as allowed by facility license) and clinical conditions (such as serious emotional disturbance, serious mental illness, intellectual and developmental disabilities), regardless of acuity, informs program staffing, physical space, structure and use of chairs or recliners in lieu of beds that offer far less capacity or flexibility within a given space. It is important to fund these facility-based programs so they can deliver on the commitment of never rejecting a first responder or walk-in referral in order to realize actual emergency department and justice system diversion. If an individual's condition is assessed to require medical attention in a hospital or referral to a dedicated withdrawal management (i.e., referred to more commonly and historically as detoxification) program, it is the responsibility of the crisis receiving and stabilization facility to make those arrangements and not shift that responsibility to the initial referral source (family, first responder or mobile team). Law enforcement is not expected to do the triage or assessment for the crisis system and it is important that those lines never become blurred.

Minimum Expectations to Operate a Crisis Receiving and Stabilization Service

1. Accept all referrals;
2. Not require medical clearance prior to admission but rather assessment and support for medical stability while in the program;
3. Design their services to address mental health and substance use crisis issues;
4. Employ the capacity to assess physical health needs and deliver care for most minor physical health challenges with an identified pathway in

- order to transfer the individual to more medically staffed services if needed;
5. Be staffed at all times (24/7/365) with a multidisciplinary team capable of meeting the needs of individuals experiencing all levels of crisis in the community; including:
 - a. Psychiatrists or psychiatric nurse practitioners (telehealth may be used)
 - b. Nurses
 - c. Licensed and/or credentialed clinicians capable of completing assessments in the region; *and*
 - d. Peers with lived experience similar to the experience of the population served.
 6. Offer walk-in and first responder drop-off options;
 7. Be structured in a manner that offers capacity to accept all referrals, understanding that facility capacity limitations may result in occasional exceptions when full, with a no rejection policy for first responders;
 8. Screen for suicide risk and complete comprehensive suicide risk assessments and planning when clinically indicated; *and*
 9. Screen for violence risk and complete more comprehensive violence risk assessments and planning when clinically indicated.

Best Practices to Operate Crisis Receiving and Stabilization Services

To fully align with best practice guidelines, centers must meet the minimum expectations and:

1. Function as a 24 hour or less crisis receiving and stabilization facility;
2. Offer a dedicated first responder drop-off area;
3. Incorporate some form of intensive support beds into a partner program (could be within the services' own program or within another provider) to support flow for individuals who need additional support;
4. Include beds within the real-time regional bed registry system operated by the crisis call center hub to support efficient connection to needed resources; *and*
5. Coordinate connection to ongoing care.

The Role of the Psychiatrist/Psychiatric Nurse Practitioner

Psychiatrists and Psychiatric Nurse Practitioners serve as clinical leaders of the multi-disciplinary crisis team. Essential functions include ensuring clinical soundness of crisis services through evaluation of need, continued monitoring of care and crisis service discharge planning.

Essential Principles for Modern Crisis Care Systems

Best practice crisis care incorporates a set of core principles that must be systematically “baked in” to excellent crisis systems in addition to the core structural elements that are defined as essential for modern crisis systems. These essential principles and practices are:

1. Addressing Recovery Needs,

2. Significant Role for Peers,
3. Trauma-Informed Care,
4. *Zero Suicide/Suicide Safer Care,*
5. Safety/Security for Staff and People in Crisis *and*
6. Crisis Response Partnerships with Law Enforcement, Dispatch, and Emergency Medical Services.

Addressing Recovery Needs

Crisis providers must address the recovery needs of individuals and families to move beyond their mental health and substance use challenges to lead happy, productive and connected lives each and every day.

Implementation Guidance

1. *Commit to a no-force-first approach to quality improvement in care that is characterized by engagement and collaboration.*
2. *Create engaging and supportive environments that are as free of barriers as possible. This should include eliminating Plexiglas from crisis stabilization units and minimal barriers between team members and those being served to support stronger connections.*
3. *Ensure team members engage individuals in the care process during a crisis. Communicate clearly regarding all options clearly and offer materials regarding the process in writing in the individual's preferred language whenever possible.*
4. *Ask the individual served about their preferences and do what can be done to align actions to those preferences.*
5. *Help ensure natural supports and personal attendants are also part of the planning team, such as with youth and persons with intellectual and developmental disabilities.*
6. *Work to convert those with an involuntary commitment to voluntary so they are invested in their own recovery.*

Significant Role for Peers

A transformative element of recovery-oriented care is to fully engage the experience, capabilities and compassion of people who have experienced mental health crises. Including individuals with lived mental health and substance use disorder experience (peers) as core members of a crisis team supports engagement efforts through the unique power of bonding over common experiences while adding the benefits of the peer modeling that recovery is possible.

Implementation Guidance

1. *Hire credentialed peers with lived experience that reflect the characteristics of the community served as much as possible. Peers should be hired with attention to common characteristics such as gender, race, primary language, ethnicity, religion, veteran status, lived experiences and age.*

2. *Develop support and supervision that aligns with the needs of your program's team members.*
3. *Emphasize engagement as a fundamental pillar of care that includes peers as a vital part of a crisis program's service delivery system. This should include (1) integrating peers within available crisis line operations, (2) having peers serve as one of two mobile team members and (3) ensuring a peer is one of the first individuals to greet an individual admitted to a crisis stabilization facility.*

Trauma-Informed Care

The great majority of individuals served in mental health and substance use services have experienced significant interpersonal trauma. Mental health crises and suicidality often are rooted in trauma. These crises are compounded when crisis care involves loss of freedom, noisy and crowded environments and/or the use of force. These situations can actually re-traumatize individuals at the worst possible time, leading to worsened symptoms and a genuine reluctance to seek help in the future.

On the other hand, environments and treatment approaches that are safe and calm can facilitate healing. Thus, we find that trauma-informed care is an essential element of crisis treatment. In 2014, SAMHSA set the following guiding principles for trauma-informed care:

1. Safety;
2. Trustworthiness and transparency;
3. Peer support and mutual self-help;
4. Collaboration and mutuality;
5. Empowerment, voice and choice; *and*
6. Ensuring cultural, historical and gender considerations inform the care provided.

Trauma-informed systems of care ensure these practices are integrated into service delivery. Developing and maintaining a healthy environment of care also requires support for staff, who may have experienced trauma themselves.

Implementation Guidance

1. *Incorporate trauma-informed care training into each team member's new employee orientation with refreshers delivered as needed.*
2. *Apply assessment tools that evaluate the level of trauma experienced by the individuals served by the crisis program and create action steps based on those assessments.*

Zero Suicide/Suicide Safer Care

Two transformational commitments must be made by every crisis provider in the nation: (1) adoption of suicide prevention as a core responsibility, and (2) commitment to dramatic reductions in suicide among people under care. These changes were adopted and advanced in the revised *National Strategy for Suicide*

Prevention (2012), specifically via a new Goal 8: “Promote suicide prevention as a core component of health care services” (p. 51).

The following key elements of Zero Suicide or Suicide Safer Care are all applicable to crisis care:

1. Leadership-driven, safety-oriented culture committed to dramatically reducing suicide among people under care, that includes survivors of suicide attempts and suicide loss in leadership and planning roles;
2. Developing a competent, confident, and caring workforce;
3. Systematically identifying and assessing suicide risk among people receiving care;
4. Ensuring every individual has a pathway to care that is both timely and adequate to meet his or her needs and includes collaborative safety planning and a reduction in access to lethal means;
5. Using effective, evidence-based treatments that directly target suicidal thoughts and behaviors;
6. Providing continuous contact and support; especially after acute care; *and*
7. Applying a data-driven quality improvement approach to inform system changes that will lead to improved patient outcomes and better care for those at risk.

Safety/Security for Staff and People in Crisis

Safety for both individuals served and staff is a foundational element for all crisis service settings. Crisis settings are also on the front lines of assessing and managing suicidality and possibly violent thoughts or aggressive behaviors, issues with life and death consequences. While ensuring safety for people using crisis services is paramount, the safety for staff cannot be compromised. Keys to safety and security in crisis delivery settings include:

- Evidence-based and trauma-informed crisis training for all staff;
- Role-specific staff training and appropriate staffing ratios to number of clients being served;
- A non-institutional and welcoming physical space and environment for persons in crisis, rather than Plexiglas “fishbowl” observation rooms and keypad-locked doors. This space must also be anti-ligature sensitive and contain safe rooms for people for whom violence may be imminent;
- Established policies and procedures emphasizing “no force first” prior to implementation of safe physical restraint or seclusion procedures;
- Pre-established criteria for crisis system entry;
- Strong relationships with law enforcement and first responders; *and*
- Policies that include the roles of clinical staff (and law enforcement if needed) for management of incidents of behavior that places others at risk.

Providers must establish environments that are safe for those they serve as well as their own team members who are charged with delivering high quality crisis care that aligns with best practice guidelines. The keys to safety and security for

home visits by mental health staff include:

- No mental health crisis outreach worker will be required to conduct home visits alone.
- Employers will equip mental health workers who engage in home visits with a communication device.
- Mental health workers dispatched on crisis outreach visits will have prompt access to any information available on history of dangerousness or potential dangerousness of the client they are visiting.

Implementation Guidance

1. *Commit to a no-force-first approach to care.*
2. *Monitor, report and review all incidents of seclusion and restraint with the goal of minimizing the use of these interventions.*
3. *Remember that barriers do not equal safety. The key to safety is engagement and empowerment of the individual served while in crisis.*
4. *Offer enough space in the physical environment to meet the needs of the population served. A lack of space can elevate anxiety for all.*
5. *Incorporate quiet spaces into your crisis facility for those who would benefit from time away from the milieu of the main stabilization area.*
6. *Engage your team members and those you serve in discussions regarding how to enhance safety within the crisis program.*

Law Enforcement and Crisis Response—An Essential Partnership

Law enforcement agencies have reported a significant increase in police contacts with people with mental illness in recent years. Some involvement with mental health crises is inevitable for police. Police officers may (1) provide support in potentially dangerous situations when the need is assessed or (2) make warm hand-offs into crisis care if they happen to be first to engage.

In many communities across the United States, the absence of sufficient and well-integrated mental health crisis care has made local law enforcement the *de facto* mental health mobile crisis system. This is unacceptable and unsafe. The role of local law enforcement in addressing emergent public safety risk is essential and important. With good mental health crisis care in place, the care team can collaborate with law enforcement in a fashion that will improve both public safety and mental health outcomes. Unfortunately, well-intentioned law enforcement responders to a crisis call can escalate the situation solely based on the presence of police vehicles and armed officers that generate anxiety for far too many individuals in a crisis.

Implementation Guidance

1. *Have local crisis providers actively participate in Crisis Intervention Team training or related mental health crisis management training sessions.*

2. *Incorporate regular meetings between law enforcement and crisis providers, including EMS and dispatch, into the schedule so these partners can work to continuously improve their practices.*
3. *Include training on crisis provider and law enforcement partnerships in the training for both partner groups.*
4. *Share aggregate outcomes data such as numbers served, percentage stabilized and returned to the community and connections to ongoing care.*

Psychiatric Advance Directives

A psychiatric or mental health advance directive (PAD) is a legal tool that allows a person with mental illness to state their preferences for treatment in advance of a crisis. They can serve as a way to protect a person's autonomy and ability to self-direct care. Crisis providers are expected to always seek to understand and implement any existing PAD that has been developed by the individual during the evaluation phase and work to ensure the individual discharges from crisis care with an updated and accurate psychiatric advance directive whenever possible. PAD creates a path to express treatment preferences and identify a representative who is trusted and legally empowered to make healthcare decisions on medications, preferred facilities, and listings of visitors.

Funding Crisis Care

The full *Crisis Services Best Practice Toolkit* document contains specific strategies on how a community can fund each of the core crisis system elements in single and multiple-payer environments. Additionally, recommendations on service coding already being reimbursed by Medicaid in multiple states are made available; including the use of HCPCS code H2011 *Crisis Intervention Service per 15 Minutes* for mobile crisis services and S9484 *Crisis Intervention Mental Health Services per Hour* or S9485 *Crisis Intervention Mental Health Services per Diem* for crisis receiving and stabilization facility services.

Training and Supervision

Many members of the crisis services delivery team are licensed mental health and substance use professionals operating within the scope of their license and training with supervision delivered in a manner consistent with professional expectations of the licensing board. Licensed professionals are expected to strengthen their skills and knowledge through ongoing CEU and CME professional advancement opportunities focused on improving team members' ability to deliver crisis care.

Providers also incorporate non-licensed individuals within the service delivery

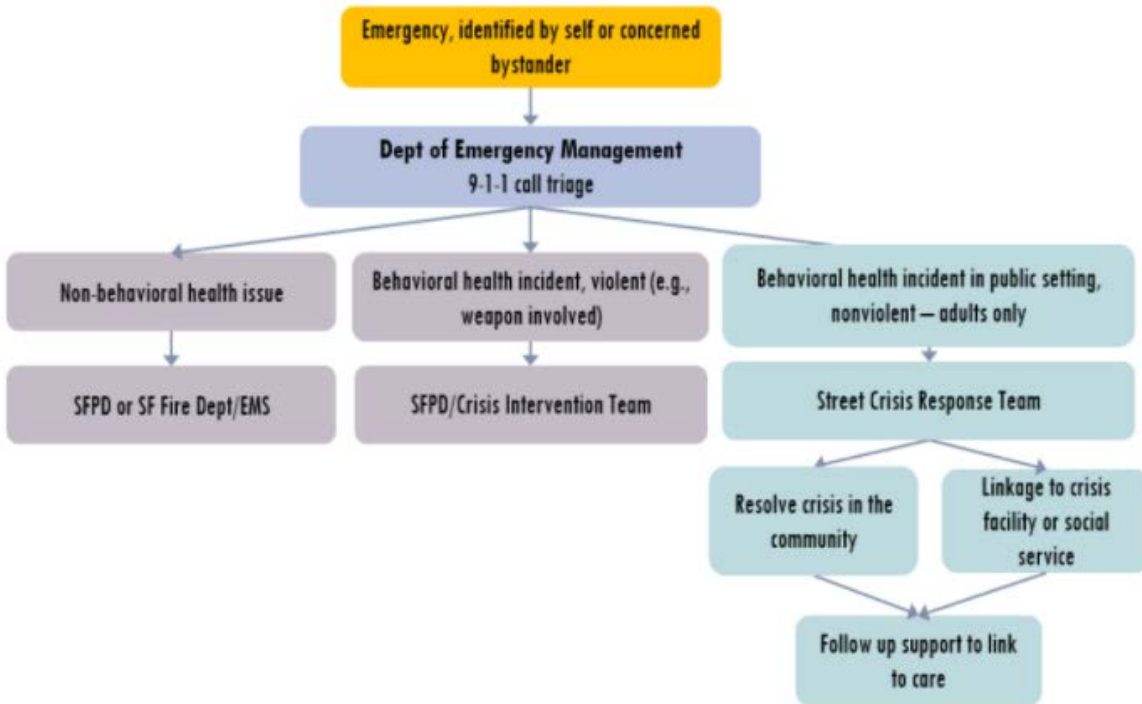
team; creating the need for additional training and supervision to ensure services are delivered in a manner that advances positive outcomes for those engaged in care. Verification of skills and knowledge of non-professional staff is essential to maintaining service delivery standards within a crisis program; including the incorporation of ongoing supervision with licensed professionals available on site at all times. Supervision and the verification of skills and knowledge shall include, but is not limited to, active engagement strategies, trauma-informed care, addressing recovery needs, suicide-safer care, community resources, psychiatric advance directives and role-specific tasks.

Conclusion

Crisis services must be designed to serve **anyone, anywhere and anytime**. Communities that commit to this approach and dedicate resources to address the community need decrease psychiatric boarding in emergency departments and reduce the demands on the justice system. These two benefits translate into better care, better health outcomes and lower costs to the community. The *National Guidelines for Crisis Care – A Best Practice Toolkit* delivers a roadmap that can be used to truly make a positive impact to communities across the country.

Appendix B. Sample Outlines of Types of Scenarios for Crisis Response Teams

Appendix B-1. County and City of San Francisco’s Crisis Response



Appendix B-2. County of Los Angeles' Behavioral Health Crisis Triage

COUNTY OF LOS ANGELES · BEHAVIORAL HEALTH CRISIS TRIAGE			
PEER INVOLVEMENT IN TRAINING	HIGHER RISK	CALLS AND RESPONSE CAN BE FLUID AND OVERLAP	M MEDICAL AID • EMS / FIRE DEPT ANYONE NEED MEDICAL ATTENTION? INJURY? ALSO FOR INTEGRATED MEDICAL INTERVENTION PLAN
	4		
MODERATE RISK	CALLER NEEDS HELP IN PERSON PUBLIC NOT IN IMMEDIATE DANGER FIELD RESPONSE IS NECESSARY MAY BE DANGER TO SELF, OTHERS, GRAVELY DISABLED DMH ACCESS CALL CENTER—DISPATCHES NON-LE TEAM [FUTURE LINKAGE TO 988 & 911 SYSTEM FOR TRANSFER IF NEEDED] ----- FIELD RESPONSE BY DMH PSYCHIATRIC MOBILE RESPONSE TEAM (PMRT) OR DMH VAN OR OTHER PSYCH EVALUATION TEAM (PET)		
3	CALLER NEEDS HELP VIA CALL / TEXT / CHAT IN CRISIS NOW • CAN / WILL ACCEPT IMMEDIATE <u>REMOTE</u> HELP INCLUDES SUICIDAL SUBJECT THAT'S NOT AN IMMEDIATE THREAT TO OTHERS "LIVE TRANSFER" TO DIDI HIRSCH SUICIDE PREVENTION CENTER [FUTURE 988 WITH LINKAGE TO 911 FOR TRANSFER IF NEEDED] ----- NO FIELD RESPONSE UNLESS CALL ASSESSMENT LEVEL CHANGES CALLER MAY REMAIN ENGAGED FOR HELP DURING LEVEL 3+ FIELD RESPONSE		
DIRECT PEER INVOLVEMENT (INDIVIDUALS WITH LIVED EXPERIENCE)	IMMEDIATE REMOTE	1	CALLER NEEDS SUPPORT/SERVICES • NOT IMMEDIATE RISK SUBJECT OR CARE TAKER NEEDS SUPPORTIVE SERVICES "LIVE TRANSFER" TO DMH ACCESS CALL CENTER—PRIORITY LINE <u>MAY</u> TRIGGER PEER ACCESS NETWORK REFERRAL TO MAKE CONTACT <u>MAY</u> RESULT IN APPOINTMENT FOR A TREATMENT PROVIDER ----- MAY REQUEST PEER-RESPONSE ORG TO ASSIST INCLUDING "NAVIGATOR" ROLE
	NO CRISIS / RESOLVED		

Appendix C. Crisis Response Programs Researched by RDA – Summary of Key Components

<u>Program</u>	<u>Dispatch</u>	<u>Types of calls</u>	<u>Hours of operation</u>	<u>Crisis team staff</u>	<u>Vehicles</u>	<u>Follow-up process</u>
Albuquerque Community Safety Department – <i>Albuquerque, NM</i>	911	Mental health, inebriation, homelessness, addiction	TBD	Clinicians or peers	TBD	TBD
B-HEARD (the Behavioral Health Emergency Assistance Response Division) – <i>New York, NY</i>	911 dispatch	Mental health	Daily 16 hours per day	2 EMTs or paramedics + social worker	Non-transport vehicles	Connect with services if transported; heat team does follow-up (clinician and peer for follow-up connection to services)
Boston Police Department’s Co-Responder Program – <i>Boston, MA</i>	911 dispatch	Mental health crisis	Unknown	Co-responder (police + clinician)	Police car	Unknown
Crisis Assistance Helping Out On The Streets (CAHOOTS) – <i>Eugene, OR</i>	911 calls dispatched on radio	Non-emergency calls	24/7	Unlicensed crisis worker and EMT or paramedic	3 vans with logo	Not currently part of services
Crisis Assessment & Transport Team (CATT) – <i>Alameda County, CA</i>	911 dispatch	Mental health	Daily 7am-12am	Licensed clinician + EMT, co-responding with police	Unmarked vehicles, barrier, custom locks and windows, locked storage cabinets	Unknown
Community Paramedicine – California (statewide)	911 dispatch	Non-emergency health and mental health calls	Unknown	Paramedics	Unknown	Unknown
Crisis Call Diversion Program (CCD) – <i>Houston, TX</i>	911 dispatch	Non-emergency mental and behavioral health calls	Daily, morning and evening shifts	Mental health professional tele-counselors at 911 call center	N/A	Unknown

<u>Program</u>	<u>Dispatch</u>	<u>Types of calls</u>	<u>Hours of operation</u>	<u>Crisis team staff</u>	<u>Vehicles</u>	<u>Follow-up process</u>
Crisis Now – National model (via SAMHSA)	Regional crisis call hub	Mental health	24/7	Licensed clinician + behavioral health specialist	Unmarked van	Program staff follows up to ensure connection to a resource
Crisis Response Pilot – Chicago, IL	911 dispatch	Mental health	M-F 9:30-5:30	Paramedic, crisis counselor, CIT officer, peer recovery coach	2 vans	Unknown
Crisis Response Unit – Olympia, WA	911 or alternate number	Mental health, homelessness	Daily 7am-9pm	Nurse + behavioral health specialist	Van owned by the City	Repeat clients get referred to peer navigation program (Familiar Faces)
Cuyahoga County Mobile Crisis Team – Cuyahoga County, Ohio	National Suicide Prevention Hotline	Mental health	24/7	Licensed clinicians	Unknown	Unknown
Department of Community Response – Sacramento, CA	911 or alternate number	Mental health, homelessness, youth and family crisis, substance use	24/7	Social workers	6 vans	CBO partner will provide connection to longer term care and follow up services
Department of Community Solutions and Public Safety – Ithaca, NY	TBD	Non-violent calls	TBD	Unarmed first responders	TBD	TBD
Downtown Emergency Service Center (DESC) Mobile Crisis Team – King County, WA	911 dispatch	Mental health, substance use	24/7	Mental health professional	Unknown	Unknown

<u>Program</u>	<u>Dispatch</u>	<u>Types of calls</u>	<u>Hours of operation</u>	<u>Crisis team staff</u>	<u>Vehicles</u>	<u>Follow-up process</u>
Expanded Mobile Crisis Outreach Team (EMCOT) – Austin, TX	911 or alternate number	Mental health	24/7	Field staff: two person teams of clinicians Call center staff: mental health professionals	Unmarked vehicles	Post-crisis services available for up to 3 months after initial contact
Georgia Crisis & Access Line (GCAL) – Georgia (statewide)	Alternate number, app	Non-emergency mental health, substance use	24/7	Mental health professionals	Unknown	Unknown
Los Angeles County Department of Mental Health - ACCESS Center – Los Angeles County, CA	Alternate number	Mental health	24/7	Unknown	Unknown	Unknown
Los Angeles County Department of Mental Health - Co-Response Program – Los Angeles County, CA	911 dispatch	Emergency mental health	Unknown	Co-responder (police + clinician)	Police car	Unknown
Los Angeles County Department of Mental Health - Psychiatric Mobile Response Team (PMRT) – Los Angeles County, CA	Alternate number	Mental health crises	Unknown	Psychiatric mobile response team	Unknown	Unknown
Mobile Assistance Community Responders of Oakland (MACRO) – Oakland, CA	911 dispatch	Non-emergency calls	24/7	Unlicensed community member + EMT	Vehicle with radios, mobile data terminal, cell phones	Community Resource Specialist to connect to resources
Mental Health Acute Assessment Team (MHAAT) – Sydney, Australia	Ambulance Control Center	Acute mental health crises	Unknown	Paramedic + mental health nurse	Ambulance	Contacted within 3 days, follow up with referral facility
Mental Health First / Anti-Police Terror Project – Sacramento and Oakland, CA	Alternate number, social media	Mental health, domestic violence, substance use	Fri-Sun 7pm-7am	Peer first responders	Use personal vehicles and meet at the scene; have an RV with supplies	Have relationship with CBOs, staff work to get folks into longer term services
Mental Health Mobile Crisis Team (MHMCT) – Nova Scotia, Canada	911 dispatch	Mental health	24/7	Co-responder (police + clinician) and telephone clinician support	Unknown	Unknown

<u>Program</u>	<u>Dispatch</u>	<u>Types of calls</u>	<u>Hours of operation</u>	<u>Crisis team staff</u>	<u>Vehicles</u>	<u>Follow-up process</u>
Mobile Crisis Assistance Team (MCAT) – Indianapolis, IN	911 dispatch	Mental health, substance use	M-F, not after hours or overnight	Co-responder (police + clinician + paramedics)	Unknown	Conduct follow up visits to encourage connection to care
Mobile Crisis Rapid Response Team (MCRRT) – Hamilton, Ontario, Canada	911 dispatch	Mental health	Unknown	Co-responder (CIT-trained police + clinician)	Police car	Unknown
Mobile Emergency Response Team for Youth (MERTY) – Santa Cruz, CA	Alternate number	Mental health calls for youth	M-F 8am-5pm	Clinician + family specialist	Van with wheelchair lift, comfortable chairs, TV, snacks	Continue to provide services until patient connected with long-term services
Mobile Evaluation Team (MET) – East Oakland, CA	911 or alternate number	Mental health	Mon-Thurs 8am-3:30pm	Co-responder (1-2 mental health clinicians + police officer)	Unmarked police car	Unknown
Psykiatrisk Akut Mobilitet (PAM) Unit, the Psychiatric Emergency Response Team – Stockholm, Sweden	Alarm center	Acute risk of suicidal behavior	Daily 2pm-2am	2 psychiatric nurses and ambulance driver	Ambulance	Unknown
Police and Clinician Emergency Response (PACER) – Australia (several locations)	Dispatched by police	Mental health	Varies	Co-responder (police + clinician)	Unknown	Unknown
Portland Street Response – Portland, OR	911 or alternate number	Low-acuity mental health, substance use, welfare checks	M-F 10am-6pm	EMT and LCSW dispatched to scene; 2 CHWs called in for follow-up	Van with logo	CHWs connect to services; partnerships with CBOs for outreach in encampments
REACH 24/7 Crisis Diversion – Edmonton, Alberta, Canada	Alternate number (211)	Non-violent, non-emergency calls	24/7	2 crisis diversion workers	Have van to transport	Connector role for connection to long-term services

<u>Program</u>	<u>Dispatch</u>	<u>Types of calls</u>	<u>Hours of operation</u>	<u>Crisis team staff</u>	<u>Vehicles</u>	<u>Follow-up process</u>
Seattle Crisis Response Team – Seattle, WA	911 dispatch	Mental health, assault/threat/harassment, suspicious circumstance, disturbance	Unknown	Co-responder (CIT + clinician)	Unknown	Clinicians can follow up with clients
Supported Team Assisted Response (STAR) – Denver, CO	911 dispatch	Mental health, homelessness, substance use	M-F 10am-6pm	Mental health clinician (SW) + paramedic	Civilian van with amber lights, bucket seats on each side with standard front seat	Can hand off to case managers
Street Crisis Response Team (SCRT) – San Francisco, CA	911 calls dispatched on radio	Non-emergency mental health	Daily, 12 hours a day	Social worker/psychologist + paramedic + peer	Van with lights and sirens, currently using old fire department vehicles	Office of Care Coordination provides linkages to other services
Street Triage – England (several locations)	Emergency dispatch	Mental health	Varies	Mental health nurse	Unknown	Unknown
Therapeutic Transportation Pilot Program/Alternative Crisis Response – Los Angeles City and County, CA	911 dispatch	Mental health crisis	24/7	Mental health experts co-respond or take the lead on MH calls	Plan to have van for transports	Level 1 calls will be referred to non-crisis follow up services, folks can step down from crisis receiving to residential program
Toronto Crisis Response – Toronto, Ontario, Canada	TBD	Non-violent, non-emergency calls	TBD	Mental health professionals	TBD	TBD

APPENDIX F

Bonita House Specialized Care Unit (SCU) Contract

EXPENDITURE NON-CONSTRUCTION CONTRACT REVIEW FORM
 "NEW CONTRACT"

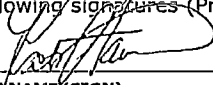
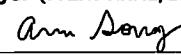
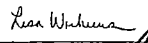

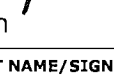
Contract # 32300134 Vendor # 13600

CONTRACTOR NAME: Bonita House Berkeley Business License # 007616
 Subject of Contract: Specialized Care Unit

This contract package contains:	Attached	Waiver Attached	Not Required
2 Original Contracts (Vital Record and Vendor) in folder			
*The Vital Record contract MUST be in a folder. Vendor copies may be assembled with an Acco-fastener. **DocuSign Agreements only require 1 Original (Vital Record) copy.			
1. CONTRACT BOILERPLATE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Scope of Services (Exhibit A @ boilerplate)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Payment Provisions (Exhibit B @ boilerplate)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. Evidence of Competitive Solicitation OR Waiver by CM or by Council Resolution	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. CERTIFICATIONS			
a. Workforce Composition (businesses with 5 or more employees)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Nuclear Free Berkeley Disclosure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Oppressive States Disclosure (Exception: Community-based, non-profit organizations)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sanctuary City Compliance Statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Certification of Compliance with Living Wage Ordinance (LWO): use current form on web*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Certification of Compliance with Equal Benefits Ordinance: use current form on web*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Community Agency: Certification of Anti-Lobbying	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Community Agency: Certification of Drug-Free Workplace	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Insurance Certificate/s AND Endorsement/s OR Insurance Waiver/s (originals, not copies)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Authorizing Council Resolution # 70-642 NS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Consultant Contracts: Form 700, Statement of Economic Interests	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9. Federally Funded Project Requirement: Debarment status printout (SAM.gov)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Requisition # _____ (Hard copy attached) Budget Code _____ Amt. _____
 Contract Amount \$ 4,000,000.00 336-51-501-501-2075-000-451-612990- Amt. \$250,000
 Council Approved Amount \$ 4,500,000.00 354-51-501-501-0000-000-451-612240- Amt. \$4,250,000
 Was there any advance payment? No Yes If Yes, Advanced Amount \$ 500,000
 If Yes, Purchase Order # _____

Routing and signatures:
 All elements of the contract package, including information provided above, have been reviewed for completeness and accuracy and evidenced by the following signatures (Project Manager please print name):

- 1. Katherine Hawn  HHCS (510) 847-8532 2/8/23
 Project Manager (PRINT NAME/SIGN) Department Phone No. Date
- 2. Ann Song  EXECUTED 3/30/23
 Department Administrative Officer/Accounting (PRINT NAME/SIGN) Date
- 3. Lisa Warhuus  APR 10, 2023 3/30/23
 Department Head (PRINT NAME/SIGN) Date
- 4. Josh Roben  APPROVED 4/03/2023
 Contract Administrator (PRINT NAME/SIGN) Date
- 5. Sharon Fredrichsen  VIA EMAIL 4/04/2023
 Budget Manager (PRINT NAME/SIGN) Date

Routing continues to the following persons, who sign directly on the contract:
 6. City Manager (Will not sign unless all signatures and dates appear above)
 7. City Clerk: Destruct _____ Review _____

Internal

EXHIBIT A**SCOPE OF SERVICES**

Agency Name: Bonita House, Inc.
 Contract Period: January 1, 2023 – June 30, 2025
 Program Title: Specialized Care Unit Provider

Bonita House, Inc. (hereafter “Contractor”), will provide the following services, enumerated below, necessary for the implementation of the Specialized Care Unit services (hereafter “the Program”) for individuals on the verge of or experiencing a behavioral health crisis. This contract is for the period commencing January 1, 2023 through June 30, 2025, which may be extended by agreement of the City of Berkeley and Contractor. For services completed in this scope, the City will pay the Contractor a total amount not-to-exceed (NTE) \$4,500,000. Any adjustments to the NTE cost will be required to go through the City’s contract amendment process. While the contract period covers 30 months, actual service time will vary based on ramp-up time needed and availability of funding.

A. Funding Requirements

The Specialized Care Unit pilot program will be funded by two grants: American Rescue Plan Act Coronavirus State and Local Fiscal Recovery Funds (“SLFRF”) program, and the Crisis Care Mobile Units grant, administered through the California Department of Health Care Services (DHCS). Both grants have specific reporting requirements, which the Contractor will be expected to follow. The City will keep the Contractor informed of required data and provide a template for the Contractor to complete for each reporting cycle.

1. American Rescue Plan Act (ARPA)

This program qualifies for implementation of American Rescue Plan Act (ARPA) funds because the program responds to pre-existing disparities in addressing mental health and substance use issues that have been exacerbated by the COVID-19 pandemic. Specifically, the Specialized Care Unit (SCU) will be a behavioral health crisis response team that will respond to Berkeley community members who are experiencing a substance use or mental health event or crisis, without the involvement of law enforcement.

1. Funds provided through this contract are a subaward from the City of Berkeley of federal American Recovery Plan Act (ARPA) Coronavirus Local Fiscal Recovery Funds which together with the State Fiscal Recovery Fund make up the Coronavirus State and Local Fiscal Recovery Funds (“SLFRF”) program, Assistance Listing Number (ALN) 21.207.
2. Funds are being awarded by the City for the City’s Community Crisis Response Project which is an eligible SLFRF activity under 1.10 Mental Health Services.
 Services provided under this contract will provide evidence-based interventions, specifically

Internal

Motivational Interviewing. The goal of these services is to empower people to change by drawing out their own meaning, importance and capacity for change.

3. All activities performed associated with this contract are subject to the applicable federal ARPA SLFRF requirements, including but not limited to the Final Rule, the Compliance and Reporting Guidelines, and the Frequently Asked Questions (FAQ), as updated from time to time. The U.S. Department of the Treasury has made all of these materials available online at: <https://home.treasury.gov/policy-issues/coronavirus/assistance-for-state-local-and-tribal-governments/state-and-local-fiscal-recovery-funds>
4. As an example, the SLFRF guidance makes this subaward subject to 2 CFR Part 200: Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards: <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200?toc=1> which requires, among other things:
 1. Use of competitive processes for purchasing, including written procedures for doing so;
 2. Retention of records for 5 years after contract completion; and
 3. A single audit if federal funds received by the agency exceed \$750,000 in the agency's fiscal year.
5. **All invoices and reporting under this contract are due to the City at the earlier of 90 days after operations cease or June 30, 2025.** Since the City must comply with the federal reporting deadline in order to be eligible for these funds, extensions are not expected to be possible.
6. The Contractor must report on a monthly basis, by the 15th of the following month, or the following:

Expenditures:

- Current period obligation
- Cumulative obligation
- Current period expenditure
- Cumulative expenditure

Project Status:

- Not Started
- Completed less than 50 percent
- Completed 50 percent or more
- Completed

2. Crisis Care Mobile Units (CCMU)

CCMU is administered by the California Department of Health Care Services (DHCS). Contractor must report quarterly data to the City of Berkeley for aggregation, review, and submission to DHCS. The Contractor will use a City-provided reporting template to track the necessary data. Specific CCMU reporting requirements include, but are not limited to the following:

- Number of calls/requests for service

Internal

- Referral sources initiating call/request for SCU
- Number of calls/requests resulting in SCU dispatch
 - Primary reason for dispatch
 - number of unduplicated individuals seen, for a specified quarter, without a dispatch (reason for SCU service and number of unduplicated individuals seen without dispatch)
- Number and source of dispatches (and unduplicated individuals) resulting in CCMU services rendered
 - Type of behavioral health condition
- Resolution of CCMU services (unduplicated individuals and percent of total)
 - Calls resolved without a referral (unduplicated individuals and percent of total)
- Response time in minutes
 - Mean and median response time in minutes
 - Length of intervention
- Referrals and warm handoffs
 - Name of agency, type, zip code and number of handoffs
- Individuals transported to secondary location
 - Name of agency receiving individual once transported, type, zip code, and number of handoffs
- Follow-up services post-crisis
 - services received, number of individuals, percent of individuals
- Demographic information
 - Primary diagnosis, Race/Ethnicity, Primary Language, Gender, Age, Living Situation, Sexual Orientation and Gender Identity Expressions (SOGIE) categories, Military Status, Insurance Status, Housing Status

If there are changes to reporting requirements for the CCMU or ARPA grants, the City will alert the Contractor and provide a revised template to complete as a part of the monthly reporting schedule.

C. Program Requirements: Specialized Care Unit

The Specialized Care Unit (SCU) will provide immediate response services to Berkeley community members who are experiencing a behavioral health emergency or who are on the verge of experiencing a crisis. Once implemented, the SCU will operate 24 hours each day, 7 days per week and will be a non-police behavioral health crisis response system that will coordinate closely with the City to perform its duties.

1. Personnel

Each of the Contractor's SCU teams will be composed of an Emergency Medical Technician (EMT), Behavioral Health Clinician, and Peer Support Specialist for each proposed shift: daytime, swing, and nocturnal (NOC). Each team member will be a 1.0 FTE equivalent and additional information is included in Section D. "Budget". With this team structure, Contractor will be able to assess and author psychiatric holds, provide non-emergency medical care, offer emergency basic life support per Alameda County Emergency Medical Technician (EMT) scope of practice, give substance use support, and connect individuals in crisis to resources.

Internal

The Contractor will hire and deploy SCU teams to operate in shifts to provide 24 hours of coverage. The Contractor and City will work together to develop a schedule and staffing structure that fits the needs of the SCU program, per the roles identified. The schedule and staffing structure will be subject to City approval. The EMT will meet the medical needs required of each SCU team. Additionally, the Contractor will employ a part time (0.5 FTE) Nurse Practitioner, on call to provide medication support when needed to meet new state standards, as of 1/1/2023 (new standards were announced via the California Department of Health Care Services memo, “Medi-Cal Mobile Crisis Services Benefit Implementation”). This Nurse Practitioner position will be available using telehealth to field teams to support medication needs in the moment and will support with medication follow up when needed. See Section C for additional personnel details.

The Contractor will propose and discuss any changes or challenges of this staffing structure with the City prior to implementation.

2. Coordination with the City of Berkeley and Other Partners

The Contractor will work in partnership with the City of Berkeley’s Department of Health, Housing, and Community Services (HHCS) to ensure that the SCU adheres to the principles envisioned for this service team included in the Request for Proposals (SPEC# 22-11533-C), guiding reports from Resource Development Associates, and the Steering Committee analysis of implementation recommendations as a part of Berkeley’s broader initiative to reimagine public safety. Adhering to these principles will help meet the needs of community members in crisis and build trust in the SCU pilot program.

The Contractor is expected to work with City of Berkeley departments including, but not limited to: Health, Housing, and Community Services, Berkeley Fire Department, and Berkeley Police Department, including the Communication Center (911 dispatch). By coordinating with these entities, the Contractor and City stakeholders will develop and implement dispatch protocols while establishing a 24/7 SCU Crisis Line that is separate from 911 as well as create and agree to standard operating procedures for teams in the field.

The Contractor will also work closely with the City regarding necessary any equipment purchases, ensuring the physical home-base for the SCU is centrally located and adequate to the project’s activities, participation in the SCU Steering Committee, communications and public outreach to announce and support the SCU project, and development and refinement of a coordinated response system. Additional information regarding equipment and purchases can be found in Exhibit D.

As a part of the first responder network in the City of Berkeley, the Contractor will participate in appropriate City quality improvement and quality assurance (QI/QA) procedures to further improve operations once the SCU is implemented. The Contractor may also be asked to participate in other service provision coordinating groups across the City of Berkeley as appropriate to enhance care networks across the community. The City and Contractor will determine appropriate frequency of these meetings to address concerns while avoiding interference with daily program operations.

Additionally, the Contractor is an experienced partner with Alameda County Behavioral Health

Internal

Crisis Services (BHCS). When appropriate, the Contractor will coordinate client care with ACCESS, 211, other community-based organizations, case management teams, East Bay Regional Center, crisis residential treatment facilities, crisis stabilization units, medical and psychiatric hospitals, shelters, and other community resources. The Contractor will also leverage existing relationships with other programs in Alameda County such as the Bay Area Community Services Amber House, and other existing networks.

3. Equipment

Equipment will be purchased by the City of Berkeley in consultation with the Contractor and leased to the Contractor. The City of Berkeley will purchase vehicles and additional customizations, IT equipment, and other equipment identified by the Contractor and City to support program operations. Additional information regarding specific equipment and policies is in Exhibit D.

4. Training

The Contractor will provide comprehensive crisis training approved by Alameda County Behavioral Healthcare Services (ACBHS). All staff hired to support the Specialized Care Unit will attend more than 60 hours of on-board training focused on de-escalation; working with minors; serious mental health disorders; crisis interventions; vicarious trauma; Motivational Interviewing; brief Cognitive Behavioral Therapy for depression, anxiety, psychosis, insomnia, and suicide prevention; trauma-informed care; culturally specific mental health needs; harm reduction strategies; and local community resources. The Contractor will coordinate with the City of Berkeley Mental Health Division and Alameda County Behavioral Health Services to determine the appropriate 5150/5585 training module for appropriate SCU team members. Prior to entering the field, new SCU team members will also be certified in Pro-Act, a safety course focusing on situational awareness at the scene, de-escalation, and the assault cycle.

In-field training is a central component of on-boarding new crisis response staff. The Contractor's crisis programs have a standard of new staff shadowing a veteran team for five calls and then switching where the veteran team shadows the new staff running a scene for five calls. This model of in-service training has proven extremely helpful in setting clear standards and boosting staff confidence to manage a scene independently. New SCU team members will shadow existing crisis response teams, especially those with a non-law enforcement response. Then, the SCU team will participate in in-field supervision provided by the program supervisors to increase their understanding of working crisis calls. In addition to the comprehensive new hire training, each staff will participate in regular continuing education opportunities for training. Staff will have continual access to the Director of Crisis Services and Crisis Clinical Supervisor for in-field support as needed. Weekly team meetings will be scheduled to address training and programmatic issues as they arise.

The Contractor will work closely with the City to supplement this training plan with other monthly, quarterly or annual training opportunities. The City will provide additional applicable training and consultation opportunities as needed or requested.

5. Service Provision

Internal

Specific services of the City's Specialized Care Unit (SCU) will include, but not limited to: crisis counseling, de-escalation and violence prevention, substance use Harm Reduction, mobile transport, community outreach and referrals.

Contractor will implement support for individuals experiencing a mental health crisis at every stage of the crisis continuum, including crisis prevention, crisis intervention, and post-crisis support. Post-crisis support includes a 6-month program for individuals experiencing mental health or SUD crises which includes supporting individuals through the following:

- **Crisis counseling, de-escalation and violence prevention:** In an effort to divert individuals away from hospitalization and incarceration, SCU staff will be available to support individuals actively in crisis to move through a full range of emotions safely and efficiently. All SCU staff will be trained in evidence-based de-escalation, violence prevention and crisis counseling techniques. Peer counselors, medical specialists and behavioral health clinicians will seek to identify incidence of domestic/sexual violence, trauma, negative psych drug interactions, and support safety planning, alternatives to involuntary treatment, and de-escalation.
- **Substance Use Harm Reduction:** All SCU staff will be trained in evidence-based Harm Reduction interventions and will use these trainings when responding to substance use emergencies, mental health crises, co-occurring emergencies, and preventative outreach visits. Peer counselors, medical specialists and behavioral health clinicians will seek to identify incidence of overdose, consistent substance misuse, negative drug interactions, unsafe IV drug use conditions, and identify opportunities for trust building, drug education, respite referrals and safety planning.
- **Mobile Transport:** The City's SCU will respond to calls for service via a mobile transit van, providing an immediate safe, private secondary space for a client in crisis. The SCU can provide transport to a secondary location (private residence, Community Based Organization [CBO], or public space) as well as transport to a medical facility. The SCU will work in close collaboration with Berkeley Fire's EMS services and contracted Falk services to supplement the SCU transport capacity.
- **Outreach and relationship-building:** The SCU will conduct outreach to areas including downtown Berkeley, encampment communities, UC Berkeley campus, and CBO service provision locations. The SCU will offer material support such as harm reduction kits and basic needs supplies. Such items include Client Support Expenses including, but not limited to: clean needles, sharps disposal bins, condoms, water bottles, snacks, socks, underwear, hats, and access to a mobile charging station, among other resources.
- **Resource connection, referrals and warm handoffs:** Peer counselors, medical specialists and behavioral health clinicians have unique navigation expertise and will be able to facilitate navigation training, resource connection, and support at every stage to ensure warm handoffs and a seamless continuum of care.

Internal

As a new first responder in Berkeley, the Contractor will render these services in an efficient manner by responding to calls within 20 minutes once dispatched, if the unit is not already on a call or returning from a call that has transported out of the City. Response to callers should be prioritized above report writing or other administrative tasks for SCU team members. The City and Contractor will create emergency communication procedures if there is an incident in the field and apply appropriate QI/QA measures in partnership with other key stakeholders including, but not limited to, the Berkeley Fire Department, Berkeley Police Department, and other partner agencies. Responses to calls, as well as the time it takes to respond to calls will continue to be evaluated and appropriately adjusted as the pilot SCU program progresses (i.e. time to respond may increase or decrease based on program operations).

Program difficulties, or obstacles to providing these services as listed above, will be addressed during regular partnership meetings with the City of Berkeley and appropriate stakeholders. The Contractor and the City will use QI/QA measures to overcome challenges and identify solutions that achieve a successful SCU program for the Berkeley community. Any anticipated gaps in service must be discussed with the City prior to the impacted shifts to maintain broader coordination among Berkeley first responders and City stakeholders.

6. Methods for Identifying and Referring Participants in need of higher levels of Crisis Support beyond the SCU's scope

Contractor will develop and maintain relationships with staff at Emergency Rooms and inpatient psychiatric facilities to support clients in crisis making informed decisions about their care needs. The SCU team will have the delegated authority to place or release a 5150 LPS hold, once appropriately trained and verified by either Berkeley Mental Health or Alameda County, and will only do so once all options have been exhausted. The SCU will have access to a CAD radio and call Berkeley Fire for more acute medical emergencies, and Berkeley Police as a measure of last resort if a firearm is confirmed as present and/or violent interactions cannot be otherwise de-escalated.

7. Phased Timeline for Implementation

A phased roll-out plan will facilitate the SCU implementation process. Proposed timeline below:

Phase one: December 2022 to March 2023

- Contractor will work with the City of Berkeley to Execute contracts and begin meeting with the SCU Steering Committee.
- Contractor will begin hiring with the Crisis Clinical Manager and Emergency Medical Services Clinical Manager to build the infrastructure needed to hire the direct service and support staff as soon as possible.
- Working with the City of Berkeley, Contractor will identify a location from which the SCU will work. Contractor will negotiate a lease agreement and move into the location quickly to prepare for team deployment.

Internal

- Contractor will work with the City of Berkeley to purchase needed equipment for implementation of the program. The City will purchase equipment listed in Exhibit D.
- As Staff are hired, Contractor will use a Microsoft's Teams phone line that will ring to Bonita House phones to allow staff to perform an initial screening and send a responding SCU team if appropriate. Contractor will develop call answering and applicable triage procedures.
- Collaborate with City and Stakeholders who will respond to SCU calls if teams are unavailable.
- Contractor will coordinate with the City of Berkeley to access purchased vehicles and conduct necessary customizations. See Exhibit D for additional information.

Phase two: March 2023 to July 2023

- Contractor's first teams begin rolling out and responding to calls. The order of shifts to be filled are first the day shift, followed by the swing shift, and then the night shift.
- Contractor will connect with Berkeley Fire and Police dispatch to develop and establish referral protocols and begin accepting 911 calls appropriate for SCU.
- Contractor will continue to engage City stakeholders to implement processes while identifying needs and collaborating on solutions to any barriers to success of SCU.
- Contractor will engage in community education and public relations to promote the availability of the SCU project.
- City and Contractor will collaborate on continuous development, evaluation, and quality improvement of developed processes, policies, and practices.
- City and Contractor will assess whether further infrastructure is needed for 24/7 call center and hire additional staff if needed.

Phase three: July 2023 and onward

- All staff hired and trained, SCU teams and Crisis Line operational.
- Active ongoing community engagement and education to maintain goodwill and active utilization of the SCU by the community.
- Maintain ongoing connections to community stakeholders and attendance at SCU Steering Committee meetings.
- Continuous training, development, evaluation, and quality improvement of developed processes, policies, and practices.

8. Program Outreach and Engagement Methods

Contractor will provide culturally responsive outreach and engagement methods that include sensitivity to, and inclusion of, issues regarding an including gender identity, race, age, ethnicity, and sexual orientation. Engagement methods will create trusting relationships with individuals which enable a clear assessment of each individual's current level of functioning. Outreach and

Internal

engagement methods will prioritize underserved populations. Prioritized care modalities include but are not limited to:

- Harm Reduction
- Trauma Informed Care
- Motivational Interviewing
- De-Escalation

Harm Reduction: Harm reduction is an approach that emphasizes engaging directly with people who use drugs to prevent overdose and infectious disease transmission, improve the physical, mental, and social wellbeing of those served, and offer low-threshold options for accessing substance use disorder treatment and other health care services.

Trauma Informed Care: A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.

De-Escalation: Mirroring SAMHSA's Creating Safe Scenes Training Course, the SCU will use de-escalation as its primary modality for violence prevention during a crisis call. Using de-escalation strategies can reduce and prevent aggressive behavior as well as reduce the need to use seclusion and restraints.

Motivational Interviewing (MI): MI is a guiding style of communication, that sits between following (good listening) and directing (giving information and advice). MI is designed to empower people to change by drawing out their own meaning, importance and capacity for change. MI is based on a respectful and curious way of being with people that facilitates the natural process of change and honors client autonomy. The SCU will use a direct, patient-centered style of interaction to promote behavioral change by helping patients explore and resolve ambivalence. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion.

9. Documentation, Service Outcomes, & Reporting

The Health, Housing & Community Services (HHCS) Department at the City of Berkeley is committed to finding ways to deepen our positive impact on the community, especially for those most vulnerable. To support this effort, HHCS will use a framework called Results Based Accountability (RBA) that has a proven track record of success in improving the quality of life for people and communities. RBA will provide us with a common language and method to better understand, communicate, and ultimately strengthen our programs.

HHCS is incorporating Results Based Accountability into our contact processes including requests for proposals, reporting, contract monitoring activities and evaluations. All new or renewed contracts will provide information and data that address the three basic RBA questions:

- How much work was done?

Internal

- How well was it done?
- Are clients better off as a result of the services provided?

Providers can expect to be asked how they measure whether clients are better off and the quality of the delivered services. HHCS will work with providers to identify appropriate performance measures including service measures and outcomes including the provisions laid out in the funding requirements (*Section A.1-2*). As the program continues, the City and the Contractor may identify additional performance measures and reporting categories. The Contractor agrees to comply with all data requests and utilize any forms the City may provide to report on program data.

Processes will be developed to monitor and improve performance over time. Contractor agrees to participate and develop RBA outcome measurements in the three RBA areas (how much, how well, and is anyone better off) within this contract period. Contractor also agrees to participate in program evaluation design and implementation with the City and other outside partners as requested.

The City of Berkeley will conduct at least one annual Quality Assurance Site Visit.

Contractor will comply with all relevant provisions of the Health Insurance Portability and Accountability Act (“HIPAA”) and all other applicable federal, state, and local privacy laws and regulations including the Confidentiality of Medical Information Act (CMIA). Additional information is included in *Exhibit C: Business Associates Agreement*.

In accordance with RBA, the Contractor will maintain and provide monthly documentation on the outputs referenced in Exhibit A.

Internal

C. Crisis Services Budget

Personnel Expense				
Staff Position	Staff Name	Budgeted Salary (annual expense)	\$/hr	%FTE
Director of Crisis Services	Samantha Plateau	\$43,500.00	\$69.71	30%
Clinical Supervisor	To be Hired	\$120,000.00	\$57.69	100%
EMS Manager	To be Hired	\$120,000.00	\$57.69	100%
Nocturnal (Noc) Licensed Clinician	To be Hired	\$110,215.35	\$52.99	100%
Noc Licensed Clinician	To be Hired	\$110,215.35	\$52.99	100%
Swing Licensed Clinician	To be Hired	\$103,005.08	\$49.52	100%
Swing Licensed Clinician	To be Hired	\$103,005.08	\$49.52	100%
Day Registered Clinician	To be Hired	\$89,816.00	\$43.18	100%
Day Registered Clinician	To be Hired	\$89,816.00	\$43.18	100%
Noc EMT	To be Hired	\$72,800.00	\$35.00	100%
Noc EMT	To be Hired	\$72,800.00	\$35.00	100%
Swing EMT	To be Hired	\$67,600.00	\$32.50	100%
Swing EMT	To be Hired	\$67,600.00	\$32.50	100%
Day EMT	To be Hired	\$62,400.00	\$30.00	100%
Day EMT	To be Hired	\$62,400.00	\$30.00	100%
Noc Peer Support Specialist	To be Hired	\$65,478.40	\$31.48	100%
Noc Peer Support Specialist	To be Hired	\$65,478.40	\$31.48	100%
Swing Peer Support Specialist	To be Hired	\$63,190.40	\$30.38	100%
Swing Peer Support Specialist	To be Hired	\$63,190.40	\$30.38	100%
Day Peer Support Specialist	To be Hired	\$60,902.40	\$29.28	100%
Day Peer Support Specialist	To be Hired	\$60,902.40	\$29.28	100%
Data Coordinator	To be Hired	\$60,008.00	\$28.85	100%
Program Analyst	To be Hired	\$50,000.00	\$48.08	50%
Relief EMT	To be Hired	\$20,280.00	\$32.50	30%
Relief Licensed Clinician	To be Hired	\$30,901.50	\$49.52	30%
Relief Peer Support Specialist	To be Hired	\$18,957.12	\$30.38	30%
Psychiatric Nurse Practitioner	To be Hired	\$104,000.00	\$100.00	50%
Subtotal Salaries		\$1,958,462.00		
Taxes & Benefits @ 26%		\$509,200.00		
Total Personnel Expense		\$2,467,662.00		
Operating Expense	Notes	Projected Cost		
Client Support Expenditures		\$20,400		
Office Supplies		\$4,800		

Internal

Rent/Utilities	unless provided by City	\$184,800		
Secured Parking	3	\$16,800		
Training		\$75,000		
Communications & IT		\$108,000		
Equipment (not included in Exhibit D)		\$55,000		
Recruitment Services		\$125,000		
Total Operating Expense		\$589,800.00		
Admin. Overhead - 15% of total		\$536,391.00		
Total Annual Program Expense		\$3,593,853.00		

Internal

EXHIBIT B

PAYMENT

Payment:

Payments will be made by the Finance Accounting Division in arrears within 30 days after receipt and acceptance of proper, itemized, and correct invoices.

The contractor is responsible for submitting monthly invoices and required data reporting elements.

Additionally, the City reserves the right to require the Contractor to submit monthly statements of expense with backup documentation.

Total Not-to-Exceed Amount:

Fees will not exceed \$4,500,000 for all services under Exhibit A.

Submit Invoices to:

HHCS
ATTN: Katherine Hawn, Office of the Director
2180 Milvia Street, 2nd Floor
Berkeley, CA 94704

Cc: Finance Department
2180 Milvia Street, 3rd Floor
Berkeley, CA 94704

Internal

EXHIBIT B

PAYMENT

Agencies that have received an allocation from the City of Berkeley may receive an initial advance. Bonita House can receive an advance equal to \$500,000 per the budget below. In order to receive the initial payment Bonita House must submit the following documentation:

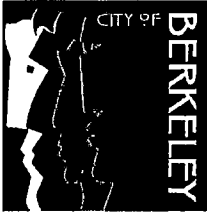
- Advance Payment Terms and Conditions;
- Authorized Signatory;
- Updated insurance;
- Advance payment request; and
- Any overdue reports from prior contract reporting cycles.

Subsequent monthly payments will be released only after contract execution and receipt and approval of previous quarter’s statement of expenses and narrative summary reports as indicated on report sections in Exhibit A.

The agency is responsible for submitting a CITY OF BERKELEY STATEMENT OF EXPENSE verifying the use of the contract funds prior to monthly invoicing after the contract is executed.

The City reserves the right to require contractor to submit monthly invoices with backup documentation in certain situations, i.e., new contractors, contractors, contractors that have previously had difficulties with financial reporting requirements or fail to comply with reporting requirements. Contractor will be notified if the Method of Payment differs from that stated above.

Advance Budget - for 60 days operating funds as the agency ramps up hiring	
Salaries Wages and Benefits	\$247,620
Office Supplies	\$2,400
Rent/Utilities [3]	\$46,200
Secured Parking [3]	\$2,800
Training	\$10,500
Communications & IT	\$14,667
Equipment	\$35,000
Recruitment/hiring costs	\$80,000
Admin. allocation - 15% of total [4]	\$60,813
Estimate needed for startup	\$500,000



Health Housing and
Community Services Department
Office of the Director

MEMORANDUM

To: Dee Williams-Ridley, City Manager
From: Lisa Warhuus, PhD, Director *lw*
Date: February 16, 2023
Subject: Request for Approval to Release an Initial Payment Advance to Bonita House Incorporated (BHI) for the Specialized Care Unit

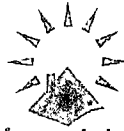
BHI has requested an initial advance payment prior to the execution of their contract. The contract execution was delayed due to the finalization of the exact terms and the Annual Appropriation Ordinance 2 budget submission.

With the estimated 4-6 week timeframe for contract routing, I am requesting to advance Bonita House's first two months of payment prior to contract execution, as they have submitted required contract documents and the contract has been routed.

Please sign below to indicate either approval or disapproval of the early advance payment in the amount of \$500,000 to Bonita House.

Approved: *[Signature]* Date: 3/2/23

Not Approved: _____ Date: _____



Bonita House
INC

Quality Social Rehabilitation Services Since 1971

COMPASSION – RESPECT – PROGRESS – RESILIENCE - EMBRACING DIFFERENCES


Certification of Authorized Signatory on City of Berkeley Contract

I hereby certify that I am authorized by Bonita House, Inc. to approve and submit financial reports to the City of Berkeley as part of this agency's current contract (Contract Number: _____, for the period January 1, 2023 and end on June 30, 2025) with the City of Berkeley.

Authorized Signatory Name: Purvi Knopf

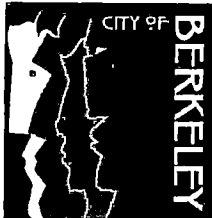
Title: Interim Director of Finance

Email Address: Purvik@bonitahouse.org

Signature: *(sign in blue ink)* 

Date: March 7, 2023

Internal



Health, Housing &
Community Services Department
Office of the Director

CITY OF BERKELEY

ADVANCE PAYMENT TERMS AND CONDITIONS

As the authorized representative of **Bonita House Incorporated** I agree to the following terms and conditions of receipt of the payment under the Agreement authorized by the Berkeley City Council on December 13, 2022.

1. The Contractor shall use this payment for the operation costs as specified in the forthcoming agreement.
2. The Contractor agrees to abide by the City regulations governing the project, including all terms and conditions outlined in the forthcoming agreement.

I, the undersigned as an authorized representative of Bonita House Incorporated, acknowledge receipt of \$500,000 and agree to the above terms as a condition of receipt of this payment under the Agreement with the City of Berkeley for implementation of the Specialized Care Unit.

By: Purvi Knopf
(print name)

Signature:

Title: Interim Director of Finance

Date: March 7, 2023

Internal

Exhibit C
BUSINESS ASSOCIATE ADDENDUM

This Business Associate Addendum (“Addendum”) supplements and is made a part of the contract (“Contract”) by and between City of Berkeley, (hereinafter “Covered Entity”) and Bonita House, Inc., (hereinafter “Business Associate”), dated January 1, 2023. This Addendum is effective as of the effective date of the Amendment to Contract (the “Addendum Effective Date”).

1. Recitals

(a) Covered Entity wishes to disclose certain information to Business Associate pursuant to the terms of the Contract, some of which may constitute Protected Health Information (“PHI”).

(b) Covered Entity and Business Associate intend to protect the privacy and provide for the security of PHI disclosed to Business Associate pursuant to the Contract in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (“HIPAA”), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (“the HITECH Act”), and regulations promulgated thereunder by the U.S. Department of Health and Human Services and other applicable laws.

(c) Covered Entity is required to enter into an agreement containing specific requirements with Business Associate prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(e) and 164.504(e) of the Code of Federal Regulations (“C.F.R.”) and contained in this Addendum.

2. Definitions

(a) Catch-all definition:

The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required By Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.

(b) Specific definitions:

(1) Business Associate. “Business Associate” shall generally have the same meaning as the term “business associate” at 45 CFR 160.103, and in reference to the party to this agreement, shall mean Worldwide Travel Staffing, Limited.

(2) Covered Entity. “Covered Entity” shall generally have the same meaning as the term “covered entity” at 45 CFR 160.103, and in reference to the party to this agreement, shall mean City of Berkeley.

Internal

(3) HIPAA Rules. “HIPAA Rules” shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.

3. Obligations and Activities of Business Associate

Business Associate agrees to the following obligations and activities.

(a) Prohibited disclosures. Business Associate shall not use or disclose protected health information other than as permitted or required by the Agreement or as required by law;

(b) Appropriate safeguards. Business Associate shall use appropriate administrative, technical and physical safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of PHI other than as provided for by the Contract. Upon request by Covered Entity, Business Associate shall provide a written description of such safeguards.

(c) Reporting of Breach or Security Incident. Business Associate shall report to Covered Entity any use or disclosure of PHI not provided for by the Agreement of which it becomes aware, including breaches of unsecured PHI as required at 45 CFR 164.410, and any security incident of which it becomes aware in writing without unreasonable delay and in no case later than ten (10) calendar days after discovery. The written notice from the Business Associate shall include the name of each individual, with address and other identifiers where known, whose unsecured PHI has been, or is reasonably believed by Business Associate to have been, accessed, acquired, or disclosed during such unauthorized use or disclosure. Business Associate shall investigate any such breach or security incident, and provide a written report of the investigation to Covered Entity’s Privacy Officer within thirty (30) days of discovery at:

Privacy Officer (Katherine Hawn)
Department of Health, Housing & Community Services
City of Berkeley
2180 Milvia Street, Second Floor
Berkeley, CA 94704

(d) Breach Notification. For any breach of PHI attributable to Business Associate or any subcontractor of Business Associate, the Business Associate shall handle on behalf of Covered Entity all breach notifications to individuals, the HHS Office for Civil Rights (OCR), and, if necessary, to the media, as set forth below.

i. *Individuals*. Business Associate shall notify individuals of the breach or unauthorized use or disclosure when notification is required under state or federal law and shall pay any costs of such notifications, as well as any costs associated with the breach. The notifications shall comply with the requirements set forth in 42 U.S.C. Section 17932 and its implementing regulations, including, but not limited to, the requirement that the notifications be made without unreasonable delay and in no event later than 60 calendar days. Business Associate

Internal

shall provide Covered Entity an opportunity to review and approve the time, manner and content of any such notifications before the notifications are made.

- ii. *Secretary and Media.* Business Associate is responsible for all required reporting of the breach as specified in 42 U.S.C. section 17932 and its implementing regulations, including notification to media outlets and to the Secretary. If a breach of unsecured PHI involves more than 500 residents of the State of California or Business Associate's jurisdiction, Business Associate shall notify the Secretary of the breach according to 45 CFR 164.408. Business Associate shall provide Covered Entity with a copy of the notice to the Secretary. Additionally, where media notification is necessary, Business Associate shall provide notification to the media. The Covered Entity shall review and approve the media notification before it is made.
- (e) Subcontractors. In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, Business Associate shall ensure that any subcontractors that create, receive, maintain, or transmit PHI on behalf of the Business Associate agree to the same restrictions, conditions, and requirements that apply to the Business Associate with respect to such information. Business Associate shall ensure that any subcontract it maintains in order to perform the services specified in the Contract includes a Business Associate agreement compliant with federal and California law.
- (f) Designated Record Set. Business Associate shall make available PHI in a designated record set to the Covered Entity, within 10 days of request, as necessary to satisfy Covered Entity's obligations under 45 CFR 164.524 and applicable California law, including but not limited to Health and Safety Code Section 123110.
- (g) Amendments to PHI. Business Associate shall make any amendment(s) to PHI in a designated record set as directed or agreed to by the Covered Entity pursuant to 45 CFR 164.526, or take other measures as necessary to satisfy Covered Entity's obligations under 45 CFR 164.526;
- (h) Accounting. Business Associate shall maintain and make available the information required to provide an accounting of disclosures to the Covered Entity as necessary to satisfy Covered Entity's obligations under 45 CFR 164.528;
- (i) Compliance. To the extent the Business Associate is to carry out one or more of Covered Entity's obligation(s) under Subpart E of 45 CFR Part 164, Business Associate shall comply with the requirements of Subpart E that apply to the Covered Entity in the performance of such obligation(s).
- (j) Audit. Business Associate shall make its internal practices, books, and records available to the Secretary for purposes of determining compliance with the HIPAA Rules.

Internal

4. Permitted Uses and Disclosures by Business Associate

(a) Business Associate may only use or disclose PHI as necessary to perform the services set forth in the Contract, except as specifically set forth below.

(b) Business Associate may not use or disclose protected health information in a manner that would violate Subpart E of 45 CFR Part 164 if done by Covered Entity.

(c) Business Associate agrees to limit its uses, disclosures and requests for PHI to the minimum necessary to accomplish the intended use, disclosure or request, respectively. Effective on the date the Secretary issues guidance on what constitutes “minimum necessary” for purposes of the HIPAA Regulations, Business Associate shall limit its use, disclosure or request of PHI to only the minimum necessary as set forth in such guidance.

(d) Business Associate may use or disclose protected health information as required by law.

(e) Business Associate may use protected health information for the proper management and administration of the Business Associate

(f) Business Associate may provide data aggregation services relating to the health care operations of the Covered Entity, but only if specifically required within the scope of services in the Contract or otherwise based on a specific written request of the Covered Entity.

5. Permissible Requests by Covered Entity

Covered Entity shall not request Business Associate to use or disclose protected health information in any manner that would not be permissible under Subpart E of 45 CFR Part 164 if done by Covered Entity.

6. Termination

(a) Material Breach. A breach of any provision of this Addendum by Business Associate, as determined by Covered Entity, shall constitute a material breach of the Contract and shall provide grounds for *immediate* termination of the Contract, any provision in the Contract to the contrary notwithstanding.

(b) Obligations of Business Associate Upon Termination. Upon termination of the Contract for any reason, Business Associate shall return to Covered Entity or, if Covered Entity provides advanced written approval, destroy, all protected health information received from Covered Entity, or created, maintained, or received by Business Associate on behalf of Covered Entity, that the Business Associate still maintains in any form. Business associate shall retain no copies of the protected health information. If Covered Entity elects destruction of the PHI, Business Associate shall certify in writing to Covered Entity that such PHI has been destroyed.

Internal

(c) Survival. The obligations of Business Associate under this Section shall survive the termination of this Agreement.

7. Miscellaneous

(a) Regulatory References. A reference in this Addendum to a section in the HIPAA Rules means the section as in effect or as amended.

(b) Amendment. The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for compliance with the requirements of the HIPAA Rules and any other applicable law.

(c) Interpretation. Any ambiguity in this Addendum and the Contract shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, and the HIPAA Rules.

(d) Disclaimer. Covered Entity makes no warranty or representation that compliance by Business Associate with this Addendum, HIPAA, the HITECH Act, or the HIPAA Rules will be adequate or satisfactory for Business Associate's own purposes. Business Associate is solely responsible for all decisions made by Business Associate regarding the safeguarding of PHI.

(e) Assistance in Litigation or Administrative Proceedings. Business Associate shall make itself, and any subcontractors, employees, or agents assisting Business Associate in the performance of its obligations under the Contract or Addendum, available to Covered Entity, at no cost to Covered Entity, to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against Covered Entity, its directors, officers, or employees based upon a claimed violation of HIPAA, the HITECH Act, the HIPAA Rule, or other laws relating to security and privacy, except where Business Associate or its subcontractor, employee or agent is a named adverse party.

(f) No Third-Party Beneficiaries. Nothing express or implied in the Contract or this Addendum is intended to confer, nor shall anything herein confer, upon any person other than Covered Entity, Business Associate and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

(g) Remedies. Covered Entity shall be entitled to seek immediate injunctive relief as well as to exercise all other rights and remedies which the Covered Entity may have at law or in equity in the event of an unauthorized use or disclosure of PHI by Business Associate or any employee, agent or subcontractor thereof that received PHI from Business Associate.

(h) Preemption. The provisions of this Addendum are intended to establish the minimum requirements regarding Business Associate's use and disclosure of PHI under HIPAA, the HITECH Act, and applicable Regulations. California law also governs the use and disclosure of individually identified health information. To the extent that California law is more stringent with respect to the protection of such information, applicable California law shall govern Business Associate's use and disclosure of confidential information related to the performance of the Contract.

Internal

Exhibit D
EQUIPMENT ADDENDUM

To accomplish the Scope of Work set forth in Exhibit A, the City will purchase and make equipment available to the Contractor for the purpose of this program for the term of this Agreement. Contractor shall keep all such equipment in good, working condition and return all such equipment at the end of the term of this Agreement in the same condition as it was received, except for a normal level of wear appropriate for time and use.

Equipment provided by the City is anticipated to include the following items:

1. Vehicles
 - a. Three (3) Ford Transit vans purchased by the City of Berkeley Fleet Management Unit.
 - b. Vehicle customizations which could include cabinets and other storage will be determined in partnership with the City of Berkeley Department of Health, Housing, and Community Services and Fleet Management Unit.
2. Radios
 - a. Six (6) radios will be provided and programmed by the City's Public Works Radio Shop
 - b. Radios will connect to the Berkeley Communications Center, including the main first responder channel and other SCU team members.
 - c. Contractor will work with City of Berkeley Department of Health, Housing, and Community Services and Public Works Radio Shop to determine if additional programming is needed.
3. Information Technology (IT) equipment including:
 - a. Tablet or equivalent for field data entry
 - b. Mobile phones
 - c. GPS for vans

The City will prepare a list specifying the types, quantity and condition of equipment provided, and the Contractor will confirm receipt in writing. At the conclusion of this contract, City and Contractor will consult this list to coordinate return of all items.

Contractor, including its officers, directors, employees, and agents, shall use any equipment provided by the City solely for the purposes of carrying out the services under this Agreement. Contractor, including its officers, directors, employees, and agents, shall use and maintain any equipment provided by the City consistent with applicable City of Berkeley Administrative Regulations (ARs), as such may be added or amended from time to time. Contractor acknowledges and agrees that applicable ARs include, but are not limited to, AR 2.6, attached hereto as Appendix 1, and AR 7.1, attached hereto as Appendix 2. Contractor further acknowledges and agrees that AR 2.6 is applicable to any radios or IT equipment provided by the City, and AR 7.1 is applicable to any vehicles provided by the City. Failure of the City to insist on strict compliance with any portion of an applicable AR shall not constitute waiver of any rights to defense or indemnity.

Internal

Notwithstanding anything to the contrary in this Agreement, Contractor agrees to defend, indemnify, and hold harmless the City, its officers, agents, volunteers, and employees from and against any and all claims, demands, liability, damages, lawsuits or other actions, including but not limited to, personal injury or death or property damages arising out of or in any way connected with Contractor's failure to adhere to any AR that is applicable under this Exhibit D. Contractor expressly acknowledges and agrees that its automobile liability insurance obligations under this Agreement includes the requirement to maintain coverage that includes any vehicles provided by the City under this Exhibit D.

A.R. NUMBER:	2.6
ORIGINAL DATE:	2/25/97
POSTING DATE:	11/2/16
PAGE 1 OF 5	PAGES

CITY OF BERKELEY

ADMINISTRATIVE REGULATIONS

SUBJECT: CITY PROPERTY – ISSUANCE AND RETRIEVAL

PURPOSE

City of Berkeley policy is to safeguard City assets held in the custody of its City employees. This is accomplished by the establishment and maintenance of proper transition procedures in the issuance and retrieval of property to include the use of the attached Property Checklist Form. All new hires and terminating employees who are given any City property must complete the form.

POLICY

The objective of a property checklist system is to ensure the proper issuance, monitoring, and return of all City property given to its employees during their employment with the City. These transition procedures will facilitate proper documentation of all City property issued to a new employee. These will also allow proper monitoring of said City property for inventory and location identification. Most important, these transition procedures will facilitate a smooth exit process and ensure reasonable security procedures for the return and retrieval of all City property.

PROCEDURES

1. DEFINITION OF CITY PROPERTY:

City Property is any tangible or intangible property issued to a City employee such as employee I.D. cards, building access cards, door and automobile keys, credit cards, computers, pagers, etc. (see attached City Property Checklist Form). Additional items may need to be added to this form depending on items issued by the user department or changing work conditions and new technology. Therefore, this listing is not inclusive. Intangible property items may include computer access codes, password for business telephone, etc.

2. PROPERTY CHECKLIST:

All departments will be expected to follow and maintain a Property Checklist system. The attached Property Checklist Form is to be used uniformly by all departments for every City employee, regardless of his/her employment status, i.e. career, temporary, transfer, etc., at the time of appointment, transfer, termination or separation. This form requires the signature of both employee and his/her immediate supervisor to fulfill their respective responsibilities.

3. NEW HIRES:

In the case of a new employee, each department is responsible for issuing City property items upon appointment. All new hires will have a Property Checklist Form prepared and maintained in their department for the duration of the service. The new employee shall acknowledge receipt of specific property items (provide manufacturer name/style/serial numbers) listed by signing off on the appropriate box on the form. The Property Checklist Form requires the initials of both the new employee and his/her supervisor and notation of the date that the property item was issued. The supervisors are responsible to safeguard the original Property Checklist Form in a secured location with access to the form restricted to the Department Director or his/her designee. A copy of the Form may be given to the employee to maintain for his/her records.

4. TRANSFERS/PROMOTIONS:

Whenever a City employee changes work location or assignment, the supervisor shall review the Property Checklist Form with the employee to determine whether changes, additions, deletions of property items should be made to the form. When an employee transfers from one City department to another, this procedure shall take place upon departure from the old department with the existing property checklist being sent to the new department to renew process. The transferring employee will have a Property Checklist Form maintained in the new department for the duration of his/her service.

5. SEPARATIONS FROM CITY SERVICE:

With a terminating or separating employee, the Property Checklist Form shall be completed by the last day of his/her employment with the City, at the latest. Departments must complete the exit procedure soon after the employee gives notice of resignation and can return all City property issued. Supervisors must carefully compare the returned item with the descriptive information on the form. Supervisors must document items that are lost with a course of action for recovery of such items. The completed Property Checklist Form and the employee badge for each terminating or separating employee shall be submitted to the Human Resources Department for inclusion in the employee's personnel file. Other items should be retained or disposed of by the employee's department.

6. NETWORK AND FUNDS:

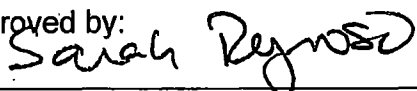
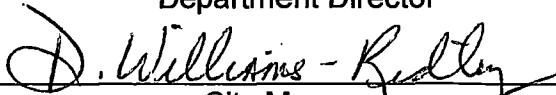
- a. All computer files are the property of the City of Berkeley. Supervisors are responsible for determining the appropriate level of access required for each employee and for requesting authorization for that employee through Information Technology (with a copy to the department director). To provide timely access to email and FUNDS for new hires, the supervisor should request new employee access as soon as the appointment date is confirmed.
- b. Information Technology will authorize access to a specific module through the module leader and notify the supervisor and Department Director of approval. If access is

denied, the module leader will advise the supervisor and Department Director with the reason.

- c. Supervisors must maintain a record of access and authorizations given to an employee and ensure that this access is discontinued at termination (or transfer if appropriate). To facilitate the issuance and cancellation of computer access and authorization the attached Property Checklist contains a section that permits the supervisor to list all computer access codes and system authorizations.
- d. Supervisors must notify the Manager of Information Technology, (copy the Department Director) to cancel or modify access and/or authorizations for the terminated or transferring employee by e-mail, or other means. This notification should include the supervisor's phone number, the terminated/transferring employee's user identification, first and last name, and the effective date for making the change.
- e. Please refer to Administrative Regulation 1.64 Electronic Mail for further procedures and regulations pertaining to the City's electronic mail system. (Reminder: Information Technology will delete the terminating employee's electronic mail and files contained in the I-drive unless requested to save the files to another I-drive by the Department Director.)

7. DEPARTMENT DIRECTORS:

The same procedures shall apply to Department Directors, except that the City Manager or his/her designee will complete the final check out procedure. The departing Department Director shall make an appointment with the City Manager to facilitate this processing out procedure.

RESPONSIBLE DEPARTMENT: Human Resources	Approved by:  Department Director
TO BE REVISED: Every 2 years	 City Manager

City Property Checklist

Employee Name _____	Date _____
Supervisor Name _____	EE ID# _____
Classification _____	Department _____

When Issued					When Returned		
City Items Issued	Description (include serial number, service request number, or identification number as necessary) ¹	Initials of		Date Issued	Initials of		Date Returned
		EE	Supv		EE	Supv	
Automobile							
Car keys							
Gas Card							
Garage access card							
Building/Office Access							
Swipe Card							
Office Keys							
Desk/File Keys							
Computer Equipment²							
Desk Computer							
Laptop							
Tablet							
Other electronics (headsets, card readers, thumb drives, IR sensors, etc)							
Computer and Network Access²							
Network							
FUND\$							
Email							
Phone							
Misc							
Employee ID Card ³							
Books/Procedure Manuals							
City Credit Cards							
Cell Phone							
Pager							

When Issued				When Returned		
Tools/Equipment						
Other						

¹ For additional comments please write below:

² Supervisors must notify the Information Technology Department to cancel or change any access, authorizations, or equipment.

³ All career and regular at-will employees receive an employee I.D. at the time of appointment. Temporary employees do not receive an employee I.D. unless specifically requested by the department due to special needs for identification.

The employee must safeguard City property and report the loss of any City property, immediately. Failure to properly report the loss of City property, to his or her supervisor, may result in discipline up to and including termination.

If item(s) are not returned, give reason for loss and plan for retrieval, if appropriate:

Employee's Signature

Date

Supervisor's Signature

Date

Department Director's Signature

Date

CITY OF BERKELEY
ADMINISTRATIVE REGULATIONS

A.R. NUMBER: 7.1
ORIGINAL DATE: 7/01/94
POSTING DATE: 8/03/11
PAGE 1 OF 21 PAGES

SUBJECT: Use of Fleet Vehicles

PURPOSE 2

POLICY 2

DEFINITION OF VARIOUS VEHICLE TYPES 2

GENERAL INSTRUCTIONS 2

PERMISSION TO DRIVE A CITY FLEET VEHICLE 3

PROCEDURE FOR CHECKING OUT A POOL CAR..... 4

INSTRUCTIONS FOR USE OF CITY VEHICLES 6

ACCIDENTS 8

EMERGENCY ROAD SERVICE FOR CITY VEHICLES 9

PARKING OF FLEET VEHICLES ON PUBLIC STREETS..... 10

PARKING FLEET VEHICLES OVERNIGHT..... 10

USE OF FLEET VEHICLES BETWEEN HOME AND WORK 10

OCCASIONAL USE OF A CITY VEHICLE AT NIGHT, HOLIDAYS OR WEEKENDS 13

APPENDICES: 15

 APPENDIX 1: PERMISSION TO DRIVE CITY FLEET VEHICLE..... 15

 APPENDIX 2: REQUEST FOR PERMISSION TO USE PRIVATELY-OWNED VEHICLE
 ON CITY BUSINESS..... 16

 APPENDIX 3: REQUEST TO USE CITY VEHICLE AT NIGHT, HOLIDAYS, OR
 WEEKENDS ON CITY BUSINESS..... 17

 APPENDIX 4: ACCIDENT PROCEDURES 18

 APPENDIX 5: REQUEST FOR USE OF CITY-OWNED VEHICLE BETWEEN HOME AND
 WORK..... 20

 APPENDIX 6: DMV INF 1101 – EMPLOYEE PULL NOTICE..... 21

PURPOSE

The purpose of this regulation is to establish and specify policy on vehicle transportation for officials and employees in the conduct of official business. All vehicles operated by the City of Berkeley or its agencies are subject to this administrative regulation and should be read in conjunction with A.R. 7.2 “Use of Carshare and Privately-Owned Vehicles”, and A.R. 7.6 “Making Travel Choices for Work-Related Trips.

POLICY

Vehicles shall only be used for official business. City of Berkeley fleet vehicles and privately-owned vehicles, including carshare shall be operated in accordance with all safety and legal requirements of the City of Berkeley, Alameda County, the State of California, and any other jurisdiction in which they are operated. All employees subject to this administrative regulation must be in possession of a valid California Driver License.

DEFINITION OF VARIOUS VEHICLE TYPES

For the purpose of this regulation, **City Fleet Vehicles** are defined as all of the following vehicle types, licensed to operate on public roads in the State of California:

- A. **Emergency Vehicle** -- Vehicles used in the Public Safety Department (Police, Fire, etc.) and as defined by the California Motor Vehicle Code, Section 165.
- B. **Fleet Vehicle** -- Any non-emergency vehicle including passenger sedan, van, pick-up truck, SUV, or station wagon. Some of these vehicles are assigned to individual departments (fleet sedans) and others are pooled for use by all departments (pool car).
- C. **Carshare vehicle** – See A.R. 7.2.
- D. **Maintenance Vehicle** -- Trucks and equipment used to maintain public property, right-of-way, etc.

GENERAL INSTRUCTIONSA. **Introduction**

All automotive, heavy duty and maintenance equipment operated by the City is under the general authority of the Equipment Maintenance Division of the Public Works Department. All use of assigned vehicles is to be routinely supervised and monitored by the department to which the vehicle is assigned. Certain assigned vehicles are intended for use by specific persons because of their duties; however, those vehicles should be utilized by others whenever possible. Many departments have a constant and continuing need for the use of fleet vehicles and a number of vehicles are assigned to them.

B. **Criteria for Use of Fleet Vehicle or Private Auto**

To decide whether an individual should be assigned to use a fleet vehicle or receive an auto

reimbursement for use of their own vehicle, the following criteria should be used:

1. If the nature of the City assignment is such that it could be significantly damaging to a vehicle, a fleet vehicle should be used; or
2. If the City assignment demands the use of a vehicle for long periods of time with high mileage, a person should be authorized to use the City Fleet Carshare program, or be assigned a fleet vehicle; or
3. If the use is such that a vehicle will be utilized for extended periods of time with relatively low mileage (less than 1,000 miles annually), a person should be authorized to use the City Fleet Carshare program, or refer to A.R. 7.2 Use of Carshare and Privately-Owned Vehicles.

C. Accessibility of Vehicle Assigned to Department or Individuals

Any vehicle assigned to departments or to individuals shall be made available for use by other authorized fleet vehicle users if the department does not require its use or individual to whom it is assigned. A depository of keys for vehicles assigned to departments and not in constant use shall be kept with the designated department contact.

D. Vehicle Operator Responsibilities

Vehicle operators using City Fleet Vehicles are responsible for the following:

1. Prompt adherence to Preventive Maintenance (PM) schedules.
2. Maintaining proper tire and fluid levels at all times.
3. Keeping the vehicle clean and litter free.
4. Reporting an unsafe vehicle and bringing it in for a safety check.

E. Pool Vehicles

A variety of Fleet Pool Vehicles are available for use by departments that do not have assigned vehicles or that have need of additional vehicles for temporary use. Vehicles are available on a first-come first-serve basis, and individual departments will be billed accordingly. Fleet vehicles that have not been assigned to departments or individuals on a monthly basis shall be used as general City Pool Vehicles.

Department Directors are responsible for enforcing this policy.

PERMISSION TO DRIVE A CITY FLEET VEHICLE

Before any City employee will be permitted to drive a fleet vehicle a "Permission to Drive City Fleet Vehicle" form (Appendix 1) must be approved by their Department Director. (For information on clearance to use a Carshare vehicle, see A.R. 7.2). Additionally, the employee must sign and submit the California Department of Motor Vehicle (DMV) Employee Pull Notice (EPN) form, DMV INF 1101, titled "Authorization for Release of Driver Record Information". A copy of the current DMV INF 1101 form or EPN is found in Appendix 6 and

is required for all employees authorized to drive City Fleet Vehicles.

Upon receipt of the approved forms, the Senior Equipment Maintenance Supervisor will set up a driver's orientation appointment for the applicant. The Equipment Superintendent or his/her delegate will conduct the driver's orientation that includes an explanation of policies and procedures while driving a fleet vehicle, and will test the on-road driving skills of the applicant. No orientation will be administered without a copy of the original approved form signed by their Department Director, and a satisfactory driving record verified through a valid EPN from the DMV. Each department is responsible for making sure that their drivers are complying, and shall provide written documentation that the notice has been checked and that the employee has a satisfactory record. The permission to drive a City vehicle will be re-evaluated annually by Department Directors or designated staff based on review of employee's driving records.

The Equipment Maintenance Division approves or rejects a person to drive a fleet vehicle upon completion of the fleet vehicle orientation. The original signed copy, kept on file by the Equipment Maintenance Division, will be its authorization to issue or refuse the applicant clearance to operate a fleet vehicle. The applicant shall send approved copies of the completed form to their department and to the Human Resources Department.

A. Review and Approval of Driver Training Program

Each department and/or division shall prepare a training program approved by the City's Occupational Health & Safety Officer. A comprehensive training program includes all aspects of vehicle/equipment operation, skills for safe driving or operating equipment, and the responsibility of the driver/operator. Training shall include A.R. 2.14 Use of Cell Phone Policy and all other material related to safe operation.

B. Administration of Driver Training Program

Before any City employee will be permitted to drive or operate any emergency or maintenance vehicle or maintenance equipment, the department/division to which he/she is assigned shall administer and document a driver/operation training program that adequately prepares him/her for the assigned vehicle or equipment. Evidence of training must be maintained in the City's training system and/or the employee's personnel file.

C. Permission to Drive

The "Permission to Drive" form with attachments will be kept on file with the user department, Equipment Maintenance who will send a copy to the Human Resources Department for the employee's file.

PROCEDURE FOR CHECKING OUT A POOL CAR

A. Permission to Drive a Fleet Sedan, Station Wagon, or Van Form

An employee wishing to check out a fleet sedan from the fleet vehicle pool must have a "Permission to Drive City Vehicle" form on file with the Public Works Department Equipment Maintenance Division.

B. Requesting a Pool Vehicle

To request a pool car, the employee's supervisor needs to send a request to PWfleet@ci.berkeley.ca.us or by calling the Mechanic Supervisor at (510) 981-6468. The e-mail will be kept by Public Works as evidence of approval and is subject to audit. Include the following information in your request:

1. Name of Employee,
2. Department/Division or Budget Code,
3. Reason for use, and
4. Date, Time, and Hour(s) or Day(s) needed.

Pool cars can be picked up at the Corporation Yard, 1326 Allston Way, in the Equipment Maintenance building.

C. Area of Use

Pool cars are normally used within the East Bay, San Francisco area. If any use outside these limits is contemplated, the Equipment Maintenance Supervisor must be advised 24 hours prior to the anticipated checkout time.

D. Hours of Use

Pool cars are only to be used during normal working hours (6:00 a.m. to 6:00 p.m.) Monday through Friday except holidays. Any deviations from this must be authorized as stated in Section G.

E. Use of Vehicle During Other Than Normal Hours

If a pool car is to be used overnight, on holidays, or weekends on City business, in compliance with this A.R., the "Request to Use City Vehicle at Night, on Holidays, or Weekends on City Business" form shall be submitted to the Equipment Maintenance Supervisor at the time the vehicle is requested.

F. Returning the Vehicle

Upon returning the vehicle, the employee will return the keys to the Equipment Maintenance Supervisor, confirming that the vehicle has been returned to the Corporation Yard, parked properly and checked back into the pool fleet. When returning a pool vehicle after business hours, lock vehicle up and place keys in the green "Key Drop Box" located to the right of the main entrance of the Equipment Maintenance Shop. The total time of usage will automatically be calculated by the fleet management system. Note that charges will continue if the keys are not returned to the Equipment Maintenance Supervisor.

G. Use of Private Vehicle When No Fleet Vehicles are Available

If a request is made to use a pool vehicle and there are none available, the employee should attempt to use a Carshare vehicle. If the employee is not able to use a Carshare vehicle, and the urgency is such that the employee must use his/her own car, the employee must refer to A.R. 7.2 Use of Carshare and Privately-Owned Vehicles.

H. Notification of Procedural Violations

The Public Works Department will notify the user department of any violations of these procedures.

INSTRUCTIONS FOR USE OF CITY VEHICLES

It is important that City employees exercise good judgment in using City vehicles, otherwise the advantages of a reasonable control policy may be lost because of the indiscretions of a few. City vehicles are provided not as a personal right, but for providing service to the public. Every possible means should be taken by every employee operating a vehicle to assure that its use is in the best interests of the community.

A. Valid California Driver's License

All drivers must have a driver's license, which is valid in the State of California and which is appropriate for the class of vehicle driven.

B. Safe and Courteous Operation

All drivers shall operate City vehicles in a manner that reflects concern for safety and courtesy towards the public. No cell phones may be used while operating a vehicle on City business. Please refer to A.R. 2.14 Cell Phone Use Policy for more detailed information.

C. Prohibited Use of Fleet Vehicles

City vehicles shall not be used to:

1. Conduct personal business
2. Transport members of the family, e.g. transporting children to and from school, family shopping or for pleasure.
3. Transport employees to lunch except in cases where City business is to be considered.
4. *Exceptions to these rules must have written authorization from the Public Works Director.*

D. Use of City Vehicles by Persons Engaged in City Business Only

Except in unusual circumstances, and with the approval of the department, only those persons engaged in City business or travel, necessary to the conduct of City business, shall be transported in City vehicles. This serves to prohibit gratuitous rides to and from the place of employment.

E. Posters or Stickers on City Vehicles

No posters, stickers or advertisements of any kind shall be placed upon City vehicles without prior approval of the City Manager.

F. Seat Belts

No person may drive or ride in a City vehicle unless properly restrained by the occupant restraint device. It shall be the driver's responsibility to ensure that the passengers use the available restraint devices.

G. Smoking Prohibited

In accordance with state and local ordinances, smoking is prohibited inside City vehicles.

H. Fuel and Oil

Every city vehicle is issued a fleet fuel key for use at the Corporation Yard or Transfer Station fuel pumps. All unleaded gasoline, diesel fuel and oil will be obtained from the Equipment Maintenance Division at the Corporation Yard located at 1326 Allston Way. Unleaded gasoline and diesel fuel is available 24 hours a day, 7 days a week at the Corporation Yard.

Only diesel fuel is available at the Transfer Station location (1201 Second Street), during the hours of 6:00am to 5:00pm Monday thru Friday and 6:00am to 2:30pm on Saturdays.

No reimbursement will be made to the employees for the purpose of petroleum products from outside sources unless there is a valid reason for doing so. In cases where an outside purchase is necessary, it will be made with a City fuel card, which is obtained through the Equipment Maintenance Division.

Fuel cards can also be issued to employees scheduled to travel over 100 miles in a City vehicle. Return the fuel card to the Equipment Maintenance Superintendent along with any receipts. These cards can only be used to fill your vehicle with fuel. Food purchases are not allowed!

I. Maintenance

All fleet vehicles will be scheduled for preventive maintenance by the Equipment Maintenance Division. Your department contact person will be notified two weeks in advance for upcoming vehicle scheduled maintenance. Appointments arranged with the departments' contact person are scheduled to minimize inconvenience to the departments.

Vehicle operators will be notified directly by the Equipment Maintenance supervisor or by their department vehicle coordinator when a vehicle's servicing is completed. Normally, services are completed within 24 hours unless necessary repairs are reported by the operator and become part of the service, or our Equipment Maintenance staff discovers additional repairs.

J. Vehicle Wash

City vehicles that need cleaning must go to the Berkeley Touchless Carwash, (corner of Kittredge & Oxford), and ask for the basic carwash service for their City of Berkeley vehicle.

K. Ensuring Safe Operating Condition of City Fleet Vehicle

Operators of all City-owned vehicles are responsible for checking that the vehicle is in safe operating condition. Lights, fluid levels, windshield wipers, tires, horns and other functions displayed on the vehicles' dash warning indicators should all be checked prior to vehicle use and at the end of each work day. Any deficiencies or safety related items should be reported immediately to your supervisor and the Equipment Maintenance Supervisor. If Equipment Maintenance finds the deficiencies present an unsafe condition, they will place the vehicle "OUT OF SERVICE" until Equipment Maintenance determines the vehicle is safe and operational.

L. Traffic and Parking Laws

All traffic and parking laws are to be obeyed. Posted speed limits are not to be exceeded, nor is the vehicle to be operated above safe driving speeds for road conditions. All violations and fines incurred shall be the responsibility of the driver involved.

M. Locking Vehicles

The driver of a City vehicle shall take every precaution to ensure the safety of the vehicle and its contents. The driver shall lock the vehicle and take the keys, except in those instances when a commercial parking garage requires the keys be left with the vehicle.

N. Efficient and Economical Trips

Whenever possible, trips should be planned to coincide with other employee travel requirements so that vehicles are used efficiently and economically.

O. No Idling

1. No vehicle or engines subject to this regulation may idle for more than 5 consecutive minutes.
2. The idling limit does not apply to:
 - a. idling when in line,
 - b. idling to verify that the vehicle is in safe operating condition,
 - c. idling for testing, servicing, repairing or diagnostic purposes,
 - d. idling necessary to accomplish work for which the vehicle was designed (such as operating a crane),
 - e. idling necessary to ensure safe operation of the vehicle.
 - f. Emergency Vehicles

P. Disciplinary Action

Willful disregard of these rules is just cause for disciplinary action.

ACCIDENTS**A. Procedure in Case of an Accident**

In case of an accident, follow these rules no matter how slight the damage is:

1. Immediately call the local Police Department (981-5900) and request a police officer to come to the scene of the accident. In case of injury to vehicle occupants or any pedestrians, call 911 immediately.
2. Telephone the Equipment Maintenance Shop (510) 981-6468 or (510) 981-6620 after hours (3:30 pm to 7:00 am M-F, Saturdays, Sundays) to report a City vehicle has been involved in an accident.
3. Do not move either vehicle. If the owner of the other vehicle insists upon moving his/her car, mark the pavement to show the location of his/her car. If you must move your vehicle to permit heavy traffic to pass, mark its location also.
4. Keep all parties in the accident there, if possible. Get the name and address of the other driver, his/her operator's license number, the make and license of the other vehicle, and, if it is different than that of the other driver, the license number of the vehicles

registered owner.

B. Use of the "Accident Procedures" Form (Appendix 4)

If the Police do not respond and/or any of the parties' witnesses involved in the accident cannot remain at the scene, record all pertinent information on the "Accident Procedures" form located in the glove box of the vehicle. Extra copies of this form are available Equipment Maintenance Division.

C. Insurance Information

If possible, get the names of the insurance carrier of the other driver.

D. Procedure if the Police Do Not Arrive

If you are in Berkeley and a police officer does not come within 20 minutes, call your Supervisor who will contact the Police Captain or Lieutenant.

E. Accident Report

Submit a copy of the vehicle accident report to your supervisor, based upon the data recorded on the "Accident Procedures" form or other sources.

F. Prohibition on Discussion of Accident

DO NOT DISCUSS DETAILS OF THE ACCIDENT WITH ANYONE EXCEPT MEMBERS OF THE POLICE DEPARTMENT OR CITY DEPARTMENTAL REPRESENTATIVES.

EMERGENCY ROAD SERVICE FOR CITY VEHICLES

A. During Hours When Mechanic is on Duty

The Equipment Maintenance Division has mechanics on duty from 7:00 am to 3:30 pm Monday thru Friday at the City Corporation Yard and from 7:00 am to 9:30 pm at the Transfer Station Equipment shop. During these hours, call the Equipment Maintenance Shop (510) 981-6468 or Transfer Station Shop 981-6375 should be called to deal with any emergency road service or equipment breakdowns.

B. During Hours When No Mechanic is on Duty

Between the hours of 9:30 pm and 7:00 am weekdays or on weekends and official City holidays, there is no mechanic on duty at the Corporation yard or Transfer Station maintenance shops. During these hours call (510) 981-6620 for an operator to help direct your call.

C. Area of Service

Emergency Service is available within a ten-mile radius of the City of Berkeley, extending to Richmond and San Pablo on the north and San Leandro on the south. It is a good policy to have the spare tire checked and see if there is a jack in the vehicle before leaving Berkeley.

D. Emergency Service Outside of the Bay Area

In case of major breakdown or accident while out of town, the vehicle should be towed to

the nearest garage and Equipment Maintenance contacted by telephone. Do not authorize any repairs to be made without prior discussion with the Equipment Maintenance at (510) 981-6468 or (510) 981-6620 after hours.

PARKING OF FLEET VEHICLES ON PUBLIC STREETS

A. Parking Violations

Except for police vehicles, ambulances, fire apparatus and other fleet vehicles when on call of an emergency nature, operators of all vehicles (both City-owned and private) are subject to the same parking regulations as any other vehicle using the public streets and City-owned off-street parking lots.

These vehicles are subject to citations when parked in violation of parking laws and regulation, even under unusual circumstances except as provided by BMC 14.08.060. Exemptions of payment of parking fines will be made only upon individual review by the City Manager as set forth in the City's MOUs. City fleet vehicles may not park in the restricted Downtown Zone as regulated by A.R. 7.3.

B. Parking Expenses

Expenses incurred by City employees while engaged in the actual performance of City duties may be reimbursed. Employees must complete a Statement of Expense and submit to their individual department.

PARKING FLEET VEHICLES OVERNIGHT

After regular business hours, all City vehicles that do not have prior approval by the City Manager for use by employees between home and work, must park in the parking area designated by their Department Director. Annually, departments will send updated assigned parking areas for their City vehicles to the Equipment Maintenance Division.

Periodic surprise checks may be conducted to account for vehicles. If a vehicle is not parked in its designated area during this check, and a policy violation has occurred, disciplinary actions will be enforced against the responsible employee.

USE OF FLEET VEHICLES BETWEEN HOME AND WORK

1. Criteria for Allowing Use of Fleet Vehicles Between Home and Work

No City vehicle shall be used regularly for transportation to and from work unless:

1. Approved by the City Manager and Department Director; and
2. The employee who requests such use needs it for:
 - a. The safety and emergency needs of the community, and
 - b. The use of own private vehicle by employee would not meet the needs of the City and community as well as a fleet vehicle.

3. Such use is part of an agreement with a bargaining unit.

Permission to use a City-owned vehicle is reviewable and revocable at any time by the City Manager.

B. Listing of Authorized Employees

The Equipment Superintendent will maintain a current list of employees authorized to use City owned vehicles between home and work. Department Directors annually will notify the Equipment Maintenance Superintendent of the names and positions of employees approved to use a City vehicle between home and work. In addition, changes shall be reported as they occur.

C. Procedures for Use between Home and Work

Employee must have an approved "Permission to Drive City Vehicle" (A.R. 7.1 Appendix 1) form on file in Public Works Equipment Maintenance Division and a copy on file with the originating department and Human Resources Department.

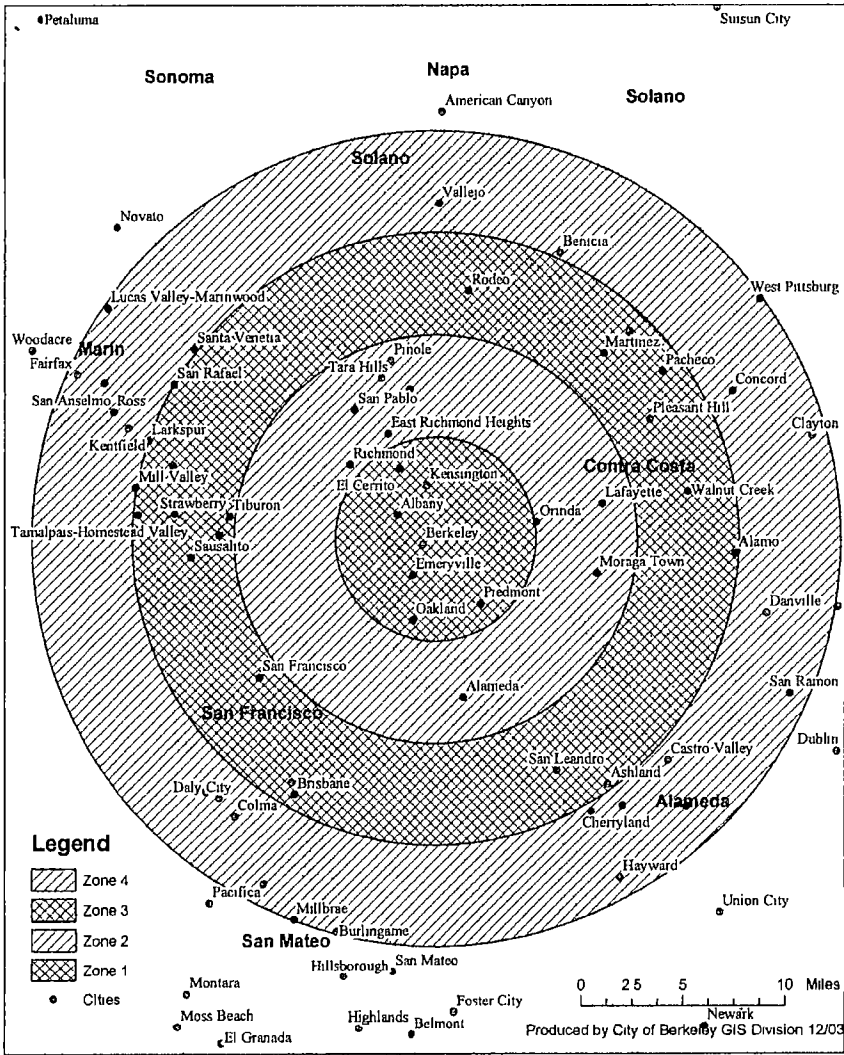
1. A request for use of City vehicles between home and work should be submitted to the City Manager on a "Request for Use of City-Owned Vehicle between Home and Work" form with appropriate backup documentation (A.R. 7.1 Appendix 5). If approved, copies will be sent to the Auditor, Equipment Maintenance and the originating department.
2. The department will notify the City Manager's Office of any changes in the address of an employee assigned to take a vehicle home, any termination of such use, or any new employee assigned to a position authorized to take a vehicle home by submitting a revised "Request for Use of City-Owned Passenger Vehicle Between Home and Work" form.
3. All City employees who are authorized to utilize City vehicles routinely between home and work must reimburse the City for normal commute costs.

The attached reimbursement zone map* shows a series of concentric circles, each drawn in five-mile increments from Civic Center. Each five-mile increment represents a zone, and employees will reimburse the City for use of a fleet vehicle driven between home and work depending on the zone in which they live as follows:

	<u>Distance from City Hall</u>	<u>Charge per Month</u>
Zone 1	0 to 5 miles	\$58.00
Zone 2	over 5 to 10 miles	\$116.00
Zone 3	over 10 to 15 miles	\$174.00
Zone 4	over 15 to 20 miles	\$232.00
Outside of Zone 4	over 20 miles	\$290.00

**The actual driving distance/Zone between civic center and the employee's residence will be verified using an internet mapping service, e.g. Yahoo or Mapquest.*

Reimbursement Zone Map



4. Payment will be made through a deduction from the employee's payroll (a payroll deduction with the approved request must be sent to the Auditor's Office), except in the case of employees whose departmental positions require them to take a vehicle home.

Departments having positions that the City Manager determines require the employee to take a vehicle home must pay the reimbursement from departmental funds. This reimbursement must be paid directly to the Equipment Maintenance Division. Employees with take home vehicles must pay income tax on the value of the take home use. Annually, in December, these employees submit their business and personal mileage records for the year to the Auditor's Office. The additional taxable income is then added to their salary (W-2) records, and any additional tax is calculated and withheld from their final paycheck of the year.

5. If the employee starts a usage of a City fleet vehicle prior to and including the 15th of the month, he/she will be charged for the full month. If he/she starts after the 15th of the month he/she will not be charged until the following month. The same formula will be used for terminating usage. No allowances will be made for sick leave or vacation.
6. Off-street parking (preferable covered), whenever possible should be provided and the vehicle parked off the street at all times when at a place of residence.
7. The vehicle must be turned into the Equipment Maintenance Division or temporarily reassigned to the acting replacement if the employee who is authorized to use the vehicle is absent on leave for a period in excess of three consecutive days. In case of illness and inability to turn the car in, the Equipment Maintenance Division is to be notified immediately.
8. Each employee is expected to exercise the same care with the City vehicle as he/she does with his/her personal car.
9. The vehicle is not personally assigned to the employee. Vehicle assignments may change and all vehicles will continue to be available for other purposes when not being used by the specific employee or department to which they are assigned.
10. Included in the reimbursement rate is an amount adequate to pay for liability insurance or those times when the employee is not on City business.

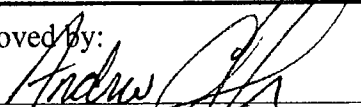
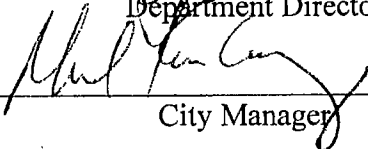
OCCASIONAL USE OF A CITY VEHICLE AT NIGHT, HOLIDAYS OR WEEKENDS

A. Use of Vehicle

Employees not already regularly assigned a City vehicle for use between home and work who are not receiving an auto allowance may arrange to use a fleet vehicle (pool car) at night, holidays, or on weekends for City business. An employee may drive it home and return it on the morning of the next workday, if the circumstances are such that the best interest of the City will be served by such action.

B. Procedure for Obtaining a Vehicle

Requests for use of a pool car must be made on the "Request to Use City Vehicle at Night, Holiday or Weekends" form, approved by the Department Director and Assistant City Manager and sent in advance to the Public Works Equipment Maintenance Division (Appendix 3). The assignment of a pool vehicle under these circumstances will be on the basis of individual review of the situation and subject to the availability of a vehicle. If there are vehicles available within the department for such use and the Department Director gives his/her approval, these vehicles may be used after the request is approved.

RESPONSIBLE DEPARTMENT: Public Works	Approved by:  _____ Department Director
TO BE REVISED: Every year	 _____ City Manager

APPENDICES:

APPENDIX 1: PERMISSION TO DRIVE CITY FLEET VEHICLE

In compliance with Administrative Regulation 7.1, permission to drive a City-owned fleet sedan, station wagon, sports utility vehicle or van on City business for the following reasons: (Explain in detail)

.....
.....
.....

If this request is granted, I understand and agree to the following conditions:

- 1. I (do, do not) have authorization for an auto allowance.
- 2. I have read Administrative Regulation 7.1 and I will comply with the rules and regulations regarding the use of City vehicles.
- 3. I understand that department assigned cars will be used before drawing from the fleet pool.
- 4. I understand that I must have the appropriate class Drivers License to operate a van that seats ten (10) or more persons.

EMPLOYEE _____ SIGNATURE _____

DEPARTMENT _____ POSITION _____

CALIFORNIA DRIVER'S LICENSE # _____ EXPIRATION DATE _____

CLASS OF DRIVER'S LICENSE _____

APPROVED _____ DATE _____
DEPARTMENT DIRECTOR/DIVISION CHIEF

APPROVED _____ DATE _____
EQUIPMENT MAINTENANCE SUPERVISOR

COMMENTS: _____

NOT VALID UNLESS APPROVED BY BOTH POSITIONS

After all signatures have been obtained, send one copy to the employee's file in Human Resources, the Employee's departmental file; and one copy to Equipment Maintenance.

APPENDIX 2: REQUEST FOR PERMISSION TO USE PRIVATELY-OWNED VEHICLE ON CITY BUSINESS

EMPLOYEE _____ POSITION _____

DEPARTMENT _____ DATE OF REQUEST _____

DESTINATION _____

REASON _____

If this request is granted, I understand and agree to the following conditions:

- 1. There are no pool cars or vehicles assigned to my department available for my use.
- 2. I have been approved to drive City vehicles
- 3. I have read Administrative Regulations 7.1, 7.2 and 7.6 and agree to comply with the applicable rules and regulations governing the use of privately owned vehicles on City business.

RECOMMENDED BY _____
SUPERVISOR SIGNATURE DATE

APPROVED:

Department Director Date

Send one copy to the employee's file in Human Resources, one copy to Equipment Maintenance and one to the Employee's department.

APPENDIX 3: REQUEST TO USE CITY VEHICLE AT NIGHT, HOLIDAYS, OR WEEKENDS ON CITY BUSINESS

(One time only requests or repeatedly same day each month)

In compliance with Administrative Regulation 7.1, I am requesting permission to use a City vehicle after regular working hours on City business.

EMPLOYEE _____ ADDRESS _____

CITY _____ TELEPHONE NO. _____

DEPARTMENT _____ POSITION _____

REASON FOR REQUEST:

If this request is granted, I understand and agree to the following conditions:

- 1. I have already been approved to drive a City vehicle.
- 2. I am not in a position status that qualifies for overtime and compensatory time off.
- 3. I have read Administrative Regulations 7.1, 7.2 and 7.6 and agree to comply with the rules and regulations governing the use of City vehicles.

DATE TO BE USED _____ TIME: From _____ To _____

APPROVED _____ DATE _____
Employee's Supervisor

APPROVED _____ DATE _____
Department Director

Send one copy to the employee's file in Human Resources, one copy to Equipment Maintenance and one to the Employee's department.

APPENDIX 4: ACCIDENT PROCEDURES

If you have an accident or damage to the vehicle occurs, follow these rules no matter how slight the damages may appear.

1. Call Equipment Maintenance, (510) 981-6468 or (510) 981-6620 after hours (3:30 pm to 7:00 am M-F, Saturdays, Sundays). You must also call the Berkeley Police Department (510) 981-5911. Request an officer to the scene of the accident. A police report is mandatory.
2. Either Equipment Maintenance or the Police must take pictures of the damage. Ask for the Police photographer if Equipment Maintenance is unable to respond.
3. If at all possible, keep all drivers and witnesses at the scene, make sure you obtain license plate numbers, names, addresses, etc., of both the City vehicle and the other vehicle.
4. If there is no Police response, phone your supervisor within 20 minutes.
5. Report the accident to your supervisor immediately upon completion of the necessary police work. You may phone collect if necessary.
6. If there is damage to the property, make sure you get all details, e.g., name, address, description and picture of damage, etc.
7. Do not discuss details of the accident with anyone except the Police or authorized City representatives.
8. If you need a tow or other mechanic service, phone Equipment Maintenance (510) 981-6468 or after hours (510) 981-6620 (3:30 pm to 7:00 am M-F, Saturdays, Sundays). If there is no response, phone Husted's Garage (510) 843-2402. Heavy equipment (large trucks) should phone Equipment Maintenance or Berry Brothers (510) 465-7215.

Driver of other vehicle

Name _____ Address _____

Telephone _____ Operator's license # _____

State _____ Registered Owner _____

Address _____ Telephone _____

Vehicle Make and Year _____ Plate Number _____

State _____ Accident Notes

Date _____ Time _____

Location: _____ City _____

ACCIDENT PROCEDURES (continued)

Name of Driver of City Vehicle: _____

Information on City Vehicle: Vehicle # _____ License # _____

Damage if any to City Vehicle: _____

Name	<u>Person(s) Injured</u>	Address and Phone

<u>Occupants of Other Vehicle</u>	
Name	Address and Phone

Name	<u>Witnesses</u>	Address and Phone

Note: If people will not give their name as witnesses, write down their license plate number.

Description of Damage (Other: Auto or Property)

A copy of these procedures is in every City vehicle. After an accident, the copies of the completed form must be submitted to your supervisor and to Equipment Maintenance.

APPENDIX 5: REQUEST FOR USE OF CITY-OWNED VEHICLE BETWEEN HOME AND WORK

I hereby request permission to use a City-owned vehicle for transportation between my residence and the place of my employment. This request is made on the basis of convenience to the City and to permit the more effective performance of my job for the following reasons: (Explain in detail -- use the reverse side if necessary).

If this request is granted, I understand and agree to the following conditions:

- 1. Off-street parking is available or will be provided and the vehicle will not be parked on the street when driven home.
- 2. City vehicles shall **NOT be used for**:
 - a. Transportation of employees to lunch where reasonable alternatives are available, except in cases where City business is to be considered.
 - b. **Personal convenience such as transporting members of the family** shopping, etc. However, it is not unreasonable for an employee to attend to personal matters while driving a City-owned car to or from work if this does not involve additional mileage and does not create an unfavorable impression.
 - c. Any use which would subject the City to valid criticism.
- 3. I have already been approved to drive a City vehicle.
- 4. I agree to comply with the regulation regarding the use of City vehicles.

My residence is:
 No. and Street: _____ Employee _____
 City: _____ Position Classification: _____
 Telephone No.: _____ Department: _____

My residence is in zone _____ and I will pay \$ _____ per month for use of a fleet vehicle between my home and work.

Note: Employee must go to Auditor with approved copy and submit a payroll deduction prior to taking the vehicle home.

Approval: _____ Date: _____
Department Director

Approved: _____ Date: _____
City Manager

Employee must submit completed copies to the Auditor, to the Public Works Equipment Superintendent, to the requesting department, and to the authorized employee.

APPENDIX 6: DMV INF 1101 – EMPLOYEE PULL NOTICE



EMPLOYER PULL NOTICE PROGRAM
AUTHORIZATION FOR
RELEASE OF DRIVER RECORD INFORMATION

I, _____, California Driver License Number, _____
hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving
record, to my employer, _____

COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at
least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension,
revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code
(CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my
driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT CITY COUNTY STATE

DATE SIGNATURE OF EMPLOYEE
X

I, _____, of _____,
AUTHORIZED REPRESENTATIVE COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of
this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am
requesting driver record information on the above individual to verify the information as provided by said individual. This
record is to be used by this employer in the normal course of business and as a legitimate business need to verify information
relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any
unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal
Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five
thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I
understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to
CVC Sections 1808.45 and 1808.46.

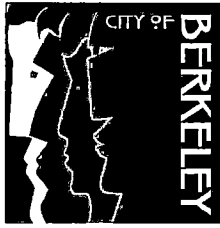
EXECUTED AT CITY COUNTY STATE

DATE SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE
X

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN program
you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website
at www.dmv.ca.gov/otherservices, or by calling 916-657-8346.

THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND
MADE AVAILABLE UPON REQUEST TO DMV STAFF.

DO NOT RETURN THIS FORM TO DMV.



Finance Department
General Services Division

REQUEST FOR PROPOSALS (RFP)
Specification No. 22-11533-C
FOR
Specialized Care Unit Provider
PROPOSALS WILL NOT BE OPENED AND READ PUBLICLY

Dear Proposer:

The City of Berkeley is soliciting written proposals from qualified firms or individuals to work with the City of Berkeley to establish and operate the Specialized Care Unit (SCU), a 24/7 behavioral health crisis response team. This team will respond to individuals in Berkeley who are experiencing a behavioral health crisis without the assistance of law enforcement. As a Request for Proposal (RFP) this is not an invitation to bid and although price is very important, other factors will be taken into consideration.

The project scope, content of proposal, and vendor selection process are summarized in the RFP (attached). **Proposals must be received no later than 2:00 p.m., on Tuesday, August 23, 2022**. Proposals are to be sent via email with the “**Specialized Care Unit Provider**” and **Specification No. 22-11533-C** clearly indicated in the subject line of the email. Please submit one (1) PDF of the technical proposal. Corresponding pricing proposal shall be submitted as a separate document.

Email Proposals to:

City of Berkeley
Finance Department/General Services Division
purchasing@cityofberkeley.info

Proposals will not be accepted after the date and time stated above. Incomplete proposal or proposals that do not conform to the requirements specified herein will not be considered. Issuance of the RFP does not obligate the City to award a contract, nor is the City liable for any costs incurred by the proposer in the preparation and submittal of proposals for the subject work. The City retains the right to award all or parts of this contract to several bidders, to not select any bidders, and/or to re-solicit proposals. The act of submitting a proposal is a declaration that the proposer has read the RFP and understands all the requirements and conditions.

For questions concerning the anticipated work, or scope of the project, please **contact Katherine “Katie” Hawn, Senior Management Analyst**, via email at khawn@cityofberkeley.info no later than **Wednesday, August 16, 2022**. **There will be a non-mandatory Bidder’s Conference on Monday, July 18 from 1-2 p.m. which will be recorded and available for vendors.** Answers to questions will **not** be provided by telephone or email. Answers to all questions or any addenda will be **posted** on the City of Berkeley’s site at [Bid & Proposal Opportunities | City of Berkeley \(berkeleyca.gov\)](http://Bid & Proposal Opportunities | City of Berkeley (berkeleyca.gov)), by clicking ‘additional files’. It is the vendor’s responsibility to check this site. For general questions concerning the submittal process, contact purchasing at 510-981-7320.

We look forward to receiving and reviewing your proposal.

Sincerely,

Darryl Sweet
General Services Manager

2180 Milvia Street, Berkeley, CA 94704 Tel: 510.981.7320 TDD: 510.981.6903

E-mail: purchasing@cityofberkeley.info Website: cityofberkeley.info/finance/

I. BACKGROUND

In response to the killing of George Floyd by Minneapolis police in May 2020 and the ensuing protests across the nation, a conversation emerged about how policing can be done differently. The Berkeley City Council initiated a wide-reaching process to reimagine safety in the City of Berkeley (the "City"). As part of the Re-Imagining Public Safety process, the City has been engaged in research and planning for a Specialized Care Unit (SCU) that will ultimately become a 24/7 mobile unit designed to respond to and support people who are experiencing a mental health or substance use crisis without direct involvement of the police. The SCU will be different than the City's current mobile crisis response that is a police/mental health partnership.

To facilitate a successful design of the Specialized Care Unit that is specific to the needs of the City of Berkeley, the City contracted with Resource Development Associates (RDA) to conduct a feasibility study for a Specialized Care Unit (SCU). This study culminated in three reports created by RDA to assist in creating the SCU:

1. Crisis Models Summary Report which provides an overview of crisis response programs in the U.S. and internationally. See *Attachment 1* for full report.
2. Mental Health Crisis Response and Stakeholder Perspectives Report to provide current perspectives across the City of Berkeley and Alameda County agencies, local community-based organizations (CBOs), community leaders, and utilizers of Berkeley's crisis response systems. See *Attachment 2* for full report.
3. Final Recommendations for the SCU which provides twenty-five recommendations for implementation of the SCU in Berkeley based on the information in the previous reports. See *Attachment 3* for full report.

Additionally, the SCU Steering Committee, consisting of representatives from the Health, Housing, and Community Services Department, the Berkeley Fire Department, appointees of the Mental Health Commission, and community representatives from the Berkeley Community Safety Coalition provided accompanying analysis to the RDA recommendations, provided in *Attachment 4*. With these reports, as well as under the leadership and guidance of the Mayor, City Council, SCU Steering Committee, and City staff, the City of Berkeley is ready to move forward with a qualified community-based organization to establish and implement the SCU for a pilot program of up to two years, with the intention to extend based on lessons learned and financial feasibility.

The purpose of this RFP is to solicit proposals from community-based organizations and service providers that have the expertise and ability to quickly meet the City's need to create a successful pilot program for the Specialized Care Unit in the City of Berkeley.

Through this RFP, the City intends to award federal American Rescue Plan Act (ARPA) State and Local Fiscal Recovery Funds (SLFRF). Additional California Department of Health Care Services (DHCS) funding may be awarded for appropriate expenses to create a successful response team which will serve a diverse community; including individuals from marginalized and vulnerable groups whose past experiences of substance use or other behavioral health challenges may have been caused or exacerbated by the public health emergency of COVID-19. Per the Substance Abuse and Mental Health Services Administration (SAMHSA), behavioral health crises refer to substance use and mental health crises. These implementation of ARPA SLFRF funds for Berkeley's Specialized Care Unit acknowledges that funds may be used to respond to increased rates of behavioral health at a population or individual level, as well as new behavioral health challenges or

exacerbation of challenges that existed prior to the pandemic, which also includes navigating new barriers to accessing treatment. The selected applicant will be required to comply with all applicable requirements for such funds and will be required to report to the City regularly on the use of funds and services beneficiaries.

II. SCOPE OF SERVICES

Applicants are strongly encouraged to read the reports described above and attached as *Attachments 1 to 3* as well as the SCU Steering Committee's comments to the final recommendations found in *Attachment 4* of this RFP. The City welcomes applications that address the need for establishing 24/7 behavioral health crisis response services consistent with the following criteria:

1. Applicants must be able to provide one or more of the services on the following list at a given time:
 - a. 24/7 call-taking for clients through a created crisis line **and** receive appropriate transferred calls from the City of Berkeley 911 Communications Center (Dispatch) and 988 crisis line once implemented;
 - b. Crisis and 5150 evaluation;
 - c. Peer support (from someone with lived experience);
 - d. First aid and non-emergency medical care;
 - e. Substance use;
 - f. Resource connection and warm handoffs, including transportation to services, facilities, or other supportive destinations.
2. Applicants may propose other activities that are consistent with the purpose and intent of the SCU.
3. Contracted provider must have experience as a service provider in Berkeley to build upon existing relationships with marginalized and vulnerable populations in our community. Crisis response services, specifically with de-escalation, trauma-informed, and harm reduction-oriented strategies is preferred.
4. Contracted providers must be able to demonstrate experience conducting services consistent with the SCU model including:
 - a. Crisis response and familiarity with privacy practices and laws including Health Insurance Portability and Accessibility Act, 42 CFR pt 2, CMIA, etc.;
 - b. Collaboration with local government first responder agencies as needed; and
 - c. Leverage county, state, and federal resources such as MediCal, MediCal Administrative Activity (MAA), or Federally Qualified Health Center (FQHC) sources for billing services provided. Note that billing is not necessary for purposes of the pilot, but will likely be necessary to sustain the program beyond the pilot phase.
5. Contracted provider should be able to mobilize quickly to engage in the implementation process, with a phased roll-out planned for as soon as December 2022.
6. Team members will be made up of people with a combination of lived experience, mental health and/or substance use training, and non-emergency medical training who have the skills and capacity to develop meaningful relationships as well as respond to marginalized and vulnerable community members.

7. Contracted provider will be required to work in partnership with the City, specifically maintaining close coordination with 911 Dispatch, Berkeley Fire Department, as well as the Health, Housing, and Community Services Department (HHCS) to ensure coordinated implementation of the SCU as staff are hired and systems established including:
 - a. equipment purchases;
 - b. confirming physical base location (must be able to quickly and reliably respond to any service location within Berkeley in 15 minutes);
 - i. Proposals should identify physical space needs and methodology for quick and reliable response.
 - c. participation on the SCU Steering Committee;
 - d. collaborate regarding communication and public outreach about the SCU program;
 - e. development of a coordinated crisis response system, including collaboration with primary stakeholders and related programs.
8. Contracted provider will also be required to work in partnership with other community agencies including community-based organizations and Alameda County partners to ensure consistent and comprehensive availability of services, and communicate service changes across community and government partners.
9. Contracted provider will provide comprehensive training to SCU staff upon establishment and continuation of the SCU program. Provider should shadow and train with other jurisdictions to maintain awareness of best practices in crisis response without the involvement of law enforcement.
10. Contracted provider will adhere to monitoring, evaluation and reporting standards required by the City of Berkeley by providing the following information on a routine basis:
 - a. Demographic information (e.g. age, sex, sexual orientation, gender identity, response zip code);
 - b. Type of intervention or referral provided (including if a call needed to be escalated to Berkeley Police Department or Berkeley Fire Department);
 - c. Call source (direct, referred from 911 or 988, etc.); and
 - d. Additional data points as identified in the implementation and evaluation processes.
11. The City intends to award federal American Rescue Plan Act (ARPA) State and Local Fiscal Recovery Funds (SLFRF) for these services. The selected provider must comply with all applicable federal requirements associated with these funds, including the Final Rule and the Uniform Guidance 2 CFR 200. This will include at a minimum, quarterly reports to the City on services provided, expenditures, and service beneficiaries.

III. SUBMISSION REQUIREMENTS

All proposals shall include the following information, organized as separate sections of the proposal. The proposal should be concise and to the point.

1. Contractor Identification:

Provide the name of the firm, the firm's principal place of business (see section VII, F. – Local Vendor Preference), the name and telephone number of the contact person and company tax identification number.

2. Client References:

Provide a minimum of *three (3)* client references. References should be California cities or other large public sector entities. Provide the designated person's name, title, organization, address, telephone number, and the project(s) that were completed under that client's direction.

3. Price Proposal:

The proposal shall include pricing for all services and should not exceed \$4.5M for a two-year pilot program. Pricing shall be inclusive of all operating costs, but does **not** need to include equipment purchases such as responder vehicle, cell phones, tablets, GPS, and radios. Pricing proposals shall be a separate document. The Proposal shall itemize all services, including hourly rates for all professional, technical and support personnel, and all other charges related to completion of the work shall be itemized, including indirect costs. Evaluation of price proposals are subject to the local vendor business preference (see section VII.F.). Vendors should use the budget format provided in *Attachment 5*.

Note:

It is the intention of the City of Berkeley to use and learn from this two-year pilot program to inform long-term implementation of the Specialized Care Unit (SCU). The estimated timeline of the pilot begins on the date the contract is executed and ends two years later. However, applicants should base their program, staffing, and other cost projections to include hiring, initial community outreach, and other program start-up activities. Applicants will not be penalized or scored lower for including these ramp-up activities in their timeline for service provision within the pilot program. Similarly, applicants will not be penalized if they need to shorten or extend the estimated 2-year timeline as part of their budget formulations.

4. Contract Terminations:

If your organization has had a contract terminated in the last five (5) years, describe such incident. Termination for default is defined as notice to stop performance due to the vendor's non-performance or poor performance and the issue of performance was either (a) not litigated due to inaction on the part of the vendor, or (b) litigated and such litigation determined that the vendor was in default.

Submit full details of the terms for default including the other party's name, address, and phone number. Present the vendor's position on the matter. The City will evaluate the facts and may, at its sole discretion, reject the proposal on the grounds of the past experience.

If the firm has not experienced any such termination for default or early termination in the past five (5) years, so indicate.

5. **Submission should include the following:**

- a. Project approach narrative and anticipated timeline for implementation (see Note in 3. Price Proposal)
- b. List of representative service projects
- c. Resumes of key staff
- d. Completed budget attachment (**Attachment 5**)

IV. SELECTION CRITERIA

The following criteria will be considered, although not exclusively, in determining which firm is hired.

- 1. Project Approach (incl. training, base location and response procedures, overall approach to SCU relative to attached documents) 30 points
- 2. Expertise & References (incl. relevant experience, expertise and relationships in Berkeley, key staff qualifications, capacity for managing federal funds, etc.) 20 points
- 3. Experience Serving Underserved Populations 20 points
- 4. Costs* (Proposals will be evaluated on their intentional use of all available funds) 15 points
- 5. Incorporation of Attachments (applicability to attached documents within scope of services, references to recommendations, etc.) 15 points

A selection panel will be convened of staff to evaluate and score submittals.

V. PAYMENT

Invoices: Invoices must be fully itemized, and provide sufficient information for approving payment and audit. Invoices must be accompanied by receipt for services in order for payment to be processed. **Email invoices to Accounts Payable;** (List on invoice, Attn: Katie Hawn/HHCS) and reference the contract number.

City of Berkeley
Accounts Payable
P.O. Box 700
Berkeley, CA 94710-700
Email: AccountsPayable@cityofberkeley.info
Phone: 510-981-7310

Payments: The City will make payment to the vendor within 30 days of receipt of a correct, approved and complete invoice.

VI. CITY REQUIREMENTS

A. Non-Discrimination Requirements:

Ordinance No. 5876-N.S. codified in B.M.C. Chapter 13.26 states that, for contracts worth more than \$3,000 bids for supplies or bids or proposals for services shall include a completed Workforce Composition Form. Businesses with fewer than five employees are exempt from submitting this form. (See B.M.C. 13.26.030)

Under B.M.C. section 13.26.060, the City may require any bidder or vendor it believes may have discriminated to submit a Non-Discrimination Program. The Contract Compliance Officer will make this determination. This applies to all contracts and all consultants (contractors). Berkeley Municipal Code section 13.26.070 requires that all contracts with the City contain a non-discrimination clause, in which the contractor agrees not to discriminate and allows the City access to records necessary to monitor compliance. This section also applies to all contracts and all consultants. **Bidders must submit the attached Non-Discrimination Disclosure Form with their proposal.**

B. Nuclear Free Berkeley Disclosure Form:

Berkeley Municipal Code section 12.90.070 prohibits the City from granting contracts to companies that knowingly engage in work for nuclear weapons. This contracting prohibition may be waived if the City Council determines that no reasonable alternative exists to doing business with a company that engages in nuclear weapons work. If your company engages in work for nuclear weapons, explain on the Disclosure Form the nature of such work. **Bidders must submit the attached Nuclear Free Disclosure Form with their proposal.**

C. Oppressive States:

The City of Berkeley prohibits granting of contracts to firms that knowingly provide personal services to specified Countries. This contracting prohibition may be waived if the City Council determines that no reasonable alternative exists to doing business with a company that is covered by City Council Resolution No. 59,853-N.S. If your company or any subsidiary is covered, explain on the Disclosure Form the nature of such work. **Bidders must submit the attached Oppressive States Disclosure Form with their proposal.**

D. Sanctuary City Contracting Ordinance:

Chapter 13.105 of the Berkeley Municipal Code prohibits the City from granting and or retaining contracts with any person or entity that provides Data Broker or Extreme Vetting services to the U.S. Immigration and Customs Enforcement Division of the United States Department of Homeland Security ("ICE"). **Bidders must submit the attached Sanctuary City Compliance Statement with their proposal.**

E. Conflict of Interest:

In the sole judgment of the City, any and all proposals are subject to disqualification on the basis of a conflict of interest. The City may not contract with a vendor if the vendor or an employee, officer or director of the proposer's firm, or any immediate family member of the preceding, has served as an elected official, employee, board or commission member of the City who influences the making of the contract or has a direct or indirect interest in the contract.

Furthermore, the City may not contract with any vendor whose income, investment, or real property interest may be affected by the contract. The City, at its sole option, may disqualify any proposal on the basis of such a conflict of interest. **Please identify any person associated with the firm that has a potential conflict of interest.**

F. Berkeley Living Wage Ordinance:

Chapter 13.27 of the Berkeley Municipal Code requires that contractors offer all eligible employees with City mandated minimum compensation during the term of any contract that may be awarded by the City. If the Contractor is not currently subject to the Living Wage Ordinance, cumulative contracts with the City within a one-year period may subject Contractor to the requirements under B.M.C. Chapter 13.27. A certification of compliance with this ordinance will be required upon execution of a contract. The current Living Wage rate can be found here: https://www.cityofberkeley.info/Finance/Home/Vendors_Living_Wage_Ordinance.aspx. The Living Wage rate is adjusted automatically effective June 30th of each year commensurate with the corresponding increase in the Consumer Price Index published in April of each year. If the Living Wage rate is adjusted during the term of your agreement, you must pay the new adjusted rate to all eligible employees, regardless of what the rate was when the contract was executed.

G. Berkeley Equal Benefits Ordinance:

Chapter 13.29 of the Berkeley Municipal Code requires that contractors offer domestic partners the same access to benefits that are available to spouses. A certification of compliance with this ordinance will be required upon execution of a contract.

H. Statement of Economic Interest:

The City's Conflict of Interest Code designates "consultants" as a category of persons who must complete Form 700, Statement of Economic Interest, at the beginning of the contract period and again at the termination of the contract. The selected contractor will be required to complete the Form 700 before work may begin.

VII. OTHER REQUIREMENTS**A. Insurance**

The selected contractor will be required to maintain general liability insurance in the minimum amount of \$2,000,000, automobile liability insurance in the minimum amount of \$1,000,000 and a professional liability insurance policy in the amount of \$2,000,000 to cover any claims arising out of the performance of the contract. The general liability and automobile insurance must name the City, its officers, agents, volunteers and employees as additional insured.

B. Worker's Compensation Insurance:

A selected contractor who employs any person shall maintain workers' compensation insurance in accordance with state requirements. Sole proprietors with no employees are not required to carry Worker's Compensation Insurance.

C. Business License

Virtually every contractor that does business with the City must obtain a City business license as mandated by B.M.C. Ch. 9.04. The business license requirement applies whether or not the contractor has an office within the City limits. However, a "casual" or "isolated" business transaction (B.M.C. section 9.04.010) does not subject the contractor to the license tax. Warehousing businesses and charitable organizations are the only entities specifically exempted in the code from the license requirement (see B.M.C. sections, 9.04.295 and 9.04.300). Non-profit organizations are granted partial exemptions (see B.M.C. section 9.04.305). Persons who, by reason of physical infirmity, unavoidable misfortune, or unavoidable poverty, may be granted an exemption of one annual free license at the discretion of the Director of Finance. (See B.M.C. sections 9.04.290).

Vendor must apply for a City business license and show proof of application to Purchasing Manager within seven days of being selected as intended contractor.

The Customer Service Division of the Finance Department located at 1947 Center Street, Berkeley, CA 94704, issues business licenses. Contractors should contact this division for questions and/or information on obtaining a City business license, in person, or by calling 510-981-7200.

D. Recycled Paper

Any printed reports for the City required during the performance of the work shall be on 100% recycled paper, and shall be *printed on both sides of the page* whenever practical.

E. State Prevailing Wage:

Certain labor categories under this project may be subject to prevailing wages as identified in the State of California Labor Code commencing in Section 1770 et seq. These labor categories, when employed for any “work performed during the design and preconstruction phases of construction including, but not limited to, inspection and land surveying work,” constitute a “Public Work” within the definition of Section 1720(a)(1) of the California Labor Code requiring payment of prevailing wages.

Wage information is available through the California Division of Industrial Relations web site at: http://www.dir.ca.gov/OPRL/statistics_and_databases.html

VIII. SCHEDULE (Dates are subject to change)

- Issue RFP to Potential Bidders: July 01, 2022
- Questions Due August 16, 2022
- Proposals Due from Potential Bidders August 23, 2022
- Complete Selection Process September 14, 2022
- Council Approval of Contract (over \$50k) November 3, 2022
- Award of Contract November 4, 2022
- Sign and Process Contract December 2, 2022
- Notice to Proceed December 5, 2022

Thank you for your interest in working with the City of Berkeley for this service. We look forward to receiving your proposal.

Attachments:

- 1. RDA Report: Crisis Response Models Report Attachment 1
 - 2. RDA Report: Mental Health Crisis Response Services & Stakeholder Perspectives Report Attachment 2
 - 3. RDA Report: Specialized Care Unit Crisis Response Recommendations Attachment 3
 - 4. SCU Steering Committee Analysis of RDA Recommendations Attachment 4
 - 5. Proposed Budget Template Attachment 5
- Check List of Required items for Submittal Attachment A
 - Non-Discrimination/Workforce Composition Form Attachment B
 - Nuclear Free Disclosure Form Attachment C
 - Oppressive States Form Attachment D
 - Sanctuary City Compliance Statement Attachment E

- Living Wage Form
- Equal Benefits Certification of Compliance
- Right to Audit Form
- Insurance Endorsement

- Attachment F
- Attachment G
- Attachment H
- Attachment I

NON-DISCRIMINATION/WORKFORCE COMPOSITION FORM FOR NON-CONSTRUCTION CONTRACTS

To assist the City of Berkeley in implementing its Non-Discrimination policy, it is requested that you furnish information regarding your personnel as requested below and return it to the City Department handling your contract:

Organization: Bonita House Inc.

Address: 6333 Telegraph Ave. Ste. 102 Oakland CA 94609

Business Lic. #: 007610

Occupational Category: (See reverse side for explanation of terms)	Total Employees		White Employees		Black Employees		Asian Employees		Hispanic Employees		Other Employees	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Official/Administrators	10	8	6	3	2	4					2	1
Professionals	10	6	4	5	3	1	2		3		4	
Technicians												
Protective Service Workers												
Para-Professionals	28	5	9		12	3	2		3		2	2
Office/Clerical	6	4	1	2		1	2	1	3			
Skilled Craft Workers												
Service/Maintenance												
Other (specify)												
Totals:	60	23	20	10	17	9	6	1	9	0	8	3

Is your business MBE/WBE/DBE certified? Yes: No: If yes, by what agency? _____

If yes, please specify: Male: _____ Female: _____ Indicate ethnic identifications: _____

Do you have a Non-Discrimination policy? Yes: No:

Signed: Kim Sonia-Lewis Date: 8/17/2022

Verified by: [Signature] Date: 2/7/23
City of Berkeley Contract Compliance Officer

CITY OF BERKELEY
Nuclear Free Zone Disclosure Form

I (we) certify that:

- 1. I am (we are) fully cognizant of any and all contracts held, products made or otherwise handled by this business entity, and of any such that are anticipated to be entered into, produced or handled for the duration of its contract(s) with the City of Berkeley. (To this end, more than one individual may sign this disclosure form, if a description of which type of contracts each individual is cognizant is attached.)
- 2. I (we) understand that Section 12.90.070 of the Nuclear Free Berkeley Act (Berkeley Municipal Code Ch. 12.90; Ordinance No. 5784-N.S.) prohibits the City of Berkeley from contracting with any person or business that knowingly engages in work for nuclear weapons.
- 3. I (we) understand the meaning of the following terms as set forth in Berkeley Municipal Code Section 12.90.130:

"Work for nuclear weapons" is any work the purpose of which is the development, testing, production, maintenance or storage of nuclear weapons or the components of nuclear weapons; or any secret or classified research or evaluation of nuclear weapons; or any operation, management or administration of such work.

"Nuclear weapon" is any device, the intended explosion of which results from the energy released by reactions involving atomic nuclei, either fission or fusion or both. This definition of nuclear weapons includes the means of transporting, guiding, propelling or triggering the weapon if and only if such means is destroyed or rendered useless in the normal propelling, triggering, or detonation of the weapon.

"Component of a nuclear weapon" is any device, radioactive or non-radioactive, the primary intended function of which is to contribute to the operation of a nuclear weapon (or be a part of a nuclear weapon).

- 4. Neither this business entity nor its parent nor any of its subsidiaries engages in work for nuclear weapons or anticipates entering into such work for the duration of its contract(s) with the City of Berkeley.

Based on the foregoing, the undersigned declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Printed Name: Kim Sonico-Lewis Title: Interim Director of Human Resources
 Signature: Kim Sonico-Lewis Date: 8/17/2022
 Business Entity: Bonita House Inc.

Contract Description/Specification No: **Specialized Care Unit Provider/22-11533-C**

CITY OF BERKELEY
Oppressive States Compliance Statement

The undersigned, an authorized agent of Bonita House Inc. (hereafter "Vendor"), has had an opportunity to review the requirements of Berkeley City Council Resolution No. 59,853-N.S. (hereafter "Resolution"). Vendor understands and agrees that the City may choose with whom it will maintain business relations and may refrain from contracting with those Business Entities which maintain business relationships with morally repugnant regimes. Vendor understands the meaning of the following terms used in the Resolution:

"Business Entity" means "any individual, firm, partnership, corporation, association or any other commercial organization, including parent-entities and wholly-owned subsidiaries" (to the extent that their operations are related to the purpose of the contract with the City).

"Oppressive State" means: **Tibet Autonomous Region and the Provinces of Abo, Kham and U-Tsang**

"Personal Services" means "the performance of any work or labor and shall also include acting as an independent contractor or providing any consulting advice or assistance, or otherwise acting as an agent pursuant to a contractual relationship."

Contractor understands that it is not eligible to receive or retain a City contract if at the time the contract is executed, or at any time during the term of the contract it provides Personal Services to:

- a. The governing regime in any Oppressive State.
- b. Any business or corporation organized under the authority of the governing regime of any Oppressive State.
- c. Any person for the express purpose of assisting in business operations or trading with any public or private entity located in any Oppressive State.

Vendor further understands and agrees that Vendor's failure to comply with the Resolution shall constitute a default of the contract and the City Manager may terminate the contract and bar Vendor from bidding on future contracts with the City for five (5) years from the effective date of the contract termination.

The undersigned is familiar with, or has made a reasonable effort to become familiar with, Vendor's business structure and the geographic extent of its operations. By executing the Statement, Vendor certifies that it complies with the requirements of the Resolution and that if any time during the term of the contract it ceases to comply, Vendor will promptly notify the City Manager in writing.

Based on the foregoing, the undersigned declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Printed Name: Kim Sonico-Lewis Title: Interim Director of Human Resources
 Signature: Kim Sonico-Lewis Date: 8/17/2022
 Business Entity: Bonita House Inc.

Contract Description/Specification No: **Specialized Care Unit Provider/22-11533-C**

I am unable to execute this Statement; however, Vendor is exempt under Section VII of the Resolution. I have attached a separate statement explaining the reason(s) Vendor cannot comply and the basis for any requested exemption.

Signature: _____ Date: _____

CITY OF BERKELEY
Sanctuary City Compliance Statement

The undersigned, an authorized agent of Bonita House Inc. (hereafter "Contractor"), has had an opportunity to review the requirements of Berkeley Code Chapter 13.105 (hereafter "Sanctuary City Contracting Ordinance" or "SCCO"). Contractor understands and agrees that the City may choose with whom it will maintain business relations and may refrain from contracting with any person or entity that provides Data Broker or Extreme Vetting services to the U.S. Immigration and Customs Enforcement Division of the United States Department of Homeland Security ("ICE"). Contractor understands the meaning of the following terms used in the SCCO:

- a. "Data Broker" means either of the following:
 - i. The collection of information, including personal information about consumers, from a wide variety of sources for the purposes of reselling such information to their customers, which include both private-sector business and government agencies;
 - ii. The aggregation of data that was collected for another purpose from that for which it is ultimately used.
- b. "Extreme Vetting" means data mining, threat modeling, predictive risk analysis, or other similar services." Extreme Vetting does not include:
 - i. The City's computer-network health and performance tools;
 - ii. Cybersecurity capabilities, technologies and systems used by the City of Berkeley Department of Information Technology to predict, monitor for, prevent, and protect technology infrastructure and systems owned and operated by the City of Berkeley from potential cybersecurity events and cyber-forensic based investigations and prosecutions of illegal computer based activity.

Contractor understands that it is not eligible to receive or retain a City contract if at the time the Contract is executed, or at any time during the term of the Contract, it provides Data Broker or Extreme Vetting services to ICE.

Contractor further understands and agrees that Contractor's failure to comply with the SCCO shall constitute a material default of the Contract and the City Manager may terminate the Contract and bar Contractor from bidding on future contracts with the City for five (5) years from the effective date of the contract termination.

By executing this Statement, Contractor certifies that it complies with the requirements of the SCCO and that if any time during the term of the Contract it ceases to comply, Contractor will promptly notify the City Manager in writing. Any person or entity who knowingly or willingly supplies false information in violation of the SCCO shall be guilty of a misdemeanor and up to a \$1,000 fine.

Based on the foregoing, the undersigned declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this 17th day of August, 2022 at Oakland, California.

Printed Name: Kim Sonico-Lewis Title: Interim Director of Human Resources

Signed: Kim Sonico-Lewis Date: 8/17/2022

Business Entity: Bonita House Inc.

Contract Description/Specification No: Specialized Care Unit Provider/22-11533-C

CITY OF BERKELEY
Living Wage Certification for Providers of Services

TO BE COMPLETED BY ALL PERSONS OR ENTITIES ENGAGING IN A CONTRACT FOR PERSONAL SERVICES WITH THE CITY OF BERKELEY.

The Berkeley Municipal Code Chapter 13.27, Berkeley's Living Wage Ordinance (LWO), provides that contractors who engage in a specified amount of business with the City (except where specifically exempted) under contracts which furnish services to or for the City in any twelve (12) month period of time shall comply with all provisions of this Ordinance. The LWO requires a City contractor to provide City mandated minimum compensation to all eligible employees, as defined in the Ordinance. In order to determine whether this contract is subject to the terms of the LWO, please respond to the questions below. Please note that the LWO applies to those contracts where the contractor has achieved a cumulative dollar contracting amount with the City. Therefore, even if the LWO is inapplicable to this contract, subsequent contracts may be subject to compliance with the LWO. Furthermore, the contract may become subject to the LWO if the status of the Contractor's employees change (i.e. additional employees are hired) so that Contractor falls within the scope of the Ordinance.

Section I.

1. IF YOU ARE A FOR-PROFIT BUSINESS, PLEASE ANSWER THE FOLLOWING QUESTIONS

a. During the previous twelve (12) months, have you entered into contracts, including the present contract, bid, or proposal, with the City of Berkeley for a cumulative amount of \$25,000.00 or more?
YES ___ NO ___

If no, this contract is NOT subject to the requirements of the LWO, and you may continue to Section II. If yes, please continue to question 1(b).

b. Do you have six (6) or more employees, including part-time and stipend workers?
YES ___ NO ___

If you have answered, "YES" to questions 1(a) and 1(b) this contract IS subject to the LWO. If you responded "NO" to 1(b) this contract IS NOT subject to the LWO. Please continue to Section II.

2. IF YOU ARE A NON-PROFIT BUSINESS, AS DEFINED BY SECTION 501(C) OF THE INTERNAL REVENUE CODE OF 1954, PLEASE ANSWER THE FOLLOWING QUESTIONS.

a. During the previous twelve (12) months, have you entered into contracts, including the present contract, bid or proposal, with the City of Berkeley for a cumulative amount of \$100,000.00 or more?
YES X NO ___

If no, this Contract is NOT subject to the requirements of the LWO, and you may continue to Section II. If yes, please continue to question 2(b).

b. Do you have six (6) or more employees, including part-time and stipend workers?
YES X NO ___

If you have answered, "YES" to questions 2(a) and 2(b) this contract IS subject to the LWO. If you responded "NO" to 2(b) this contract IS NOT subject to the LWO. Please continue to Section II.

Section II

Please read, complete, and sign the following:

THIS CONTRACT IS SUBJECT TO THE LIVING WAGE ORDINANCE.
THIS CONTRACT IS NOT SUBJECT TO THE LIVING WAGE ORDINANCE.

Form with checkboxes: one checked (X) and one empty ()

The undersigned, on behalf of himself or herself individually and on behalf of his or her business or organization, hereby certifies that he or she is fully aware of Berkeley's Living Wage Ordinance, and the applicability of the Living Wage Ordinance, and the applicability of the subject contract, as determined herein. The undersigned further agrees to be bound by all of the terms of the Living Wage Ordinance, as mandated in the Berkeley Municipal Code, Chapter 13.27. If, at any time during the term of the contract, the answers to the questions posed herein change so that Contractor would be subject to the LWO, Contractor will promptly notify the City Manager in writing. Contractor further understands and agrees that the failure to comply with the LWO, this certification, or the terms of the Contract as it applies to the LWO, shall constitute a default of the Contract and the City Manager may terminate the contract and bar Contractor from future contracts with the City for five (5) years from the effective date of the Contract termination. If the contractor is a for-profit business and the LWO is applicable to this contract, the contractor must pay a living wage to all employees who spend 25% or more of their compensated time engaged in work directly related to the contract with the City. If the contractor is a non-profit business and the LWO is applicable to this contract, the contractor must pay a living wage to all employees who spend 50% or more of their compensated time engaged in work directly related to the contract with the City.

These statements are made under penalty of perjury under the laws of the state of California.

Printed Name: Kim Sonico - Lewis Title: Interim Director of Human Resources
Signature: Kim Sonico - Lewis Date: 12/20/2022
Business Entity: Bonita House Inc.

Contract Description/Specification No: Project Name/XX-XXXXXX

Section III

• ** FOR ADMINISTRATIVE USE ONLY – PLEASE PRINT CLEARLY ***

I have reviewed this Living Wage Certification form, in addition to verifying Contractor's total dollar amount contract commitments with the City in the past twelve (12) months, and determined that this Contract IS / IS NOT (circle one) subject to Berkeley's Living Wage Ordinance.

Health, Housing & Community Services
Department Name

Katherine Hawn [Signature]
Department Representative

To be completed by
Contractor/Vendor



Form EBO-1
CITY OF BERKELEY

CERTIFICATION OF COMPLIANCE WITH EQUAL BENEFITS ORDINANCE

If you are a contractor, return this form to the originating department/project manager. If you are a vendor (supplier of goods), return this form to the Purchasing Division of the Finance Dept.

SECTION 1. CONTRACTOR/VENDOR INFORMATION

Name: Bonita House Inc.	Vendor No.:
Address: 6333 Telegraph Ave. Sp. 102 City: Oakland	State: CA ZIP: 94609
Contact Person: Laura Weissberger	Telephone: 510-923-1099
E-mail Address: lauraw@bonitahouse.org	Fax No.: 510-923-0894

SECTION 2. COMPLIANCE QUESTIONS

- A. The EBO is inapplicable to this contract because the contractor/vendor has no employees.
 Yes No (If "Yes," proceed to Section 5; if "No," continue to the next question.)
- B. Does your company provide (or make available at the employees' expense) any employee benefits?
 Yes No
If "Yes," continue to Question C.
If "No," proceed to Section 5. (The EBO is not applicable to you.)

C. Does your company provide (or make available at the employees' expense) any benefits to the spouse of an employee? Yes No

D. Does your company provide (or make available at the employees' expense) any benefits to the domestic partner of an employee? Yes No

If you answered "No" to both Questions C and D, proceed to Section 5. (The EBO is not applicable to this contract.) If you answered "Yes" to both Questions C and D, please continue to Question E. If you answered "Yes" to Question C and "No" to Question D, please continue to Section 3.

E. Are the benefits that are available to the spouse of an employee identical to the benefits that are available to the domestic partner of the employee? Yes No

If you answered "Yes," proceed to Section 4. (You are in compliance with the EBO.)
If you answered "No," continue to Section 3.

SECTION 3. PROVISIONAL COMPLIANCE

- A. Contractor/vendor is not in compliance with the EBO now but will comply by the following date:
 - By the first effective date after the first open enrollment process following the contract start date, not to exceed two years, if the Contractor submits evidence of taking reasonable measures to comply with the EBO; or
 - At such time that administrative steps can be taken to incorporate nondiscrimination in benefits in the Contractor's infrastructure, not to exceed three months; or
 - Upon expiration of the contractor's current collective bargaining agreement(s).

Attachment G (page 1)

B. If you have taken all reasonable measures to comply with the EBO but are unable to do so, do you agree to provide employees with a cash equivalent?* Yes No

* The cash equivalent is the amount of money your company pays for spousal benefits that are unavailable for domestic partners.

SECTION 4. REQUIRED DOCUMENTATION

At time of issuance of purchase order or contract award, you may be required by the City to provide documentation (copy of employee handbook, eligibility statement from your plans, insurance provider statements, etc.) to verify that you do not discriminate in the provision of benefits.

SECTION 5. CERTIFICATION

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that I am authorized to bind this entity contractually. By signing this certification, I further agree to comply with all additional obligations of the Equal Benefits Ordinance that are set forth in the Berkeley Municipal Code and in the terms of the contract or purchase order with the City.

Executed this 17th day of August, in the year 2022, at Oakland, CA
(City) (State)

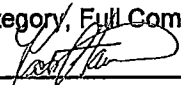
Kim Sonico-Lewis
Name (please print)

Kim Sonico-Lewis
Signature

Interim Director of Human Resources
Title

Federal ID or Social Security Number

FOR CITY OF BERKELEY USE ONLY

- Non-Compliant (The City may not do business with this contractor/vendor)
 - One-Person Contractor/Vendor Full Compliance Reasonable Measures
 - Provisional Compliance Category, Full Compliance by Date: _____
- Staff Name (Sign and Print):  Katherine Hawn Date: 2/7/23

Attachment G (page 2)

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Bonita House Inc.

Applicant Name

Berkeley SCU

Program/Activity Receiving Federal Grant Funding

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

- (1) The dangers of drug abuse in the workplace;
(2) The Applicant's policy of maintaining a drug-free workplace;
(3) Any available drug counseling, rehabilitation, and employee assistance programs; and
(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

- (1) Abide by the terms of the statement; and
(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here [] if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Signature: Kim Sonico-Lewis, Title: Interim Director of Human Resources, Date: 12/20/2022

CITY OF BERKELEY
Right to Audit Form

The contractor agrees that pursuant to Section 61 of the Berkeley City Charter, the City Auditor's office may conduct an audit of Contractor's financial, performance and compliance records maintained in connection with the operations and services performed under this contract.

In the event of such audit, Contractor agrees to provide the Auditor with reasonable access to Contractor's employees and make all such financial, performance and compliance records available to the Auditor's office. City agrees to provide Contractor an opportunity to discuss and respond to/any findings before a final audit report is filed.

Signed: Kim Sonico-Lewis Date: 8/17/2022

Print Name & Title: Kim Sonico-Lewis, Interim Director of Human Resources

Company: Bonita House Inc.

Contract Description/Specification No: **Specialized Care Unit Provider/22-11533-C**

Please direct questions regarding this form to the Auditor's Office, at (510) 981-6750.

Attachment H

DECLARATION OF COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT

The Americans with Disabilities Act (ADA) requires that private organizations serving the public make their goods, services and facilities accessible to people with disabilities. Furthermore, the City of Berkeley requires that all of its Contractors comply with their ADA obligations and verify such compliance by signing this Declaration of Compliance.

The Contractor certifies that it will comply with the Americans with Disabilities Act by:

- A. Adopting policies, practices and procedures that ensure non-discrimination and equal access to Contractor's goods, services and facilities for people with disabilities;
B. Providing goods, services and facilities to individuals with disabilities in an integrated setting, except when separate programs are required to ensure equal access;
C. Making reasonable modifications in programs, activities and services when necessary to ensure equal access to individuals with disabilities, unless fundamental alteration in the nature of the Contractor's program would result;
D. Removing architectural barriers in existing facilities or providing alternative means of delivering goods and services when removal of barriers is cost-prohibitive;
E. Furnishing auxiliary aids to ensure equally effective communication with persons with disabilities; and
F. If contractor provides transportation to the public, by providing equivalent accessible transportation to people with disabilities.
G. Providing the City of Berkeley Grievance Procedure and Policy form(s) to individuals with disabilities who allege they have been discriminated against based on their disability or denied a requested disability accommodation by the Contractor's staff.

The undersigned authorized representative hereby obligates the Contractor to the above stated conditions under penalty of perjury.

Bonita House Inc.
Company Name
6333 Telegraph Ave. Sk. 102
Oakland CA 94609
Address
510-923-1099
Phone
2/6/2023
Date
Kim Sonico-Lewis
Signature of Authorized Representative
Kim Sonico-Lewis
Type or Print Name
Interim Director of Human Resources
Type or Print Title



CERTIFICATE OF LIABILITY INSURANCE

APPENDIX F

DATE (MM/DD/YYYY)
3/1/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Cook, Disharoon & Greathouse, Inc. 16 Bryson Drive Sutter Creek CA 95685		CONTACT NAME: Lynda Reynolds-Brown PHONE (A/C, No, Ext): (510) 437-1900 E-MAIL ADDRESS: lbrown@cdginsurance.com FAX (A/C, No): (510) 437-1979	
INSURED Bonita House, Inc. Bonita, Inc. 6333 Telegraph Avenue, #102 Oakland CA 94609		INSURER(S) AFFORDING COVERAGE INSURER A: Nonprofits Insurance Alliance INSURER B: Hartford Fire Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC #	19620

COVERAGES CERTIFICATE NUMBER: CL2321716582 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			202300846	3/1/2023	3/1/2024	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input checked="" type="checkbox"/> SOCIAL SERVICES PROFESSIONAL LIABILITY	X					MED EXP (Any one person) \$ 20,000
	GEN'L AGGREGATE LIMIT APPLIES PER. <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000
	OTHER						GENERAL AGGREGATE \$ 3,000,000
A	AUTOMOBILE LIABILITY			202300846	3/1/2023	3/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			202300846UMB	3/1/2023	3/1/2024	EACH OCCURRENCE \$ 4,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 4,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			N/A			PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	Y/N					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	DIRECTORS & OFFICERS LIABILITY			202300846DONPO	3/1/2023	3/1/2024	EACH CLAIM & AGGREGATE \$1,000,000
B	EMPLOYEE THEFT			57BDDGX8409	3/1/2023	3/1/2024	EACH INCIDENT & AGGREGATE \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER		CANCELLATION	
City of Berkeley 1947 Center Street Berkeley, CA 94704		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
		AUTHORIZED REPRESENTATIVE L Reynolds-Brown/LB <i>Lynda Reynolds-Brown</i>	

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COMMENTS/REMARKS

City of Berkeley, its officers, agents, volunteers & employees are Additional Insured under General Liability per the attached form #CG2026 1219, provided it is required in a written contract between the Named Insured and Additional Insured.

CITY OF BERKELEY
Commercial General and Automobile Liability Endorsement

The attached Certificates of Insurance are hereby certified to be a part of the following policies having the following expiration dates:

Policy No.	Company Providing Policy	Expir. Date
<u>2022-00846</u>	<u>Non Profit Insurance</u>	<u>3/1/23</u>
<u>2022-00846 NPO</u>	<u>Alliance of CA</u>	<u>3/1/23</u>

The scope of the insurance afforded by the policies designated in the attached certificates is not less than that which is afforded by the Insurance Service Organization's or other "Standard Provisions" forms in use by the insurance company in the territory in which coverage is afforded.

Such Policies provide for or are hereby amended to provide for the following:

1. The named insured is Donita House, Inc.
2. CITY OF BERKELEY ("City") is hereby included as an additional insured with respect to liability arising out of the hazards or operations under or in connection with the following agreement:
Specialized Care unit provider

The insurance provided applies as though separate policies are in effect for both the named insured and City, but does not increase the limits of liability set forth in said policies.

3. The limits of liability under the policies are not less than those shown on the certificate to which this endorsement is attached.
4. Cancellation or material reduction of this coverage will not be effective until thirty (30) days following written notice to Office of the Director, Department of HHCS, Berkeley, CA.
5. This insurance is primary and insurer is not entitled to any contribution from insurance in effect for City.

The term "City" includes successors and assigns of City and the officers, employees, agents and volunteers.

Non Profit Insurance Alliance of California
Insurance Company

Date: 12/18/22

By: [Signature]
Signature of Underwriter's
Authorized Representative

POLICY NUMBER: 2022-00846
Named Insured: Bonita House, Inc. and Bonita, Inc.

COMMERCIAL GENERAL LIABILITY
CG 20 26 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

<p>Name Of Additional Insured Person(s) Or Organization(s):</p> <p>Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

- A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
1. In the performance of your ongoing operations; or
 2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



A Head for Insurance. A Heart for Nonprofits.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE ONLY

In consideration of the premium charged, it is understood and agreed that the following is added as an additional insured:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

But only as respects a legally enforceable contractual agreement with the Named Insured and only for liability arising out of the Named Insured's negligence and only for occurrences of coverages not otherwise excluded in the policy to which this endorsement applies.

It is further understood and agreed that irrespective of the number of entities named as insureds under this policy, in no event shall the company's limits of liability exceed the occurrence or aggregate limits as applicable by policy definition or endorsement.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDED NOTICE OF CANCELLATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
BUSINESS AUTO COVERAGE FORM

Cancellation: 30 Days Notice of Cancellation

Person or Organization
City of Berkeley, its officers, agents, volunteers and employees
Eastmont Oakland Associates, LLC c/o Unico Properties LLC

If we cancel this policy for any statutorily permitted reason other than nonpayment of premium, we will mail notice of cancellation to the person or organization shown above. We will mail such notice to the address shown at least the number of days shown for cancellation.

RESOLUTION NO. 70,642-N.S.

CONTRACT: BONITA HOUSE FOR SPECIALIZED CARE UNIT PROVIDER

WHEREAS the City of Berkeley passed an omnibus package to reimagine public safety, including the establishment of a Specialized Care Unit (SCU) to respond to nonviolent behavioral health calls, and

WHEREAS an extensive community and stakeholder engagement effort resulted in design and implementation recommendations from Resource Development Associates and the SCU Steering Committee, and

WHEREAS the City conducted RFP specification number 22-11533-C with proposals due no later than August 23, 2022, and

WHEREAS, the City received three proposals in response to this RFP, and

WHEREAS two finalists were invited to meet with the selection committee for a more in-depth review of their proposal and describe their past work with responding to mental health and substance use crises in the City of Berkeley, resulting in the selection of Bonita House as the best qualified community-based organization.


NOW THEREFORE, BE IT RESOLVED by the Council of the City of Berkeley that the City Manager is authorized to execute a contract and any amendments with Bonita House (Contractor) to implement Berkeley's Specialized Care Unit for a two-year pilot. Services will begin on February 1, 2023 and extend to January 30, 2025. Funding in the amount of \$4,250,000 will be recommended for appropriation through the second amendment to the appropriations ordinance in the American Rescue Plan Act Fund (Fund 354) and funding in the amount of \$250,000 is available in the FY2023 budget in the One-Time Grant Fund (Fund 336) for a total not to exceed of \$4,500,000.

The foregoing Resolution was adopted by the Berkeley City Council on December 13, 2022 by the following vote:

Ayes: Bartlett, Hahn, Harrison, Humbert, Kesarwani, Robinson, Taplin, Wengraf, and Arreguin.

Noes: None.

Absent: None.



Jesse Arreguin, Mayor

Attest: 

Mark Numainville, City Clerk



BONITA HOUSE, INC.

Unique Entity ID VUNQC4L91FL5	CAGE / NCAGE 47YU1	Purpose of Registration All Awards
Registration Status Active Registration	Expiration Date Jul 14, 2023	
Physical Address 6333 Telegraph AVE STE 102 Oakland, California 94609-1359 United States	Mailing Address 6333 Telegraph AVE, Suite 102 Oakland, California 94609-1359 United States	

Business Information

Doing Business as (blank)	Division Name (blank)	Division Number (blank)
Congressional District California 13	State / Country of Incorporation California / United States	URL http://www.bonitahouse.org

Registration Dates

Activation Date Jul 28, 2022	Submission Date Jul 14, 2022	Initial Registration Date Nov 23, 2005
--	--	--

Entity Dates

Entity Start Date Sep 23, 1971	Fiscal Year End Close Date Jun 30
--	---

Immediate Owner

CAGE (blank)	Legal Business Name (blank)
------------------------	---------------------------------------

Highest Level Owner

CAGE (blank)	Legal Business Name (blank)
------------------------	---------------------------------------

Executive Compensation

Registrants in the System for Award Management (SAM) respond to the Executive Compensation questions in accordance with Section 6202 of P.L. 110-252, amending the Federal Funding Accountability and Transparency Act (P.L. 109-282). This information is not displayed in SAM. It is sent to USAspending.gov for display in association with an eligible award. Maintaining an active registration in SAM demonstrates the registrant responded to the questions.

Proceedings Questions

Registrants in the System for Award Management (SAM.gov) respond to proceedings questions in accordance with FAR 52.209-7, FAR 52.209-9, or 2. C.F.R. 200 Appendix XII. Their responses are displayed in the responsibility/qualification section of SAM.gov. Maintaining an active registration in SAM.gov demonstrates the registrant responded to the proceedings questions.

Exclusion Summary

Active Exclusions Records?

No

SAM Search Authorization

I authorize my entity's non-sensitive information to be displayed in SAM public search results:

Yes

Entity Types

Business Types

Entity Structure Corporate Entity (Tax Exempt)	Entity Type Business or Organization	Organization Factors (blank)
Profit Structure Non-Profit Organization		

Socio-Economic Types

Check the registrant's Reqs & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

Financial Information

Accepts Credit Card Payments	Debt Subject To Offset
No	No

EFT Indicator	CAGE Code
0000	47YU1

Points of Contact

Electronic Business

✎ Laura Weissberger, Executive Director	6333 Telegraph AVE. Suite 102 Oakland, California 94609 United States
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Lori Magistrado	6333 Telegraph AVE. Suite 102 Oakland, California 94609 United States
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Government Business

✎ Laura Weissberger	6333 Telegraph AVE. Suite 102 Oakland, California 94609 United States
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Lori Magistrado	6333 Telegraph AVE. Suite 102 Oakland, California 94609 United States
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Past Performance

✎ RICK Crispino	6333 Telegraph AVE. Suite 102 Oakland, California 94609 United States
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Lori Magistrado	6333 Telegraph AVE. Suite 102 Oakland, California 94609 United States
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Service Classifications

NAICS Codes

Primary	NAICS Codes	NAICS Title
Yes	621420	Outpatient Mental Health And Substance Abuse Centers

Disaster Response

This entity does not appear in the disaster response registry.

City of Berkeley, California

2022

BUSINESS LICENSE

This license must be conspicuously posted. Business owner is responsible for renewing this business license by the 28th of February each year.

Business Type **PSYCHIATRY SERVICES**

Location **1909 UNIVERSITY Ave**

License Number

BL-007616

Expires On

12/31/22

Nbr of Tags: 4

**BONITA HOUSE INC
LORNA JONES
6333 TELEGRAPH AVE STE 102
OAKLAND, CA 94609-1359**

This license is issued without verification that the license is subject to an exemption from licensing by the State. It shall not be construed as authorizing the conduct or continuance of any illegal or unlawful business nor does it constitute conformity with Zoning, Toxic Code, Fire, Building Permit and/or Health requirements. - Compliance with BMC 9.04 only

City of Berkeley, California 2023 BUSINESS LICENSE

This license must be conspicuously posted. Business owner is responsible for renewing this business license by the 28th of february each year.

Business Type NON-PROFIT RENTAL PROPERTY
Location 2937 M L KING JR WAY

BONITA HOUSE
BONITA HOUSE INC
6333 TELEGRAPH AVE STE 102
OAKLAND, CA 94609

License Number

BL-021974

Expires On

12/31/23

Nbr of tags:

2

This license is issued without verification that the license is subject to an exemption from licensing by the state. It shall not be construed as authorizing the conduct or continuance of any illegal or unlawful business nor does it constitute conformity with zoning, toxic code, fire, building permit and/or health requirements. - compliance with bmc 9.04 only

RECEIVED
APR 10 2023
CITY OF BERKELEY
CITY CLERK DEPARTMENT



Office of the City Manager

INFORMATION CALENDAR
October 3, 2023

To: Honorable Mayor and Members of the City Council
From: Dee Williams-Ridley, City Manager
Submitted by: Jennifer Louis, Chief of Police
Subject: Update on the Implementation of Fair and Impartial Policing Task Force Recommendations

INTRODUCTION

On February 23rd, 2021 during a City Council Special Meeting, Council referred the recommendations from the Mayor's Fair and Impartial Policing (FIP) Task Force to the Berkeley Police Department for implementation. Quarterly updates were requested by Council and the last quarterly update was provided on June 27, 2023.

The following information summarizes the overall work undertaken by the City since the February 2021 direction from Council. Key updates since the last report in June include:

1. Berkeley City Council's referral to the budget process for \$100,000 for consultant work to design and assist with implementing a comprehensive Early Intervention and Risk Management System. This study could support the expansion of the existing departmental early warning system.
2. An update on implementation progress related to the Specialized Care Unit.
3. The finalizing of a contract with Citygate to conduct a departmental capacity study.

CURRENT SITUATION AND ITS EFFECTS

This report provides a quarterly update on the implementation of the Task Force recommendations. Implementation of the FIP Task Force recommendations remains a priority of the Berkeley Police Department. The Professional Standards Division is responsible for managing the project of implementing the recommendations.

Implementation of the recommendations has necessitated the amendment of departmental policies and the establishment of new protocols. As part of the process, members of BPD have met on several occasions with Council and Mayor representatives, Police Review Commission and now Police Accountability Board

Progress of the Implementation of FIP Recommendations

INFORMATION CALENDAR
October 3, 2023

members, FIP Task Force members, and the Police Accountability Board Subcommittee on FIP recommendation implementation. During these meetings, the substance and progress on the implementation of the recommendations were discussed and BPD has been provided feedback and background on the various intentions with each respective recommendation.

The Berkeley Police Department remains committed to equitable and unbiased policing. A policy in the form of a special order has been released to ensure that current and future members of the Berkeley Police Department carry forward and build upon this important foundational work initiated by the Fair and Impartial Task Force.

The following outlines the specific Task Force recommendations and the respective progress:

Implement a New Evidence-Based Traffic Enforcement Model

Task Force Recommendations:

- **Focusing the basis for traffic stops on safety**

Implementation:

Officers have been provided data regarding primary collision factors and have been directed to enforce those violations wherever they are observed. In addition to focusing on the enforcement of primary collision factor violations, sworn personnel are also expected to make investigative stops related to criminal intelligence and information brought forth by the community or our investigations. BPD has implemented and conducted departmental training on a three-prong approach that focuses on primary collision factors, community member reports of dangerous driving or safety issues and community caretaking. Community caretaking considers safety violations that aren't always noted as the primary collision factor but can be a significant contributing factor in serious collisions.

Status:

Recommendation implementation is complete and evaluation and transparency efforts are ongoing. Training for all sworn personnel has concluded. The Traffic Division and the National Highway Traffic Safety Administration continuously collect and provide the Berkeley Police Department with data on primary collision factors and statistics on violations that impact public safety. This data provides officers with current information on what to educate the community on and what violations to focus enforcement towards. The department will continue to review and evaluate data on traffic offenses that affect community safety. This will drive the primary focus on ongoing enforcement and education efforts. Stop data related to this recommendation is shared with the public via BPD's Transparency Hub. Additionally, the focus of traffic enforcement has been formalized as a departmental directive contained within a special order.

Task Force Recommendation:

- **Use a clear, evidence-based definition for stops of criminal suspects**

Implementation:

The Police Department is establishing a precision based policing model that considers data and public safety. This model aims to reduce the number of stops that studies have shown had minimal impact on public safety.

Data driven-tools that enable close to real-time dashboard tracking of calls for service demands have been provided to the Community Services Bureau and Patrol Watch Commanders to help guide officers in their enforcement focus.

The Department implemented a system that employs a feedback loop with information flowing both ways. The system provides the tracking of calls for service with the goal of call analysis for patrol deployment strategies and also allows officers in the field to communicate their observations to the Community Service Bureau. This feedback loop provides information back to the Community Services Bureau and creates an accountability measure so strategies can be evaluated.

Status:

Recommendation implementation complete and ongoing efforts include the development of data-driven tools to enhance a precision-based policing model and approach to enforcement stops. The goal is to have data-driven approaches to violence prevention programs and real time crime and call analysis for patrol deployment strategies. Ensuring that we implement approaches that identify and work to reduce racial disparities will be a cornerstone to our evidence-based approaches. The Berkeley Police Department will continue to only use race and ethnicity as determining factors in stops only when paired with clear, evidence-based criteria. The Transparency Hub streamlines the collection and dissemination of police data. This system allows for exploration of different evidence-based approaches.

Task Force Recommendation:

- **Reaffirming and clarifying that the Berkeley Police Department will only use race and ethnicity as determining factors in stops only when paired with clear, evidence-based criteria.**

Implementation:

Penal code 13519.4 is existing California law that prohibits racial profiling. BPD Policy 401 (Fair and Impartial Policing) also prohibits racial profiling. Section 401.2 explicitly states, "Officers shall not consider race, ethnicity, national origin,

gender, age, religion, sexual orientation/identity or socio-economic status in establishing either reasonable suspicion or probable cause, or when carrying out other law enforcement activities...”

The above policies were reviewed in light of the task force recommendations and found to affirm and clarify police officer responsibilities in stops.

Status:

Recommendation implementation complete and ongoing efforts include: BPD will continue to conduct ongoing training in topics such as implicit bias, racial profiling, and procedural justice concepts. BPD will hold all members to Departmental Policies, especially those strictly and clearly prohibiting racial profiling. Further, stops will be information and evidence based. The BPD Data Analyst Team will continue to develop tools to focus internal efforts using evidence and information and share data publicly about enforcement and related results.

Implement Procedural Justice Reforms

Task Force Recommendation:

- **Refer amendments to existing BPD policy and the creation of an Early Intervention System (EIS) related to traffic, bike and pedestrian stops.**

Implementation:

The current Early Warning System was originally issued in 2004 and revised in 2008. The system mandates the monitoring of officer’s behavior and performance to include, but not limited to attendance, complaints, use of force incidents, and other factors. The Early Warning System serves as a program that identifies and address behavior or training issues before they become a disciplinary matter. Amendments have been made to the Department’s Early Warning System policy (Policy 1041) to include the monitoring of stop data for individual officers.

Status:

Implementation complete via issuance of updated policy reflecting recommendations. Pursuant to the FIP recommendation and after meeting with the FIP task Force stakeholders, language was added to the current Early Warning System policy to include data around traffic, bicycle, and pedestrian stops as a category that supervisors will consider for early intervention if merited. Ongoing efforts include implementing new systems for the monitoring of officer’s individual stop data by their respective supervisors. The Audits and Inspections Sergeant will also conduct separate and random quarterly audits of officer’s stop data, complaints, uses of force incidents, and body-worn camera videos and report the findings to the Chief of Police. Results of these audits are provided to

Progress of the Implementation of FIP Recommendations

INFORMATION CALENDAR
October 3, 2023

the Police Accountability Board. Additionally, the City Council has referred \$100,000 to the June, 2023 Budget Process to enter into a contract to design and assist with implementing a comprehensive Early Intervention and Risk Management System. We are currently in the planning stages of the RFP process in line with Council's referral.

Task Force Recommendation:

- **Adopt a policy to require written consent for all vehicle and residence searches and update the consent search form in alignment with best practice and community feedback.**

Implementation:

A revised written consent form has been created and amendments have been made to our existing search and seizure policy to require written consent for all consent searches. The Department implemented a redesigned Consent Search Form incorporating the collaborative feedback from multiple discussions with the Police Accountability Board.

Status:

Implementation completed via issuance of updated form reflecting recommendations.

Task Force Recommendation:

- **Limit warrantless searches of individuals on supervised release status such as Post Release Community Supervision (PRCS), probation, or parole.**

Implementation:

On February 10, 2021, updates were completed on Policy 311. Sections 311.5 and 311.6 were modified to reflect the above limitations to warrantless searches. The above policies were reviewed and modified in line with the task force recommendations and departmental goals to build trust and collaborate with the community to address crime and safety concerns.

Status:

Recommendation implemented. The update to Policy 311 limits the searches conducted on individuals on supervised release status. On April 18, 2022, the Public Safety Committee made a recommendation for a policy change to this recommendation. On July 26th, 2022 the City Council approved Policy 311 and on August 2nd, 2022 the policy was updated and released. The Department has trained on these updates and will continue to assess and review the impacts of these searches in consideration and support of the tenets of FIP.

Progress of the Implementation of FIP Recommendations

INFORMATION CALENDAR
October 3, 2023**Task Force Recommendation:**

- **Address Profiling by Proxy (PAB Policy Development, Dispatcher Training).**

Implementation:

The Communications Center Operation Manual has been amended to address handling cases involving profiling by proxy. All dispatchers have reviewed the amended manual and are instructed to be cognizant and screen for profiling by proxy calls.

Status:

Recommendation implemented. Berkeley Police Department will continue to educate and train dispatchers on how to identify and address biased based reporting. Officers and supervisors are also expected to screen profiling by proxy calls. The Department as a whole will continue to seek out and train on anti-bias, implicit bias, and profiling by proxy topics to strengthen our ability to identify and address biased based reporting.

Task Force Recommendation:

- **Fire racist police officers identified through social media and other media screens.**

Implementation:

The following existing policies dictate procedures for investigating employees in this area; these policies adhere to due process and Government Section 3300:

Policy 1029 (Employee Speech, Expression and Social Networking) provides accountability to employee personal social media posts. Section 1029.4(b) states "Speech or expression that, while not made pursuant to an official duty, is significantly link to, or related to, the Berkeley Police Department and tends to compromise or damage the mission, function, or reputation of professionalism of the Berkeley police Department or its employee.

PR 232 (Controversial Discussion), PR 235 (Acts –Statements-By employees), PR 238 (Organizational Membership), and PR 250 (enforcement of Law, Impartiality) are also policies that provide accountability for any racist behaviors.

The above policies were reviewed in light of the task force recommendations and found to provide necessary authority to investigate allegations of racism.

Departmental policy clearly identifies discrimination based upon a person's race as misconduct, and requires reporting and prompt investigating of any allegation

of racism. Any employee who becomes aware of or observes any discrimination on the basis of a protected class is required to notify a supervisor by the end of their shift or within 24 hours if they are off duty.

Status:

Recommendation implemented, however the Berkeley Police Department is committed to continuing to explore additional lawful methods to identify and address potentially racist behaviors or actions by our members. If at any time the police department becomes aware of any issues related to these concerns, the matter would be thoroughly investigated and employees will be held accountable.

Task Force Recommendation:

- **Require regular analysis of BPD stop, search, and use of force data;**

Implementation:

The Open Data Portal (ODP) is a public-facing website that gives the public access to police data and is accessible through the City's website. This allows for open and independent analysis and review to foster police accountability and transparency.

The Department will not only collect and report on stop, search and use of force data, but will regularly analyze the data via the Data Analyst Team. That analysis will at a minimum help direct policy, training, and resource allocation.

Status:

Implementation of recommendation complete and the Department will continue ongoing evaluation and data sharing. BPD is committed to transparency and is continuously exploring different ways to provide the public with access to more police data. The Data and Policy Analysis Team developed a Transparency Hub that will facilitate independent review and analysis of police data. This hub was launched after several community and internal stakeholder groups had an opportunity to view and collaborate on design. The Transparency Hub hosts BPD's Open Data Portal along with tools to help the public visualize and analyze the department's data, including interactive dashboards summarizing stop and search data, calls for service, and use of force data. The Transparency Hub updates in near-real time and gives the public access to datasets reaching further back in time than had been available. The 'Crime Mapper' page on the Transparency Hub that includes additional data on cases has been implemented and is now live.

Progress of the Implementation of FIP Recommendations

INFORMATION CALENDAR
October 3, 2023**Task Force Recommendations:**

- **Make resources on police-civilian encounters more publicly available such as through RAHEEM.org;**
- **For any individual detained, BPD officers shall provide a business card with information on the commendation and complaint process with the Police Accountability Board and the Berkeley Police Department, Internal Affairs Bureau.**

Implementation:

BPD Officers shall offer business cards to all detained individuals with information, a QR code and links to the BPD website which provide community members with information on making a commendation or complaint about an interaction with BPD. In addition to the information on how to make a complaint, a link is provided to the ACLU webpage containing information on police-civilian encounters.

Status:

Recommendation implemented. All business cards will continue to be printed with the above information. These resources ensure police accountability as well as provide ways the community can comment on the service BPD has provided.

Refer the following recommendations summarized below to the Reimagine Public Safety process**Task Force Recommendations:**

- **Create a formalized feedback system to gauge community response to ongoing reforms and ensure this constructive input system is institutionalized with the Police Review Commission or its successor and includes a basic report card and quarterly neighborhood check-ins; Conduct a baseline community survey**

Implementation:

BPD actively supported and participated in the work of the Reimagine Public Safety Task Force by providing data and information, answering questions, providing hands-on experience and discussing opportunities, impacts and effects of recommendations. Several community surveys were conducted by consultants as part of the overall Reimagine Public Safety process.

Progress of the Implementation of FIP Recommendations

INFORMATION CALENDAR
October 3, 2023**Status:**

Initial implementation complete. To support feedback systems, the Berkeley Police Department will be seeking ongoing community input and feedback around reform efforts via the Transparency Hub.

Acknowledge and reaffirm the following recommendations summarized below that are already underway**Task Force Recommendation:**

- **BPD released stop, arrest, calls for service and use of force data from 2012 to present to the Working Group;**

Implementation:

The police department released the requested historical data in December of 2020. BPD stop, arrest, and calls for service data are regularly updated in the Open Data Portal and will be updated in near real time on the Transparency Hub.

Status:

Recommendation implemented.

Task Force Recommendation:

- **Fund and implement a specialized care unit (SCU) for mental health crises;**

Implementation:

After completing a competitive proposal process in the summer of 2022, and obtaining City Council approval on December 13, Bonita House has been selected as the provider for the Specialized Care Unit. In collaboration with HHCS and the City of Berkeley, Bonita House will implement the SCU pilot program using the recommendations from RDA (a consulting firm contracted by the city) as well as accompanying Steering Committee analysis.

Status:

SCU implementation continues to move forward and is managed by the Health, Housing and Community Services (HHCS) Department. HHCS continues to coordinate with Bonita House, other City departments, including the Fire and Police Department, and the SCU Steering Committee on a regular basis to receive program updates on the SCU as well as provide support for implementation. Since May 2023, Bonita House has welcomed four new staff members who will be working directly on the SCU team. These staff have received Bonita House's Crisis Academy classroom training and are shadowing current Bonita House crisis teams. HHCS expects the SCU program to launch in a limited capacity on September 5th.

Progress of the Implementation of FIP Recommendations

INFORMATION CALENDAR
October 3, 2023**Task Force Recommendation:**

- **Conduct a Capacity Study of police calls and responses and use of officer time outside of casework.**

Implementation:

The City's Auditor's report was released which analyzed Computer Aided Dispatch data. Recommendations from this analysis were provided to the Police Department and findings were referred to the Reimagine Public Safety Task Force.

Status:

Implementation in progress. An assessment of overall staffing levels as well as patrol beat-specific analysis has been referred to the budget process via the Council's direction on Reimagining Public Safety. Internally the Data Analysts Team has been directed to continue their work to refine the way and type of data that is collected and analyze call response time to support the likely upcoming consultant work. Citygate has been selected to conduct a comprehensive police organizational workload study to assess our organizational structure, resource allocation, and geographical patrol boundaries analysis. A contract with Citygate is anticipated to be completed by the end of August and work will begin immediately after. Citygate's workload study will take approximately nine months.

ENVIRONMENTAL SUSTAINABILITY AND CLIMATE IMPACTS

There are no identifiable environmental effects, climate impacts, or sustainability opportunities associated with the subject of this report.

POSSIBLE FUTURE ACTION

The Police Department will continue to work toward the full implementation of the Task Force recommendations.

FISCAL IMPACTS OF POSSIBLE FUTURE ACTION

Staff time and additional training time to be determined at a later date.

CONTACT PERSON

Jennifer Louis, Chief of Police, (510) 981-5700

Progress of the Implementation of FIP Recommendations

INFORMATION CALENDAR
October 3, 2023

Supporting Materials:

1: Berkeley Police Policy and Training Materials

<https://cityofberkeley.info/safety-health/police/policy-training-materials>

2: California Legislative Information

https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=13519.4.&nodeTreePath=7.5.1.2&lawCode=PEN

3. Reimagine Task Force and National Institute for Criminal Justice Reform (NICJR) Survey

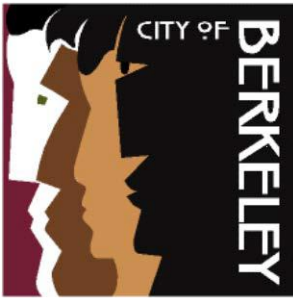
<https://berkeley-rps.org/wp-content/uploads/2021/10/Berkeley-Community-Engagement-Report-v7.pdf>

4. RDA Consulting Final Report on Specialize Care Unit

https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/Berkeley-MH-SCU_Final-Recommendations_FINAL.pdf

APPENDIX H

Berkeley Police Department MOU (KIND Policing Section)



Memorandum of Understanding

between

City of Berkeley

and

Berkeley Police Association

July 1, 2023 to June 30, 2026

EXCERPT

Homicide Detail shall receive a three percent (3%) salary differential. If a Police Officer is assigned to the Homicide Detail while on regular duty and not while on overtime, this differential for hours worked on regular duty shall be reported to CalPERS as Detective Division Special Assignment Pay.

13.7 Peace Officer Standards and Training (POST)

In addition to the salary set forth in the Exhibit "A" of this Agreement, employees covered by this Agreement who qualify under regulations promulgated by the California Commission on Peace Officer Standards and Training shall receive the following educational/training incentive compensation. To receive the Intermediate Certificate and/or Advanced Certificate differential pay below, employees must submit documents required by the Berkeley Police Department Professional Standards Division verifying POST eligibility, including but not limited to copies of college transcripts, proof of a college degree and other related forms. Failure of the employee to submit documents required by the Professional Standards Division shall delay the POST incentive pay eligibility until such time as the employee provides all required documentation.

13.7.1 Intermediate Certificate: An employee who possess a Peace Officers Standards and Training Intermediate Certificate shall receive a five percent (5%) differential to base salary and such payment shall be reported to CalPERS as Peace Officers Standards and Training Certificate Pay as a form of Educational Pay.

13.7.2 Advanced Certificate: An officer who possess a Peace Officers Standards and Training Advanced Certificate, the employee shall receive a two percent (2%) differential to base salary and such payment shall be reported to CalPERS as Peace Officers Standards and Training Certificate Pay as a form of Educational Pay.

13.7.3 An employee may simultaneously receive the Intermediate and Advanced Certificate differential for a total differential of seven percent (7%).

13.8 Constitutional Humane Impartial Neighborhood and Community Oriented DEI-Centered ("KIND") Policing Education Incentive

Effective September 3, 2023, employees will receive a three percent (3.0%) differential above their base rate for the KIND policing education incentive.

Effective the first full pay period after July 1, 2024, employees will receive an additional one percent (1.0%) for a total four percent (4.0%) differential above their base rate for the KIND policing education incentive.

The City will administer a program of training and recordkeeping for this program and provide paid time for members to attend such trainings. In order to continue to qualify for this incentive, the Department will offer, and members must complete, a minimum 30-hour certification, consisting of classroom and/or field training, by December 31, 2024. Each subsequent year, the Department will offer, and members must complete 15 hours of continuing education by December 31. Trainings must either be provided by the Police Department or approved by the Police Chief or their designee. The City will begin to schedule trainings associated with the KIND incentive within 90 days of the adoption of this Agreement by City Council. Non-departmental trainings must be pre-approved by the Police Chief,

or their designee, and must be obtained through an accredited college or university, a nationally recognized professional organization, or a continuing education course from a certified provider. To satisfy the hourly requirement, trainings must be in the following areas of study and must include trainings across at least (ten) 10 different categories:

- Active Bystandership for Law Enforcement
- Anti-Racism
- Communication Skills
- Community-Oriented Policing
- Constitutional Policing
- Criminal Law and Procedure
- Cultural Competence
- De-escalation Techniques
- Diversity, Equity, Inclusion & Belonging
- Empathy
- Ethics
- Impartial Investigation Techniques
- Implicit Bias Prevention
- Probable Cause
- Procedurally Just Policing
- Respectful Treatment of Others
- Other similar forms of training as approved by the City Manager

Eligibility for the differential will be paused during periods of non-compliance. Once the member has come into compliance by fulfilling all missing hours, the differential will be restored, effective the next full pay period. Training hours that a member completes to come into compliance with a previous year's compliance requirement shall only count toward the previous year's requirement, and the member must separately, fully, and timely complete the current year's required hours to remain in compliance for the current year.

New and lateral hires will have the balance of the calendar year of their hire and the following calendar year to complete their 30-hour certification. The training hours required for compliance will be prorated for members who are on protected leaves according to the length of the leave.

Employees who are disciplined for sustained charges that conflict with the core values of the KIND differential such as excessive force, dishonesty, and/or discrimination/bias will be required to complete additional hours of KIND training, commensurate with the severity of the offense. For sustained offenses warranting suspension in excess of two weeks, members will be required to re-complete the 30-hour certification.

This differential shall be reported to CalPERS as an educational incentive in accordance with California Code of Regulations 571 and 571.1.

APPENDIX I

Vision Zero Action Plan and Annual Report



DRIVE
LIKE
YOUR
FRIEND
DIED
HERE

CITY OF BERKELEY VISION ZERO ACTION PLAN

Approved March 10, 2019
by the Berkeley City Council

ACKNOWLEDGEMENTS

Thank you to the Task Force and Advisory Committee for helping to shape this plan.

VISION ZERO PROGRAM

Eric Anderson, Vision Zero Program
Coordinator
Beth Thomas, Principal Transportation Planner
Farid Javandel, Transportation Manager

TASK FORCE

Dominika Bednarska, Public Works Department
Kerry Birnbach, City Council Office - District 8
Chief Dave Brannigan, Fire Department
Andrew Brozyna, Public Works Department
Steven Buckley, Planning Department
Paul Buddenhagen, City Manager's Office
Jim Cunradi, AC Transit
Lori Droste, City Council – District 8
Stefan Elgstrand, City Mayor's Office
Joe Enke, Public Works Department
Beth Gerstein, City Council Office – District 1
Timothy Green, UC Berkeley Physical and
Environmental Planning
Phillip Harington, Public Works Department
Todd Henry, UC Berkeley Physical and
Environmental Planning
Lisa Hernandez, Health, Housing and Community
Services Department
Lt. Randy Files, Police Department
Jordan Klein, Economic Development
Department
Hamid Mostowfi, Public Works Department
Ryan Murray, Police Department
Nisha Patel, Public Works Department
Alene Pearson, Planning Department
Abe Roman, Fire Department
Lars Skjerping, City Mayor's Office

ADVISORY COMMITTEE

Gwen M. Allamby, Police Review Commission
Stuart Baker, Telegraph Business Improvement
District
Dave Campbell, Bike East Bay
Eugenie Candau, Commission on Aging
John Caner, Downtown Berkeley Association
Ben Gerhardstein, Walk Bike Berkeley
Barnali Ghosh, Transportation Commission
Shane Krpata, Public Works Commission
Beatriz Leyva-Cutler, Berkeley Unified School
Board
Liza Lutzker, Safe Routes to Schools and Walk
Bike Berkeley
Petra Liljestrand, Berkeley resident
Ethel Murphy, Commission on Aging
Helen Walsh, Commission on Disability
Sara Zimmerman, Safe Routes Partnership

CONSULTANT TEAM

Natalie Chyba, Fehr & Peers
Meghan Mitman, Fehr & Peers
Karina Schneider, Fehr & Peers
Dana Weissman, Fehr & Peers
Katie Miller, Left Lane Advisors

TABLE OF CONTENTS

Introduction	1
Accountability	3
Equity	3
Priority Actions	4
Glossary	6
Why We Need Vision Zero	7
Berkeley Needs Vision Zero	9
Vision Zero is about the 4%	9
Vision Zero is about mode	9
Vision Zero is about Traffic Violations	10
Locations of Severe and Fatal Collisions	12
Map of High-injury Streets	13
Vision and Guiding Principles	15
Taking Action	19
The Vision Zero Program	21
Safer Streets for Everyone	21
Safer Streets By Everyone	21
1.1 The Vision Zero Program: Collaboration	22
1.2 The Vision Zero Program: Capacity	23
1.3 The Vision Zero Program: Transparency and Equity	24
2.1 Safer Streets for Everyone: Project Planning and Development	25
2.2 Safer Streets for Everyone: Project Design.....	26
2.3 Safer Streets for Everyone: Project Delivery.....	27
3.1 Safer Streets by Everyone: Public Awareness	28
3.2 Safer Streets by Everyone: Enforcement	29
Appendices	31
Appendix A: Vision Zero Action Plan Timeline & Process Diagram	
Appendix B: Prioritized Vision Zero Actions Matrix	
Appendix C: SWITRS Violation Code Data Tables	



ABOUT VISION ZERO

Vision Zero is a strategy to eliminate all traffic fatalities and severe injuries while increasing safe, healthy, and equitable mobility for all. Vision Zero is, first and foremost, an *engineering* strategy that aims to design and build our streets to eliminate all severe and fatal traffic injuries. These engineering efforts are supported by public awareness education and traffic enforcement. Equity-driven Vision Zero traffic enforcement utilizes the best possible data and is focused on areas of Berkeley where engineering and education efforts have already been implemented.



INTRODUCTION



CAPTURING SITES OF FATAL AND SEVERE COLLISIONS

All photos in this plan were taken at locations in Berkeley where someone lost their life or sustained a severe injury in a traffic collision. The images demonstrate that there is rarely any way for someone passing by to know a tragedy took place, since things often continue as they did before. Vision Zero challenges this status quo and strips away the societal acceptance that fatal and severe traffic collisions are a necessary byproduct of mobility. As part of this plan, rapid-response communications and safety project protocols will be established to help tell victims' stories and deliver quick-build projects where engineering countermeasures may effectively improve safety.

Every year, an average of two people die and 21 people are severely injured in Berkeley due to traffic violence. Vision Zero is about recognizing that these deaths and severe injuries are preventable and unacceptable – no one should lose their life or experience a life-altering injury while traveling on Berkeley streets, no matter who they are or how they travel.

We began our commitment to Vision Zero in 2018 through the adoption of a Vision Zero resolution to end all traffic-related deaths and severe injuries on City streets by 2028. Since then, we have established two working groups: a Task Force, comprised of key City staff, elected officials, and partner agencies; and an Advisory Committee, comprised of representatives from advocacy groups, the public, Berkeley Unified School District, and City of Berkeley Commissions. The Task Force and Advisory Committee have worked together to craft the Vision, Guiding Principles, and Actions presented in this plan. To learn more about the process, see **Appendix A: Vision Zero Action Plan Development**.

While every action item introduced in this plan is fundamental to the success of Vision Zero, the priority actions presented on the next page are the near-term focus of Vision Zero in Berkeley, based on feedback from the Task Force and Advisory Committee on existing resources, and staff and community priority. The full list of actions for the City of Berkeley is introduced later in this plan, in “Taking Action.”

Throughout the development of this plan, two key themes were frequently discussed: this plan must be accountable, and this plan must be crafted through an equity lens.

ACCOUNTABILITY

This plan takes strategic and pointed actions to keep Vision Zero front and center in the City of Berkeley – calling for continuous plan updates to remain in line with best practices and trends; an audit conducted by the City Auditor to make sure Vision Zero has the appropriate level of staff and resources to be effective; and building redundancy by integrating Vision Zero actions into other guiding documents, including the Berkeley Strategic Plan and departmental work plans.

EQUITY

This plan is equity-driven, starting with recognizing that we do not understand the full magnitude of inequities today due to gaps in key safety datasets. The plan recommends that we utilize Berkeley Police Department collision report data to better understand who are the victims of traffic collisions; perform a robust assessment of other key gaps in safety datasets as part of the first update to this plan; and elevate community voices to understand the perception of safety and personal security in our most vulnerable communities. This plan also includes actions to create a traffic ticket diversion program for bicyclists and pedestrians, and calls for partnerships with community-based organizations and culturally-relevant and context-specific outreach and educational campaigns. The plan emphasizes engineering and education actions first, supported by equity- and data-driven traffic enforcement conducted consistent with the City of Berkeley’s Fair and Impartial Policing Policy.

PRIORITY ACTIONS

- **Establish a standing Vision Zero Coordinating Committee** consisting of City staff, Commissioners, partner institutions, members of the community, advocacy groups, and community-based organizations who have a role in advancing Vision Zero action items with quarterly meetings organized around a predetermined annual agenda. Seek to establish a funding source to compensate members of the community and community-based organizations to enable their participation.
- **Conduct a citywide Vision Zero Action Plan assessment** of existing staffing and funding capacity to complete Vision Zero action items.
 - **Create a staffing matrix** of existing and proposed staff for the delivery of high-priority Vision Zero action items. New or realigned staff needs are anticipated in Public Works safety project team; Public Works Vision Zero Program support staff; Public Information Officers in key Vision Zero departments, including Police and Health, Housing, and Community Services; Berkeley Police Department Vision Zero collision data analysis; Health, Housing, and Community Service Vision Zero data analysis and public awareness programs.
 - **Establish a milestone staffing and funding schedule** to complete high-priority Vision Zero action items, including City and grant funds.
- **Proactively build capital-intensive and quick-build safety projects** on all Vision Zero High-Injury Streets on a schedule to complete such projects by 2028.

PRIORITIZATION APPROACH

This plan prioritizes engineering, education, and public awareness before enforcement to achieve Vision Zero in Berkeley. Each action item is prioritized based on feedback from the Task Force and Advisory Committee on existing resources, and staff and community priority, as well as the potential transformative impact of each item:

- **Existing Resources:** Actions are prioritized that likely already have the needed resources, both staff and funding, to deliver.
- **Staff Priority:** Actions are prioritized that are of interest and priority to the Task Force and Vision Zero Program staff.
- **Community Priority:** Actions are prioritized that are of interest and priority to the Advisory Committee.
- **Transformative/High Impact:** Actions are prioritized that would have major positive impacts on safety or City collaboration, based on the Institute of Transportation Engineer's *Core Elements of Vision Zero* and ongoing City efforts.

The actions introduced here are the near-term focus for the City of Berkeley. The full list of actions in priority order can be reviewed in **Appendix B: Prioritized Actions Matrix**.

- **Request a Vision Zero Performance Audit** to be performed during the FY21 audit period to evaluate the implementation of the Action Plan and make any additional needed recommendations, including additional and/or realigned staffing and funding, for effective Vision Zero Action Plan implementation. Provide required six-month updates to City Council.
- **Establish a Vision Zero Rapid Response Safety Communication Protocol.** Employ a communication strategy in response to recent severe and fatal collisions aimed at the human element of traffic safety, including health and prevention messaging to the Berkeley community.
- **Support statewide traffic safety legislation** allowing automated speed enforcement by local agencies, designation of speed limits on local streets based on desired safety outcomes rather than the existing prevailing speed, and the reduction of local residential street speed limits to below 25 MPH, which would allow for 20 MPH speed limit on local residential streets, consistent with “20 Is Plenty” campaigns. Utilize existing legislated automated enforcement strategies, such as red light cameras.
- **Establish a Complete Streets Repaving and Development Project Checklist** to ensure proactive and reactive Vision Zero safety infrastructure for people of all ages and abilities are included with each repaving project and in the conditions of approval for development projects. With the Vision Zero Coordinating Committee, consider establishing an equity-driven approach to prioritizing repaving projects.
- **Develop and proactively deliver a Vision Zero branding, promotional, and educational campaign** to increase awareness about Vision Zero and the top traffic violations for severe and fatal injuries in Berkeley, elevating victims’ stories. Regularly update the campaign to ensure it is context-specific, accessible, and culturally relevant. Collaborate with community-based organizations to distribute material and promote messages and public events that normalize active transportation and transit as healthy and responsible transportation choices.
- **Develop a publicly accessible matrix and map to prioritize and track projects.** Prioritize both new/existing requests/referrals and delivery of established infrastructure project lists (e.g., Five Year Repaving Program, BeST Plan, etc.) according to the Vision Zero High-Injury Streets map and equity-driven prioritization from City Council adopted plans such as the Bicycle Plan and forthcoming Pedestrian Plan.
- **Utilize the Berkeley Police Department’s collision report data on parties involved,** such as housing status or whether parties involved are disabled, to help address equity gaps in Statewide Integrated Traffic Records System (SWITRS) collision data. Confirm that Berkeley Police Department report training emphasizes consistent use of these collision report data fields and, if needed, provides training resources for avoiding transportation mode bias in collision reporting. When necessary, update the collision report form to be consistent with emerging mobility modes.
- **Focus traffic enforcement efforts proportionately on the most significant traffic violations for severe and fatal collisions by party at fault.** Focus enforcement efforts on areas of Berkeley where engineering and education efforts have already been implemented. Conduct traffic enforcement consistent with the City of Berkeley’s Fair and Impartial Policing Policy.

GLOSSARY

Equity

Race, ethnicity, gender, age, socioeconomic status, or physical or mental ability can no longer be used to predict access to safe transportation, and safety and access for all groups are improved.

This definition is adapted from the Government Alliance on Race & Equity's *Racial Equity Toolkit*. The City of Berkeley is a core member of the Government Alliance on Race & Equity (GARE).

Severe Injury

A severe injury is based on the reporting police officer's visual assessment of a victim at the scene of the collision. The California Highway Patrol's *Collision Investigation Manual* defines a severe injury as an injury other than a fatal injury which results in broken bones, dislocated or distorted limbs, severe lacerations, or unconsciousness at or when taken from the collision scene. It does not include minor lacerations. Some severe injuries may not be classified as such by the reporting officer if they are not visible or otherwise apparent.

Vulnerable Users

Users of the roadway that are more vulnerable to traffic-related death or injury due to their demographic, socioeconomic status, physical or mental ability, or mode of travel. This may include people of color, people with no or low income, people with no or limited English proficiency, people experiencing homelessness, youth, seniors, people with disabilities, and people who walk and bike.





WHY WE NEED
VISION ZERO?

BERKELEY NEEDS VISION ZERO

Every year, on average two people die and 21 people sustain severe injuries on Berkeley streets due to traffic violence. This is unacceptable and preventable – no one should lose their life or suffer a life-altering injury when traveling in our city. All statistics presented on this page are based on data between 2013 and 2017 - the most recent five years of collision data available through the Statewide Integrated Traffic Records System (SWITRS).

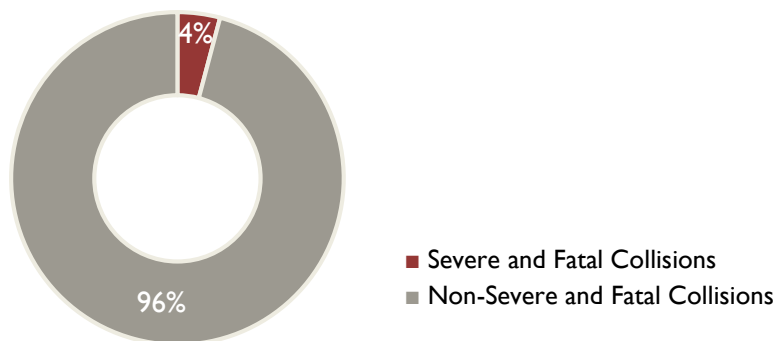
DISPROPORTIONATE BURDEN

We know that people of color, people with no or low income, people with no or limited English proficiency, people experiencing homelessness, youth, seniors, and people with disabilities are over-represented in fatal and severe injury collisions, but we currently have limited data within SWITRS collision reports to understand the magnitude of the disproportionate burden. This plan addresses those data gaps head-on and establishes strategies to start collecting and utilizing more meaningful data to understand inequities on our streets. We also are not waiting for more data to take an equity-driven approach to Vision Zero. Read more about our proposed strategies in “Taking Action.”

VISION ZERO IS ABOUT THE 4%

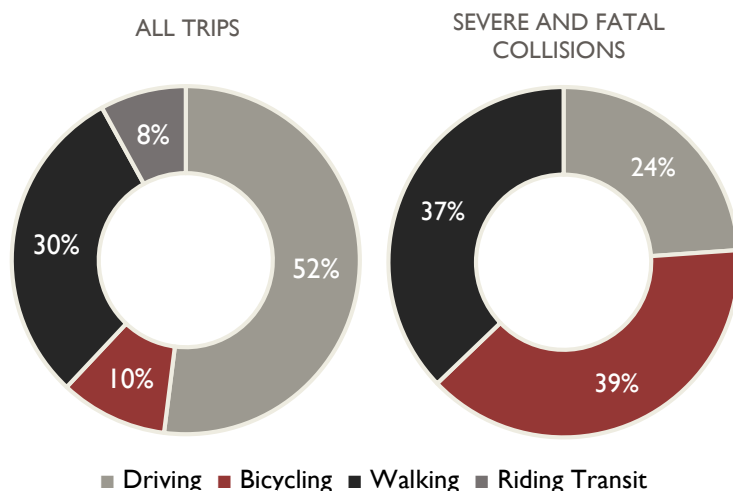
On average, 4% of collisions on Berkeley streets result in a fatality or severe injury.

That is 4% too many.



VISION ZERO IS ABOUT MODE

Collisions disproportionately impact people riding bicycles and people walking. The numbers are stark – collisions involving someone riding a bicycle or walking make up almost **80%** of collisions that result in death or severe injury, despite making up just **40%** of trips in Berkeley.



Collision Data: SWITRS five-year injury collision data, 2013-2017

Mode Data: California Household Travel Survey for the City of Berkeley, 2012

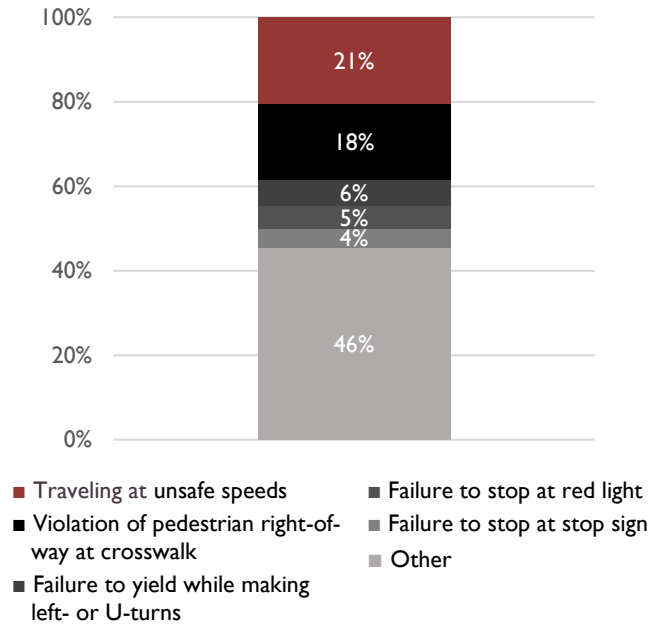
VISION ZERO IS ABOUT TRAFFIC VIOLATIONS

Every collision involves multiple factors. The top traffic violations reported during the years 2013 to 2017 for collisions in Berkeley that resulted in death or severe injury were **traveling at unsafe speeds, violation of pedestrian right-of-way at a crosswalk, failure to yield while making left or U-turns, failure to stop at a red light, and failure to stop at a stop sign**. Vision Zero focuses on the most significant factors associated with severe and fatal traffic collisions in order to make the greatest impact.

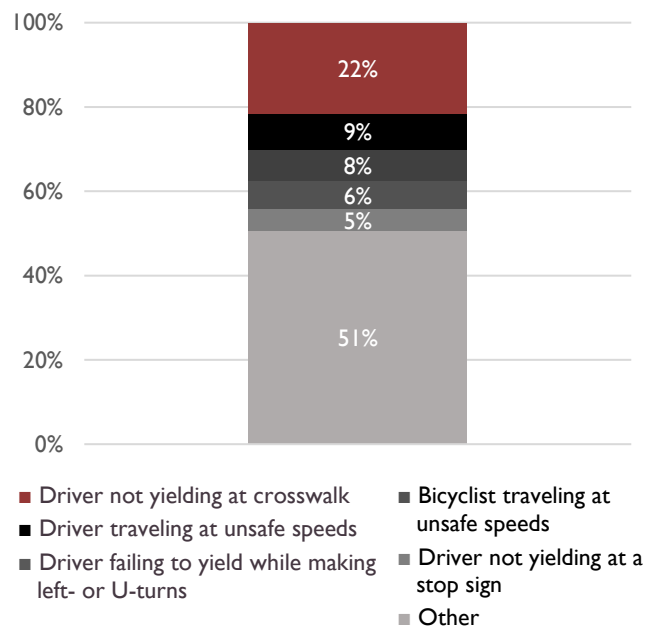
Safety is also about how we share public space and how we interact on our streets. When we consider the primary party at fault, the top traffic violations for severe and fatal vehicle-involved collisions in Berkeley were **drivers not yielding at crosswalks; drivers traveling at unsafe speeds; drivers failing to yield to oncoming traffic when making a left- or U-turn; bicyclists traveling at unsafe speeds; and drivers not yielding at stop signs**. While party at fault data is subjective and may not include the victim’s perspective, it can add to our understanding of the unsafe behaviors that result in severe and fatal collisions.

Violation data tables are provided in **Appendix C: SWITRS Violation Code Data Tables**.

TOP VIOLATIONS IN SEVERE AND FATAL COLLISIONS



TOP VIOLATIONS BY PARTY AT FAULT IN SEVERE AND FATAL COLLISIONS



Collision Data: SWITRS five-year injury collision data, 2013-2017

**WHY DO WE FOCUS ON SPEED?
BECAUSE SPEED KILLS.**

HIT BY A VEHICLE TRAVELING AT:

**20
MPH**



9 out of 10 pedestrians survive

HIT BY A VEHICLE TRAVELING AT:

**30
MPH**



5 out of 10 pedestrians survive

HIT BY A VEHICLE TRAVELING AT:

**40
MPH**



1 out of 10 pedestrians survive

Source: US Department of Transportation, Literature Review on Vehicle Travel Speeds and Pedestrian Injuries March 2000



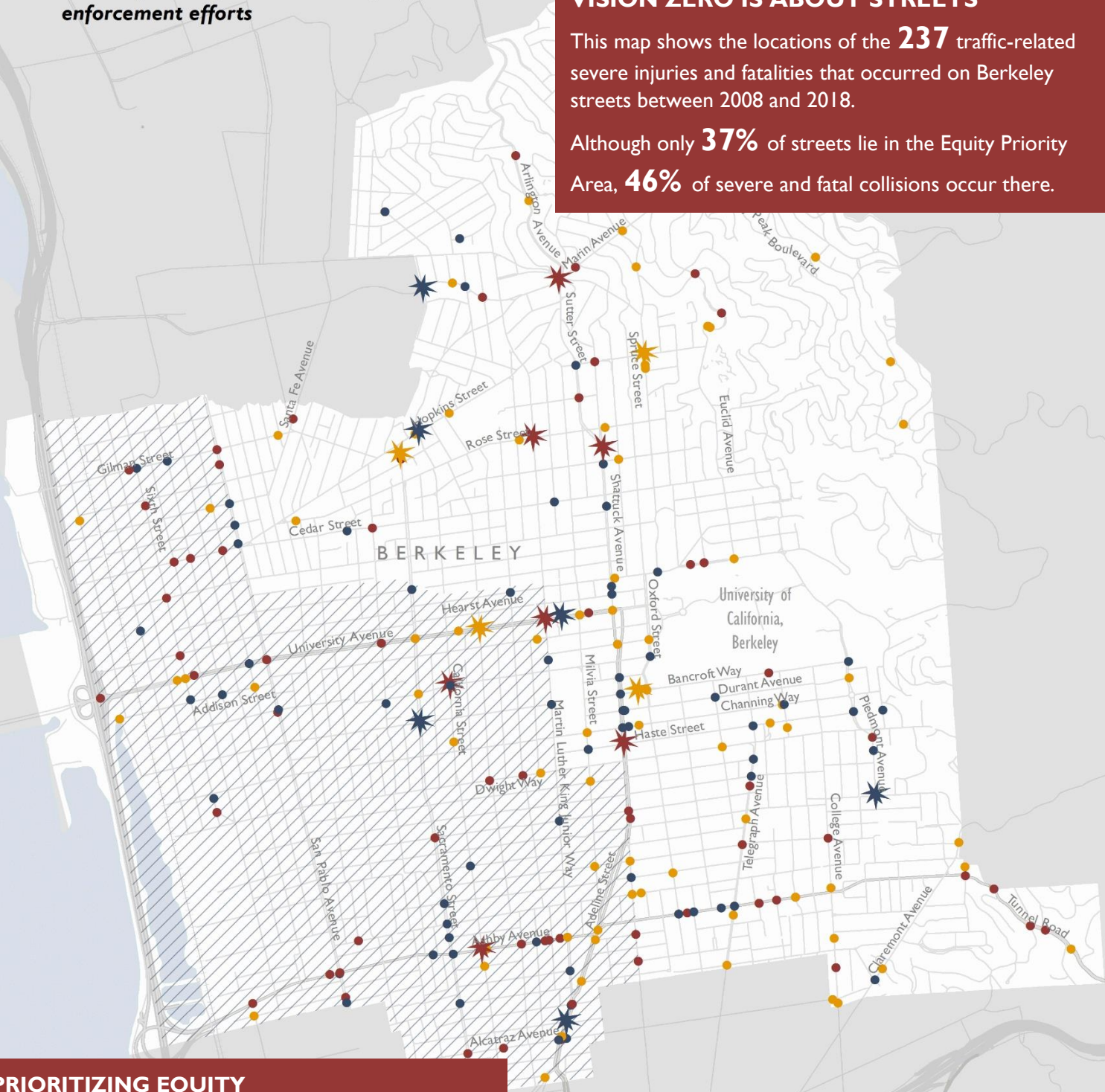
LOCATIONS OF SEVERE AND FATAL COLLISIONS

This map is not for use in developing focused enforcement efforts

VISION ZERO IS ABOUT STREETS

This map shows the locations of the **237** traffic-related severe injuries and fatalities that occurred on Berkeley streets between 2008 and 2018.

Although only **37%** of streets lie in the Equity Priority Area, **46%** of severe and fatal collisions occur there.



PRIORITIZING EQUITY

Lower income residents and people of color are disproportionately impacted by the risk of traffic injuries and fatalities. The Equity Priority Area considers historic Home Owners' Loan Corporation "redlining," racial/ethnic composition, property value, and cultural centers to guide the City of Berkeley in prioritizing infrastructure projects that remedy systemic inequity. A full description of the Equity Priority Area methodology can be found in the City of Berkeley Pedestrian Plan.

/// Equity Priority Area

Collision Type

- ★ Bicycle - Fatal
- ★ Pedestrian - Fatal
- ★ Driver - Fatal
- Bicycle - Severe Injury
- Pedestrian - Severe Injury
- Driver - Severe Injury

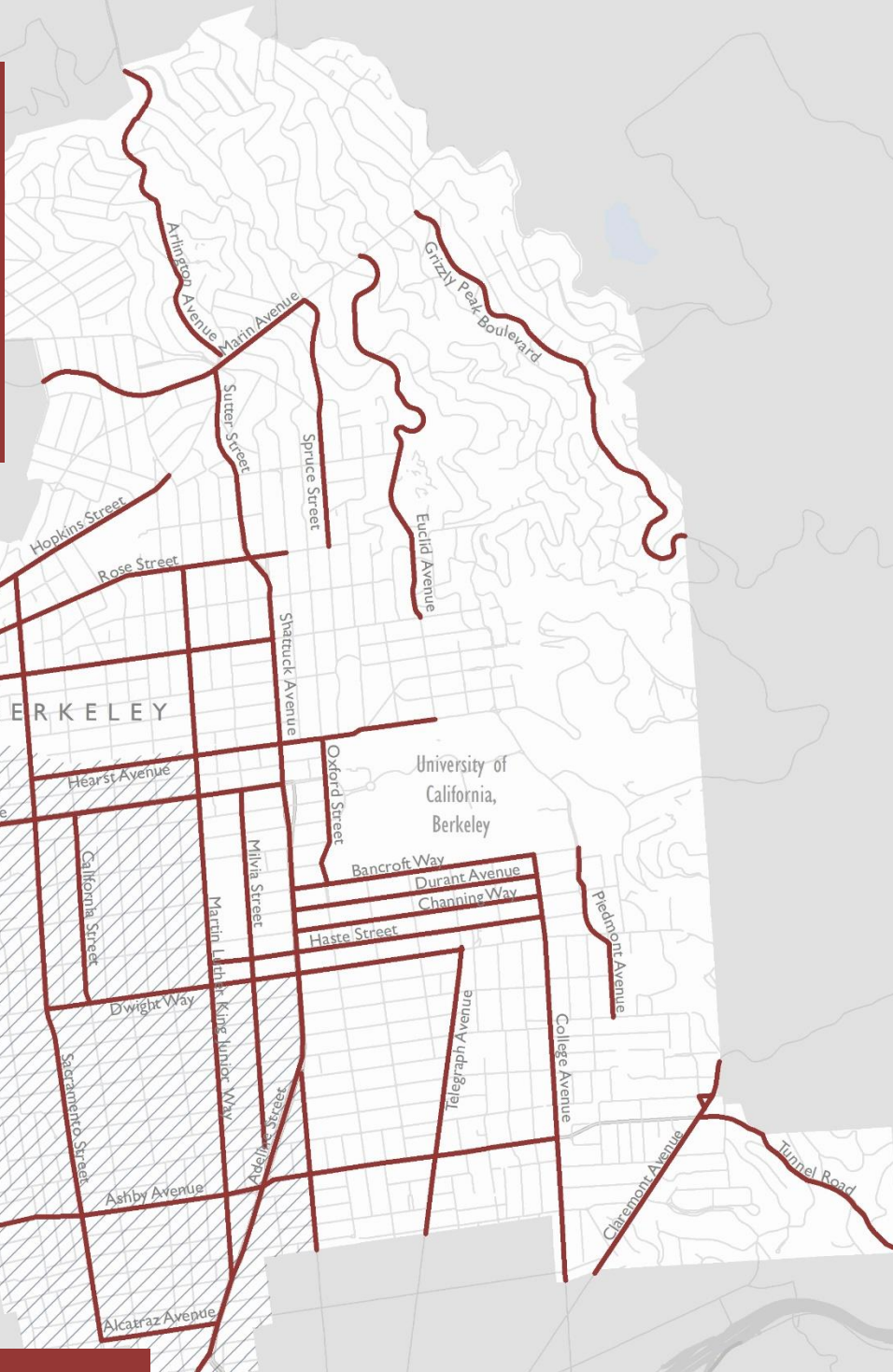
HIGH-INJURY STREETS

This map is not for use in developing focused enforcement efforts

VISION ZERO IS ABOUT STREETS



The High-Injury Streets map represents the City of Berkeley's streets with the most severe injuries and fatalities based on data between 2008 and 2018.

91% of Berkeley's severe and fatal collisions occur on just **16%** of City streets.



PRIORITIZING EQUITY

Lower income residents and people of color are disproportionately impacted by the risk of traffic injuries and fatalities. The Equity Priority Area considers historic Home Owners' Loan Corporation "redlining," racial/ethnic composition, property value, and cultural centers to guide the City of Berkeley in prioritizing infrastructure projects that remedy systemic inequity. A full description of the Equity Priority Area methodology can be found in the City of Berkeley Pedestrian Plan.

-  High-Injury Streets
-  Equity Priority Area

Collision Data: SWITRS ten-year injury collision data, 2008-2018



VISION AND GUIDING
PRINCIPLES

The City of Berkeley is committed to an equity-focused, data-driven effort to eliminate traffic deaths and severe injuries on our city streets by 2028.

1. **Safety is our highest priority.** Human life is more important than speed, convenience, or property. We will evaluate trade-offs and make both proactive and reactive engineering decisions about street design based on this value.
2. **Traffic deaths and severe injuries are preventable and unacceptable.** Using a holistic, data-driven, systems-level approach to street design, we will treat fatal and severe collisions as preventable and unacceptable incidents that can and must be addressed.
3. **People make mistakes.** We will design our streets so that mistakes do not result in death or severe injury.
4. **Slower streets are safer streets.** We will design, construct, and operate our streets for slower speeds with the goal of eliminating all fatal and severe collisions, and protecting our most vulnerable street users.
5. **We will create safer transportation options for people who walk, bike, and take transit.** Creating safer and more comfortable transportation options for people to walk, bike, and take transit can make these modes more attractive and reduce the number of car trips in Berkeley. Fewer car trips can mean fewer severe and fatal collisions.





6. **Street safety must be achieved equitably.** We will respond to the disproportionate burden of traffic deaths and severe injuries on people of color, people with no or low income, people with no or limited English proficiency, people experiencing homelessness, youth, seniors, people with disabilities, and people who walk and bike. Enforcement strategies recommended as part of this plan will be designed to minimize racial profiling. Further, this plan emphasizes engineering and education actions first, supported by equity- and data-driven enforcement in an effort to conduct equitable traffic enforcement consistent with the City of Berkeley's Fair and Impartial Policing Policy.
7. **Vision Zero will be accountable, transparent, and data-driven.** Actions will be data-driven to respond to the causal factors of deaths and severe injuries on Berkeley streets. This response will utilize both proven methods and innovative strategies. We will perform annual monitoring, reporting, and evaluation through an equity lens. We will communicate clearly what resources are necessary to achieve Vision Zero, why street design modifications are proposed, and the basis for prioritizing competing improvements.



TAKING ACTION

The City of Berkeley’s Vision Zero action items described on the following pages demonstrate a **comprehensive, integrated approach** to get the City to zero. They rest on three pillars: 1) The Vision Zero Program, 2) Safer Streets for Everyone, and 3) Safer Streets by Everyone. This plan prioritizes engineering, education, and public awareness before enforcement strategies to achieve Vision Zero in Berkeley.



THE VISION ZERO PROGRAM

1.1 Collaboration

Collaborate with City departments, regional and community partners, and mobility providers to achieve Vision Zero goals. Continue commitment from Berkeley elected officials.

1.2 Capacity

Build sustainable funding and staffing to complete Vision Zero action items, including program management, data analysis, infrastructure projects, and education, engagement, and enforcement.

1.3 Transparency and Equity

Establish a milestone reporting schedule. Incorporate equity into data collection, analytics, evaluation, engagement, and reporting.



SAFER STREETS FOR EVERYONE

2.1 Project Planning and Development

Prioritize high-injury streets and the most vulnerable street users.

ACTION ITEM DEVELOPMENT

These actions represent months of collaboration and coordination between the Task Force and Advisory Committee and build on opportunity areas established through a comprehensive review of best practices and Berkeley’s current safety efforts.

2.2 Project Design

Design for vulnerable users of the transportation network, including people of all ages and abilities.

2.3 Project Delivery

Deliver Vision Zero traffic safety infrastructure improvements both reactively and proactively.



SAFER STREETS BY EVERYONE

3.1 Public Awareness

Create a culture of traffic safety by promoting awareness through public information programs and campaigns.

3.2 Enforcement

Transition from a request-based to an equitable and data-driven enforcement strategy focused on the most significant safety violations resulting in fatalities and severe injuries.

I.1 THE VISION ZERO PROGRAM: COLLABORATION

Priority	Action	Lead Department	Timeline
☆	Establish a standing Vision Zero Coordinating Committee consisting of City staff, Commissioners, partner institutions, members of the community, advocacy groups, and community-based organizations who have a role in advancing Vision Zero action items with quarterly meetings organized around a predetermined annual agenda. Seek to establish a funding source to compensate members of the community and community-based organizations to enable their participation.	City Manager's Office	
	Incorporate Vision Zero goals and actions into plan and policy updates of all departments and partner institutions, including the upcoming City of Berkeley Zoning Ordinance update and General Plan Update, UC Berkeley's Long-Range Development Plan, Berkeley Unified School District's Sustainability Plan, the City's Strategic Plan, Departmental Priority Projects Lists, and departmental and individual staff work plans.	City Manager's Office	
	With the Metropolitan Transportation Commission, Alameda County Transportation Commission, and Alameda County Department of Public Health, establish a peer-to-peer Bay Area Vision Zero Network for information-sharing and collaboration on countywide and regional initiatives such as a public health analysis of collision victim hospital data.	Mayor's Office	
	Develop a focused, strategic Vision Zero staff training plan to send key staff responsible for implementing the Vision Zero Action Plan, such as Public Works, Police, Health, Housing, and Community Services, and City Manager's Office and elected officials, to Vision Zero-related conferences and trainings.	City Manager's Office	

I.2 THE VISION ZERO PROGRAM: CAPACITY

Priority	Action	Lead Department	Timeline
☆	<p>Conduct a citywide Vision Zero Action Plan assessment of existing staffing and funding capacity to complete Vision Zero action items.</p> <ul style="list-style-type: none"> • Create a staffing matrix of existing and proposed staff for the delivery of high-priority Vision Zero action items. New or realigned staff needs are anticipated in the areas listed below: <ul style="list-style-type: none"> ○ Public Works safety project team ○ Public Works Vision Zero Program support staff ○ Public Information Officers in key Vision Zero departments including Police and Health, Housing, and Community Services ○ Berkeley Police Department Vision Zero collision data analysis ○ Health, Housing, and Community Services Vision Zero data analysis and public awareness programs • Establish a milestone staffing and funding schedule to complete high-priority Vision Zero action items, including City and grant funds. 	City Manager's Office; Public Works	
☆	<p>Request a Vision Zero Performance Audit to be conducted during the FY21 audit period to evaluate the implementation of the Action Plan and make any needed recommendations, including additional and/or realigned staffing and funding, for effective Vision Zero Action Plan implementation. Provide required six-month updates to City Council.</p>	Public Works	

I.3 THE VISION ZERO PROGRAM: TRANSPARENCY AND EQUITY

Priority	Action	Lead Department	Timeline
☆	<p>Utilize the Berkeley Police Department’s collision report data on parties involved, such as housing status or whether parties involved are disabled, to help address equity gaps in Statewide Integrated Traffic Records System (SWITRS) collision data. Confirm that Berkeley Police Department report training emphasizes consistent use of these collision report data fields and, if needed, provides training resources for avoiding transportation mode bias in collision reporting. When necessary, update the police collision report form to be consistent with emerging mobility modes.</p>	Public Works; Police	
	<p>Provide an annual Vision Zero Progress Report, reviewed by the City Auditor, to City Council, City Department Directors, Vision Zero Coordinating Committee, and Transportation Commission, on progress reducing fatal and severe collisions, including in historically underserved neighborhoods, equity in traffic enforcement, and on meeting the funding, staffing, and Vision Zero program delivery schedules. Include an updated Vision Zero High-Injury Streets map. Utilize Berkeley Police Department collision data to supplement the Statewide Integrated Traffic Records System dataset to avoid lag in data availability.</p>	Public Works	
	<p>Complete a full update of the Vision Zero Action Plan every three years to ensure continued relevancy of the Action Plan by integrating advancements in best practices and technologies. The first update will include an equity evaluation to identify gaps in safety and collision datasets and develop milestones to address inequities, as well as identify strategies to include hospital data provided by Alameda County Department of Public Health, linked to emergency medical services data and police reports, in Vision Zero analyses and maps.</p>	Public Works	
	<p>Maintain an understanding of the Berkeley community’s perception of safety and personal security. Focus direct public engagement to residents of Berkeley’s historically underserved neighborhoods and other vulnerable users.</p>	Health, Housing, and Community Services	

2.1 SAFER STREETS FOR EVERYONE: PROJECT PLANNING AND DEVELOPMENT

Priority	Action	Lead Department	Timeline
☆	Develop a publicly accessible matrix and map to prioritize and track projects. Prioritize both new/existing requests/referrals and delivery of established infrastructure project lists (e.g., Five Year Repaving Program, BeST Plan, etc.) according to the Vision Zero High-Injury Streets map and equity-driven prioritization from City Council adopted plans such as the Bicycle Plan and forthcoming Pedestrian Plan.	City Manager's Office	
☆	Establish a Complete Streets Repaving and Development Project Checklist to ensure proactive and reactive Vision Zero safety infrastructure for people of all ages and abilities are included with each repaving project and in the conditions of approval for development projects. With the Vision Zero Coordinating Committee, consider establishing an equity-driven approach to prioritizing repaving projects.	Public Works	
	Establish a Vision Zero Rapid Response Safety Project Protocol that utilizes data from the renamed Fatal Accident Investigation Team (FAIT), to identify quick-build projects if engineering countermeasures may effectively improve safety. The protocol should outline a path forward for Public Works staff to be a part of the immediate on-the-ground response to an investigation of severe and fatal collisions.	Public Works; Police	
	Conduct before and after studies of a sample of Vision Zero quick-build projects to evaluate countermeasure effectiveness where existing understanding is insufficient.	Public Works	
	Undertake a Standards of Coverage/Response Time Study to provide a data-driven understanding of how safety improvements impact emergency response times.	Fire	
	Establish a pre-approved toolbox of traffic safety infrastructure design treatment improvements with the Vision Zero Coordinating Committee to streamline the implementation of projects.	Public Works	

2.2 SAFER STREETS FOR EVERYONE: PROJECT DESIGN

Priority	Action	Lead Department	Timeline
	Establish Vision Zero Design Guidelines that consolidate policies and design guidelines from Council-adopted plans such as the Pedestrian Plan, Bicycle Plan, and Complete Streets Policy to guide Berkeley's street design, traffic, and parking procedures in order to prioritize safety and reduce the incidence of severe and fatal collisions. Ensure revisions and updates are reviewed by the Vision Zero Coordinating Committee to maintain accessibility for people of all ages and abilities.	Public Works	
	Develop Curbside Management Guidelines and incorporate them into the Vision Zero Guidelines to ensure Berkeley addresses safety concerns at the curb due to existing and emerging mobility options.	Public Works	
	Update the Berkeley Municipal Code to be consistent with the Vision Zero Design Guidelines.	Public Works	
	Refine the existing traffic calming toolbox to include design guidelines for all street types, utilizing Council-adopted plans where applicable. Ensure the traffic calming toolbox is reviewed by the Vision Zero Coordinating Committee to streamline the implementation of projects.	Public Works	

2.3 SAFER STREETS FOR EVERYONE: PROJECT DELIVERY

Priority	Action	Lead Department	Timeline
☆	Proactively build capital-intensive and quick-build safety projects on all Vision Zero High-Injury Streets on a schedule to complete such projects by 2028.	Public Works	
	Reactively build newly identified quick-build projects at locations with recent severe and fatal collisions if engineering countermeasures may effectively improve safety, based on Rapid Response Safety Project Protocol.	Public Works	
	Continue to deliver traffic calming projects. Utilize the traffic calming toolbox and evaluate requests based on an equity- and data-driven approach to implementation for both residential and Vision Zero High-Injury Streets. Increase public awareness of the traffic calming program.	Public Works	

3.1 SAFER STREETS BY EVERYONE: PUBLIC AWARENESS

Priority	Action	Lead Department	Timeline
☆	Develop and proactively deliver a Vision Zero branding, promotional, and educational campaign to increase awareness about Vision Zero and the top traffic violations for severe and fatal injuries in Berkeley, elevating victims' stories. Regularly update the campaign to ensure it is context-specific, accessible, and culturally relevant. Collaborate with community-based organizations to distribute material and promote messages and public events that normalize active transportation and transit as healthy and responsible transportation choices.	Health, Housing, and Community Services	
☆	Establish a Vision Zero Rapid Response Safety Communication Protocol. Employ a communication strategy in response to recent severe and fatal collisions aimed at the human element of traffic safety, including health and prevention messaging to the Berkeley community.	Public Works	
	Partner with UC Berkeley, Berkeley City College, and Berkeley Unified School District to distribute targeted Vision Zero messaging for students.	Public Works	
	Integrate Vision Zero traffic safety awareness and education into training for City employees who drive City vehicles or drive while on City business, including Police, Fire, Public Works, and all City departments and divisions.	City Manager's Office	

3.2 SAFER STREETS BY EVERYONE: ENFORCEMENT

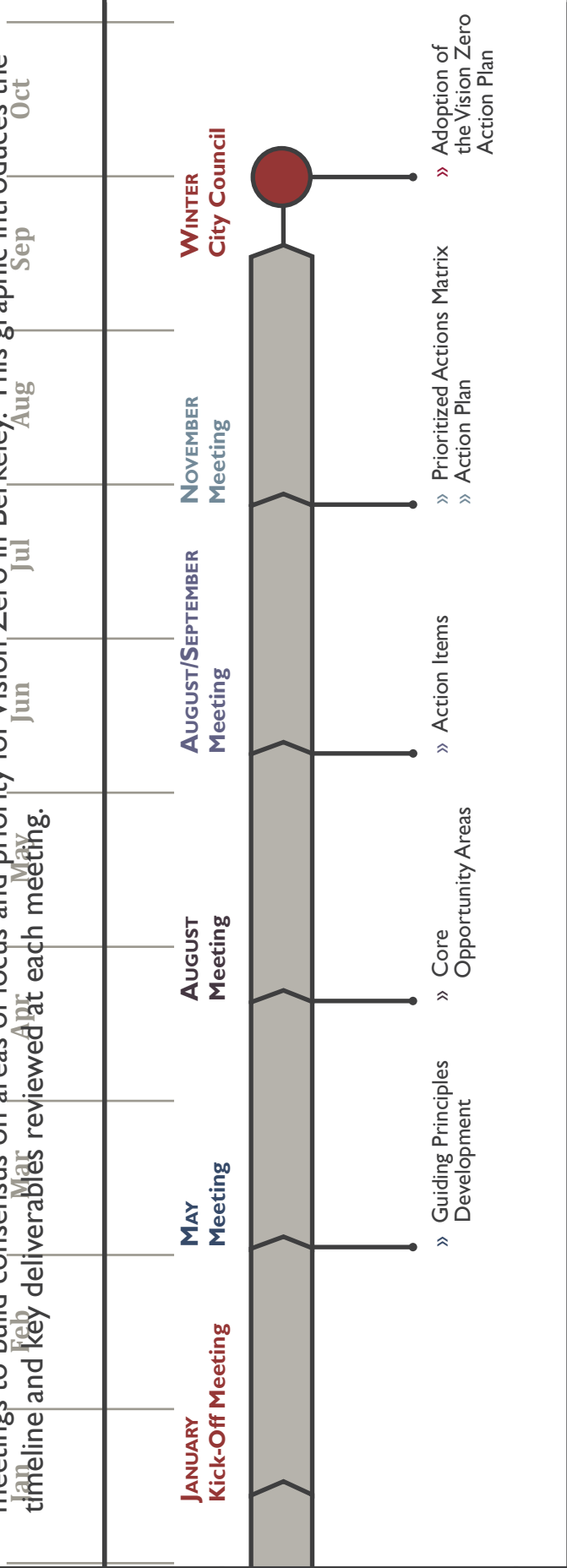
Priority	Action	Lead Department	Timeline
☆	Focus traffic enforcement efforts proportionately on the most significant traffic violations for severe and fatal collisions by party at fault. Focus enforcement efforts on areas of Berkeley where engineering and education efforts have already been implemented. Conduct traffic enforcement consistent with the City of Berkeley's Fair and Impartial Policing Policy.	Police	
☆	Support state-wide traffic safety legislation allowing automated speed enforcement by local agencies, designation of speed limits on local streets based on desired safety outcomes rather than the existing prevailing speed, and the reduction of local residential street speed limits to below 25 MPH, which would allow for 20 MPH speed limit on local residential streets, consistent with "20 Is Plenty" campaigns. Utilize existing legislated automated enforcement strategies, such as red light cameras.	City Manager's Office	
	Rename the Fatal Accident Investigation Team to replace the word "accident" with "collision" and include reference to near-fatal and major collisions, to acknowledge that most collisions are preventable, and to be in line with Vision Zero philosophies.	Police	
	Continue and regularly update a collision data-driven enforcement strategy focusing on collision reports from the renamed Fatal Accident Investigation Team (FAIT) to supplement collision data from SWITRS. Focus on areas of Berkeley where engineering and education efforts have already been implemented. Conduct traffic enforcement consistent with the City of Berkeley's Fair and Impartial Policing policy.	Police	
	Seek opportunities to educate before issuing citations during traffic enforcement.	Police	
	Develop a traffic ticket diversion program for bicycle and pedestrian traffic tickets to promote access to bicycle and pedestrian safety courses and programs.	Police	



APPENDICES

APPENDIX A: VISION ZERO: ACTION PLAN TIMELINE & PROCESS DIAGRAM

The Vision Zero Action Plan development was facilitated by a series of five Task Force and Advisory Committee meetings to build consensus on areas of focus and priority for Vision Zero in Berkeley. This graphic introduces the timeline and key deliverables reviewed at each meeting.



MEETING SCHEDULE

DETAILS & DELIVERABLES

GUIDING PRINCIPLES DEVELOPMENT

An introduction to key Vision Zero concepts that resonate in the City of Berkeley. Meetings included a group exercise to develop Guiding Principles for the Vision Zero Action Plan.

CORE OPPORTUNITY AREAS

A best practices review and benchmarking assessment summarized as core opportunity areas for Berkeley Vision Zero. The best practices review focused on systemic safety strategies from other U.S. cities, while the benchmarking assessment provided an understanding of baseline safety conditions and practices in the City of Berkeley.

ACTION ITEMS

A list of actions to address the identified safety needs, as documented in the Core Opportunity Areas memo.

PRIORITIZED ACTIONS MATRIX

A matrix of prioritized Vision Zero actions for the City of Berkeley, based on input provided throughout the Task Force and Advisory Committee meeting series.

ACTION PLAN

The final summarizing document, documenting the significance of Vision Zero in Berkeley and introducing the City's Vision Zero action items.

APPENDIX B: PRIORITIZED VISION ZERO ACTIONS MATRIX

This matrix documents the action item prioritization for Berkeley's Vision Zero Action Plan. The intention of this prioritization is to help the City determine the list of near-term, immediate actions the City should embark on to achieve Vision Zero. The matrix is not intended to be static – it can be used for each Vision Zero Action Plan update to re-evaluate the near-term focus of Vision Zero for the City. The criteria the prioritization utilizes are:

- **Transformative/High Impact:** Actions are prioritized that would have major positive impacts on safety or City collaboration, based on the Institute of Transportation Engineer's Core Elements of Vision Zero and ongoing City efforts.
- **Existing Resources:** Actions are prioritized that likely already have the needed resources, both staff and funding, to deliver.
- **Staff Priority:** Actions are prioritized that are of interest and priority to the Task Force.
- **Community Priority:** Actions are prioritized that are of interest and priority to the Advisory Committee.

These criteria are based on the existing priorities of the City of Berkeley. The criteria are meant to be fluid and re-evaluated with each new Vision Zero Action Plan update. Each action item will receive a point for each criterion it fulfills. The top performing actions should be the near-term focus of Vision Zero efforts.

PRIORITIZATION RUBRIC

All actions that have a score of 3.5 or greater are considered near-term priorities for the City of Berkeley.

Metric	1	0.5	0
Transformative/ High Impact	Action directly correlates to an ITE Vision Zero Core Element <i>and</i> is an item the City is not currently doing	A Core Element, but lesser transformative impact because the City is already undertaking this effort	Not a Core Element
Existing Resources	High existing staff availability (based on Task Force and Vision Zero Program staff feedback)	Medium existing staff availability	Low existing staff availability
Staff Priority	High priority item (based on Task Force and Vision Zero Program staff feedback)	Medium priority item	Low priority item
Community Priority	High priority item (based on Advisory Committee feedback)	Medium priority item	Low priority item

Pillar	Opportunity Area	Action	Transformative/ High Impact	Existing Resources	Staff Priority	Community Priority	Score
VZ Program	Collaboration	Establish a standing Vision Zero Coordinating Committee	1	1	1	1	4
VZ Program	Capacity	Conduct a citywide Vision Zero Action Plan assessment	1	1	1	1	4
Safe Streets for Everyone	Project Delivery	Proactively build capital-intensive and quick-build safety projects	1	0.5	1	1	3.5
VZ Program	Capacity	Request a Vision Zero Performance Audit	1	1	0.5	1	3.5
Safe Streets by Everyone	Public Awareness	Establish a Vision Zero Rapid Response Safety Communication Protocol	1	0.5	1	1	3.5
Safe Streets by Everyone	Enforcement	Support state-wide traffic safety legislation	1	0.5	1	1	3.5
Safe Streets for Everyone	Project Planning & Development	Establish a Complete Streets Repaving and Development Project Checklist	1	0.5	1	1	3.5
Safe Streets by Everyone	Public Awareness	Develop and proactively deliver a Vision Zero branding, promotional, and educational campaign	1	0.5	1	1	3.5
Safe Streets for Everyone	Project Planning & Development	Develop a publicly accessible matrix and map to prioritize and track projects	1	0.5	1	1	3.5
VZ Program	Transparency & Equity	Utilize the Berkeley Police Department's collision report data on parties involved	1	0.5	1	1	3.5
Safe Streets by Everyone	Enforcement	Focus traffic enforcement efforts proportionately on the most significant traffic violations for severe and fatal collisions by party at fault.	1	1	1	0.5	3.5
VZ Program	Collaboration	Incorporate Vision Zero goals and actions into near-term plan and policy updates	1	1	0	1	3
Safe Streets for Everyone	Project Delivery	Reactively build newly identified quick-build projects	1	0.5	0.5	1	3
Safe Streets for Everyone	Project Planning & Development	Establish a Vision Zero Rapid Response Safety Project Protocol	1	0.5	0.5	1	3
Safe Streets for Everyone	Project Design	Establish Vision Zero Design Guidelines that consolidate policies and design guidelines from Council-adopted plans	0.5	0.5	1	1	3
VZ Program	Transparency & Equity	Provide an annual Vision Zero Progress Report	0.5	1	0.5	1	3
VZ Program	Transparency & Equity	Complete a full update of the Vision Zero Action Plan every three years	0.5	1	0.5	1	3
VZ Program	Collaboration	Develop a focused, strategic Vision Zero staff training plan	0.5	0.5	1	1	3
Safe Streets by Everyone	Enforcement	Continue and regularly update a collision data-driven enforcement strategy	0.5	0.5	1	1	3
Safe Streets for Everyone	Project Planning & Development	Conduct before and after studies	1	0.5	1	0.5	3
Safe Streets by Everyone	Enforcement	Seek opportunities to educate before issuing citations	0.5	0.5	0.5	1	2.5

Pillar	Opportunity Area	Action	Transformative/ High Impact	Existing Resources	Staff Priority	Community Priority	Score
Safe Streets by Everyone	Enforcement	<i>Rename the Fatal Accident Investigation Team</i>	0.5	1	0.5	0.5	2.5
VZ Program	Transparency & Equity	<i>Maintain an understanding of the Berkeley community's perception of safety and personal security</i>	1	0	0.5	1	2.5
Safe Streets by Everyone	Public Awareness	<i>Partner with UC Berkeley, Berkeley City College, and Berkeley Unified School District</i>	0.5	0.5	0.5	1	2.5
Safe Streets for Everyone	Project Delivery	<i>Continue to deliver traffic calming projects</i>	1	0.5	0.5	0.5	2.5
Safe Streets by Everyone	Public Awareness	<i>Integrate Vision Zero traffic safety awareness and education into training for City employees</i>	0.5	0.5	0.5	1	2.5
Safe Streets for Everyone	Project Design	<i>Update the Berkeley Municipal Code</i>	0.5	0.5	0.5	0.5	2
Safe Streets for Everyone	Project Planning & Development	<i>Undertake a Standards of Coverage/Response Time Study</i>	0	0.5	0.5	0.5	1.5
Safe Streets by Everyone	Enforcement	<i>Develop a traffic ticket diversion program</i>	0	0	0.5	1	1.5
VZ Program	Collaboration	<i>With the Metropolitan Transportation Commission, Alameda County Transportation Commission, and Alameda County Department of Public Health, establish a peer-to-peer Bay Area Vision Zero Network</i>	0	1	0	0.5	1.5
Safe Streets for Everyone	Project Design	<i>Refine the existing traffic calming toolbox</i>	0.5	0	0.5	0.5	1.5
Safe Streets for Everyone	Project Planning & Development	<i>Establish a pre-approved toolbox of traffic safety infrastructure design treatments</i>	0	0.5	0	0.5	1
Safe Streets for Everyone	Project Design	<i>Develop Curbside Management Guidelines</i>	0	0	0.5	0.5	1

APPENDIX C: SWITRS VIOLATION CODE DATA TABLES

Table I: Cited California Vehicle Code Violation by Party at Fault¹

Cited California Vehicle Code Violation	Party Cited as at Fault						Total
	Driver	Ped	Parked Vehicle	Bicyclist	Other	None Cited	
Traveling at unsafe speeds	11			12			23
Failure to yield at crosswalk	20						20
Failure to yield to oncoming traffic when making a left turn or U-turn	7						7
Failure to stop at a red light	3			3			6
Failure to yield at a stop sign	5						5
Opening door in unsafe conditions	3		1		1		5
Failure to signal	2			2			4
Crossing outside crosswalk or legal crossing	1	3					4
Pedestrian suddenly leaving curb		4					4
Failure to yield to oncoming traffic when entering or crossing road from property or alley	2			1			3
Pedestrian had flashing DON'T WALK		3					3
Passing unsafely	2						2
Driving with 0.04% or more alcohol in blood with a passenger for hire in the vehicle	2						2
Failure to proceed straight or yield properly	1						1
Driving on the wrong side of the road	1						1
Driver passes bicyclist unsafely	1						1
Disobeying traffic control device	1						1
Reckless driving causing bodily injury	1						1
Driving under the influence	1						1
Driving under the influence and driving unlawfully, leading to bodily injury to any person other than the driver	1						1
Driving a vehicle in an unsafe condition or not safely loaded	1						1
Bicyclist has same rights and subject to same rules as motor vehicles				1			1
Driver not yielding to pedestrians during right turn on red		1					1
Pedestrian crossing between signalized intersections		1					1
Failure to stop at stop bar				1			1
No violation cited	1	1		4		6	12
<i>Total</i>	<i>67</i>	<i>13</i>	<i>1</i>	<i>24</i>	<i>1</i>	<i>6</i>	<i>112</i>

Notes:

1. SWITRS five-year severe and fatal injury collision data, 2013-2017

Table 2: Cited CA Vehicle Code Violations by Parties Involved in Severe and Fatal Collisions¹

Violation by Party at Fault for Severe or Fatal Collisions		# of Severe or Fatal Collisions ³	Other Parties Involved ²					Solo Collisions
Cited Party at Fault	California Vehicle Code Summary		Driver	Pedestrian	Parked Vehicle	Bicyclist	Other	
Driver	Failure to yield at crosswalk	20	1	21	0	0	0	0
Driver	Traveling at unsafe speeds	8	3	3	3	1	0	3
Driver	Failure to yield to oncoming traffic when making a left turn or U-turn	7	5	0	0	2	0	0
Bicyclist	Traveling at unsafe speeds	6	5	0	0	1	0	6
Driver	Failure to yield at a stop sign	5	3	0	0	2	0	0
Pedestrian	Pedestrian suddenly leaving curb	4	4	0	0	0	0	0
Driver	Opening door in unsafe conditions	3	0	0	0	3	0	0
Pedestrian	Crossing outside crosswalk or legal crossing	3	3	0	0	0	0	0
Pedestrian	Pedestrian had flashing DON'T WALK	3	3	0	0	0	0	0
Bicyclist	Failure to stop at a red light	3	2	0	0	0	1	0
Driver	Failure to stop at a red light	3	1	1	0	1	0	0
Driver	Driving with 0.04% or more alcohol in blood with a passenger for hire in the vehicle	2	0	1	0	1	0	0
Driver	Failure to signal	2	1	0	0	1	0	0
Driver	Failure to yield to oncoming traffic when entering or crossing road from property or alley	2	1	0	0	1	0	0
Bicyclist	Failure to signal	1	0	0	1	0	0	1
Driver	Passing unsafely	1	1	0	0	0	0	1
Driver	Driving under the influence and driving unlawfully, leading to bodily injury to any person other than the driver	1	0	1	0	0	0	0
Driver	Reckless driving causing bodily injury	1	1	1	0	0	0	0
Other	Opening door in unsafe conditions	1	0	0	0	1	0	0
Parked Vehicle	Opening door in unsafe conditions	1	0	0	0	1	0	0
Bicyclist	Failure to stop at stop bar	1	1	0	0	0	0	0
Driver	Disobeying traffic control device	1	1	0	0	0	0	0
Pedestrian	Pedestrian crossing between signalized intersections	1	1	0	0	0	0	0
Driver	Crossing outside crosswalk or legal crossing	1	0	1	0	0	0	0

Violation by Party at Fault for Severe or Fatal Collisions		# of Severe or Fatal Collisions ³	Other Parties Involved ²					Solo Collisions
Cited Party at Fault	California Vehicle Code Summary		Driver	Pedestrian	Parked Vehicle	Bicyclist	Other	
Bicyclist	Failure to yield to oncoming traffic when entering or crossing road from property or alley	1	1	0	0	0	0	0
Driver	Driver passes bicyclist unsafely	1	0	0	0	1	0	0
Pedestrian	Driver not yielding to pedestrians during right turn on red	1	0	0	0	1	0	0
Driver	Failure to proceed straight or yield properly	1	1	0	0	0	0	0
Bicyclist	Bicyclist has same rights and subject to same rules as motor vehicles	1	1	0	0	0	0	0
Driver	Driving a vehicle in an unsafe condition or not safely loaded	0	0	0	0	0	0	1
Driver	Driving under the influence	0	0	0	0	0	0	1
Driver	Driving on the wrong side of the road	0	0	0	0	0	0	1
	No Violation Cited	7	7	1	0	4	0	5
	<i>Total</i>	<i>93</i>	<i>47</i>	<i>30</i>	<i>4</i>	<i>21</i>	<i>1</i>	<i>19</i>

Notes:

1. SWITRS five-year severe and fatal injury collision data, 2013-2017

2. Parties involved will not sum to total number of collisions

3. This number excludes solo collisions. To understand the total number of severe or fatal collisions, sum this column with the number of solo collisions.



Office of the City Manager

CONSENT CALENDAR

June 28, 2022

To: Honorable Mayor and Members of the City Council

From: Dee Williams-Ridley, City Manager

Submitted by: Liam Garland, Director, Department of Public Works

Subject: Vision Zero Annual Report

RECOMMENDATION

Adopt a Resolution 1) accepting the City of Berkeley Vision Zero Annual Report for 2021-2022; 2) affirming the actions and priorities as stated in the 2020 Berkeley Vision Zero Action Plan; and 3) directing the City Manager to form a Vision Zero Coordinating Committee for guiding the implementation of the 2020 Vision Zero Action Plan, including coordinating with the ongoing Berkeley Department of Transportation (BerKDOT) referral response and the Reimagining Public Safety Task Force, with the goal of developing a Vision Zero Traffic Enforcement policy before proceeding with the “Safer Streets by Everyone: Enforcement” actions described in the Vision Zero Action Plan.

FISCAL IMPACTS OF RECOMMENDATION

The recommendation has no direct fiscal impacts.

CURRENT SITUATION AND ITS EFFECTS

In March 2020, the Berkeley City Council adopted the Berkeley Vision Zero Action Plan (Resolution No. 69,324-N.S). One of the recommended actions in the Plan calls for staff to provide an annual Vision Zero progress report to the Berkeley City Council, describing the City’s progress toward eliminating severe injury and fatal traffic crashes. The Vision Zero Annual Report attached to this staff report is submitted in fulfillment of this recommended action. As described in the Annual Report, the City has made substantial progress on implementing many elements of the Vision Zero Action Plan, while some elements have been temporarily delayed because of the impacts of the COVID-19 pandemic, and other actions are proposed to be elevated in priority for 2022, to strengthen the City’s ability to respond more quickly to severe and fatal traffic crashes. Public Works is supporting these efforts through a combination of City staff and on-call transportation planning and consulting staff.

BACKGROUND

Vision Zero is a safety-first approach to transportation that seeks to eliminate all traffic deaths and severe injuries. In March 2018, the Berkeley City Council adopted a Vision Zero Policy with the goal of eliminating traffic deaths and severe injuries in Berkeley by 2028, and directed staff to form a Vision Zero Task Force and develop a Vision Zero

Action Plan (Resolution No. 68,371-N.S.). Following the March 2018 City Council action, Public Works convened a Vision Zero Task Force and a Vision Zero Advisory Committee. The Task Force consisted of government agency representatives from multiple City of Berkeley Departments and partner agencies, including the Berkeley Police Department; Berkeley Fire Department; Department of Public Works; Department of Health, Housing, and Community Services; AC Transit; the University of California, Berkeley; and the Office of the City Manager. Representatives from the Mayor's and Council Members' offices also participated. The Advisory Committee consisted of members of the public representing various parts of the Berkeley community, including City of Berkeley Commissions, the Berkeley Unified School District Board of Directors, Safe Routes to Schools parents, business associations, and pedestrian and bicycle advocates. In partnership with these two groups, Public Works staff developed a Vision Zero Action Plan.

One of the Plan's priority actions recommended the creation of an ongoing Vision Zero implementation committee. After consultation with the City Clerk, Public Works staff recommended continuation of both the Task Force and the Advisory Committee in one consolidated "Vision Zero Coordinating Committee", formed to advise the City Manager on Action Plan implementation. Similar to the composition of the existing Task Force and Advisory Committee, this new Committee would consist of City staff from affected departments; staff representatives from other relevant public agencies; Commissioners selected by their respective commissions; and other members of the Berkeley community as appropriate. The Committee would be an ad-hoc non-legislative body not subject to the Brown Act, and would meet quarterly to discuss a predetermined work plan and agenda. It would provide quarterly updates to the City Manager that the City Manager would in turn report to the City Council in the form of Information Items. As described in the Annual Report, this item has been delayed due to impacts of the COVID-19 pandemic, and is a high priority for the second half of 2022.

The Draft Vision Zero Action Plan was presented to the Berkeley Transportation Commission on November 21, 2019. The Transportation Commission passed a motion recommending the draft Vision Zero Action Plan for approval by the Berkeley City Council. Transportation Commissioners expressed concern about the Plan's traffic enforcement actions, based on historical patterns of racialized outcomes of traffic enforcement and other equity concerns. In response to these concerns, Public Works staff recommended that new Vision Zero traffic enforcement efforts be undertaken only after the creation of an equity-driven Vision Zero Enforcement Policy, to be developed in partnership with the Berkeley Police Department and with the guidance of the Vision Zero Coordinating Committee. As described in the Annual Report, this item has been delayed pending formation of the Vision Zero Coordinating Committee and the need to coordinate such a policy with the traffic enforcement equity components of the ongoing BerkDOT and Reimagining Public Safety Task Force processes.

As described in the annual report, staff from multiple departments continue to work to elevate in priority certain Vision Zero actions in order to strengthen the City's ability to respond to the most severe, life-changing, near-fatal, and fatal traffic crashes. These actions include the creation of a Quick-build Program as a way to accelerate delivery of traffic safety projects, as well as the development of a Vision Zero Rapid Response Safety Communication Protocol, as a communication strategy in response to recent severe and fatal collisions.

ENVIRONMENTAL SUSTAINABILITY AND CLIMATE IMPACTS

Walking and cycling trips do not release air pollutants or greenhouse gasses. Implementation of the Vision Zero Action Plan as described in the Vision Zero Annual Report aims to increase walking and cycling trips by improving the safety and accessibility of these modes. A survey for the 2017 Berkeley Bicycle Plan found that 71% of Berkeley residents are interested in bicycling, but do not ride because they are concerned about safety. Increasing cycling and walking would help the City achieve the Berkeley Climate Action Plan greenhouse gas emission reduction targets of 80% below year 2000 levels by 2050. The Climate Action Plan states that transportation modes such as walking and cycling must become the primary means of fulfilling the City's mobility needs in order to meet these targets.

RATIONALE FOR RECOMMENDATION

The Berkeley Vision Zero Action Plan outlines a strategic, paradigm-shift approach to eliminating severe and fatal traffic collisions by the year 2028. The Vision Zero Annual report provides an update on progress in implementing the priority actions from this Plan, and affirms the actions and priorities in this Plan.

ALTERNATIVE ACTIONS CONSIDERED

Council could opt not to receive the Annual Report and/or could request updates on Vision Zero via other channels. Council could opt not to affirm the Vision Zero Action Plan actions and priorities, and instead pursue the goal of zero traffic deaths and severe injuries through other, as yet unspecified strategies.

CONTACT PERSON

Farid Javandel, Deputy Director, Public Works, 510-981-7061
Beth Thomas, Principal Planner, Public Works, 510-981-7068
Eric Anderson, Senior Planner, Public Works, 510-981-7062

Attachments:

1: Resolution

Exhibit A: Vision Zero Annual Report 2021-2022

RESOLUTION NO. ##,###-N.S.

ACCEPTANCE OF THE BERKELEY VISION ZERO ANNUAL REPORT

WHEREAS, in March 2018 the Berkeley City Council adopted the Vision Zero Policy with a goal of eliminating traffic deaths and severe injuries in Berkeley by 2028, and directed staff to form a Vision Zero Task Force and develop a Vision Zero Action Plan (Resolution No. 68,371-N.S.); and

WHEREAS, in March 2020, the Berkeley City Council adopted the Berkeley Vision Zero Action Plan (Resolution No. 69,324-N.S.); and

WHEREAS, one of the recommended actions in the Plan calls for staff to provide an Annual Vision Zero Progress Report to the Berkeley City Council, describing the City's progress toward eliminating severe injury and fatal traffic crashes; and

WHEREAS, one of the recommended actions in the Plan calls for the creation of an ongoing Vision Zero implementation committee, and creation of this committee has been delayed due to impacts of the COVID-19 pandemic and is a high priority for the second half of 2022; and

WHEREAS, in response to concerns about equity in Vision Zero Traffic Enforcement, Public Works staff recommended that new Vision Zero traffic enforcement efforts be undertaken only after the creation of an equity-driven Vision Zero Enforcement Policy, an item that has been delayed pending formation of a Vision Zero Coordinating Committee and by the need to coordinate such a policy with the ongoing Berkeley Department of Transportation (BerKDOT) organizational process.

NOW THEREFORE, BE IT RESOLVED that the Council of the City of Berkeley hereby accepts the City of Berkeley Vision Zero Annual Report for 2021-2022.

BE IT FURTHER RESOLVED, that the Council of the City of Berkeley affirms the actions and priorities as stated in the 2020 Berkeley Vision Zero Action Plan.

BE IT FURTHER RESOLVED, that the City Manager is directed to form a Vision Zero Coordinating Committee for guiding the implementation of the 2020 Vision Zero Action Plan, including coordinating with the ongoing Berkeley Department of Transportation (BerKDOT) referral response and the Reimagining Public Safety Task Force, with the goal of developing a Vision Zero Traffic Enforcement policy before proceeding with the "Safer Streets by Everyone: Enforcement" actions described in the Vision Zero Action Plan.

Exhibits

A: Vision Zero Annual Report 2021-2022



CITY OF BERKELEY VISION ZERO ANNUAL REPORT 2021-2022

June 2022

VISION ZERO PROGRAM - CORE STAFF

Eric Anderson, Senior Transportation Planner, Vision Zero Program Manager

Matthew Cotterill, Assistant Transportation Planner

Beth Thomas, Principal Transportation Planner

Farid Javandel, Deputy Director of Public Works

Vision Zero is a “One City One Team” effort. In addition to the staff listed above, City workers in nearly every department, including the City Manager’s Office, Public Works, Health Housing and Community Services, the Berkeley Police Department, the Berkeley Fire Department, and others, play an integral role in achieving our goal of zero deaths and severe injuries on Berkeley streets.

TABLE OF CONTENTS

Introduction	2
Why We Need Vision Zero	4
Taking Action	12
Appendices	17
Appendix A: Vision Zero Actions	
Appendix B: SWITRS Violation Code Data Tables	

ABOUT VISION ZERO

Vision Zero is a strategy to eliminate all traffic fatalities and severe injuries while increasing safe, healthy, and equitable mobility for all. Vision Zero is, first and foremost, an *engineering* strategy that aims to design and build our streets to eliminate all severe and fatal traffic injuries. These engineering efforts are supported by public awareness education and traffic enforcement. Equity-driven Vision Zero traffic enforcement utilizes the best possible data and is focused on areas of Berkeley where engineering and education efforts have already been implemented.

CAPTURING SITES OF FATAL AND SEVERE COLLISIONS

All photos in this report were taken at locations in Berkeley where someone lost their life or sustained a severe injury in a traffic collision. The images demonstrate that there is rarely any way for someone passing by to know a tragedy took place, since things often continue as they did before. Vision Zero challenges this status quo and strips away the societal acceptance that fatal and severe traffic collisions are a necessary byproduct of mobility.

Every year, an average of three people die and at least 33 people are severely injured in Berkeley due to traffic violence. Vision Zero is about recognizing that these deaths and severe injuries are preventable and unacceptable – no one should lose their life or experience a life-altering injury while traveling on Berkeley streets, no matter who they are or how they travel.

We began our commitment to Vision Zero in 2018 through the adoption of a Vision Zero resolution to end all traffic-related deaths and severe injuries on City streets by 2028. We continued this commitment with the adoption of the Vision Zero Action Plan in 2020. The actions described in the Plan and this Annual Report are motivated by the following Vision Statement and Guiding Principles:

The City of Berkeley is committed to an equity-focused, data-driven effort to eliminate traffic deaths and severe injuries on our city streets by 2028.

1. **Safety is our highest priority.**
2. **Traffic deaths and severe injuries are preventable and unacceptable.**
3. **People make mistakes.**
4. **Slower streets are safer streets.**
5. **We will create safer transportation options for people who walk, bike, and take transit.**
6. **Street safety must be achieved equitably.**
7. **Vision Zero will be accountable, transparent, and data-driven.**

While every action item described in the Plan is fundamental to the success of Vision Zero, the Plan's Priority Actions have been the near-term focus of the Vision Zero Program in Berkeley during the year since adoption of the Plan, and are the focus of this progress report. The full list of actions for the City of Berkeley is shown in **Appendix A: Vision Zero Actions**.





**WHY WE NEED
VISION ZERO**

BERKELEY NEEDS VISION ZERO

Every year, on average three people die and at least 33 people sustain severe injuries on Berkeley streets due to traffic violence. This is unacceptable and preventable – no one should lose their life or suffer a life-altering injury when traveling in our city. Unless otherwise noted, all updated traffic crash data in this Annual Report is from the years 2011 to 2020 - the most recent ten years of collision data available through the Statewide Integrated Traffic Records System (SWITRS).

VISION ZERO IS ABOUT THE 2%

On average, 2% of collisions on Berkeley streets result in a fatality or severe injury.

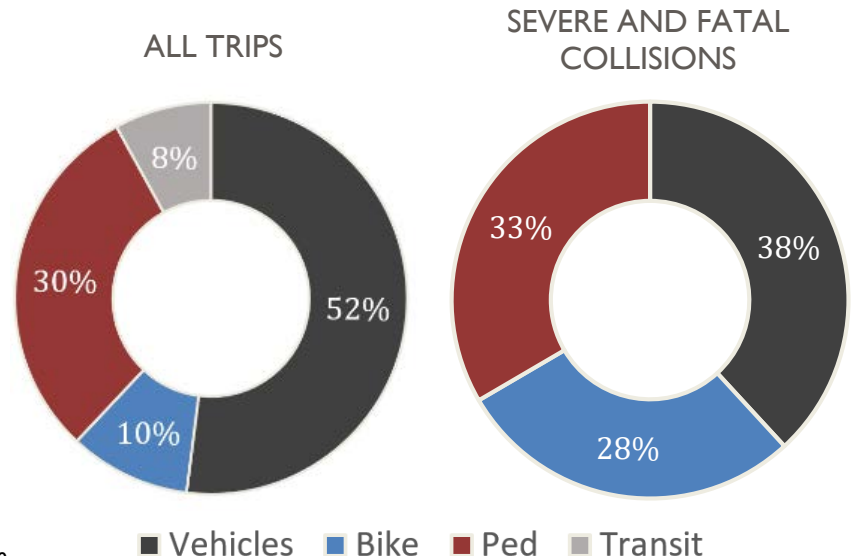
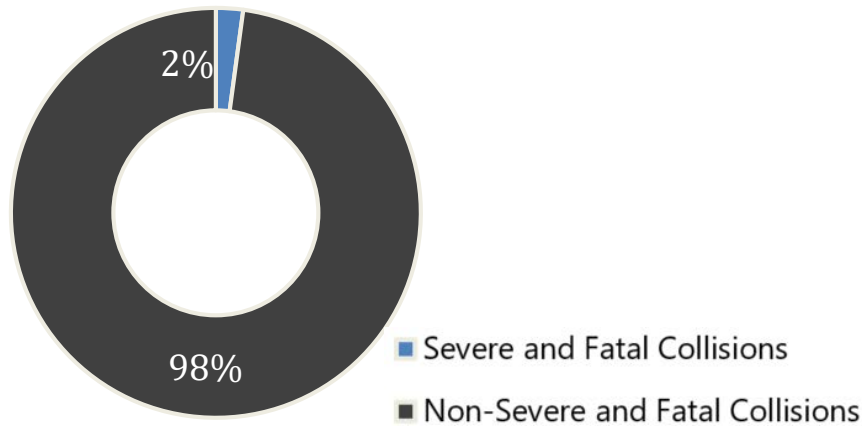
That is 2% too many.

VISION ZERO IS ABOUT MODE

Collisions disproportionately impact people riding bicycles and people walking. The numbers are stark – collisions involving someone riding a bicycle or walking make up almost **61%** of collisions that result in death or severe injury, despite making up just **40%** of trips in Berkeley.

DISPROPORTIONATE BURDEN

We know that people of color, people with no or low income, people with no or limited English proficiency, people experiencing homelessness, youth, seniors, and people with disabilities are over-represented in fatal and severe injury collisions, but we currently have limited data within SWITRS collision reports to understand the magnitude of the disproportionate burden. The Vision Zero Action Plan addresses those data gaps head-on and establishes strategies to start collecting and utilizing more meaningful data to understand inequities on our streets. We also are not waiting for more data to take an equity-driven approach to Vision Zero.



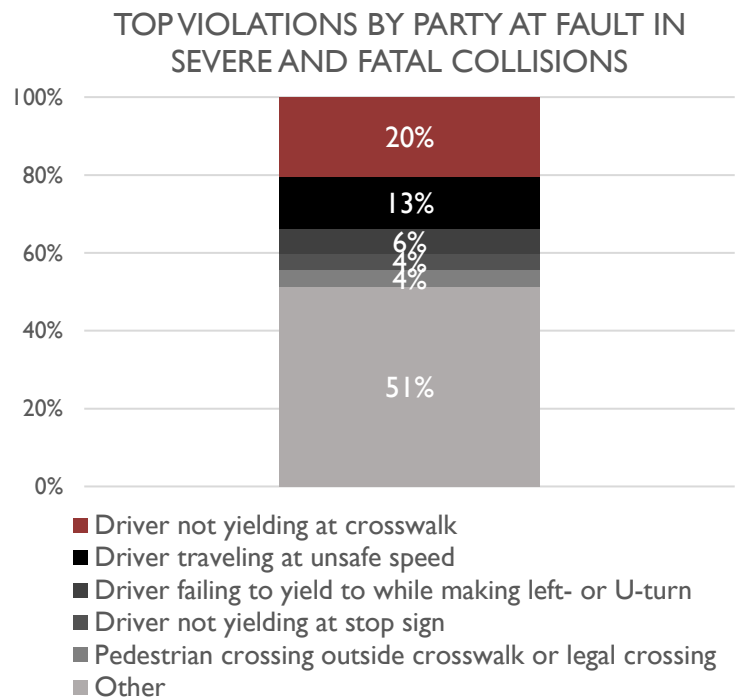
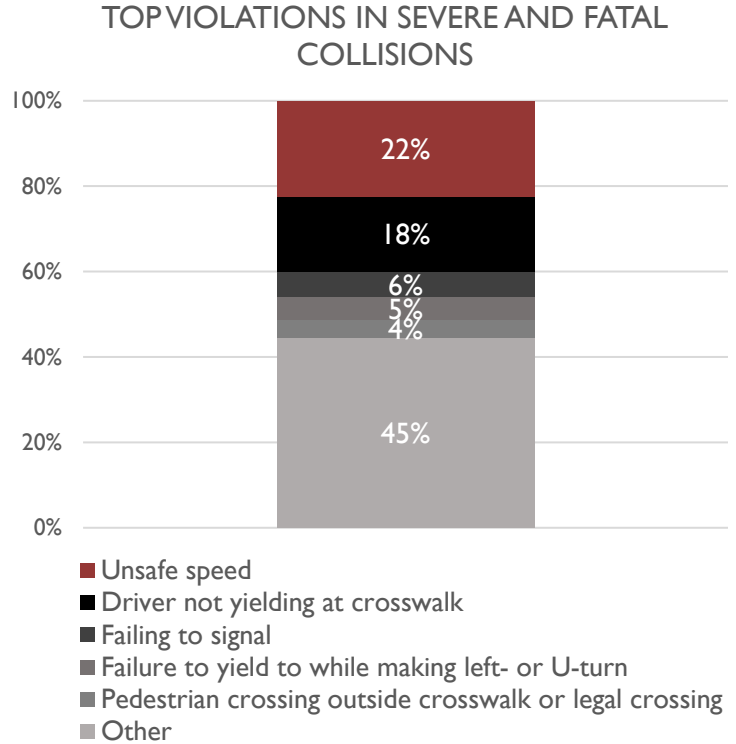
Collision Data: SWITRS ten-year injury collision data, 2011-2020
 Mode Data: California Household Travel Survey for the City of Berkeley, 2012

VISION ZERO IS ABOUT TRAFFIC VIOLATIONS

Every collision involves multiple factors. The top traffic violations reported during the years 2011 to 2020 for collisions in Berkeley that resulted in death or severe injury were **traveling at unsafe speeds; driver not yielding at crosswalk; failing to signal; failure to yield to oncoming traffic while making left or U-turns; pedestrian crossing outside crosswalk or legal crossing.** Vision Zero focuses on the most significant factors associated with severe and fatal traffic collisions in order to make the greatest impact.

Safety is also about how we share public space and how we interact on our streets. When we consider the primary party at fault, the top traffic violations for severe and fatal vehicle-involved collisions in Berkeley were **drivers not yielding at crosswalks; drivers traveling at unsafe speeds; drivers failing to yield to oncoming traffic when making a left- or U-turn; drivers not yielding at stop signs; and pedestrian crossing outside crosswalk or legal crossing.** While party at fault data is subjective and may not include the victim’s perspective, it can add to our understanding of the unsafe behaviors that result in severe and fatal collisions.

Violation data tables are provided in **Appendix B: SWITRS Violation Code Data Tables.**



Collision Data: SWITRS ten-year injury collision data, 2011-2020



GETTING TO ZERO

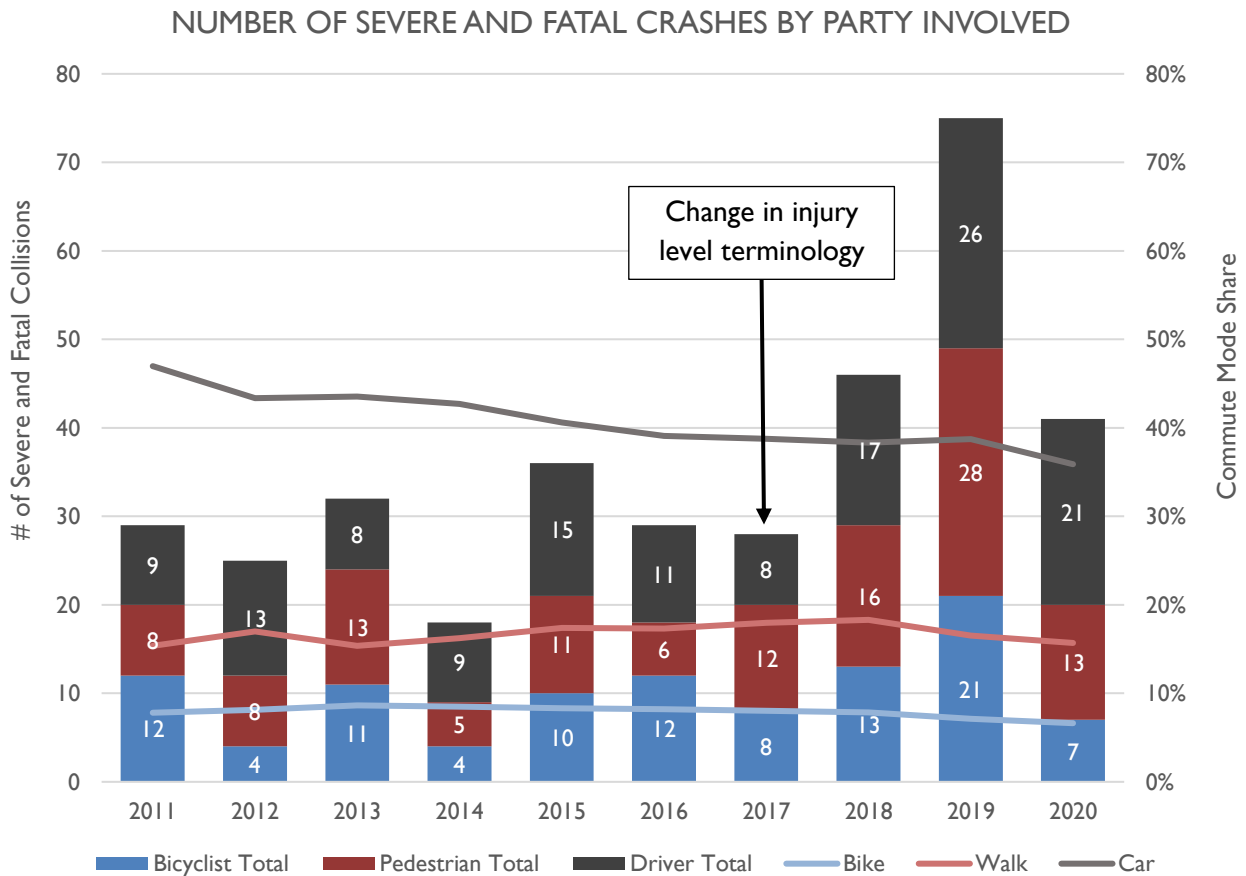
Berkeley's Vision Zero goal is to reach zero severe and fatal traffic crashes by the year 2028. To this end, the Berkeley Vision Zero Program tracks severe and fatal traffic crashes year-to-year, utilizing the most recently available 10-year SWITRS dataset. The chart on the next page shows severe and fatal crashes by mode for the last 10 years, along with US Census data "Journey to Work" mode share.

Following a peak in 2015 and an apparent decrease in severe and fatal traffic crashes in 2016 and 2017, beginning in 2018 SWITRS crash data appeared to show a substantial increase in severe injury traffic crashes for nearly all modes of transportation in Berkeley. SWITRS is a State of California data clearinghouse that gathers traffic crash data as reported by local police departments using the California Highway Patrol collision report form (CHP 555). Public Works and Berkeley Police Department staff are looking at a variety of data such as changes in mode share (e.g. the number of people walking, biking, driving, or taking public transit or ride-hailing services to work), changes in traffic volumes, or other factors to try to understand this apparent increase in severe injury traffic crashes. As shown by the "Journey to Work" transportation mode share trend lines on the graph, this change does not appear to be correlated with increases in transportation activity. Our preliminary analysis suggests that this apparent increase may be linked to changes in the crash report form (CHP 555) used by officers to record the crash data made available through SWITRS.

In 2017, California changed the terminology to describe the extent of injury on the CHP 555 form. This form previously offered the options: FATAL INJURY – SEVERE INJURY – OTHER VISIBLE INJURY – COMPLAINT OF PAIN. It was revised to offer the options: FATAL INJURY – SUSPECTED SERIOUS INJURY –

SUSPECTED MINOR INJURY – POSSIBLE INJURY. Previously, officers completing the form were required to make an informed judgment as to whether or not an injury was "severe"; the revised form now requires them to assess whether they merely suspect an injury may be "serious". The change in descriptive terminology from severe to serious and the introduction of the new term "suspected" may have inadvertently lowered the standard for characterizing traffic injuries, leading officers to characterize more injuries as "suspected serious" than would have previously been categorized as "severe". As shown on the chart on the following page, the overall number of reported traffic crashes during the 10-year period from 2011-2020 decreased from 2017 to 2020. In absolute numbers, this decrease was mostly in

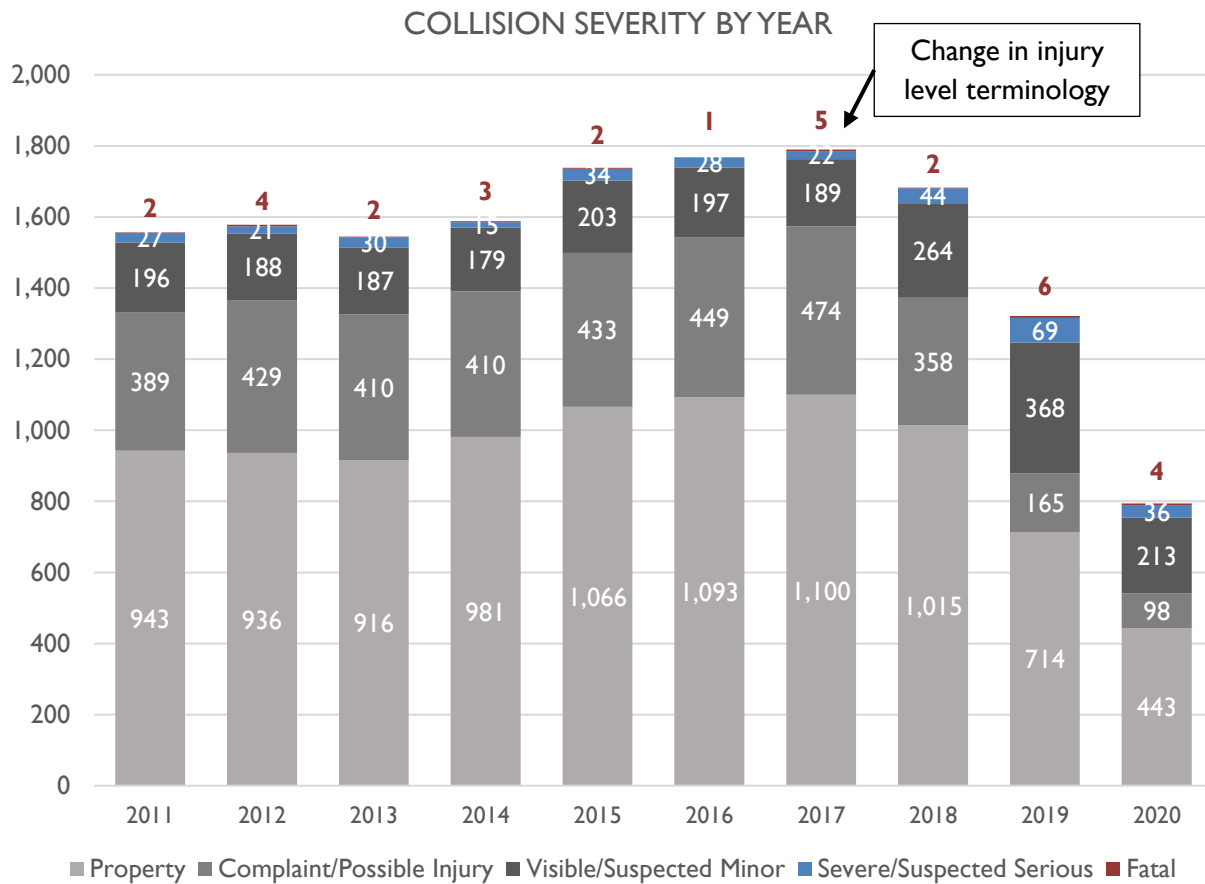
property damage crashes, from a 10-year high of 1100 crashes in 2017 to a 10-year low of 443 crashes in 2019. Importantly, the total number of injury crashes during this period also decreased: starting in 2017, the total number of injury crashes declined, reaching a 10-year low point of 601 crashes in 2019, with a moderate increase to 691 total injury crashes in 2020. During 2017-2019, while the changes in terminology in the CHP 555 Crash Report form were taking effect, "Possible Injury" crashes (formerly "Complaint of Pain") appeared to decrease dramatically, while "Suspected Minor Injury" (formerly "Visible Injury") and "Suspected Serious Injury" (formerly "Severe Injury") both appeared to increase dramatically. In 2020, the total number of crashes of all types declined, presumably due to reduced transportation activity during the beginning of the COVID-19 pandemic, but as noted above, by contrast the total number of injury crashes increased from 2019 to 2020. This increase was in the least severe category: "Possible Injury", whereas the number of "Suspected Minor" and "Suspected Serious" injuries both declined at a rate greater rate than the rate of decline of the total of all types of crashes.



Collision Data: SWITRS ten-year injury collision data, 2011-2020
 Mode Share Data: US Census, ACS 5-Year Journey to Work, 2011-2020

It is possible that some crashes formerly classified as Complaint of Pain are now being recorded as Suspected Minor Injury or Suspected Severe Injury. As such, apparent trends in crash data since 2017

may be at least in part related to changes to the terminology used on the CHP 555. Public Works staff are discussing potential strategies for working around these inconsistencies in SWITRS data. These issues put additional emphasis on the need to develop an alternative metric that indicates whether Berkeley is successfully moving toward our goal of zero severe injury and fatality traffic crashes by 2028. City staff plans to develop an alternative crash data metric based on local Berkeley Police Department crash report data for the upcoming Vision Zero Action Plan update in 2023.



Collision Data: SWITRS ten-year injury collision data, 2011-2020

APPENDIX I

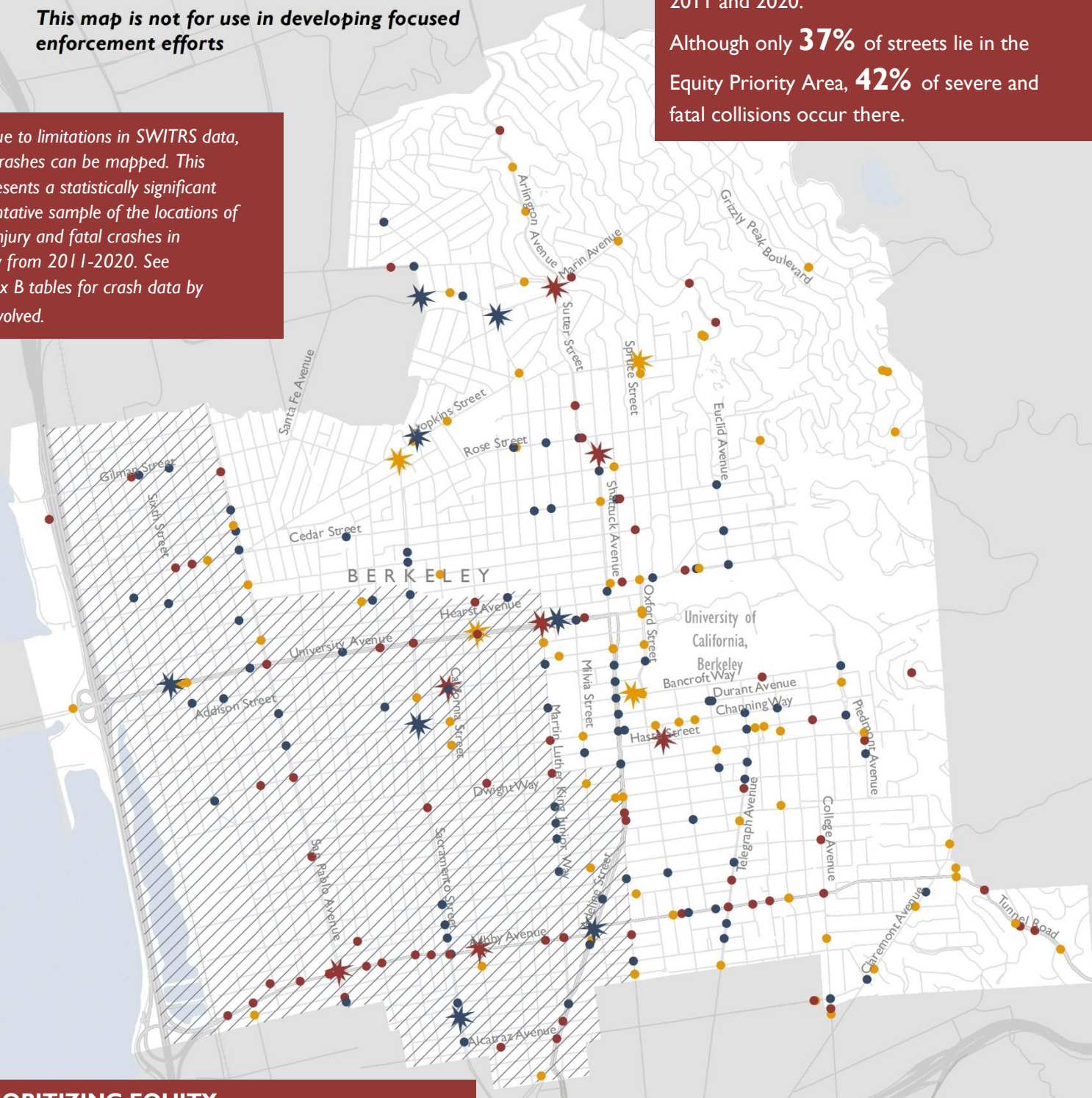
This map shows the locations of **295** of the **357** severe injury and fatality traffic crashes that occurred on Berkeley streets between 2011 and 2020.

Although only **37%** of streets lie in the Equity Priority Area, **42%** of severe and fatal collisions occur there.

LOCATIONS OF SEVERE AND FATAL COLLISIONS

This map is not for use in developing focused enforcement efforts

Note: due to limitations in SWITRS data, not all crashes can be mapped. This map presents a statistically significant representative sample of the locations of severe injury and fatal crashes in Berkeley from 2011-2020. See Appendix B tables for crash data by party involved.



PRIORITIZING EQUITY

Lower income residents and people of color are disproportionately impacted by the risk of traffic injuries and fatalities. The Equity Priority Area considers historic federal Home Owners' Loan Corporation "redlining" practices, racial/ethnic composition, property value, and cultural centers to guide the City of Berkeley in prioritizing infrastructure projects that remedy systemic inequity. A full description of the Equity Priority Area methodology can be found in the City of Berkeley Pedestrian Plan.

/// Equity Priority Area

Collision Type

Bicyclist - Fatal	Bicyclist - Severe Injury
Pedestrian - Fatal	Pedestrian - Severe Injury
Driver - Fatal	Driver - Severe Injury

Collision Data: SWITRS ten-year injury collision data 2011-2020

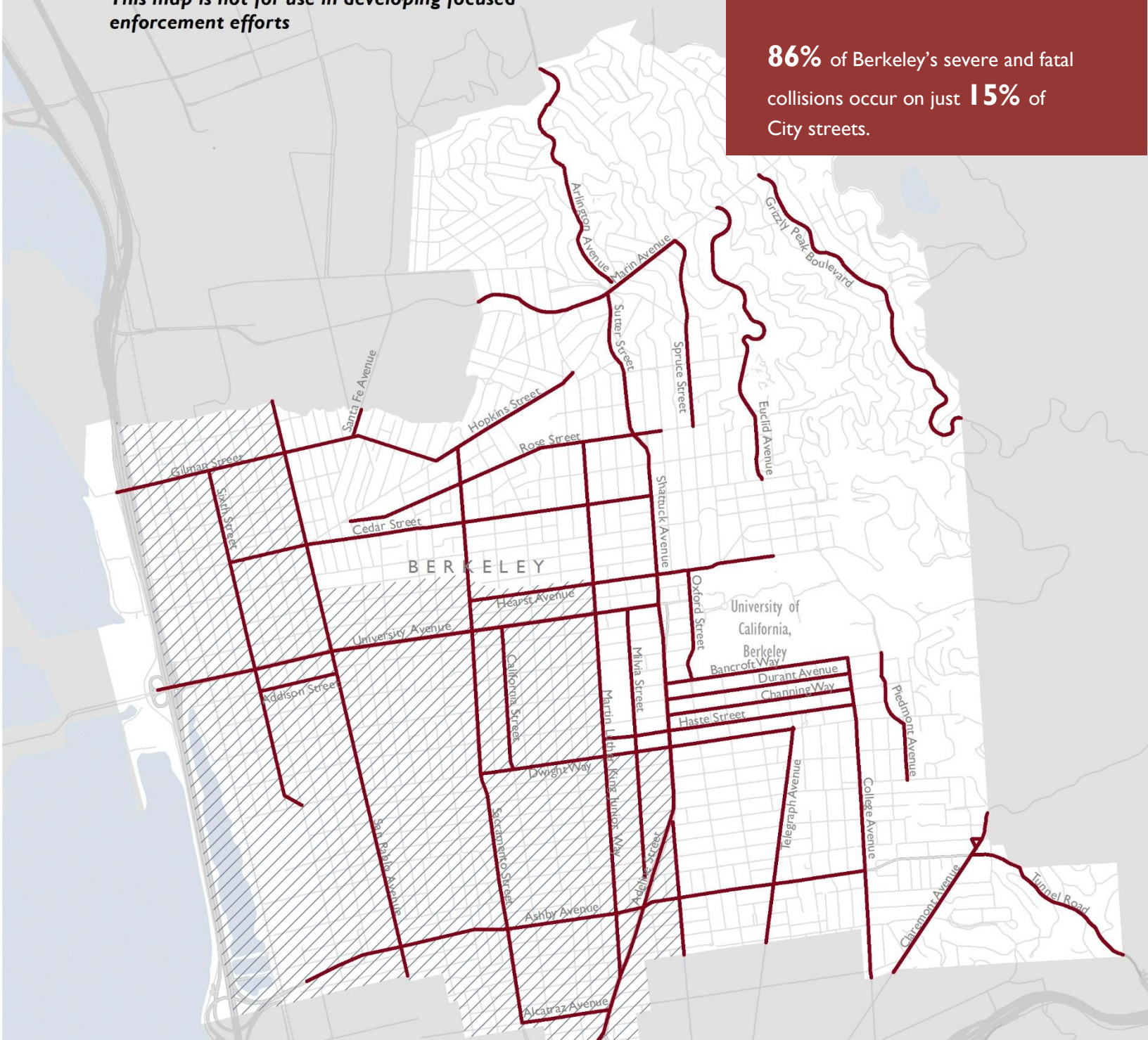
APPENDIX I

The High-Injury Streets map represents the City of Berkeley's streets with the most severe injury and fatality crashes based on data between 2011 and 2020.

86% of Berkeley's severe and fatal collisions occur on just **15%** of City streets.

HIGH-INJURY STREETS

This map is not for use in developing focused enforcement efforts



PRIORITIZING EQUITY

Lower income residents and people of color are disproportionately impacted by the risk of traffic injuries and fatalities. The Equity Priority Area considers historic federal Home Owners' Loan Corporation "redlining" practices, racial/ethnic composition, property value, and cultural centers to guide the City of Berkeley in prioritizing infrastructure projects that remedy systemic inequity. A full description of the Equity Priority Area methodology can be found in the City of Berkeley Pedestrian Plan.

- High-Injury Streets
- Equity Priority Area

Collision Data: SWITRS ten-year injury collision data, 2011-2020

PRIORITY ACTIONS – PROGRESS AND PRIORITIES

The Vision Zero Action Plan contains 33 recommended actions, prioritized into the 11 Priority Actions listed below. The Plan was adopted by the Berkeley City Council in March 2020, almost exactly one week before the start of COVID-19 Public Health Shelter in Place orders. Despite the ongoing challenges of this unprecedented public health crisis, the City continues to make substantial progress on Vision Zero Priority Actions. Please see Appendix A for a complete list and full descriptions of each action.

- Establish a standing Vision Zero Coordinating Committee:** During COVID-19, existing Commission and Committee meetings were temporarily suspended. Formation of a new committee was not possible during that time, and as such this item has been on hold due to COVID-19. Online Commission meetings were authorized for 2021, and it is anticipated that in-person or hybrid commission and committee meetings will eventually be authorized. The City plans to form this new Committee in 2022, with the goal of holding two quarterly Coordinating Committee meetings during the second half of 2022. Special attention will be given to equity and accessibility in recruitment and retention of members of the Berkeley community to serve on the committee. Formation of this Committee is integral to initiating certain new Vision Zero actions as well as continuing progress on some of the other in-process Vision Zero actions.
- Conduct a citywide Vision Zero Action Plan assessment, including creating a staffing matrix and establishing a milestone staffing and funding schedule:** During COVID-19, City resources were reprioritized to respond to the public health crisis. As such, a citywide assessment of staffing and resources would not have yielded results useful for the Vision Zero program in future years. In 2023 Public Works staff plans to initiate an assessment process following a return to more normal City operations in 2022. Additionally, the Department of Public Works has initiated an organizational analysis related to the possible formation of a Berkeley Department of Transportation (BerkDOT). The BerkDOT process is in response to a July 14, 2020 Berkeley City Council referral to the City Manager to “pursue the creation of a Berkeley Department

What is “Rapid Response”?

City staff from multiple departments are working to strengthen the City’s ability to respond more quickly to the most severe, life-changing, near-fatal, and fatal traffic crashes. This Rapid Response strategy incorporates several Vision Zero Actions: Quick-build Traffic Safety Projects, the Vision Zero Rapid Response Safety Communication Protocol, and the Vision Zero Branding, Promotional, and Educational Campaign.

Public Works has initiated development of a Quick-Build Program to use less expensive, less permanent materials to deliver Vision Zero traffic safety projects more quickly. The Quick-Build Program would respond to severe and fatal traffic crashes with quick-build traffic safety interventions in the hope of preventing future incidents.

Public Works has also initiated development of a Vision Zero Branding, Promotional, and Educational Campaign as well as a Safety Communication Protocol. Together, these two actions would function as a traffic safety public awareness communication strategy, pushing out relevant traffic safety messages in response to recent severe and fatal collisions.

of Transportation (BerKDOT) to ensure a racial justice lens in traffic enforcement and the development of transportation policy, programs, and infrastructure”. Where appropriate, the City intends to address remaining organizational issues related to Vision Zero through the BerKDOT process.

- Proactively build capital-intensive and quick-build safety projects:** Despite the challenges and delays related to COVID-19, the City has continued to make substantial progress delivering traffic safety and transportation improvement projects on Vision Zero High-Injury Streets. Among other capital-intensive projects, within the last year the Department of Public Works continued construction on the final phase of the 9th Street Bicycle Boulevard Pathway, and completed construction on the Sacramento Complete Streets Project and the Milvia Bikeway Project. Public Works initiated the public engagement, design, and engineering process for the Southside Complete Streets project, the City’s largest complete streets project to date, and initiated a grant-funded quick-build pedestrian crossing safety improvements project on Martin Luther King Jr. Way between Dwight Way and Russell Street. Public Works continues to approach repaving projects as “Complete Streets”. Recent repaving projects, such as Center Street in Downtown Berkeley, have included construction of the bikeways called for in the Berkeley Bicycle Plan (2017). Recent grant funding successes include funds for public engagement and preliminary engineering of Adeline Street between MLK Jr. Way and the south city limits, as described in the Adeline Corridor Specific Plan.. Public Works has recently submitted California Active Transportation Program, Alameda County Transportation Commission Capital Improvement Program, and California Highway Safety Improvement Program grant applications for new projects that improve safety along or at crossings of High-Injury Streets in Berkeley. In 2020, Public Works initiated development of a “quick-build” program to formalize the accelerated use of less expensive, less permanent materials to deliver Vision Zero traffic safety projects more quickly and affordably, in order to help meet our 2028 goal of zero traffic deaths and severe injuries. Quick-builds are sometimes called “paint and posts” projects for their use of street markings and traffic delineator posts. However, quick-build projects can include a more aesthetically-appealing toolbox of safety measures and design elements that provide a more lasting investment in our neighborhoods, such as colored pavement and more visible crosswalks; concrete pedestrian crossing islands; planter boxes; and even solar-powered streetlights and pedestrian crossing beacons. In the past, Berkeley has used a quick-build approach to incorporate protected bikeways, bus only lanes, or bus boarding islands into repaving projects such as Bancroft Way between Fulton Street and Dana Street, or Adeline Street between Shattuck Avenue and Ashby Avenue. In 2022 Public Works staff will continue development of a Quick-Build Program, to formalize a design toolbox and accelerate delivery of traffic safety projects from City Council-adopted transportation plans. The Quick-Build Program is one of the actions which Public Works staff has elevated in priority for 2022, to proactively address safety issues and to strengthen the City’s ability to respond to severe and fatal traffic crashes with quick-build traffic safety interventions. For a summary of capital-intensive and quick-build project progress, please see the City’s Vision Zero Story Map: <https://storymaps.arcgis.com/stories/13fc2f8a4eb548c68ca57a099b33b8cd>
- Request a Vision Zero Performance Audit:** Public Works planned to request an audit of the Vision Zero program at the end of year one of the program, as a companion metric to the staffing and funding assessment described above. However, due to the impacts of the COVID-19 response, this

audit request has been delayed pending completion of the assessment and other organizational tasks, potentially in 2023.

- **Establish a Vision Zero Rapid Response Safety Communication Protocol:** Public Works initiated this task in 2020 and continued to work with other City Departments by convening a Rapid Response group meeting in response to each of the fatal crashes that occurred over the last year.. The Vision Zero Rapid Response Safety Communication Protocol is one of the actions which City staff from multiple departments will continue with as a priority for 2022, as a communication strategy in response to recent severe and fatal collisions.
- **Support statewide traffic safety legislation:** Public Works initiated this task in 2020 as part of staff advocacy to encourage the Metropolitan Transportation Commission (MTC) to form a Regional Vision Zero Working Group. MTC has formed a Working Group, and as part of this group's work plan, City staff has asked MTC to leverage the influence of Bay Area communities to influence state traffic safety legislation. This legislative agenda would include allowing cities to lower the statutory speed limit below the current minimum 25 MPH, and allowing automated traffic enforcement. Automated enforcement has also been identified as a traffic enforcement strategy to support the equity goals of Berkeley's Reimagining Public Safety process.
- **Establish a Complete Streets Repaving and Development Project Checklist:** Public Works Transportation Division staff initiated this task in 2020 in partnership with Engineering Division project delivery staff and Planning Department staff. Public Works anticipates completion of this action in 2022 or 2023.
- **Develop and proactively deliver a Vision Zero branding, promotional, and educational campaign:** Public Works staff initiated this task in 2020 and have worked with a consultant to develop preliminary logos and taglines for program branding and preliminary public messaging. The preliminary materials were presented to the Transportation Commission in January 2021. Based on Transportation Commission feedback, before continuing further with the branding and messaging process, Public Works staff plans to seek the input of the Vision Zero Coordinating Committee in 2022, to ensure that all materials are representative of and accessible to all members of the Berkeley community. Following this, Public Works staff will be developing public awareness traffic safety messages that can be deployed as part of a proactive Vision Zero educational campaign, as well as utilized as part of a Rapid Response Communication Protocol following severe injury or fatality crashes.
- **Develop a publicly accessible matrix and map to prioritize and track projects:** In 2020 and continuing through 2021, Public Works staff initiated development of a GIS-based Vision Zero "Story Map" to track capital projects on Vision Zero High-Injury Streets that are part of the City's Capital Improvement Program. In 2022, staff will continue to update this map to show ongoing capital project progress. Public Works Staff anticipates working with the Vision Zero Coordinating Committee to ensure this communication tool meets the needs of the Berkeley Community as articulated by Berkeley residents and stakeholders who participated in the Vision Zero Advisory Committee during development of the Action Plan. The Vision Zero Story Map can be found here:
<https://storymaps.arcgis.com/stories/13fc2f8a4eb548c68ca57a099b33b8cd>

- **Utilize the Berkeley Police Department’s collision report data on parties involved:** Public Works staff initiated this task in 2020 as part of Vision Zero Program liaison activities with Berkeley Police Department Traffic Bureau officers to access and better understand Police crash report data. Public Works staff continued to work on data reporting and analysis with Traffic Bureau officers in 2021, and anticipates working with Police Department officers in developing an alternative crash data metric based on local Berkeley Police Department crash report data for the upcoming Vision Zero Action Plan update in 2023. .
- **Focus traffic enforcement efforts proportionately on the most significant traffic violations for severe and fatal collisions by party at fault:** The Vision Zero Action Plan includes tables of crash data organized by “party at fault” to help us better understand which of our transportation behaviors are putting others at risk on our streets. In 2020, following Council adoption of the Plan, Public Works staff provided these tables to Berkeley Police Department Traffic Bureau staff for use in implementing the 2020-2021 California Office of Traffic Safety (OTS) traffic enforcement grant. As part of the OTS-funded traffic enforcement efforts, Traffic Bureau officers have conducted DUI and distracted driving patrols, as well as traffic enforcement patrols focusing on problematic locations and behaviors, including violations identified by Vision Zero crash data analysis, such as excess speed, failure to yield, and failure to stop at stop signs/signals. These enforcement activities have included both general traffic safety patrols as well as operations focused specifically on pedestrian and bicycle safety. While enforcement activities may engage with anyone walking, biking, or driving on Berkeley streets, due to the nature of the violations these patrols often focus on the Primary Collision Factors (PCFs) where a driver is most often found at fault. Appendix C of this report updates the Vision Zero Action Plan “party at fault” crash data tables to include the most recent 10 years of SWITRS data. At the time the Draft Vision Zero Action Plan was presented to the Berkeley Transportation Commission on November 21, 2019, Commissioners expressed concern about the Plan’s traffic enforcement actions, based on historical patterns of racialized outcomes of traffic enforcement and other equity concerns. In response to these concerns, Public Works staff recommended that new Vision Zero traffic enforcement efforts be undertaken only after the creation of an equity-driven Vision Zero Enforcement Policy, to be developed in partnership with the Berkeley Police Department and with the guidance of the Vision Zero Coordinating Committee. On July 14, 2020, the Berkeley City Council made a historic commitment to reimagine the City’s approach to public safety with the passage of an omnibus package of referrals, resolutions, and directions, with the goal of achieving a new and transformative model of positive, equitable and community-centered public safety for Berkeley. One component of this ongoing process was the formation of a Reimagining Public Safety Task Force. As such, any new Vision Zero traffic enforcement efforts have been delayed pending formation of the Vision Zero Coordinating Committee and the need to coordinate with the traffic enforcement equity components of the ongoing BerkDOT and Reimagining Public Safety Task Force processes. Public Works staff anticipates working with Traffic Bureau staff to implement new Vision Zero traffic enforcement actions consistent with whatever Vision Zero traffic enforcement policy results from Vision Zero Steering Committee and ongoing organizational and public safety processes.

APPENDIX A: VISION ZERO ACTIONS

I.1 THE VISION ZERO PROGRAM: COLLABORATION

Priority	Action	Lead Department	Timeline
☆	Establish a standing Vision Zero Coordinating Committee consisting of City staff, Commissioners, partner institutions, members of the community, advocacy groups, and community-based organizations who have a role in advancing Vision Zero action items with quarterly meetings organized around a predetermined annual agenda. Seek to establish a funding source to compensate members of the community and community-based organizations to enable their participation.	City Manager's Office	
	Incorporate Vision Zero goals and actions into plan and policy updates of all departments and partner institutions, including the upcoming City of Berkeley Zoning Ordinance update and General Plan Update, UC Berkeley's Long-Range Development Plan, Berkeley Unified School District's Sustainability Plan, the City's Strategic Plan, Departmental Priority Projects Lists, and departmental and individual staff work plans.	City Manager's Office	
	With the Metropolitan Transportation Commission, Alameda County Transportation Commission, and Alameda County Department of Public Health, establish a peer-to-peer Bay Area Vision Zero Network for information-sharing and collaboration on countywide and regional initiatives such as a public health analysis of collision victim hospital data.	Mayor's Office	
	Develop a focused, strategic Vision Zero staff training plan to send key staff responsible for implementing the Vision Zero Action Plan, such as Public Works, Police, Health, Housing, and Community Services, and City Manager's Office and elected officials, to Vision Zero-related conferences and trainings.	City Manager's Office	

I.2 THE VISION ZERO PROGRAM: CAPACITY

Priority	Action	Lead Department	Timeline
☆	<p>Conduct a citywide Vision Zero Action Plan assessment of existing staffing and funding capacity to complete Vision Zero action items.</p> <ul style="list-style-type: none"> • Create a staffing matrix of existing and proposed staff for the delivery of high-priority Vision Zero action items. New or realigned staff needs are anticipated in the areas listed below: <ul style="list-style-type: none"> ○ Public Works safety project team ○ Public Works Vision Zero Program support staff ○ Public Information Officers in key Vision Zero departments including Police and Health, Housing, and Community Services ○ Berkeley Police Department Vision Zero collision data analysis ○ Health, Housing, and Community Services Vision Zero data analysis and public awareness programs • Establish a milestone staffing and funding schedule to complete high-priority Vision Zero action items, including City and grant funds. 	City Manager's Office; Public Works	
☆	<p>Request a Vision Zero Performance Audit to be conducted during the FY21 audit period to evaluate the implementation of the Action Plan and make any needed recommendations, including additional and/or realigned staffing and funding, for effective Vision Zero Action Plan implementation. Provide required six-month updates to City Council.</p>	Public Works	

I.3 THE VISION ZERO PROGRAM: TRANSPARENCY AND EQUITY

Priority	Action	Lead Department	Timeline
☆	<p>Utilize the Berkeley Police Department’s collision report data on parties involved, such as housing status or whether parties involved are disabled, to help address equity gaps in Statewide Integrated Traffic Records System (SWITRS) collision data. Confirm that Berkeley Police Department report training emphasizes consistent use of these collision report data fields and, if needed, provides training resources for avoiding transportation mode bias in collision reporting. When necessary, update the police collision report form to be consistent with emerging mobility modes.</p>	Public Works; Police	
	<p>Provide an annual Vision Zero Progress Report, reviewed by the City Auditor, to City Council, City Department Directors, Vision Zero Coordinating Committee, and Transportation Commission, on progress reducing fatal and severe collisions, including in historically underserved neighborhoods, equity in traffic enforcement, and on meeting the funding, staffing, and Vision Zero program delivery schedules. Include an updated Vision Zero High-Injury Streets map. Utilize Berkeley Police Department collision data to supplement the Statewide Integrated Traffic Records System dataset to avoid lag in data availability.</p>	Public Works	
	<p>Complete a full update of the Vision Zero Action Plan every three years to ensure continued relevancy of the Action Plan by integrating advancements in best practices and technologies. The first update will include an equity evaluation to identify gaps in safety and collision datasets and develop milestones to address inequities, as well as identify strategies to include hospital data provided by Alameda County Department of Public Health, linked to emergency medical services data and police reports, in Vision Zero analyses and maps.</p>	Public Works	
	<p>Maintain an understanding of the Berkeley community’s perception of safety and personal security. Focus direct public engagement to residents of Berkeley’s historically underserved neighborhoods and other vulnerable users.</p>	Health, Housing, and Community Services	

2.1 SAFER STREETS FOR EVERYONE: PROJECT PLANNING AND DEVELOPMENT

Priority	Action	Lead Department	Timeline
☆	Develop a publicly accessible matrix and map to prioritize and track projects. Prioritize both new/existing requests/referrals and delivery of established infrastructure project lists (e.g., Five Year Repaving Program, BeST Plan, etc.) according to the Vision Zero High-Injury Streets map and equity-driven prioritization from City Council adopted plans such as the Bicycle Plan and forthcoming Pedestrian Plan.	City Manager's Office	
☆	Establish a Complete Streets Repaving and Development Project Checklist to ensure proactive and reactive Vision Zero safety infrastructure for people of all ages and abilities are included with each repaving project and in the conditions of approval for development projects. With the Vision Zero Coordinating Committee, consider establishing an equity-driven approach to prioritizing repaving projects.	Public Works	
	Establish a Vision Zero Rapid Response Safety Project Protocol that utilizes data from the renamed Fatal Accident Investigation Team (FAIT), to identify quick-build projects if engineering countermeasures may effectively improve safety. The protocol should outline a path forward for Public Works staff to be a part of the immediate on-the-ground response to an investigation of severe and fatal collisions.	Public Works; Police	
	Conduct before and after studies of a sample of Vision Zero quick-build projects to evaluate countermeasure effectiveness where existing understanding is insufficient.	Public Works	
	Undertake a Standards of Coverage/Response Time Study to provide a data-driven understanding of how safety improvements impact emergency response times.	Fire	
	Establish a pre-approved toolbox of traffic safety infrastructure design treatment improvements with the Vision Zero Coordinating Committee to streamline the implementation of projects.	Public Works	

2.2 SAFER STREETS FOR EVERYONE: PROJECT DESIGN

Priority	Action	Lead Department	Timeline
	Establish Vision Zero Design Guidelines that consolidate policies and design guidelines from Council-adopted plans such as the Pedestrian Plan, Bicycle Plan, and Complete Streets Policy to guide Berkeley's street design, traffic, and parking procedures in order to prioritize safety and reduce the incidence of severe and fatal collisions. Ensure revisions and updates are reviewed by the Vision Zero Coordinating Committee to maintain accessibility for people of all ages and abilities.	Public Works	
	Develop Curbside Management Guidelines and incorporate them into the Vision Zero Guidelines to ensure Berkeley addresses safety concerns at the curb due to existing and emerging mobility options.	Public Works	
	Update the Berkeley Municipal Code to be consistent with the Vision Zero Design Guidelines.	Public Works	
	Refine the existing traffic calming toolbox to include design guidelines for all street types, utilizing Council-adopted plans where applicable. Ensure the traffic calming toolbox is reviewed by the Vision Zero Coordinating Committee to streamline the implementation of projects.	Public Works	

2.3 SAFER STREETS FOR EVERYONE: PROJECT DELIVERY

Priority	Action	Lead Department	Timeline
☆	Proactively build capital-intensive and quick-build safety projects on all Vision Zero High-Injury Streets on a schedule to complete such projects by 2028.	Public Works	
	Reactively build newly identified quick-build projects at locations with recent severe and fatal collisions if engineering countermeasures may effectively improve safety, based on Rapid Response Safety Project Protocol.	Public Works	
	Continue to deliver traffic calming projects. Utilize the traffic calming toolbox and evaluate requests based on an equity- and data-driven approach to implementation for both residential and Vision Zero High-Injury Streets. Increase public awareness of the traffic calming program.	Public Works	

3.1 SAFER STREETS BY EVERYONE: PUBLIC AWARENESS

Priority	Action	Lead Department	Timeline
☆	Develop and proactively deliver a Vision Zero branding, promotional, and educational campaign to increase awareness about Vision Zero and the top traffic violations for severe and fatal injuries in Berkeley, elevating victims' stories. Regularly update the campaign to ensure it is context-specific, accessible, and culturally relevant. Collaborate with community-based organizations to distribute material and promote messages and public events that normalize active transportation and transit as healthy and responsible transportation choices.	Health, Housing, and Community Services	
☆	Establish a Vision Zero Rapid Response Safety Communication Protocol. Employ a communication strategy in response to recent severe and fatal collisions aimed at the human element of traffic safety, including health and prevention messaging to the Berkeley community.	Public Works	
	Partner with UC Berkeley, Berkeley City College, and Berkeley Unified School District to distribute targeted Vision Zero messaging for students.	Public Works	
	Integrate Vision Zero traffic safety awareness and education into training for City employees who drive City vehicles or drive while on City business, including Police, Fire, Public Works, and all City departments and divisions.	City Manager's Office	

3.2 SAFER STREETS BY EVERYONE: ENFORCEMENT

Priority	Action	Lead Department	Timeline
☆	Focus traffic enforcement efforts proportionately on the most significant traffic violations for severe and fatal collisions by party at fault. Focus enforcement efforts on areas of Berkeley where engineering and education efforts have already been implemented. Conduct traffic enforcement consistent with the City of Berkeley's Fair and Impartial Policing Policy.	Police	
☆	Support state-wide traffic safety legislation allowing automated speed enforcement by local agencies, designation of speed limits on local streets based on desired safety outcomes rather than the existing prevailing speed, and the reduction of local residential street speed limits to below 25 MPH, which would allow for 20 MPH speed limit on local residential streets, consistent with "20 Is Plenty" campaigns. Utilize existing legislated automated enforcement strategies, such as red light cameras.	City Manager's Office	
	Rename the Fatal Accident Investigation Team to replace the word "accident" with "collision" and include reference to near-fatal and major collisions, to acknowledge that most collisions are preventable, and to be in line with Vision Zero philosophies.	Police	
	Continue and regularly update a collision data-driven enforcement strategy focusing on collision reports from the renamed Fatal Accident Investigation Team (FAIT) to supplement collision data from SWITRS. Focus on areas of Berkeley where engineering and education efforts have already been implemented. Conduct traffic enforcement consistent with the City of Berkeley's Fair and Impartial Policing policy.	Police	
	Seek opportunities to educate before issuing citations during traffic enforcement.	Police	
	Develop a traffic ticket diversion program for bicycle and pedestrian traffic tickets to promote access to bicycle and pedestrian safety courses and programs.	Police	

APPENDIX B: SWITRS VIOLATION CODE DATA TABLES

Cited California Vehicle Code Violation by Party at Fault¹

Cited California Vehicle Code Violation	Party Cited as at Fault						
California Vehicle Code Summary	Driver	Ped	Parked Vehicle	Bicyclist	Other	None cited	Total
Unsafe speed	50	0	0	29	0	1	80
Driver not yielding at crosswalk	62	0	0	0	0	1	63
Not Cited	6	1	0	6	0	16	29
Failing to signal	15	0	0	6	0	0	21
Failure to yield to while making left- or U-turn	19	0	0	0	0	0	19
Pedestrian crossing outside crosswalk or legal crossing	2	13	0	0	0	0	15
Driver not yielding at stop sign	13	0	0	1	0	0	14
Driving under the influence	13	0	0	0	0	0	13
Driver not stopping at line	7	0	0	5	0	0	12
Failure to drive in a single lane	11	0	0	0	0	0	11
Failure to yield to oncoming traffic when entering or crossing road from property or alley	6	0	0	3	0	0	9
Driving under the influence causing bodily injury	9	0	0	0	0	0	9
Opening door in unsafe conditions	5	0	1	0	1	0	7
Pedestrian suddenly leaving curb	0	6	0	0	0	0	6
Pedestrian had flashing DON'T WALK	0	5	0	0	0	0	5
Failure to stop at stop bar	1	0	0	4	0	0	5
Unsafe backing of vehicle	4	0	0	0	0	0	4
Driver crossing double parallel solid yellow lines	2	0	0	1	0	0	3
Driver passes unsafely	3	0	0	0	0	0	3
Pedestrian crossing between signalized intersections	0	2	0	0	0	0	2
Driving with 0.04% or more alcohol in blood with a passenger for hire in the vehicle	2	0	0	0	0	0	2
Driving under the influence of a drug	2	0	0	0	0	0	2

Cited California Vehicle Code Violation	Party Cited as at Fault						
California Vehicle Code Summary	Driver	Ped	Parked Vehicle	Bicyclist	Other	None cited	Total
Bicyclist has same rights and subject to same rules as motor vehicles	0	0	0	1	0	0	1
Bicyclist riding during darkness without front light and rear reflector	0	0	0	1	0	0	1
Driver did not proceed straight or yield properly	1	0	0	0	0	0	1
Driver not yielding to pedestrians during right turn on red	0	1	0	0	0	0	1
Failure to comply with traffic signal	1	0	0	0	0	0	1
Driving on the left-hand side of an intermittent barrier dividing opposing traffic	1	0	0	0	0	0	1
Failure to drive in a single lane	1	0	0	0	0	0	1
Unsafe following of another vehicle	1	0	0	0	0	0	1
Pass on the left with a safe distance	1	0	0	0	0	0	1
Driver overtaking another vehicle on the right where not allowed	1	0	0	0	0	0	1
Driver passes bicyclist unsafely	1	0	0	0	0	0	1
Driver passes bicyclist unsafely in violation of 3-foot rule	1	0	0	0	0	0	1
At intersection, yield to vehicles already in the intersection	1	0	0	0	0	0	1
Failure to yield to U-turning driver taking appropriate care	1	0	0	0	0	0	1
Driver did not slow down or exercise due care when approaching pedestrian in crosswalk	1	0	0	0	0	0	1
Driver overtaking a stopped vehicle at crosswalk	0	1	0	0	0	0	1
Failure to turn left as close as practicable to left edge of left lane	1	0	0	0	0	0	1
Driver disobeys traffic control device	1	0	0	0	0	0	1

Cited California Vehicle Code Violation	Party Cited as at Fault						
California Vehicle Code Summary	Driver	Ped	Parked Vehicle	Bicyclist	Other	None cited	Total
Making a U-turn with a vehicle approaching from another direction	1	0	0	0	0	0	1
Reckless driving	1	0	0	0	0	0	1
Reckless driving causing bodily injury	1	0	0	0	0	0	1
Driving with 0.08% or more alcohol in blood causing bodily injury	1	0	0	0	0	0	1
Driving a vehicle in an unsafe condition or not safely loaded	1	0	0	0	0	0	1
Total	251	29	1	57	1	18	357
Notes: 1. SWITRS ten-year severe and fatal injury collision data, 2011-2020							

Cited CA Vehicle Code Violations by Parties Involved in Severe and Fatal Collisions¹

Violation by Party at Fault for Severe or Fatal Collisions		Total # of Severe or Fatal Collisions ³	Other Parties Involved ²					
Cited Party at Fault	California Vehicle Code Summary		Driver	Pedestrian	Parked Vehicle	Bicyclist	Other	Solo Crashes
Driver	Driver not yielding at crosswalk	62	1	66	0	0	0	0
Driver	Unsafe speed	41	33	9	8	5	2	9
Driver	Failure to yield to while making left- or U-turn	19	14	0	1	5	0	0
-	Not Cited	16	15	2	3	12	0	0
Driver	Driver not yielding at stop sign	13	10	1	0	2	0	0
Pedestrian	Pedestrian crossing outside crosswalk or legal crossing	13	14	0	0	0	0	0
Bicyclist	Unsafe speed	12	8	1	2	1	0	17
Driver	Failing to signal	10	9	0	0	2	0	5
Driver	Failure to drive in a single lane	10	14	0	0	0	0	1
Driver	Driving under the influence	8	10	2	2	0	0	5
Driver	Driving under the influence causing bodily injury	7	6	3	0	0	0	2
Driver	Driver not stopping at line	7	6	1	0	1	0	0
Driver	Failure to yield to oncoming traffic when entering or crossing road from property or alley	6	4	0	0	3	0	0
Pedestrian	Pedestrian suddenly leaving curb	6	6	0	0	0	0	0
Driver	Not Cited	5	3	1	0	1	0	1
Bicyclist	Driver not stopping at line	5	4	0	0	0	1	0
Pedestrian	Pedestrian had flashing DON'T WALK	5	5	0	0	0	0	0
Driver	Opening door in unsafe conditions	5	0	0	0	5	0	0
Bicyclist	Failure to stop at stop bar	4	4	0	0	0	0	0
Bicyclist	Failing to signal	3	3	0	1	0	0	3
Driver	Unsafe backing of vehicle	3	1	2	0	0	0	1
Bicyclist	Failure to yield to oncoming traffic when entering or crossing road from property or alley	3	3	0	0	0	0	0
Driver	Driver passes unsafely	2	2	0	0	0	0	1
Driver	Driver crossing double parallel solid yellow lines	2	2	0	0	0	0	0

Violation by Party at Fault for Severe or Fatal Collisions		Total # of Severe or Fatal Collisions ³	Other Parties Involved ²					
Cited Party at Fault	California Vehicle Code Summary		Driver	Pedestrian	Parked Vehicle	Bicyclist	Other	Solo Crashes
Driver	Pedestrian crossing outside crosswalk or legal crossing	2	1	2	0	0	0	0
Pedestrian	Pedestrian crossing between signalized intersections	2	2	0	0	0	0	0
Driver	Driving with 0.04% or more alcohol in blood with a passenger for hire in the vehicle	2	0	1	0	1	0	0
Driver	Driving under the influence of a drug	2	4	0	0	0	0	0
Pedestrian	Not Cited	1	1	0	0	0	0	0
Bicyclist	Bicyclist has same rights and subject to same rules as motor vehicles	1	1	0	0	0	0	0
Bicyclist	Bicyclist riding during darkness without front light and rear reflector	1	1	0	0	0	0	0
Driver	Driver did not proceed straight or yield properly	1	1	0	0	0	0	0
Pedestrian	Driver not yielding to pedestrians during right turn on red	1	0	0	0	1	0	0
Bicyclist	Driver crossing double parallel solid yellow lines	1	1	0	0	0	0	0
Driver	Failure to comply with traffic signal	1	0	0	0	1	0	0
Driver	Failure to drive in a single lane	1	1	0	0	0	0	0
Driver	Unsafe following of another vehicle	1	2	0	0	0	0	0
Driver	Pass on the left with a safe distance	1	0	0	0	1	0	0
Driver	Driver overtaking another vehicle on the right where not allowed	1	1	0	0	0	0	0
Driver	Driver passes bicyclist unsafely	1	0	0	0	1	0	0
Driver	Driver passes bicyclist unsafely in violation of 3-foot rule	1	0	0	0	1	0	0
Driver	At intersection, yield to vehicles already in the intersection	1	0	0	0	1	0	0
Driver	Failure to yield to U-turning driver taking appropriate care	1	0	0	0	1	0	0
Bicyclist	Driver not yielding at stop sign	1	1	0	0	0	0	0

Violation by Party at Fault for Severe or Fatal Collisions		Total # of Severe or Fatal Collisions ³	Other Parties Involved ²					
Cited Party at Fault	California Vehicle Code Summary		Driver	Pedestrian	Parked Vehicle	Bicyclist	Other	Solo Crashes
-	Failure to yield at crosswalk or pedestrian walking into vehicle path	1	1	1	0	0	0	0
Driver	Driver did not slow down or exercise due care when approaching pedestrian in crosswalk	1	0	1	0	0	0	0
Pedestrian	Driver overtaking a stopped vehicle at crosswalk	1	1	0	0	0	0	0
Driver	Failure to turn left as close as practicable to left edge of left lane	1	1	0	0	0	0	0
Driver	Driver disobeys traffic control device	1	1	0	0	0	0	0
Driver	Making a U-turn with a vehicle approaching from another direction	1	1	0	0	0	0	0
-	Unsafe speed	1	2	0	0	0	0	0
Driver	Failure to stop at stop bar	1	1	0	0	0	0	0
Parked Vehicle	Opening door in unsafe conditions	1	0	0	0	1	0	0
Other	Opening door in unsafe conditions	1	0	0	0	1	0	0
Driver	Reckless driving	1	1	0	3	0	0	0
Driver	Reckless driving causing bodily injury	1	1	1	0	0	0	0
Driver	Driving with 0.08% or more alcohol in blood causing bodily injury	1	0	1	0	0	0	0
Bicyclist	Not Cited	0	0	0	0	0	0	6
Driver	Driving on the left-hand side of an intermittent barrier dividing opposing traffic	0	0	0	0	0	0	1
Driver	Driving a vehicle in an unsafe condition or not safely loaded	0	0	0	0	0	0	1
Total		304	204	95	20	47	3	53

Notes:

1. SWITRS ten-year severe and fatal injury collision data, 2011-2020
2. Parties involved will not sum to total number of collisions
3. This excludes solo crashes. To understand the total number of severe or fatal collisions, sum this column with the number of solo collisions.

APPENDIX J

Public Works Staffing Update Memos

December 19, 2022

To: Honorable Mayor and Members of the City Council

From:  Dee Williams-Ridley, City Manager

Re: Update on Public Works Transportation Division's Staffing and Work Priorities

This memo shares an update on the Transportation Division's staffing and work priorities. A prior November 15, 2022 memo identified the Public Works department's two most significant challenges in implementing the City Council's direction: the volume of referrals and the high vacancy rate. Since that memo, staffing and vacancies within the Transportation Division worsened.

Transportation Division's Existing Vacancies and Impacts

The division has 47 positions and 8 vacancies, resulting in a 17% vacancy rate. Those vacancies are focused in the planning and engineering units of the Transportation Division. The division has eight planner positions and five are vacant, including a Principal Planner, three Associate Planners, and a Mobility Coordinator. The division also has important vacancies for Associate Traffic Engineers, Traffic Engineering Assistants, and Traffic Maintenance Workers. These positions are responsible for transportation projects' grants seeking, public engagement, adoption of design concepts, as well as the processing, implementation, and maintenance of traffic calming measures.

An October 2022 [Gallup Q12](#) survey of Transportation Division staff was responded to by 32 of the division's full-time staff. Respondents were asked to identify the one priority that would improve their satisfaction with work in the next two years. Division staff identified "fill vacant positions" by a wide margin as the top priority to improve workplace satisfaction. The impact of persistent vacancies is also clear in the survey results. The division's morale was at the 23rd percentile compared to other local public entities. Low morale has many risks and costs, as this may lead to more absenteeism and resignations.

Attachment 1 shows a current update on the Transportation Division's *Programs and Projects*, including those projects that are on hold or delayed due to staffing. Those projects are identified in the *Status* column of Attachment 1. Staff are focusing their time and effort on projects in or near the construction phase, projects at risk of losing grant

funding, and those that are in the department's *Top Goals and Projects* [here](#) (including multiple City Council referrals).

These vacancies will slow important work, including significant planning projects (e.g., update of Strategic Transportation Plan, Bicycle Plan, and Transit First Plan), implementation of existing City policy (e.g., BerkDOT planning, fees, and fines research, and Vision Zero), implementation of adopted budget referrals (e.g., Pedestrian Safety in the Hills, Newbury Street & Ashby traffic diverters, and AB 43 implementation), and detract from baseline services (bicycle parking, transit coordination, and traffic calming).

Next Steps

Recruitments are ongoing for each of the Division's vacancies. Interviewing is occurring for the following vacancies: three Associate Planners (two existing, one Vision Zero FTE approved in the budget), Mobility Coordinator (approved new FTE in the budget), and Associate Transportation Engineer. Those five positions may be filled by March 2023. The Principal Planner vacancy will probably require another 3-6 months before it is filled.

In April 2023, another off agenda memo will be issued with an update on the Department and Division's progress in staffing and the effect on project and program delivery.

Attachment 1: Transportation Division Projects and Programs

cc: LaTanya Bellow, Deputy City Manager
Mark Numainville, City Clerk
Matthai Chakko, Assistant to the City Manager
Jenny Wong, City Auditor

PROJECT	STATUS	(BUDGET)	TOP GOAL/PROJECT	GRANT FUNDED
Addison Bike Boulevard	Done			Y
University/Grant Bus Stop	Done			Y
Milvia Bikeway	Done			Y
Sacramento Complete Streets	Nearly complete			Y
Dwight-California Intersection (Phase 1 ped improvements)	Nearly complete		FY2023 Top Goal	N
Dwight-California Intersection (Phase 3 permanent median)	Nearly complete		FY2023 Top Goal	N
North Berkeley BART Access Improvements (NBAI)	In construction			N/A - BART project
MLK Vision Zero Quick Build Project	Award construction contract Jan 2023		FY2023 Top Project	Y
Hopkins Corridor Study & Conceptual Design (east of Gilman)	Bid Feb 2023	Referral	FY2023 Top Goal	N
Alameda CTC Railroad Safety Enhancement Program (RSEP)	In design			N/A - ACTC project
Woolsey-Eton Intersection	In design		FY2023 Top Project	N
Hopkins - outreach, conceptual design, striping plan (west of Gilman) - hand off to Engineering 12/22	Planning	Referral	FY2023 Top Goal	N
Adeline Street at Ashby BART Conceptual Design	Planning	Referral	FY2023 Top Goal	N
Durant Red Transit Lane Quick Build	Planning	Referral	FY2023 Top Project	N
ACTC CIP Ohlone Greenway Modernization	Planning		FY2023 Top Goal	Y
Southside Complete Streets	Award construction contract June 2023		FY2023 Top Goal	Y
ATP: Addison Bike Blvd Extension - design & construction	Grant awarded by CTC in Dec 2022		FY2023 Top Goal	Y
7th and Anthony Intersection	On hold due to funding			Y
Ashby-San Pablo Intersection	On hold due to funding			N
TDA West Berkeley Vision Zero Quick-Build	On hold due to staffing			Y
HSIP (Caltrans) Sacramento St Pedestrian Safety Project (beacons, markings) - design locally funded	In Design			Y - HSIP Project
AHSC Connected Berkeley (Parker-Addison Mobility and Safety Improvements)	In Design		FY2023 Top Project	Y - AHSC Project
AHSC Connected Berkeley (University Ave West Bus Stops) - all phases funded but encumbered only to	In Design			Y - AHSC Project
AHSC Maudelle Miller Shirek (Woolsey-Fulton Bike Blvd & Russell Crossings, South Shattuck and MLK B	On hold due to staffing		FY2023 Top Project	Y
ACTC Washington Elementary Safe Routes (mini-grant) (drop-off zones with permeable pavers in lands	On hold due to staffing			Y
ACTC CIP Adeline (south of MLK)	Planning, award of consultant contract in Spring			Y
PROGRAMS & POLICY				
Bicycle Plan	Delayed due to staffing		FY2023 Top Project	N
Berkeley Strategic Transportation (BeST) Plan Update	Delayed due to staffing		FY2023 Top Project	N
Transit First Policy Implementation Plan	Delayed due to staffing	Referral	FY2023 Top Project	N
Vision Zero Action Plan Implementation	Delayed due to staffing	Referral	FY2023 Top Project	N
BerkDOT	On hold pending staffing	Referral	FY2023 Top Goal	N
Traffic fine & fee reform	On hold pending staffing	Budget referral		N
AB 43 (speed limit reform)	On hold pending staffing	Budget referral	FY2023 Top Goal	N
Micromobility	Reduced service		FY2023 Top Goal	N
E-bikes for City Staff	On hold pending staffing	Budget referral	FY2023 Top Goal	
Bike parking	Reduced service due to staffing			
Transit Coordination	Reduced service due to staffing			N
SR2S Coordination	Reduced service due to staffing			N
Major Grant Funding Coordination/Liaison	Reduced service due to staffing			N
62nd & King	On hold pending staffing	Budget referral	FY2023 Top Goal	
Telegraph Ave Project (spin-off from Southside Complete Streets, formerly Car-Free Telegraph)	On hold pending staffing and funding	Budget referral	FY2023 Top Goal	N
Claremont/Eton+Claremont/Russell RRFBS	One in construction, one on hold due to s	Budget referral	FY2023 Top Project	
Newbury Street & Ashby Avenue traffic diverter & improvements	On hold pending staffing	Budget referral	FY2023 Top Goal	N
Pedestrian safety where Sidewalks not provided	On hold pending staffing	Budget referral	FY2023 Top Goal	
Dwight Way Traffic Calming between Grant and California	On hold pending staffing	Budget referral		
CalTrans/ACTC University/Ashby interchange	Ongoing		FY2023 Top Project	
CalTrans/ACTC Gilman interchange	Ongoing		FY2023 Top Project	

US DOT Safe Streets & Roads for All: Vision Zero Ped & Bicycle Crossing Safety - design & construction	Grant application submitted			
US DOT Reconnecting Communities: Ashby Ave Vision Zero Safety Plan - study & conceptual design	Grant application submitted			
Caltrans HSIP Cycle 11: Protected Left Turns - design and construction	Grant application submitted			
US DOT Safe Streets & Roads for All Cycle 2	Upcoming 2023 Grant Application			
US DOT Reconnecting Communities Cycle 2	Upcoming 2023 Grant Application			
AHSC Grant Application with HHCS	Upcoming 2023 Grant Application			
REFERRALS ON HOLD DUE TO STAFFING AS REPORTED IN NOV 18 2022 MEMO				
Expansion of Paid Parking (DMND0003994)	On hold pending staff	Referral		
Residential Permit Parking (PRJ0016358)	On hold pending staff	Referral		
Parking Benefits District at Marina (DMND0003997)	On hold pending staff	Referral		
Prioritizing pedestrians at intersections (DMND0002584)	On hold pending staff	Referral		
Parking Districts on Lorin and Gilman (DMND0003998)	On hold pending staff	Budget referral		
Durant/Telegraph Plaza, 12/14/2021	On hold pending staff	Budget referral		
Traffic Calming Policy Revision (PRJ0012444)	On hold pending staff	Referral		
Public Realm Pedestrianization Opportunities (PRJ0019832)	On hold pending staff	Referral		
Long Term Resurfacing Plan (PRJ0033877)	On hold pending staff	Referral		

December 19, 2022

To: Honorable Mayor and Members of the City Council

From:  Dee Williams-Ridley, City Manager

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October 5, 2023

To: Honorable Mayor and Members of the City Council

From:  Dee Williams-Ridley, City Manager

Re: Update on Public Works Transportation Division's Staffing and Work Priorities

This memo provides additional information regarding the staffing situation and work priorities in the Transportation Division, building on our previous communications of November 15 and December 19, 2022. The division recently completed five projects, 15 projects are in progress, 8 projects are delayed due to staffing and/or funding, 7 budget and non-budget referrals are in progress, 10 budget and non-budget referrals are delayed due to staffing and funding, and 12 referrals are not progressing due to the volume of referrals and staffing. The department's primary challenges in implementing City Council's direction continue to be the volume of referrals and the high vacancy rate.

Transportation Division's Existing Vacancies and Impacts

The division has 47 positions and 15 vacancies, resulting in a 32% vacancy rate. Those existing vacancies include the Parking Services Manager, Senior Planner, Associate Planner, two Associate Civil Engineers, and Traffic Maintenance Worker. These positions are responsible for managing transportation projects' grants, facilitating public engagement, the on- and off-street parking program and policy, and adoption of design concepts and their construction. Additionally, these positions are responsible for the processing, implementation, and maintenance of traffic calming measures. The Transportation Division is under the oversight of a Deputy Director, a position that is also vacant.

As a reminder, an October 2022 [Gallup Q12](#) survey of Transportation Division staff was responded to by 32 of the division's full-time staff. Respondents were asked to identify the one priority that would improve their satisfaction with work in the next two years. Division staff identified "fill vacant positions" by a wide margin as the top priority to improve workplace satisfaction. The impact of persistent vacancies is also clear in the survey results. The division's morale was at the 23rd percentile compared to other local public entities. Low morale has many risks and costs, as low morale staff are absent more and more likely to leave City employment.

The *Employer of Choice* initiative brings improvement to the City's hiring, staff retention, staff development, and business processes. The Transportation Division (and other

divisions in Public Works) will directly benefit from these improvements, and we anticipate staff survey results will improve. In the first half of 2023, the initiative has resulted in 90 eligible lists and reduced citywide workforce attrition by a more than 2:1 ratio.

Attachment 1 shows a current update on the Transportation Division's *Programs and Projects*, including those projects that are on hold or delayed due to staffing. This Attachment has been revised from prior memos to add baseline services and better address City Council's adopted budget and other referrals.

Staff's efforts are focused on projects in or nearing the construction phase, projects at risk of losing grant funding, projects led by other government agencies (e.g., BART, Alameda County Transportation Commission), and those in the department's *Top Goals and Projects*. To view the latter, go [here](#) and click through the *Top Goals and Projects*.

The Transportation Division's vacancies slow important work. Significant planning projects such as the Berkeley Strategic Transportation Plan and Bicycle Plan had already been delayed due to staffing as reported in the prior off agenda memo, and these items will continue to be delayed. Similarly, implementation of BerkDOT, fees and fines research, and Vision Zero Action Plan implementation face continuing delays, as do adopted budget referrals such as Pedestrian Safety in the Hills, AB 43 implementation, and traffic safety improvements at 62nd and King. Vacancies result in slower customer response times, reduced capacity to conduct policy or other analysis, less ability to implement improvements, and generally lower quality and delayed baseline services such as bicycle parking, transit coordination, and Safe Routes to School coordination.

Recruitments are ongoing for both existing and forthcoming vacancies because the HR Department has boosted its capacity to assist Public Works in these recruitments. The Transportation Manager, Principal Planner, and Associate Planner positions have recently been filled, and interviews for the Deputy Director are occurring. My office, the Human Resources Department, and the Public Works Department are collaborating on other resources (temporary staffing, consultants, etc.) to help boost staff's capacity until the division's vacancies are filled.

Attachment 1: Transportation Division Projects and Programs

cc: LaTanya Bellow, Deputy City Manager
Anne Cardwell, Deputy City Manager
Mark Numainville, City Clerk
Matthai Chakko, Assistant to the City Manager
Farimah Brown, City Attorney
Jenny Wong, City Auditor
Liam Garland, Public Works Director

Attachment 1: Transportation Division's Projects and Programs	
RECENTLY COMPLETED PROJECTS	STATUS
Claremont/Russell RRFBs	
Newbury Street & Ashby Avenue traffic diverter & improvements	
Dwight-California Intersection (Phase 1 ped improvements)	
Dwight-California Intersection (Phase 3 permanent median)	
goBerkeley SmartSpace Parking Pilot Project	
PROGRAMS & PLANS	
Bike parking	Delayed due to staffing
Development Reviews and Plan Checks	Baseline Services
Major Grant Funding Coordination/Liaison	Reduced service due to staffing
Micromobility	Baseline Services
Parking Services - off-street	Reduced service due to staffing
Parking Services - on-street (including residential permit parking)	Reduced service due to staffing
Parking services - residential permit parking	Reduced service due to staffing
Safe Routes to Schools Coordination	Reduced service due to staffing
Traffic Calming	Baseline Services
Traffic Maintenance	Baseline Services
Traffic Permits: disabled parking, oversized loads + block parties, traffic control plans, and special events	Baseline Services
Traffic Signal optimization	Baseline Services
Transit Coordination	Baseline Services
Berkeley Strategic Transportation (BeST) Plan Update	Delayed due to staffing
Vision Zero Action Plan Update	Delayed due to staffing
Bicycle Plan	Delayed due to staffing
GRANTS	
Grant application: Ala CTC FY24 CIP: Adeline Corridor at Ashby BART Station - preliminary engineering	Grant successful
Grant application: Ala CTC FY24 CIP: Bicycle Boulevard Crossings - design & construction	Grant unsuccessful
Grant application: US DOT Safe Streets & Roads for All: Vision Zero Ped & Bicycle Crossing Safety - design & construction	Grant unsuccessful
Grant application: US DOT Reconnecting Communities: Ashby Ave Vision Zero Safety Plan - study & conceptual design	Grant unsuccessful
Grant application: Caltrans HSIP Cycle 11: Protected Left Turns - design and construction	Grant unsuccessful
Grant application: US DOT Safe Streets & Roads for All Cycle 2 - 2023 Grant Application	Delayed due to staffing
Grant application: US DOT Reconnecting Communities Cycle 2 - 2023 Grant Application	Delayed due to staffing
Grant application: AHSC Grant Applications with HHCS Affordable Housing Projects	Ongoing
PROJECTS	
BART Ashby BART Transit Oriented Development	Ongoing
BART North Berkeley BART Transit Oriented Development	Ongoing
ACTC San Pablo Avenue Corridor Project	Ongoing
CalTrans/ACTC Gilman interchange	Ongoing
CalTrans/ACTC University/Ashby interchange	Ongoing
BART North Berkeley BART Access Improvements (NBAI)	In construction
MLK Vision Zero Quick Build Project	In construction
Southside Complete Streets	Award construction contract June 2023

ACTC Railroad Safety Enhancement Program (RSEP)	In design
Woolsey-Eton Intersection	In design
HSIP (Caltrans) Sacramento St Pedestrian Safety Project (beacons, markings) - design locally funded	In design
AHSC Connected Berkeley (Parker-Addison Mobility and Safety Improvements)	In design
AHSC Connected Berkeley (University Ave West Bus Stops)	In design
ACTC CIP Ohlone Greenway Modernization	Conceptual design
ATP: Addison Bike Blvd Extension - design & construction	Grant awarded by CTC in Dec 2022
7th and Anthony Intersection	Delayed due to staffing and funding
Ashby-San Pablo Intersection	Delayed due to staffing and funding
TDA West Berkeley Vision Zero Quick-Build	Delayed due to staffing
AHSC Maudelle Miller Shirek (Woolsey-Fulton Bike Blvd & Russell Crossings, South Shattuck and MLK Bus Stops)	Pre-concept
ACTC Washington Elementary Safe Routes (mini-grant) (drop-off zones with permeable pavers in landscape strip)	On hold
ACTC CIP Adeline (south of MLK)	Delayed due to staffing
ACTC CIP Telegraph corridor study & preliminary engineering (south of Dwight) (aka Telegraph Multimodal Corridor)	Delayed due to staffing
Addison Bike Boulevard Extension Project - ATP Cycle 6	Delayed due to staffing
Washington Elementary/Berkeley High School SR2S - ATP Cycle 6	Delayed due to staffing
Citywide Bike Parking - TFCA	Delayed due to staffing
BUDGET REFERRALS	
Claremont/Eton RRFBs	Starting design in July
Dwight Way Traffic Calming between Grant and California	Ongoing
E-bikes for City Staff	Ongoing
62nd & King	Delayed due to staffing
AB 43 (speed limit reform)	Delayed due to staffing
Durant/Telegraph Plaza, 12/14/2021	Delayed due to staffing
Parking Districts on Lorin and Gilman (DMND0003998)	Delayed due to staffing
Pedestrian safety where sidewalks not provided	Delayed due to staffing
BerkDOT, traffic fine & fee reform	Delayed due to staffing and funding
Telegraph Ave Project (spin-off from Southside Complete Streets, formerly Car-Free Telegraph)	Delayed due to staffing and funding
REFERRALS BEING WORKED ON AND/OR ON HOLD DUE TO STAFFING	
Bright Streets/refreshing markings around schools	Baseline Services
AC Transit: Durant Red Transit Lane Quick Build	In design
Intersection Daylighting	Incorporating into 5 Year Paving Plan
Adeline Street at Ashby BART Conceptual Design	Reduced services due to staffing
Transit First Policy Implementation	Delayed due to staffing
Vision Zero Action Plan Implementation	Delayed due to staffing
Hopkins Corridor Study & Conceptual Design (east of Gilman)	Pending further evaluation and direction
Hopkins - outreach, conceptual design, striping plan (west of Gilman)	Pending further evaluation and direction
REFERRALS NOT STARTED	
Expansion of Paid Parking (DMND0003994)	Not progressing due to volume of referrals and staffing
Residential Permit Parking (PRJ0016358)	Not progressing due to volume of referrals and staffing
Consider Caregiver Parking in Residential Shared Parking Pilot (PRJ0012340)	Not progressing due to volume of referrals and staffing
Parking Benefits District at Marina (DMND0003997)	Not progressing due to volume of referrals and staffing

Prioritizing pedestrians at intersections (DMND0002584)	Not progressing due to volume of referrals and staffing
Traffic Calming Policy Revision (PRJ0012444)	Not progressing due to volume of referrals and staffing
Public Realm Pedestrianization Opportunities (PRJ0019832)	Not progressing due to volume of referrals and staffing
Long Term Resurfacing Plan (PRJ0033877)	Not progressing due to volume of referrals and staffing
Referral: Measures to Address Traffic Enforcement and Bicycle Safety (PRJ0022671)	Not progressing due to volume of referrals and staffing
Oversized Vehicle Restrictions on Bicycle Boulevards (PRJ0022389)	Not progressing due to volume of referrals and staffing
Reviewing the GIG Car Share Pilot Program (PRJ0033768)	Not progressing due to volume of referrals and staffing
Referral: Develop a Bicycle Lane and Pedestrian Street Improvements Policy (PRJ0030862)	Not progressing due to volume of referrals and staffing
Green =on track/proceeding as planned	

APPENDIX K

AAO#1 Supporting Documentation for Key Reimagining Public Safety Items

**BERKELEY CITY COUNCIL BUDGET & FINANCE COMMITTEE
SPECIAL MEETING MINUTES**

**Thursday, June 22, 2023
9:00 AM**

2180 Milvia Street, 1st Floor - Cypress Room

Committee Members:

Mayor Jesse Arreguin, Councilmembers Rashi Kesarwani and Kate Harrison
Alternate: Councilmember Sophie Hahn

This meeting will be conducted in a hybrid model with both in-person attendance and virtual participation. For in-person attendees, face coverings or masks that cover both the nose and the mouth are encouraged. If you are feeling sick, please do not attend the meeting in person.

Remote participation by the public is available through Zoom. To access the meeting remotely using the internet: Join from a PC, Mac, iPad, iPhone, or Android device: Use URL - <https://cityofberkeley-info.zoomgov.com/j/1606807814>. If you do not wish for your name to appear on the screen, then use the drop down menu and click on "rename" to rename yourself to be anonymous. To request to speak, use the "raise hand" icon on the screen. To join by phone: Dial **1-669-254-5252 or 1-833-568-8864 (Toll Free)** and Enter Meeting ID: **160 680 7814**. If you wish to comment during the public comment portion of the agenda, press *9 and wait to be recognized by the Chair.

To submit a written communication for the Committee's consideration and inclusion in the public record, email policycommittee@berkeleyca.gov.

Written communications submitted by mail or e-mail to the Budget & Finance Committee by 5:00 p.m. the Friday before the Committee meeting will be distributed to the members of the Committee in advance of the meeting and retained as part of the official record.

AGENDA

Roll Call: 9:06 a.m.

Present: Harrison, Arreguín

Absent: Kesarwani

Public Comment on Non-Agenda Matters – 3 speakers.

Minutes for Approval

Draft minutes for the Committee's consideration and approval.

1. Minutes - June 8, 2023

Action: M/S/C (Harrison/Arreguín) to approve the minutes of June 8, 2023.

Vote: Ayes – Harrison, Arreguín; Noes – None; Abstain – None; Absent – Kesarwani.

Committee Action Items

The public may comment on each item listed on the agenda for action as the item is taken up. The Chair will determine the number of persons interested in speaking on each item. Up to ten (10) speakers may speak for two minutes. If there are more than ten persons interested in speaking, the Chair may limit the public comment for all speakers to one minute per speaker.

Following review and discussion of the items listed below, the Committee may continue an item to a future committee meeting, or refer the item to the City Council.

2. Presentation from the City Attorney on the Department's FY 24 Proposed Budget and Funding Requests

From: City Manager

Contact: Farimah Brown, City Attorney, (510) 981-6950

Action: 1 speaker. Presentation made and discussion held.

3. **FY 24 Proposed Budget** *(Item contains supplemental material)*

From: City Manager

Recommendation: Discuss and provide recommendations on the FY 24 Proposed Budget, including funding requests and Council budget referrals.

Financial Implications: See report

Contact: Sharon Friedrichsen, Budget Manager, (510) 981-7000

Action: 12 speakers. Presentation made and discussion held. M/S/C (Harrison/ Arreguín) Recommending that Council adopt the Mayor’s proposed FY 2024 Supplemental Budget Recommendations with the following conditions:

1. Identify funding for the City Attorney’s request to fund the reallocation of 7 Deputy City Attorney III positions to DCA IV up to \$377,359 and to initiate a change to the classification to make it a deep class;
2. Fund the \$7,000 for etching equipment for catalytic converters through State Prop 172 Fund;
3. Refer and recommend the proposed resolutions to approve the allocation of \$100,000 for Harold Way Placemaking Project Schematic Design and \$100,000 Traffic Safety Upgrades at MLK and Haste from the Downtown Streets and Open Space improvement Fund; and
4. Refer the following reallocated Reimagining Tier 1 requests to the November 2023 Annual Appropriations Ordinance #1 process:

Reimagining Public Safety-Expand Downtown Streets Teams as placement for low-level violations	50,000
Department of Community Safety	250,000
Berk DOT Development	300,000
Transportation fee/fines analysis (PW)	150,000
Hearing Officer Alternative to Fines/Sanctions	150,000

Vote: Ayes – Harrison, Arreguín; Noes – None; Abstain – None; Absent – Kesarwani.

4. **Interim Housing Program at the Super 8 Motel (1619 University Avenue)**

From: City Manager

Recommendation: Receive a presentation on an interim housing program at the Super 8 Motel (1619 University Avenue) and provide a recommendation to City Council regarding the use of Measure P revenues of approximately \$5,016,444 million to support up to two years of operations.

Financial Implications: See report

Contact: Peter Radu, City Manager's Office, (510) 981-7000

Action: 1 speaker. Discussion held. The committee noted that the recommendation had been approved with the action taken on Item #3. No action taken.

5. Presentation on the Status of the Marina Fund

From: City Manager

Recommendation: Receive a presentation on the status of the Marina Fund and options related to the Department of Parks and Recreation, Division of Boating and Waterways loan of \$5.5 million loan for demolition and replacement of Docks D and E at the Berkeley Marina.

Financial implications: See report

Contact: Scott Ferris, Parks, Recreation and Waterfront, (510) 981-6700

Action: 1 speaker. Presentation made and discussion held. M/S/C

(Arreguín/Harrison) Recommending: 1. Closing the gap in the Marina Fund in FY 24 by using the CIP fund for staff (\$310,000), CIP project funds (cost shifting \$350,000), and the Parks Tax by cost shifting 2 Landscape Gardeners (\$267,000); and 2. Pursuing an internal loan from an existing City fund for the California Division of Boating and Waterways loan.

Vote: Ayes – Harrison, Arreguín; Noes – None; Abstain – None; Absent – Kesarwani.

6. Accept the Risk Analysis for Long-Term Debt (Bonding Capacity) Report provided by Government Finance Officers Association (Item contains supplemental material)

From: City Manager

Referred: April 26, 2022

Due: June 30, 2023

Recommendation:

Accept the report titled ‘Risk-Based Analysis and Stress Test of Long-Term Debt Affordability’ as provided by the Government Finance Officers Association (GFOA). This report is based on their research and development of a risk-modeling tool to address issuing long-term debt related to City of Berkeley Vision 2050.

On April 26, 2022, the City Council referred this item to the City Manager and Budget & Finance Committee to return to Council with recommendations or analysis on as many of the following items as possible by October 2022, if feasible. 1)

Consideration of reserves policies for operational funds other than the General Fund; 2) Potential reduction of the maximum indebtedness rate from 15% of assessed property value down to 4-8% range; 3) A new policy to not incur indebtedness when interest rates go above 5% or a different specific threshold; 4) Tools for increased transparency for taxpayers; 5) Updated report and discussion of pension and healthcare costs; 6) Refer the full Report to the Budget & Finance Committee for consideration.

Financial Implications: None

Contact: Henry Oyekanmi, Finance, (510) 981-7300, Sharon Friedrichsen, Budget Manager, (510) 981-7000

Action: 0 speakers. Deadline extended August 1, 2023 by request of the author. Item continued to a future committee meeting.

7. Recommendation on Climate, Building Electrification, and Sustainable Transportation Budget Priorities for Fiscal Year 2023 and 2024

From: Energy Commission

Referred: May 23, 2023

Due: November 7, 2023

Recommendation: The Energy Commission recommends that the Berkeley City Council prioritize and include in the City’s budget for the Fiscal Years Ending (FYE) 2023 and 2024 several staff positions, pilot projects, investments in electric vehicles and charging infrastructure, and other measures to ensure that the City’s budget is aligned with and provides adequate and needed funding to implement the City’s adopted Climate Action Plan, Electric Mobility Roadmap, Building Emissions Saving Ordinance, 2019 ban on gas in new construction, and the Existing Buildings Electrification Strategy.

Financial Implications: See report

Contact: Billi Romain, Commission Secretary, (510) 981-7400

Action: 0 speakers. Item continued to a future committee meeting.

Unscheduled Items

These items are not scheduled for discussion or action at this meeting. The Committee may schedule these items to the Action Calendar of a future Committee meeting.

8a. Referral of Two Health Educator Positions to the COB FY 2024 Budget Process

From: Peace and Justice Commission

Referred: April 11, 2023

Due: September 26, 2023

Recommendation: Refer to the budget process a request for estimated \$150,000 annually, beginning in FY 2024 or as early as the AAO #2 process in spring 2023, for staffing, materials, and supplies to be able to more broadly and flexibly conduct health education, prevention, and outreach to reduce health disparities, as proposed by the Peace and Justice Commission.

Financial Implications: See report

Contact: Okeya Vance-Dozier, Commission Secretary, (510) 981-7100

8b. Companion Report: Referral of two health educator positions to the COB FY 2024 budget process

From: City Manager

Referred: April 11, 2023

Due: September 26, 2023

Recommendation: Refer to the Peace and Justice Commission’s request for \$150,000 annually for staffing, materials, and supplies for health education and outreach to the Budget and Finance Policy Committee for further deliberation.

Financial Implications: None

Contact: Peter Radu, City Manager's Office, (510) 981-7000

- 9. Investment Report Update - Investment Policies of Other Jurisdictions**
From: City Manager
Contact: Henry Oyekanmi, Finance, (510) 981-7300
- 10. COVID-19 Emergency Rental Assistance; Presentation from the Eviction Defense Center**
From: City Manager
Contact: Lisa Warhuus, Health, Housing, and Community Services, (510) 981-5400
- 11. Audit Recommendation Status - Berkeley Police: Improvements Needed to Manage Overtime and Security Work for Outside Entities**
From: City Manager
Referred: May 23, 2023
Due: November 7, 2023
Contact: Jennifer Louis, Police, (510) 981-5900
- 12. Audit Status Reports: Fleet Replacement Fund Short Millions & Rocky Road: Berkeley Streets at Risk and Significantly Underfunded**
From: City Manager
Referred: May 23, 2023
Due: November 7, 2023
Recommendation: *On May 23, 2023, the City Council referred to the Budget and Finance Policy Committee to prioritize funding to the vehicle replacement fund to make up the shortfall over time in order to stabilize the fund.*
Financial Implications: See report
Contact: Liam Garland, Public Works, (510) 981-6300

Items for Future Agendas

- None

Adjournment

Action: M/S/C (Arreguín/Harrison) to adjourn the meeting.

Vote: Ayes – Harrison, Arreguín; Noes – None; Abstain – None; Absent – Kesarwani.

Adjourned at 12:35 p.m.

I hereby certify that the foregoing is a true and correct record of the Budget & Finance Committee meeting held on June 22, 2023.

Sarah K. Bunting, Assistant City Clerk

**REVISED
AGENDA MATERIAL
for Supplemental Packet 2**

Meeting Date: June 27, 2023

Item Number: 53

Item Description: FY 2024 Proposed Budget Adoption

Submitted by: Sharon Friedrichsen, Budget Manager
City Manager's Office

The agenda report and accompanying budget adoption resolution have been revised to incorporate proposed changes to the FY 2024 Proposed Budget since it was first presented to Council on May 16, 2023. The changes primarily include staffing positions that were not included on May 16, 2023 due to timing as well as the funding of several items as presented within the Mayor's Supplemental Budget Recommendations. These changes are included within Exhibit B, Summary of Changes to the FY 2024 Proposed Budget Update, and Exhibit C, Mayor's Supplemental Budget Recommendations to the resolution Adopting FY 2024 Proposed Budget Update (Attachment 1).

The Budget and Finance Policy Committee met on June 22, 2023 to discuss and provide recommendations on the FY 24 Proposed Budget, including funding requests and Council budget referrals. As reflected within the annotated agenda, the Committee (Vote: Ayes – Harrison, Arreguín; Noes – None; Abstain – None; Absent – Kesarwani) took the following action:

“Recommending that Council adopt the Mayor's proposed FY 2024 Supplemental Budget Recommendations with the following conditions:

1. Identify funding for the City Attorney's request to fund the reallocation of 7 Deputy City Attorney III positions to DCA IV up to \$377,359 and to initiate a change to the classification to make it a deep class;
2. Fund the \$7,000 for etching equipment for catalytic converters through State Prop 172 Fund;

3. Refer and recommend the proposed resolutions to approve the allocation of \$100,000 for Harold Way Placemaking Project Schematic Design and \$100,000 Traffic Safety Upgrades at MLK and Haste from the Downtown Streets and Open Space improvement Fund; and
4. Refer the following reallocated Reimagining Tier 1 requests to the November 2023 Annual Appropriations Ordinance #1 process: Reimagining Public Safety-Expand Downtown Streets Teams as placement for low-level violations (\$50,000); Department of Community Safety (\$250,000); Berk DOT Development (\$300,000); Transportation fee/fines analysis-PW (\$150,000) and Hearing Officer Alternative to Fines/Sanctions (\$150,000).

In accordance with item #3 referenced above, the revised agenda materials also include two additional resolutions pertaining to the eligible use of the Downtown Streets and Open Space Improvement Fund for Council's consideration.

The revised agenda materials also include a fund balance spreadsheet that shows some of the City's major funding sources. It includes FY 2023 Beginning Fund Balances up to FY 2025 Projected Ending Fund Balances. This is a follow-up item from the May 16, 2023 Budget and Finance Policy Committee meeting and Council meeting stemming from the Budget presentation showing use of fund balances to balance the budget.

ACTION CALENDAR
June 27, 2023

To: Honorable Mayor and Members of the City Council
From: Dee Williams-Ridley, City Manager
Submitted by: Sharon Friedrichsen, Budget Manager
Subject: FY 2024 Proposed Budget Update Adoption

RECOMMENDATION

1. Adopt a resolution approving the FY 2024 Proposed Budget Update (“FY 24 Proposed Budget”) as presented to Council on May 16, 2023, and as amended by subsequent Council action.
2. Authorize the City Manager to provide applicable advances to selected community agencies receiving City funds in FY 2024, as reflected in Attachment 2 to the report, and as amended by subsequent Council action.
3. Adopt a resolution designating the Harold Way Placemaking Project as Eligible for Street and Open Space Improvement Plan (SOSIP) Funding.
4. Adopt a resolution designating the MLK Way and Haste Street Intersection Traffic Improvements as Eligible for SOSIP Funding.

FISCAL IMPACTS OF RECOMMENDATION

The FY 2024 Proposed Budget expenditure budget for all funds in FY 2024 is \$728,631,293 (gross appropriations) and \$621,229,929 (net appropriations). The General Fund (Funds 011-099), including Measure P and Measure U1 funds, total is \$283,576,217 and the balance of \$445,055,076 represents the other non-discretionary funds. This fiscal information will be reflected in a separate Annual Appropriation Ordinance on the City Council’s agenda on June 27, 2023.

CURRENT SITUATION AND ITS EFFECTS

The purpose of the FY 24 Proposed Budget is to provide an update on revenue estimates and recommended changes in planned expenditures since the adoption of the biennial budget for Fiscal Years 2023 and 2024 by the City Council on June 28, 2022. The FY 24 Proposed Budget was presented to Council on May 16, 2023 and June 13, 2023.

The FY 24 Proposed Budget Update includes changes to the Update presented to the City Council on May 16 and June 13, 2023 respectively as shown in Exhibit B, *Summary of Changes to the FY 2024 Proposed Budget Update*. These changes primarily reflect new positions within the City Auditor's Office, the Fire Department, HHCS, Human Resources and the Office of the Director of Police Accountability. Other salient changes include (1) reallocating the \$4 million within the FY 24 Budget proposed to pre-fund the repayment to the reserves to cover the increased cost of the City's general liability and property insurance premium and (2) the use of the FY 24 Proposed General Fund allocation to the Workers Compensation Fund for insurance costs and a transfer to the CIP Fund for T1 Projects. Additionally, the FY 24 Proposed Budget incorporates the Mayor's Supplemental Budget Recommendations, which were presented to the Budget and Finance Policy Committee on June 22, 2023, and are included within Exhibit C, *Mayor's Supplemental Budget Recommendations*. The Mayor's Recommendations include reallocating items funded as part of the biennial budget to new expenditures in FY 24, cost-shifting some items to be funded by Measure P and/or Measure U1 revenues and proposing to refer items for funding consideration until FY 24 AAO#1 or as part of the next biennial budget process in FY 25-26.

ENVIRONMENTAL SUSTAINABILITY AND CLIMATE IMPACTS

Actions included in the budget will be developed and implemented in a manner that is consistent with the City's environmental sustainability goals and requirements.

CONTACT PERSON

Sharon Friedrichsen, Budget Manager, City Manager's Office, 981-7000

Attachments:

1. Resolution: Adopting FY 2024 Proposed Budget Update
Exhibit A: FY 2024 Proposed Budget Update Document presented May 16, 2023
Exhibit B: Schedule of Changes to the FY 2024 Proposed Budget Update
Exhibit C: Mayor's Supplemental Budget Recommendations
2. Community Agency Contract Advances
3. Resolution: Designating the Harold Way Placemaking Project as Eligible for SOSIP Funding
4. Resolution: Designating the MLK Way and Haste Street Intersection Traffic Improvements as Eligible for SOSIP Funding
5. FY 2023 – FY 2025 Projected Fund Balances for Significant City Funds

RESOLUTION NO.

ADOPTING THE CITY OF BERKELEY PROPOSED BUDGET UPDATE FOR
FISCAL YEAR 2024

WHEREAS, on June 28, 2022, the City Council adopted the biennial budget for Fiscal Year 2023 and Fiscal Year 2024 Budget; and

WHEREAS, the purpose of the Proposed Budget Update for Fiscal Year 2024 is to provide an update on revenue estimates and recommended changes in planned expenditures since the adoption of the biennial budget; and

WHEREAS, the City Council held a series of meetings to consider the Proposed Budget Update, including public hearings held on May 16, 2023, June 13, 2023 and June 27, 2023; and

WHEREAS, in addition to formal budget adoption, City Council action is required to authorize advances for select community agencies receiving funds in FY 2024. The advances are to be equivalent to 25% of the agency's allocation.

NOW THEREFORE, BE IT RESOLVED, that the Council of the City of Berkeley adopts the FY 2024 Proposed Budget Update.

BE IT FURTHER RESOLVED that the appropriations constituting the FY 2024 Adopted Budget will be reflected in a separate FY 2024 Annual Appropriation Ordinance, as required by Charter.

BE IT FURTHER RESOLVED, that the City Manager is authorized to execute contracts and /or amendments, as necessary, to provide advances to selected community agencies receiving City funds in FY 2024.

BE IT FURTHER RESOLVED, that the City Manager is authorized to use the following invoicing/reporting system in contract administration, but maintains the discretion to amend these requirements depending on risk factors associated with past performance, the amount and type of funding an agency receives, and/or whether or not an agency is a new grantee:

Agencies receiving under \$50,000 in General Fund to provide the following services:

1. Drop-In services only with no intensive case management, meal programs, outreach programs, or recreation programs:
 - Statements of Expense are required quarterly and a General Ledger is required at fiscal year-end; and
 - An end-of-year narrative summary of accomplishments.
2. All other agencies receiving General Fund only:
 - Statements of Expense are required quarterly and a General Ledger is required at fiscal year-end; and
 - Program Reports are required semi-annually.
3. Agencies with State and/or Federal Funding:
 - Statements of Expense are required quarterly and a General Ledger is required at fiscal year-end; and
 - Program Reports are required quarterly.

BE IT FURTHER RESOLVED, that the City Manager is authorized to refuse to execute or amend a contract with any agency that has not provided required contract exhibits and documentation within 60 days of award of funding.

BE IT FURTHER RESOLVED, that the City Manager is authorized to execute other resultant agreement and amendments with other agencies relating to receipt and expenditure under CDBG or CSBG Program in accordance with the proposals for community agency funding approved through the budget process. A record copy of said contracts and any amendments are on file with the Office of the City Clerk.

Exhibits

- Exhibit A: FY 2024 Proposed Budget Update Document presented May 16, 2023
- Exhibit B: Schedule of Changes to the FY 2024 Proposed Budget Update
- Exhibit C: Mayor's Supplemental Budget Recommendations

RESOLUTION NO. ##,###-N.S.

DESIGNATING THE HAROLD WAY PLACEMAKING PROJECT AS ELIGIBLE FOR
SOSIP FUNDING

WHEREAS, on January 29, 2013, the City Council approved the Downtown Streets and Open Space Improvement Plan (“SOSIP”), which provided for a range of pedestrian and recreational improvements in the downtown Berkeley area; and

WHEREAS, on the same date, the City Council approved a Nexus Study in conjunction with its approval of an impact fee to be charged for improvements identified in the SOSIP; and

WHEREAS, the Nexus Study included an appendix listing the specific projects proposed to be funded by the impact fee; and

WHEREAS, the Nexus Study anticipated that in future years, additional improvements would be added to the list of improvements eligible to be funded under the SOSIP;

WHEREAS, Harold Way lies within the SOSIP boundaries.

NOW, THEREFORE, BE IT RESOLVED that the City Council hereby adds the Harold Way Placemaking Project to the list of improvements eligible to be funded by the SOSIP impact fee.

RESOLUTION NO. ##,###-N.S.

DESIGNATING THE MLK WAY AND HASTE STREET INTERSECTION TRAFFIC
IMPROVEMENTS FOR SOSIP FUNDING

WHEREAS, on January 29, 2013, the City Council approved the Downtown Streets and Open Space Improvement Plan (“SOSIP”), which provided for a range of pedestrian and recreational improvements in the downtown Berkeley area; and

WHEREAS, on the same date, the City Council approved a Nexus Study in conjunction with its approval of an impact fee to be charged for improvements identified in the SOSIP; and

WHEREAS, the Nexus Study included an appendix listing the specific projects proposed to be funded by the impact fee; and

WHEREAS, the Nexus Study anticipated that in future years, additional improvements would be added to the list of improvements eligible to be funded under the SOSIP;

WHEREAS, the MLK Way and Haste Street intersection lies within the SOSIP boundaries and serves to link the Downtown and Berkeley High School.

NOW, THEREFORE, BE IT RESOLVED that the City Council hereby adds the MLK Way and Haste Street intersection project to the list of improvements eligible to be funded by the SOSIP impact fee.

AGENCY NAME	LEAD DEPT	FY 2024 ALLOCATION	FY 2024 ADVANCE
Alameda County Homeless Action Center	HHCS	197,759	49,440
Alameda County Network of Mental Health Clients	HHCS	117,737	29,434
Bananas	HHCS	388,637	97,159
Bay Area Community Land Trust	HHCS	205,200	51,300
Bay Area Community Resources	HHCS	94,964	23,741
Bay Area Community Services	HHCS	6,489,652	1,622,413
Bay Area Hispano Institute for Advancement	HHCS	103,590	25,898
Bay Area Outreach and Recreation Program	HHCS	43,592	10,898
Berkeley Community Gardening Collaborative	HHCS	11,895	2,974
Berkeley Community Media	IT	230,710	57,678
Berkeley Convention & Visitors Bureau	OED	433,333	108,333
Berkeley Food & Housing Project	HHCS	1,203,655	209,414
Berkeley Free Clinic	HHCS	15,858	3,965
Berkeley High School Bridge Program	HHCS	79,000	19,750
Berkeley Place	HHCS	17,183	4,296
Berkeley Project	PRW	32,000	8,000
Berkeley Youth Alternatives	HHCS	220,000	55,000
Biotech Partners	HHCS	91,750	22,938
Bonita House	HHCS	39,804	9,951
Bread Project	HHCS	57,850	14,463
Building Opportunities for Self Sufficiency	HHCS	834,646	208,662
Center for Independent Living	HHCS	159,660	39,915
Dorothy Day	HHCS	2,048,101	512,025
Downtown Berkeley Association	OED	40,000	10,000
Downtown Streets Team	PW	225,000	56,250
East Bay Community Law Center	HHCS	308,644	77,161
Easy Does It	HHCS	1,653,260	413,315
Eden Council for Hope and Opportunity	HHCS	35,000	8,750
Ephesians Children's Center	HHCS	85,347	21,337
Eviction Defense Center	HHCS	2,000,000	500,000
Family Violence Law Center	HHCS	61,842	15,461
Habitat for Humanity East Bay/Silicon Valley	HHCS	250,000	62,500
Healthy Black Families, Inc.	HHCS	87,616	21,904
Inter-City Services	HHCS	101,351	25,338
J-Sei	HHCS	9,110	2,278
Larkin Street	HHCS	189,255	47,314
Lifelong Medical Care	HHCS	1,093,010	273,253
McGee Avenue Baptist Church	HHCS	17,844	4,461
Multicultural Institute	HHCS	101,739	25,435
Options Recovery Services	HHCS	50,000	n/a
Nia House Learning Center	HHCS	39,999	10,000
Pacific Center for Human Growth	HHCS	23,245	5,811
Rebuilding Together	HHCS	122,850	30,713
RISE Program	HHCS	216,039	54,010
Rising Sun	HHCS	67,828	16,957
SEEDS Community Resolution Center	HHCS	22,553	5,638
Stiles Hall	HHCS	90,000	22,500
The Suitcase Clinic	HHCS	9,828	2,457
Through the Looking Glass	HHCS	52,206	13,052
Toolworks Inc. Supportive Housing	HHCS	47,665	11,916
UC Berkeley	HHCS	130,000	32,500
Village of Love	HHCS	250,000	62,500
Women's Daytime Drop-In Center	HHCS	267,071	66,768

AGENCY NAME	LEAD DEPT	FY 2024 ALLOCATION	FY 2024 ADVANCE
YMCA of the East Bay	HHCS	90,875	22,719
Youth Spirit Artworks	HHCS	78,000	19,500
		20,933,753	5,129,439

HHCS = Health, Housing & Community Services

IT = Information Technology

OED = Office of Economic Development

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FY 2024 Proposed Budget Mayor's Supplemental Budget Recommendations										
Department	Expenditure Type/Description	Requesting Amount	Request Category	Type of Request	Reason for Request	Recommended GF	Recommended Other Funds	Refer to AAO 1 or AAO 2	Defer to FY 25 & FY 26 Budget Dev.	Notes
PERSONNEL										
City Attorney	Deputy City Attorney IV (7 FTEs)	\$ 377,359	New FY24 GF Dept. Request	On-Going	Reallocation of 7 DCA III to DCA IV position			377,359		
CMO - Communications	Communications Specialist	\$ 208,776	Unfunded Tier 2 & 3 Request	On-Going	Backup PIO coverage for emergencies				X	
CMO - Neighborhood Svcs.	Community Services Specialist I	\$ 167,595	New FY24 GF Dept. Request	On-Going	Homeless Response Team Unit				X	
CMO - Neighborhood Svcs.	Community Services Specialist III	\$ 235,458	New FY24 GF Dept. Request	On-Going	Homeless Response Team Unit				X	
CMO - Neighborhood Svcs.	Code Enforcement Officer I	\$ 156,100	Unfunded Tier 2 & 3 Request	On-Going	Reduce response time to complaints				X	
HHCS	Senior Community Development Project Coordinator	\$ 215,121	New FY24 GF Dept. Request	On-Going	HCS staffing study recommendation		\$215,121 (Measure U1)			
HHCS	Program Manager II	\$ 238,121	New FY24 GF Dept. Request	On-Going	HCS staffing study recommendation		\$238,121 (Measure U1)			
Human Resources	Assistant HR Analyst	\$ 180,952	New FY24 GF Dept. Request	On-Going	Position request through Employer of Choice Initiative to support Workers' Compensation				X	
Human Resources	HR Technician	\$ 170,652	New FY24 GF Dept. Request	On-Going	Position request through Employer of Choice Initiative to support Training / Workforce Development				X	
Human Resources	HR Technician	\$ 170,652	New FY24 GF Dept. Request	On-Going	Position request through Employer of Choice Initiative to support Transactions				X	
ODPA	Police Accountability Investigator	\$ 220,916	Appeared on two or more list	On-Going	To reach parity with the IAB and have 2 dedicated full-time investigators for the highly complex misconduct investigations.	220,916				
ODPA	Communications Specialist	\$ 211,456	New FY24 GF Dept. Request	On-Going	To assist the DPA in the outreach to the community as referenced in section				X	
PRW	Associate Civil Engineer	\$ 266,968	Appeared on two or more list	On-Going	To cover project management costs of CIP Funded projects				X	
PRW	DEI Internships	\$ 101,000	New FY24 GF Dept. Request	On-Going	To cover costs of 6 DEI / Connectedness internships				X	
Planning	Green Building Program Manager	\$ 128,671	New FY24 GF Dept. Request	On-Going	Convert position from temporary to permanent. Full Cost of the position - \$257,342; General Fund portion is \$128,671				X	
Planning	50% GIS Specialist	\$ 73,544	Unfunded Tier 2 & 3 Request	One-Time	Assistant Planner/Geographic Information Systems Analyst, 2 year				X	
Police	5 Parking Enforcement Officers	\$ 641,975	Unfunded Tier 2 & 3 Request	On-Going	Address parking/traffic matters that do not necessitating a sworn officer				X	
Police	1 Parking Enforcement Supervisor	\$ 150,350	Unfunded Tier 2 & 3 Request	On-Going	Required supervision for added Parking Enforcement Officers				X	
Public Works	Parking Enforcement Personnel -Parking Meter Fund	\$ 2,800,000	New FY24 GF Dept. Request	On-Going	Shifting PEO direct personnel costs from on-street parking fund to General Fund				X	
Public Works	OS II - (100% GF)	\$ 123,137	Appeared on two or more list	On-Going	Transportation: Parking Citation Review. Support to citation review program, continuing backlog with current staffing levels				X	
Public Works	Applications Programmer Analyst I (GF - 15%)	\$ 29,459	Appeared on two or more list	On-Going	Streets & Utilities: To support implementation of NexGen, Assetworks, Zonar and Mobile Device Management.				X	
Public Works	Transportation Manager (GF - 12.5%, 501 - 12.5%)	\$ 79,593	Appeared on two or more list	On-Going	Transportation - Restoring Transportation Division Manager			79,593		
Councilmember Taplin	West Berkeley Park Ambassadors	\$ 300,000	Unfunded Tier 2 & 3 Request	One-Time	Funding for Park Ambassadors:2-3 part time positions for one year at San			300,000		
Councilmember Droste, Parks and Waterfront & Public Works Commission	Adopt-A-Spot Program	\$ 500,000	Unfunded Tier 2 & 3 Request	On-Going	Volunteer coordinator and entry level position coordinator- Recommending			250,000		One FTE only

Remove from list	FY 2024 Proposed Budget									
Defer to FY25/26 Budget	Mayor's Supplemental Budget Recommendations									
Department	Expenditure Type/Description	Requesting Amount	Request Category	Type of Request	Reason for Request	Recommended GF	Recommended Other Funds	Refer to AAO 1 or AAO 2	Defer to FY 25 & FY 26 Budget Dev.	Notes
Councilmember Robinson, Councilmember Harrison, Councilmember Bartlett, and Councilmember Hahn	Parking/Towing Fines & Fees Reform	\$ 383,512	FY 23 Council Budget Referrals	On-Going	Ongoing annual funding to the FY 2024 Mid-Biennial Budget Update for 2 Associate Management Analyst FTEs to administer and expand the indigent payment plan program.				X	
Councilmember Robinson, Councilmember Bartlett, Councilmember Harrison, and Councilmember Humbert	Southside Impact Fee Nexus Study	\$ 250,000	FY 23 Council Budget Referrals	One-Time	Consultant to be engaged over a two-year process, starting in 2024, to assist with the vision, capital list, nexus study, fee schedule, and other requirements.	250,000				
Councilmember Harrison	Staffing Costs Associated with Acquisition of and Prevention of Displacement from Multi-Family Housing	\$ 579,000	FY 23 Council Budget Referrals	On-Going	Refer \$579,000 to the June 2023 Budget Process for annual City staffing costs and for allied non-profits to implement and administer programs associated with acquisition and prevention of displacement from multi-family housing including the Small Sites Program, and implementation of other programs to allow purchases by the city, non-profits and or residents to maintain affordability			579,000		
Councilmember Harrison and Councilmember Hahn	Adopt an Ordinance Adding a Chapter 11.62 to the Berkeley Municipal Code to Regulate the Use of Carryout and Produce Bags and Promote the Use of Reusable Bags	\$ 350,000	FY 23 Council Budget Referrals	On-Going	Refer to the Fiscal Year 2023 AAO #1 Budget Process up to \$350,000 per year for staffing for this ordinance and other plastic reduction ordinances.					Included in new ZW rate structure
Councilmember Harrison	Sole source procurement contract for Two Full-Time Social Workers for Social Justice	\$ 147,000	FY 23 Council Budget Referrals	One-Time	Sole source procurement contract for annual staffing costs associated with funding two social workers to provide low-income immigrants, asylum seekers, unaccompanied children, young dreamers, and displaced families with direct legal services and legal representation.			147,000		
George Lippman, Chairperson, Peace and Justice Commission	Two health educator positions to the COB FY 2024 budget process	\$ 150,000	FY 23 Council Budget Referrals	On-Going	Request for estimated \$150,000 annually, beginning in FY 2024 or as early as the AAO #2 process in spring 2023, for staffing, materials, and supplies to be able to more broadly and flexibly conduct health education, prevention, and outreach to reduce health disparities, as proposed by the Peace and Justice Commission.					
Councilmember Harrison	Staffing Costs Associated with Administering the Empty Homes Tax	\$ 372,000	FY 23 Council Budget Referrals	On-Going	Refer \$372,000 to the June 2023 Budget Process for annual City staffing costs to administer the Empty Homes Tax: Accounting Office Specialist III (Finance) 0.25 FTE - \$38,750 Associate Planner (Rent Stabilization Board) □ 1 FTE - \$185,670 Office Specialist II (Rent Stabilization Board) □ 1 FTE - \$115,000 Mailing Costs for Outreach and		372,000 (Measure U1)			
Sub-Total Personnel		\$ 9,979,367								
NON-PERSONNEL										
CMO - Communications	Replacement for Citywide Email system	\$ 100,000	New FY24 GF Dept. Request	One-Time	IT and Communications have developed requirements to match capabilities of current system with refinements to upgrade system				X	
CMO - Neighborhood Svcs.	Traffic barricades rental	\$ 75,000	New FY24 GF Dept. Request	On-Going	for large street closures on special events				X	
Fire	Recruitment & Retention- Priority 5	\$ 200,000	New FY24 GF Dept. Request	One-Time	Retention & Referral Program (Paramedic)- based on 10			200,000		

Remove from list	FY 2024 Proposed Budget									
Defer to FY25/26 Budget	Mayor's Supplemental Budget Recommendations									
Department	Expenditure Type/Description	Requesting Amount	Request Category	Type of Request	Reason for Request	Recommended GF	Recommended Other Funds	Refer to AAO 1 or AAO 2	Defer to FY 25 & FY 26 Budget Dev.	Notes
Fire	Recruitment & Retention- Priority 6	\$ 200,000	New FY24 GF Dept. Request	One-Time	Retention & Referral Program (Firefighter)- based on 10			200,000		
HHCS	Supplies, Equipment, Cubicles, etc.	\$ 10,000	New FY24 GF Dept. Request	On-Going	Costs associated with adding new staff			10,000		
Human Resources	LEARN Module for Training	\$ 50,000	New FY24 GF Dept. Request	One-Time	Training Citywide				X	
Human Resources	Consulting Fee - data analysis	\$ 50,000	New FY24 GF Dept. Request	On-Going	Threat Assessment and Workplace Violence Prevention				X	
Human Resources	Consulting Fee - data analysis	\$ 100,000	New FY24 GF Dept. Request	One-Time	Class & Comp, Recruitment Project Management, Data Analysis				X	
Information Technology	City-wide Facilities Wi-Fi	\$ 350,000	New FY24 GF Dept. Request	One-Time	Improve connectivity for all City facilities, including outdoor areas, such as, Marina and other offsite facilities				X	
Information Technology	MS Teams and SharePoint	\$ 100,000	New FY24 GF Dept. Request	One-Time	Enterprise solution for collaboration on broader scale to increase productivity and efficiencies.				X	
OED	Civic Arts Grants	\$ 41,685	New FY24 GF Dept. Request	On-Going	Increases Civic Arts Grants Budget to annual amount of \$200,000		41,685 (Mayor's Budget)			
PRW	Camp Scholarships / DEI Programs	\$ 154,450	New FY24 GF Dept. Request	On-Going	FY 24 budget at \$75,000. Request for additional funding to cover the cost of camp scholarships, per new policy, and DEI programs			154,450		
PRW	Marina Fund	\$ 1,500,000	New FY24 GF Dept. Request	On-Going	To cover gap in FY24 operations costs; fund balance is depleted			1,500,000		
PRW	Training, conferences, certifications	\$ 128,115	New FY24 GF Dept. Request	On-Going	Training for PRW staff				X	
PRW	Online registration software	\$ 28,000	New FY24 GF Dept. Request	On-Going	To cover costs of new server and doc mgmt. system, required to meet increased online recreation registration needs				X	
Planning	Historic Context Statement OR Historic Resource Evaluation	\$ 275,000	Appeared on two or more list	One-Time	Provide funding for a citywide Historic Context Statement (HCS) per Landmarks Preservation Commission budget request in 2022				X	
Police	Police Training Academy	\$ 299,550	New FY24 GF Dept. Request	On-Going	Estimated Academy cost, Body Armor and equipment, Hotel, Per Diem, various training supplies, etc. per recruit (12 recruits)			299,550		
Police	Police Recruitment and Retention Pilot Program	\$ 107,000	New FY24 GF Dept. Request	On-Going	Costs for retention and referral pilot programs			107,000		
Public Works	Maintenance for (3) new public restrooms	\$ 48,000	New FY24 GF Dept. Request	On-Going	FY24 for all three bathrooms is \$48,000 for Jan – June 2024 for two new restrooms + Channing Restroom			48,000		
Public Works	Sewer Low Income Discount/Subsidy	\$ 55,000	New FY24 GF Dept. Request	One-Time	FY24 EBMUD Berkeley participation CIP low income cap program			55,000		
Public Works	Parking enforcement non-personnel- Parking Meter Fund	\$ 700,000	New FY24 GF Dept. Request	On-Going	Shifting PEO non-personnel costs from on-street parking fund to General Fund				X	
Public Works	Zero Waste Low Income Discount/Subsidy	\$ 100,000	New FY24 GF Dept. Request	On-Going	Proposed ZW rate discount for low income customers			100,000		
Public Works	ISF Request	\$ 1,603,000	New FY24 GF Dept. Request	On-Going	Projected General Fund impact of all four ISF funds updated for FY 24 at full levels. Future costs to be determined				X	
Councilmember Harrison	Fund Mayoral Budgetary Analyses	\$ 100,000	Unfunded Tier 2 & 3 Request	One-Time	Certified public accountant to provide supplemental budgetary assistance			100,000		
Councilmember Taplin	West Berkeley Transportation Plan	\$ 300,000	Unfunded Tier 2 & 3 Request	One-Time	Consultant to conduct a study and draft a comprehensive plan for transportation in West Berkeley through 2050				X	Defer to FY 25 due to limited staffing resources in PW

Remove from list	FY 2024 Proposed Budget									
Defer to FY25/26 Budget	Mayor's Supplemental Budget Recommendations									
Department	Expenditure Type/Description	Requesting Amount	Request Category	Type of Request	Reason for Request	Recommended GF	Recommended Other Funds	Refer to AAO 1 or AAO 2	Defer to FY 25 & FY 26 Budget Dev.	Notes
Councilmember Harrison	Transportation Network Company User Tax to Support Priority Mobility Infrastructure,	\$ 900,000	Unfunded Tier 2 & 3 Request	One-Time	Transportation Network Company User Tax General Fund revenue for the construction and maintenance of Tier 1 protected bicycle lanes and crossings, Priority pedestrian street crossings and quick-build public transit projects under the Street Repair Program.		900,000 (Hopkins Paving Funds)			
Councilmember Taplin	West Berkeley Residential Preferential Parking Program	\$ 1,046,009	Unfunded Tier 2 & 3 Request	One-Time	Staffing (6 Officers and 1 Supervisor) 6 new parking enforcement vehicles with automated license plate recognition systems and signage installation				X	
Councilmember Hahn and Councilmember Wengraf	Reconsideration of Hopkins Corridor Plan in Light of Newly Available Material Information	\$ 400,000	FY 23 Council Budget Referrals	One-Time	Refer \$400,000 to the FY 2024 budget process to fund a comprehensive, independent study of the McGee to Gilman portion of Hopkins Street, as specified below under Alternatives to be Considered and Independent Study Specifications.					Remove this referral due to project being on hold
Councilmember Taplin and Councilmember Wengraf	No Right on Red Signs	\$ 135,000	FY 23 Council Budget Referrals	One-Time	Implementation of "No Right on Red" signs to all intersections with traffic lights. Refer the necessary appropriations of \$135,000 to the 2022 November Annual Appropriations Ordinance.			135,000		Refer to AAO 1 to allow for Policy Committee and Commission review of policy considerations
Councilmember Taplin, Councilmember Harrison, and Councilmember Hahn	Down Payment Assistance (DPA) and Closing Cost Assistance Revolving Loan Fund Pilot	\$ 500,000	FY 23 Council Budget Referrals	One-Time	Refer to the budget process \$500,000 for a local Down Payment Assistance (DPA) and Closing Cost Assistance Revolving Loan Fund Pilot Program, providing third-lien shared appreciation loans (SALs) to cover down payments and closing costs for qualifying applicants in a racial equity and reparative justice framework consistent with regulations for local, state, federal, and nonprofit DPA programs including, but not limited to: California Dream For All (CalHFA), AC Boost (Alameda County), Community Seconds (Fannie Mae), and Black Wealth Builders Fund.				X	
Councilmember Robinson, Councilmember Harrison, Councilmember Taplin, and Councilmember Hahn	Establishing an Electric Bike Rebate Program and Expanding Low-Income E-Bike Ownership through the Climate Equity Action Fund	\$ 500,000	FY 23 Council Budget Referrals	On-Going	Refer \$500,000 to the FY 2023 AAO #1 process as follows: •\$400,000 for the point of sale rebate program •\$100,000 in supplementary funding towards the Climate Equity Action Fund (CEAF) to further facilitate e-bike ownership among low-income Berkeley residents.			500,000		Refer to AAO 1 to also explore partnerships with EBCE and other grant opportunities
Councilmember Taplin	Office of Racial Equity: Re-Entry Employment and Guaranteed Income Programs	\$ 50,000	FY 23 Council Budget Referrals	One-Time	Refer \$50,000 to the Budget Process to engage a consultant to recommend a Universal Income Pilot for Berkeley.	50,000				
Councilmember Taplin	Vision 2050 Complete Streets Parcel Tax Community Engagement and Program Plan	\$ 400,000	FY 23 Council Budget Referrals	One-Time	\$400,000 in General Fund impacts with an estimated \$100,000 in cost to conduct community outreach, and an additional \$300,000 to develop a final 2050 Program Plan.	100,000				PW identified \$100,000 needed for polling and community process

FY 2024 Proposed Budget										
Mayor's Supplemental Budget Recommendations										
Remove from list										
Defer to FY25/26 Budget										
Department	Expenditure Type/Description	Requesting Amount	Request Category	Type of Request	Reason for Request	Recommended GF	Recommended Other Funds	Refer to AAO 1 or AAO 2	Defer to FY 25 & FY 26 Budget Dev.	Notes
Mayor Arreguin	Post COVID-19 Rental Assistance/Anti-Displacement	\$ 2,000,000	FY 23 Council Budget Referrals	One-Time	Augment the Housing Retention Program, (administered by the Eviction Defense Center, EDC) as part of the City's anti-displacement programs (launched in 2017), for the purpose of providing rental assistance to tenants due to the COVID-19 eviction moratorium expiration and rent debt due to inflation and rental increases. (Measure P - proposed funding source)		1,000,000 (ARP) and 1,000,000 (Measure P)			
Civic Arts Commission	Grant Program for Retaining and Improving Creative Spaces	\$ 300,000	FY 23 Council Budget Referrals	On-Going	Annual allocation of \$300,000 for funding the Civic Arts program to administer an annual Capital Projects Grant Program for Berkeley-based nonprofit arts and cultural organizations in order to retain and sustain the vitality of Berkeley's arts sector through real estate and capital project support.			300,000		
Councilmember Hahn, Councilmember Bartlett, and Councilmember Taplin	Funds to Study Berkeley's Affordable and Social Housing Needs and Programmatic and Funding Opportunities	\$ 250,000	FY 23 Council Budget Referrals	One-Time	Study and report to include a plan to meet Berkeley's Affordable and Social Housing needs and requirements and recommendations for additional funds, programs, and other measures to meet needs over the next decade.			250,000		
Councilmember Harrison	Harold Way Placemaking Project Schematic Design	\$ 100,000	FY 23 Council Budget Referrals	One-Time	Fund Harold Way Placemaking Project Schematic Design.		100,000 (SOSIP)			
Councilmember Harrison and Councilmember Bartlett	Design a Comprehensive Berkeley Police Early Intervention and Risk Management System	\$ 100,000	FY 23 Council Budget Referrals	One-Time	Contract to design and assist with implementing a comprehensive Berkeley Police Department Early Intervention and Risk Management System to provide necessary data and help in implementing fair and impartial policing policies and public safety reimagining.	100,000				
Councilmember Hahn, Councilmember Harrison, and Councilmember Taplin	Study to support Housing Element commitment to increase housing and enhance economic vitality on all commercial corridors, with particular attention to the higher-resourced commercial avenues identified in Program 27 of the Housing Element, Solano Avenue, North Shattuck, and College Avenue.	\$ 250,000	FY 23 Council Budget Referrals	One-Time	Refer \$250,000 to the FY 2024 budget process to study and develop options for all commercial corridors, with particular attention to the higher-resourced commercial avenues identified in Program 27 of the Housing Element, Solano Avenue, North Shattuck, and College Avenue, including but not limited to changes to zoning, incentives/programs/financing mechanisms, and					Work can be integrated with Housing Element implementation already underway
Councilmember Harrison	City Recreational Vehicle Pump-Out Station	\$ 94,000	FY 23 Council Budget Referrals	One-Time	Refer \$94,000 to the June 2023 Budget Process in Measure P funds for City recreational vehicle pump-out station, including minimal staffing costs, liability, maintenance, and replacement costs to allow individuals to discharge effluent waste directly into the City's sewer system.			94,000		Neighborhood Services recommended waiting until AAO to consider this request
Councilmember Harrison	Purchase Marking Equipment to Engrave Identification Numbers onto Catalytic Converters	\$ 7,000	FY 23 Council Budget Referrals	One-Time	Referral to the June 2023 Budget Process for \$7,000 to purchase marking equipment to engrave identification numbers onto catalytic converters to deter theft and assist with investigations and recovery efforts.	7,000				

Remove from list	FY 2024 Proposed Budget									
Defer to FY25/26 Budget	Mayor's Supplemental Budget Recommendations									
Department	Expenditure Type/Description	Requesting Amount	Request Category	Type of Request	Reason for Request	Recommended GF	Recommended Other Funds	Refer to AAO 1 or AAO 2	Defer to FY 25 & FY 26 Budget Dev.	Notes
Councilmember Kesarwani, Councilmember Humbert, Councilmember Taplin, and Councilmember Wengraf	Additional Street Maintenance Funding to Improve Pavement Condition, Saving Tax Dollars and Our Streets	\$ 4,700,000	FY 23 Council Budget Referrals	One-Time	Refer to the FY 2023-25 biennial budget process to further increase the street paving budget by \$4.7 million General Fund in FY 2024-25 for a total street paving budget of approximately \$20 million in FY 2024-25.				X	
Sub-Total Non-Personnel		\$ 18,406,809								
Police	Jail Bus Replacement	\$ 220,000	New FY24 GF Dept. Request	One-Time	Shortfall to support the anticipated replacement cost. Researching cost for an electric or hybrid option as well.			220,000		
Public Works	Fire Truck Lease Payment	\$ 1,300,000	Unfunded Tier 2 & 3 Request	One-Time	FY 21 deferral of payment Equipment Replacement Fund for fire truck			1,300,000		
Public Works	CIP Project Management & Planning Software	\$ 200,000	Unfunded Tier 2 & 3 Request	One-Time	One time funding, 5 Year cost of \$1.2M; cost share PW/PRW/T1 or bond				X	
Public Works	Parking Meters Replacement	\$ 4,000,000	Unfunded Tier 2 & 3 Request	One-Time	Replacement of outdated meters, assist in generating new revenue				X	
Public Works	Equipment Replacement Funding	\$ 2,000,000	Unfunded Tier 2 & 3 Request	One-Time	\$18M needed to fund at appropriate level. Ongoing request for 10 years				X	
Councilmember Taplin	Pedestrian Crossing Improvements at Ashby and Acton	\$ 100,000	Unfunded Tier 2 & 3 Request	One-Time	Rectangular Rapid Flashing Beacons at Ashby Avenue and Acton Street; an estimated \$50,000 and an estimated \$50,000 for 10 years of maintenance			100,000		
Councilmember Taplin	Russell Street Improvements	\$ 360,000	Unfunded Tier 2 & 3 Request	One-Time	Bicycle and pedestrian improvements along Russell Street				X	
Councilmember Hahn and Councilmember Taplin	Pedestrian Safety Upgrades for Arlington Avenue	\$ 35,000	FY 23 Council Budget Referrals	One-Time	Allocation of \$35,000 for traffic control measures on Arlington Avenue from The Circle to Mendocino Avenue, to enhance pedestrian safety at hidden crosswalks and where paths cross mid-block, and refresh painted markings that narrow lanes and encourage reduced speeds.	35,000				
Councilmember Hahn and Councilmember Taplin	Speed Feedback Signs for Arlington Avenue	\$ 40,000	FY 23 Council Budget Referrals	One-Time	Allocation of \$40,000 for two Speed Feedback Signs on Arlington Avenue between The Circle and Mendocino Avenue, to encourage slower speeds on a stretch with numerous hidden and mid-block crosswalks.				X	
Councilmember Humbert and Councilmember Robinson	Fully Fund the City's 50-50 Sidewalk Repair Program	\$ 2,200,000	FY 23 Council Budget Referrals	On-Going	Fully funding clearance of the existing backlog in Berkeley's 50-50 Sidewalk Repair Program. Refer an additional \$1 million per year (above the existing \$1 million baseline funding for sidewalk repair) to future budget processes to ensure all of Berkeley's sidewalks are kept in a state of good repair.				X	
Councilmember Wengraf	Yield Signs at Two Unmarked Intersections	\$ 30,000	FY 23 Council Budget Referrals	One-Time	Install "YIELD" signs at two unmarked intersections at Shasta and Queens and Quail and Queens.					30,000 from existing PW budget
Councilmember Wengraf, Councilmember Hahn, Councilmember Humbert, and Councilmember Taplin	Handrails, Lights and Signage for City Pedestrian Path Network	\$ 150,000	FY 23 Council Budget Referrals	One-Time	Installation of lighting, handrails and signage on paths deemed most critical for safe evacuation throughout Berkeley.	150,000				
Councilmember Taplin	Berkeley Marina J&K Parking Lot	\$ 1,150,000	Appeared on two or more list	One-Time	Design and implementation of the Marina's J&K Parking Lot reconstruction. Also listed as a PRW Unfunded Tier 2 request.				X	

Remove from list	FY 2024 Proposed Budget									
Defer to FY25/26 Budget	Mayor's Supplemental Budget Recommendations									
Department	Expenditure Type/Description	Requesting Amount	Request Category	Type of Request	Reason for Request	Recommended GF	Recommended Other Funds	Refer to AAO 1 or AAO 2	Defer to FY 25 & FY 26 Budget Dev.	Notes
Councilmember Taplin	Berkeley Waterfront Bike Park	\$ 800,000	Appeared on two or more list	One-Time	Design and implement the construction of a Berkeley Waterfront Bike Park. Also listed as a PRW Unfunded Tier 3 request.				X	
Councilmember Taplin	Dreamland for Kids Playground Design	\$ 300,000	FY 23 Council Budget Referrals	One-Time	Conceptual design of the reconstruction of the Dreamland for Kids Playground at Aquatic Park			300,000		
Councilmember Taplin	Shorebird Park Playground Design	\$ 200,000	FY 23 Council Budget Referrals	One-Time	Conceptual design of the reconstruction of the Shorebird Park Playground.				X	Integrate with BMASP work
Councilmember Harrison	Traffic Safety Upgrades for the MLK and Haste Intersection	\$ 100,000	FY 23 Council Budget Referrals	One-Time	Referral to the June 2023 Budget Process for \$100,000 in traffic safety improvements at MLK and Haste.		100,000 (SOSIP)			
Councilmember Taplin	Vision Zero Improvements at 6th & Addison Intersection	\$ 600,000	FY 23 Council Budget Referrals	One-Time	Refer \$600,000 to the budget process for HAWK (High-intensity Activated crossWalk) beacons and a median refuge island at 6th and Addison Streets.	85,000				Remainder for RRFB after \$40,000 developer contribution
Sub-Total Capital		\$ 13,785,000								
TOTAL GF FUNDING REQUEST		\$ 42,171,176								
Total Recommend to Fund 2024		\$ 997,916								
Total Refer to AAO 1 or 2		\$ 7,705,952								
Total Cost Shift		\$ 3,966,927								
Amount Needed to Balance for June 2024		997,916								
PROPOSED BALANCING MEASURES From FY 23 Tier 1 Funded Requests										
Reimagining Public Safety-Expand Downtown Streets Teams as placement for low-level violations		-50,000								
Department of Community Safety		-250,000								
Berk DOT Development		-300,000								
Transportation fee/fines analysis (PW)		-150,000								
Hearing Officer Alternative to Fines/Sanctions		-150,000								
ODPA Strategic Plan		-50,000								
ODPA Performance Review Consulting		-120,000								
Total Balancing Measures		-1,070,000								
Balance - Reductions = Total		72,084								

TRANSFER TAX -- MEASURE P PROGRAM LONG-TERM FORECAST-----DRAFT

	Category of Spending	FY 2023 Adopted	FY 2023 Projected	FY 2024 Adopted	FY 2024 Staff Recs	FY 2025 Estimate	FY 2026 Estimate	FY 2027 Estimate	FY 2028 Estimate	FY 2029 Estimate
Revenues										
Beginning Fund Balance		\$ 22,783,216	\$ 22,783,216	\$ 20,736,186	\$ 20,736,186	\$ 9,575,610	\$ 6,420,907	\$ 1,161,086	\$ (3,718,990)	\$ (4,260,926)
Measure P Revenues*		\$ 14,073,750	\$ 14,073,750	\$ 14,073,750	\$ 10,189,500	\$ 10,698,975	\$ 11,233,923	\$ 11,795,619	\$ 11,795,619	\$ 5,897,809.50
Total Revenues and Balance of Funds		\$ 36,856,966	\$ 36,856,966	\$ 34,809,936	\$ 30,925,686	\$ 20,274,485	\$ 17,654,830	\$ 12,956,705	\$ 8,076,629	\$ 1,636,884
LESS: Total Expenses		\$ 16,371,646	\$ 16,120,780	\$ 16,485,243	\$ 21,350,176	\$ 13,853,578	\$ 16,493,743	\$ 16,675,695	\$ 12,337,555	\$ 12,474,482
Personnel Costs (1)		\$ 695,730	\$ 592,010	\$ 722,413	\$ 722,413	\$ 780,206	\$ 842,623	\$ 910,032	\$ 982,835	\$ 1,061,462
OMIO: Homeless Services Coordinator	Staffing/Infrastructure	\$ 196,348	\$ 196,348	\$ 202,899	\$ 202,899	\$ 219,131	\$ 236,861	\$ 255,594	\$ 276,042	\$ 296,125
Finance: Accountant II	Staffing/Infrastructure	\$ 178,858	\$ 178,858	\$ 193,441	\$ 193,441	\$ 208,916	\$ 225,630	\$ 243,680	\$ 263,174	\$ 284,228
Finance: Contract Staffing	Staffing/Infrastructure	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
HHCS: Community Services Specialist II	Staffing/Infrastructure	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
HHCS: 50% Senior Management Analyst	Staffing/Infrastructure	\$ 113,085	\$ 113,085	\$ 116,560	\$ 116,560	\$ 125,885	\$ 135,956	\$ 146,832	\$ 158,579	\$ 171,265
HHCS: 2 Year Limited Term Community Services Specialist II	Staffing/Infrastructure	\$ 207,439	\$ 103,719	\$ 209,513	\$ 209,513	\$ 226,274	\$ 244,376	\$ 263,926	\$ 285,040	\$ 307,843
Non-Personnel Costs/Program Expenses		\$ 15,675,916	\$ 15,528,770	\$ 15,762,830	\$ 20,627,763	\$ 13,073,372	\$ 15,651,121	\$ 15,765,663	\$ 11,354,720	\$ 11,413,020
Fire: 5150 Response & Transport - Measure P portion of contract	Immediate Street Conditions and Hygiene	\$ 1,321,605	\$ 1,321,605	\$ 1,556,857	\$ 1,321,605	\$ 1,321,605	\$ 1,321,605	\$ 1,321,605	\$ 1,321,605	\$ 1,321,605
Dorothy Day House Shelter	Emergency Shelter	\$ 566,000	\$ 566,000	\$ 566,000	\$ 566,000	\$ 580,150	\$ 594,654	\$ 609,520	\$ 624,758	\$ 640,377
Dorothy Day House Drop In	Immediate Street Conditions and Hygiene	\$ 182,000	\$ 182,000	\$ 182,000	\$ 182,000	\$ 186,550	\$ 191,214	\$ 195,994	\$ 200,894	\$ 205,916
Pathways STAIR Center	Emergency Shelter	\$ 2,499,525	\$ 2,499,525	\$ 2,499,525	\$ 2,499,525	\$ 2,499,526	\$ 2,499,527	\$ 2,499,528	\$ 2,499,529	\$ 2,499,530
No Place Like Home - Scattered Unit Supportive Services	Permanent Housing	\$ 128,750	\$ -	\$ 105,000	\$ 105,000	\$ 105,000	\$ 105,000	\$ 105,000	\$ 105,000	\$ 105,000
Hope Center - Mental Health Services	Permanent Housing	\$ 71,250	\$ 71,250	\$ 95,000	\$ 95,000	\$ 95,000	\$ 95,000	\$ 95,000	\$ 95,000	\$ 95,000
Coordinated Entry System (BACs HRC)	Immediate Street Conditions and Hygiene	\$ 1,000,000	\$ 150,000	\$ 1,000,000	\$ 829,498	\$ 829,498	\$ 829,498	\$ 829,498	\$ 829,498	\$ 829,498
Permanent Housing Subsidies / Shallow Subsidies	Permanent Housing	\$ 1,600,000	\$ -	\$ -	\$ -	\$ 1,600,000	\$ 1,600,000	\$ 1,600,000	\$ 1,600,000	\$ 1,600,000
Berkeley Food and Housing Project - Men's Housing Program	Emergency Shelter	\$ -	\$ -	\$ -	\$ 170,502	\$ 170,502	\$ 170,502	\$ 170,502	\$ 170,502	\$ 170,502
COVID-19 Emergency Housing Assistance - Housing Retention	Homelessness Prevention	\$ 1,000,000	\$ 1,300,000	\$ 1,000,000	\$ 1,000,000	\$ -	\$ -	\$ -	\$ -	\$ -
Anti-Displacement Programs (Legal Assistance, Housing Retention)	Homelessness Prevention	\$ 900,000	\$ 900,000	\$ 900,000	\$ 650,000	\$ -	\$ -	\$ -	\$ -	\$ -
BDIC Locker Program	Immediate Street Conditions and Hygiene	\$ 50,000	\$ 50,000	\$ 50,000	\$ 50,000	\$ 50,000	\$ 50,000	\$ 50,000	\$ 50,000	\$ 50,000
LifeLong Medical - Street Medicine	Immediate Street Conditions and Hygiene	\$ 525,000	\$ 525,000	\$ 525,000	\$ 525,000	\$ 525,000	\$ 525,000	\$ 525,000	\$ 525,000	\$ 525,000
YSA Tiny Home	Emergency Shelter	\$ 78,000	\$ 78,000	\$ 78,000	\$ 78,000	\$ -	\$ -	\$ -	\$ -	\$ -
DBA- Homeless Outreach Worker	Immediate Street Conditions and Hygiene	\$ 40,000	\$ 40,000	\$ 40,000	\$ 40,000	\$ 40,000	\$ 40,000	\$ 40,000	\$ 40,000	\$ 40,000
Downtown Streets Team	Immediate Street Conditions and Hygiene	\$ 225,000	\$ 225,000	\$ 225,000	\$ 225,000	\$ 225,000	\$ 225,000	\$ 225,000	\$ 225,000	\$ 225,000
Shelter at 742 Grayson Street	Emergency Shelter	\$ 1,011,900	\$ 1,011,900	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Shelter at 1720 San Pablo Ave Lease	Emergency Shelter	\$ -	\$ 883,200	\$ 908,796	\$ 908,796	\$ 935,160	\$ 962,315	\$ 990,284	\$ -	\$ -
Shelter at 1720 San Pablo Ave Supportive Services	Emergency Shelter	\$ -	\$ 612,559	\$ 950,000	\$ 950,000	\$ 950,000	\$ 950,000	\$ 950,000	\$ -	\$ -
Safe RV Parking Program	Emergency Shelter	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Project Homekey- Golden Bear Inn	Permanent Housing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1367 University Avenue Step Up Housing Project*	Permanent Housing	\$ -	\$ -	\$ 539,330	\$ 539,330	\$ 1,040,027	\$ 1,066,027	\$ 1,092,678	\$ 1,119,995	\$ 1,147,995
Russell Street Residence Acquisition	Permanent Housing	\$ -	\$ -	\$ -	\$ 4,500,000	\$ -	\$ -	\$ -	\$ -	\$ -
HHCS: Square One Hotel Vouchers	Emergency Shelter	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training and Evaluation	Staffing/Infrastructure	\$ 133,334	\$ -	\$ 133,334	\$ 133,334	\$ 133,334	\$ 133,334	\$ 133,334	\$ 133,334	\$ 133,334
Homeless Response Team	Immediate Street Conditions and Hygiene	\$ 918,149	\$ 918,149	\$ 920,085	\$ 920,085	\$ 920,085	\$ 920,085	\$ 920,085	\$ 920,085	\$ 920,085
Berkeley Relief Fund	Homelessness Prevention	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Portable Toilets	Immediate Street Conditions and Hygiene	\$ 96,000	\$ 96,000	\$ 96,000	\$ 96,000	\$ 96,000	\$ 96,000	\$ 96,000	\$ 96,000	\$ 96,000
Berkeley Emergency Storm Shelter (Winter Shelter)	Emergency Shelter	\$ 186,500	\$ 216,201	\$ 350,000	\$ 350,000	\$ 358,750	\$ 367,719	\$ 376,912	\$ 386,335	\$ 395,993
Old City Hall Sprinkler system	Emergency Shelter	\$ -	\$ -	\$ -	\$ 400,000	\$ -	\$ -	\$ -	\$ -	\$ -
Increment Weather Shelter	Emergency Shelter	\$ -	\$ 412,185	\$ -	\$ 412,185	\$ 412,185	\$ 412,185	\$ 412,185	\$ 412,185	\$ 412,185
One-Time Use of Measure P for Nexus Community Programs	Permanent Housing	\$ 578,164	\$ 578,164	\$ 578,164	\$ 578,164	\$ -	\$ -	\$ -	\$ -	\$ -
One-Time Use of Measure P for Nexus Community Programs	Immediate Street Conditions and Hygiene	\$ 976,207	\$ 976,207	\$ 976,207	\$ 976,207	\$ -	\$ -	\$ -	\$ -	\$ -
One-Time Use of Measure P for Nexus Community Programs	Emergency Shelter	\$ 882,480	\$ 882,480	\$ 882,480	\$ 882,480	\$ -	\$ -	\$ -	\$ -	\$ -
One-Time Use of Measure P for Nexus Community Programs	Staffing/Infrastructure	\$ 23,837	\$ 23,837	\$ 23,837	\$ 23,837	\$ -	\$ -	\$ -	\$ -	\$ -
One-Time Use of Measure P for Nexus Community Programs	Homelessness Prevention	\$ 262,215	\$ 262,215	\$ 262,215	\$ 262,215	\$ -	\$ -	\$ -	\$ -	\$ -
Reimagining Public Safety-Expand Downtown Streets Teams as	Immediate Street Conditions and Hygiene	\$ 50,000	\$ 50,000	\$ 50,000	\$ 50,000	\$ -	\$ -	\$ -	\$ -	\$ -
Equitable Clean Streets	Immediate Street Conditions and Hygiene	\$ -	\$ 327,293	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Expand the scope of services for the Downtown Streets Team to	Immediate Street Conditions and Hygiene	\$ 50,000	\$ 50,000	\$ 50,000	\$ 50,000	\$ -	\$ -	\$ -	\$ -	\$ -
Reimagining Public Safety: Conduct a service needs assessment based	Staffing/Infrastructure	\$ 100,000	\$ 100,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Reimagining Public Safety: Funding to organizations for Respite from	Emergency Shelter	\$ 220,000	\$ 220,000	\$ 220,000	\$ 220,000	\$ -	\$ -	\$ -	\$ -	\$ -
1654 5th Street Operations	Emergency Shelter	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
701 Harrison Transition - Site Security	Emergency Shelter	\$ -	\$ -	\$ -	\$ 88,000	\$ -	\$ -	\$ -	\$ -	\$ -
Public facilities improvement	Staffing/Infrastructure	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Encumbrment Resolution Fund 2 grant match	Emergency Shelter	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,496,456	\$ 2,527,538	\$ -	\$ -
Fiscal Year Surplus (Shortfall)		\$ (2,297,896)	\$ (2,047,030)	\$ (2,411,493)	\$ (11,160,676)	\$ (3,154,603)	\$ (5,259,820)	\$ (4,880,076)	\$ (541,936)	\$ (6,576,673)
Ending Fund Balance		\$ 20,485,320	\$ 20,736,186	\$ 18,324,693	\$ 9,575,610	\$ 6,420,907	\$ 1,161,086	\$ (3,718,990)	\$ (4,260,926)	\$ (10,837,598)

Notes:
 (1) Personnel Costs from FY 2025 to FY 2029 assumes an 8 percent increase for increased pension costs

Measure U1 Budget

APPENDIX K

	FY 2019 Actuals	FY 2020 Actual	FY 2021 Actual (1)	FY 2022 Actual	FY 2023 Estimate	FY 2024 Estimate	FY 2025 Estimate	FY 2026 Estimate	FY 2027 Estimate	FY 2028 Estimate	FY 2029 Estimate
Revenues											
Beginning Fund Balance	\$4,161,615	\$8,994,778	(\$1,071)	\$11,189,667	\$12,624,316	\$9,325,856	438,608	\$884,914	\$793,180	\$510,107	\$20,389
ADD: U1 Fund Balance transferred from the General Fund			10,017,583								
ADD: Revenues	5,828,443	5,597,359	3,845,045	5,887,567	5,865,147	5,900,000	5,900,000	5,900,000	5,900,000	5,900,000	5,900,000
Total Revenues and Available Fund Balance	9,990,058	14,592,137	13,861,557	17,077,234	18,489,463	15,225,856	6,338,608	6,784,914	6,693,180	6,410,107	5,920,389
LESS: Total Expenses	995,280	4,574,554	2,671,890	4,452,918	9,163,607	14,787,248	5,453,694	5,991,734	6,183,073	6,389,719	6,612,896
Personnel Costs (2)	345,280	210,940	244,844	438,368	913,677	1,716,383	1,853,694	2,391,734	2,583,073	2,789,719	3,012,896
Rent Board	-	-	-	-	-	-	-	-	-	-	-
HHCS (Measure O/Housing Trust Fund) (3)	-	81,315	161,518	198,147	510,465	474,600	512,568	553,573	597,859	645,688	697,343
HHCS Staffing Study Phase 2 (4)	-	-	-	-	-	463,242	500,301	540,325	583,552	630,236	680,654
HHCS Staffing Study Phase 3 (5)	-	-	-	-	-	-	-	389,745	420,925	454,599	490,966
Empty Homes Tax Staffing Costs (6)	-	-	-	-	-	372,000	401,760	433,901	468,613	506,102	546,590
Finance (Rev Dev Position & Admin Costs)	345,280	129,625	83,327	240,222	403,212	406,541	439,064	474,189	512,125	553,095	597,342
Non-Personnel and Other Program Costs	650,000	4,363,614	2,427,045	4,014,550	8,249,930	13,070,865	3,600,000	3,600,000	3,600,000	3,600,000	3,600,000
Small Sites/Community Land Trusts											
1638 Stuart/Small Sites loan (BACLT) -Contract # 31900285	-	230,122	231,732	420,767	-	-	-	-	-	-	-
1638 Stuart/Small Sites loan (BACLT) -Contract # 31900285	-	-	-	136,198	-	-	-	-	-	-	-
2321-2323 10th St./Small Sites loan (NCLT) -disburse in escrow - Contract # 32100097	-	-	-	-	715,000	-	-	-	-	-	-
2321-2323 10th St. loan (NCLT) - Contract # 32100097	-	-	44,075	-	861,565	-	-	-	-	-	-
1685 Solano / Small Sites (BACLT) pending request	-	-	-	1,400,000	-	-	-	-	-	-	-
Small Sites Program - unallocated	-	-	-	-	-	-	-	-	-	-	-
Housing Trust Fund											
2001 Ashby predev (RCD) - Contract # 32000049	-	1,187,329	269,655	-	-	-	-	-	-	-	-
2527 San Pablo Ave (SAHA) - Contract pending	-	-	-	-	500,000	-	-	-	-	-	-
2012 Berkeley Way reserves (BRIDGE/BFHP) - Contract #32000250	-	-	-	-	3,023,365	-	-	-	-	-	-
Housing Trust Fund Program (7)	-	-	-	-	2,500,000	4,870,865	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000
Development of New Housing Programs											
Capacity Building for Emerging Developers	-	100,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000
Berkeley Unified School District Planning Grant	-	-	150,000	-	-	-	-	-	-	-	-
New Housing Programs/Land Trust/Coops	-	-	-	-	150,000	-	-	-	-	-	-
Review and Develop a Social Housing policy (Councilmember Taplin, Mayor Arreguin, Councilmembers Harrison and Hahn)	-	-	-	-	300,000	-	-	-	-	-	-
Project Homekey Reservation (Round 3)	-	-	-	-	-	8,000,000	-	-	-	-	-
Anti-Displacement											
Rent Board (EDC & EBCLC)	300,000	-	460,420	570,830	-	-	-	-	-	-	-
East Bay Community Law Center (EBCLC)	250,000	275,000	-	-	-	-	275,000	275,000	275,000	275,000	275,000
Housing Retention Program (EBCLC)	-	250,000	125,000	(109,409)	-	-	250,000	250,000	250,000	250,000	250,000
Eviction Defense Center (EDC)	-	275,000	-	250,000	-	-	275,000	275,000	275,000	275,000	275,000
Housing Retention Program / Eviction Defense	-	-	-	-	-	-	-	-	-	-	-
Flexible Housing Subsidy Pool (BACS)	100,000	100,000	-	100,000	-	-	100,000	100,000	100,000	100,000	100,000
Additional City Priorities											
Berkeley Relief Fund	-	1,000,000	-	-	-	-	-	-	-	-	-
Landlord Incentives for Section 8 Participation	-	-	-	100,000	-	-	-	-	-	-	-
1001, 1011 University Ave. acquisition	-	946,163	946,163	946,163	-	-	-	-	-	-	-
Fiscal Year Surplus (Shortfall)	4,833,163	1,022,805	1,173,155	1,434,649	(3,298,460)	(8,887,248)	446,306	(91,734)	(283,073)	(489,719)	(712,896)
Ending Fund Balance	8,994,778	10,017,583	11,189,667	12,624,316	9,325,856	438,608	884,914	793,180	510,107	20,389	(692,507)

Notes:

- (1) In FY 2021, a separate fund was created for Measure U1 with the General Fund revenues being transferred into the fund. Beginning negative fund balance due to split payroll charges to FY 2020.
- (2) Personnel Costs from FY 2025 to FY 2029 assumes an 8 percent increase for increased pension costs
- (3) Staffing consist of a Senior Community Development Project Coordinator, Senior Management Analyst, and an Assistant Management Analyst with U1 funding a portion of these positions along with other federal entitlement funds from HUD and other local funds
- (4) Consist of 1 Senior Community Development Project Coordinator, 1 Program Manager II, and \$10,000 for staffing costs
- (4) Consist of 1 Community Services Specialist I, 1 Program Manager II and \$10,000 for staffing costs
- (6) Consists of Accounting Office Specialist III (Finance) 0.25 FTE - \$38,750; Associate Planner (Rent Stabilization Board) 1 FTE - \$185,670; Office Specialist II (Rent Stabilization Board) 1 FTE - \$115,000; Mailing Costs for Outreach and Noticing (Rent Stabilization Board)\$10,000; 7.4% Overhead Costs for Counselors, General Counsel, and Office of Executive Director (Rent Stabilization Board) \$22,250. Funding in FY 25 and beyond may be shifted to General Fund once revenues are realized.
- (7) The FY 24 Estimate of \$4.9M includes \$3M for the Berkeley Way Hope Center reserves (for a total of \$6,023,365 with the FY23 Berkeley Way funds), \$1,820,865 in predevelopment funding for St. Paul Terrace and \$50,000 for Stuart Street 3rd Amendment. The \$2,500,000 is a placeholder for future years projects.

APPENDIX K

Fund *	FY 2023 Beginning Fund Balance	FY 2023 Projected Revenues	FY 2023 Projected Expenditures	FY 2023 Projected Fund Balance Usage	FY 2024 Proposed Update Beginning Fund Balance**	FY 2024 Proposed Update Revenues	FY 2024 Proposed Update Expenditures	FY 2024 Projected Fund Balance Usage	FY 2025 Projected Beginning Fund Balance**	FY 2025 Projected Revenues	FY 2025 Projected Expenditures	FY 2025 Projected Ending Fund Balance**	FY 2025 Projected Fund Balance Usage	Projected Fund Balance Increase/(Decrease) from FY 2023 to FY 2025
General Fund	\$74,141,617	\$265,958,729	\$274,796,462	\$8,837,733	\$65,303,884	\$266,418,342	\$276,548,969	\$10,130,627	\$55,173,257	\$272,154,570	\$278,285,253	\$49,042,574	(\$6,130,683)	(\$25,099,043)
Asset Forfeiture	\$278,653	\$9,276	\$103,000	\$93,724	\$184,929	\$0	\$100,000	\$100,000	\$84,929	\$0	\$50,000	\$34,929	(\$50,000)	(\$243,724)
Paramedic Tax	(\$2,726,813)	\$6,964,296	\$4,465,370	(\$2,498,926)	(\$227,887)	\$4,500,543	\$4,981,166	\$480,623	(\$708,510)	\$4,575,395	\$4,632,492	(\$765,607)	(\$57,097)	\$1,961,206
Playground Camp Fund	\$4,024,465	\$6,152,122	\$9,452,848	\$3,300,726	\$723,739	\$3,109,285	\$2,735,587	(\$373,698)	\$1,097,437	\$3,191,627	\$4,174,070	\$114,994	(\$982,443)	(\$3,909,471)
Prop 172	\$1,268,252	\$1,003,007	\$1,206,018	\$203,011	\$1,065,241	\$931,227	\$442,387	(\$488,840)	\$1,554,081	\$931,227	\$1,250,000	\$1,235,308	(\$318,773)	(\$32,944)
State Transportation Tax	\$4,960,178	\$6,357,333	\$5,196,926	(\$1,160,407)	\$6,120,585	\$6,696,569	\$5,868,962	(\$827,607)	\$6,948,192	\$6,897,466	\$6,103,720	\$7,741,938	\$793,746	\$2,781,760
CDBG Fund***	\$2,830,921	\$3,415,992	\$4,757,857	\$1,341,865	\$1,489,056	\$4,437,743	\$4,792,214	\$354,471	\$1,134,585	\$3,500,000	\$3,250,000	\$1,384,585	\$250,000	(\$1,446,336)
Rental Housing Safety	\$2,912,194	\$2,261,986	\$1,971,540	(\$290,446)	\$3,202,640	\$1,783,780	\$2,356,542	\$572,762	\$2,629,878	\$2,525,769	\$2,231,549	\$2,924,098	\$294,220	\$11,904
Parks Tax Fund	\$4,864,504	\$17,429,959	\$18,227,452	\$797,493	\$4,067,011	\$17,813,646	\$15,963,245	(\$1,850,401)	\$5,917,412	\$18,249,854	\$19,381,764	\$4,785,502	(\$1,131,910)	(\$79,002)
Measure GG	\$3,003,860	\$5,763,263	\$6,331,426	\$568,163	\$2,435,697	\$5,677,795	\$5,704,447	\$26,652	\$2,409,045	\$5,758,104	\$5,333,032	\$2,834,117	\$425,072	(\$169,743)
Street Light Assessment District Fund	\$2,381,943	\$2,085,711	\$2,086,963	\$1,252	\$2,380,691	\$2,240,939	\$3,217,317	\$976,378	\$1,404,313	\$2,212,283	\$1,933,941	\$1,682,655	\$278,342	(\$699,288)
Mental Health State Aid Realignment****	\$5,925,383	\$3,256,911	\$2,720,714	(\$536,197)	\$6,461,580	\$3,320,985	\$4,031,749	\$710,764	\$5,750,816	\$3,346,048	\$4,152,702	\$4,944,163	(\$806,653)	(\$981,220)
City Optional Public Safety Fund	\$760,276	\$1,003,000	\$1,200,000	\$197,000	\$563,276	\$930,000	\$1,200,000	\$270,000	\$293,276	\$931,000	\$1,200,000	\$24,276	(\$269,000)	(\$736,000)
Measure FF	\$8,711,844	\$9,354,876	\$7,724,018	(\$1,630,858)	\$10,342,702	\$9,770,233	\$8,525,459	(\$1,244,774)	\$11,587,476	\$9,965,638	\$7,526,723	\$14,026,391	\$2,438,915	\$5,314,547
Capital Improvement Fund	\$8,165,916	\$19,002,999	\$16,490,466	(\$2,512,533)	\$10,678,449	\$18,370,905	\$22,993,379	\$4,622,474	\$6,055,975	\$22,968,380	\$25,281,362	\$3,742,993	(\$2,312,982)	(\$4,422,923)
Measure T1	\$37,098,843	\$1,000,000	\$13,389,509	\$12,389,509	\$24,709,334	\$20,500,000	\$18,091,805	(\$2,408,195)	\$27,117,529	\$500,000	\$16,441,006	\$11,176,523	(\$15,941,006)	(\$25,922,320)
Zero Waste Fund	\$26,025,170	\$49,094,680	\$48,476,709	(\$617,971)	\$26,643,141	\$46,767,263	\$59,489,630	\$12,722,367	\$13,920,774	\$48,990,397	\$57,405,039	\$5,506,132	(\$8,414,642)	(\$20,519,038)
Marina Fund	\$4,520,155	\$7,580,451	\$11,388,992	\$3,808,541	\$711,614	\$6,500,211	\$8,027,559	\$1,527,348	(\$815,734)	\$6,762,091	\$8,567,303	(\$2,620,946)	(\$1,805,212)	(\$7,141,101)
Sanitary Sewer Fund	\$34,662,327	\$24,680,449	\$34,377,591	\$9,697,142	\$24,965,185	\$24,986,977	\$32,561,256	\$7,574,279	\$17,390,906	\$24,537,469	\$39,142,949	\$2,785,426	(\$14,605,480)	(\$31,876,901)
Clean Storm Water Fund	\$9,426,996	\$4,419,311	\$3,948,793	(\$470,518)	\$9,897,514	\$4,551,890	\$6,111,869	\$1,559,979	\$8,337,535	\$4,688,447	\$5,416,638	\$7,609,344	(\$728,191)	(\$1,817,652)
Permit Service Center Fund *****	\$30,256,341	\$28,839,080	\$18,751,674	(\$10,087,406)	\$40,343,747	\$19,709,270	\$25,508,236	\$5,798,966	\$34,544,781	\$27,534,112	\$25,733,871	\$36,345,022	\$1,800,241	\$6,088,681
Off Street Parking Fund	(\$1,064,784)	\$5,271,269	\$5,928,298	\$657,029	(\$1,721,813)	\$5,091,895	\$6,940,921	\$1,849,026	(\$3,570,839)	\$5,295,571	\$7,218,558	(\$5,493,826)	(\$1,922,987)	(\$4,429,042)
Parking Meter Fund	\$3,776,013	\$11,482,942	\$8,893,175	(\$2,589,767)	\$6,365,780	\$9,712,789	\$10,122,167	\$409,378	\$5,956,402	\$10,149,865	\$10,425,832	\$5,680,434	(\$275,968)	\$1,904,421
Building Purchase & Management Fund	(\$308,774)	\$2,560,687	\$2,895,832	\$335,145	(\$643,919)	\$2,968,817	\$3,697,419	\$728,602	(\$1,372,521)	\$2,968,817	\$3,296,626	(\$1,700,330)	(\$327,809)	(\$1,391,556)
Equipment Replacement Fund	\$13,488,842	\$10,168,696	\$4,304,549	(\$5,864,147)	\$19,352,989	\$4,754,926	\$6,300,512	\$1,545,586	\$17,807,403	\$11,007,077	\$4,450,749	\$24,363,731	\$6,556,328	\$10,874,889
Equipment Maintenance Fund	(\$318,301)	\$9,305,089	\$8,736,487	(\$568,602)	\$250,301	\$6,461,013	\$9,296,717	\$2,835,704	(\$2,585,403)	\$8,859,057	\$9,314,661	(\$3,041,007)	(\$455,604)	(\$2,722,706)
Building Maintenance Fund	\$3,348,106	\$3,958,343	\$3,997,288	\$38,945	\$3,309,161	\$3,821,039	\$4,627,672	\$806,633	\$2,502,528	\$3,935,670	\$4,812,779	\$1,625,419	(\$877,109)	(\$1,722,687)
IT Cost Allocation Fund	\$7,505,592	\$14,806,185	\$15,500,000	\$693,815	\$6,811,777	\$14,806,185	\$17,311,329	\$2,505,144	\$4,306,633	\$22,450,586	\$22,000,586	\$4,756,633	\$450,000	(\$2,748,959)
Total	\$289,919,719	\$523,186,642	\$537,319,958	\$14,133,316	\$275,786,403	\$516,634,267	\$567,548,515	\$50,914,247	\$224,872,155	\$534,886,520	\$579,013,205	\$180,745,471	\$44,126,685	(\$109,174,248)

*The City has over 200 funds, therefore, this is not an exhaustive list. This spreadsheet includes some of the City's major funding sources.

**Fund balance amount does not account for any encumbered and projected carryover amounts from the previous fiscal year. Therefore, actual expenditures might be more than proposed/projected expenditures and might result in a lower fund balance.

*** As a grant, CDBG is not accurate to track with a fund balance. Any revenue received is then used as reimbursement for expenditures and does not gather in a fund balance to be used later

**** Expenditures and Revenue for MH Realignment are unknown given the new CalAIM changes that go into effect 7/1/23. HHCS will be working with a consultant over the next year to assess/project the impact.

***** The PSC Fund balance is high right now due to the number of large projects recently begun. We receive revenue up front on these large projects, but we will have expenditures against these amounts until the projects are complete, which can take several years.

May 8, 2023

Honorable Mayor Jesse Arreguín and Members of the City Council:

The City Manager's Fiscal Year 2024 Proposed Budget Update ("FY 24 Proposed Budget") is submitted herein for your review and consideration. The purpose of the FY 24 Proposed Budget is to provide an update on revenue estimates and recommended changes in planned expenditures since the adoption of the biennial budget for Fiscal Years 2023 and 2024 by the City Council on June 28, 2022. Over the next few weeks, the City's Budget and Finance Policy Committee and City Council will hold several meetings on the FY 24 Proposed Budget subsequent to its adoption on June 27, 2023.

As illustrated in the attached table, "*Summary of FY 2024 Proposed Budget Update by Funding Source*", revenues are anticipated to increase by \$4.6 million, or 0.8%, over the FY 24 Adopted projection for a citywide total of \$608.4 million. In addition to new revenues, fund balance, or prior years' savings, of \$109.7 million will be used to pay for expenses. Expenditures are estimated to decrease by \$7.8 million, or 1.1%, over the FY 24 Adopted to a total of \$718.1 million, due to a variety of factors including decreased medical and dental insurance costs and changes in pension rates.

Staffing levels are expected to grow by 24.4 full-time equivalent (FTE) positions, or 1.4%, over the FY 24 Adopted budget and include positions within Health, Housing and Community Services (9.1 FTE); Public Works (4.9 FTE); Library (3.8 FTE); Human Resources (3.0 FTE) and 1 FTE in the City Manager's Office, Parks, Recreation and Waterfront and Planning and Development departments respectively. Of the proposed staffing of 1,818.1 FTE, the General Fund supports 738.7 FTE, or 40.6%, while the remaining 1,079.4 FTE, or 59.4%, are charged to other funding sources. In addition, several reclassifications either occurred during FY 2023 or are planned for FY 24 to enhance operational effectiveness as noted within the attached table "FY 2024 Position Summary by Department".

The General Fund, including Measure P and U1 funds, contributes \$276.1 million, or 45.4%, of the \$608.4 million in projected revenue. General Fund expenditures are proposed at \$275.3 million. This represents a decrease of \$4.6 million, or 1.6% over the FY 24 Adopted, resulting primarily from projected salary savings (average of 6% among departments) and decreased costs in health insurance and other benefits.

Expenditures, which include Measure P and U1, outpace revenues and require the use of \$3.8 million in fund balance (\$2.6 million in Measure P and \$1.0 million in U1). Once Measure P and Measure U1 revenues and expenditures are omitted, the remaining discretionary General Fund expenditures are projected at \$247.8 million and revenues are estimated at \$248.2 million, leaving a surplus of approximately \$400,000.

Although there are outstanding community needs identified by Council through the budget referral process, as well as resources requested by City departments, no additional General Fund funding requests have been included within the FY 24 Proposed Budget at this time given that the proposed budget is currently balanced. The changes within the departmental financial pages included within this attachment reflect revised personnel costs based upon authorized staffing levels within the General Fund as well as the costs for new staffing requests in FY 2024 for Other Funds.

Deferring additional funding requests and considering such requests during the adjustment to the Annual Appropriation Ordinance process is a prudent fiscal course of action based upon the current status of the FY 24 Proposed Budget as well as potential increases in operational expenditures. The City is currently in labor negotiation with several bargaining unions, units and associations; insurance premiums for the City's general liability and property insurance are likely to increase significantly, and construction costs for approved capital projects and operational expenses related to programs and services continue to rise.

Given looming costs on the horizon, the purpose of the FY 24 Proposed Budget is to focus on critical changes to the fiscal year 2024 operating budget that are necessary at this time. The Adopted Biennial Budget included funding for Council priorities, such as funding for capital needs and infrastructure; contributions to the Section 115 Trust to help mitigate escalating pension costs and funding to replenish the City's reserves, which were borrowed to sustain operations during the COVID-19 pandemic. The FY 24 Proposed Budget strives to balance the immediate funding needs to continue to deliver quality services to the community while also advancing Council priorities. Challenged with finite resources, achieving this balance will be difficult. However, with Council leadership, and with the assistance of the Budget and Finance Policy Committee, I believe we can find the balance to achieve both our short and long-term goals in a fiscally responsible manner. I look forward to continued discussions leading to the adoption of the FY 24 Proposed Budget and, more importantly, beginning the planning and priority-setting in the upcoming months for the next biennial budget cycle in fiscal year 2025-2026.

Respectfully Submitted,

Dee Williams-Ridley
City Manager

SUMMARY OF FY 2024 PROPOSED BUDGET UPDATE BY FUNDING SOURCE

Fund Description	Adopted FY 2024		Proposed Update FY 2024	
	Revenue(b)	Expenses	Revenue(b)	Expenses
General Fund Discretionary (a)	261,726,315	273,948,362	267,199,246	269,428,381
Measure U1	4,900,000	5,916,963	4,900,000	5,852,006
Climate Equity Action	-	-	-	-
GF - Stabilization Reserves	2,200,000	-	2,200,000	-
GF - Catastrophic Reserves	1,800,000	-	1,800,000	-
Special Revenue Funds				
Library - Tax (a)	24,386,523	24,802,718	24,537,495	24,642,865
Emergency Disabled Services (Measure E)	1,622,550	1,622,550	1,634,739	1,634,739
Paramedic Tax (a)	4,391,797	5,268,022	4,421,805	4,981,166
Playground Camp (a)	3,412,972	3,669,222	3,109,285	2,735,587
Gas/Sales Tax Street Improvement Funds (a)	16,906,189	19,132,220	15,647,724	19,436,427
CDBG (a)	4,437,743	4,923,840	4,437,743	4,792,214
Rental Housing Safety (a)	1,783,780	2,044,695	1,783,780	2,356,542
Parks Tax	17,199,496	16,294,912	17,400,964	15,963,245
Measure GG - Fire Preparation Tax (a)	5,938,576	5,310,949	5,559,313	5,704,447
Street Light Assessment District (a)	2,240,939	3,301,154	2,240,939	3,217,318
PERS Savings	2,151,632	-	2,151,632	-
Health State Aid Realignment (a)	3,703,018	4,003,539	3,703,018	3,947,649
Mental Health State Aid Realignment (a)	2,710,000	4,178,676	2,710,000	4,031,749
Measure FF - Public Safety	8,776,080	8,323,000	9,541,974	8,525,459
Other Special Revenue Funds (a)	5,195,095	12,534,329	5,307,303	12,955,436
Grant Funds (a) (c)	25,899,755	56,469,000	27,872,947	50,207,110
Capital Funds				
Capital Improvement (a)	18,370,905	22,264,774	18,370,905	22,333,379
Phone System Replacement	449,408	449,408	449,408	449,408
FUND\$ Replacement (a)	-	3,249,509	-	3,372,446
PEG Access Facilities (a)	-	100,000	-	100,000
Measure M - Street & Watershed Improvement	-	-	-	-
Measure G - Public Safety Building	-	-	-	-
Street Improvement	-	-	-	-
Park Acquisition Development	192	-	192	-
Measure T1 - Infrastructure & Facilities (b)	-	18,527,703	-	18,091,805
Measure O - Affordable Housing (b)	-	6,445,567	-	6,445,567
Debt Service Funds (a)	7,537,556	9,804,404	7,537,556	13,363,356
Enterprise Funds				
Zero Waste (a)	46,767,263	59,250,474	46,767,263	59,489,630
Marina Operation (a)	6,650,211	8,086,766	6,500,211	8,027,559

Fund Description	Adopted FY 2024		Proposed Update FY 2024	
	Revenue(b)	Expenses	Revenue(b)	Expenses
Sewer ^(a)	24,986,977	32,765,773	24,986,977	32,561,256
Private Sewer Lateral	240,501	183,821	240,501	80,417
Clean Storm Water ^(a)	4,551,890	5,858,692	4,551,890	6,111,869
Permit Service Center ^(a)	19,709,270	22,360,858	19,709,270	25,508,236
Unified Program - Toxics	964,450	885,692	964,450	849,669
Off Street Parking ^(a)	5,091,895	6,939,757	5,091,895	6,940,920
Parking Meter ^(a)	9,712,789	10,398,188	9,712,789	10,122,167
Building Management (1947 Center St.) ^(a)	2,969,817	3,889,708	2,969,817	3,697,419
Internal Service Funds				
Equipment Replacement ^(a)	4,754,926	6,473,770	4,754,926	6,300,512
Equipment Maintenance ^(a)	6,461,013	9,527,237	6,461,013	9,296,717
Building Maintenance ^(a)	3,821,039	4,815,297	3,821,039	4,627,672
Central Services ^(a)	225,000	394,486	225,000	392,741
Workers Compensation	9,569,358	6,469,976	9,569,358	6,467,536
Public Liability	3,895,888	3,811,342	3,895,888	3,802,945
IT Cost Allocation ^(a)	14,806,185	17,699,114	14,806,185	17,311,329
Successor Agency	-	57,120	-	57,120
Agency Funds				
Sustainable Energy -2				
Thousand Oaks Undergrounding	-	98,448	-	98,448
Measure H - School Tax	500,000	500,000	500,000	500,000
CFD No. 1 Disaster Fire Protection	2,048,940	573,905	-	988,982
CFD No. 1 Mello-Roos	-	2,825,468	-	775,623
Berkeley Tourism Business Improvement District	433,333	433,333	433,333	433,333
Elmwood Business Improvement District	30,000	30,000	30,000	30,000
Solano Avenue Business Improvement District	25,000	25,000	25,000	25,000
Telegraph Business Improvement District	583,315	583,315	583,315	583,315
North Shattuck Business Improvement District	210,363	210,363	210,363	210,363
Downtown Berkeley Property & Improvement District	1,383,139	1,383,139	1,383,139	1,383,139
Rent Stabilization Board ^{(a) (d)}	5,687,000	6,856,431	5,687,000	6,900,280
Revenue & Expenditure Totals:	603,820,083	725,972,990	608,398,590	718,142,498

Notes:

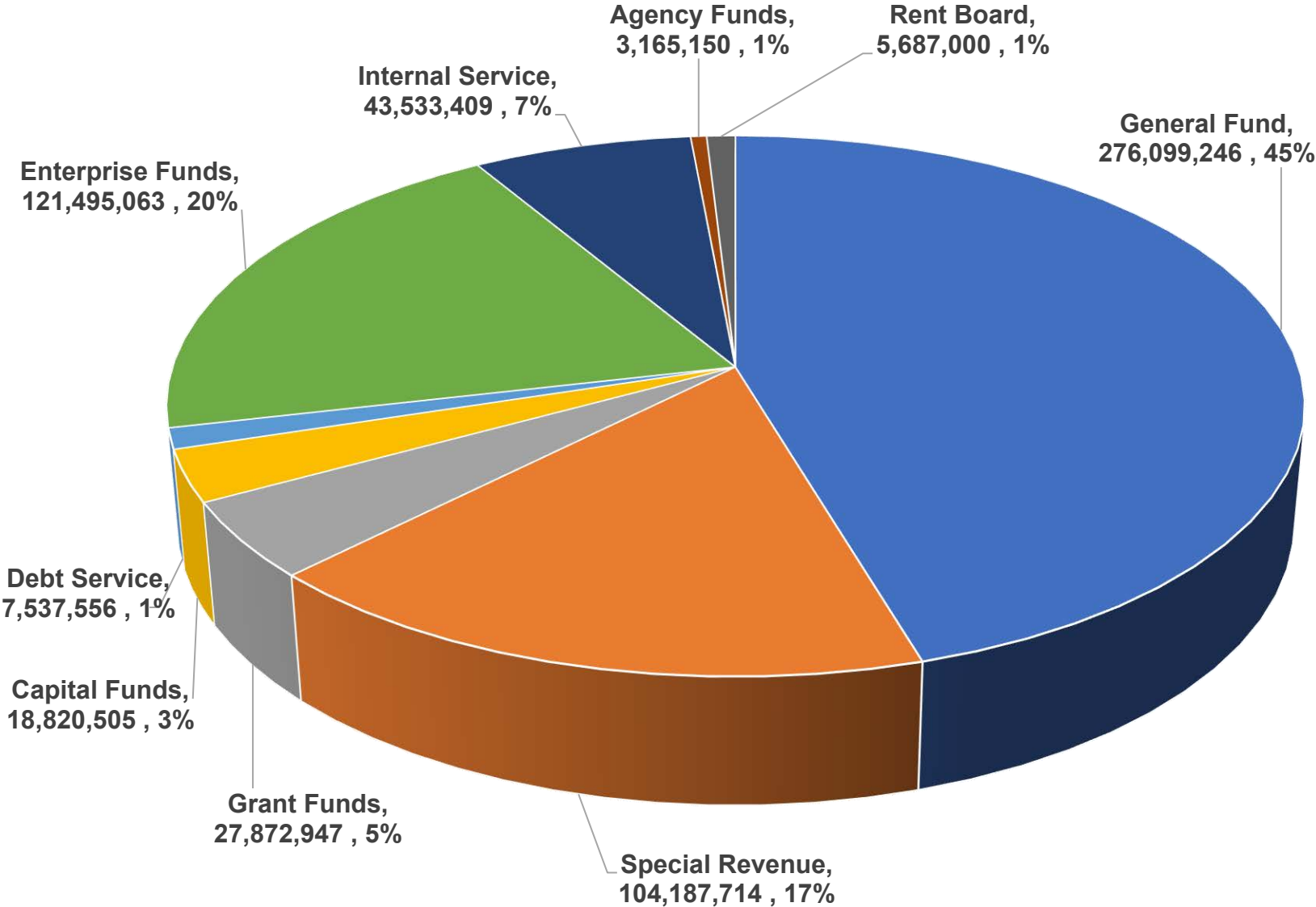
(a) Revenues do not reflect use of fund balances which are added to balance revenues with appropriations.

(b) Revenues for Bond Projects collected in prior fiscal years.

(c) FY 2024 grant revenues and expenditures will be adjusted to match once award amounts are known.

(d) Library and Rent Board figures for FY 2024 numbers are unofficial and have not been approved yet by the Board of Library Trustees or the Rent Stabilization Board.

**Revenue by Funding Source
FY 2024
Proposed Budget Update
\$608,398,590 (Total)
(Excludes the Use of Fund Balance)**



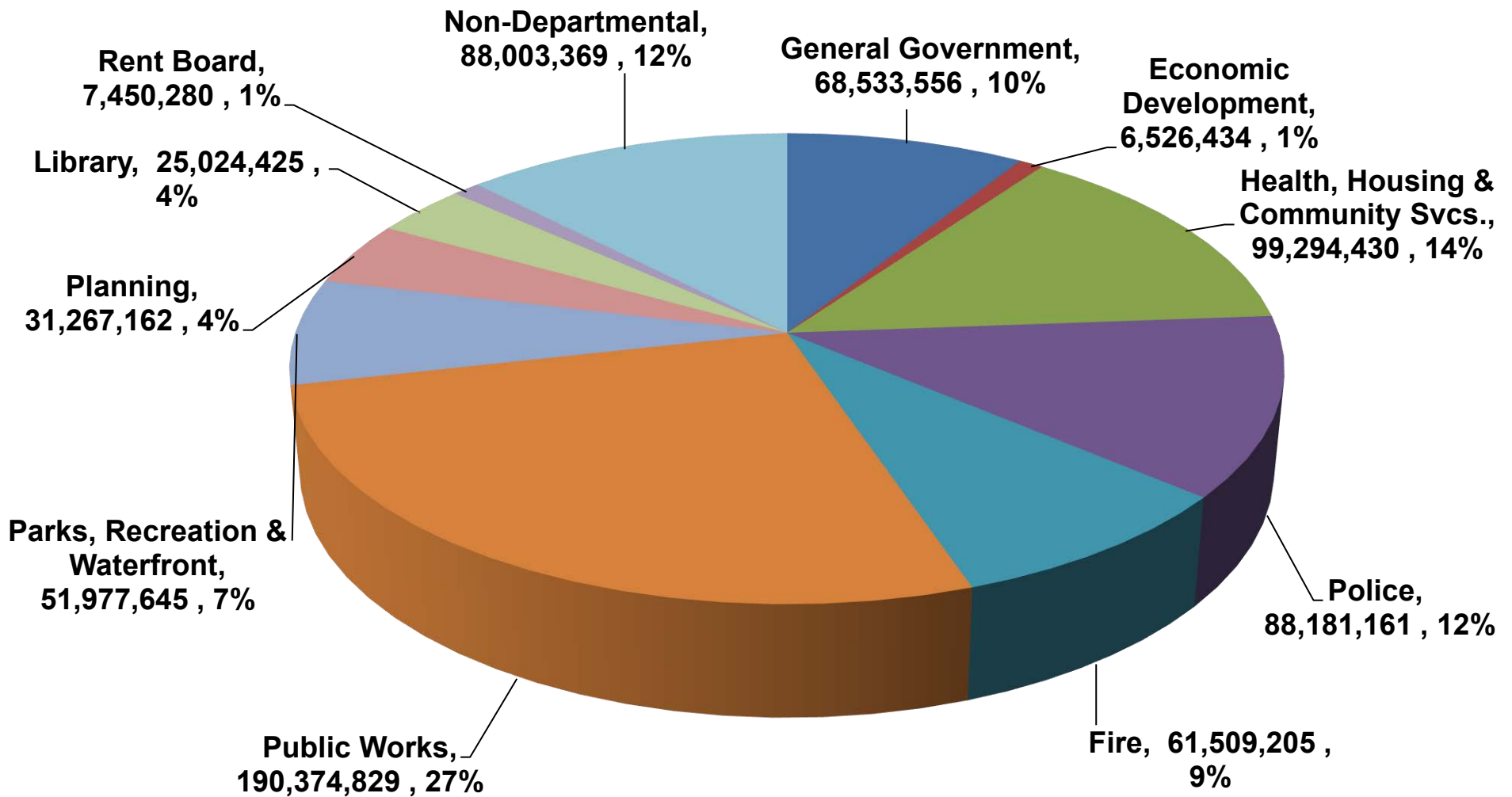
SUMMARY OF EXPENDITURES BY DEPARTMENT - ALL FUNDS

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Adopted	FY 2024 Adopted	FY 2024 Proposed Update
Mayor & Council	2,525,920	2,708,844	3,334,707	4,785,155	4,835,380	4,772,190
Auditor	2,527,125	2,526,081	2,691,657	3,101,376	3,124,862	3,231,099
Police Review Commission ^(a)	775,701	744,950	-	-	-	-
Office of the Director of Police Accountability	-	-	808,594	1,422,432	1,374,911	1,142,593
City Manager	8,104,984	8,432,572	9,733,300	11,732,034	11,763,275	9,833,653
Office of Economic Development	8,951,152	4,966,525	8,668,166	7,555,553	6,380,895	6,526,434
Information Technology	15,495,905	16,552,132	16,448,551	22,287,156	22,500,474	22,237,720
City Attorney	4,555,976	6,214,367	6,200,455	8,562,688	8,553,021	8,106,984
City Clerk	2,069,740	3,194,204	2,402,277	3,501,282	3,190,547	3,159,486
Finance	8,362,334	8,146,012	8,738,588	11,444,157	11,669,774	10,607,143
Human Resources	3,924,687	4,078,091	3,574,288	5,009,883	5,124,741	5,442,688
Health, Housing & Community Services	60,608,060	81,811,330	91,780,016	95,182,974	93,913,527	99,294,430
Police	79,762,713	79,395,632	82,753,749	87,444,720	88,658,439	88,181,161
Fire	48,213,947	49,891,701	58,014,192	63,377,259	63,450,868	61,509,205
Public Works	140,021,855	125,907,423	140,757,036	203,608,562	190,276,318	190,374,829
Parks, Recreation & Waterfront	43,593,445	60,795,051	63,541,966	53,378,913	53,954,977	51,977,645
Planning	21,595,429	21,687,691	22,485,141	29,022,035	27,993,361	31,267,162
Library	18,865,464	20,255,244	18,476,577	24,918,604	25,182,279	25,024,425
Rent Board	5,755,222	5,517,190	5,803,127	7,247,755	7,406,431	7,450,280
Non-Departmental ^(b)	60,402,889	95,581,042	112,969,200	110,594,086	96,618,910	88,003,369
Total All Funds	536,112,550	598,406,081	659,181,588	754,176,624	725,972,990	718,142,497

(a) Police Review Commission has become the Office of the Director of Police Accountability in FY 2022

(b) Non-Departmental consists of operational overhead costs such as Property Insurance and School Board Salaries, General Fund allocation for Community Based Organizations, Workers' Compensation costs, Debt Service, and Interfund Transfers.

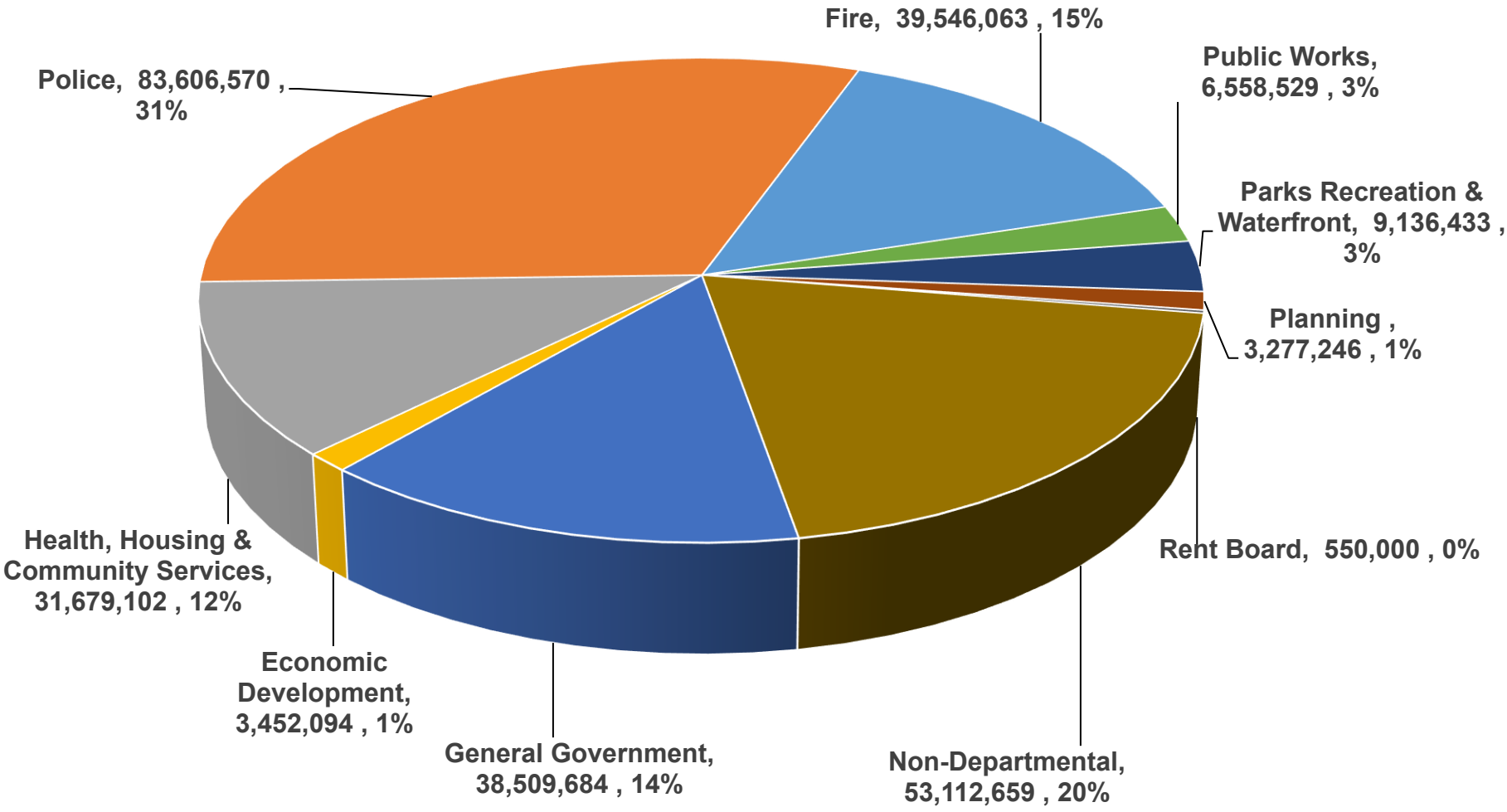
All Funds Expenditures by Department
FY 2024 Proposed Budget Update
\$718,142,497 (Total)



SUMMARY OF EXPENDITURES BY DEPARTMENT – GENERAL FUND

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Adopted	FY 2024 Adopted	FY 2024 Proposed Update
Mayor & Council	2,525,920	2,701,344	3,334,707	4,785,155	4,835,380	4,772,190
Auditor	2,432,086	2,467,028	2,627,179	3,006,058	3,026,481	3,136,323
Police Review Commission	775,701	744,950	-	-	-	-
Office of the Director of Police Accountability	-	-	808,594	1,422,432	1,374,911	1,142,593
City Manager	7,573,988	7,872,856	9,045,847	11,320,277	11,347,845	9,433,592
Office of Economic Development	5,855,850	2,488,081	3,004,242	3,528,952	3,343,968	3,452,094
Information Technology	1,396,627	1,330,730	1,446,932	1,526,760	1,526,760	1,526,760
City Attorney	2,217,772	2,760,048	2,648,007	4,765,390	4,741,679	4,304,039
City Clerk	2,069,740	2,832,552	2,235,191	2,590,414	2,676,728	2,547,276
Finance	6,596,629	6,682,935	6,827,435	9,041,238	9,213,830	8,179,370
Human Resources	2,270,953	2,318,029	2,052,892	3,050,172	3,113,206	3,467,541
Health, Housing & Community Services	27,809,295	25,566,360	32,619,368	27,130,179	27,412,701	31,679,102
Police	75,754,210	77,270,053	77,916,629	82,717,136	83,845,693	83,606,570
Fire	38,848,003	38,988,843	43,574,467	41,770,979	42,304,032	39,546,063
Public Works	4,729,001	5,499,277	6,859,823	9,019,125	6,504,892	6,558,529
Parks, Recreation & Waterfront	6,987,179	7,304,226	8,755,061	9,085,161	9,353,573	9,136,433
Planning	2,540,320	2,567,473	2,629,757	4,917,453	3,380,891	3,277,246
Rent Board	579,015	-	-	-	-	550,000
Non-Departmental	30,903,908	46,390,565	43,112,577	60,994,413	55,945,792	53,112,659
Total General Fund	\$221,866,199	\$ 235,785,349	\$249,498,708	\$280,671,294	\$273,948,362	\$ 269,428,380

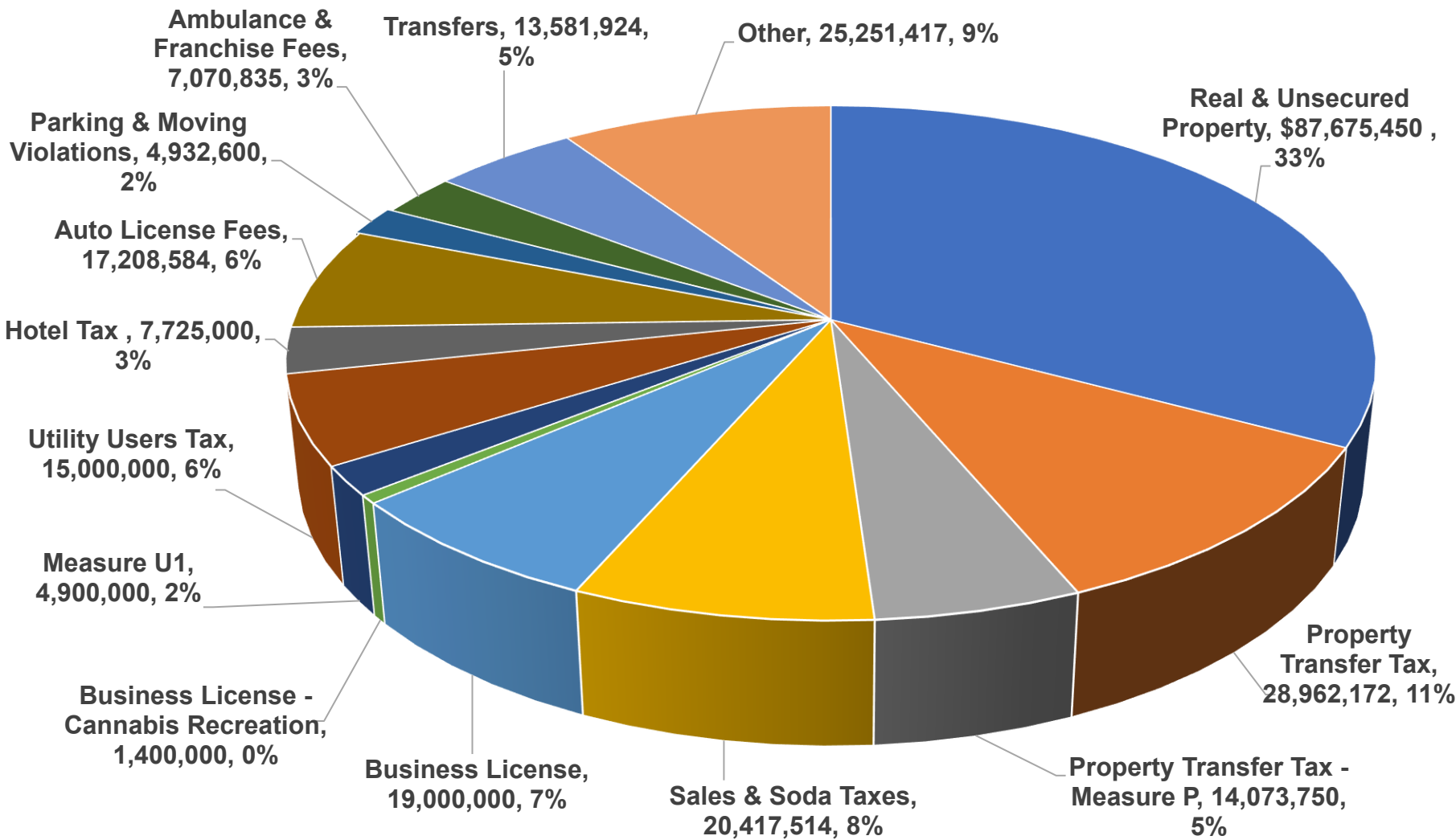
**General Fund Expenditures by Department
FY 2024 Proposed Budget Update
\$269,428,380 (Total)**



GENERAL FUND REVENUE FORECAST

	Actual Revenues FY 2020	Actual Revenues FY 2021	Actual Revenues FY 2022	Adopted FY 2023	Adopted FY 2024	Proposed Update FY 2024	Projected FY 2025	Projected FY 2026	Projected FY 2027
Secured Property	\$63,192,678	\$68,166,155	\$71,607,561	\$75,664,920	\$78,691,517	\$81,859,450	\$84,724,531	\$86,689,889	\$90,759,035
Unsecured Property	3,164,168	3,448,412	3,472,334	3,516,000	3,516,000	3,516,000	3,516,000	3,516,000	3,516,000
Supplemental Taxes	2,334,597	2,249,517	2,313,723	2,000,000	2,000,000	2,300,000	2,300,000	2,300,000	2,300,000
Property Transfer Tax	22,095,507	21,469,955	42,901,750	18,000,000	18,000,000	18,000,000	16,000,000	16,000,000	16,000,000
Property Transfer Tax for Capital Improvements				16,462,172	16,462,172	10,962,172	13,541,415	13,541,415	14,132,244
Property Transfer Tax - Measure P	9,512,603	10,919,576	20,591,313	14,073,750	14,073,750	14,073,750	14,073,750	14,073,750	14,073,750
Sales Tax	17,557,539	15,792,305	18,928,278	19,016,546	19,790,997	19,391,714	20,231,914	21,146,495	22,043,410
Soda Tax	1,331,313	953,069	1,025,800	990,210	990,210	1,025,800	1,025,800	1,025,800	1,025,800
Business License	20,863,685	17,809,332	20,403,974	19,000,000	19,000,000	19,000,000	19,380,000	19,767,600	19,767,600
Business License - Cannabis Recreation	1,300,887	1,712,641	1,250,792	1,400,000	1,400,000	1,400,000	1,428,000	1,456,560	1,456,560
Measure U1	5,597,359	4,818,740	4,913,872	4,900,000	4,900,000	4,900,000	4,998,000	5,097,960	5,097,960
Utility Users Tax	13,475,915	13,892,200	14,750,065	13,800,000	13,800,000	15,000,000	15,000,000	15,000,000	15,000,000
Hotel Tax	6,387,495	2,292,480	5,727,046	4,900,000	4,900,000	7,725,000	7,956,750	8,195,453	8,441,316
Vehicle In-Lieu	13,356,044	14,380,453	15,006,003	15,926,168	16,563,215	17,208,584	17,810,884	18,434,265	19,079,464
Parking Fines	3,900,595	3,562,706	4,765,819	4,326,450	4,326,450	4,800,000	4,800,000	4,800,000	4,800,000
Moving Violations	200,894	131,756	156,253	132,600	132,600	132,600	135,252	137,957	137,957
Interest	6,702,564	5,917,722	6,694,122	6,000,000	6,000,000	7,000,000	7,000,000	7,000,000	7,000,000
Ambulance Fees	4,996,193	3,081,204	3,833,730	3,880,779	3,880,779	5,350,779	3,880,779	3,880,779	3,880,779
Franchise Fees	1,839,102	1,726,470	1,720,056	1,613,283	1,613,283	1,720,056	1,720,056	1,720,056	1,720,056
Other Revenue	20,074,732	18,522,747	17,110,591	10,461,418	10,661,418	18,251,417	18,251,418	19,251,418	17,738,518
Transfers	5,480,439	21,180,762	27,354,923	22,586,148	21,023,924	13,581,924	4,472,621	4,562,074	4,562,074
TOTAL	\$223,364,309	\$232,028,202	\$284,528,005	\$258,650,444	\$261,726,315	\$267,199,246	\$262,247,170	\$267,597,471	\$272,532,523

FY 2024 PROPOSED UPDATE GENERAL FUND REVENUE SUMMARY CHART



SUMMARY STAFFING BY DEPARTMENT

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Adopted	FY 2024 Propose Update
City Attorney	15.00	15.00	15.00	17.00	17.00	17.00
City Auditor	13.50	13.75	13.50	14.75	14.75	14.75
City Clerk	10.00	10.00	10.00	10.00	10.00	10.00
City Manager	37.50	39.50	40.50	45.50	45.50	46.50
Economic Development	7.00	7.00	7.00	8.00	8.00	8.00
Finance	49.00	50.00	51.00	56.00	56.00	56.00
Fire Department	153.00	153.00	153.00	203.00	203.00	203.00
Health, Housing & Community Services	246.18	257.38	260.58	265.58	265.58	274.68
Human Resources	22.00	22.00	22.00	22.00	22.00	25.00
Information Technology	45.00	46.00	47.00	52.00	52.00	51.00
Library	116.05	116.05	115.60	115.60	115.60	119.35
Mayor and Council	15.00	15.00	15.00	19.00	19.00	19.00
Office of the Director of Police Accountability*			4.00	5.00	5.00	5.00
Parks, Recreation & Waterfront	155.37	156.87	159.87	165.62	165.62	166.62
Planning & Development	103.40	104.70	110.33	116.04	118.04	119.04
Police Department	285.20	285.20	288.20	313.20	313.20	313.20
Police Review Commission*	3.00	3.00	0.00	0.00	0.00	0.00
Public Works	320.50	322.00	323.00	340.00	340.00	344.94
Rent Board	22.35	22.35	24.55	23.55	23.55	25.00
Full Time Equivalent Employee (FTE) Total	1,619.05	1,638.80	1,660.13	1,791.84	1,793.84	1,818.08

**Police Review Commission become the Office of the Director of Police Accountability in FY 2022.

FY 2024 POSITION SUMMARY BY DEPARTMENT

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Adopted	FY 2024 Propose Update
CITY ATTORNEY'S OFFICE						
Assistant City Attorney	1.00	1.00	1.00	1.00	1.00	1.00
Assistant to the City Attorney	0.00	0.00	0.00	1.00	1.00	1.00
City Attorney	1.00	1.00	1.00	1.00	1.00	1.00
Deputy City Attorney III	7.00	7.00	7.00	8.00	8.00	7.00
Deputy City Attorney IV	0.00	0.00	0.00	0.00	0.00	1.00
Legal Office Supervisor	1.00	1.00	1.00	1.00	1.00	1.00
Paralegal	2.00	2.00	2.00	2.00	2.00	2.00
Senior Legal Secretary	3.00	3.00	3.00	3.00	3.00	3.00
TOTAL CITY ATTORNEY	15.00	15.00	15.00	17.00	17.00	17.00
CITY AUDITOR'S OFFICE						
Accounting Office Specialist III	1.50	1.75	1.50	1.75	1.75	0.00
Accounting Technician	2.00	2.00	2.00	2.00	2.00	3.75
Administrative Assistant	1.00	1.00	1.00	1.00	1.00	1.00
Audit Manager	1.00	1.00	1.00	1.00	1.00	1.00
Auditor I	1.00	1.00	1.00	1.00	1.00	1.00
Auditor II	3.00	3.00	2.00	2.00	2.00	2.00
Auditor II ***	0.00	0.00	0.00	1.00	1.00	1.00
City Auditor	1.00	1.00	1.00	1.00	1.00	1.00
Deputy Auditor for Payroll Mgmt	1.00	1.00	1.00	1.00	1.00	1.00
Senior Auditor	2.00	2.00	3.00	3.00	3.00	3.00
TOTAL CITY AUDITOR'S OFFICE	13.50	13.75	13.50	14.75	14.75	14.75
CITY CLERK'S OFFICE						
Assistant City Clerk	3.00	3.00	3.00	3.00	3.00	3.00
Assistant Management Analyst	1.00	1.00	1.00	1.00	1.00	1.00
City Clerk	1.00	1.00	1.00	1.00	1.00	1.00
Deputy City Clerk	1.00	1.00	1.00	1.00	1.00	1.00
Office Specialist II	1.00	1.00	1.00	1.00	1.00	0.00
Office Specialist III	2.00	2.00	2.00	2.00	2.00	4.00
Records Assistant	1.00	1.00	1.00	1.00	1.00	0.00
TOTAL CITY CLERK'S OFFICE	10.00	10.00	10.00	10.00	10.00	10.00
CITY MANAGER'S OFFICE						
Accounting Office Specialist III	0.00	1.00	1.00	1.00	1.00	1.00
Administrative Assistant	2.00	1.00	1.00	3.00	3.00	3.00
Administrative Hearing Examiner	1.00	1.00	1.00	1.00	1.00	1.00
Animal Control Officer	4.00	4.00	4.00	4.00	4.00	4.00
Animal Services Assistant	3.50	3.50	3.50	3.50	3.50	3.50
Animal Services Manager	1.00	1.00	1.00	1.00	1.00	1.00
Assistant to the City Manager	3.00	3.00	3.00	4.00	4.00	4.00
Assistant to the City Manager **	0.00	0.00	0.00	1.00	1.00	1.00

APPENDIX K

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Adopted	FY 2024 Propose Update
Associate Management Analyst	2.00	3.00	2.00	1.00	1.00	1.00
Budget Manager	1.00	1.00	1.00	1.00	1.00	1.00
City Manager	1.00	1.00	1.00	1.00	1.00	1.00
Code Enforcement Officer II	2.00	2.00	2.00	2.00	2.00	2.00
Code Enforcement Supervisor	1.00	1.00	1.00	1.00	1.00	1.00
Communications Specialist	0.00	0.00	0.00	1.00	1.00	1.00
Community Services Specialist I	1.00	1.00	1.00	1.00	1.00	1.00
Community Services Specialist II	1.00	2.00	1.00	1.00	1.00	1.00
Deputy City Manager	2.00	2.00	2.00	2.00	2.00	2.00
Digital Communications Coordinator	1.00	1.00	3.00	3.00	3.00	3.00
Health Services Program Specialist	0.00	0.00	1.00	0.00	0.00	0.00
Homeless Services Coordinator	0.00	0.00	0.00	1.00	1.00	1.00
Office Specialist II	2.00	2.00	1.00	1.00	1.00	1.00
Office Specialist III	1.00	1.00	1.00	1.00	1.00	1.00
Program Manager II	0.00	0.00	0.00	0.00	0.00	1.00
Registered Veterinary Technician	1.00	1.00	1.00	1.00	1.00	1.00
Secretary to the City Manager	1.00	1.00	1.00	1.00	1.00	1.00
Senior Animal Control Officer	1.00	1.00	1.00	1.00	1.00	1.00
Senior Management Analyst	5.00	5.00	5.00	5.00	5.00	5.00
Social Services Specialist	0.00	0.00	1.00	2.00	2.00	2.00
TOTAL CITY MANAGER'S OFFICE	37.50	39.50	40.50	45.50	45.50	46.50

OFFICE OF ECONOMIC DEVELOPMENT

Assistant Management Analyst	1.00	1.00	1.00	0.00	0.00	0.00
Civic Arts Coordinator	1.00	1.00	1.00	3.00	3.00	2.00
Community Development Project Coordinator	1.00	1.00	1.00	0.00	0.00	1.00
Economic Development Project Coordinator	2.00	2.00	2.00	2.00	2.00	2.00
Manager of Economic Development	1.00	1.00	1.00	1.00	1.00	1.00
Office Specialist III	1.00	1.00	1.00	1.00	1.00	1.00
Senior Economic Development Project Coordinator	0.00	0.00	0.00	1.00	1.00	1.00

TOTAL OFFICE OF ECONOMIC DEVELOPMENT

7.00	7.00	7.00	8.00	8.00	8.00
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FINANCE DEPARTMENT

Accountant I	1.00	1.00	1.00	1.00	1.00	1.00
Accountant II	3.00	3.00	3.00	3.00	3.00	3.00
Accounting Manager	1.00	1.00	1.00	1.00	1.00	1.00
Accounting Office Specialist II	6.00	6.00	7.00	9.00	9.00	9.00
Accounting Office Specialist III	4.00	4.00	4.00	4.00	4.00	4.00
Accounting Office Specialist Supervisor	3.00	3.00	3.00	4.00	4.00	4.00
Accounting Technician	2.00	2.00	2.00	2.00	2.00	2.00
Administrative Secretary	1.00	1.00	1.00	1.00	1.00	1.00
Assistant Management Analyst	1.00	1.00	1.00	1.00	1.00	1.00
Associate Management Analyst	1.00	1.00	1.00	1.00	1.00	1.00
Buyer	1.00	1.00	1.00	1.00	1.00	1.00

APPENDIX K

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Adopted	FY 2024 Propose Update
Contract Administrator	1.00	1.00	1.00	1.00	1.00	1.00
Customer Service Specialist II	5.00	5.00	5.00	5.00	5.00	5.00
Customer Service Supervisor	1.00	1.00	1.00	1.00	1.00	1.00
Deputy Director of Finance	0.00	0.00	0.00	1.00	1.00	1.00
Director of Finance	1.00	1.00	1.00	1.00	1.00	1.00
Field Representative	2.00	2.00	2.00	0.00	0.00	0.00
General Services Manager	1.00	1.00	1.00	1.00	1.00	1.00
Information Systems Specialist	0.00	1.00	1.00	1.00	1.00	1.00
Mail Services Aide	1.00	1.00	1.00	1.00	1.00	1.00
Revenue Collection Manager	1.00	1.00	1.00	1.00	1.00	1.00
Revenue Development Specialist I	2.00	2.00	2.00	4.00	4.00	4.00
Revenue Development Specialist II	2.00	2.00	2.00	2.00	2.00	2.00
Revenue Development Supervisor	1.00	1.00	1.00	1.00	1.00	1.00
Senior Accountant	2.00	2.00	2.00	2.00	2.00	2.00
Senior Buyer	2.00	2.00	2.00	2.00	2.00	2.00
Senior Field Representative	1.00	1.00	1.00	1.00	1.00	1.00
Senior Systems Analyst	0.00	0.00	0.00	1.00	1.00	1.00
Systems Accountant	1.00	1.00	1.00	1.00	1.00	1.00
Treasury Manager	1.00	1.00	1.00	1.00	1.00	1.00
TOTAL FINANCE DEPARTMENT	49.00	50.00	51.00	56.00	56.00	56.00

FIRE DEPARTMENT

Accounting Office Specialist II	0.00	0.00	0.00	1.00	1.00	1.00
Accounting Office Specialist III	4.00	4.00	4.00	4.00	4.00	4.00
Administrative & Fiscal Services Manager	1.00	1.00	1.00	1.00	1.00	1.00
Administrative Assistant	1.00	1.00	1.00	3.00	3.00	3.00
Administrative Secretary	1.00	1.00	1.00	1.00	1.00	1.00
Assistant Fire Chief	2.00	2.00	2.00	4.00	4.00	4.00
Assistant Management Analyst	1.00	1.00	1.00	1.00	1.00	1.00
Associate Management Analyst	1.00	1.00	1.00	2.00	2.00	2.00
Battalion Chief	3.00	3.00	3.00	3.00	3.00	3.00
Communications Specialist	0.00	0.00	0.00	1.00	1.00	1.00
Deputy Fire Chief	1.00	1.00	1.00	1.00	1.00	1.00
Deputy Fire Marshal	1.00	1.00	1.00	1.00	1.00	1.00
Emerg. Medical Svcs. Qual. Improv. & Educ. Coord.	0.00	0.00	0.00	1.00	1.00	1.00
Emergency Services Coordinator	3.00	3.00	3.00	3.00	3.00	3.00
Fire and Life-Safety Plans Examiner	2.00	2.00	2.00	2.00	2.00	2.00
Fire Apparatus Operator	33.00	33.00	33.00	33.00	33.00	33.00
Fire Captain I/II	31.00	31.00	31.00	33.00	33.00	33.00
Fire Chief	1.00	1.00	1.00	1.00	1.00	1.00
Fire Marshal	1.00	1.00	1.00	1.00	1.00	1.00
Fire Prevention Inspector (Sworn)	1.00	1.00	1.00	8.00	8.00	8.00
Fire Prevention Inspector (Civilian)	2.00	2.00	2.00	0.00	0.00	0.00
Firefighter	54.00	54.00	54.00	57.00	57.00	57.00
Limited Term Emergency Medical Technician	0.00	0.00	0.00	12.00	12.00	12.00
Office Specialist II	2.00	2.00	2.00	2.00	2.00	2.00
Office Specialist III	1.00	1.00	1.00	2.00	2.00	2.00

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Adopted	FY 2024 Propose Update
Paramedic	0.00	0.00	0.00	18.00	18.00	18.00
Paramedic Supervisor I	6.00	6.00	6.00	7.00	7.00	7.00
TOTAL FIRE DEPARTMENT	153.00	153.00	153.00	203.00	203.00	203.00

HEALTH, HOUSING & COMMUNITY SERVICES

Career Employees:

Accounting Office Specialist III	3.00	3.00	3.00	3.00	3.00	3.00
Accounting Office Specialist Supervisor	0.00	0.00	1.00	1.00	1.00	1.00
Accounting Technician	1.00	1.00	1.00	1.00	1.00	1.00
Administrative & Fiscal Services Manager	1.00	1.00	1.00	1.00	1.00	1.00
Administrative Assistant	1.00	1.00	0.00	0.00	0.00	0.00
Administrative Secretary	1.00	1.00	1.00	1.00	1.00	1.00
Assistant Manager of Mental Health	1.00	1.00	1.00	1.00	1.00	1.00
Assistant Management Analyst	4.00	6.00	6.00	5.00	5.00	5.00
Assistant Mental Health Clinician	3.00	3.00	3.00	2.00	2.00	1.00
Associate Management Analyst	6.00	5.00	5.00	7.00	7.00	8.00
Associate Planner	1.00	1.00	1.00	1.00	1.00	0.00
Behavioral Health Clinician I	3.00	5.00	6.00	8.00	8.00	8.00
Behavioral Health Clinician II	24.30	25.50	24.50	26.00	26.00	25.00
Building Inspector I (Cert)	1.00	1.00	1.00	1.00	1.00	1.00
Community Development Project Coordinator	5.00	6.00	6.00	6.00	6.00	8.00
Community Development Project Coordinator **	0.00	0.00	0.00	1.00	1.00	1.00
Community Health Worker	1.00	1.00	1.00	1.00	1.00	1.00
Community Health Worker Specialist	10.00	10.00	10.00	9.00	9.00	9.00
Community Service Specialist I	5.50	6.50	4.50	3.00	3.00	2.00
Community Services Specialist II	6.00	8.00	8.00	11.00	11.00	13.00
Community Services Specialist II **	0.00	0.00	0.00	1.00	1.00	1.00
Community Services Specialist III	4.00	4.00	6.00	5.00	5.00	8.00
Deputy Director of Health, Housing & Community Services	1.00	1.00	1.00	1.00	1.00	1.00
Director of Health, Housing & Community Services	1.00	1.00	1.00	1.00	1.00	1.00
Employment Program Administrator	1.00	1.00	0.00	0.00	0.00	0.00
Environmental Health Supervisor	1.00	1.00	1.00	1.00	1.00	1.00
Epidemiologist	1.00	1.00	3.00	3.00	3.00	2.00
Health Nutrition Program Coordinator	1.00	1.00	1.00	2.00	2.00	2.00
Health Officer (Certified)	1.00	1.00	1.00	1.00	1.00	1.00
Health Services Program Specialist	7.00	8.00	8.00	9.00	9.00	9.00
Health Services Supervisor	2.00	2.00	1.00	1.00	1.00	1.00
Homeless Services Coordinator	1.00	1.00	1.00	0.00	0.00	0.00
Manager of Aging Services	1.00	1.00	1.00	1.00	1.00	1.00
Manager of Environmental Health	1.00	1.00	1.00	1.00	1.00	1.00
Manager of Housing and Community Services	1.00	1.00	1.00	1.00	1.00	1.00
Manager of Mental Health Services	1.00	1.00	1.00	1.00	1.00	1.00
Manager of Public Health Services	1.00	1.00	1.00	1.00	1.00	1.00
Mealsite Coordinator	1.00	1.00	1.00	1.00	1.00	1.00
Mental Health Clinical Supervisor	6.00	7.00	8.00	8.40	8.40	9.00
Mental Health Nurse	0.00	4.50	5.20	3.50	3.50	5.50
Mental Health Program Supervisor	4.00	4.00	4.00	4.00	4.00	4.00

APPENDIX K

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Adopted	FY 2024 Propose Update
Mid-Level Practitioner	1.10	1.10	1.10	0.60	0.60	0.60
Mini Bus Driver	2.00	2.00	2.00	2.00	2.00	2.00
Nutritionist	0.50	0.50	0.50	1.50	1.50	1.50
Office Specialist II	20.00	19.00	18.00	18.00	18.00	17.00
Office Specialist III	4.00	4.00	4.00	4.00	4.00	4.00
Office Specialist Supervisor	1.00	1.00	1.00	1.00	1.00	1.00
PPHP Deputy Health Officer	0.00	0.00	0.00	1.00	1.00	1.00
Psychiatrist	1.50	2.00	2.75	1.75	1.75	1.75
Public Health Nurse	8.75	8.75	9.00	7.00	7.00	7.00
Registered Environmental Health Specialist	6.00	6.00	6.00	6.00	6.00	6.00
Registered Nurse	5.50	2.00	2.00	1.80	1.80	1.80
Senior Behavioral Health Clinician	4.00	4.00	4.00	4.00	4.00	4.00
Senior Citizen Center Director	2.00	2.00	2.00	2.00	2.00	2.00
Senior Community Development Project Coordinator	1.00	1.00	1.00	2.00	2.00	2.00
Senior Community Health Specialist	4.00	4.00	4.00	4.00	4.00	4.00
Senior Environmental Health Specialist	2.00	2.00	2.00	2.00	2.00	2.00
Senior Health Management Analyst	1.00	1.00	1.00	0.00	0.00	0.00
Senior Health Services Program Specialist	4.80	4.80	4.80	5.80	5.80	5.00
Senior Management Analyst	1.00	2.00	3.00	4.00	4.00	5.00
Senior Nutrition Program Supervisor	0.00	0.00	0.00	0.00	0.00	0.80
Senior Service Assistant	4.75	4.75	4.75	4.75	4.75	5.25
Social Services Specialist	11.00	11.00	11.00	10.00	10.00	13.00
Supervising Mental Health Nurse	0.00	0.00	0.00	1.00	1.00	1.00
Supervising Psychiatrist	1.00	1.00	1.00	1.00	1.00	1.00
Supervising Public Health Nurse	2.00	2.00	2.00	2.00	2.00	2.00
Transportation Services Coordinator	1.00	0.50	1.00	1.00	1.00	1.00
Vector Control Technician	1.00	1.00	1.00	1.00	1.00	1.00
Total Career Employees	205.70	216.90	220.10	225.10	225.10	234.20
Hourly Employees:						
Intern	2.00	2.00	2.00	2.00	2.00	2.00
Behavioral Health Clinician I & II	2.00	2.00	2.00	2.00	2.00	2.00
Mid-Level Practitioner	3.50	3.50	3.50	3.50	3.50	3.50
Mini Bus Driver	0.20	0.20	0.20	0.20	0.20	0.20
Physician	0.20	0.20	0.20	0.20	0.20	0.20
Psychiatrist II & III	0.48	0.48	0.48	0.48	0.48	0.48
Public Health Program Physician	0.00	0.00	0.00	0.00	0.00	0.00
Registered Environmental Health Specialist	0.40	0.40	0.40	0.40	0.40	0.40
Senior Nutrition Program Supervisor	0.43	0.43	0.43	0.43	0.43	0.43
Senior Registered Environmental Health Specialist	0.46	0.46	0.46	0.46	0.46	0.46
Senior Service Aide	3.88	3.88	3.88	3.88	3.88	3.88
Senior Service Assistant	0.91	0.91	0.91	0.91	0.91	0.91
Youth Enrollee Intern	26.02	26.02	26.02	26.02	26.02	26.02
Total Hourly Employees	40.48	40.48	40.48	40.48	40.48	40.48
TOTAL HEALTH, HOUSING & COMMUNITY SERVICES	246.18	257.38	260.58	265.58	265.58	274.68

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Adopted	FY 2024 Propose Update
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HUMAN RESOURCES

Assistant Management Analyst	1.00	1.00	1.00	1.00	1.00	1.00
Assistant Human Resources Analyst	1.00	1.00	1.00	1.00	1.00	2.00
Associate Human Resources Analyst	4.00	4.00	4.00	4.00	4.00	6.00
Director of Human Resources	1.00	1.00	1.00	1.00	1.00	1.00
Equal Employment Opportunity & Diversity Officer	1.00	1.00	1.00	1.00	1.00	1.00
Employee Relations Manager	1.00	1.00	1.00	1.00	1.00	1.00
Human Resources Manager	1.00	1.00	1.00	1.00	1.00	1.00
Human Resources Technician	4.00	4.00	4.00	4.00	4.00	4.00
Information Systems Support Technician	1.00	1.00	1.00	1.00	1.00	1.00
Occupational Health & Safety Officer	1.00	1.00	1.00	1.00	1.00	1.00
Occupational Health & Safety Specialist	1.00	1.00	1.00	1.00	1.00	1.00
Office Specialist II	2.00	2.00	2.00	2.00	2.00	2.00
Senior Human Resources Analyst	2.00	2.00	2.00	2.00	2.00	2.00
Training Officer	1.00	1.00	1.00	1.00	1.00	1.00

TOTAL HUMAN RESOURCES	22.00	22.00	22.00	22.00	22.00	25.00
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INFORMATION TECHNOLOGY

Administrative Assistant	1.00	1.00	1.00	1.00	1.00	1.00
Assistant Management Analyst	0.00	0.00	0.00	1.00	1.00	1.00
Applications Programmer/Analyst I	0.00	0.00	1.00	2.00	2.00	2.00
Applications Programmer/Analyst II	14.00	14.00	14.00	14.00	14.00	14.00
Associate Management Analyst	0.00	0.00	0.00	0.00	0.00	0.00
Customer Service Specialist III	9.00	9.00	9.00	10.00	10.00	10.00
Customer Service Manager	1.00	1.00	1.00	1.00	1.00	1.00
Customer Service Supervisor	1.00	1.00	1.00	1.00	1.00	1.00
Database Administrator	1.00	1.00	1.00	1.00	1.00	1.00
Director of Information Technology	1.00	1.00	1.00	1.00	1.00	1.00
Information Security Manager	1.00	1.00	1.00	1.00	1.00	1.00
Information Systems Manager	1.00	1.00	1.00	1.00	1.00	1.00
Information Systems Specialist	5.00	4.00	4.00	4.00	4.00	4.00
Information Systems Support Technician	2.00	2.00	2.00	3.00	3.00	2.00
Senior Information Systems Specialist	3.00	4.00	4.00	5.00	5.00	5.00
Senior Management Analyst	1.00	1.00	1.00	1.00	1.00	1.00
Senior Systems Analyst	4.00	5.00	5.00	5.00	5.00	5.00

TOTAL INFORMATION TECHNOLOGY	45.00	46.00	47.00	52.00	52.00	51.00
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LIBRARY SERVICES

Career Employees:

Accounting Office Specialist III	1.00	1.00	1.00	1.00	1.00	1.00
Administrative & Fiscal Services Manager	1.00	1.00	1.00	1.00	1.00	1.00
Administrative Secretary	1.00	1.00	1.00	1.00	1.00	1.00
Assistant Human Resources Analyst	1.00	1.00	1.00	1.00	1.00	1.00
Assistant Management Analyst	3.00	3.00	3.00	2.00	2.00	1.00
Associate Human Resources Analyst	1.00	1.00	1.00	1.00	1.00	0.00
Associate Management Analyst	0.00	0.00	1.00	1.00	1.00	2.00
Building Maintenance Mechanic	2.00	2.00	2.00	2.00	2.00	2.00

APPENDIX K

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Adopted	FY 2024 Propose Update
Circulation Services Manager	1.00	1.00	1.00	1.00	1.00	1.00
Deputy Director of Library Services	1.00	1.00	1.00	1.00	1.00	1.00
Director of Library Services	1.00	1.00	1.00	1.00	1.00	1.00
Information Systems Specialist	3.00	3.00	3.00	3.00	3.00	2.00
Librarian I/II	21.30	21.30	22.30	22.80	22.80	25.80
Library Aide	13.00	13.00	13.50	14.00	14.00	13.00
Library Assistant	14.25	14.25	14.25	14.25	14.25	15.25
Library Info Systems Administrator	1.00	1.00	1.00	1.00	1.00	1.00
Library Literacy Program Coordinator	1.00	1.00	1.00	1.00	1.00	1.00
Library Services Manager	2.00	2.00	2.00	2.00	2.00	2.00
Library Specialist I	3.00	3.00	3.00	3.00	3.00	3.00
Library Specialist II	13.55	13.55	13.80	13.80	13.80	13.55
Mail Services Aide	2.00	2.00	2.00	2.00	2.00	2.00
Program Manager II	0.00	0.00	0.00	0.00	0.00	1.00
Senior Building Maintenance Supervisor	1.00	1.00	1.00	1.00	1.00	1.00
Senior Human Resources Analyst	0.00	0.00	0.00	0.00	0.00	1.00
Senior Information System Specialist	0.00	0.00	0.00	0.00	0.00	1.00
Senior Librarian	3.00	3.00	3.00	3.00	3.00	3.00
Social Services Specialist	0.00	0.00	1.00	1.00	1.00	1.00
Supervising Librarian	8.00	8.00	8.00	8.00	8.00	8.00
Supervising Library Assistant	9.00	9.00	9.00	9.00	9.00	9.00
Tool Lending Specialist	3.00	3.00	3.00	3.00	3.00	3.00
Total Career Employees	111.10	111.10	114.85	114.85	114.85	118.60
Hourly Employees:						
Library Aides	0.75	0.75	0.75	0.75	0.75	0.75
Library Page	4.20	4.20	0.00	0.00	0.00	0.00
Youth Enrollees						
Total Hourly Employees	4.95	4.95	0.75	0.75	0.75	0.75
TOTAL LIBRARY SERVICES	116.05	116.05	115.60	115.60	115.60	119.35
MAYOR & COUNCIL						
Assistant to Mayor	3.00	3.00	3.00	3.00	3.00	3.00
Legislative Aides	12.00	12.00	12.00	16.00	16.00	16.00
TOTAL MAYOR AND COUNCIL	15.00	15.00	15.00	19.00	19.00	19.00
OFFICE OF THE DIRECTOR OF POLICE ACCOUNTABILITY*						
Associate Management Analyst	0.00	0.00	0.00	2.00	2.00	2.00
Director of Police Accountability	0.00	0.00	1.00	1.00	1.00	1.00
Office Specialist III	0.00	0.00	1.00	1.00	1.00	1.00
Police Accountability Investigator	0.00	0.00	1.00	1.00	1.00	1.00
TOTAL OFFICE OF THE DIRECTOR OF POLICE ACCOUNTABILITY	0.00	0.00	4.00	5.00	5.00	5.00

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Adopted	FY 2024 Propose Update
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PARKS RECREATION & WATERFRONT

Career Employees:

Accounting Office Specialist II	1.00	1.00	1.00	1.00	1.00	1.00
Accounting Office Specialist III	2.00	2.00	2.00	2.00	2.00	2.00
Accounting Office Specialist Supervisor	2.00	2.00	2.00	2.00	2.00	2.00
Administrative Secretary	1.00	1.00	1.00	1.00	1.00	1.00
Aquatics Coordinator	1.00	1.00	1.00	1.00	1.00	1.00
Aquatics Facilities Supervisor	1.00	1.00	1.00	1.00	1.00	1.00
Aquatics Specialist II	0.50	0.50	0.50	0.00	0.00	0.00
Assistant Aquatics Coordinator	0.00	0.00	0.00	1.00	1.00	1.00
Assistant Civil Engineer (Reg)	1.00	1.00	2.00	2.00	2.00	3.00
Assistant Management Analyst	2.00	2.00	2.00	2.00	2.00	2.00
Assistant Recreation Coordinator	5.00	6.00	6.00	8.00	8.00	10.00
Associate Civil Engineer	2.00	2.00	3.00	3.00	3.00	3.00
Associate Management Analyst	0.00	1.00	1.00	1.00	1.00	1.00
Building Maintenance Mechanic	9.00	9.00	9.00	9.00	9.00	8.00
Building Maintenance Supervisor	1.00	1.00	1.00	1.00	1.00	1.00
Camps Manager	1.00	1.00	2.00	2.00	2.00	2.00
Capital Improvements Program Manager	1.00	1.00	1.00	1.00	1.00	0.00
Deputy Director of Parks Recreation & Waterfront	1.00	1.00	1.00	1.00	1.00	1.00
Director of Parks & Waterfront	1.00	1.00	1.00	1.00	1.00	1.00
Forestry Climber	4.00	4.00	4.00	4.00	4.00	4.00
Forestry Climber Supervisor	1.00	1.00	1.00	1.00	1.00	2.00
Forestry Technician	1.00	1.00	1.00	1.00	1.00	1.00
Landscape Equipment Operator	4.00	4.00	4.00	4.00	4.00	4.00
Landscape Gardener	15.00	15.00	15.00	16.00	16.00	16.00
Landscape Gardener Supervisor	5.00	5.00	5.00	5.00	5.00	5.00
Marina Assistant	2.00	3.00	3.00	3.00	3.00	2.00
Office Specialist II	3.00	2.00	2.00	4.00	4.00	1.00
Office Specialist III	0.00	0.00	0.00	0.00	0.00	2.00
Parks Superintendent	1.00	1.00	1.00	1.00	1.00	1.00
Recreation & Youth Svcs Manager	1.00	1.00	1.00	1.00	1.00	1.00
Recreation Activity Leader	7.25	5.75	5.75	3.00	3.00	3.00
Recreation Coordinator	5.00	6.00	6.00	7.00	7.00	7.00
Recreation Program Supervisor	3.00	3.00	3.00	3.00	3.00	4.00
Rosarian	1.00	1.00	1.00	1.00	1.00	1.00
Senior Building Maintenance Supervisor	1.00	1.00	1.00	1.00	1.00	1.00
Senior Forestry Climber	3.00	3.00	3.00	3.00	3.00	3.00
Senior Forestry Supervisor	1.00	1.00	1.00	1.00	1.00	1.00
Senior Groundskeeper	1.00	1.00	1.00	1.00	1.00	1.00
Senior Landscape Gardener	3.00	3.00	3.00	4.00	4.00	4.00
Senior Landscape Gardener Supervisor	1.00	1.00	1.00	1.00	1.00	1.00
Senior Management Analyst	2.00	2.00	2.00	2.00	2.00	2.00
Sports Official	2.00	2.00	2.00	2.00	2.00	2.00
Supervising Civil Engineer	1.00	1.00	1.00	2.00	2.00	2.00
Waterfront Manager	1.00	1.00	1.00	1.00	1.00	1.00
Waterfront Supervisor	1.00	1.00	1.00	1.00	1.00	1.00
Total Career Employees	102.75	104.25	107.25	113.00	113.00	114.00

APPENDIX K

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Adopted	FY 2024 Propose Update
Hourly Employees:						
Aquatics Specialist I	2.22	2.22	2.22	2.22	2.22	2.22
Aquatics Specialist II	4.02	4.02	4.02	4.02	4.02	4.02
Assistant Aquatics Coordinator	0.78	0.78	0.78	0.78	0.78	0.78
Camp Maintenance Mechanic	0.39	0.39	0.39	0.39	0.39	0.39
Camp Medical Staff Member	2.42	2.42	2.42	2.42	2.42	2.42
Camp Staff Leader	2.70	2.70	2.70	2.70	2.70	2.70
Camp Staff Member	2.62	2.62	2.62	2.62	2.62	2.62
Camp Staff Supervisor	1.07	1.07	1.07	1.07	1.07	1.07
Cashier Attendant	0.16	0.16	0.16	0.16	0.16	0.16
Groundskeeper	0.73	0.73	0.73	0.73	0.73	0.73
Office Specialist II	0.19	0.19	0.19	0.19	0.19	0.19
Playground Lead Trainee	8.90	8.90	8.90	8.90	8.90	8.90
Recreation Activity Leader	22.12	22.12	22.12	22.12	22.12	22.12
Senior Aquatics Specialist	0.79	0.79	0.79	0.79	0.79	0.79
Sports Field Monitor	0.95	0.95	0.95	0.95	0.95	0.95
Sports Official	2.27	2.27	2.27	2.27	2.27	2.27
Vegetation Reduction Supervisor	0.29	0.29	0.29	0.29	0.29	0.29
Total Hourly Employees	52.62	52.62	52.62	52.62	52.62	52.62
TOTAL PARKS REC & WATERFRONT	155.37	156.87	159.87	165.62	165.62	166.62

PLANNING & DEVELOPMENT DEPARTMENT

Career Employees:

Accounting Office Specialist II	1.00	1.00	1.00	3.00	3.00	2.00
Accounting Office Specialist III	3.00	3.00	3.00	3.00	3.00	3.00
Accounting Office Specialist Supervisor	0.00	0.00	0.00	1.00	1.00	1.00
Administrative & Fiscal Services Manager	1.00	1.00	1.00	1.00	1.00	1.00
Administrative Secretary	1.00	0.00	0.00	0.00	0.00	0.00
Assistant Building & Safety Manager	1.00	1.00	1.00	1.00	1.00	1.00
Assistant Management Analyst	2.00	1.00	2.00	2.00	2.00	2.00
Assistant Inspector	0.00	0.00	0.00	0.00	1.00	1.00
Assistant Planner	6.00	6.00	6.00	7.00	7.00	7.00
Associate Management Analyst	3.00	3.00	3.00	3.00	3.00	3.00
Associate Planner	6.00	6.00	5.00	6.00	6.00	6.00
Associate Planner **	0.00	0.00	0.00	1.00	1.00	1.00
Building and Safety Manager	1.00	1.00	1.00	1.00	1.00	1.00
Building Inspector I (certified)	2.00	2.00	4.00	2.00	2.00	2.00
Building Inspector II (certified)	6.00	6.00	7.00	6.00	6.00	6.00
Building Plans Engineer	1.00	1.00	1.00	1.00	1.00	1.00
Building Plans Examiner	4.00	4.00	2.00	2.94	2.94	3.94
Community Services Specialist I	2.20	1.60	1.35	2.00	2.00	2.00
Community Services Specialist II	0.00	2.75	3.75	3.75	3.75	3.75
Community Services Specialist III	2.70	2.85	2.85	2.80	2.80	2.80
Deputy Director of Planning	0.00	0.00	0.00	1.00	1.00	1.00
Director of Planning	1.00	1.00	1.00	1.00	1.00	1.00
Energy Program Manager	1.00	1.00	1.00	1.00	1.00	0.00
Engineering Inspector	1.00	1.00	0.00	0.00	0.00	0.00

APPENDIX K

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Adopted	FY 2024 Propose Update
Hazardous Material Manager	1.00	1.00	1.00	1.00	1.00	1.00
Hazardous Material Specialist I	0.00	0.00	0.00	1.00	1.00	1.00
Hazardous Material Specialist II	4.00	4.00	4.00	3.00	3.00	3.00
Housing Inspector I	0.00	0.00	0.00	1.00	1.00	1.00
Housing Inspector (Certified)	5.00	5.00	6.00	2.00	2.00	2.00
Housing Inspector Supervisor	1.00	1.00	2.00	2.00	2.00	2.00
Land Use Planning Manager	1.00	1.00	1.00	1.00	1.00	1.00
Office Specialist II	6.50	7.50	7.50	7.75	7.75	7.75
Office Specialist III	2.00	2.00	3.00	3.00	3.00	3.00
Office Specialist Supervisor	1.00	1.00	1.00	1.00	1.00	1.00
Permit Center Coordinator	1.00	1.00	1.00	1.00	1.00	1.00
Permit Specialist	4.00	4.00	4.00	4.00	4.00	4.00
Planning Technician	2.00	2.00	4.00	3.00	3.00	3.00
Planning Technician **	0.00	0.00	0.00	1.00	1.00	1.00
Principal Planner	4.00	4.00	4.00	5.00	5.00	5.00
Program Manager II	0.00	0.00	0.00	0.00	0.00	1.00
Program Manager II***	0.00	0.00	0.00	0.00	0.00	1.00
Resilient Buildings Program Manager	1.00	1.00	0.88	0.80	0.80	0.80
Senior Building Inspector	2.00	2.00	2.00	2.00	2.00	2.00
Senior Building Plans Engineer	2.00	2.00	2.00	2.00	2.00	2.00
Senior Building Plans Examiner	2.00	2.00	2.00	2.00	2.00	2.00
Senior Housing Inspector	0.00	0.00	0.00	1.00	2.00	2.00
Senior Permit Specialist	2.00	2.00	2.00	2.00	2.00	2.00
Senior Planner	5.00	5.00	5.00	6.00	6.00	6.00
Supervising Building Inspector	1.00	1.00	1.00	1.00	1.00	1.00
Total Career Employees	93.40	94.70	100.33	106.04	108.04	109.04
Hourly Employees:						
Intern	10.00	10.00	10.00	10.00	10.00	10.00
TOTAL PLANNING DEPARTMENT	103.40	104.70	110.33	116.04	118.04	119.04

POLICE DEPARTMENT

Career Employees:

Administrative & Fiscal Services Manager	1.00	1.00	1.00	1.00	1.00	1.00
Administrative Assistant	1.00	1.00	1.00	1.00	1.00	1.00
Assistant Management Analyst	2.00	2.00	2.00	4.00	4.00	4.00
Communications Manager	1.00	1.00	1.00	1.00	1.00	1.00
Community Service Officer	19.00	19.00	21.00	21.00	21.00	21.00
Community Service Officer **	0.00	0.00	0.00	6.00	6.00	6.00
Community Service Officer Supervisor	4.00	4.00	4.00	4.00	4.00	4.00
Community Service Officer Supervisor **	0.00	0.00	0.00	1.00	1.00	1.00
Crime Analyst	1.00	1.00	1.00	3.00	3.00	3.00
Crime Scene Supervisor	1.00	1.00	1.00	1.00	1.00	1.00
Office Specialist II	5.00	5.00	5.00	5.00	5.00	5.00
Office Specialist III	6.00	6.00	6.00	6.00	6.00	6.00
Office Specialist Supervisor	1.00	1.00	1.00	1.00	1.00	1.00
Parking Enforcement Manager	1.00	1.00	1.00	1.00	1.00	1.00
Parking Enforcement Officer	21.00	21.00	21.00	22.00	22.00	22.00

APPENDIX K

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Adopted	FY 2024 Propose Update
Parking Enforcement Supervisor	2.00	2.00	2.00	2.00	2.00	2.00
Police Captain	4.00	4.00	4.00	4.00	4.00	4.00
Police Chief	1.00	1.00	1.00	1.00	1.00	1.00
Police Lieutenant	9.00	9.00	9.00	9.00	9.00	9.00
Police Officer	137.00	136.00	135.00	135.00	135.00	135.00
Police Sergeant	30.00	31.00	32.00	32.00	32.00	32.00
Public Safety Dispatcher I & II	28.00	28.00	28.00	36.00	36.00	36.00
Supervising Public Safety Dispatcher	4.00	4.00	4.00	5.00	5.00	5.00
Total Career Employees	279.00	279.00	281.00	302.00	302.00	302.00
Hourly Employees:						
Juvenile Bureau Counselor	0.50	0.50	0.50	0.50	0.50	0.50
Police Aide	2.00	2.00	2.00	2.00	2.00	2.00
School Crossing Guard	3.70	3.70	4.70	8.70	8.70	8.70
Total Hourly Employees:	6.20	6.20	7.20	11.20	11.20	11.20
TOTAL POLICE DEPARTMENT	285.20	285.20	288.20	313.20	313.20	313.20
POLICE REVIEW COMMISSION*						
Office Specialist III	1.00	1.00	0.00	0.00	0.00	0.00
Police Review Commission Officer	1.00	1.00	0.00	0.00	0.00	0.00
PRC Investigator	1.00	1.00	0.00	0.00	0.00	0.00
TOTAL POLICE REVIEW COMMISSION	3.00	3.00	0.00	0.00	0.00	0.00
PUBLIC WORKS						
Accounting Office Specialist II	1.00	1.00	1.00	2.00	2.00	1.00
Accounting Office Specialist III	5.00	5.00	5.00	4.00	4.00	5.00
Accounting Office Specialist Supervisor	0.00	0.00	0.00	1.00	1.00	1.00
Administrative Assistant	1.00	1.00	1.00	1.00	1.00	1.00
Administrative & Fiscal Services Manager	1.00	1.00	1.00	1.00	1.00	1.00
Administrative Secretary	2.00	2.00	2.00	2.00	2.00	2.00
Assistant Civil Engineer (Reg)	6.00	5.00	5.00	5.00	5.00	5.00
Assistant Management Analyst	5.00	5.00	5.00	6.00	6.00	6.00
Assistant Planner	2.00	2.00	2.00	2.00	2.00	2.00
Assistant Public Works Engineer	2.00	2.00	2.00	2.00	2.00	2.00
Assistant Traffic Engineer	2.00	2.00	2.00	2.00	2.00	2.00
Associate Civil Engineer	8.00	10.00	10.00	9.00	9.00	9.00
Associate Management Analyst	4.00	4.00	4.00	5.00	5.00	5.00
Associate Planner	2.00	2.00	2.00	3.00	3.00	3.00
Associate Planner **	0.00	0.00	0.00	1.00	1.00	1.00
Associate Traffic Engineer	2.00	2.00	2.00	2.00	2.00	2.00
Building Maintenance Mechanic	6.00	5.00	5.00	5.00	5.00	5.00
Building Maintenance Mechanic Trainee	0.00	0.00	0.00	1.00	1.00	1.00
Building Maintenance Supervisor	1.00	1.00	1.00	1.00	1.00	0.94
Chief of Party	2.00	2.00	2.00	2.00	2.00	2.00
Communications Technician	3.00	3.00	3.00	3.00	3.00	3.00

APPENDIX K

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Adopted	FY 2024 Propose Update
Community Development Project Coordinator	1.00	1.00	1.00	2.00	2.00	2.00
Community Services Specialist I	0.00	0.00	0.00	1.00	1.00	1.00
Concrete Finisher	3.00	3.00	3.00	3.00	3.00	3.00
Construction Equipment Operator	3.00	3.00	3.00	3.00	3.00	3.00
Container Maintenance Welder	2.00	2.00	2.00	2.00	2.00	2.00
Deputy Director of Public Works	1.00	1.00	1.00	1.00	1.00	1.00
Deputy Director of Public Works Reg	0.00	0.00	0.00	1.00	1.00	1.00
Director of Public Works	1.00	1.00	1.00	1.00	1.00	1.00
Disability Services Specialist	1.00	1.00	1.00	1.00	1.00	1.00
Drafting Aide	1.00	1.00	1.00	0.00	0.00	0.00
Drafting Technician	1.00	1.00	1.00	1.00	1.00	1.00
Electrical Parts Technician	1.00	1.00	1.00	0.00	0.00	1.00
Electrician	7.00	7.00	7.00	7.00	7.00	7.00
Engineering Inspector	8.00	8.00	9.00	9.00	9.00	9.00
Environmental Compliance Specialist	2.00	2.00	2.00	2.00	2.00	2.00
Equipment Superintendent	1.00	1.00	1.00	1.00	1.00	1.00
Facilities Maintenance Superintendent	1.00	1.00	1.00	1.00	1.00	1.00
Field Representative	3.00	3.00	3.00	7.00	7.00	6.00
Janitor	7.00	7.00	7.00	7.00	7.00	8.00
Janitor Supervisor	1.00	1.00	1.00	1.00	1.00	1.00
Junior Public Works Engineer	1.00	1.00	1.00	3.00	3.00	3.00
Laborer	21.00	21.00	21.00	20.00	20.00	20.00
Lead Communication Technician	1.00	1.00	1.00	1.00	1.00	1.00
Lead Electrician	3.00	3.00	3.00	3.00	3.00	3.00
Manager of Engineering	1.00	1.00	1.00	1.00	1.00	1.00
Mechanic	8.00	8.00	8.00	8.00	8.00	9.00
Mechanic Lead	1.00	1.00	1.00	1.00	1.00	1.00
Mechanic Supervisor	2.00	2.00	2.00	2.00	2.00	2.00
Mechanical Sweeper Operator	5.00	5.00	5.00	5.00	5.00	6.00
Occupational Health & Safety Officer	0.50	1.00	1.00	1.00	1.00	1.00
Occupational Health & Safety Specialist	0.00	0.00	0.00	0.00	0.00	1.00
Office Specialist II	3.00	3.00	3.00	5.00	5.00	3.00
Office Specialist III	4.00	4.00	4.00	3.00	3.00	4.00
Parking Meter Maint & Collection Suprv	1.00	1.00	1.00	1.00	1.00	1.00
Parking Meter Maintenance Worker	6.00	6.00	6.00	6.00	6.00	6.00
Parking Meter Mechanic	5.00	5.00	5.00	5.00	5.00	4.00
Parking Services Manager	1.00	1.00	1.00	1.00	1.00	1.00
Principal Planner	1.00	1.00	1.00	1.00	1.00	1.00
Public Works Maintenance Superintendent	1.00	1.00	1.00	1.00	1.00	1.00
Public Works Operations Manager	2.00	2.00	2.00	2.00	2.00	2.00
Public Works Supervisor	6.00	6.00	5.00	6.00	6.00	7.00
Recycling Program Manager	1.00	1.00	1.00	1.00	1.00	1.00
Senior Building Inspector	1.00	1.00	2.00	3.00	3.00	1.00
Senior Building Maintenance Supervisor	1.00	1.00	1.00	0.00	0.00	0.00
Senior Drafting Technician	1.00	1.00	1.00	1.00	1.00	1.00
Senior Electrical Supervisor	1.00	1.00	1.00	1.00	1.00	1.00
Senior Engineering Inspector	1.00	1.00	0.00	0.00	0.00	1.00
Senior Equipment Supervisor	1.00	1.00	1.00	1.00	1.00	1.00
Senior Management Analyst	4.00	4.00	4.00	4.00	4.00	4.00
Senior Field Representative	0.00	0.00	0.00	0.00	0.00	1.00
Senior Planner	2.00	2.00	2.00	2.00	2.00	2.00

APPENDIX K

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Adopted	FY 2024 Propose Update
Senior Public Works Supervisor	2.00	2.00	3.00	3.00	3.00	3.00
Senior Solid Waste Supervisor	2.00	2.00	2.00	2.00	2.00	2.00
Service Technician	4.00	4.00	4.00	4.00	4.00	4.00
Sewer Maintenance Assistant Supervisor	7.00	7.00	7.00	7.00	7.00	7.00
Skilled Laborer	17.00	17.00	17.00	21.00	21.00	21.00
Solid Waste Loader Operator	2.00	2.00	2.00	2.00	2.00	2.00
Solid Waste Supervisor	4.00	4.00	4.00	4.00	4.00	5.00
Solid Waste Truck Driver	33.00	33.00	33.00	33.00	33.00	33.00
Solid Waste Worker	36.00	36.00	36.00	36.00	36.00	36.00
Solid Waste/Recycling Manager	1.00	1.00	1.00	1.00	1.00	1.00
Supervising Civil Engineer	4.00	4.00	4.00	4.00	4.00	5.00
Supervising Traffic Engineer	1.00	1.00	1.00	1.00	1.00	1.00
Survey Technician	1.00	1.00	1.00	1.00	1.00	1.00
Tractor Trailer Driver	7.00	7.00	7.00	7.00	7.00	7.00
Traffic Engineering Assistant	1.00	1.00	1.00	1.00	1.00	1.00
Traffic Maintenance Supervisor	1.00	1.00	1.00	1.00	1.00	1.00
Traffic Maintenance Worker I	3.00	3.00	3.00	4.00	4.00	4.00
Traffic Maintenance Worker II	2.00	2.00	2.00	2.00	2.00	2.00
Transportation Manager	1.00	1.00	1.00	0.00	0.00	1.00
Warehouse Operations Specialist	0.00	1.00	1.00	1.00	1.00	1.00
Weighmaster	4.00	4.00	4.00	4.00	4.00	4.00
Welder Mechanic	1.00	1.00	1.00	1.00	1.00	0.00
TOTAL PUBLIC WORKS	320.50	322.00	323.00	340.00	340.00	344.94
RENT STABILIZATION BOARD						
Accounting Office Specialist III	1.00	1.00	0.00	1.00	1.00	1.00
Administrative & Fiscal Services Manager	0.00	0.00	0.00	0.00	0.00	1.00
Associate Management Analyst	2.75	1.00	1.00	1.00	1.00	1.00
Associate Planner	0.00	0.00	1.00	1.00	1.00	1.00
Community Services Specialist II	5.80	6.00	7.00	7.00	7.00	7.00
Community Services Specialist III	0.00	0.80	1.80	0.80	0.80	1.00
Deputy Director Rent Stabilization Program	1.00	1.00	1.00	0.00	0.00	0.00
General Counsel	0.00	0.00	1.00	1.00	1.00	1.00
Executive Director Rent Board	1.00	1.00	1.00	1.00	1.00	1.00
Hearing Examiner	2.00	0.00	0.00	0.00	0.00	0.00
Legal Secretary	0.00	0.80	1.00	1.00	1.00	1.00
Office Specialist II	3.80	4.00	4.00	4.00	4.00	4.00
Office Specialist III	1.00	1.00	1.00	1.00	1.00	1.00
Senior Hearing Examiner	0.00	1.00	1.00	1.00	1.00	1.00
Senior Legal Secretary	1.00	0.00	0.00	0.00	0.00	0.00
Senior Management Analyst	0.00	0.75	0.75	0.75	0.75	1.00
Senior Planner	0.00	1.00	1.00	1.00	1.00	1.00
Staff Attorney II	2.00	2.00	2.00	2.00	2.00	2.00
Staff Attorney III	1.00	1.00	0.00	0.00	0.00	0.00
TOTAL RENT STABILIZATION BOARD	22.35	22.35	24.55	23.55	23.55	25.00
TOTAL AUTHORIZED FTEs	1,619.05	1,638.80	1,660.13	1,791.84	1,793.84	1,818.08

*Police Review Commission has become the Office of the Director of Police Accountability in FY 2022.

** Project Based Position (not to exceed 3 years)

*** Project Based Position (not to exceed 2 years)

CITY ATTORNEY'S OFFICE FINANCIAL SUMMARY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Adopted	FY 2024 Adopted	FY 2024 Proposed Update
EXPENDITURES						
By Type:						
Salaries and Benefits	2,162,620	2,615,730	2,422,856	3,974,284	4,043,357	4,273,720
Services and Materials	2,174,097	3,379,051	3,541,554	3,595,679	3,595,679	3,595,679
Capital Outlay	-	-	-	4,790	4,790	4,790
Internal Services	219,260	219,586	236,045	232,795	232,795	232,795
Indirect Cost Transfer	-	-	-	-	-	-
Adopted Tier 1 Funding	-	-	-	755,140	676,400	-
	4,555,976	6,214,367	6,200,455	8,562,688	8,553,021	8,106,984
By Division:						
Administration	580,347	606,870	697,464	699,497	706,117	703,995
Legal Advice & Litigation	3,975,629	5,607,497	5,502,992	7,108,051	7,170,504	7,402,989
Adopted Tier 1 Funding	-	-	-	755,140	676,400	-
	4,555,976	6,214,367	6,200,455	8,562,688	8,553,021	8,106,984
By Fund:						
General Fund	2,217,772	2,760,048	2,648,007	4,765,390	4,741,679	4,304,039
Public Liability	2,338,204	3,310,972	3,552,449	3,797,298	3,811,342	3,802,945
Other	-	143,347	-	-	-	-
	4,555,976	6,214,367	6,200,455	8,562,688	8,553,021	8,106,984

CITY AUDITOR'S OFFICE FINANCIAL SUMMARY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Adopted	FY 2024 Adopted	FY 2024 Proposed Update
EXPENDITURES						
<i>By Type:</i>						
Salaries and Benefits	2,240,439	2,227,535	2,392,732	2,550,496	2,573,982	2,926,684
Services and Supplies	60,455	68,948	51,691	72,385	72,385	72,385
Capital Outlay	-	-	19,256	4,051	4,051	4,051
Internal Services	226,231	229,599	227,979	225,479	225,479	227,979
Indirect Cost Transfer	-	-	-	-	-	-
Adopted Tier 1 Funding	-	-	-	248,965	248,965	-
	2,527,125	2,526,081	2,691,657	3,101,376	3,124,862	3,231,099
<i>By Division:</i>						
Administration	496,512	505,804	525,315	670,404	680,254	683,577
General Audit	940,218	997,583	976,648	975,422	972,747	1,038,646
Payroll Audit	1,090,395	1,022,695	1,189,695	1,206,585	1,222,896	1,508,876
Adopted Tier 1 Funding	-	-	-	248,965	248,965	-
	2,527,125	2,526,081	2,691,657	3,101,376	3,124,862	3,231,099
<i>By Fund:</i>						
General Fund	2,432,086	2,467,028	2,627,179	3,006,058	3,026,481	3,136,323
Workers' Compensation	95,039	59,054	64,478	95,318	98,381	94,776
	2,527,125	2,526,081	2,691,657	3,101,376	3,124,862	3,231,099

CITY CLERK'S OFFICE FINANCIAL SUMMARY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Adopted	FY 2024 Adopted	FY 2024 Proposed Update
EXPENDITURES						
By Type:						
Salaries and Benefits	1,529,902	1,672,456	1,569,165	1,717,321	1,806,586	1,655,522
Services and Materials	351,865	1,340,663	653,158	1,180,477	1,180,477	1,300,480
Capital Outlay	4,097	-	-	25,390	25,390	25,390
Internal Services	183,877	181,085	179,954	178,094	178,094	178,094
Indirect Cost Transfer	-	-	-	-	-	-
Adopted Tier 1 Funding	-	-	-	400,000	400,000	-
	2,069,740	3,194,204	2,402,277	3,501,282	3,590,547	3,159,486
By Division:						
Administration	181	75	105	-	-	-
Operations	1,195,180	1,242,529	1,299,749	2,084,662	2,170,976	2,041,524
Records Management	479,525	459,841	390,388	133,600	133,600	133,600
Elections	394,855	1,491,759	712,034	883,020	885,971	984,362
Adopted Tier 1 Funding	-	-	-	400,000	-	-
	2,069,740	3,194,204	2,402,277	3,501,282	3,190,547	3,159,486
By Fund:						
CIP	-	-	-	400,000	-	-
General Fund	2,069,740	2,832,552	2,235,191	2,590,414	2,676,728	2,547,276
Fair Elections	-	361,652	167,085	510,868	513,819	612,210
	2,069,740	3,194,204	2,402,277	3,501,282	3,190,547	3,159,486

CITY MANAGER'S OFFICE FINANCIAL SUMMARY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Adopted	FY 2024 Adopted	FY 2024 Proposed Update
EXPENDITURES						
<i>By Type:</i>						
Salaries and Benefits	6,490,128	6,793,257	7,531,843	7,389,032	7,750,497	8,462,004
Services and Materials	993,353	974,685	1,510,563	794,037	764,037	750,762
Capital Outlay	14,196	30,737	41,610	-	-	-
Internal Services	606,623	633,892	649,285	620,887	620,887	620,887
Indirect Cost Transfer	683	-	-	-	-	-
Adopted Tier 1 Funding	-	-	-	2,928,078	2,627,854	-
	8,104,983	8,432,572	9,733,300	11,732,034	11,763,274	9,833,653
<i>By Division:</i>						
Administration	3,517,716	3,416,609	4,018,719	3,170,897	3,356,924	4,209,458
Neighborhood Services	3,061,108	3,497,993	4,416,178	4,293,740	4,398,255	4,273,055
Budget & Fiscal Mgmt.	994,030	875,027	1,068,172	1,087,659	1,121,453	1,108,303
2020 Vision	532,130	642,829	230,232	251,660	258,788	242,836
Adopted Tier 1 Funding	-	-	-	2,928,078	2,627,854	-
	8,104,985	8,432,459	9,733,300	11,732,034	11,763,275	9,833,653
<i>By Fund:</i>						
General Fund	7,573,988	7,872,856	9,045,847	11,320,277	11,347,845	9,433,592
Animal Shelter Fund	30,764	20,682	30,466	52,480	52,480	52,480
Zero Waste Fund	-	30,118	22,659	48,600	48,600	48,600
Permit Service Center	5,624	-	-	-	-	-
Other Funds	494,609	508,916	634,329	310,677	314,350	298,981
	8,104,984	8,432,572	9,733,300	11,732,034	11,763,275	9,833,653

OFFICE OF ECONOMIC DEVELOPMENT FINANCIAL SUMMARY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Adopted	FY 2024 Adopted	FY 2024 Proposed Update
EXPENDITURES						
By Type:						
Salaries and Benefits	1,306,242	1,041,463	1,156,636	1,656,462	1,665,131	1,755,499
Services and Materials	7,559,194	3,866,180	7,446,418	4,532,513	4,565,845	4,697,139
Capital Outlay	9,373	-	-	-	-	-
Internal Services	74,786	73,306	72,581	72,081	72,081	72,081
Indirect Cost Transfer	1,557	1,576	1,411	1,812	1,838	1,715
Adopted Tier 1 Funding	-	-	-	1,292,685	76,000	-
	8,951,152	4,982,525	8,677,047	7,555,553	6,380,895	6,526,434
By Division:						
Administration	125,088	48,970	110,308	125,644	131,703	132,661
Economic Development	5,606,761	3,155,258	4,277,388	4,180,542	4,219,818	4,463,908
Arts Coordination	2,787,152	1,491,146	3,436,106	1,475,885	1,463,031	1,678,762
South Berkeley Revitalization	212,852	58,427	604,225	219,728	222,037	221,533
Sustainable Development	219,299	228,723	249,020	261,069	268,306	29,570
Adopted Tier 1 Funding	-	-	-	1,292,685	76,000	-
	8,951,152	4,982,525	8,677,047	7,555,553	6,380,895	6,526,434
By Fund:						
General Fund	5,855,850	2,488,081	3,004,242	3,528,952	3,343,968	3,452,094
Loan Funds	157,872	23,122	551,168	156,387	156,387	156,387
Business Improvement Districts	2,343,629	2,013,569	2,438,106	2,648,484	2,665,150	2,665,150
Public Art Fund	76,205	16,406	14,800	104,775	102,691	118,718
Zero Waste Fund	17,119	1,772	19,765	24,292	24,745	23,713
Measure T1	399,260	267,670	29,668	-	-	-
ARPA Fund	-	-	2,364,846	1,000,000	-	-
Other Funds	101,216	155,905	254,452	92,663	87,954	110,372
	8,951,152	4,966,525	8,677,047	7,555,553	6,380,895	6,526,434

FINANCE DEPARTMENT FINANCIAL SUMMARY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Adopted	FY 2024 Adopted	FY 2024 Proposed Update
EXPENDITURES						
By Type:						
Salaries and Benefits	6,347,845	6,492,503	6,771,580	8,421,395	8,693,864	8,601,055
Services and Materials	1,034,326	688,243	974,681	985,496	985,496	985,496
Capital Outlay	5,644	-	-	33	33	33
Internal Services	879,962	885,181	907,885	897,999	897,999	897,999
Indirect Cost Transfer	94,557	80,085	84,443	120,114	123,262	122,560
Adopted Tier 1 Funding	-	-	-	1,019,120	969,120	-
	8,362,334	8,146,012	8,738,588	11,444,157	11,669,774	10,607,143
By Division:						
Office of the Director	1,859,528	1,984,585	2,218,685	1,770,912	1,889,400	1,749,772
Treasury	-	1,427,650	1,364,968	2,487,514	2,494,306	2,303,128
Accounting	1,539,643	1,652,157	1,679,819	1,917,649	1,972,784	1,866,549
General Services	1,204,365	987,569	1,246,705	1,515,992	1,550,288	1,512,517
Customer Service	1,368,055	722,233	-	888,651	903,114	1,042,607
Revenue Collection	2,390,743	1,371,818	2,228,412	1,844,320	1,890,762	2,132,570
Adopted Tier 1 Funding	-	-	-	1,019,120	969,120	-
	8,362,334	8,146,012	8,738,588	11,444,157	11,669,774	10,607,143
By Fund:						
General Fund	6,596,629	6,682,935	6,827,435	9,041,238	9,213,830	8,179,370
U1 - Housing	-	83,327	277,789	403,212	415,512	406,541
Paramedic Assmt Dist	18,977	19,503	20,240	20,824	21,490	20,585
Library	18,977	19,503	20,240	20,783	21,443	20,521
Parks Tax	18,977	19,503	20,240	20,824	21,490	20,585
Street Light Assmt.	21,181	21,712	22,214	23,326	24,017	23,112
Zero Waste Fund	975,253	831,212	984,111	1,219,795	1,247,768	1,215,832
Clean Storm Water	21,179	21,711	22,214	23,326	24,017	23,112
Parking Meter	52,635	-	-	40,000	40,000	40,000
Equipment Replacement	296,206	166,533	171,338	176,971	181,251	174,637
Central Services	285,149	221,410	311,849	391,386	394,486	392,741
Other Funds	57,171	58,666	60,920	62,472	64,470	90,107
	8,362,334	8,146,012	8,738,588	11,444,157	11,669,774	10,607,143

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Adopted	FY 2024 Adopted	FY 2024 Proposed Update
DIVISION/ACTIVITY SUMMARY						
Office of the Director						
Administration	1,813,649	1,913,865	1,874,508	1,194,036	1,302,830	1,075,582
Systems Support	45,879	70,720	327,922	576,876	586,570	780,447
Division Total	1,859,528	1,984,585	2,202,429	1,770,912	1,889,400	1,856,029
Accounting						
Administration	1,257,384	-	-	221,988	214,422	179,655
General Accounting	-	1,391,012	1,309,613	1,262,259	1,312,816	1,248,269
Accounts Payable	282,259	261,144	370,206	433,401	445,545	432,976
Division Total	1,539,643	1,652,157	1,679,819	1,917,649	1,972,784	1,860,901
General Services						
Gen Svcs - Admin	-	-	-	260,042	268,565	257,071
Procurement	919,216	766,160	934,856	864,564	887,237	862,705
Mail Services	285,149	221,410	311,849	391,386	394,486	392,741
Division Total	1,204,365	987,569	1,246,705	1,515,992	1,550,288	1,512,517
Treasury						
Collections	-	-	-	46,610	46,610	46,610
Administration	-	83,327	198,147	-	-	37
Treasury - Admin	748,643	652,989	435,978	563,891	584,474	446,329
Operations	375,693	391,817	434,351	601,725	612,911	738,717
Revenue Development	243,718	299,517	296,492	1,275,288	1,250,311	1,071,435
Division Total	1,368,055	1,427,650	1,364,968	2,487,514	2,494,306	2,303,128
Revenue Collection						
Rev Coll - Admin	-	-	-	270,677	279,592	268,152
Billing	1,505,707	1,299,047	1,484,634	1,563,702	1,601,220	1,547,828
Customer Service	713,897	722,233	730,526	888,651	903,114	1,042,607
Licensing/Permits	171,138	72,770	13,252	9,941	9,950	316,590
Division Total	2,390,743	2,094,051	2,228,412	2,732,971	2,793,876	3,175,177
Adopted Tier 1 Funding						
		-	-	1,019,120	969,120	-
Division Total				1,019,120	969,120	-
Department Total	8,362,334	8,146,012	8,722,333	11,444,157	11,669,774	10,707,752

FIRE DEPARTMENT FINANCIAL SUMMARY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actuals	FY 2023 Adopted	FY 2024 Adopted	FY 2024 Proposed Update
EXPENDITURES						
By Type:						
Salaries and Benefits	40,694,615	41,987,522	47,866,653	47,948,376	48,521,341	45,714,850
Services and Materials	3,628,064	3,988,425	5,975,386	9,752,684	10,370,268	11,004,706
Capital Outlay	270,458	323,404	359,011	2,209,343	1,092,403	1,466,827
Internal Services	3,611,629	3,584,021	3,803,723	3,313,632	3,313,632	3,313,632
Indirect Cost Transfer	9,182	8,329	9,420	9,190	9,190	9,190
Adopted Tier 1 Funding	-	-	-	144,034	144,034	-
	48,213,947	49,891,701	58,014,192	63,377,259	63,450,868	61,509,205
By Division:						
Office of the Fire Chief	2,494,458	2,450,217	2,848,348	3,085,483	3,110,061	3,220,664
Fire Operations	43,298,209	45,431,197	51,192,328	54,542,977	54,558,410	51,373,473
Fire Prevention	1,227,376	814,281	1,294,387	2,264,791	2,281,640	2,857,684
Special Operations/OES	1,193,905	1,196,006	1,149,115	1,217,259	1,250,920	1,305,042
Wildfire Urban Interface	-	-	1,530,015	2,122,714	2,105,802	2,752,341
Adopted Tier 1 Funding	-	-	-	144,034	144,034	-
	48,213,948	49,891,701	58,014,192	63,377,259	63,450,868	61,509,205
By Fund:						
General Fund	38,848,003	38,988,843	43,574,467	41,770,979	42,304,032	39,546,063
Paramedic Tax Fund	4,057,997	5,018,644	5,391,028	5,197,371	5,246,532	4,960,581
CFD #1 Dis Fire Protect Bond	474,085	699,654	407,368	1,362,705	573,904	988,982
Measure GG	4,691,411	4,949,073	4,508,315	4,669,122	4,698,827	5,064,190
UC Settlement	-	-	819,048	2,883,664	2,969,558	3,090,905
Measure FF	-	-	3,118,951	7,402,075	7,565,075	7,767,534
Other Funds	142,451	235,488	195,016	91,342	92,939	90,949
	48,213,947	49,891,701	58,014,192	63,377,259	63,450,868	61,509,205

APPENDIX K

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actuals	FY 2023 Adopted	FY 2024 Adopted	FY 2024 Proposed Update
DIVISION/ACTIVITY SUMMARY						
Office of the Fire Chief						
Administration	1,938,552	1,901,182	2,271,693	2,282,759	2,296,195	2,256,066
Fiscal Services	516,472	549,675	576,655	802,724	813,866	964,598
Professional Standards	39,433	(640)	-	-	-	-
Division Total	2,494,458	2,450,217	2,848,348	3,085,483	3,110,061	3,220,664
Fire Operations						
Administration	918,628	807,227	1,416,069	3,704,981	4,464,104	1,711,852
Fire Operations Admin						1,469,495
Suppression/Rescue/Hazard	26,387,947	28,794,155	31,865,370	30,503,396	29,629,495	27,431,149
Fire Training	729,352	743,792	986,125	1,581,094	1,610,887	1,006,959
Emergency Medical Service	15,262,281	15,086,023	16,924,764	18,564,969	18,674,229	19,449,846
Support Services	-	-	-	188,537	179,695	-
Dispatch	-	-	-	-	-	304,172
Division Total	43,298,209	45,431,197	51,192,328	54,542,977	54,558,410	51,373,473
Fire Prevention						
	1,227,376	814,280.90	1,294,387	2,264,791	2,281,640	2,857,684
Division Total	1,227,376	814,281	1,294,387	2,264,791	2,281,640	2,857,684
Special Operations/OES						
	1,193,905	1,196,006	1,149,115	1,217,259	1,250,920	1,305,042
Division Total	1,193,905	1,196,006	1,149,115	1,217,259	1,250,920	1,305,042
Wildfire Urban Interface						
	-	-	1,530,015	2,122,714	2,105,802	2,752,341
Division Total	-	-	1,530,015	2,122,714	2,105,802	2,752,341
Adopted Tier 1 Funding						
	-	-		144,034	144,034	-
Department Total	48,213,948	49,891,701	58,014,192	63,377,259	63,450,868	61,509,205

HEALTH, HOUSING, AND COMMUNITY SERVICES DEPARTMENT FINANCIAL SUMMARY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Adopted	FY 2024 Adopted	FY 2024 Proposed Update
EXPENDITURES						
By Type:						
Salaries and Benefits	29,297,601	29,612,569	31,552,693	43,694,077	44,664,508	44,914,727
Services and Materials	27,154,559	48,761,541	56,192,908	44,814,001	42,713,357	50,076,810
Capital Outlay	665,935	20,652	63,054	137,062	247,062	247,062
Internal Services	3,471,744	3,380,540	3,917,790	3,851,576	4,001,576	4,001,576
Indirect Cost Transfer	18,221	36,028	53,571	51,882	52,648	54,256
Adopted Tier 1 Funding	-	-	-	2,634,376	2,234,376	-
	60,608,059	81,811,330	91,780,016	95,182,974	93,913,527	99,294,430
By Division:						
Office of the Director	4,785,842	7,149,835	10,259,279	10,224,323	10,716,725	11,321,282
Aging Services	4,019,360	3,935,411	4,149,999	5,708,535	5,768,626	6,057,901
Environmental Health	1,804,421	1,845,027	1,980,205	2,634,129	2,659,881	2,484,295
Housing & Community Services	19,528,452	39,861,365	46,486,924	39,149,783	39,356,464	42,542,174
Mental Health	14,579,581	15,441,645	4,945,356	23,438,326	22,821,837	22,828,075
Public Health	7,859,736	6,550,238	7,607,745	11,393,502	10,355,619	10,274,835
Community Agency Funding	8,030,668	7,027,809	6,350,507	-	-	3,785,869
Adopted Tier 1 Funding	-	-	-	2,634,376	2,234,376	-
	60,608,060	81,811,330	91,780,016	95,182,974	93,913,527	99,294,430
By Fund:						
General Fund	27,809,295	25,566,360	32,619,368	27,130,179	27,412,701	31,679,102
U1 - Housing	1,071	1,181,981	2,558,137	5,781,330	5,501,451	5,445,465
Capital Improvement Fund	74,145	80,887	80,769	75,424	76,240	82,596
Federal Funds	7,877,758	14,062,593	14,657,360	12,553,811	12,388,043	13,135,421
State Funds	14,793,788	17,935,905	19,154,172	27,963,550	26,817,359	27,907,507
County Grants	1,845,459	1,975,663	2,532,185	2,910,438	2,959,842	2,945,017
Local and Foundation Grants	4,148,734	3,104,535	3,229,171	3,797,526	4,138,539	3,286,423
Rental Housing Safety Measure E Disabled Tax	-	-	57	-	-	-
Measure B Paratransit	1,297,768	1,341,961	1,482,011	1,569,911	1,601,060	1,614,154
Measure BB Paratransit	455,244	527,845	370,307	36,797	36,797	36,797
Measure GG Fire Prep Tax	142,168	49,074	296,138	934,031	940,629	969,418
Measure O Sewer Fund	137,856	204,136	78,912	256,287	260,632	289,672
Other Funds	-	14,923,810	10,985,356	6,445,567	6,445,567	6,445,567
	184,481	343,797	235,598	503,102	509,045	464,000
	1,840,293	512,783	3,499,611	5,225,020	4,825,622	4,993,291
	60,608,060	81,811,330	91,780,016	95,182,974	93,913,527	99,294,430

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Adopted	FY 2024 Adopted	FY 2024 Proposed Update
DIVISION/ACTIVITY SUMMARY						
Office of the Director						
Administration	3,690,597	3,792,938	4,604,380	4,054,641	3,462,354	4,548,776
Fiscal & Administration	1,083,552	1,163,556	1,388,334	1,787,464	1,822,239	1,834,348
Health Officer Unit	11,694	2,193,340	4,266,565	4,382,218	5,432,132	4,938,158
Division Total	4,785,842	7,149,835	10,259,279	10,224,323	10,716,725	11,321,282
Environmental Health						
Admin	1,607,288	956,478	417,107	887,854	944,893	798,171
Health Protection	196,001	858,707	1,544,985	1,746,274	1,714,987	1,686,123
Policy Development	1,132	29,843	18,114	-	-	-
Division Total	1,804,421	1,845,027	1,980,205	2,634,129	2,659,881	2,484,295
Mental Health						
Administration	2,590,957	2,175,382	2,265,098	2,717,965	2,751,871	3,239,034
Adult Services	4,833,608	4,820,148	3,186,729	7,017,024	7,137,623	7,235,972
Medical	1,113,480	721,094	423,638	923,427	934,216	703,104
Family And Youth Services	207,236	783,936	1,125,034	1,067,770	1,098,405	1,451,421
Access	1,370,356	1,131,770	869,215	1,451,534	1,625,284	1,599,153
Crisis Services	2,396,419	926,332	6,594	2,610,183	2,611,707	2,593,514
Mental Health Services Act	2,067,525	4,577,114	6,120,214	6,173,375	5,480,862	5,835,861
Homeless Services	-	305,868	948,834	1,477,048	1,181,868	170,016
Division Total	14,579,581	15,441,645	14,945,356	23,438,326	22,821,837	22,828,075
Housing & Community Services						
Administration	4,786,372	8,522,191	11,093,812	6,084,232	6,159,656	6,118,400
Community Services	112,146	1,306,734	386,157	1,280,903	1,286,011	1,270,709
Employment Services	1,130,033	421,451	61,502	123,727	129,955	258,553
Housing Development & Rehabilitation	4,248,745	19,855,131	22,839,115	18,786,949	18,849,692	19,042,217
Homeless Services	9,251,157	9,755,858	12,106,338	12,873,972	12,931,150	15,852,295
Division Total	19,528,452	39,861,365	46,486,924	39,149,783	39,356,464	42,542,174

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Adopted	FY 2024 Adopted	FY 2024 Proposed Update
DIVISION/ACTIVITY SUMMARY cont.						
Aging Services						
Aging Services Administration	555,462	456,293	466,937	455,029	453,220	442,118
North Berkeley Senior Center	740,300	682,381	647,365	913,211	919,455	941,224
North Berkeley Senior Center - Transportation	685,594	698,955	751,677	1,125,731	1,129,609	1,164,772
South Berkeley Senior Center	411,481	396,519	396,925	534,844	547,747	574,714
West Berkeley Senior Center	44,341	38,345	65,991	180,161	181,608	162,739
West Berkeley Senior Center - Case Management	1,005,102	1,024,535	1,173,947	1,690,341	1,734,436	1,825,344
West Berkeley Senior Center - Nutrition	577,080	638,383	647,157	809,216	802,551	946,990
Division Total	4,019,360	3,935,411	4,149,999	5,708,535	5,768,626	6,057,901
Public Health						
Sugar Sweetened Beverage	-	-	11,684	-	-	-
MH- Access	-	-	1,047	-	-	-
Employment Services Administration	2,267,878	1,423,784	1,714,135	3,009,996	3,036,719	3,058,150
Case Management	571,611	317,847	394,333	545,220	539,308	567,964
Preparedness	275,721	773,837	415,988	575,721	537,144	550,822
Vital Statistics	362,492	2,190	2,798	-	-	-
Health Promotion	1,067,092	1,211,915	1,100,266	1,360,161	1,385,080	1,279,255
Clinical Services - BHS	535,471	859,288	1,132,842	1,030,957	1,057,726	1,114,890
Clinical Services - ACPHC	977,135	502,513	548,973	1,141,586	1,152,082	1,113,471
Maternal And Child Health	1,061,223	1,229,166	2,071,273	2,766,744	1,669,207	1,659,833
Communicable Disease	586,865	15,105	-	-	-	-
Oral Health	154,248	214,594	214,406	195,396	205,187	185,773
Division Total	7,859,736	6,550,238	7,607,745	11,393,502	10,355,619	10,274,835
Community Agency Funding*						
Community Agencies	4,433,876	3,463,367	3,679,637	-	-	703,631
Sugar Sweetened Beverage	1,900,000	1,887,584	1,103,922	-	-	1,424,000
Affordable Child Care	1,696,792	1,676,858	1,566,948	-	-	1,658,238
Division Total	8,030,668	7,027,809	6,350,507			3,785,869
<i>*Community Agency Funding transferred to HHCS from Non-Departmental at the start of each fiscal year; In FY 2024, the funds will now be budgeted in the department</i>						
Adopted Tier 1 Funding						
				2,634,376	2,234,376	2,234,376
Division Total	-	-	-	2,634,376	2,234,376	-
Department Total	60,608,060	81,811,330	91,780,016	95,182,974	93,913,527	99,294,430

HUMAN RESOURCES DEPARTMENT FINANCIAL SUMMARY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Adopted	FY 2024 Adopted	FY 2024 Proposed Update
EXPENDITURES						
<i>By Type:</i>						
Salaries and Benefits	3,005,735	3,131,801	2,848,344	3,905,242	4,044,804	4,407,751
Services and Materials	492,664	520,275	295,308	598,260	598,260	598,260
Capital Outlay	(48)	131	-	-	-	-
Internal Services	398,483	397,973	405,841	406,841	406,841	406,841
Indirect Cost Transfer	27,854	27,911	24,795	29,540	29,836	29,836
Adopted Tier 1 Funding	-	-	-	70,000	45,000	-
	3,924,687	4,078,091	3,574,288	5,009,883	5,124,741	5,442,688
<i>By Division:</i>						
Administration	805,401	801,030	649,943	700,823	730,085	696,340
Training & Organizational Development	585,097	510,229	474,230	629,665	647,287	642,868
Personnel & Administrative Services	1,100,820	959,378	1,176,462	1,587,057	1,631,511	2,036,903
Employee Relations	1,215,162	1,624,704	1,148,045	1,791,749	1,825,578	1,828,987
Equal Employment Opportunity & Diversity	217,791	182,750	125,608	230,589	245,280	237,590
Safety	416	-	-	-	-	-
Adopted Tier 1 Funding	-	-	-	70,000	45,000	-
	3,924,687	4,078,091	3,574,288	5,009,883	5,124,741	5,442,688
<i>By Fund:</i>						
General Fund	2,270,953	2,318,029	2,052,892	3,050,172	3,113,206	3,467,541
Employee Training Fund	595,376	555,538	502,428	646,573	663,875	663,027
Workers' Compensation	799,902	802,103	760,464	1,012,381	1,039,255	1,040,420
FUND\$ Replacement	-	145,200	-	-	-	-
Permit Service Center	258,456	257,221	258,505	300,757	308,405	271,700
	3,924,687	4,078,091	3,574,288	5,009,883	5,124,741	5,442,688

INFORMATION TECHNOLOGY DEPARTMENT FINANCIAL SUMMARY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Adopted	FY 2024 Adopted	FY 2024 Proposed Update
EXPENDITURES						
<i>By Type:</i>						
Salaries and Benefits	8,214,212	8,474,262	8,356,897	9,543,839	9,800,815	9,538,061
Services and Materials	6,616,883	7,136,408	7,154,269	10,912,371	10,868,713	10,868,713
Capital Outlay	25,068	-	-	920,649	920,649	920,649
Internal Services	624,609	925,968	920,103	910,297	910,297	910,297
Indirect Cost Transfer	15,133	15,493	15,047	-	-	-
	15,495,905	16,552,132	16,446,316	22,287,156	22,500,474	22,237,720
<i>By Division:</i>						
Office of IT Director	2,301,933	2,423,011	2,470,285	2,605,052	2,664,012	2,042,685
Project Management & Analytics	6,966,107	6,364,829	5,618,976	7,776,573	7,887,553	8,262,143
Infrastructure, Security & Operations	4,517,749	5,942,015	6,360,849	9,401,843	9,564,071	9,607,221
Customer Service 311	1,710,116	1,822,277	1,996,205	2,503,688	2,384,838	2,325,671
	15,495,905	16,552,131	16,446,316	22,287,156	22,500,474	22,237,720
<i>By Fund:</i>						
General Fund	1,396,627	1,330,730	1,446,932	1,526,760	1,526,760	1,526,760
IT Cost Allocation	11,104,138	12,006,689	12,483,609	17,059,277	17,248,501	16,860,716
Employee Training	157,257	160,712	148,374	188,374	188,374	188,374
Phone System Replacement	-	82,521	124,218	449,408	449,408	449,408
FUND\$ Replacement	2,101,361	2,508,754	1,790,418	2,924,340	2,948,434	3,073,465
Capital Improvement Fund	5,360	-	(890)	-	-	-
Zero Waste Fund	155,040	172,295	186,598	8,000	8,000	8,000
Sanitary Sewer Fund	-	18,025	24,967	-	-	-
Permit Service Center	231,086	238,570	145,675	-	-	-
PEG Access Facilities	-	-	-	100,000	100,000	100,000
Computer Replacement Fund	114,000	-	(4)	-	-	-
Other Funds	231,037	33,835	96,420	30,997	30,997	30,997
	15,495,905	16,552,132	16,446,316	22,287,156	22,500,474	22,237,720

LIBRARY DEPARTMENT FINANCIAL SUMMARY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Adopted	FY 2024 Adopted	FY 2024 Proposed Update
EXPENDITURES						
By Type:						
Salaries and Benefits	13,413,608	13,019,367	12,827,335	17,598,956	17,562,631	17,304,777
Services and Materials	4,452,402	4,475,423	4,694,517	6,173,760	6,173,760	6,273,760
Capital Outlay	792,955	2,566,172	764,429	949,000	1,249,000	1,249,000
Internal Services	206,499	194,281	190,296	196,888	196,888	196,888
Indirect Cost Transfer	-	-	-	-	-	-
	18,865,464	20,255,244	18,476,577	24,918,604	25,182,279	25,024,425
By Division:						
Library Administration	2,367,869	4,879,186	2,791,283	3,438,536	3,746,057	3,819,856
Operations	16,497,595	15,376,057	15,685,294	21,480,068	21,436,222	21,204,569
	18,865,464	20,255,244	18,476,577	24,918,604	25,182,279	25,024,425
By Fund:						
Library Fund	18,698,465	19,524,604	18,256,321	24,502,275	24,764,753	24,606,899
Library - Grants	38,841	87,844	81,657	66,330	67,526	67,526
Library Friends & Gift Fund	64,117	65,428	78,322	150,000	150,000	150,000
Library Foundation	64,041	577,368	60,277	200,000	200,000	200,000
	18,865,464	20,255,244	18,476,577	24,918,604	25,182,279	25,024,425

MAYOR AND COUNCIL FINANCIAL SUMMARY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Adopted	FY 2024 Adopted	FY 2024 Proposed Update
EXPENDITURES						
<i>By Type:</i>						
Salaries and Benefits	2,041,868	2,220,692	2,951,122	3,652,032	3,702,257	4,399,099
Services and Materials	127,547	126,194	124,020	113,526	113,526	113,526
Capital Outlay	-	-	-	-	-	-
Internal Services	356,505	361,958	259,565	259,565	259,565	259,565
Indirect Cost Transfer	-	-	-	-	-	-
Adopted Tier 1 Funding	-	-	-	760,032	760,032	-
	2,525,920	2,708,844	3,334,707	4,785,155	4,835,380	4,772,190
<i>By Division:</i>						
Mayor's Office	688,527	689,572	834,385	1,321,961	1,337,529	1,290,100
Council Offices	1,837,392	2,019,272	2,500,322	2,703,162	2,737,819	3,482,090
Adopted Tier 1 Funding	-	-	-	760,032	760,032	-
	2,525,920	2,708,844	3,334,707	4,785,155	4,835,380	4,772,190
<i>By Fund:</i>						
General Fund	2,525,920	2,701,344	3,334,707	4,785,155	4,835,380	4,772,190
One-Time Grant: No Cap Exp	-	7,500	-	-	-	-
	2,525,920	2,708,844	3,334,707	4,785,155	4,835,380	4,772,190

PLANNING DEPARTMENT FINANCIAL SUMMARY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Adopted	FY 2024 Adopted	FY 2024 Proposed Update
EXPENDITURES						
By Type:						
Salaries and Benefits	15,122,379	15,370,250	15,787,925	19,322,940	19,904,438	20,940,047
Services and Materials	3,218,242	3,052,302	3,129,401	4,042,425	4,012,225	6,361,225
Capital Outlay	-	-	-	34,500	-	-
Internal Services	1,745,416	1,764,326	2,166,761	1,841,874	1,841,874	1,841,874
Indirect Cost Transfer	1,509,391	1,500,812	1,349,548	1,925,166	1,959,694	2,124,016
Adopted Tier 1 Funding	-	-	-	1,855,129	275,129	-
	21,595,429	21,687,691	22,433,636	29,022,035	27,993,361	31,267,162
By Division:						
Office of the Director	2,680,738	2,385,602	3,083,180	3,594,115	3,670,791	5,126,290
Toxics Management	1,131,212	1,252,026	1,111,041	1,493,004	1,520,605	1,453,539
Energy & Sustainability	1,400,369	1,248,890	1,364,763	1,917,861	1,939,650	1,914,842
Land Use	5,783,493	6,231,031	5,459,646	7,081,353	7,119,356	8,341,496
Building & Safety	10,599,617	10,570,142	11,415,006	13,080,572	13,467,829	14,430,995
Adopted Tier 1 Funding	-	-	-	1,855,129	275,129	-
	21,595,429	21,687,691	22,433,636	29,022,035	27,993,361	31,267,162
By Fund:						
General Fund	2,540,320	2,567,473	2,629,757	4,917,453	3,380,891	3,277,246
CIP Fund	19,779	21,364	22,295	27,760	28,354	28,106
Rental Housing Safety	1,325,597	1,399,404	1,485,636	1,902,671	2,044,695	2,356,542
Parks Tax	38,612	41,038	38,689	43,399	46,819	45,306
Zero Waste	41,653	43,574	48,375	108,182	105,882	100,777
Sewer	43,444	46,105	42,465	48,397	52,164	50,738
Clean Storm Water	117,946	163,524	134,461	184,870	188,010	197,492
Permit Service Center	16,092,915	15,638,895	16,332,045	19,975,342	20,325,912	23,360,446
Unified Program (CUPA)	688,743	671,925	646,887	859,340	867,113	831,090
Other Funds	686,419	1,094,388	1,053,026	954,621	953,520	1,019,419
	21,595,429	21,687,691	22,433,636	29,022,035	27,993,361	31,267,162

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Adopted	FY 2024 Adopted	FY 2024 Proposed Update
DIVISION/ACTIVITY SUMMARY						
Office of the Director						
Administration	2,680,738	2,385,602	3,083,180	3,594,115	3,670,791	5,126,290
Division Total	2,680,738	2,385,602	3,083,180	3,594,115	3,670,791	5,126,290
Toxics Management						
Toxics - CUPA	627,709	644,912	581,044	780,892	785,075	746,948
Toxics - Non-CUPA	503,504	607,113	529,997	712,112	735,530	706,591
Division Total	1,131,212	1,252,026	1,111,041	1,493,004	1,520,605	1,453,539
Energy & Sustainability						
ESD -Green Building	1,400,369	1,248,890	1,364,763	1,917,861	1,939,650	1,914,842
Division Total	1,400,369	1,248,890	1,364,763	1,917,861	1,939,650	1,914,842
Land Use						
ESD -Green Building	32,725	-	-	-	-	-
Land Use Plan Admin	408,215	405,921	467,979	612,105	599,667	785,097
Land Use	5,342,553	5,825,111	4,991,667	6,469,248	6,519,689	7,556,399
Division Total	5,783,493	6,231,031	5,459,646	7,081,353	7,119,356	8,341,496
Building & Safety						
Building Safety Administration	331,136	335,298	338,951	340,447	346,094	336,730
Permit Center	1,490,812	1,579,096	1,684,420	2,153,280	2,168,094	2,282,782
Building Inspection	6,866,285	6,515,254	7,075,292	7,888,140	8,022,109	8,541,771
Housing Inspection	1,082,494	1,248,786	1,346,212	1,737,609	1,875,047	2,187,424
PW Engineering	412,350	299,082	381,582	471,837	499,133	489,333
Fire Permits	416,540	592,626	588,549	489,260	557,352	592,955
Division Total	10,599,617	10,570,142	11,415,006	13,080,572	13,467,829	14,430,995
Adopted Tier 1 Funding						
		-	-	1,855,129	275,129	-
Division Total	-	-	-	1,855,129	275,129	-
Department Total	21,595,429	21,687,691	22,433,636	29,022,035	27,993,361	31,267,162

POLICE DEPARTMENT FINANCIAL SUMMARY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Adopted	FY 2024 Adopted	FY 2024 Proposed Update
EXPENDITURES						
<i>By Type:</i>						
Salaries and Benefits	71,461,933	71,508,798	73,681,455	75,214,204	76,697,923	79,398,187
Services and Materials	3,181,080	2,807,889	3,575,019	2,991,271	2,991,271	2,991,271
Capital Outlay	111,713	70,374	53,416	895,361	895,361	895,361
Internal Services	5,007,986	5,008,571	5,443,859	4,896,342	4,896,342	4,896,342
Indirect Cost Transfer	-	-	-	-	-	-
Adopted Tier 1 Funding	-	-	-	3,447,542	3,177,542	-
	79,762,713	79,395,632	82,753,749	87,444,720	88,658,439	88,181,161
<i>By Division:</i>						
Office of the Police Chief	3,977,025	4,091,603	4,423,284	1,849,234	1,824,842	415,114
Professional Standards	4,242,994	3,533,953	3,911,614	3,937,958	4,001,502	3,240,617
Support Services	14,949,574	15,689,620	15,600,846	16,228,992	16,463,531	18,878,688
Police Operations	41,810,086	40,517,577	41,679,511	44,599,475	45,404,801	48,423,965
Police Investigations	14,783,035	15,562,879	17,138,494	17,381,519	17,786,221	17,222,778
Adopted Tier 1 Funding	-	-	-	3,447,542	3,177,542	-
	79,762,713	79,395,632	82,753,749	87,444,720	88,658,439	88,181,161
<i>By Fund:</i>						
General Fund	75,754,210	77,270,053	77,916,629	82,717,136	83,845,693	83,606,570
Asset Forfeiture	69,751	23,650	52,176	201,000	201,000	201,000
Federal Grants	170,214	148,504	88,899	111,289	111,289	111,289
State/County Grants	702,352	1,945,073	1,067,833	833,926	844,739	844,739
Parking Funds	3,066,185	-	3,517,439	3,581,369	3,655,717	3,417,563
Other Funds	-	8,352	110,773	-	-	-
	79,762,713	79,395,632	82,753,749	87,444,720	88,658,439	88,181,161

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Adopted	FY 2024 Adopted	FY 2024 Proposed Update
DIVISION/ACTIVITY SUMMARY						
Office of the Police Chief						
Admin & Fiscal Services	3,104,765	3,265,141	3,531,475	696,542	650,763	(408,769)
Internal Affairs	872,260	826,462	891,809	1,152,692	1,174,079	823,882
Division Total	3,977,025	4,091,603	4,423,284	1,849,234	1,824,842	415,114
Professional Standards						
Policy And Audits	827,189	849,036	911,594	1,156,081	1,175,764	841,219
Personnel and Training	3,415,805	2,684,917	3,000,020	2,781,877	2,825,738	2,399,398
Division Total	4,242,994	3,533,953	3,911,614	3,937,958	4,001,502	3,240,617
Support Services						
Support Services Admin	5,830,279	6,224,829	5,829,215	6,210,864	6,237,783	8,057,822
Communications Center	6,132,583	6,426,964	6,657,874	6,532,460	6,671,553	7,304,255
Jail	2,986,712	3,037,828	3,113,757	3,485,668	3,554,194	3,516,610
Division Total	14,949,574	15,689,620	15,600,846	16,228,992	16,463,531	18,878,688
Police Operations						
Patrol	41,757,984	40,481,945	41,655,756	44,542,261	45,347,587	48,366,751
Community Services	52,102	35,633	23,754	57,214	57,214	57,214
Division Total	41,810,086	40,517,577	41,679,511	44,599,475	45,404,801	48,423,965
Police Investigations						
Detectives - SEU/CSU	8,776,998	9,481,558	9,991,288	9,416,937	9,654,118	9,889,932
Traffic And Parking	6,006,037	6,081,321	7,147,206	7,964,583	8,132,103	7,332,846
Division Total	14,783,035	15,562,879	17,138,494	17,381,519	17,786,221	17,222,778
Adopted Tier 1 Funding						
		-	-	3,447,542	3,177,542	-
Division Total	-	-	-	3,447,542	3,177,542	-
Department Total	79,762,713	79,395,632	82,753,749	87,444,720	88,658,439	88,181,161

OFFICE OF THE DIRECTOR OF POLICE ACCOUNTABILITY
FINANCIAL SUMMARY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Adopted	FY 2024 Adopted	FY 2024 Proposed Update
EXPENDITURES						
<i>By Type:</i>						
Salaries and Benefits	589,642	590,732	652,028	895,525	907,004	926,442
Services and Materials	22,468	15,973	76,793	135,136	126,136	126,136
Capital Outlay	-	-	-	-	-	-
Internal Services	163,592	138,245	79,773	90,015	90,015	90,015
Indirect Cost Transfer	-	-	-	-	-	-
Adopted Tier 1 Funding	-	-	-	-	-	301,756
	775,701	744,950	808,594	1,422,432	1,374,911	1,142,593
<i>By Fund:</i>						
General Fund	775,701	744,950	808,594	1,422,432	1,374,911	1,142,593
	775,701	744,950	808,594	1,422,432	1,374,911	1,142,593

PARKS, RECREATION, AND WATERFRONT FINANCIAL SUMMARY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Adopted	FY 2024 Adopted	FY 2024 Proposed Update
EXPENDITURES						
<i>By Type:</i>						
Salaries and Benefits	18,266,183	19,085,403	20,304,100	23,583,240	24,066,455	22,391,441
Services and Materials	14,383,661	11,868,375	12,429,329	11,885,710	12,999,913	13,376,603
Capital Outlay	8,573,178	27,400,591	27,808,131	14,895,244	13,895,753	13,442,005
Internal Services	1,993,987	2,065,851	2,635,968	2,343,952	2,343,952	2,343,952
Indirect Cost Transfer	376,437	374,831	364,439	465,353	443,489	423,644
Adopted Tier 1 Funding	-	-	-	205,415	205,415	-
	43,593,445	60,795,051	63,541,966	53,378,913	53,954,977	51,977,645
<i>By Division:</i>						
PRW - Director	2,663,911	2,925,368	3,266,195	4,063,221	4,176,392	3,848,174
PRW - Parks	11,908,352	11,386,587	11,999,569	12,647,701	12,926,264	12,674,059
PRW - Recreation	13,100,381	25,077,435	29,553,218	11,150,535	11,464,328	10,264,600
PRW - Waterfront	4,901,883	4,442,217	5,062,781	5,982,637	5,823,733	5,729,714
PRW - Capital Improvement	11,018,917	16,963,444	13,660,202	19,329,404	19,358,845	19,461,099
Adopted Tier 1 Funding	-	-	-	205,415	205,415	-
	43,593,444	60,795,051	63,541,966	53,378,913	53,954,977	51,977,645
<i>By Fund:</i>						
General Fund	6,987,179	7,304,226	8,755,061	9,085,161	9,353,573	9,136,433
Capital Improvement Fund	1,008,884	1,463,965	323,425	3,100,000	3,050,000	3,050,000
Federal Grants	33,274	34,826	58,051	68,451	69,820	69,820
State/County Grants	156,943	230,578	492,187	-	-	4,016,809
Playground Camp Fund	7,225,246	19,137,450	23,087,389	3,596,951	3,669,222	2,735,587
Other	851,956	550,350	2,629,661	2,007,512	4,095,106	297,279
Parks Tax	14,632,368	16,539,555	15,543,294	16,143,291	16,186,607	15,857,358
Measure WW Park Bond Grant	927,398	551,598	1,220	-	-	-
Measure T1-Infrastructure & Facilities	5,331,241	8,900,249	4,384,664	10,822,044	9,399,268	8,830,488
Zero Waste	163,148	186,628	180,473	194,999	197,472	195,517
Marina	6,275,809	5,895,626	8,086,543	8,360,503	7,933,909	7,788,355
	43,593,445	60,795,051	63,541,966	53,378,913	53,954,977	51,977,645

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Adopted	FY 2024 Adopted	FY 2024 Proposed Update
DIVISION/ACTIVITY SUMMARY						
PRW - Director						
Admin	2,663,911	2,925,368	3,266,195	4,063,221	4,176,392	3,848,174
Division Total	2,663,911	2,925,368	3,266,195	4,063,221	4,176,392	3,848,174
PRW - Parks						
Admin	526,788	519,628	406,325	502,057	515,175	518,372
Forestry Services	2,917,235	2,624,524	2,913,062	3,039,946	3,117,831	3,183,586
Landscaping Services	6,361,552	6,434,900	6,909,533	7,198,141	7,335,126	7,089,658
Building Maintenance	2,102,777	1,807,536	1,770,649	1,907,557	1,958,132	1,882,443
Division Total	11,908,352	11,386,587	11,999,569	12,647,701	12,926,264	12,674,059
PRW - Recreation						
Admin	1,873,067	2,011,519	1,993,894	2,440,470	2,516,217	2,849,003
Special Fee Class	324,064	301,824	444,031	585,681	602,196	297,978
Live Oak Center	273,580	261,411	349,739	350,196	364,540	363,791
Francis Albrier	693,882	664,541	632,904	987,707	1,012,146	573,535
King Swim Center	401,505	344,928	476,185	477,613	500,713	499,771
W. Campus Swim Ctr	300,710	380,653	508,668	515,629	523,176	529,921
Willard HUB	174,175	244,688	89,492	106,162	108,378	77,290
Citywide Athletics	701,326	889,723	598,238	853,974	863,033	983,149
Therapeutic Rec	42,135	29,865	115,815	198,888	209,841	95,273
James Kenney Ctr	388,009	375,514	459,928	439,643	468,688	576,952
MLK Community Ctr	669,746	485,085	744,053	819,365	851,177	932,574
Cazadero Camp	46,747	153,444	1,467,310	61,405	63,550	4,952
Echo Lake Camp	783,256	421,263	894,691	818,164	838,260	458,278
Tuolumne Camp	6,182,865	8,436,073	20,530,523	2,084,916	2,121,437	1,639,450
Day Camp	245,296	76,902	247,749	410,723	420,976	382,685
Recreation	17	-	-	-	-	-
Division Total	13,100,381	25,077,435	29,553,218	11,150,535	11,464,328	10,264,600
PRW - Waterfront						
Admin	862,387	700,786	835,645	949,662	843,235	1,035,890
Building Maintenance	659,021	692,330	730,405	921,799	931,868	752,422
Operations	2,234,942	2,138,343	2,370,282	2,706,521	2,652,266	2,554,872
Recreation	315,727	45,519	225,036	465,587	463,673	458,391
Landscaping Svcs	829,805	865,239	901,412	939,069	932,691	928,139
Division Total	4,901,883	4,442,217	5,062,781	5,982,637	5,823,733	5,729,714
PRW - Capital Improvement						
	11,018,917	16,963,444	13,660,202	19,329,404	19,358,845	19,461,099
Division Total	11,018,917	16,963,444	13,660,202	19,329,404	19,358,845	19,461,099
Adopted Tier 1 Funding						
		-	-	205,415	205,415	-
Division Total		-	-	205,415	205,415	-
Department Total	43,593,444	60,795,051	63,541,966	53,378,913	53,954,977	51,977,645

PUBLIC WORKS DEPARTMENT FINANCIAL SUMMARY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Adopted	FY 2024 Adopted	FY 2024 Proposed Update
EXPENDITURES						
<i>By Type:</i>						
Salaries and Benefits	48,014,066	47,899,824	50,848,347	58,862,590	59,540,830	59,842,459
Services and Materials	35,313,048	30,900,914	37,059,778	43,508,940	41,487,051	41,506,351
Capital Outlay	40,917,768	31,668,015	34,715,830	69,778,148	60,202,003	70,454,933
Internal Services	12,494,464	12,282,094	15,099,779	14,159,811	13,517,827	14,086,299
Indirect Cost Transfer	3,282,509	3,156,576	3,033,302	4,363,707	4,434,240	4,484,787
Adopted Tier 1 Funding	-	-	-	12,935,366	11,094,366	-
	140,021,855	125,907,423	140,757,036	203,608,562	190,276,318	190,374,829
<i>By Division:</i>						
PW - Office of the PW Director	6,783,069	6,467,050	7,951,563	8,414,297	8,592,536	8,347,759
PW - Transportation	19,460,565	15,034,042	18,239,266	35,021,305	22,072,684	22,723,739
PW- General Engineering	43,620,242	31,272,980	31,460,298	58,316,333	59,347,143	70,197,674
PW - Facilities Management	9,317,072	8,395,914	9,460,281	12,801,451	12,936,641	12,739,168
PW - Streets and Sanitation	13,313,631	13,093,294	15,865,207	17,288,835	17,243,617	17,587,835
PW - Equipment Maintenance	10,323,144	13,555,710	17,420,791	14,391,148	14,104,216	13,901,043
PW- Zero Waste	37,204,132	38,088,434	40,359,630	44,439,828	44,885,116	44,877,613
Adopted Tier 1 Funding	-	-	-	12,935,366	11,094,366	-
	140,021,854	125,907,423	140,757,036	203,608,562	190,276,318	190,374,829
<i>By Fund:</i>						
General Fund	4,729,001	5,499,277	6,859,823	9,019,125	6,504,892	6,558,529
Capital Improvement Fund	7,662,086	5,055,843	5,558,621	18,205,071	17,606,133	17,668,630
Federal Grants	2,693,406	793,300	513,937	1,757,529	752,827	752,827
State/County Grants	5,449,181	2,021,139	3,881,418	10,127,522	3,280,910	3,280,910
Transportation Taxes (State and Local)	12,395,153	9,842,724	12,287,394	22,307,950	18,152,295	18,427,712
Street Light Assessment	1,633,874	1,359,122	1,345,352	2,918,953	2,906,686	2,823,755
Parks Tax	90,386	35,591	20,016	39,996	39,996	39,996
Zero Waste	42,753,883	42,813,822	46,145,600	54,573,340	57,618,007	57,897,191
Marina	204,744	166,636	63,008	138,866	152,857	239,204
Sanitary Sewer	23,673,264	17,010,658	23,512,605	34,584,521	32,114,063	31,956,017
Equipment Replacement	3,174,339	7,755,546	10,508,735	6,500,018	6,292,519	6,125,875
Equipment Maintenance	8,448,185	7,130,354	8,365,091	9,573,258	9,527,237	9,296,717
Building Maintenance	3,425,214	3,363,019	3,566,426	4,798,305	4,815,297	4,627,672
Bldg Purchase & Management	1,267,177	1,157,868	1,337,176	2,196,545	2,253,520	2,061,231
Bonds-Measure G//I/Q/R/GG/M/T1	9,293,606	10,859,691	3,316,548	7,366,271	9,458,435	9,591,317
Clean Storm Water	1,403,147	2,366,107	2,311,081	5,915,493	5,646,665	5,891,265
Off Street Parking	5,267,372	2,755,089	4,189,747	4,878,777	5,027,907	5,029,070
Parking Meter Fund	4,209,151	3,867,665	4,675,064	5,193,520	4,960,183	4,922,316
Permit Service Center	990,966	961,222	1,197,542	1,545,684	1,565,547	1,717,086
Other	1,257,722	1,092,750	1,101,850	1,967,817	1,600,343	1,467,510
	140,021,855	125,907,423	140,757,036	203,608,562	190,276,318	190,374,829

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Adopted	FY 2024 Adopted	FY 2024 Proposed Update
DIVISION/ACTIVITY SUMMARY						
PW - Office of the PW Director						
PW Director - Director	1,146	6,363	529	50,286	50,286	50,286
PW Director - Admin & Fiscal	5,430,374	5,237,874	6,458,411	6,572,755	6,703,780	6,368,210
PW Director - Corp Yard Admin	954,333	952,624	1,149,561	1,354,314	1,388,437	1,366,192
PW Director - Customer Service	397,216	270,189	343,064	436,942	450,032	563,070
Division Total	6,783,069	6,467,050	7,951,563	8,414,297	8,592,536	8,347,759
PW - Transportation						
Administration	666,789	689,388	436,187	713,679	721,024	759,824
Transportation Planning	1,147,211	1,104,144	1,212,215	1,535,888	1,296,058	1,108,224
Traffic Engineering	980,485	1,000,085	1,130,712	1,539,652	1,583,730	1,503,174
Parking Services	7,013,042	3,964,491	5,954,008	7,225,298	7,004,827	7,131,343
Capital Projects	6,524,363	5,347,813	6,403,230	20,511,530	7,909,507	8,302,567
Traffic Maintenance	1,305,883	1,134,444	1,292,712	1,365,869	1,392,787	1,790,930
Parking Meter Collection	642,302	720,517	703,545	891,835	916,392	954,190
Parking Meter Repair/Maintenance	1,180,491	1,073,160	1,106,657	1,237,554	1,248,359	1,173,486
Division Total	19,460,565	15,034,042	18,239,266	35,021,305	22,072,684	22,723,739
PW - General Engineering						
Gen Eng - Administration	876,595	600,691	959,308	1,275,177	1,047,357	1,077,253
Gen Eng - Services	218,586	248,871	459,308	1,794,354	1,102,343	1,168,916
Gen Eng - Streets	10,516,902	10,113,760	7,301,701	14,379,584	14,206,132	23,394,777
Gen Eng - Sidewalks	1,660,280	128,963	2,125,867	3,009,487	1,265,748	1,256,800
Gen Eng - Storm	2,906,802	2,170,656	319,013	3,311,817	3,448,983	3,485,017
Gen Eng - Sewers	14,141,604	7,949,693	13,342,639	22,687,720	19,979,233	19,799,754
Gen Eng - Facilities/Buildings	10,975,908	7,522,433	4,286,569	7,915,831	14,293,437	15,487,268
Gen Eng - Inspection	1,838,660	1,643,525	2,027,491	2,751,133	2,798,788	3,330,572
Gen Eng - Development/Permits	484,904	894,389	638,401	1,191,230	1,205,122	1,197,317
Division Total	43,620,242	31,272,980	31,460,298	58,316,333	59,347,143	70,197,674
PW - Facilities Management						
Administration	71,236	71,293	71,297	71,233	71,233	71,233
Routine Building Maintenance	2,104,415	1,714,606	2,408,344	2,679,706	2,720,916	2,629,383
Environmental Compliance	434,496	450,649	169,435	690,456	708,180	695,535
Electric/Communication System Mtce	3,370,563	2,597,238	2,896,974	4,084,597	4,115,878	4,248,438
Traffic Signal Maintenance	731,179	830,164	1,178,766	1,374,011	1,391,556	1,214,259
Janitorial Services	1,329,827	1,635,339	1,568,596	1,880,923	1,899,737	1,938,561
Property Management	984,119	859,432	1,040,306	1,623,629	1,631,657	1,544,045
ADA Building Improvements	194,915	168,710	62,743	300,120	300,120	300,120
Internal Non-Routine Mtc.	8,736	9,441	3,079	5,000	5,000	5,000
External Non-Routine Mtc.	19,526	5,162	10,135	-	-	-
Capital Projects	-	-	3,378	67,851	67,851	67,851
University Avenue Center	68,061	53,879	47,229	23,926	24,512	24,742
Division Total	9,317,072	8,395,914	9,460,281	12,801,451	12,936,641	12,739,168

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Adopted	FY 2024 Adopted	FY 2024 Proposed Update
DIVISION/ACTIVITY SUMMARY cont.						
PW - Streets and Sanitation						
Administration	529,719	535,650	535,888	523,113	538,192	597,778
Clean Cities	4,365,756	4,303,481	5,587,502	5,519,387	5,511,008	6,089,737
Sanitary Sewer Operations	6,009,587	5,759,950	6,540,084	6,768,910	6,928,167	6,698,262
Storm Drain Maintenance	647,022	787,707	1,399,971	1,841,840	1,878,902	1,962,878
Street Maintenance	1,729,018	1,493,150	1,607,983	2,085,586	1,987,348	1,839,180
Sidewalk Maintenance	32,529	213,357	193,779	550,000	400,000	400,000
Division Total	13,313,631	13,093,294	15,865,207	17,288,835	17,243,617	17,587,835
PW - Equipment Management						
Administration	296,898	283,904	318,173	303,134	308,693	256,901
Equipment - Maintenance	7,364,097	6,086,156	7,190,863	8,287,051	8,226,001	8,074,620
Equipment - Replacement	2,662,149	7,185,650	9,911,755	5,800,962	5,569,522	5,569,522
Division Total	10,323,144	13,555,710	17,420,791	14,391,148	14,104,216	13,901,043
PW - Zero Waste						
Administration	1,307,360	1,283,954	1,451,501	2,047,316	2,101,073	2,101,692
Residential Refuse Collect Service	14,425,332	13,174,341	15,005,512	18,251,857	18,029,137	17,361,691
Commercial Refuse Collection Service	7,842,435	10,316,071	10,273,447	10,733,180	11,185,941	12,050,948
Container/Cart Maintenance	863,403	834,742	794,084	871,052	888,055	868,537
Transfer & Disposal Service	10,961,633	11,399,704	11,667,398	11,252,462	11,424,090	11,253,905
Special Collections	1,803,969	1,079,621	1,167,688	1,283,961	1,256,821	1,240,841
Division Total	37,204,132	38,088,434	40,359,630	44,439,828	44,885,116	44,877,613
Adopted Tier 1 Funding	-	-	-	12,935,366	11,094,366	-
Division Total	-	-	-	12,935,366	11,094,366	-
Department Total	140,021,854	125,907,423	140,757,036	203,608,562	190,276,318	190,374,829

RENT STABILIZATION BOARD FINANCIAL SUMMARY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Adopted	FY 2024 Adopted	FY 2024 Proposed Update
EXPENDITURES						
<i>By Type:</i>						
Salaries and Benefits	4,074,227	3,928,261	3,996,567	4,967,978	5,111,654	5,155,503
Services and Materials	1,675,894	1,533,120	1,727,155	2,183,372	2,198,372	2,198,372
Capital Outlay	-	-	-	17,000	17,000	17,000
Internal Services	5,100	55,809	79,405	79,405	79,405	79,405
Indirect Cost Transfer	-	-	-	-	-	-
	5,755,222	5,517,190	5,803,127	7,247,755	7,406,431	7,450,280
<i>By Division:</i>						
Rent Stabilization Board	5,755,222	5,517,190	5,803,127	7,247,755	7,406,431	7,450,280
	5,755,222	5,517,190	5,803,127	7,247,755	7,406,431	7,450,280
<i>By Fund:</i>						
General Fund	579,015	-	-	-	-	550,000
Measure U1	-	460,420	570,830	550,000	550,000	-
Rent Stabilization Board	5,176,207	5,056,770	5,232,297	6,697,755	6,856,431	6,900,280
	5,755,222	5,517,190	5,803,127	7,247,755	7,406,431	7,450,280

NON-DEPARTMENTAL FINANCIAL SUMMARY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Adopted	FY 2024 Adopted	FY 2024 Proposed Update
EXPENDITURES						
<i>By Type:</i>						
Salaries and Benefits	-	-	-	-	-	-
Services and Materials	60,402,889	95,581,042	112,969,200	110,594,086	96,618,910	88,003,369
Capital Outlay	-	-	-	-	-	-
Internal Services	-	-	-	-	-	-
Indirect Cost Transfer	-	-	-	-	-	-
Total	60,402,889	95,581,042	112,969,200	110,594,086	96,618,910	88,003,369
<i>By Division:</i>						
Non-Departmental	60,250,785	95,028,326	112,969,200	110,594,086	96,618,910	88,003,369
Emergency Operations	152,104	552,716	-	-	-	-
Total	60,402,889	95,581,042	112,969,200	110,594,086	96,618,910	88,003,369
<i>By Fund:</i>						
General Fund	30,903,908	46,390,565	43,112,577	60,994,413	55,945,792	53,112,659
Measure U1	-	946,163	1,046,163	300,000	-	-
GF - Stabilization	-	6,900,000	-	-	-	-
Reserves	-	6,900,000	-	-	-	-
GF - Catastrophic	-	4,500,000	2,700,000	-	-	-
Reserves	-	4,500,000	2,700,000	-	-	-
Capital Improvement	1,598,404	1,054,047	1,055,247	1,354,046	954,047	1,504,047
Section 108 HUD Loan	546,678	553,108	568,200	587,612	587,612	587,612
CDBG	154,260	143,373	138,719	176,194	176,194	176,194
UC Settlement	1,294,328	1,210,073	-	-	-	-
ARPA - Local Fiscal	-	-	33,945,450	18,935,943	10,697,743	2,855,322
Recovery	-	-	33,945,450	18,935,943	10,697,743	2,855,322
Workers Compensation	4,296,758	5,320,633	5,955,024	5,332,340	5,332,340	5,332,340
Zero Waste	-	-	-	-	-	-
Sewer Fund	90,501	90,501	90,501	90,501	90,501	90,501
Off Street Parking	1,915,550	1,348,325	1,913,700	1,911,850	1,911,850	1,911,850
Parking Meter	1,742,288	1,742,288	1,742,288	1,742,288	1,742,288	1,742,288
Health State Aid	2,643,280	2,643,280	2,643,280	2,643,280	2,643,280	2,643,280
Realignment	2,643,280	2,643,280	2,643,280	2,643,280	2,643,280	2,643,280
Mental Health Services Act	-	400	-	-	-	-
Debt Service	-	-	-	-	-	-
09 Measure FF Library	1,620,705	1,500,664	1,339,327	1,343,638	1,343,638	1,337,638
Debt Service	1,620,705	1,500,664	1,339,327	1,343,638	1,343,638	1,337,638
CFD#1 Dis Fire Protect	1,424,337	2,611,840	2,803,895	2,803,978	2,803,978	755,038
Bond	1,424,337	2,611,840	2,803,895	2,803,978	2,803,978	755,038
2012 Ref Lease Rev	-	-	-	-	-	-
Bonds	-	-	-	-	-	-
Successor Agency	56,960	57,120	57,040	57,120	57,120	57,120

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Adopted	FY 2024 Adopted	FY 2024 Proposed Update
EXPENDITURES (CONTINUED)						
2015 GORBS - 2002 G.O. Refunding Bonds	480,100	479,460	-	379,561	379,561	378,696
Thousand Oaks Underground	102,751	73,636	101,106	98,448	98,448	98,448
2015 GORBS (2007 Series A)	180,826	180,302	142,017	142,865	142,865	142,540
2015 GORBS	2,611,620	2,604,056	2,051,117	2,051,966	2,051,966	2,047,259
2015 GORBS (2008 Measure I)	611,666	609,895	480,391	481,286	481,286	480,184
Sustainable Energy Finance	23,951	18,724	-	-	-	-
2010 COP (Animal Shelter)	404,533	5,329,159	105,228	406,991	406,991	140,085
Measure FF -Public Safety	-	-	757,925	757,925	757,925	757,925
Measure M GO Street & Water Imp	1,648,488	1,642,613	1,636,238	740,738	740,738	1,630,863
Measure O - Affordable Housing	785,000	2,003,748	2,718,840	2,023,940	2,023,940	2,007,265
Measure T1 Infrastructure & Facilities	2,471,056	1,730,806	2,010,390	1,731,181	1,731,181	4,699,006
Building Purchases & Mgmt	1,634,111	279,202	1,633,575	1,636,188	1,636,188	1,636,188
Other	1,160,830	3,617,063	2,220,963	1,869,794	1,881,439	1,879,021
Total	60,402,889	95,581,042	112,969,200	110,594,086	96,618,910	88,003,369

FY 2024 COMMUNITY AGENCY ALLOCATIONS BY SERVICE TYPE

Funding by Category	General Funds	Federal Funds	Other Funds
Arts	\$586,652	\$0	\$0
Childcare	630,627	-	13,275
Community Facilities Improvements	24,575	656,805	-
Community Media	230,710	-	-
Disability Programs	103,305	159,660	1,614,154
Economic Development	433,333	-	-
Employment Training	295,165	-	-
Health	1,584,256	160,000	-
Homeless	12,086,672	633,939	900,000
Housing Dev & Rehab	303,475	250,000	-
Legal/ Advocacy	2,645,486	35,000	-
Other	179,292	-	-
Recreation	18,573	-	-
Seniors	9,110	-	-
Youth	1,070,567	-	-
TOTAL	\$20,201,798	\$1,895,404	\$2,527,429

Funding by Category	FY 2023 All Sources	FY 2024 All Sources	Percent change
Arts	\$586,652	\$586,652	0%
Childcare	\$643,902	\$643,902	0%
Community Facilities Improvements	\$1,061,465	\$681,380	-36%
Community Media	\$230,710	\$230,710	0%
Disability Programs	\$1,832,876	\$1,877,119	2%
Economic Development	\$416,667	\$433,333	4%
Employment Training	\$295,165	\$295,165	0%
Health	\$2,220,256	\$1,744,256	-21%
Homeless	\$13,049,321	\$13,620,611	4%
Housing Dev & Rehab	\$553,475	\$553,475	0%
Legal/ Advocacy	\$1,930,486	\$2,680,486	39%
Other	\$168,104	\$179,292	7%
Recreation	\$18,573	\$18,573	0%
Seniors	\$9,110	\$9,110	0%
Youth	\$1,245,567	\$1,245,567	0%
	\$24,262,329	\$24,799,631	2%

FY 2024 COMMUNITY AGENCY ALLOCATIONS

Agency/Individual Name	FY 2023 Adopted	FY 2024 Proposed	CDBG	CSBG	ESG	GF Measure P	GF Measure U1	GF Other	GF Mayor's Reimagining Funds	Other Funds
Arts										
Berkeley Art Center	86,652	86,652	-	-	-	-	-	86,652	-	-
Civic Arts Grants	500,000	500,000	-	-	-	-	-	500,000	-	-
Arts Total	586,652	586,652	-	-	-	-	-	586,652	-	-
Childcare										
Bay Area Hispano Institute for Advancement - Child Development Program	82,143	82,143	-	-	-	-	-	82,143	-	-
Bananas Inc.	-	-	-	-	-	-	-	-	-	-
Child Care Subsidies	283,110	283,110	-	-	-	-	-	269,835	-	13,275
Play & Learn Playgroups	10,527	10,527	-	-	-	-	-	10,527	-	-
QRIS Services	95,000	95,000	-	-	-	-	-	95,000	-	-
Ephesians Children's Center - Childcare Program	45,507	45,507	-	-	-	-	-	45,507	-	-
Healthy Black Families, Inc.	-	-	-	-	-	-	-	-	-	-
Sisters Together Empowering Peers (STEP)	87,616	87,616	-	-	-	-	-	87,616	-	-
Nia House Learning Center	39,999	39,999	-	-	-	-	-	39,999	-	-
Childcare Total	643,902	643,902	-	-	-	-	-	630,627	-	13,275
Community Facilities Improvements										
Rebuilding Together	-	-	-	-	-	-	-	-	-	-
Community Facility Improvement Program	24,575	24,575	-	-	-	-	-	24,575	-	-
Public Facility Improvements NOFA	621,746	656,805	656,805	-	-	-	-	-	-	-
Larkin Street - 3404 King Street - TAY Transitional Housing	415,144	-	-	-	-	-	-	-	-	-
Community Facilities Improvements Total	1,061,465	681,380	656,805	-	-	-	-	24,575	-	-

Agency/Individual Name	FY 2023 Adopted	FY 2024 Proposed	CDBG	CSBG	ESG	GF Measure P	GF Measure U1	GF Other	GF Mayor's Reimagining Funds	Other Funds
Community Media										
Berkeley Community Media	230,710	230,710	-	-	-	-	-	230,710	-	-
Community Media Total	230,710	230,710	-	-	-	-	-	230,710	-	-
Disability Programs										
Bay Area Outreach and Recreation Program	-	-	-	-	-	-	-	-	-	-
Recreational Services for the Disabled	43,592	43,592	-	-	-	-	-	43,592	-	-
Berkeley Place	17,183	17,183	-	-	-	-	-	17,183	-	-
Bonita House	-	-	-	-	-	-	-	-	-	-
Creative Wellness Center	15,324	15,324	-	-	-	-	-	15,324	-	-
Center for Independent Living:	-	-	-	-	-	-	-	-	-	-
Residential Access Program	159,660	159,660	159,660	-	-	-	-	-	-	-
Easy Does It	1,569,911	1,614,154	-	-	-	-	-	-	-	1,614,154
Through the Looking Glass	1,805,670	27,206	-	-	-	-	-	27,206	-	-
Disability Programs Total	1,832,876	1,877,119	159,660	-	-	-	-	103,305	-	1,614,154
Economic Development										
Berkeley Convention and Visitors Bureau	416,667	433,333	-	-	-	-	-	433,333	-	-
Economic Development Total	416,667	433,333	-	-	-	-	-	433,333	-	-
Employment Training										
Bread Project	57,850	57,850	-	-	-	-	-	57,850	-	-
Inter-City Services	101,351	101,351	-	-	-	-	-	101,351	-	-
Multicultural Institute Lifeskills Program	68,136	68,136	-	-	-	-	-	68,136	-	-
Rising Sun – Green Energy Training Services	67,828	67,828	-	-	-	-	-	67,828	-	-
Employment Training Total	295,165	295,165	-	-	-	-	-	295,165	-	-
Health										
Lifelong Medical Care:	-	-	-	-	-	-	-	-	-	-

APPENDIX K

Agency/Individual Name	FY 2023 Adopted	FY 2024 Proposed	CDBG	CSBG	ESG	GF Measure P	GF Measure U1	GF Other	GF Mayor's Reimagining Funds	Other Funds
Access for Uninsured (BPC, WBFP, Uninsured, Acupuncture Detox Clinic)	189,855	189,855	-	160,000	-	-	-	29,855	-	-
Geriatric Care/Hypertension	114,543	114,543	-	-	-	-	-	114,543	-	-
Berkeley Free Clinic	-	-	-	-	-	-	-	-	-	-
Free Women and Transgender Health Care Service	15,858	15,858	-	-	-	-	-	15,858	-	-
Sugar - Sweetened Beverage Berkeley Unified School District	950,000	712,000	-	-	-	-	-	712,000	-	-
Sugar - Sweetened Beverage Panel (POE)*	950,000	712,000	-	-	-	-	-	712,000	-	-
Health Total	2,220,256	1,744,256		160,000	-	-	-	1,584,256	-	-
Homeless Services										
Alameda County Homeless Action Center	-	-	-	-	-	-	-	-	-	-
SSI Advocacy	129,539	129,539	-	-	-	109,539	-	-	-	20,000
Rapid Rehousing for Homeless Elders Project	68,220	68,220	-	-	-	68,220	-	-	-	-
Alameda County Housing & Community Development Department	-	-	-	-	-	-	-	-	-	-
HMIS Support	6,676	6,676	-	-	6,676	-	-	-	-	-
Alameda County Network of Mental Health Clients	-	-	-	-	-	-	-	-	-	-
Daytime Drop-In	35,721	35,721	-	-	-	35,721	-	-	-	-
Representative Payee Services	32,016	32,016	-	-	-	32,016	-	-	-	-
Locker Program	50,000	50,000	-	-	-	50,000	-	-	-	-
Bay Area Community Services	-	-	-	-	-	-	-	-	-	-
North County HRC	2,181,785	2,181,785	418,921	-	-	1,762,864	-	-	-	-
Permanent Housing Subsidies/Shallow Subsidies	1,600,000	1,600,000	-	-	-	1,600,000	-	-	-	-
STAIR Pathways	2,704,882	2,707,867	-	-	208,342	2,499,525	-	-	-	-
Berkeley Food & Housing Project	-	-	-	-	-	-	-	-	-	-

APPENDIX K

Agency/Individual Name	FY 2023 Adopted	FY 2024 Proposed	CDBG	CSBG	ESG	GF Measure P	GF Measure U1	GF Other	GF Mayor's Reimagining Funds	Other Funds
Case Management Tied to Permanent Housing	100,190	100,190	-	-	-	100,190	-	-	-	-
Men's Shelter	170,502	170,502	-	-	-	170,502	-	-	-	-
Hope Center - Mental Health Services	71,250	95,000	-	-	-	95,000	-	-	-	-
Russell Street Supportive Housing Program	157,045	630,000	-	-	-	-	-	-	-	630,000
Women's Shelter	119,963	119,963	-	-	-	119,963	-	-	-	-
Bonita House	-	-	-	-	-	-	-	-	-	-
Case Management Tied to Permanent Housing	24,480	24,480	-	-	-	24,480	-	-	-	-
Building Opportunities for Self Sufficiency:	-	-	-	-	-	-	-	-	-	-
BOSS House Navigation Team	86,831	86,831	-	-	-	86,831	-	-	-	-
Representative Payee Services	52,440	52,440	-	-	-	52,440	-	-	-	-
Ursula Sherman Village Families Program	51,383	51,383	-	-	-	51,383	-	-	-	-
Ursula Sherman Village Singles Shelter	104,662	104,662	-	-	-	104,662	-	-	-	-
Step Up Housing (1367 University)	1,133,244	1,133,244	-	-	-	1,133,244	-	-	-	-
City of Berkeley EveryOne Home	23,837	23,837	-	-	-	23,837	-	-	-	-
Dorothy Day Berkeley Emergency Storm Shelter	216,601	350,101	-	-	-	350,101	-	-	-	-
Drop In Center	182,000	182,000	-	-	-	182,000	-	-	-	-
Vets Shelter	566,000	566,000	-	-	-	566,000	-	-	-	-
Horizon	1,011,900	950,000	-	-	-	950,000	-	-	-	-
Downtown Berkeley Association	-	-	-	-	-	-	-	-	-	-
Homeless Outreach Worker	40,000	40,000	-	-	-	40,000	-	-	-	-
Downtown Streets Team	225,000	225,000	-	-	-	225,000	-	-	-	-
Larkin Street	-	-	-	-	-	-	-	-	-	-

APPENDIX K

Agency/Individual Name	FY 2023 Adopted	FY 2024 Proposed	CDBG	CSBG	ESG	GF Measure P	GF Measure U1	GF Other	GF Mayor's Reimagining Funds	Other Funds
Larkin Street Turning Point	407,643	407,643	-	-	-	407,643	-	-	-	-
Lifelong Medical Care:			-	-	-		-	-	-	-
Case Management Tied to Permanent Housing	163,644	163,644	-	-	-	163,644	-	-	-	-
Supportive Housing Program UA Homes	55,164	55,164	-	-	-	55,164	-	-	-	-
Street Medicine / Trust Clinic	525,000	525,000	-	-	-	525,000	-	-	-	-
Options Recovery Services - Detox Services & Day Treatment	-	-	-	-	-	-	-	-	-	-
Transitional Housing and Case Management	50,000	50,000	-	-	-	50,000	-	-	-	-
Telegraph Business Improvement District	-	-	-	-	-	-	-	-	-	-
Berkeley Host Program	49,139	49,139	-	-	-	49,139	-	-	-	-
The Suitcase Clinic	9,828	9,828	-	-	-	9,828	-	-	-	-
Toolworks, Inc. Supportive Housing	47,665	47,665	-	-	-	47,665	-	-	-	-
Village of Love	-	-	-	-	-	-	-	-	-	-
TAY Transitional Housing Program (through FY23)	250,000	250,000	-	-	-	-	-	-	-	250,000
Women's Daytime Drop-In Center:	-	-	-	-	-	-	-	-	-	-
Bridget Transitional House Case Management	118,728	118,728	-	-	-	118,728	-	-	-	-
Daytime Drop-In Services	48,153	48,153	-	-	-	48,153	-	-	-	-
Homeless Case Management - Housing Retention	100,190	100,190	-	-	-	100,190	-	-	-	-
Youth Spirit Artworks -	-	-	-	-	-	-	-	-	-	-
TAY Tiny Homes Case Management	78,000	78,000	-	-	-	78,000	-	-	-	-
Homeless Services Total	13,049,321	13,620,611	418,921	-	215,018	12,086,672	-	-	-	900,000

Agency/Individual Name	FY 2023 Adopted	FY 2024 Proposed	CDBG	CSBG	ESG	GF Measure P	GF Measure U1	GF Other	GF Mayor's Reimagining Funds	Other Funds
Housing Development & Rehabilitation										
Bay Area Community Land Trust	5,200	5,200	-	-	-	-	-	5,200	-	-
Organizational Capacity Building	200,000	200,000	-	-	-	-	200,000	-	-	-
CHDO Programs	Refer to HTF/CHDO	Refer to HTF/CHDO	-	-	-	-	-	-	-	-
Habitat for Humanity East Bay/Silicon Valley	-	-	-	-	-	-	-	-	-	-
Housing Rehabilitation Grant Program	250,000	250,000	250,000	-	-	-	-	-	-	-
Rebuilding Together	-	-	-	-	-	-	-	-	-	-
Safe at Home Project	98,275	98,275	-	-	-	-	-	98,275	-	-
Housing Development & Rehabilitation Total	553,475	553,475	250,000	-	-	-	200,000	103,475	-	-
Legal/Advocacy										
East Bay Community Law Center	-	-	-	-	-	-	-	-	-	-
Consumer Justice Clinic/Housing Advocacy	33,644	33,644	-	-	-	-	-	33,644	-	-
Eviction Defense Services	275,000	275,000	-	-	-	275,000	-	-	-	-
Housing Retention	-	-	-	-	-	-	-	-	-	-
Eden Council for Hope and Opportunity	35,000	35,000	35,000	-	-	-	-	-	-	-
Eviction Defense Center	-	-	-	-	-	-	-	-	-	-
Rent Board	275,000	275,000	-	-	-	275,000	-	-	-	-
Housing Retention (through FY23)	1,250,000	2,000,000	-	-	-	2,000,000	-	-	-	-
Family Violence Law Center - Domestic Violence & Homelessness Prevention Project	61,842	61,842	-	-	-	-	-	61,842	-	-
Legal/Advocacy Total	1,930,486	2,680,486	35,000	-	-	2,550,000	-	95,486	-	-
Other										
Animal Rescue	23,812	35,000	-	-	-	-	-	35,000	-	-
Berkeley Community Gardening Collaborative	11,895	11,895	-	-	-	-	-	11,895	-	-

APPENDIX K

Agency/Individual Name	FY 2023 Adopted	FY 2024 Proposed	CDBG	CSBG	ESG	GF Measure P	GF Measure U1	GF Other	GF Mayor's Reimagining Funds	Other Funds
Berkeley Project	32,000	32,000	-	-	-	-	-	32,000	-	-
Community Agency Publishing Outcomes Project	25,000	25,000	-	-	-	-	-	25,000	-	-
Eden Information & Referral	35,000	35,000	-	-	-	-	-	35,000	-	-
McGee Avenue Baptist Church	17,844	17,844	-	-	-	-	-	17,844	-	-
SEEDS Community Resolution Center	22,553	22,553	-	-	-	-	-	22,553	-	-
Other Total	168,104	179,292	-	-	-	-	-	179,292	-	-
Recreation										
Ephesians Children's Center - Greg Brown Park Supervision	18,573	18,573	-	-	-	-	-	18,573	-	-
Recreation Total	18,573	18,573	-	-	-	-	-	18,573	-	-
Seniors										
J-Sei	9,110	9,110	-	-	-	-	-	9,110	-	-
Seniors Total	9,110	9,110	-	-	-	-	-	9,110	-	-
Youth										
Bay Area Community Resources	-	-	-	-	-	-	-	-	-	-
School Based Behavioral Health Services	94,964	94,964	-	-	-	-	-	94,964	-	-
Bay Area Hispano Institute for Advancement - Out of School Time Programs	21,447	21,447	-	-	-	-	-	21,447	-	-
Berkeley High School Bridge Program	79,000	79,000	-	-	-	-	-	79,000	-	-
Berkeley Youth Alternatives:	-	-	-	-	-	-	-	-	-	-
Afterschool Program	30,000	30,000	-	-	-	-	-	30,000	-	-
Counseling	30,000	30,000	-	-	-	-	-	30,000	-	-
Counseling Center to meet demand for mental health services	125,000	125,000	-	-	-	-	-	-	125,000	-
Summer Jam Day Camp	-	-	-	-	-	-	-	-	35,000	-
Biotech Partners – Biotech Academy at Berkeley High	91,750	91,750	-	-	-	-	-	91,750	-	-

APPENDIX K

Agency/Individual Name	FY 2023 Adopted	FY 2024 Proposed	CDBG	CSBG	ESG	GF Measure P	GF Measure U1	GF Other	GF Mayor's Reimagining Funds	Other Funds
Ephesians School-Age Program	39,840	39,840	-	-	-	-	-	39,840	-	-
Lifelong Medical Care	-	-	-	-	-	-	-	-	-	-
Rosa Parks Collaborative	44,804	44,804	-	-	-	-	-	44,804	-	-
McGee Ave. Baptist Church	50,000	50,000	-	-	-	-	-	-	50,000	-
Voices Against Violence	33,603	33,603	-	-	-	-	-	33,603	-	-
Multicultural Institute Youth Mentoring	23,245	23,245	-	-	-	-	-	23,245	-	-
Pacific Center for Human Growth - Safer Schools Project	216,039	216,039	-	-	-	-	-	216,039	-	-
RISE Program	90,000	90,000	-	-	-	-	-	90,000	-	-
Stiles Hall	30,000	30,000	-	-	-	-	-	30,000	-	-
Supplybank.Org (Formerly K to College)	25,000	25,000	-	-	-	-	-	25,000	-	-
Through The Looking Glass - Parenting Education and Kindergarten Readiness	-	-	-	-	-	-	-	-	-	-
UC Berkeley	95,360	95,360	-	-	-	-	-	95,360	-	-
BUILD Literacy/Cal Corp	34,640	34,640	-	-	-	-	-	34,640	-	-
Bridging Berkeley	-	-	-	-	-	-	-	-	-	-
YMCA of the East Bay - Y-Scholars Program	40,000	40,000	-	-	-	-	-	40,000	-	-
Y- Scholars Program	50,875	50,875	-	-	-	-	-	50,875	-	-
School Readiness Program										
Youth Total	1,245,567	1,245,567	-	-	-	-	-	1,070,567	210,000	-
TOTAL COMMUNITY AGENCY ALLOCATIONS	24,262,329	24,799,631	1,520,386	160,000	215,018	14,636,672	200,000	5,365,126	210,000	2,527,429

o Community Development Block Grant (CDBG)/Emergency Solutions Grant (ESG)

*Subject to the Sugar – Sweetened Beverage Panel of Experts (POE) allocation.

Schedule of Changes to the FY 2024 Proposed Budget Update (Revenues)

Fund	FY 2024 Proposed Update	FY 2024 Revised Proposed Update	Variance	Explanation for Change
General Fund	267,199,246	266,418,342	(780,904)	Revise revenues based on updated projections from Director of Finance
GF - Stabilization Reserve	2,200,000	-	(2,200,000)	Remove Pre-Funding of Reserves to use these funds for insurance costs in FY 2024
GF - Catastrophic Reserve	1,800,000	-	(1,800,000)	Remove Pre-Funding of Reserves to use these funds for insurance costs in FY 2024
Library Tax	24,537,495	25,122,748	585,253	Proposed Budget Update assumed 2% increase in the Library Tax. The Library Tax can be increased by the greater of the Consumer Price Index (CPI) or the Personal Income Growth (PIG). The CPI increase is 4.192% while the PIG increase is 4.44% increase. Revised Proposed Update Revenue assumes the tax increase in the PIG since this is higher than the CPI.
Special Tax for Disabled (Measure E)	1,634,739	1,673,845	39,106	Proposed Budget Update assumed 2% increase in the Measure E Tax. The Measure E Tax can be increased by the greater of the Consumer Price Index (CPI) or the Personal Income Growth (PIG). The CPI increase is 4.192% while the PIG increase is 4.44% increase. Revised Proposed Update Revenue assumes the tax increase in the PIG since this is higher than the CPI.
Paramedic Assessment District	4,421,805	4,500,543	78,738	Proposed Budget Update assumed 2% CPI increase and actual increase was 4.19%
State Transportation Tax	6,025,895	6,696,569	670,674	Revised revenue budget to match projected expenditure budget
Measure B Local Streets & Roads	3,047,450	-	(3,047,450)	Revise revenue budget as no revenues will be received in FY 2024
Measure F Alameda County VRF St & Rd	(427,699)	457,637	885,336	Correct revenue budget
Measure BB - Local St & Road	7,627,974	6,750,147	(877,827)	Revise revenue budget to match expenditures
Measure BB - Bike & Pedestrian	-	773,953	773,953	Revise revenue budget
Parks Tax	17,400,964	17,813,646	412,682	Proposed Budget Update assumed 2% increase in the Parks Tax. The Parks Tax can be increased by the greater of the Consumer Price Index (CPI) or the Personal Income Growth (PIG). The CPI increase is 4.192% while the PIG increase is 4.44% increase. Revised Proposed Update Revenue assumes the tax increase in the PIG since this is higher than the CPI.

Schedule of Changes to the FY 2024 Proposed Budget Update (Revenues)

Fund	FY 2024 Proposed Update	FY 2024 Revised Proposed Update	Variance	Explanation for Change
Measure GG - Fire Preparation Tax	5,559,313	5,677,795	118,482	Proposed Budget Update assumed 2% increase in the Measure GG Tax. The Measure GG Tax can be increased by the greater of the Consumer Price Index (CPI) or the Personal Income Growth (PIG). The CPI increase is 4.192% while the PIG increase is 4.44% increase. Revised Proposed Update Revenue assumes the tax increase in the CPI since this is what was approved by the Disaster & Fire Safety Commission.
Measure FF - Public Safety	9,541,974	9,770,233	228,259	Proposed Budget Update assumed 2% increase in the Measure FF Tax. The Measure FF Tax can be increased by the greater of the Consumer Price Index (CPI) or the Personal Income Growth (PIG). The CPI increase is 4.192% while the PIG increase is 4.44% increase. Revised Proposed Update Revenue assumes the tax increase in the PIG since this is higher than the CPI.
Operating Grants - State	912,213	63,475	(848,738)	Revise revenue budget for FY 2024
Capital Grants - State	-	562,500	562,500	Revise revenue budget for FY 2024
Capital Grants - Local	-	75,000	75,000	Revise revenue budget for FY 2024
Home	825,344	-	(825,344)	Revise revenue budget for FY 2024
ESG	578,416	-	(578,416)	Revise revenue budget for FY 2024
Health (General)	2,141,508	1,994,586	(146,922)	Revise revenue budget for FY 2024
Target Case Mgmt/Linkages	895,228	350,000	(545,228)	Revise revenue budget for FY 2024
Mental Health Service Act	6,464,332	12,240,360	5,776,028	Revise revenue budget for FY 2024
Health (Short/Doyle)	2,858,388	6,422,700	3,564,312	Revised revenue budget for FY 2024
EPSDT Expansion Proposal	350,000	6,422,700	6,072,700	Revised revenue budget for FY 2024
Youth Lunch	51,519	53,683	2,164	Revised revenue budget for FY 2024
Early Head Start	10,000	-	(10,000)	Revised revenue budget for FY 2024
Berkeley Unified School District	286,500	486,188	199,688	Revised revenue budget for FY 2024
Vector Control	302,952	350,000	47,048	Revised revenue budget for FY 2024
Alameda County Grants	585,065	816,271	231,206	Revised revenue budget for FY 2024
CA Integrated Waste Management	-	3,933	3,933	Revised revenue budget for FY 2024
CALHOME Program	400,000	-	(400,000)	Revised revenue budget for FY 2024
CSBG	265,577	281,777	16,200	Revised revenue budget for FY 2024

Schedule of Changes to the FY 2024 Proposed Budget Update (Revenues)

Fund	FY 2024 Proposed Update	FY 2024 Revised Proposed Update	Variance	Explanation for Change
One-Time Grant: No Capital Expenditures	1,352,392	4,445,910	3,093,518	Revised revenue budget for FY 2024
MTC	-	564,620	564,620	Revised revenue budget for FY 2024
FEMA	1,000,000	1,306,400	306,400	Revised revenue budget for FY 2024
Alameda County Waste Management	300,000	360,000	60,000	Revised revenue budget for FY 2024
State Department Conservation/Recycling	28,000	32,000	4,000	Revised revenue budget for FY 2024
Shelter+Care HUD	6,364,930	6,461,774	96,844	Revised revenue budget for FY 2024
Shelter+Care County	834,496	906,212	71,716	Revised revenue budget for FY 2024
Bio-Terrorism Grant	279,321	240,124	(39,197)	Revised revenue budget for FY 2024
Meas T1 - Infrstr And Fac	-	20,500,000	20,500,000	Revised revenue budget for FY 2024
Berkeley Tourism Business Improvement District	433,333	697,882	264,549	Revise revenue budget based on updated Transient Occupancy Tax revenue estimates for FY 2024
Rent Stabilization Board	5,687,000	6,965,175	1,278,175	Revise revenue budget to match budget approved by the Rent Stabilization Board
			34,483,058	

Fund	FY 2024 Proposed Update	FY 2024 Revised Proposed Update	Variance	Explanation for Change
General Fund	269,428,381	276,548,969	7,120,588	Revise Transfer to U1 Fund based on updated revenue projections (\$1,000,000); Revise Visit Berkeley contract amount based on updated Transient Occupancy Tax revenue for FY 2024 (\$264,549); Add Mayor's Proposed Budget Changes (\$990,916); Additional Measure P Funds for approved programs (\$4,646,871); Mayor and Council Salary Increase (\$24,420); Includes Audit Manager, Office of the Director of Police Accountability Police Investigator, Human Resources Technician, and funding for reallocation of 7 Deputy City Attorney III positions to Deputy City Attorney IV classification at mid-step of salary range.
Measure U1	5,852,006	6,655,248	803,242	Add funds for Bay Area Community Land Trust Organizational Capacity Building to get amount to \$200,000; Add Senior Community Development Project Coordinator position as part of the HCS Staffing Study (\$215,121); Add Program Manager II position as part of the HCS Staffing Study (\$238,121); Move Eviction Defense Center Anti-Displacement to U1 (\$250,000); Empty Homes Tax Staffing Costs (\$372,000)
Special Tax for Disabled (Measure E)	1,634,739	1,673,845	39,106	Increase to Easy Does It Contract based on 4.44% Personal Income Growth increase.
State Proposition 172	435,387	442,387	7,000	Add funds for Purchase Marking Equipment to Engrave Identification Numbers onto Catalytic Converters as part of Mayor's Proposed Budget Recommendations
Streets and Open Space Improvement (SOSIP)	-	200,000	200,000	Add funds for Harold Way Placemaking Project Schematic Design and Traffic Safety Upgrades for the MLK and Haste Intersection
Measure GG	5,704,447	5,898,307	193,860	Add 40% funding for new Deputy Fire Chief position
UC Settlement	4,390,905	4,931,696	540,791	Add funds for Village of Love contract for for services and operations at the Telegraph Neighborhood Sacred Rest Drop-In Center (\$250,000); Funding for 60% of a new Deputy Fire Chief position (\$290,791)
Measure FF	8,525,459	8,848,412	322,953	Funding for new Principal Program Manager position.
Capital Grants - State	1,905,666	750,000	(1,155,666)	Revise expenditure budget to match projected revenues

Fund	FY 2024 Proposed Update	FY 2024 Revised Proposed Update	Variance	Explanation for Change
Capital Grants - Local	1,057,000	100,000	(957,000)	Revise expenditure budget to match projected revenues
Alameda County Waste Management	285,000	345,000	60,000	Revise expenditure budget to match projected revenues
State Department Conservation/Recycling	28,000	32,000	4,000	Revise expenditure budget to match projected revenues
ARPA Recovery	3,246,590	3,647,011	400,421	Revise ARPA transfer to General Fund for FY 2024.
Capital Improvements	22,333,379	22,993,379	660,000	1x Cost shift of some Marina Fund expenditures to the CIP Fund
Parking Meter Fund	10,122,167	10,250,256	128,089	Add Office Specialist II position for the the Public Works' Transportatiion Division
Berkeley Tourism Business Improvement District	433,333	697,882	264,549	Revise expenditure budget based on updated Transient Occupancy Tax revenue estimates for FY 2024
Rent Stabilization Board	6,900,280	7,506,460	606,180	Revise expenditure budget to match budget approved by the Rent Stabilization Board
			9,238,113	

APPENDIX L

Contract with Citygate Associates for Staffing Assessment

EXPENDITURE NON-CONSTRUCTION CONTRACT REVIEW FORM
 "NEW CONTRACT"

Contract # 32400017 Vendor # 52813

CONTRACTOR NAME: Citygate Associates Berkeley Business License # BL-015455 ✓
 Subject of Contract: Provision of Staffing and Workload Study

This contract package contains:	Attached	Waiver Attached	Not Required
2 Original Contracts (Vital Record and Vendor) in folder			
*The Vital Record contract MUST be in a folder. Vendor copies may be assembled with an Acco-fastener. **DocuSign Agreements only require 1 Original (Vital Record) copy.			
1. CONTRACT BOILERPLATE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Scope of Services (Exhibit A @ boilerplate)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Payment Provisions (Exhibit B @ boilerplate)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. Evidence of <u>Competitive Solicitation</u> OR Waiver by CM or by Council Resolution <u>23-11551-C</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. CERTIFICATIONS			
a. Workforce Composition (<i>businesses with 5 or more employees</i>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Nuclear Free Berkeley Disclosure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Oppressive States Disclosure (<i>Exception: Community-based, non-profit organizations</i>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sanctuary City Compliance Statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Certification of Compliance with Living Wage Ordinance (LWO): use current form on web*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Certification of Compliance with Equal Benefits Ordinance: use current form on web*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Community Agency: Certification of Anti-Lobbying	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Community Agency: Certification of Drug-Free Workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Insurance Certificate/s AND Endorsement/s OR Insurance Waiver/s (<i>originals, not copies</i>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Authorizing Council Resolution # <u>70,910</u> -N.S.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Consultant Contracts: Form 700, Statement of Economic Interests	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9. Federally Funded Project Requirement: Debarment status printout (SAM.gov)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Requisition # 2023/12310216 (*Hard copy attached*) Budget Code 011-71-701-801-0000-000-421-612990 Amt. \$120,000.00
 Contract Amount \$120,000.00 Amt. 60,000.
 Council Approved Amount ~~\$120,000.00~~ 200,000.00 Amt. _____

Was there any advance payment? No Yes If Yes, Advanced Amount \$ _____
 If Yes, Purchase Order # _____

Routing and signatures:

All elements of the contract package, including information provided above, have been reviewed for completeness and accuracy and evidenced by the following signatures (Project Manager please print name):

- Dan Montgomery Police 510-981-5795
Project Manager (PRINT NAME/SIGN) Department Phone No. Date _____
- Chuck Gunter *Chuck Gunter*
Department Administrative Officer/Accounting (PRINT NAME/SIGN) **EXECUTED** Date 6/27/23
- Jennifer Louis *JL*
Department Head (PRINT NAME/SIGN) **AUG 10 2023** Date 6/27/23
- Josh Roben *JR*
Contract Administrator (PRINT NAME/SIGN) **APPROVED VIA EMAIL** Date 07/18/2023
- Sharon Friedrichsen
Budget Manager (PRINT NAME/SIGN) Date 08/07/2023

Routing continues to the following persons, who sign directly on the contract:
 6. City Manager (*Will not sign unless all signatures and dates appear above*)
 7. City Clerk: Destruct _____ Review _____

EXHIBIT A**SCOPE OF SERVICES**

Issues of interest to Berkeley Police Department, but not limited to, shall include the following:

- Provide a complete review and analysis of organizational structure; staffing levels based on current workload and projected workload; to include projections of planned population growth and business growth/development; and staffing requirements by function. The determination of appropriate staffing levels should be department-wide, to include all units in the Office of the Chief, Operations Division, Professional Standards Division, Investigations Division and Support Services Division.
- Determine whether the allocation of resources of the divisions are efficient and adequate for the needs of the Berkeley Police Department. Review the current workload data such as: calls for police service, received and dispatched; breakdown of calls for service by type, frequency, distribution, relative priority, and response times.
- Establish performance objectives to include a ratio of calls for service available for proactive/discretionary time.
- Review operations for assessing effectiveness and recommend efficiencies with geographical boundaries of patrol zones based on response times, workload, and resource deployment to consider things such as: number of and availability of units; workload and staffing at various times, locations, and seasons; deployment of allocated units; traffic issues; and planned growth in the City of Berkeley, including growth plans for the University of California.
- Evaluate the current beat structure and deployment model; make recommendations on whether a beat, sector or hybrid model best suits the needs of our City. Provide a deployment model that is scalable and resilient to both a reduction and increase in crime and staffing.
- Evaluate Berkeley Police Department's current rank structure, the number of managers and supervisors at every level and function, and the authority at each level of the chain of command, with an emphasis on effective strategies for professional development.
- Review and evaluate the impact on existing resources and workload to comply with the new laws (SB 1421) requiring review and disclosure of digital evidence and media.
- Evaluate current building facilities relative to current and future staffing, parking, equipment storage, and training needs.
- Define critical issues facing the Berkeley Police Department over the next five years; analyze impact of critical issues on staffing levels and calls for service.
- Project the Department's attrition for the next ten years. Compare attrition rates to similar sized California cities.
- Analyze current ancillary duty assignments to determine what can and should be outsourced or handled as a regional responsibility.

- Forecast future needs taking into consideration both short and long-term objectives, community growth, and any other factors that could change staffing requirements.
- Evaluate the efficiency of online reporting system and assess any additional services that can be enhanced or handled with technology such as video chat, mobile apps, etc.
- Analyze staff overtime causes and identify alternative solutions.
- Any other organizational improvements that can be made to enhance overall service. This will also include consideration for the morale and well-being of the police staff.

The following list of tasks details Citygate’s Workplan.

Task 1: Initiate and Manage the Project

- ◆ Develop detailed Work Plan schedule for the project.
 - We will develop a detailed, integrated work schedule and final project timeline. These tools will assist both the consultants and City staff in monitoring the progress of the study.
- ◆ Conduct on-site project kick-off meeting with City and Department representatives to initiate study.
 - A key to a successful consulting engagement is a mutual understanding of the project’s scope and objectives. The senior members of our team will conduct an on-site meeting with City project representatives to introduce team members, discuss the project schedule, and review the scope of work and available data. Citygate will prepare the agenda.
- ◆ Obtain and review City/Department documentation.
 - We will develop and submit a list of all documents relevant to this project, including the City’s General Plan; growth forecasts; any appropriate prior studies; Department documentation; dispatch data, including a distribution of calls for service by hour of day, day of week, and month; the number and assignments of current personnel; operating costs; and other information.
- ◆ Conduct command staff interviews with Department leadership.
 - To enhance our understanding of the issues at stake in this project, we will conduct interviews—either on-site or via videoconference—as appropriate and directed with the Chief of Police, key members of the Department’s command staff, and other key positions as desired.
- ◆ Issue SWOT (Strengths, Weaknesses, Opportunities, and Threats) questionnaire.

- Assess Department member perceptions and expectations of their services by issuing SWOT questionnaires to employees and, as appropriate, other agency employees that interact with the Department to obtain perceptions of the Department and how it is or is not meeting needs.
- ◆ Provide monthly status reports.
 - Throughout the entire project duration, we will monitor engagement progress and completion of tasks, including providing monthly status reports and oral communications, as needed, to Department leadership.

Task 2: Conduct Stakeholder Interviews and Community Survey

- ◆ Conduct on-site or videoconference interviews with Department, City, and Police Officers' Association members.
 - To develop an understanding of the police organization as it exists today, we will interview, as appropriate and directed, members of the Department (internal stakeholders) including supervisors, officers in-charge of the Department's divisions, others responsible for the various units of the Department, representative(s) of the Police Officers' Association, etc.
 - Citygate recognizes the importance of professional staff to the overall public safety mission of the Department. As such, we believe it is important to conduct interviews with professional staff including, but not limited to, dispatch, records, clerical staff, and volunteers to understand their perspectives.
- ◆ Conduct, review, and analyze a stakeholder survey to evaluate community perception and satisfaction related to police services and determine needed areas for improvement.¹

Task 3: Review of Organizational Functions and Workload

- ◆ Perform a detailed review of core Department functions. As part of this review:
 - We will identify practical opportunities for collaboration and formal partnerships consistent with the strategic priorities of the City and the Department.
 - We will review best practices regarding community-oriented policing and problem solving, intelligence-led policing, and data-driven policing to provide options for the best fit for the City.

¹ The community survey will be internet-based. We would require the assistance of the City in promoting the survey via available City and Department online and social media platforms. We assume that the survey will be in English only. If other languages are desired, modest additional fees will be incurred to create the additional survey(s).

- We will analyze reporting relationships, distribution of Patrol Division resources, the current methodology in responding to calls for service throughout the City, staff retention and experience, adequacy of staff training and experience, and staffing levels based on current and projected workloads.
- We will work with the Department to identify any obstacles to good police work. Often, these obstacles can be found outside the Department. Examples could be delays in processing prisoners at the jail, delays at a hospital when prisoners must receive medical clearance prior to booking, or staffing shortages due to court attendance.
- ◆ Conduct a complete organizational workload review to assess the organizational structure, resource allocation, and geographical patrol boundaries of the Department.
 - We will begin our review with an assessment of community risks and vulnerabilities, including infrastructure, demographics, organized and random crime activity, regional anomalies, and public venues (including entertainment).
 - We will review and analyze available data related to public-generated calls for police services, officer-initiated activity, and incident response statistics to measure the effectiveness to desired goals, response time criteria, and call prioritization relative to the current deployment plan.
 - We will review the Department organizational structure and staffing levels based on current workload and projected workload. Review operations for assessing effectiveness and recommend efficiencies with geographical boundaries of patrol zones based on response times, workload, and resource deployment We will examine the Police Department’s rank structure, the number of managers and supervisors at every level and function, and the authority at each level of the chain of command, with an emphasis on effective strategies for professional development.
 - We will evaluate the current beat structure and deployment model, understanding the goal of providing a deployment model that is scalable and resilient to both a reduction and increase in crime and staffing.
 - We will review and evaluate the impact on existing resources and workload to comply with new laws (SB 1421).
 - We will evaluate building facilities relative to current and future staffing, parking, equipment storage, and training needs.
 - We will evaluate and define critical issues facing the Department over the next five years.

- We will evaluate Department attrition rates, compare them to California cities of similar size, and project the Department's attrition for the next ten years.
- We will analyze current ancillary duty assignments to determine what can and should be outsourced or handled as a regional responsibility.
- We will forecast future needs taking into consideration both short- and long-term objectives, community growth, and any other factors that could change staffing requirements.
- We will evaluate the efficiency of online reporting system and assess any additional services that can be enhanced or handled with technology.
- We will analyze staff overtime causes and identify alternative solutions.
- We will assess other organizational improvements that can be made to enhance overall services, including the morale and well-being of the police staff.
- We will include future projections and goals regarding staffing and geographical boundaries, considering the impact on current and future services posed by the City's growth in population and development.

Task 4: Conduct Mid-Project Review and Provide Financial Implications of Recommendations

- ◆ Conduct videoconference Mid-Project Review with the City Manager, Chief of Police, and/or others.
 - We will conduct a Mid-Project Review utilizing an MS PowerPoint presentation to review the preliminary conclusions and proposed recommendations of the study. This will also be an opportunity for the Department and consultants to perform fact-checks and make mid-course corrections before our recommendations are finalized.

Task 5: Prepare and Review Draft Report

- ◆ The entire Citygate team will prepare a Draft Report, including:
 - Comprehensive assessment of the organizational structure, resource allocation, and geographical patrol boundaries of the Department.
 - Analysis to determine the adequacy of these components, and actionable recommendations regarding how to best optimize Departmental organization to provide the highest level of service within the City.

- Review of the City’s current service context and future projections and goals regarding staffing, geographical boundaries, and a comprehensive, data-driven analysis of workload.
- Full consideration of the City’s current and projected future growth in population and new development, and how these changes are shaping, and will continue to impact services both now and in the future.
- Analysis of calls for service by type, frequency, distribution, relative priority, and response times.
- Recommended staffing levels Department-wide, to include all units in the Office of the Chief, Operations Division, Professional Standards Division, Investigations Division, and Support Services Division.
- Recommended performance objectives to include a ratio of calls for service available for proactive/discretionary time.

Upon completion of the Draft Report, an electronic version in MS Word will be sent to the City Project Manager for comments using the “track changes” and “insert comments” tools.

- ◆ Discuss Draft Report with City.
 - Citygate will conduct a videoconference with the City’s Project Team to present and review the Draft Report.

Task 6: Prepare and Present Final Report

- ◆ Prepare and present Final Report.
 - Based on the results of our Draft Report review process, we will then prepare and deliver a Final Report to the City with sufficient information for policy decisions addressing operational and service options. We will make an on-site presentation using MS PowerPoint to the Executive Team or Mayor and City Council if desired.

5C.5 Project Schedule and Deliverables

Citygate anticipates this project will span approximately eight months. Due to the sensitive and complex nature of evaluating police services staffing and operations, obtaining and analyzing complete and sound data, involving varied stakeholders and a community survey, and accurately costing recommendations, this assessment must be completed correctly the first time. The following schedule shows the completion time per task and key milestones and deliverables throughout the engagement.

Proposed Project Schedule

Task	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8
1. Initiate and Manage the Project	■							
2. Stakeholder Interviews / Community Survey		■						
3. Review Org. Functions and Workload								
4. Conduct Mid-Project Review					■			
5. Prepare and Review Draft Report								
6. Prepare and Present the Final Report								■

- Issue Document Request
- Mid-Project Review
- Start-Up Meeting/Interviews
- Draft Report
- Internal Stakeholder Interviews
- Deliver/Present Final Report
- Community Survey

APPENDIX M

Contract with Federal Engineering Inc. for Dispatch Needs Assessment

EXPENDITURE NON-CONSTRUCTION CONTRACT REVIEW FORM: NEW CONTRACT

CMS #
(To be filled in by department)

Contract # 32200131
(To be filled in by Auditor)

CONTRACTOR NAME: Federal Engineering Inc. VENDOR # 53031

Subject of Contract: Analyze and recommend a prioritized emergency fire & medical dispatch system

This contract package contains: 3 Original Contracts (Department, Vital Record and Vendor) in folders	Attached	Waiver Attached	Not Required
*The Vital Record contract MUST be in a folder.			
*Optional: In lieu of folders, Department and Vendor copies may be assembled with an Acco-fastener.			
1. CONTRACT BOILERPLATE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Scope of Services (Exhibit A @ boilerplate)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Payment Provisions (Exhibit B @ boilerplate)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. Evidence of Competitive Solicitation OR Waiver by CM or by <u>(Council Resolution)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. CERTIFICATIONS <u>SANCTUARY City Form</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Workforce Composition (businesses with 5 or more employees)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Nuclear Free Berkeley Disclosure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Oppressive States Disclosure (Exception: Community-based, non-profit organizations)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Certification of Compliance with Living Wage Ordinance (LWO): use current form on web*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Certification of Compliance with Equal Benefits Ordinance: use current form on web*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Community Agency: Certification of Anti-Lobbying	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Community Agency: Certification of Drug-Free Workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Insurance Certificate/s AND Endorsement/s OR Insurance Waiver/s (originals, not copies)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Authorizing Council Resolution # <u>67528-6/14/16 TO, 076 - N.S.</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Consultant Contracts: Form 700, Statement of Economic Interests	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9. Federally Funded Project Requirement: Debarment status printout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Berkeley Business License # BL-015897

Requisition # 122 05606 (Hard copy attached)

Budget Code 64-72-742-834-0000-000-422-612990

Contract Amount \$ 300,000

Council Approved Amount \$ 300,000

Was there any advance payment? No Yes 612990

If Yes, Advanced Amount \$ _____

If Yes, Purchase Order # _____

Routing and signatures:
All elements of the contract package, including information provided above, have been reviewed for completeness and accuracy and evidenced by the following signatures (Project Manager please print name):

1. <u>David Sprague</u> Fire Dept. Project Manager (PRINT NAME) & Department	510-981-5501 Phone No.	12/13/21 Date
2. <u>[Signature]</u> Department Administrative Officer/Accounting		12/16/21 Date
3. <u>[Signature]</u> <u>for Chief Roman</u> Department Head	EXECUTED JAN 10 2022	12/16/21 Date
4. <u>JOSH ROSEN</u> Contract Administrator		12/28/2021 Date
5. <u>BUDGET APPROVED VIA EMAIL</u> Budget Manager		1/4/2022 Date

Routing continues to the following persons, who sign directly on the contract:

6. **City Manager** (Will not sign unless all signatures and dates appear above)

7. **City Auditor** (Initial _____) 8. **City Clerk:** CMS Login _____ Destruct _____ Review _____

13. Funding Model

The following is a high-level financial analysis and projected cost estimates for the ECC recommendations included in this report. FE recommends that Berkeley organize a project task force team immediately to carry out the strategic plan to address the immediate critical needs.

Table 31 - Financial Analysis & Projected Costs Estimates

Financial Analysis & Projected Costs Estimates for ECC				
Category	Term	Comments	One-Time Up-Front Cost Estimate	Three Year Cost
Staffing	Short	In order to implement EMD, an increase of 26 employees is required; cost estimate based on average salary plus benefits & admin support	\$3M	\$9M
Training	Short	Expand/Augment current training program by adopting industry available entry level (basic) for new recruits. The adoption of a core competencies in an on-demand / on-line training format reduces basic introductory in-house training.	\$15K	\$45K
		CTO training targeting new and seasoned instructors including presentation skills, adult learning styles, human relations. Note that this effort does not include wages, time off, or special compensation germane to the delivery and participation in ECC personnel training.	\$25K	\$25K
		Supervisory training geared specifically to ECC supervisors that is ECC specific. This training to include human relations, negotiation skills, intervention, skills, QA/QI methodologies, etc.	\$25K	\$25K
Protocol Implementation	Short	Implementing structured protocols for Emergency Medical Dispatch; includes costs for QA/QI system software.	\$200K	\$20K
Technology	Medium	Conversion of existing workspace to create a dedicated training facility complete with operational workstations configured to augment spikes in ECC call processing.	\$500K	TBD
		Design and implementation of CAD-to-CAD Interface with UC Berkeley PD.	\$250K	\$25K
Accreditation	Medium	Pursue ECC accreditation following the successful implementation of EMD.	\$3K	\$3K

14. High Level Implementation Plan

In this section, we offer a high-level strategic implementation plan; a roadmap that identifies and prioritizes the next best steps for the ECC and its leadership. We have created the strategic implementation plan below which includes area of focus, criticality/priority, followed by a recommended plan of action.

FE recommends that Berkeley create a project team who would be responsible for implementing the recommended steps and strategies. Without staff dedicated to moving forward quickly on the high priority items, it will be difficult to address critical items in a timely manner. This creates additional strain on already low and heavily impacted staffing levels in the ECC, and additional risk in operations.

Staffing is the principal priority that must be addressed immediately in the Berkeley ECC. Staffing recommendations include increases from the current authorized 33 positions, to 53 positions total (with turnover factored in).

Today, there are only 27 positions of the 33 positions that are staffed. The ECC will require an additional 26 Public Safety Dispatchers to meet the minimum staffing recommendations to support current call volume and workload. These figures only include the required frontline positions to achieve minimum staffing in the ECC and do not include any additional staffing increase recommendations for training, quality assurance, accreditation and IT and administrative support. Those recommendations can be found in their respective sections in the report.

Further, while staffing is the priority, there are other areas for improvement, consideration, and implementation that will need to be managed in parallel to a staffing increase, to support the ECC in its immediate and long-term success.

Below is a high-level implementation plan outlining the areas of focus and priority, along with additional information and next steps for the Berkeley ECC and its leadership.

Table 32 - High-Level Implementation Plan

High-Level Implementation Plan		
Area of Focus	Priority	Strategy
Staffing	1	<ul style="list-style-type: none"> Increase Overall Staffing: A total number of 53 ECC employees with turnover factored in. This is necessary to achieve sustainable operations and meet industry performance standards. Today, ECC is authorized for 33 employees, and 27 of these positions are filled. An overall increase of 26 employees is required.

High-Level Implementation Plan		
Area of Focus	Priority	Strategy
		<ul style="list-style-type: none"> Establish Minimum and Optimum Staffing Levels: A minimum staffing complement of eight employees on duty, and a maximum staffing complement of ten employees on duty per shift in the ECC. Work toward implementing staffing recommendations without delay.
Recruiting Process	1	<ul style="list-style-type: none"> Recruiting process must be accelerated Shorten process for entry level applicants Incentivized recruiting program in order to attract qualified candidates. This includes the review of wages, hiring incentives, etc. This will ensure competitiveness in the market. Recruit both lateral experienced candidates along with entry level attracting qualified and experienced candidates.
Facility	1	<ul style="list-style-type: none"> Expand/redesign ECC to accommodate an increase the number of workstations from 8 to 15 Create a backup site that doubles as a Training Facility and/or Emergency Operations Center Create a fully functional training room with workstations and ECC technology – CAD, phone, radio.
Training	1	<ul style="list-style-type: none"> Create and assign a Training and Quality Assurance Coordinator position to plan, coordinate, and support the recruitment and training of new personnel. The candidate must be trained in Emergency Dispatch Quality Assurance (ED-Q) in order to perform QA/QI on EMD calls. Design and implement CTO training including presentation skills, adult learning styles, human relations. Create and implement Supervisor training geared specifically to Berkeley supervisors that is ECC specific. This training to include human relations, negotiation skills, intervention, skills, documenting employee development and performance, QA/QI methodologies, and ED-Q Certification. Implement continuing education & professional development program for all staff.
Technology Needs & Integration	2	<ul style="list-style-type: none"> Work toward accelerated implementation of call-taking and dispatch software and programs. Design and implement a two-way CAD to CAD interface between the ECC and ACRECC. Design and implement a two-way CAD to CAD interface between the ECC and UC Berkeley PD. Review and revise incident types/CAD codes for SCU events. Implement fully automated station alerting technology for fire and EMS dispatch. Explore case management software for SCU events. This enables data
EMD Implementation	2	<ul style="list-style-type: none"> Once staffing levels have been met, implementing a structured commercial protocol system for Emergency Medical Dispatch; and QA/QI system software (AQUA). Ensure that recruits are trained accordingly as a commercial protocol program trains your employees reducing the ECC training workload.

High-Level Implementation Plan		
Area of Focus	Priority	Strategy
		<ul style="list-style-type: none"> • Medium and long-term results are standardization and consistency that is measurable through QA/QI processes, which also improves training, performance, and reduces risk & cost.
Accreditation	2	<ul style="list-style-type: none"> • Pursue Accreditation through IAED EMD and EFD. Once established and have the staffing to do so, can also add CALEA and any Fire Service Accreditation that Police or Fire choose.
Behavioral Healthy/Crisis Response Program	2	<ul style="list-style-type: none"> • Conduct a systems-mapping workshop as the initial first step for SCU December/2022 roll-out. • The workshop must outline the next steps required for planning and implementation of the SCU diversion pilot program.
Organizational Model	3	<ul style="list-style-type: none"> • Staff the Communications Center Manager's position immediately • Require ECC management to have specific Public Safety Communications experience, education, and training. • Work towards an independent Communications Center with its own leadership and support model. • Establish a governance model where equal representation of Public Safety agencies exists • Ensure the model is sustainable for long term success and provides ECC management the autonomy, authority and support necessary to effectively lead the operation.

APPENDIX N

Gun Violence Prevention (Ceasefire) Related Supporting Documentation

GUN VIOLENCE PREVENTION

Berkeley, California

Abstract

This research extensively reviews the relevant literature on gun crime, crime concentration, gun violence prevention approaches, and small city gun violence prevention taken from other programs. Various interventions are evaluated using specific criteria in the context of Berkeley's "brand" of gun violence. The recommended program is a combination of police and non-police interventions that hopefully brings a holistic sense to the program. This research also makes recommendations as to implementation and program evaluation.

Michelle A. Verger MPP '23

mverger@berkeley.edu

The author conducted this study as part of the program of professional education at the Goldman School of Public Policy, University of California at Berkeley. This paper is submitted in partial fulfillment of the course requirements for the Master of Public Policy degree. The judgments and conclusions are solely those of the author, and are not necessarily endorsed by the Goldman School of Public Policy, by the University of California or by any other agency.

Table of Contents

Executive Summary..... 5

Statement of Positionality 7

Introduction and Problem Analysis..... 7

Gun Crimes and Regulations Legal Landscape in Berkeley 11

Data Analysis Results..... 12

 Hot Spot Analysis..... 12

 Social Network Analysis..... 13

Key Criteria 15

Program components 16

Component #1: Hot Spots Policing/Place-based Policing..... 16

Component #2: Hot Spots Policing Version of Problem-Oriented Policing (POP)..... 17

Social Network Analysis, Focused Deterrence, and Social Services..... 18

 Component #3: SNA and Focused Deterrence/Custom Notifications..... 18

 Component #4: SNA and Social Services 19

Component #5 Warrants to Remove Firearms from Domestic Abusers (DVROs) and Individuals Posing a Danger to Themselves or Others (GVROs), Court-Issued Protective Orders, and Criminal Protective Orders (CPOs)..... 20

Component #6 Street Outreach Workers/Violence Interrupters 20

Component #7 Hospital-Based Violence Intervention 21

Component #8 Gun Buyback Programs 21

Longer Term Solutions Addressing the Root Causes of Gun Violence 21

Evaluating Components Using Criteria 21

 Hot Spots Policing..... 21

 Hot Spots Version of Problem-Oriented Policing (POP) 25

 SNA and Focused Deterrence 26

 SNA and Social Services 27

Warrants to Remove Firearms from Domestic Abusers (DVROs), Individuals Posing a Danger to Themselves or Others (GVROs), Court-Issued Protective Orders, and Criminal Protective Orders (CPOs)..... 28

Street Outreach Workers/Violence Interrupters 29

Hospital Based Violence Intervention..... 30

Gun Buyback Programs..... 31

Packaged components into programs 31

- Alternative #1: Problem Oriented Policing (POP) at Hot Spots + Street Outreach Workers..... 31
- Alternative #2: Problem Oriented Policing (POP) at Hot Spots + Street Outreach Workers + SNA Focused Deterrence 31
- Alternative #3: Problem Oriented Policing (POP) at Hot Spots + Street Outreach Workers + SNA Focused Deterrence + Social Services..... 32

Program recommendation..... 32

Implementation 32

- POP at Hot Spots 33
- Focused Deterrence/Custom Notifications..... 34
- Street Outreach Workers..... 35
- Social Services 35

Program Evaluation 36

- Program Evaluation Recommendation 36

Conclusion..... 37

Appendices..... 39

- Appendix A: Research Approach and Methodology 39**
 - Overview of Research Sources..... 39
 - Interview Protocol..... 39
 - Interview Practices Employed..... 39
 - Interview Subjects..... 39
- Appendix B Literature Review 41**
 - Crime Concentration/Place-Based Policing 41
 - Gun Buyback Programs 44
 - Hot Spots Policing 46
 - Problem Oriented Policing..... 50
 - Social Network Analysis as it Relates to Gun Violence 52
 - Gangs and Gang Membership..... 54
 - Domestic Violence and Firearm Accessibility..... 55
 - Hospital Based Violence Intervention Programs (HVIPs)..... 56
 - Focused Deterrence (Custom Notifications)..... 57
 - Street Outreach Teams/Violence Interrupters 58
 - Root Causes of Gun Violence 61
- Appendix C Visualizations..... 62**
 - Hot Spot Visualizations..... 62
 - Social Network Analysis Visualizations..... 64

Appendix D Criteria Matrix 66

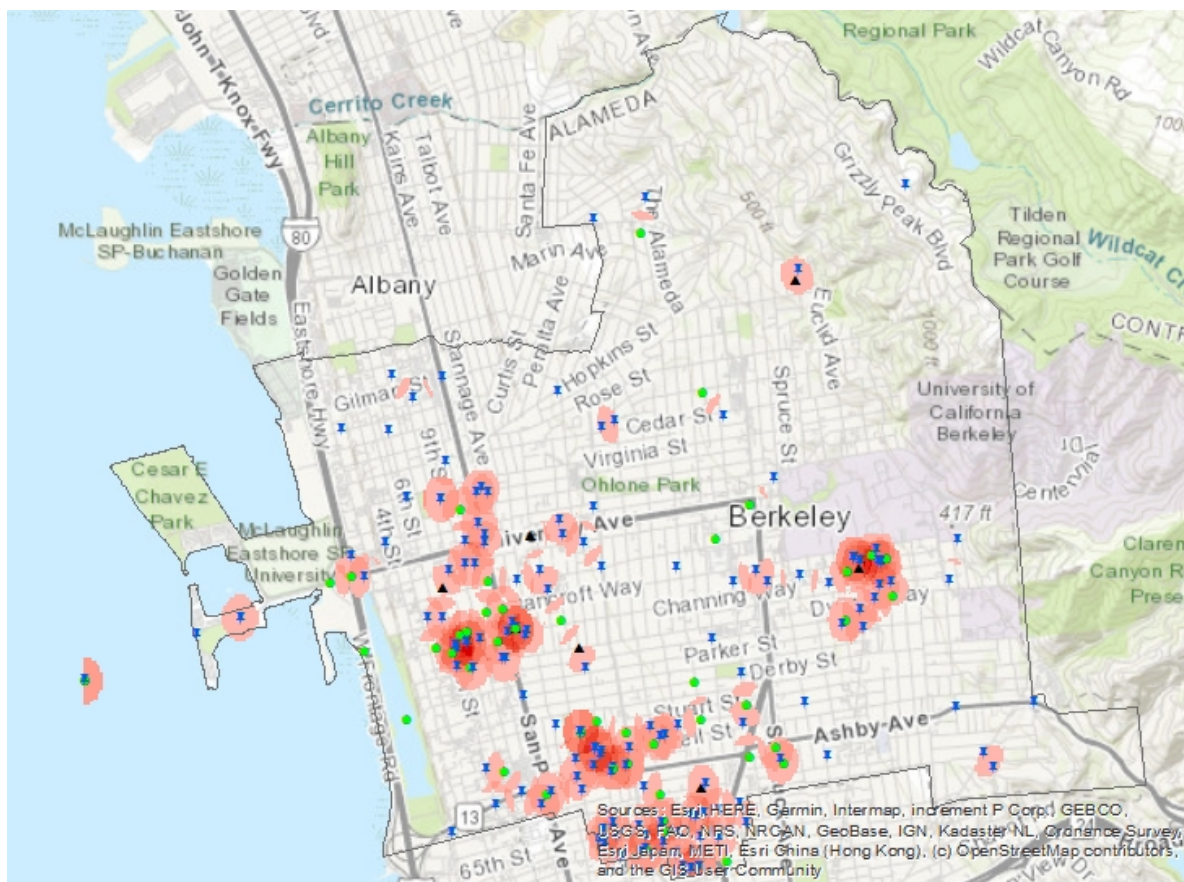
References 68

Executive Summary

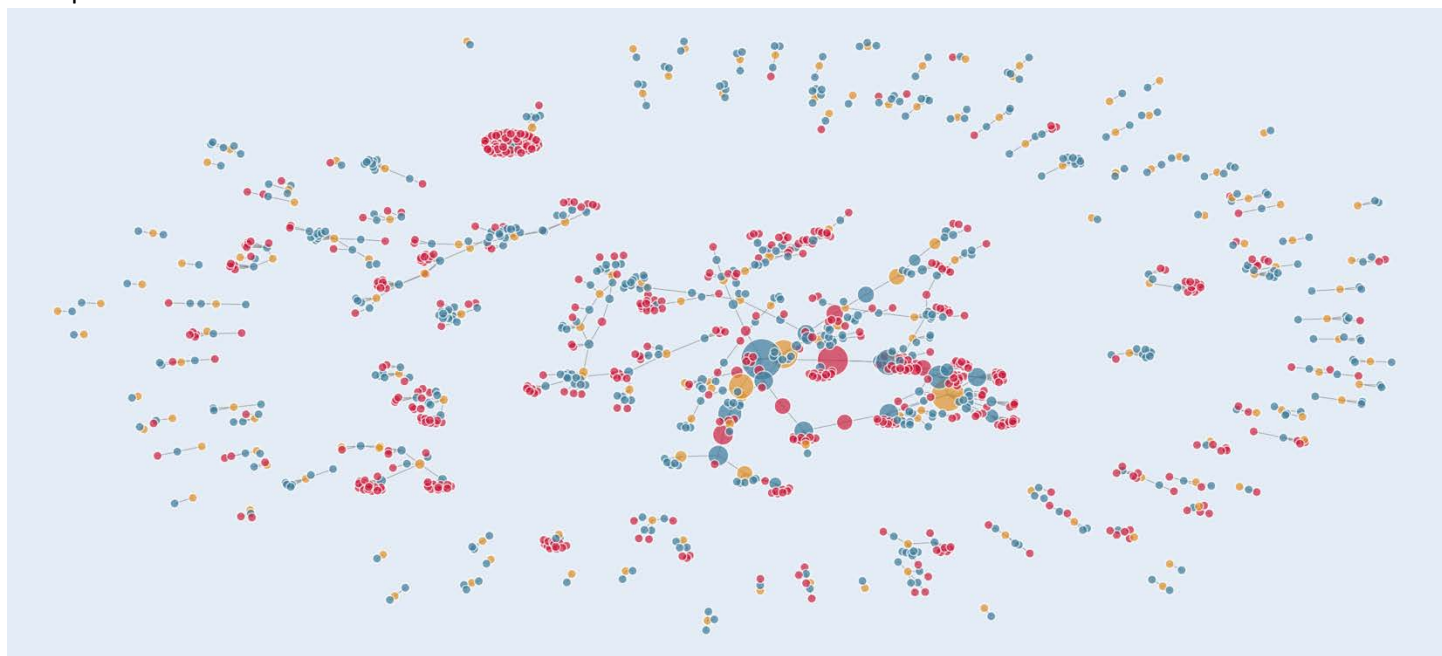
Gun violence in Berkeley is rising rapidly and becoming a city-wide concern. As such, the City Council has affirmed a \$1 million budget for “Berkeley Ceasefire” that will fund non-police interventions. Within the police department, the Gun Violence Intervention Working Group of the Berkeley Police Department is partnering with a UC Berkeley researcher to develop a program that incorporates both police and non-police interventions.

Causes of this steep rise in gun violence – from seven to over 50 annually in the last five years – are several. 4% have been fatal, 21% have resulted in injury, and 75% were simply “shots fired”. First, Berkeley’s problem is in the context of skyrocketing gun violence nationwide and regionally. Second, the proliferation of ghost guns makes it even more difficult to suppress supply-side dynamics. Third, street-crew shootings and domestic violence make up some portion of shootings. However, much of the gun violence is not categorized and cannot be attributed to any one cause.

This research employs mixed methods. Qualitatively, an extensive literature review was done on major topics around gun violence and prevention, and interviews with experts and practitioners were conducted. Quantitatively, I calculated geospatial point density using ArcGIS to locate “hot spots” and I performed social network analysis (SNA) to identify networks relevant to gun violence. Geospatially, I identified seven key locations for the department and community to focus interventions on. SNA revealed key ideal recipients of both social service outreach and focused deterrence measures.



Hot Spots Identified



Berkeley Shootings Social Network of Offenders and Victims

I considered a basic version of hot spots policing, a problem-solving version of hot spots policing, SNA-based focused deterrence, SNA-based social services, warrants to remove firearms from domestic abusers, street outreach workers, and hospital-based violence intervention programs as components to form a comprehensive gun violence prevention program. Ultimately, I concluded that four of these components will form the basis of the recommendation – problem solving at hot spots, focused deterrence, social services, and street outreach workers. This program option is advantageous because it is holistic and erodes gun violence from multiple angles. Additionally, if one approach is clearly not working or is running up too high of a cost, it can be cut and other portions of the program can remain ongoing instead of rebuilding a new program from scratch. This program should be monitored as closely as possible during its first year followed by an annual pre-test post-test evaluation to determine how close the program is to meeting the benchmark of 10% fewer shootings per year.

Intervention	Description
POP at Shooting Hot Spots	Random patrol idles at and checks on hot spots for 15-20 minutes. Officer notes events, people, or problems that facilitate crime at hot spot.
SNA Focused Deterrence	Social Network Analysis is used to identify who is most likely to be involved in future gun violence and a CBO and police deliver a “hard” deterrence message and the community delivers a “soft” extension of help or social services.
SNA Social Services Outreach	Connected to above but can be done without deterrence. SNA is used to identify people who are at risk and to extend wraparound social services to them, tailored to their specific needs. Case management ideal.
Street Outreach Workers	These individuals have connections to the community and carry legitimacy in their work to diffuse conflict, stop retaliation, and urge non-violence. They also help people exit a violent lifestyle.

Statement of Positionality

I am a white skinned, queer, Latinx woman. I am Venezuelan American. I have never been shot or involved in any violent crime. This research and its findings are part of my Master’s thesis, for the Advanced Policy Analysis course at the Goldman School of Public Policy at the University of California, Berkeley.

Introduction and Problem Analysis

I recommend that Berkeley implement a multi-pronged, holistic gun violence prevention program that incorporates problem-solving at hot spots, street outreach, targeted focused deterrence and social services.

The number of incidents involving firearms is sharply rising in Berkeley, California, a small city in the San Francisco East Bay. Berkeley is not alone. The nation has seen a dramatic rise in gun violence in all cities, spurring policymakers and public safety practitioners to find solutions. The Berkeley Police Department’s Gun Violence Intervention Working Group, city councilmembers, and community leaders are searching for near-term strategies to reduce gun violence.

Many gun violence intervention programs have been developed throughout the country, focusing on everything from place-based or “hot spots” policing to public health epidemiological modeling to a combination of several approaches. There have also been many programs that integrate other city services and departments, as well as Community-Based Organizations (CBOs). All of these programs have all had varying effects and results, not to mention costs and personnel. The challenge Berkeley has is to design a multi-pronged program that is uniquely suited to its mode of gun violence and to also develop a monitoring and evaluation process that the department will implement after some time has passed. Existing models typically have a multi-pronged approach, and often include both police activities and activities taken on by other city departments or CBOs.

Let it be noted that for the purposes of this research problem and design, “gun violence” will be defined as firearm violence between two or more people, and classified as either “shots fired”, shooting-related injury, or shooting-related death. This provides clarity that suicides, although a majority (roughly two-thirds) of firearm violence incidents in the United States¹, are not within the scope or aim of this particular project.

In 2020, Berkeley’s \$1 million Ceasefire Program² was proposed by the City Council³ in response to an alarming rise in shootings – 39 that year. In 2021 there were 50 incidents of gun violence and in 2022 even more, resulting in three dead and 15 injured.⁴ Over the past five years, shootings have risen from 15 in 2017 to 53 in 2022 – an increase of over 353%.⁵ The population of Alameda County has fallen since the 2020 census, primarily attributed to the pandemic.^{6,7} Berkeley’s population likewise has dropped to 117,145 in 2021.⁸ So, there are approximately 45 shootings per 100,000. But, calculating only for injuries and deaths due to firearm violence, that figure drops to approximately 13 per 100,000. For injuries alone the rate is 10 per 100,000. The rate of gun deaths, however, is just 2.6 – far smaller than the state rate of 9 per 100,000. I was unable to find shots fired or firearm injury data for the state as a whole.

This is a policy problem because the police department is in charge of public safety for the City of Berkeley. This charge is represented through city budgeting, city regulations, and internal police policies. Gun violence is a clear threat to public safety and public health, one that represents injuries and loss of life. “Effective violence prevention is

¹ Wintemute, Garen J. “The Epidemiology of Firearm Violence in the Twenty-First Century United States.” *Annual Review of Public Health*, vol. 36, no. 1, Mar. 2015, pp. 5–19. DOI.org (Crossref), <https://doi.org/10.1146/annurev-publhealth-031914-122535>.

² The goal of the Ceasefire Program, formally the “Violence Intervention Initiative”, is to identify community members most likely to engage in violence and surround them in “circles of care” like drug rehabilitation, job training, and available social workers. This is what the fiscal year 2023-2024 budgets for the Ceasefire Program: one full time director, one program manager, five life coaches, three outreach workers, a fringe estimate, and gun violence problem analysis.

³ “Ceasefire Off Agenda Memo- Update Violence Intervention Initiative Berkeley Ceasefire.Pdf.” *Google Docs*, https://drive.google.com/file/d/1ESpeLFADzRbLVNRBR6Ujdi1Uu4PwyFE1/view?usp=embed_facebook. Accessed 18 Jan. 2023.

⁴ *Current Trends*. Berkeley Police Department, Transparency Hub <https://bpd-transparency-initiative-berkeleypd.hub.arcgis.com/pages/current-trends>. Accessed 25 Jan. 2023.

⁵Id.

⁶ Base population of 2020 census for entire county is 39,538,245. Census estimate for 2022 is 39,029,342.

⁷ Bureau, U. C. (n.d.). *County population totals and components of change: 2020-2022*. Census.Gov. Retrieved May 5, 2023, from <https://www.census.gov/data/datasets/time-series/demo/popest/2020s-counties-total.html>

⁸ U. S. Census bureau quickfacts: *Berkeley city, California*. (n.d.). Retrieved May 4, 2023, from <https://www.census.gov/quickfacts/berkeleycitycalifornia>

fundamental to community and economic development, mental health, and a decent quality of life”.⁹ Gun violence is also a problem that can be addressed through policy formation and change. This policy formation and change has occurred in cities throughout the country, so there are many blueprints for Berkeley to follow.

“Public safety is foundational to human development, economic development, and a civilized life – and communities beset by violence in all those respects...Gun violence is a multifaceted problem requiring a multifaceted response. But an essential component of any comprehensive effort is more effective policing. Most instances in which one person shoots another are crimes. The police offer a unique capacity for violence prevention that has no good substitute from other institutions, and effective policing could prevent much of the shooting.” – Braga and Cook, 2022¹⁰

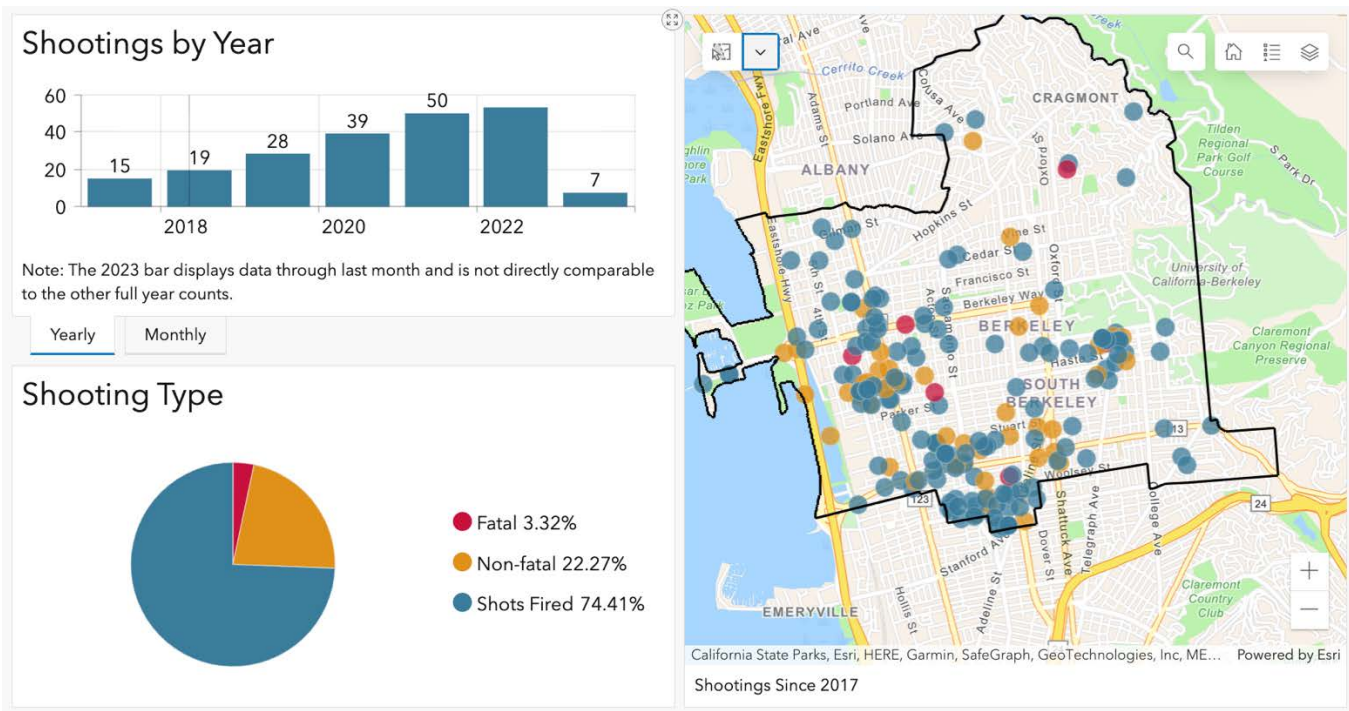
This project is best defined as “programmatically”, “prescriptive”, and “evaluative”. The goal of this project is to design a program for Berkeley to adopt – some policy prescription is needed to do that. And on the back end the program needs a way to be evaluated so that future versions integrate past successes or failures into better addressing the causes of gun violence.

It became clear to the Berkeley City Council that this rise was steep and unusual, prompting action. They are prominent stakeholders in the perseverance of said action, whatever it may be – Berkeley Ceasefire and additional measures taken. But more importantly, so are Berkeley’s inhabitants, workers, and passersby. Over the last several years in Berkeley, families of victims and concerned citizens have held rallies for change as well as vigils in memory of those killed. However, “shots fired” and “shooting-related injuries” affect even more people – not just those directly involved but also their greater neighborhood and even the whole city. Promoting a Berkeley that feels and *is* safe to all people, however lofty, is a theme of this project.

Geographic specificity here matters. (Northeast Berkeley neighborhoods Northside etc.) and the Berkeley hills area (Cragmont etc.), simply put, experience less gun violence of all varieties as defined in this project. Clearly from the map on Berkeley Police Department’s “Transparency Hub”, South (of UC Berkeley) and West Berkeley are where a majority of gun violence incidents occur and where we should be focused.

⁹ Braga, A. A., & Cook, P. J. (2023). *Policing gun violence: Strategic reforms for controlling our most pressing crime problem*. Oxford University Press.

¹⁰ Id.



11

Who is involved in these incidents matters too. South and West Berkeley are home to more people of color, people that are lower income, and who live in more of a “city-scape” proximate to Oakland and the water. In Berkeley, most perpetrators of gun violence in Berkeley are African American and victims are predominantly African American.¹² Nationwide, “Homicide risk is concentrated to a remarkable degree among Black males through much of the life span. At ages 20-29 in 2012, the firearm homicide rate for Black males was at least five times higher than that for Hispanic males and at least 20 times that for White males.”¹³ This is true for Berkeley as well. Arrested subjects, suspects, and detainees were 81% male and 19% female. They were 67% Black, 19% Hispanic, 9% white, 4% Asian, and 2% other. For firearm victims, they were 58% male, 42% female, 40% white, 25% Black, 13% other, 12% Hispanic, and 10% Asian. Notably, this includes victims of property crime, who are more likely to be white, and which distorts the racial percentages of victims. Excluding “shots fired” entirely for victims in order to exclude property damage, the race breakdown does change: 37% Black, 30% white, 15% Hispanic, and 13% other.¹⁴ These figures are for all shootings.

This report does seek to know the “why”. We are interested in *who* is involved in gun violence, *where* the incident took place, *what* happened, and *how* individuals were affected (injury, loss of life, fear). But crucially, “why” gun violence is occurring, and occurring the ways that it currently does in Berkeley, will illuminate our pursuit of the right gun violence

¹¹ *Current trends*. (n.d.). Retrieved March 7, 2023, from <https://bpd-transparency-initiative-berkeleypd.hub.arcgis.com/pages/current-trends>

¹² Berkeley Police Department, 2023

¹³ Wintemute, Garen J. “The Epidemiology of Firearm Violence in the Twenty-First Century United States.” *Annual Review of Public Health*, vol. 36, no. 1, Mar. 2015, pp. 5–19. DOI.org (Crossref), <https://doi.org/10.1146/annurev-publhealth-031914-122535>.

¹⁴ Berkeley Police Department, 2023

prevention program and program evaluation. Generally, gun violence is rising in Berkeley because nationwide, cities are seeing spikes in gun violence, locally ghost guns are proliferating, there is some gang- and street-crew gun violence, and there is some firearm-related domestic violence. However, the majority of gun violence cases are not specific to any category and is “random”. This is especially true of when police arrive on scene, possibly have witnesses, but only identify shell casings and do not apprehend a suspect. This happens more often than not.

The client in this case should seek to sustain a continued decrease in gun violence incidents, year after year. The Center for Criminal Justice Violent Crime Working Group states that city leaders and criminal justice advocates should aim for an annual homicide and violent crime reduction of 10% because that goal is both tangible and realistic for cities.¹⁵ At Berkeley’s volume, that’s about six shootings per year. Such a benchmark is helpful but not strict. Any reduction is a good sign and obviously exceeding it is welcome.

Long term, Berkeley should hope to get back to the 2017 rate of less than ten annual gun violence incidents. Over the course of less than ten years, we should expect to return to 2017 levels. If we are to expect the pandemic to continue subsiding, addressing gun violence with a holistic program should decrease gun violence now faster than it rose over the past five years due with that anomaly.¹⁶ This is what happened in Champaign, Illinois after they implemented their multi-pronged, holistic *Blueprint* program.¹⁷ The program should be monitored closely in its first year, following a very thorough annual evaluation. Then, each year there should be an analysis of shootings that occurred, what form gun violence is taking over time, and how close the city is to that 10% reduction.

Gun Crimes and Regulations Legal Landscape in Berkeley

In California, a background check is done at the point of sale for every firearm sold. It requires that everyone with a concealed carry permit complete a training that includes shooting a gun. Open carry requires a permit or is barred altogether, and the state can bar concealed carry permits to be issued to anyone they deem dangerous. The state has so far refused to enact a “Shoot First” law, also known as a “Stand Your Ground” law. Assault weapons are prohibited, except where they have been grandfathered in or modified to be “California compliant”. New handguns are required to have childproofing features and microstamping technology – which marks bullets and cartridge cases with a unique fingerprint each time the firearm is discharged. To abide by state law, firearms must be stored locked, unloaded, and separate from ammunition when a child under 18 can or will access the firearm. Ghost guns are regulated (this is not particularly enforceable), high capacity magazines are prohibited, and there is no legal immunity for the gun industry. Officials are required to trace all guns recovered at crime scenes.

People with violent misdemeanors, felonies, hate crime convictions, a short-term emergency order in place (for domestic abusers), or a history of stalking are prohibited from possessing a firearm. Domestic abusers with misdemeanor convictions or restraining orders in place, and stalkers must relinquish their weapons. Fugitives and those who have been involuntarily committed or deemed a danger to themselves or others are barred from possessing a

¹⁵ “Saving Lives: Ten Essential Actions Can Take to Reduce Violence Now.” *Council on Criminal Justice*, 12 Jan. 2022, <https://counciloncj.org/10-essential-actions/>.

¹⁶ *Gun violence prevention and response*. (n.d.). City of Champaign. Retrieved May 4, 2023, from <https://champaignil.gov/police/resources/gun-violence-prevention-and-response/>

¹⁷ *Id.*

weapon. Law enforcement, immediate family members, employers, coworkers, teachers, roommates, people with a child in common or who have a dating relationship in California can petition the court to temporarily take away gun access for those in crisis. There are no guns allowed in K-12 schools, on college campuses, at the state capitol, or in political demonstrations. Dealers are required to be licensed, are barred from completing sales while background checks are ongoing, must release their sales records to law enforcement and notify law enforcement when someone barred from doing so attempts to purchase a weapon. Finally, there are waiting periods to buy a gun. These are the foundational laws related to firearms in California.¹⁸

California also allows localities to enact their own gun safety laws. In Berkeley, discharging a firearm is illegal in all cases *except* where law enforcement is concerned or a citizen is acting in assisting an officer. Violation of this law is a misdemeanor and shall be punished by a fine of not more than one thousand dollars, or by imprisonment not to exceed six months, or by both such fine and imprisonment.¹⁹ Right now in Berkeley, there is “a rise in detection and seizure of firearms lacking serial numbers or other identifying markings, commonly known as “ghost guns””.²⁰ They are prohibited by city ordinance but have been linked to many shootings over the last several years. Each possession and use of a ghost gun (or part or frame of a ghost gun) is a Class 1 misdemeanor. In 2022, BPD seized 47 ghost guns and 72 other guns. It is a rising problem, complicating tracing guns to crimes and to people.

Data Analysis Results

Hot Spot Analysis

Hot spot analysis of shootings in Berkeley shows that they are concentrated at about seven specific sites. ArcGIS was used to do geospatial analysis on five years of shooting data in Berkeley. Because there were fewer than 2,000 data points, we were unable to run Cluster, Hot Spot, or Optimized Hot Spot analysis. Instead, Point Density analysis was used as it can run for smaller datasets.²¹

We knew broadly already that the south (of UC Berkeley) and west parts of Berkeley are where most shootings occur. Although at first shootings appeared to be clustered along long corridors, our Point Density analysis allowed us to further demonstrate what intersections and city blocks are statistically significant points of convergence that deserve attention. Seven locations were foremost identified by the software: 63rd Street & King Street, Acton Street & Russell Street, Channing Street & 8th Street, Channing Street & San Pablo Avenue, Durant Street & Sather Street, Harmon Street & Sacramento Street, and Oregon Street & Park Street (San Pablo Park). Identifiable to BPD from experience is the site just south of UC Berkeley, San Pablo Park, and two sites on Channing that relate to public housing where chronic

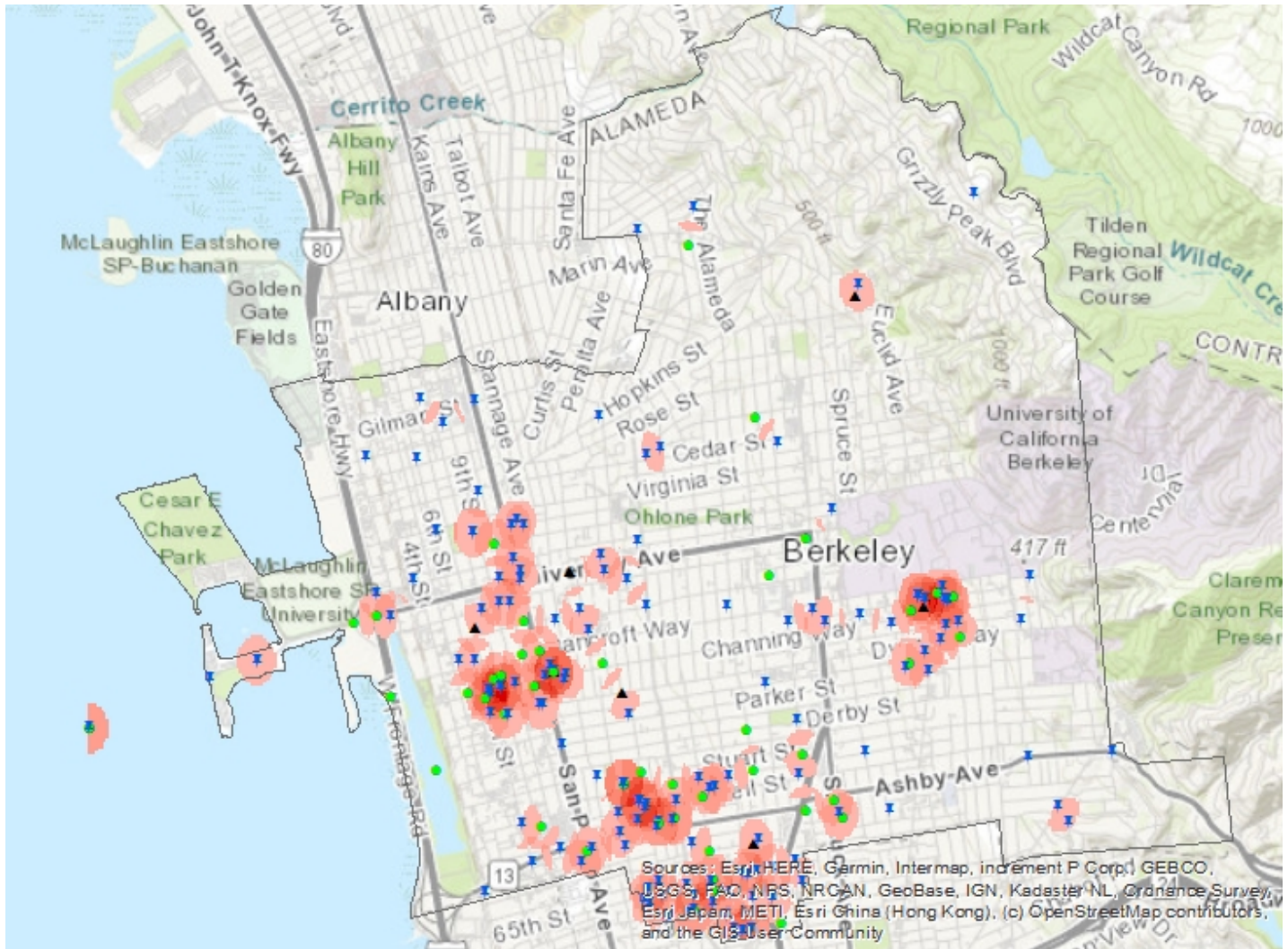
¹⁸ *California*. (n.d.). Everytown Research & Policy. Retrieved April 8, 2023, from <https://research.everytown.org/rankings/state/california/>

¹⁹ *Ch. 13.72 Discharge of Firearms*. (n.d.). Berkeley Municipal Code. Retrieved April 8, 2023, from <https://berkeley.municipal.codes/BMC/13>.

²⁰ *Ch. 13.73.010 Non-Serialized Firearms*. (n.d.). Berkeley Municipal Code: PROHIBITION OF POSSESSION OR SALE OF NON-SERIALIZED, UNFINISHED FIREARM FRAMES OR RECEIVERS AND NON-SERIALIZED FIREARMS. Retrieved April 17, 2023, from <https://berkeley.municipal.codes/BMC/13.73.010>

²¹ The Point Density Tool calculates a magnitude-per-unit area from point features that fall within an area around each cell. The sum value of points within a search area (neighborhood) is divided by the search area size to get each cell's density value. Conceptually, a neighborhood is defined around each raster cell center, and the number of points that fall within the neighborhood is totaled and divided by the area of the neighborhood. calculates the magnitude per unit area from point features within a neighborhood.

offenders are known to reside. Below we have shown the full picture of the city with the Point Density layered on top. A zoomed in portrait of each of one can be found in Appendix C.



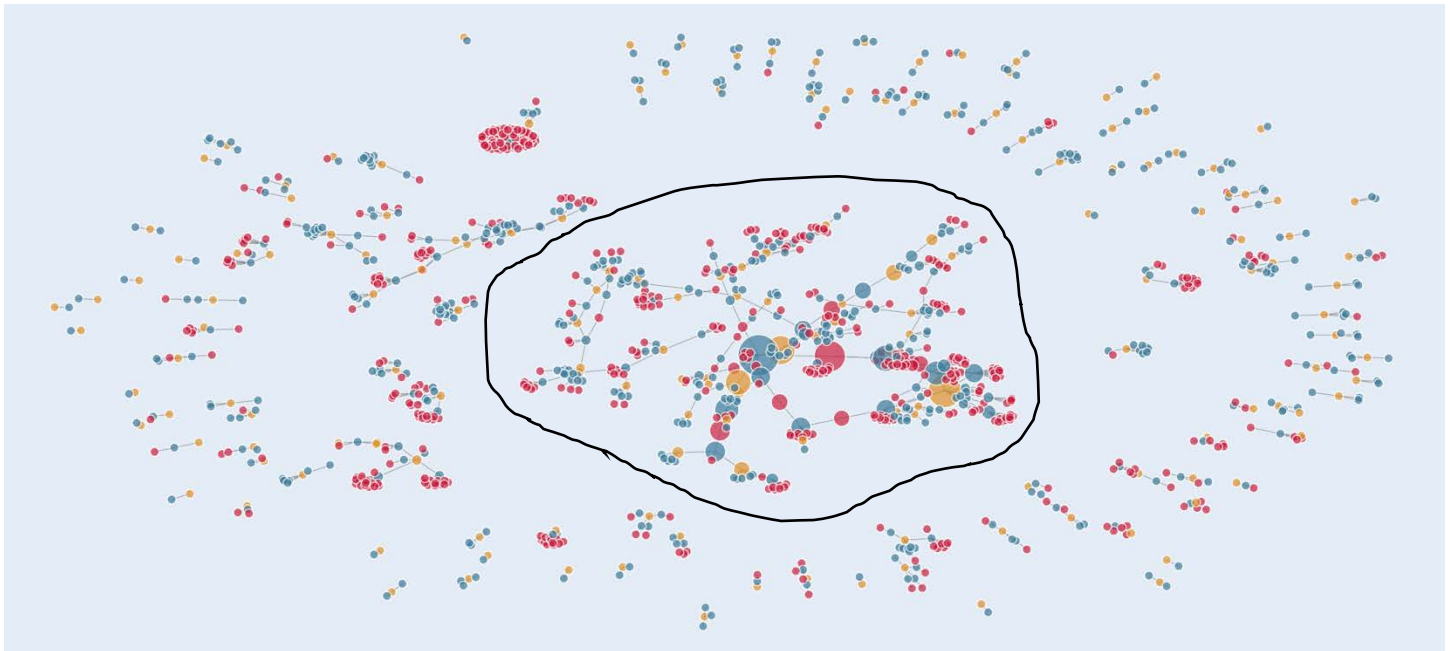
Temporal analysis of shootings in Berkeley reveals very little. There are not clear patterns about how shooting locations have changed over the last five years. There does not seem to be an identifiable pattern when viewing the shootings by quarter year.

Social Network Analysis

“By identifying high-risk individuals and transmission pathways that might not be detected by other means, a contagion-based approach could detect strategic points of intervention that would enable measures to proactively reduce the trauma associated with gun violence rather than just react to past incidents...such a contagion-based approach is centered on the

subjects of gun violence and...has the potential to move the larger public dialogue on gun violence away from efforts that rest largely on geographic or group-based policing efforts that tend to disproportionately affect disadvantaged minority communities.” – Green, Horel, and Papachristos (2017)²²

Social Network Analysis allowed us to see clearly that what Berkeley has is akin to other cities. We have a large network of incidents, suspects/detained parties/arrested, and victims. Within that network is a denser, more interconnected network at the center compared to the larger network. See below:



It is important that the distal effects of exposure are considered. With any SNA intervention, we should include not just immediate ties to victims and perpetrators but also their indirect 2nd degree and higher order ties.²³ Likelihood of victimization is two to three times greater if one has a social tie to a victim than if they have no exposure to victims.²⁴ This accounts for how transmissible victimization within networks.²⁵ In Boston’s Cape Verdean network, researchers found 85% of victims in the large component.²⁶ In Newark, 33% of all shootings occurred in network components comprising approximately less than 4% of the entire population.²⁷ Clustering also occurs *within* a network – you can

²² Green, B., Horel, T., & Papachristos, A. V. (2017). Modeling contagion through social networks to explain and predict gunshot violence in Chicago, 2006 to 2014. *JAMA Internal Medicine*, 177(3), 326. <https://doi.org/10.1001/jamainternmed.2016.8245>

²³ Papachristos, A. V., Wildeman, C., & Roberto, E. (2015). Tragic, but not random: The social contagion of nonfatal gunshot injuries. *Social Science & Medicine*, 125, 139–150. <https://doi.org/10.1016/j.socscimed.2014.01.056>

²⁴ Id.

²⁵ Green, B., Horel, T., & Papachristos, A. V. (2017). Modeling contagion through social networks to explain and predict gunshot violence in Chicago, 2006 to 2014. *JAMA Internal Medicine*, 177(3), 326. <https://doi.org/10.1001/jamainternmed.2016.8245>

²⁶ Papachristos, A. V., Braga, A. A., & Hureau, D. M. (2012). Social networks and the risk of gunshot injury. *Journal of Urban Health*, 89(6), 992–1003. <https://doi.org/10.1007/s11524-012-9703-9>

²⁷ Papachristos, A. V., Braga, A. A., Piza, E., & Grossman, L. S. (2015). The company you keep? The spillover effects of gang membership on individual gunshot victimization in a co-offending network: gang membership, networks, & victimization. *Criminology*, 53(4), 624–649. <https://doi.org/10.1111/1745-9125.12091>

see dense pockets of individuals connected to each other by a small number of ties. While perhaps not as extreme, Berkeley's network follows a similar dynamic, as is visually apparent.

Key Criteria

Do not allow non-police interventions in a program to amount to more than the allotted \$1 million. Berkeley Police explained to me that that budget was for non-police interventions. The annual Ceasefire budget that was passed by the City Council is for non-police interventions of one million dollars in sum. Anything of that nature under the umbrella of the program cannot exceed this amount annually. This is the most difficult criterion to fulfill, as we will see that most non-police program elements likely surpass this budget. It is probable more funds will need to be procured, and demonstrated project success will help the city to prioritize and justify more funding.

Reduction of shootings by 10% per year.²⁸ For Berkeley this amounts to about 5 shootings per year. This is the basic measure of effectiveness for the project, supported by literature – specifically it is the recommendation to law enforcement by the Council on Criminal Justice. This criterion is essential, although it may take time to achieve. Any reduction should be seen as a success. But, the program should be flexible enough to allow for alterations to be made continually to enable the program to get to a 10% reduction in shootings annually.

The program needs to be workable to the City Manager's Office that will authorize the program. This report will be read and implemented by the Office of the City Manager. It is necessary that the report is understandable from their point of view and also acceptable from a political standpoint. The city is still hiring for the specific position of Assistant to the City Manager so it is impossible to know the constraints they will bring to the project.

This program needs to avoid delegitimizing the Berkeley police, instilling fear of crime in Berkeley residents, and decreasing the community's collective efficacy.^{29, 30} These metrics are signs that the community-police relationship is breaking down. Police legitimacy means that the public consents to police authority and sees their part of the contract as obeying city laws. Crime spikes or hostility toward police are signs that police legitimacy is decreasing. Fear of crime can occur when a portion of the city is visually seeing more police in their immediate vicinity and interpreting this as a sign that crime has increased. When fear of crime increases in a city, fewer people interact with their neighbors or report incidents that they feel are happening all the time. Collective efficacy is the social cohesion of a group, which allows for residents to enforce mutually agreed upon norms and rules for their neighborhood. Ensuring community-police relationship success is critical to the mission of reducing gun violence. Even if short-term goals are achieved, a breakdown could offset any gains in long-term crime control.³¹ A community survey or way for residents to report how they are feeling and behaving in their neighborhood after the treatment begins would be a good start to evaluating this

²⁸ Saving lives: Ten essential actions cities can take to reduce violence now. (2022, January 12). *Council on Criminal Justice*. <https://counciloncj.org/10-essential-actions/>

²⁹ Weisburd, D., Bushway, S., Lum, C., & Yang, S.-M. (2004). Trajectories of crime at places: A longitudinal study of street segments in the city of Seattle*. *Criminology*, 42(2), 283–322. <https://doi.org/10.1111/j.1745-9125.2004.tb00521.x>

³⁰ Weisburd, D., & Telep, C. W. (2014). Hot spots policing: What we know and what we need to know. *Journal of Contemporary Criminal Justice*, 30(2), 200–220. <https://doi.org/10.1177/1043986214525083>

³¹ Id.

metric. If funds allow, having a polling agency do this work formally would go a long way to ensuring the health of the community-police relationship.

Continually monitor the program and analyze progress to ensure success. Ensure that there are personnel to monitor and evaluate the program in its infancy and on the annual. Both budget and effectiveness need to be monitored. The budget constraints are above, and it needs to be reviewed not only annually but as the program goes along to make sure that non-police interventions will not exceed the one million dollar figure at year's end. In terms of effectiveness we know that our aim is about 5 fewer shootings per year. *But*, we want to stay in touch with different safety practitioners to make sure that what is being seen and heard on the ground lines up with this goal – even before the year is over.

Use of police and non-police resources. It is well known that the police are not a multitool for all public safety issues. Many issues can be addressed or improved using city services or community-based organizations (CBOs). The gun violence intervention program needs to utilize both the capabilities of law enforcement and the different services available through the city or CBOs.

Program components

Component #1: Hot Spots Policing/Place-based Policing

Based on a long history of experimental and quasi-experimental studies and evidence, it is now known that hot spots policing – focusing on places not people – is an effective crime prevention strategy.^{32, 33, 34} Hot spots are identified by creating a crime map, usually with a GIS mapping system, plotting incidents, and using one of the various mathematical hot spot tools to highlight where crime convergence is unusually high compared to other micro-units of a city. Police randomly idle at hot spots every several hours and remain there for 15-20 minutes.³⁵ An absolute minimum of 10 minutes must be spent there to have a crime control effect and some “survival time”.³⁶ Survival time is the amount of time after police leave that an area remains disorder- and crime-free.³⁷ Koper (1995) studied the residual deterrent effects of police patrols in hot spots and whether longer “dosages” (time spent at a hot spot) created stronger effects. He found that each additional minute of police presence increased survival time by 23%.³⁸

Two theories underpin this strategy. First, deterrence: police can maximize crime and disorder reduction at hot spots simply by being visible randomly and intermittently, thus maximizing deterrence and minimizing the amount of

³² Weisburd, D., & Telep, C. W. (2014). Hot spots policing: What we know and what we need to know. *Journal of Contemporary Criminal Justice*, 30(2), 200–220. <https://doi.org/10.1177/1043986214525083>

³³ Braga, A. A., Papachristos, A. V., & Hureau, D. M. (2010). The concentration and stability of gun violence at micro places in Boston, 1980–2008. *Journal of Quantitative Criminology*, 26(1), 33–53. <https://doi.org/10.1007/s10940-009-9082-x>

³⁴ Skogan, W. G., & Frydl, K. (2004). *Fairness and effectiveness in policing: The evidence*. National Academies Press.

³⁵ Koper, C. S. (1995). Just enough police presence: Reducing crime and disorderly behavior by optimizing patrol time in crime hot spots. *Justice Quarterly*, 12(4), 649–672. <https://doi.org/10.1080/07418829500096231>

³⁶ Id.

³⁷ Id.

³⁸ Id.

unnecessary time spent at hot spots. Second, crime opportunity reduction: police presence modifies the opportunity structure to cause crime and disorder at hot spots.³⁹

The concern has often been, if you are patrolling certain micro-locations more often, you might encounter negative crime spillover effects to neighboring areas as the hot spot is recognized to encounter police more often.⁴⁰ However, several studies have shown that what is more likely is the diffusion of crime control benefits into the surrounding areas, not crime displacement.^{41, 42, 43, 44}

In one small city in the Midwest, continual adjustment of hot spots, and active management and tracking of patrols helped keep officers diligent as a trend has been that effectiveness of this intervention decreases over time. This study showed that without deep problem solving efforts, a sustained visible presence approach can also serve to impact crime over the long run.⁴⁵ This strategy can easily be operationalized for Berkeley gun violence. For this report, hot spot analysis was run and seven locations were identified [12].

Component #2: Hot Spots Policing Version of Problem-Oriented Policing (POP)

The same theories of deterrence and opportunity reduction underlie POP at hot spots. Braga (2012) found that POP programs that incorporate hot spots policing produced effect sizes more than double those produced by hot spots studies only on police presence.⁴⁶ POP is associated with statistically significant impacts on crime reduction and shows no evidence of crime displacement.⁴⁷

The first step to POP at each hot spot is identifying the spots, bumping up police presence for the near future, and spending that same 15 minutes every few hours of patrol at the spot, patrolling and scanning for potential problems

³⁹ Braga, A. A., Turchan, B. S., Papachristos, A. V., & Hureau, D. M. (2019). Hot spots policing and crime reduction: An update of an ongoing systematic review and meta-analysis. *Journal of Experimental Criminology*, 15(3), 289–311. <https://doi.org/10.1007/s11292-019-09372-3>

⁴⁰ Weisburd, D., & Telep, C. W. (2014). Hot spots policing: What we know and what we need to know. *Journal of Contemporary Criminal Justice*, 30(2), 200–220. <https://doi.org/10.1177/1043986214525083>

⁴¹ Braga, A. A., Turchan, B. S., Papachristos, A. V., & Hureau, D. M. (2019). Hot spots policing and crime reduction: An update of an ongoing systematic review and meta-analysis. *Journal of Experimental Criminology*, 15(3), 289–311. <https://doi.org/10.1007/s11292-019-09372-3>

⁴² Sherman, L. W., & Weisburd, D. (1995). General deterrent effects of police patrol in crime “hot spots”: A randomized, controlled trial. *Justice Quarterly*, 12(4), 625–648. <https://doi.org/10.1080/07418829500096221>

⁴³ Weisburd, D., Wyckoff, L. A., Ready, J., Eck, J. E., Hinkle, J. C., & Gajewski, F. (2006). Does crime just move around the corner? A controlled study of spatial displacement and diffusion of crime control benefits. *Criminology*, 44(3), 549–592. <https://doi.org/10.1111/j.1745-9125.2006.00057.x>

⁴⁴ Bowers, K. J. (2004). Prospective hot-spotting: The future of crime mapping? *British Journal of Criminology*, 44(5), 641–658. <https://doi.org/10.1093/bjc/azh036>

⁴⁵ Koper, C. S., Lum, C., Wu, X., & Hegarty, T. (2021). The long-term and system-level impacts of institutionalizing hot spot policing in a small city. *Policing: A Journal of Policy and Practice*, 15(2), 1110–1128. <https://doi.org/10.1093/polic/paaa096>

⁴⁶ Braga, A. A. (2008). *Problem-oriented policing and crime prevention* (2nd ed). Willow Tree Press.

⁴⁷ Hinkle, J. C., Weisburd, D., Telep, C. W., & Petersen, K. (2021). Problem-oriented policing for reducing crime and disorder: An updated systematic review and meta-analysis. *CrimRxiv*. <https://doi.org/10.21428/cb6ab371.5277ad69>

using the SARA method (see Literature Review [50]). Regarding what to do at each spot, most traditionally the S.A.R.A. method (Scanning-Analysis-Response-Assessment) is used when applying POP.⁴⁸

Police presence is theorized to deter would-be criminal acts from occurring, and this bears out in the research.⁴⁹ This deterrence is key, but in practice it cannot go on forever. While there, police document problems that could facilitate crime, whether they be social or environmental. That is where other entities, and the police department staff that liaises with them, come into play. Depending on the unique environment of each hot spot, the department would come together and determine what non-police interventions would transform the location. This could involve street teams to diffuse possibly violent situations, street lighting, the addition of green space, among many other interventions. If these transformations cause the area to be perceived differently by would-be criminals (again, this bears out in the research), the program's impact has the staying power to continue to deter gun violence longer than simply patrolling hot spots.

Social Network Analysis, Focused Deterrence, and Social Services

Some social network analysis (SNA) was done for this report. Further SNA may have to be done as time passes or as other alternatives are identified. "Gunshot violence follows an epidemic-like process of social contagion that is transmitted through networks of people by social interactions."⁵⁰ Social network analysis allows police to see clearly which people are most connected to incidents of gun violence and either victims or perpetrators of gun violence.^{51, 52, 53} Studies show that it is these individuals who are most at risk of becoming involved in gun violence for the first time or again. The theories of change here are deterrence and social supports.

Component #3: SNA and Focused Deterrence/Custom Notifications

From SNA the police can identify those most at-risk of gun violence perpetration or victimization. The task then is to deliver a message that violence will no longer be tolerated in the community and that any violence will be met with swift consequences. Champaign, Illinois has a program where these "custom notifications" are not done by law enforcement

⁴⁸ Eck, J. E., & Spelman, W. (1987). *Problem-solving: Problem-oriented policing in Newport News*. U.S. Dept. of Justice, National Institute of Justice.

⁴⁹ Koper, C. S. (1995). Just enough police presence: Reducing crime and disorderly behavior by optimizing patrol time in crime hot spots. *Justice Quarterly*, 12(4), 649–672. <https://doi.org/10.1080/07418829500096231>

⁵⁰ Green, B., Horel, T., & Papachristos, A. V. (2017). Modeling contagion through social networks to explain and predict gunshot violence in Chicago, 2006 to 2014. *JAMA Internal Medicine*, 177(3), 326. <https://doi.org/10.1001/jamainternmed.2016.8245>

⁵¹ Zeoli, A. M., Pizarro, J. M., Grady, S. C., & Melde, C. (2014). Homicide as infectious disease: Using public health methods to investigate the diffusion of homicide. *Justice Quarterly*, 31(3), 609–632. <https://doi.org/10.1080/07418825.2012.732100>

⁵² Papachristos, A. V., Braga, A. A., & Hureau, D. M. (2012). Social networks and the risk of gunshot injury. *Journal of Urban Health*, 89(6), 992–1003. <https://doi.org/10.1007/s11524-012-9703-9>

⁵³ Papachristos, A. V., Wildeman, C., & Roberto, E. (2015). Tragic, but not random: The social contagion of nonfatal gunshot injuries. *Social Science & Medicine*, 125, 139–150. <https://doi.org/10.1016/j.socscimed.2014.01.056>

but by a community-based organization.⁵⁴ This is because when police do notifications, receptivity of that “hard” message by individuals can be very low.⁵⁵

At the least, in Berkeley, street outreach or social workers would need to accompany the police for the delivery of the custom notification and/or provide a written notice of zero tolerance signed by the police chief. The notice would detail that individual’s legal vulnerabilities for their specific criminal history. Avoidance of punishment, theoretically and empirically, is what drives gun violence down. So, for focused deterrence to work, the desire to avoid punishment needs to be there.

After the individual is given the “hard” message, the CBO can deliver the helping or “soft” message. The “soft” message is that neither the CBO nor the police nor the individual’s family want to see them dead from gun violence, and essentially, they all want to help lift this person out of a violent future. They offer the individual various services to help them navigate a new way forward. The downside to this intervention is that the individual can reject both messages, stay involved in violence, and refuse social services. Focused deterrence has credibility in the literature but is by no means the only way the police can utilize SNA.

Component #4: SNA and Social Services

Through identification using SNA, the police can connect at-risk people with community-based organization case managers and thus to social services. This can include case management broadly, mental health services, housing assistance, reentry services for the formerly incarcerated, economic opportunity (employment, training), restorative justice, among other services.

The vast majority of these types of interventions would require the city to partner with CBOs or other city departments⁵⁶ and, as with environmental improvements in Problem Solving Policing, require some sort of go-between for the Berkeley Police Department to monitor the course of the program. The theory of change here is that with additional social supports, the impetus to turn to delinquency and gun violence decreases.⁵⁷ For example, for the young man who is occasionally dealing drugs with a gun and has many connections to gunshot victims, perhaps job training and employment may provide him financial incentive to refrain from carrying a handgun and dealing drugs. For the older gang member, perhaps stable housing opportunities for their family would remove them from the geographic area the gang operates in and provide a way out of life on the street. These are just examples, but very targeted social services can and do change people’s motivations for engaging in violence.⁵⁸ There is not much of a role for law enforcement to play in this intervention, it is more a city-CBO partnership that precludes the “hard” message described above.

⁵⁴Elvir, J. (2023, March 22). *Champagne, Illinois Blueprint Program* [Zoom].

⁵⁵ Id.

⁵⁶ *Pivot*. (n.d.). Retrieved February 15, 2023, from <https://www.cincinnati-oh.gov/police/community-involvement/pivot/>

⁵⁷ Braga, A. A., Papachristos, A. V., & Hureau, D. M. (2010). The concentration and stability of gun violence at micro places in Boston, 1980–2008. *Journal of Quantitative Criminology*, 26(1), 33–53. <https://doi.org/10.1007/s10940-009-9082-x>

⁵⁸ Id.

Component #5 Warrants to Remove Firearms from Domestic Abusers (DVROs) and Individuals Posing a Danger to Themselves or Others (GVROs), Court-Issued Protective Orders, and Criminal Protective Orders (CPOs)

Combining the use of DVROs with GVROs, Court-Issued Protective Orders, and CPOs might be impactful. Each of these are aimed at preventing people deemed to be a danger to themselves or others from possessing a firearm.⁵⁹ GVROs – also referred to as “red flag laws” – are court-issued orders that temporarily suspend a person’s access to firearms when they are found to pose a significant risk to themselves or others by having legal access to firearms or ammunition. Court-Issued Protective Orders are certain orders from a court prohibiting specified persons (also called the “restrained party” or “respondent”) from possessing firearms or ammunition. CPOs are like DVROs, but are issued by a court during a criminal case, or after a finding of guilt. Like GVROs and DVROs, CPOs prohibit the subject of the order from possessing firearms or ammunitions.⁶⁰ Using each of these more and in addition to DVROs would augment the strategy of using DVROs more often in the community.

Component #6 Street Outreach Workers/Violence Interrupters

Out of the public health science of behavioral epidemiology emerged the idea that violence is a social contagion capable of spreading from individual to individual based on exposure.⁶¹ Street Outreach Workers or “Violence Interrupters” address this cause by being a presence on the street, stopping the spread of the contagion of violence. Street Outreach Workers help identify violence and interrupt or mediate it in real time. They are credible messengers, often formerly incarcerated or have been involved in or affected by violence in the past. They bolster any law enforcement intervention they aid due to that credibility.⁶² They often have connections to or knowledge of the street life, culture, and “code”, and can be a quality “go-between” for those living a life of violence and the larger gun violence intervention program.⁶³

Operating beneath this strategy is the aim to increasing informal social controls – or fortifying a community’s collective norms and standards of conduct, and encouraging community members to uphold them. When done well it “marries the goal of strengthening a community’s moral voice against violence with the imperative to offer help to its highest risk population.⁶⁴ It also lends itself to concrete violence interventions, such as controlling rumors during moments of

⁵⁹ *Domestic violence restraining orders and gun violence restraining orders.* (2022, September 20). State of California - Department of Justice - Office of the Attorney General. <https://oag.ca.gov/ogvp/gvro-dvro>

⁶⁰ Id.

⁶¹ Butts, J. A., Roman, C. G., Bostwick, L., & Porter, J. R. (2015). Cure violence: A public health model to reduce gun violence. *Annual Review of Public Health*, 36(1), 39–53. <https://doi.org/10.1146/annurev-publhealth-031914-122509>

⁶² Considering the place of streetwork in violence interventions. (n.d.). *National Network for Safe Communities (NNSC)*. Retrieved March 31, 2023, from <https://nnscommunities.org/guides/considering-the-place-of-streetwork-in-violence-interventions/>

⁶³ Id.

⁶⁴ *Op-ed: What we know (And don’t know) about street outreach and gun violence prevention.* (2021, October 25). Chicago Tribune. <https://www.chicagotribune.com/opinion/commentary/ct-opinion-chicago-gun-violence-street-outreach-20211025-6pylamxs5jzazhyya3x3nb3eya-story.html>

conflict, calming people down to defuse potential retaliation, and mentoring people at high risk of hurting someone or being hurt”.⁶⁵

Component #7 Hospital-Based Violence Intervention

Hospital-Based Violence Intervention Programs identify violently injured patients and intervene at their hospital bedside immediately following a violent victimization. Patients are assigned a case manager or social worker who evaluates patients based on the patient’s perception of their own psychosocial, emotional, or financial needs and connects them with providers in the community that are capable of addressing those needs. Various models tend to emphasize that case workers need to be culturally competent and it is beneficial if they come from similar environments as patients. In the San Francisco Bay Area, there are two such programs. The Wraparound Program is run by Zuckerberg San Francisco General Hospital, and they utilize hospital social worker staff to work with patients if they opt in.⁶⁶ The other is run through Highland Hospital in Oakland by YouthAlive! – a CBO.⁶⁷ I was unable to reach these programs to better understand their similarities and differences. That said, gunshot victims in Berkeley go to Highland Hospital as it is the local Trauma 1 hospital.

Component #8 Gun Buyback Programs

Gun buyback programs are a supply-side oriented tactic to reduce gun violence. Gun buyback programs are “no-questions-asked”, anonymous forums for community members to relinquish weapons in exchange for monetary value – usually cash or a gift card. The theory of change here is financial – money incentivizes those willing to part with their weapon to do so, thereby the community becomes safer for each gun collected in the buyback program.

Longer Term Solutions Addressing the Root Causes of Gun Violence

It is indisputable that addressing the root causes of negative social phenomena improves well-being and has a decreasing effect on violence overall. Berkeley should either start or continue to improve public schools, lessen income inequality and poverty, invest in quality public housing and public services, and build social bridges so under-resourced community members can thrive. They should continue to minimize easy access to firearms by high-risk people – legislatively or via the warrant described above. However, the urgency of this issue makes these longer term solutions drive change over the course of years not months, and are thus outside the particular scope of this project. These solutions should, however, absolutely be part of the normal operations of the city of Berkeley.

Evaluating Components Using Criteria

Hot Spots Policing

⁶⁵ Considering the place of streetwork in violence interventions. (n.d.). *National Network for Safe Communities (NNSC)*. Retrieved March 31, 2023, from <https://nnscommunities.org/guides/considering-the-place-of-streetwork-in-violence-interventions/>

⁶⁶ *Wraparound project*. (n.d.). Retrieved May 5, 2023, from <https://wraparound.ucsf.edu/>

⁶⁷ O’Brien, J. (2019, June 20). Dinner honors clients, highland social workers. *Youth ALIVE!* <https://www.youthalive.org/dinner-honors-clients-highland-social-workers/>

The majority of the U.S. public believes policing is more cost-effective than incarceration and supports focus on sentinel patrols (patrolling and prevention rather than solving crimes already committed) and crime Hot Spots Policing (HSP).⁶⁸ This is relevant because it is common knowledge that Berkeley is to the political left of the U.S. average and therefore is less punitive.

There is very robust evidence not only that hot spots policing is an effective crime prevention strategy but that it has significant diffusion of crime control benefits rather than crime displacement.⁶⁹ It is well established that mere presence of law enforcement at hot spots is sufficient to deter crime.^{70, 71, 72, 73} “Crime prevention is maximized when police focus resources on these micro-units of geography.” While this may seem controversial at the outset, understanding that the micro-units examined here are street segments or intersections. No neighborhood or city area is targeted broadly. Hot spots here are hyper-local locations where there has been a convergence of shootings surrounding that spot. 20 out of 25 experimental or quasi-experimental evaluations report crime reductions, so the vast majority, suggest that when police focus in on this micro-unit they can positively impact public safety in that area.⁷⁴

The Berkeley Police Department says that HSP could be accomplished without increasing costs, with officers spending more time at hot spots along their regular beats. During the day shift there are 14 beats (down from 16 due to staffing shortages). During the night shift they collapse into seven. Each hot spot would require officer presence for 15 minutes every few hours at random.⁷⁵ The main cost of this alternative is a department-wide training where all officers would be taught the efficacy and responsibilities of performing Hot Spots Policing.

⁶⁸ Metcalfe, C., & Pickett, J. T. (2018). The extent and correlates of public support for deterrence reforms and hot spots policing: Deterrence reforms and hot spots policing. *Law & Society Review*, 52(2), 471–502. <https://doi.org/10.1111/lasr.12327>

⁶⁹ Braga, A. A., Turchan, B. S., Papachristos, A. V., & Hureau, D. M. (2019). Hot spots policing and crime reduction: An update of an ongoing systematic review and meta-analysis. *Journal of Experimental Criminology*, 15(3), 289–311. <https://doi.org/10.1007/s11292-019-09372-3>

⁷⁰ Weisburd, D., & Telep, C. W. (2014). Hot spots policing: What we know and what we need to know. *Journal of Contemporary Criminal Justice*, 30(2), 200–220. <https://doi.org/10.1177/1043986214525083>

⁷¹ Braga, A. A., Turchan, B. S., Papachristos, A. V., & Hureau, D. M. (2019). Hot spots policing and crime reduction: An update of an ongoing systematic review and meta-analysis. *Journal of Experimental Criminology*, 15(3), 289–311. <https://doi.org/10.1007/s11292-019-09372-3>

⁷² Braga, A. A., Papachristos, A. V., & Hureau, D. M. (2010). The concentration and stability of gun violence at micro places in Boston, 1980–2008. *Journal of Quantitative Criminology*, 26(1), 33–53. <https://doi.org/10.1007/s10940-009-9082-x>

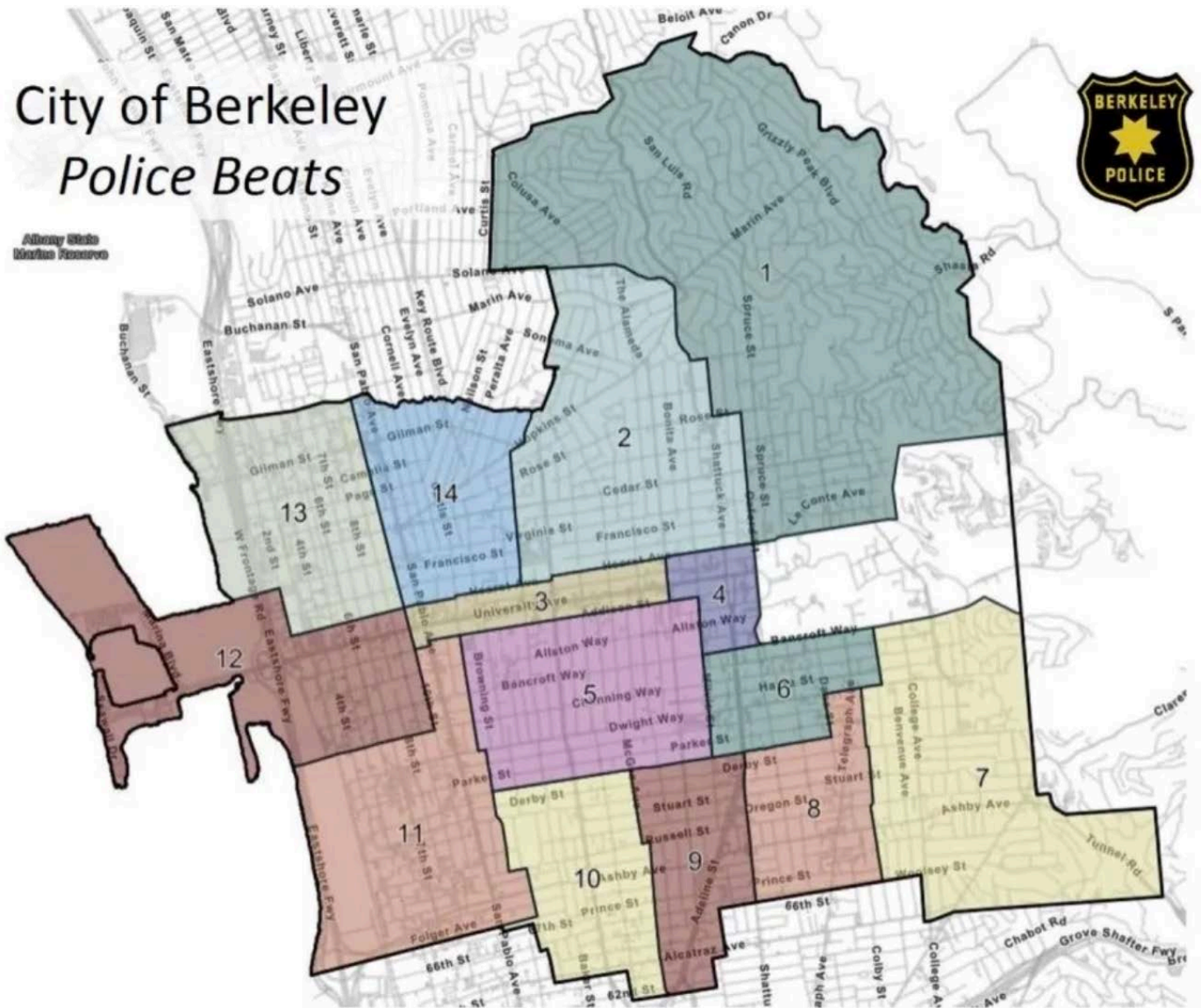
⁷³ Skogan, W. G., & Frydl, K. (2004). *Fairness and effectiveness in policing: The evidence*. National Academies Press.

⁷⁴ Weisburd, D., & Telep, C. W. (2014). Hot spots policing: What we know and what we need to know. *Journal of Contemporary Criminal Justice*, 30(2), 200–220. <https://doi.org/10.1177/1043986214525083>

⁷⁵ Koper, C. S. (1995). Just enough police presence: Reducing crime and disorderly behavior by optimizing patrol time in crime hot spots. *Justice Quarterly*, 12(4), 649–672. <https://doi.org/10.1080/07418829500096231>



City of Berkeley
Police Beats



*Berkeley Daytime Beats (collapse into eight at night)*⁷⁶

Crime concentration has been studied in small cities some, and those studies have concluded that crime concentrates more not less in small cities. Generally, “reducing crime by 20% at hot spots that generate 50% of a jurisdiction’s crime should reduce the locality’s overall crime level by roughly 10%.”⁷⁷ “City leaders should commit to tangible reductions in these measures. Annual 10% reductions in homicides and non-fatal shootings are realistic goals.”⁷⁸ It is likely that this intervention will reduce shootings by 10% annually for as long as the program can be maintained. I am confident in this

⁷⁶ Berkeley Police Department, 2023

⁷⁷ Nagin, D. S., & Sampson, R. J. (2019). The real gold standard: Measuring counterfactual worlds that matter most to social science and policy. *Annual Review of Criminology*, 2(1), 123–145. <https://doi.org/10.1146/annurev-criminol-011518-024838>

⁷⁸ Saving lives: Ten essential actions can take to reduce violence now. (2022, January 12). *Council on Criminal Justice*. <https://counciloncj.org/10-essential-actions/>

with one strong caveat: the gun violence concentration in hot spots does not reach 50% of overall levels, so it is harder to project just how much gun violence will drop.

I am also confident that the issue of gun violence is poignant enough to make this intervention politically feasible. It is BPD's experience that the city council has an appetite for law enforcement action to address gun violence. While the Assistant to the City Manager has not been hired yet, we can have moderate confidence in interpreting this appetite as consistent in city government.

"It is not entirely clear whether police can achieve and maintain such 'system-level' impacts through HSP."⁷⁹ There is strong evidence of eventual of deterrence decay – due to either police loss of focus or fatigue.⁸⁰ Another weakness of this alternative is that it is truly short-term and difficult to maintain. Decay can also be caused by non-geographical crime displacement such as offense type, target, or temporal displacement.⁸¹ Displacement by type is when offenders switch crime; displacement by target is when they change who they are victimizing; and displacement temporally is when time or date is altered to avoid detection.⁸²

"Prior studies of HSP, which have often focused on pilot or other temporary programs, have mostly used follow-up periods ranging from a few months or less (in most studies) to 1–2 years; very rarely have they gone beyond 2 or 3 years to assess the long-term institutionalization and impacts of these strategies. Notably, the studies of HSP's aggregate-level effects highlighted above spanned several months at most."⁸³ In one exception, a study of the HSP program in Manhattan, Kansas over the course of 8 years, violent crime dropped by 39.8% over 8 years. But, strength of the effect did weaken over time.⁸⁴

The perception of aggressive policing may drive a wedge between the community and police. Studies have conflicted on whether HSP produces a negative impact on police legitimacy but most study data do not support that concern.⁸⁵ Resident fear of crime at hot spots is relatively unaffected by increased police intervention. There is little empirical evidence to date on the impact of HSP approaches on citizens in targeted areas in terms of fear, collective efficacy, or

⁷⁹ Nagin, D. S., & Sampson, R. J. (2019). The real gold standard: Measuring counterfactual worlds that matter most to social science and policy. *Annual Review of Criminology*, 2(1), 123–145. <https://doi.org/10.1146/annurev-criminol-011518-024838>

⁸⁰ Koper, C. S., Lum, C., Wu, X., & Hegarty, T. (2021). The long-term and system-level impacts of institutionalizing hot spot policing in a small city. *Policing: A Journal of Policy and Practice*, 15(2), 1110–1128. <https://doi.org/10.1093/police/paaa096>

⁸¹ Id.

⁸² Weisburd, D., & Telep, C. W. (2014). Hot spots policing: What we know and what we need to know. *Journal of Contemporary Criminal Justice*, 30(2), 200–220. <https://doi.org/10.1177/1043986214525083>

⁸³ Eck, J. (1993). Criminal Justice Abstracts. *Problem Solving Quarterly: A Police Executive Research Forum Publication Reporting on Innovative Approaches to Policing*, 6(3), 1–2.

⁸⁴ Koper, C. S., Lum, C., Wu, X., & Hegarty, T. (2021). The long-term and system-level impacts of institutionalizing hot spot policing in a small city. *Policing: A Journal of Policy and Practice*, 15(2), 1110–1128. <https://doi.org/10.1093/police/paaa096>

⁸⁵ Weisburd, D., & Telep, C. W. (2014). Hot spots policing: What we know and what we need to know. *Journal of Contemporary Criminal Justice*, 30(2), 200–220. <https://doi.org/10.1177/1043986214525083>

attitudes toward the police more generally.⁸⁶ Based on these overall findings, I am very confident that HSP has low or no negative impact on fear, collective efficacy, or police legitimacy.

Hot Spots Version of Problem-Oriented Policing (POP)

Implementing POP at hot spots would use normal staff hours and beats, not increasing costs. It *would* require training, redirecting patrols, or rearranging staff activities (including researcher/analyst capacity) which would likely cost less than \$1 million, but this intervention is not beholden to that criterion. It would require heavy use of the Violence Prevention Working Group and the Crime Prevention Through Environmental Design (CPTED) strategies – a multi-disciplinary approach to reduce opportunities for crime that are inherent in structure design, architectural planning and design, and the management of natural environments.⁸⁷ According to John Eck, Ph.D., this approach needs to recognize who has power over places, and that is primarily property owners – landlords, homeowners, public housing authorities, and businesses that own their buildings. These people need to buy in to whatever changes Berkeley wants to make to specific environments that are relevant to them.

Few studies have done cost-benefit analysis on this intervention but in all cases where cost-benefit was measured, POP projects were associated with a substantial cost savings.⁸⁸ A meta-analysis of POP programs shows statistically significant reduction in crime by 34%. But, specifically, violent crime studies did not yield a significant effect but the reduction was still positive, 9.5%. There are some violent crime studies in the meta-analysis but they don't have the same large drops that property crime studies show. Still, studies show evidence of some impact of POP programs.⁸⁹ It shows no evidence of crime displacement and possibly diffusion of crime benefits.⁹⁰ It is proven that things that are aggressive do not work as well as things that are problem-solving.⁹¹ I am somewhat confident that it is likely to reduce shootings by about 10%.

Because this strategy does not direct patrols only, but focuses on problem-solving and may leverage non-police resources like city services, it is less controversial as there is less of a chance of increased enforcement on low-income neighborhoods of color. This will make it more palatable to Berkeley residents and politicians. These changes, unlike altered patrolling alone, are far more sustainable over time. POP (and CPTED) is more capable of maintaining its negative impact on crime over time. You may have multiple iterations of solving the problem (e.g. maintaining green space) but this is doable.

In the meta-analysis of P.O.P. Six, eight, and three studies collectively show limited impact on police legitimacy, fear of crime, and collective efficacy respectively. The most rigorous study designs show little to no decrease on police legitimacy but, the studies are not consistent with one another. Often, they show that people who live near target

⁸⁶ Weisburd, D., & Telep, C. W. (2014). Hot spots policing: What we know and what we need to know. *Journal of Contemporary Criminal Justice*, 30(2), 200–220. <https://doi.org/10.1177/1043986214525083>

⁸⁷ *Current trends*. (n.d.). Retrieved March 7, 2023, from <https://bpd-transparency-initiative-berkeleypd.hub.arcgis.com/pages/current-trends>

⁸⁸ Braga, A. A., Turchan, B. S., Papachristos, A. V., & Hureau, D. M. (2019). Hot spots policing and crime reduction: An update of an ongoing systematic review and meta-analysis. *Journal of Experimental Criminology*, 15(3), 289–311. <https://doi.org/10.1007/s11292-019-09372-3>

⁸⁹ Hinkle, Joshua C., et al. "Problem-Oriented Policing for Reducing Crime and Disorder: An Updated Systematic Review and Meta-Analysis." *CrimRxiv*, July 2021. *DOI.org (Crossref)*, <https://doi.org/10.21428/cb6ab371.5277ad69>.

⁹⁰ Id.

⁹¹ Eck, J. (2023, March 24). *Professor of Criminal Justice at the University of Cincinnati* [Zoom].

problem sites are more susceptible to fear of crime.⁹² Collectively, they show mixed and inconsistent effects on collective efficacy.

According to John Eck, Ph.D., the main downside to this is that it is most likely to reduce shootings over a period of months or years, not necessarily right away. There will need to be interim solutions while that success is being developed. Hot spots patrol can certainly fill that gap, or other interventions.⁹³ Depending on urgency and how easily the “problems” can be addressed, this may or may not be preferable in Berkeley.

SNA and Focused Deterrence

SNA and focused deterrence require normal data analyst personnel hours which use existing staff time and adds \$0. It requires officer training, which is exempt from the cost criterion but would likely meet it. However, this also requires contracting with a CBO and monitoring their participation, which likely costs around \$1 million. Social network analysis models gun violence in a way that helps identify who could be victimized in the future and to target individuals with law enforcement messages.⁹⁴ The literature shows that these individuals would have to adopt permanent lifestyle changes in order to sustain lower tendency toward gun violence. Also, new high-risk individuals would need to be prevented from entering the pool of violence, so SNA would need to be iterative for the program to be successful. Gun violence reduction strategies are best served by directing intervention and prevention toward high-risk social networks.⁹⁵ A “hard” message with a “soft” message can beneficially leverage both law enforcement and social services. Focused deterrence studies conclude that they statistically significantly reduce gun violence, making me somewhat confident that reductions could meet 10% annually.

According to Cody Telep Ph.D., “focused deterrence can be effective in a smaller city if violence is concentrated among a small group of individuals. There is some good evidence from places like Lowell, MA that are similar in size to Berkeley.⁹⁶ The challenging part for a small city can just be coordinating all the criminal justice organizations and resources needed to create [credible deterrence] to make the program successful in a small environment.”⁹⁷

The Berkeley Ceasefire D2 Ad Hoc Advisory Group Brief reflects a sole focus on social services and a lack of political will to engage law enforcement directly with at-risk individuals. This intervention has moderate political feasibility, as the Brief does mention that BPD is already playing a role in SNA. While there is no literature evidence, logic says that because this affects a very small group of people rather than a neighborhood or hot spot, it is not voluminous enough to cause fear of crime to rise, or police legitimacy or collective efficacy to fall. I am very confident in this low risk.

⁹² Hinkle, Joshua C., et al. “Problem-Oriented Policing for Reducing Crime and Disorder: An Updated Systematic Review and Meta-Analysis.” *CrimRxiv*, July 2021. *DOI.org (Crossref)*, <https://doi.org/10.21428/cb6ab371.5277ad69>.

⁹³ Eck, J. (2023, March 24). *Professor of Criminal Justice at the University of Cincinnati* [Zoom].

⁹⁴ Green, B., Horel, T., & Papachristos, A. V. (2017). Modeling contagion through social networks to explain and predict gunshot violence in Chicago, 2006 to 2014. *JAMA Internal Medicine*, 177(3), 326. <https://doi.org/10.1001/jamainternmed.2016.8245>

⁹⁵ Papachristos, A. V., Braga, A. A., & Hureau, D. M. (2012). Social networks and the risk of gunshot injury. *Journal of Urban Health*, 89(6), 992–1003. <https://doi.org/10.1007/s11524-012-9703-9>

⁹⁶ *Project safe neighborhoods (Lowell, Massachusetts)*. (n.d.). National Gang Center. Retrieved May 5, 2023, from <https://nationalgangcenter.ojp.gov/spt/Programs/3588>

⁹⁷ Telep, C. (2023, April 11). *Associate Professor & Associate Director of the School of Criminology & Criminal Justice at Arizona State University* [Email].

SNA and Social Services

SNA and requires normal data analyst and office personnel hours (to identify individuals and liaise with the CBO respectively) which uses existing staff time and adds \$0. This does require contracting with a CBO and monitoring their participation, which adds costs likely around \$1 million. Finding out just how much it will cost is based on first estimating, how many individuals you want to serve, and second, what size case load is manageable and appropriate for a case manager. Once again, modeling gun violence helps identify who could be victimized by or perpetrate gun violence in the future, and target social services to those individuals.⁹⁸ Gun violence reduction strategies are best served by directing intervention and prevention toward high-risk social networks.⁹⁹ However, this intervention is unlikely to reduce shootings without additional “hard message”. If it reduces shootings, I am somewhat confident that it is unlikely to reach the 10% annual goal.

The Berkeley Ceasefire D2 Ad Hoc Advisory Group Brief makes clear that a targeted social services approach is incredibly politically palatable in Berkeley. Again, individuals would have to adopt permanent lifestyle changes in order to sustain lower tendency toward gun violence. Also, new high-risk individuals would need to be prevented from entering the pool of violence, so SNA would need to be iterative for the program to be successful. While there is no literature evidence, logic confidently illustrates that because this does not involve police it cannot cause police legitimacy or collective efficacy to fall, or fear of crime to rise.

Papachristos, Ph.D., recognizes the relatively high average age of those involved in violence in his study – 29 – and says that this high age actually means the services needed by the population are many and vary widely. Health and housing, he says, are the big two, but jobs, job training, education, psychological help, and childcare are also important for many individuals. Street Outreach is there to build trust and relationships, and stop violence, but it cannot be a replacement for the dire need of clinicians – both mental and physical health clinicians – for this population.¹⁰⁰

The literature is not as supportive of these programs and they are understudied and do not have as much empirical success. Since they are opt-in, a program’s success could also simply reflect the less vulnerable nature of those who are likely to take up the program. This component very much reflects the vision for Berkeley to “surround individuals in circles of care”. It is certainly possible to extend social services proactively but there is no guarantee they will be taken up.

⁹⁸ Green, B., Horel, T., & Papachristos, A. V. (2017). Modeling contagion through social networks to explain and predict gunshot violence in Chicago, 2006 to 2014. *JAMA Internal Medicine*, 177(3), 326. <https://doi.org/10.1001/jamainternmed.2016.8245>

⁹⁹ Papachristos, A. V., Braga, A. A., & Hureau, D. M. (2012). Social networks and the risk of gunshot injury. *Journal of Urban Health*, 89(6), 992–1003. <https://doi.org/10.1007/s11524-012-9703-9>

¹⁰⁰ Papachristos, A. (2023, March 9). *Professor of Sociology and Faculty Fellow at Northwestern’s Institute for Policy Research* [Zoom].

Warrants to Remove Firearms from Domestic Abusers (DVROs), Individuals Posing a Danger to Themselves or Others (GVROs), Court-Issued Protective Orders, and Criminal Protective Orders (CPOs)

When there is a gun in the home, domestic violence is more likely to escalate to murder.¹⁰¹ Removing firearms from homes of abusers is rated one of the most effective and most frequently used interventions according to a national survey of local police departments.¹⁰² Domestic violence restraining order firearm-prohibition laws are associated with 10% reductions in Intimate Partner Homicide, but those results are only statistically significant when the law covers dating partners and ex-parte orders.¹⁰³¹⁰⁴ California law does both of these things. Upon being served with a domestic violence protective order in California, the respondent must relinquish his or her firearm by surrendering it immediately upon request of any law enforcement officer, or within 24 hours if no request is made.¹⁰⁵

This requires staff time and liaising with the courts to get warrants for these interventions. Expert opinion within the police department states that routine staff hours are used up until liaising with the courts, which requires more. Sometimes the Community Services Bureau will look at calls or cases and proactively seek a GVRO. In some cases it is based on the continued behavior of a subject. If BPD gets a seizure order/warrant, based on the nature of the situation, it will likely cost overtime in the form of BPD's SRT (SWAT) serving the search warrant. This only applies if someone is not in custody when BPD is granted the seizure order. Most cases will likely be the former, in which BPD takes someone into custody responding to a call and contemporaneously seizes the guns by consent or warrant. I can confidently say that this intervention has minimal costs, with the exception of the overtime.¹⁰⁶

The downside of this component is that domestic violence-related firearm incidents are just not that common in Berkeley, and even very successful interventions of this nature would not reduce overall gun violence much. There are only a handful of Domestic Violence cases annually that include firearms. I can confidently say that this would not amount to a 10% reduction in shootings – the cases are not frequent enough. Also, it is known that acquiring a firearm illegally is easy locally, especially with the proliferation of ghost guns.¹⁰⁷

As California is one of the friendliest states to gun regulations and Berkeley is an epicenter of progressive gun reforms, this intervention should not be politically problematic. Restraining orders and protective orders are, by their very definition, temporary. So, logically, I am confident that this would not have long-lasting effects, although it may reduce

¹⁰¹ Domestic violence & firearms in California. (n.d.). *Giffords*. Retrieved April 9, 2023, from <https://giffords.org/lawcenter/state-laws/domestic-violence-and-firearms-in-california/>

¹⁰² Koper, C. S., Woods, D. J., & Kubu, B. E. (2013). Gun violence prevention practices among local police in the United States. *Policing: An International Journal of Police Strategies & Management*, 36(3), 577–603. <https://doi.org/10.1108/PIJPSM-06-2012-0052>

¹⁰³ An “ex parte order” is when one is able to get a restraining order without the other person present

¹⁰⁴ Zeoli, A. M., McCourt, A., Buggs, S., Frattaroli, S., Lilley, D., & Webster, D. W. (2018). Retracted: Analysis of the strength of legal firearms restrictions for perpetrators of domestic violence and their associations with intimate partner homicide. *American Journal of Epidemiology*, 187(7), 1449–1455. <https://doi.org/10.1093/aje/kwx362>

¹⁰⁵ Domestic violence & firearms in California. (n.d.). *Giffords*. Retrieved April 9, 2023, from <https://giffords.org/lawcenter/state-laws/domestic-violence-and-firearms-in-california/>

¹⁰⁶ Berkeley Police Department (2023)

¹⁰⁷ Smith, E. (2023, January 25). *California has some of the strictest gun laws in the country. Here's what we know about the guns used in this week's deadly attacks*. CNN. <https://www.cnn.com/2023/01/25/us/california-shootings-guns-wwk/index.html>

the number of shootings by a few. This intervention occurs siloed away in individual homes. Neighbors would see the police on scene but overall there logically should be no impact on police legitimacy, fear of crime, or collective efficacy.

Street Outreach Workers/Violence Interrupters

Acquiring street outreach workers involves contracting with a CBO and monitoring their participation, which adds costs likely around \$1 million. If they are already operating in Oakland or Richmond it would be worth exploring if they could expand operations to include Berkeley as well. I reached out to several CBOs for input and did not manage to connect with any of them.

Street teams can be very effective. But that assessment is based on high-risk community members opting in and having contact with a street team member. Of people that participated in Chicago's CRED program, victimization rates were 50% lower than non-participants.¹⁰⁸ I am unsure of what percentage reduction in shootings would occur because it is based on opting-in, and we don't know the likelihood of any one person opting in to the program. Andrew Papachristos, Ph.D. claims that there will also be reports coming out soon that show a positive programmatic effect at an individual and a community level.¹⁰⁹ What is unrealistic, he says, is "level setting" – claiming a specific amount of impact for any program. While sometimes it has been effective, sometimes it also hasn't.

The National Network for Safe Communities (NNSC) highlights the imperative of strong working relationships between street outreach workers and police departments for street work to be successful as part of a larger gun violence initiative.¹¹⁰ This is the case in Stockton, California, Los Angeles, California, Chicago, Illinois, and New York City, New York.¹¹¹ Unfortunately, there is not such affirming research on street teams in small cities. However, there could be much added value to custom notifications (focused deterrence) if street outreach workers accompanied Berkeley police to deliver messages to high-risk individuals. It would increase credibility of the police and the message, and the optics would be more genuine.¹¹²

Again, referencing the Berkeley Ceasefire D2 Ad Hoc Advisory Group Brief, there is strong evidence that social services and community interventions that do not involve law enforcement are extremely palatable to politicians. Participants chose CRED and remained enrolled in CRED to avoid pervasive community violence and attempt to improve their own situations. Those individuals were receptive to CRED recruitment efforts, citing the program's immediate, tangible

¹⁰⁸ *Op-ed: What we know (And don't know) about street outreach and gun violence prevention.* (2021, October 25). Chicago Tribune. <https://www.chicagotribune.com/opinion/commentary/ct-opinion-chicago-gun-violence-street-outreach-20211025-6pylamxs5jzjhyya3x3nb3eya-story.html>

¹⁰⁹ Papachristos, A. (2023, March 9). *Professor of Sociology and Faculty Fellow at Northwestern's Institute for Policy Research* [Zoom].

¹¹⁰ Considering the place of streetwork in violence interventions. (n.d.). *National Network for Safe Communities (NNSC)*. Retrieved March 31, 2023, from <https://nnscommunities.org/guides/considering-the-place-of-streetwork-in-violence-interventions/>

¹¹¹ *Project safe neighborhoods (Lowell, Massachusetts)*. (n.d.). National Gang Center. Retrieved May 5, 2023, from <https://nationalgangcenter.ojp.gov/spt/Programs/3588>

¹¹² Elvir, J. (2023, March 22). *Community Relations Manager Champaign, Illinois Blueprint Program* [Zoom].

benefits and fulfilling relationships with staff as key reasons for remaining engaged.¹¹³ There is some evidence of long-lasting effects but only for those that take up the program.

This intervention tangentially involves police but mostly uses community members as credible messengers for peace, so it maintains trust between street teams and community members. Papachristos states that, “in the 90s in Boston, you actually saw people recognize that there are different lanes, and people stayed in their lanes and shared relevant information and it actually went without much drama...outreach organizations and police for their part, they don’t want to be seen crossing the line. I do not think street outreach should be informants nor do I think that cops should be using intelligence to do so.”¹¹⁴ If those boundaries can be maintained, street outreach will likely have no impact on police legitimacy. If done well, it would diffuse street tensions and likelihood of shootings/crime, leading to a decrease in fear of crime. Street workers ostensibly create more accountability by leveraging existing relationships in the community, thereby increasing collective efficacy.

Reviewing shootings that have just occurred and having information flow unidirectionally from police to streetworkers would identify high risk individuals and also likely prevent future violence. Protocols and boundaries need to be established prior to their work. Information should not flow from streetworkers to police, but rather only from police to streetworkers in terms of intelligence. This preserves the credibility of street outreach among community members. The only times they should be together are during intelligence meetings (shooting reviews, violence reviews) and custom notifications. If this working agreement can be designed, a mutually beneficial relationship can be formed, sustained, and trusted, street outreach can be effective in Berkeley.

Hospital Based Violence Intervention

YouthAlive! is a CBO currently doing bedside interventions at Highland Hospital in Oakland, which is the local Trauma 1 hospital for Berkeley.¹¹⁵ Shooting victims are nearly always sent to the local Trauma 1 hospital according to DHHS. While attempts to contact YouthAlive! to understand the logistics and determine the efficacy of their ongoing program have not been successful, this intervention is already being done.

Youth Alive! is doing bedside intervention when there is an act of violence to stop retaliation and connect victims with services. It stands to reason that, as it is already happening, hospital-based violence intervention is already being paid for and we do not need to consider it as a program component. More research is necessary to understand their approach and its efficacy, but since it is ongoing and shootings are still rising, it has little to no chance of reaching a 10% annual reduction in shootings. By the same token, this is already happening and not causing any political friction. In terms of how long its effects endure, this is a one-on-one interaction that hopefully has a positive effect on others in the victim’s social network. But, shootings are still increasing so it is unlikely to have long term or notable spillover effects.

¹¹³ *Op-ed: What we know (And don’t know) about street outreach and gun violence prevention.* (2021, October 25). Chicago Tribune. <https://www.chicagotribune.com/opinion/commentary/ct-opinion-chicago-gun-violence-street-outreach-20211025-6pylamxs5jzhhyya3x3nb3eya-story.html>

¹¹⁴ Papachristos, A. (2023, March 9). *Professor of Sociology and Faculty Fellow at Northwestern’s Institute for Policy Research* [Zoom].

¹¹⁵ Berkeley Police Department, 2023

Because this does not involve police and does not occur in a neighborhood, I can confidently conclude that it has little to no effect on police legitimacy, fear of crime, or collective efficacy.

Gun Buyback Programs

While the low cost is very attractive – a simple multiple of however many guns are turned in – the efficacy of gun buyback programs to curb firearm violence is seriously limited.¹¹⁶ Many studies have shown gun violence is a serious public emergency.¹¹⁷ Studies also show that buybacks do indeed have the ability to collect many weapons from the community.¹¹⁸ However, studies fail to show how buybacks are causal drivers in any reduction of violence or attract participants that are also involved in community violence. In this last respect programs have deeply failed, with participants lacking most characteristics of violent offenders, other than being mostly male. The typical buyback participant is over 55, white, and either inherited a gun they did not want or have no use for a gun.¹¹⁹ For more on these shortcomings, see Gun Buyback Programs [44] in the Literature Review. That said, buyback programs have no chance of increasing fear of crime, or decreasing police legitimacy or collective efficacy. Law enforcement plays a passive role, simply facilitating the collection of weapons.

Packaged components into programs

Alternative #1: Problem Oriented Policing (POP) at Hot Spots + Street Outreach Workers

A POP approach would allow for longer-term systemic impacts to be made at hot spots than hot spots policing on its own. While law enforcement would be analyzing and spending time at hot spots, street outreach workers would be building rapport with offenders and possible victims as well as diffusing tensions among individuals.

Alternative #2: Problem Oriented Policing (POP) at Hot Spots + Street Outreach Workers + SNA Focused Deterrence

A POP approach would allow for longer-term systemic impacts to be made at hot spots than hot spots policing on its own. While law enforcement would be analyzing and spending time at hot spots, street outreach workers would be building rapport with offenders and possible victims as well as diffusing tensions among individuals. Street outreach workers would also help in the custom notification process, to balance the deterrent message by offering support and social services.

¹¹⁶ Kasper, R. E., Green, J., Damle, R. N., Aidlen, J., Nazarey, P., Manno, M., Borer, E., & Hirsh, M. P. (2017). And the survey said.... Evaluating rationale for participation in gun buybacks as a tool to encourage higher yields. *Journal of Pediatric Surgery*, 52(2), 354–359. <https://doi.org/10.1016/j.jpedsurg.2016.08.009>

¹¹⁷ Wintemute, G. J. (2015). The epidemiology of firearm violence in the twenty-first century united states. *Annual Review of Public Health*, 36(1), 5–19. <https://doi.org/10.1146/annurev-publhealth-031914-122535>

¹¹⁸ Kasper, R. E., Green, J., Damle, R. N., Aidlen, J., Nazarey, P., Manno, M., Borer, E., & Hirsh, M. P. (2017). And the survey said.... Evaluating rationale for participation in gun buybacks as a tool to encourage higher yields. *Journal of Pediatric Surgery*, 52(2), 354–359. <https://doi.org/10.1016/j.jpedsurg.2016.08.009>

¹¹⁹ Violano, P., Driscoll, C., Chaudhary, N. K., Schuster, K. M., Davis, K. A., Borer, E., Winters, J. K., & Hirsh, M. P. (2014). Gun buyback programs: A venue to eliminate unwanted guns in the community. *Journal of Trauma and Acute Care Surgery*, 77(3), S46–S50. <https://doi.org/10.1097/TA.0000000000000319>

Alternative #3: Problem Oriented Policing (POP) at Hot Spots + Street Outreach Workers + SNA Focused Deterrence + Social Services

A POP approach would allow for longer-term systemic impacts to be made at hot spots than hot spots policing on its own. While law enforcement would be analyzing and spending time at hot spots, street outreach workers would be building rapport with offenders and possible victims as well as diffusing tensions among individuals. Street outreach workers would also help in the custom notification process, to balance the deterrent message by offering support and social services. In this package, the city would invest additional money in case management for at-risk individuals, making both focused deterrence and social services key applications of the social network analysis.

Program recommendation

I recommend that the City of Berkeley and Berkeley Police Department implement Alternative #3: Problem Oriented Policing (POP) at Hot Spots + Street Outreach Workers + SNA Focused Deterrence + Social Services. As long as the budget can make it work, I highly recommend doing the most programmatically that can be done as gun violence takes human lives.

These programs are complementary but not interdependent. So, it is additionally advantageous, if any part of the program fails to produce results or runs up too high of a cost it can be cut while other measures are already active. The remaining measures would not be harmed. This is more convenient than having to start from scratch with new program ideas. If the same CBO is being funded for multiple programs, it is critical that it is clear how much of their funding goes to each program. In the slight way that focused deterrence is related to social services and street outreach, it is most likely helpful not harmful if community members recognize the same workers in different roles. More frequent, positive encounters promote trust and mutual respect.

In the analysis of outcomes, POP at hot spots has the potential for negative community-level effects, which could be counteracted by street workers that develop trust and cohesion in a neighborhood. The “hard” message of focused deterrence is similarly counteracted through the offering of social services. Bundling, in this sense, ensures that Berkeley achieves its goals without creating significant deleterious side effects due to one component or another. Having such a multipronged program is aspirational and as such may not be feasible – that is really up to the city.

Eroding violence from multiple angles is a goal of this recommendation. It recognizes that the roots of gun violence are complex, many, and intertwined. If we can simultaneously activate this multi-pronged program, we will be joining other small cities (Champaign, IL, Lowell, MA) in attempting to curb gun violence from a law enforcement perspective and a human perspective.

Implementation

The program as a whole would benefit from one additional administrative staff member assigned to the Community Services Bureau and one additional patrol officer. The administrative staff member will ensure that officers know to whom they should make their reports related to the program and would be available to communicate with CBOs or other municipal services regarding ongoing programmatic matters. The additional patrol officer would be able to fill any

gaps created by POP at hot spots in overall patrol. I realize this may be difficult, with patrol downsizing and the hiring crisis being what it is.

It is ideal if the City of Berkeley can find a CBO willing and able to manage focused deterrence, street outreach, and the extension of social services. Even if it costs more budgetarily, this makes sense from an efficiency standpoint and from an information standpoint. It is much easier if one CBO houses all the information necessary to do all three jobs and it can be reasoned that each one would be enhanced by the others.

POP at Hot Spots

Ideally, the department would select a few (2-5) crime concentrations in specific places identified (7) in this research on which to focus.¹²⁰ The police would need to incorporate the mapped gun violence incident data from this report but also possibly do their own crime mapping if it would be more up-to-date by the time this report is read.

Police should use the S.A.R.A. method when operationalizing problem-solving. “Scanning” involves the identification and prioritization of potential problems that may be causing crime within a jurisdiction. “Analysis” involves an in-depth evaluation of problems using a variety of data sources so the most appropriate response can be developed. This is not just about problem outcomes like traditional policing but concerned with the underlying processes that lead to problems. “Response” is the development and implementation of an intervention tailored to the nature of the problem distilled in the analysis phase. Response searches should be broad, involving law enforcement and non-law enforcement methods, other agencies, community groups and members. “Assessment” is the ongoing monitoring and evaluation of the response effect on targeted problem(s). This process is intended to lead to continual improvements and refinement in further iterations of the response.¹²¹

When not answering calls for service, officers should visit the locations on their beat, on a random basis, and patrol (including foot patrol) for 15-20 minutes. A minimum of 10 minutes must be spent in each hot spot to have any deterrent effect.¹²² This should be repeated periodically and unpredictably. This will likely require a reorganization or reorientation of patrol, to enable them to spend 15 minutes every several hours (but randomly – for example not every three hours on the dot just several times a shift) in each hot spot. If problems are inside a store or business, walk inside of that location in addition to outside patrol.¹²³ While patrolling hot spots, officers should record anything notable that facilitates crime, from the same individuals to substantial debris to a deserted lot used as a loitering area. These notes should be used in the future to alter these spaces in ways where crime control is long lasting.

¹²⁰ How many hot spots are addressed at one time depends on the capabilities of the police force. If they can treat multiple locations with enough dosage that may make sense from a public safety perspective. But if they are experimenting to see which approach works best they might want to begin with a small number of places.

¹²¹ Chief Eliot Isaac, Lt. Matthew Hammer M.S., Blake Christenson M.A., & Dr. Tamara D. Madensen. (2017). *P.I.V.O.T. Place Based Investigations of Violent Offender Territories* (Herman Goldstein Award Submission). Cincinnati Police Department.

¹²² Koper, C. S. (1995). Just enough police presence: Reducing crime and disorderly behavior by optimizing patrol time in crime hot spots. *Justice Quarterly*, 12(4), 649–672. <https://doi.org/10.1080/07418829500096231>

¹²³ *High-Crime Areas (“Hot spots”)*. (n.d.). <https://www.evidence-basedpolicing.org/hot-spot-patrols/#:~:text=The%20Koper%20Principle%20states%20that,in%20conjunction%20with%20other%20strategies.>

It is well within the capacity of the Berkeley Police Department to undertake POP, especially because they have some degree of a head start. Some police officers already use a POP approach to their beats. To do POP at hot spots, they would need evolving data analysis, personnel to devote to, at minimum, two hot spots for a limited amount of time, and administrative personnel to liaise with other departments and CBOs regarding non-police interventions. BPD says that both POP and hot spots policing could both be accomplished with “staff time,” with officers incorporating POP approaches along their regular beats. Additionally, there already are some staff that could liaise with other city departments without increasing costs. POP at hot spots will require a training for all patrol officers and office staff who would be coordinating city or community services regarding problems cited by patrol.

Focused Deterrence/Custom Notifications

Focused deterrence will require a training for all officers that will be utilized for this specialized program as well as any CBO actors partnered with for this purpose. Other criminal justice agencies (e.g. parole, probation) need to be identified early on, and if they can also participate in the trainings that is ideal. The earlier who does what can be determined all the better. The CBO needs to be amenable to delivering the “soft” message while working in tandem with the police and others as they deliver the “hard” message. The officers involved in this intervention need to be selected extremely carefully. Not only do they need to believe in deterrence but they need to be able to deliver the message with great care. The Community Services Bureau (CSB) in tandem with the Personnel and Training Department’s Subject Matter Experts (SMEs) on focused deterrence should coordinate internal training for these officers. CSB is dedicated to liaising with the public and should be responsible for all communications regarding training for this highly specialized team. Not only do they have experts on doing so but they have powerful data analysis personnel and tools (coding, GIS mapping, network analysis), allowing them to zero in on key people.

A best practices process to custom notifications is encouraged by COPS – Community Oriented Policing Services at the U.S. Department of Justice¹²⁴. First, impact players are identified, using SNA if possible. Next, custom legal assessments are done for each impact player that law enforcement plans on notifying. Third, positive influentials in impact players’ lives are identified and community, social services, and street outreach workers are mobilized. Lastly, written documents and support materials are created to aid with the notification.

Identifying impact players is straightforward. The first thing is to talk to frontline personnel – beat officers, special units, probation, parole, corrections staff, and/or confidential informants. They have the greatest knowledge of who is at the center of ongoing violence. If violence has just occurred, convene right away to determine the groups involved, key players, and instigating factors. Debrief all the same parties, review incident data, crosscheck lists of groups and their members, conduct criminal history reviews of active group members, perform social network analysis, and create a final list of impact players. Get input from street outreach workers and community members, and use social network analysis to focus resources strategically on those at highest risk of violence. Identify as many impact players as possible to notify.¹²⁵

¹²⁴ Kennedy, D. M., & Friedrich, M. A. (2014). *Custom Notifications: Individualized Communication in the Group Violence Intervention*. U.S. Department of Justice COPS Community Oriented Policing Services. https://nnscommunities.org/wp-content/uploads/2017/10/GVI_Custom_Notifications_Guide.pdf

¹²⁵ At this stage, it unnecessary for evidence to meet legal standards for arrest because arrests are not goal of custom notifications. Their purpose is to communicate to impact players that violence is unacceptable, let them know their custom legal exposure, and to offer them opportunities for help. As such, evidence can be based on broad range of information that officers and community members provide about impact players.

An influential is a person close to an impact player who has their respect and can help them make positive choices. This may be someone within their family or a person with moral standing and credibility within the community. Asking the impact player is the best way to identify an influential, followed by examining personal connections – family, friends, partners, coaches, barbers, school resource officers, or street outreach workers. A last resort is looking at people who have posted their bail or attended hearings. An influential is only relevant in this context if they are a positive influence on the individual and not committed to the street code – the set of norms that mandates violence as a response to disrespect, indifference to prison, and antagonism to the police. If an impact player cannot be directly reached, delivering the message both orally and in writing to the influential seems to be an effective substitute.¹²⁶

It is important that custom legal assessments are made for each person to whom a notification is given. A meeting should be held with prosecutors to determine the individual's personal legal exposure from past violent crimes, especially those with a firearm, and compile the potential state and federal sanctions for further violent crimes. "Compiling custom legal assessments of this sort requires a close working partnership between police and prosecutors at local, state, and federal levels. After police perform an incident review to identify the impact players they want to notify, they pass their names to the [prosecutor]. The state prosecutor reviews the criminal records and determines potential sanctions for a range of violent offenses [sometimes] consulting with the federal prosecutor to establish whether grounds exist for a federal case."¹²⁷ The custom legal assessment should be finalized in writing that is plain and easily understood.

Street Outreach Workers

The first step required is identifying a CBO that is ready and willing to take on street outreach. It is smart to check with neighboring cities (Oakland, Richmond) that are already overseeing similar work. This will require approximately bimonthly meetings between the CBO and the Berkeley Police. This is so that the police can provide any intelligence that may help the CBO on the street and so that the police can monitor and get an idea of the effectiveness of the street outreach. While these meetings may not cost any money per se, it will take dedicated staff time and record keeping within the Community Services Bureau. During these meetings it is important to go over cost effectiveness and budget items of the CBO's program to create an accountability structure for the funding they are getting from the city. It is also important that the city apply for grants to fund this program, so it makes sense for there to be dedicated personnel specializing in grant research and applications at least at the city level. Champaign, IL found such positions essential for its CBO programs within their gun violence initiative.¹²⁸

Social Services

This has the same steps as above – it first requires identifying a CBO that is ready and willing to take on social services case management and checking with neighboring cities is the logical first step. It is my understanding that many community members in Berkeley have case managers through many different CBOs. It is important that, once SNA identifies who should be targeted for social services based on risk, those people should all be managed through one CBO.

¹²⁶ Ruderman, W. (2013, March 3). To Stem Juvenile Robbers, Police Trail Youth Before the Crime. *New York Times*.

¹²⁷ Kennedy, D. M., & Friedrich, M. A. (2014). *Custom Notifications: Individualized Communication in the Group Violence Intervention*. U.S. Department of Justice COPS Community Oriented Policing Services. https://nnscommunities.org/wp-content/uploads/2017/10/GVI_Custom_Notifications_Guide.pdf

¹²⁸ Elvir, J. (2023, March 22). *Community Relations Manager Champaign, Illinois Blueprint Program* [Zoom].

This will also require a bimonthly meeting between the CBO and police. This is so that the police can monitor and get an idea of the effectiveness of the case management by the CBO. It may also help police to know what services people are taking up or which seem to be most needed. While these meetings may not cost any money per se, it will take dedicated staff time and record keeping, within the Community Services Bureau. During these meetings it is important to go over cost effectiveness and budget items of the CBO's program to create an accountability structure for the funding they are getting from the city. It is also important that the city apply for grants to fund this program, so it makes sense for there to be dedicated personnel specializing in grant research and applications at least at the city level. Champaign, IL found such positions essential for its CBO programs within their gun violence initiative.¹²⁹

Program Evaluation

Program Evaluation Recommendation

According to David Weisburd, Ph.D., "It is important to begin assessment when a program begins so that you can see how the intervention affected the street over time. As a rule, if the purpose is to assess the impacts of the program it is better to select sites and then randomize them to receive the intervention. If you have control conditions that have not been treated, that will provide the best comparison for assessing whether the intervention is having an impact. Those "control" sites can then receive the treatment later if it turns out that the intervention is effective. Sometimes such rigor is not possible in the everyday realities of policing, but it is still important to try to identify comparison places that are similar to those receiving the intervention if you want a valid assessment of the program's utility. It is a good idea of police agencies to team up with researchers if they are trying to assess outcomes."¹³⁰

As previously stated, the client in this case should seek to sustain a continued decrease in gun violence incidents, year after year. The Center for Criminal Justice Violent Crime Working Group states that city leaders and criminal justice advocates should aim for an annual homicide and violent crime reduction of 10%.¹³¹ The program should be monitored closely in its first year, following a very thorough annual evaluation. No randomized control trial is possible, due to this program operating in the real world. Not just because of legal and ethical constraints, but you could not leave a part of Berkeley without police services just to test a hypothesis. But, what would be possible is applying alternatives 2 and 3 differentially – applying social services in one part of the city and not in a different part. If the department really wants to know if an intervention is effective this is a good choice. The question then becomes, which parts of the city are comparable enough to give different treatments? Only police intelligence and data analysis of violence can answer this question.

Berkeley's trend should be regularly compared to the rest of Alameda County and the state to see where it sits contextually. In a **one-group pretest-posttest design**, the dependent variable is measured once before the treatment is implemented and once after it is implemented. This is a stronger evaluative measure than simply a posttest evaluation. This would mean comparing the number of shootings prior to the intervention to the number after the intervention begins. It might also make sense to compare shots fired pre-test to shots fired post-test, and likewise with firearm

¹²⁹ Elvir, J. (2023, March 22). *Community Relations Manager Champaign, Illinois Blueprint Program* [Zoom].

¹³⁰ Weisburd, D. (2023, April 11). *Distinguished Professor at George Mason University* [Email].

¹³¹ "Saving Lives: Ten Essential Actions Can Take to Reduce Violence Now." *Council on Criminal Justice*, 12 Jan. 2022, <https://counciloncj.org/10-essential-actions/>.

injuries and firearm fatalities. This would be informative by allowing practitioners and researchers to see from which category the most change is coming from.

Conclusion

The value of law enforcement partnerships with academic researchers is a cornerstone of data-driven, smart policing. Especially in this turbulent time, where policing is under strict scrutiny by the public, it is imperative that the foundations of policing be navigated and calculated with scientific precision. I selected this Advanced Policy Analysis with an optimistic eye toward these foundations as we move forward in our search for stronger policies around policing. “Police chiefs benefit immensely from having a respected academic representative standing next to them affirming that the choices and decisions made by the police follow best practices developed by research, study, and assessment.”¹³²

Gun violence takes human lives, and we should pilot as many prongs of a program as can be sustained budgetarily and practically. It is my hope that these recommendations are undertaken with as much aspiration as they are intended, and that the consistency of the science underpinning policing remains in place. “Promising partnerships are developing between American police agencies and universities as well as abroad. If carefully cultivated and nurtured, these relationships may well be the third police research tradition that is essential for enhancing police practices.”¹³³

The past lack of “real-world” value of academic police research mainly was reflected in the absence of implementation recommendations. “It would be naïve to suggest that the working relationship is always smooth.”¹³⁴ “Academics are very good at detecting, describing, and documenting the problems in police practices. Academics are also very good at theorizing and providing innovative ways to enhance policing practices...however, academics have not traditionally been good at providing the necessary guidance regarding implementation.”¹³⁵ This is why I have included a relatively detailed implementation process for each prong of the program that I am recommending. However, much of implementation changes as programs go along, incorporating real-time data and experience.

Ultimately, we cannot solve the crime problems of today, including the rise in gun violence, without smart and evidence-based solutions. It is well documented “why police administrators should strongly consider the work generated by the academic community...and why academics need to better listen to and understand police”.^{136, 137} This research has carefully considered the policies, procedures, and politics underlying professional policing and sought to overcome past

¹³² Engel, R. S., & Whalen, J. L. (2010). Police–academic partnerships: Ending the dialogue of the deaf, the Cincinnati experience. *Police Practice and Research, 11*(2), 105–116. <https://doi.org/10.1080/15614261003590803>

¹³³ Id.

¹³⁴ Fleming, J. (2010). Learning to work together: Police and academics. *Policing, 4*(2), 139–145. <https://doi.org/10.1093/police/paq002>

¹³⁵ Engel, R. S., & Whalen, J. L. (2010). Police–academic partnerships: Ending the dialogue of the deaf, the Cincinnati experience. *Police Practice and Research, 11*(2), 105–116. <https://doi.org/10.1080/15614261003590803>

¹³⁶ Id.

¹³⁷ There are four primary reasons for police administrators to strongly consider the research and viewpoints of the academic world when making important decisions about the leadership of a police department: (1) operational effectiveness and efficiency, (2) external validity, (3) cooperative transparency, and (4) the information technology revolution. (Engel & Whalen, 2010)

barriers of “the ivory tower versus the real world”.¹³⁸ I hope that this research and any that follows can continue the new trend in police-academic partnerships that is grounded in practical, applicable methods that practitioners can use.

¹³⁸ Original quotation

Appendices

Appendix A: Research Approach and Methodology

I employ a mixed methods approach in this report, focusing on a review of the scholarly literature, an examination of interventions that could or could not apply to the City of Berkeley’s gun violence, qualitative interviews, and Berkeley Police Department shooting data. Quantitatively, I performed point density analysis to identify geospatial points of convergence or gun violence “hot spots”, and Social Network Analysis to identify individuals at risk of gun violence perpetration and victimization.

Overview of Research Sources

Source Category	Source
Legal	California Penal Code Berkeley Municipal Code
Scholarly	UC Berkeley Library
Departmental – Police	2018-2022 Shooting Data on Location, Type, Date and Time 2017-2022 Data on All Persons Involved in Shootings and Their Race, Gender, and Age
Public	Berkeley Police Department Transparency Hub

Interview Protocol

I developed a step-by-step approach to guide requests for interviews, the interview process, and the follow-up. After initially developing this approach, I integrated feedback from a GSPP Faculty Advisor, and refined the final approach:

Step 1: Send email to request interview using email template

Step 2: Set up time to schedule interview

Interviews completed by the end of March / early April

Step 3: Find category of interview and look at question bank

Log all interviews and notes in Interview Running Notes document

Step 4: Send thank you and any other follow-up message(s) to interviewee

Step 5: Consolidate takeaways

Interview Practices Employed

I am experienced with policy work related to public safety more generally, but much research was done in order to target the right subjects. I contacted the subjects and scheduled the interviews. In all but one case I recorded the sessions with permission so that notes could be taken later. This made space for follow-up questions and comments.

Interview Subjects

David Weisburd Ph.D., Distinguished Professor at George Mason University

Andrew Papachristos Ph.D., Professor of Sociology and Faculty Fellow at Northwestern's Institute for Policy Research, and the Faculty Director of Corners: The Center for Neighborhood Engaged Research & Science.

Cody Telep Ph.D., Associate Professor & Associate Director of the School of Criminology & Criminal Justice at Arizona State University

John Eck Ph.D., Professor of Criminal Justice at University of Cincinnati

Rebecca Plevin, M.D., FACS, Co-Director of the San Francisco Wraparound Project

Jorge Elvir, Champagne, IL Blueprint Community Relations Manager, Equity and Engagement Department

Appendix B Literature Review

Crime Concentration/Place-Based Policing

It is a well-known in criminology that crime in general is concentrated in a very small amount of micro-geographic units. Or, more scientifically the “Law of Crime Concentration” says that “for a defined measure of crime at a specific micro-geographic unit, the concentration of crime will fall within a narrow bandwidth of percentages for a defined cumulative proportion of crime.”¹³⁹ Specifically, gun violence is concentrated in small portions of the country and within even smaller geographic portions of cities, particularly in under resourced and disadvantaged neighborhoods. This results in an “uneven distribution of race and place,” further complicating how police address it and what issues fall out of those interventions.¹⁴⁰

Weisburd’s “law of crime concentration” says that crime at a specific micro-geographic unit, the concentration of crime will fall within a narrow bandwidth of percentages (eg. 25% or 50%) for a defined proportion of crime, even when there is extreme volatility in the total number of crime incidents.¹⁴¹ Weisburd (2004, 2015) and Braga (2010), among others, find strong support for the law of crime concentration.¹⁴² For example, in Seattle it was found that 50% of crime incidents occurred at only 4.5% of street segments.¹⁴³

For example, over the course of 30 years in Boston, 89% of street segments and intersections had zero ABDW (Assault and Battery with a Dangerous Weapon) firearm incidents and another 6% experienced just one. The remainder was responsible for the overwhelming majority of ABDW firearm incidents.¹⁴⁴ This trend was stable over the course of the 30-year period. Due to this crime concentration, it has been productive and impactful for police to focus on the small proportion of cities that generates the most crime. In his study of crime concentration in different sized cities, Weisburd looks at small cities: Brooklyn Park, MN, Redlands, CA, and Ventura, CA. He finds that 50% of crime is concentrated in between 2.1 and 3.5% of the cities. This is remarkable because he finds that it is *even more concentrated* than his sample of large cities (New York, NY, Cincinnati, OH etc.).¹⁴⁵

Braga (2013) finds that 89% of Boston’s street segments and intersections had zero firearm assaults with a deadly weapon. 6% experienced 1. The remaining 5% was responsible for virtually *all* of Boston’s gun violence. The epidemic

¹³⁹ Weisburd, D. (2015). The law of crime concentration and the criminology of place*: The law of crime concentration. *Criminology*, 53(2), 133–157. <https://doi.org/10.1111/1745-9125.12070>

¹⁴⁰ Papachristos, A. V., Wildeman, C., & Roberto, E. (2015). Tragic, but not random: The social contagion of nonfatal gunshot injuries. *Social Science & Medicine*, 125, 139–150. <https://doi.org/10.1016/j.socscimed.2014.01.056>

¹⁴¹ Weisburd, D. (2015). The law of crime concentration and the criminology of place*: The law of crime concentration. *Criminology*, 53(2), 133–157. <https://doi.org/10.1111/1745-9125.12070>

¹⁴² Braga, A. A., & Weisburd, D. (2010). *Policing problem places: Crime hot spots and effective prevention*. Oxford University Press.

¹⁴³ Weisburd, D., Bushway, S., Lum, C., & Yang, S.-M. (2004). Trajectories of crime at places: A longitudinal study of street segments in the city of Seattle*. *Criminology*, 42(2), 283–322. <https://doi.org/10.1111/j.1745-9125.2004.tb00521.x>

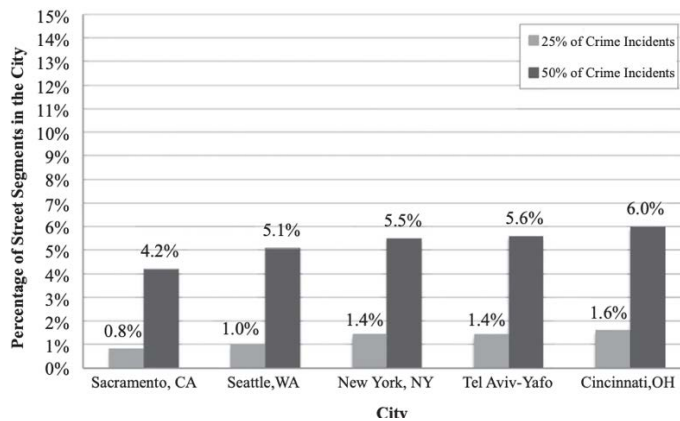
¹⁴⁴ Braga, A. A., Papachristos, A. V., & Hureau, D. M. (2010). The concentration and stability of gun violence at micro places in Boston, 1980–2008. *Journal of Quantitative Criminology*, 26(1), 33–53. <https://doi.org/10.1007/s10940-009-9082-x>

¹⁴⁵ Weisburd, D. (2015). The law of crime concentration and the criminology of place*: The law of crime concentration. *Criminology*, 53(2), 133–157. <https://doi.org/10.1111/1745-9125.12070>

and later downturn of gun violence is credited to trends at 3% of micro-places that experienced volatility in gun violence through that time.¹⁴⁶

So far as it has been studied, smaller cities have higher levels of crime concentration. Scholars caution applying big city trends and solutions to less dense cities, suburbs, and rural areas. Weisburd (2015) looked at three small cities, including Ventura, CA which is comparable to Berkeley’s size. The data suggest that crime concentration can be different in smaller cities, like simply being on a few specific high-density streets. They have fewer overall crime incidents and their street segments are generally much longer. Small city phenomena are just beginning to be studied.¹⁴⁷

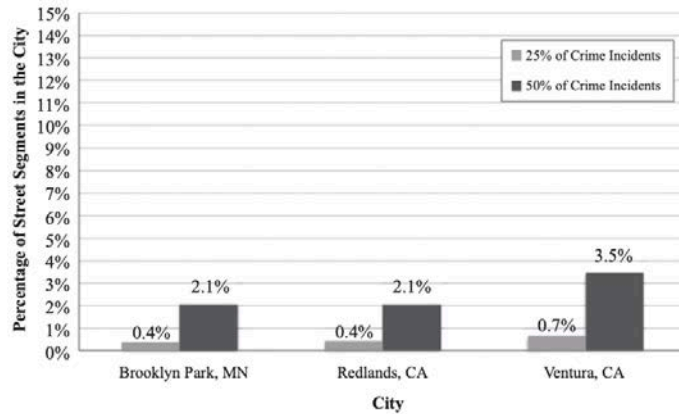
Figure 3. The Law of Crime Concentration in Large Cities



¹⁴⁶ Braga, A. A., & Schnell, C. (2013). Evaluating place-based policing strategies: Lessons learned from the smart policing initiative in Boston. *Police Quarterly*, 16(3), 339–357. <https://doi.org/10.1177/1098611113497046>

¹⁴⁷ Weisburd, D. (2015). The law of crime concentration and the criminology of place*: The law of crime concentration. *Criminology*, 53(2), 133–157. <https://doi.org/10.1111/1745-9125.12070>

Figure 4. The Law of Crime Concentration in Small Cities



148

The street segment has been identified as a useful division of a city because it is a sort of “micro-community,” in that a block has certain culture, closeness, norms, activities, boundaries, and historical evolution. These qualities make it “an important theoretical unit in the studying of crime at place”.¹⁴⁹ The “street segment” is two block faces on both sides of a street between two intersections.¹⁵⁰ It is a better micro-unit choice than smaller units, such as addresses, and makes for less complicated data gathering and analysis. Intersections have, on occasion, been used in addition to street segments. “City level gun violence trends are understood best by the analyses of trends at a very small number of micro places, such as street segments and intersections, rather than analyses of trends at larger areal units such as neighborhoods, arbitrarily-defined policing districts, or Census tracts.”¹⁵¹ Knowing this has positively impacted gun violence policing and public policy. The more we learn about the concentration of gun violence, the more we are able to concentrate treatments for gun violence (policing, social services etc.) in those specific areas.¹⁵² What are now referred to generally as “Place-Based Policing” and “Hot Spots Policing” originate from these studies and conclusions.

The natural conclusion from this, with the caveat of having only few small city studies, is that if crime is indeed so concentrated, policing and prevention resources should be similarly geospatially concentrated.¹⁵³ Interventions should

¹⁴⁸ Weisburd, D. (2015). The law of crime concentration and the criminology of place*: The law of crime concentration. *Criminology*, 53(2), 133–157. <https://doi.org/10.1111/1745-9125.12070>

¹⁴⁹ Id.

¹⁵⁰ Weisburd, D., Bushway, S., Lum, C., & Yang, S.-M. (2004). Trajectories of crime at places: A longitudinal study of street segments in the city of Seattle*. *Criminology*, 42(2), 283–322. <https://doi.org/10.1111/j.1745-9125.2004.tb00521.x>

¹⁵¹ Braga, A. A., Papachristos, A. V., & Hureau, D. M. (2010). The concentration and stability of gun violence at micro places in Boston, 1980–2008. *Journal of Quantitative Criminology*, 26(1), 33–53. <https://doi.org/10.1007/s10940-009-9082-x>

¹⁵² Weisburd, D., Groff, E. R., & Yang, S.-M. (2014). The importance of both opportunity and social disorganization theory in a future research agenda to advance criminological theory and crime prevention at places. *Journal of Research in Crime and Delinquency*, 51(4), 499–508. <https://doi.org/10.1177/0022427814530404>

¹⁵³ Weisburd, D. (2015). The law of crime concentration and the criminology of place*: The law of crime concentration. *Criminology*, 53(2), 133–157. <https://doi.org/10.1111/1745-9125.12070>

focus on very specific location and not larger neighborhoods or “beats”.¹⁵⁴ This conclusion extends beyond criminal justice intervention and applies as well to social interventions that may ameliorate gun violence. The concept of treating city “hot spots” in prevention efforts grows out of the now established fact of crime concentration.

Gun Buyback Programs

Gun buyback programs theoretically decrease the supply of guns in a community. Buyback programs encourage participation by offering cash or gift cards in exchange for weapons voluntarily surrendered and by using a “no questions asked” policy. Several studies have been done on who participates in a gun buyback program once it exists, but less studies have illuminated their effect on overall gun violence. “Additional research is needed to determine effective methods to target individuals who would have the greatest impact on gun violence if they relinquished their weapons.”¹⁵⁵ Less ambiguously, these individuals are *not* relinquishing their guns during gun buybacks, which is why research is needed on *how* to get high-risk individuals to participate.

For example, some characteristics of participants in a Worcester, Massachusetts buyback program from 2009 to 2015 are that 68% had gun safety training and a majority were white males over 55 years old who did not themselves buy the gun. Most commonly, those surveyed inherited the gun they turned in, and there was a strong positive relationship between inheriting a gun and turning it in.¹⁵⁶ This is significantly different than the population of individuals involved in gun violence. In fact, 98% of gun buyback participants were white when just 65% of Worcester’s population is white.^{157,158} This study illustrates that guns are a public health risk and that buybacks take in guns, but it fails to illustrate how buybacks increase public safety by removing guns accessible to individuals at risk of violence. Even they state, “Our program has so far failed to attract significant numbers of young minority community members. Improving upon this is particularly important, given the higher burden of gun violence experienced among minority communities. A recent New York Times review article explored 358 national armed encounters occurring in 2015 where four or more people were killed or wounded. They found that 73% of the victims were black, 72% were males, and the average age was 27.”¹⁵⁹

A study that looks at three cities’ programs (Worcester, MA included) found that more than half of participants (55%) did not purchase the firearm, but acquired it through inheritance, gift, or random find.¹⁶⁰ “The primary goal of gun

¹⁵⁴ Braga, A. A., & Schnell, C. (2013). Evaluating place-based policing strategies: Lessons learned from the smart policing initiative in Boston. *Police Quarterly*, 16(3), 339–357. <https://doi.org/10.1177/1098611113497046>

¹⁵⁵ Violano, P., Driscoll, C., Chaudhary, N. K., Schuster, K. M., Davis, K. A., Borer, E., Winters, J. K., & Hirsh, M. P. (2014). Gun buyback programs: A venue to eliminate unwanted guns in the community. *Journal of Trauma and Acute Care Surgery*, 77(3), S46–S50. <https://doi.org/10.1097/TA.0000000000000319>

¹⁵⁶ Kasper, R. E., Green, J., Damle, R. N., Aidlen, J., Nazarey, P., Manno, M., Borer, E., & Hirsh, M. P. (2017). And the survey said.... Evaluating rationale for participation in gun buybacks as a tool to encourage higher yields. *Journal of Pediatric Surgery*, 52(2), 354–359. <https://doi.org/10.1016/j.jpedsurg.2016.08.009>

¹⁵⁷ Id.

¹⁵⁸ U. S. Census bureau quickfacts: Worcester city, Massachusetts. (n.d.). Retrieved April 19, 2023, from <https://www.census.gov/quickfacts/worcestercitymassachusetts>

¹⁵⁹ Kasper, R. E., Green, J., Damle, R. N., Aidlen, J., Nazarey, P., Manno, M., Borer, E., & Hirsh, M. P. (2017). And the survey said.... Evaluating rationale for participation in gun buybacks as a tool to encourage higher yields. *Journal of Pediatric Surgery*, 52(2), 354–359. <https://doi.org/10.1016/j.jpedsurg.2016.08.009>

¹⁶⁰ Violano, P., Driscoll, C., Chaudhary, N. K., Schuster, K. M., Davis, K. A., Borer, E., Winters, J. K., & Hirsh, M. P. (2014). Gun buyback programs: A venue to eliminate unwanted guns in the community. *Journal of Trauma and Acute Care Surgery*, 77(3), S46–S50. <https://doi.org/10.1097/TA.0000000000000319>

buyback programs is the removal of unwanted firearms from the community,” not necessarily the increase of safety and decrease of gun violence. “To improve the effectiveness of gun buyback programs, it is necessary to understand the demographic that is likely to participate. The majority of participants in our gun buyback program study were white males. Most have additional weapons at home. Participants are more likely to reside in suburban affluent communities than in urban locations, which is similar to other reports.”¹⁶¹ As there has not yet been innovation in how to attract likely perpetrators and likely victims of gun violence to these gun buybacks, and as we know the demography of said population, gun buybacks are not linked causally to less gun violence.

¹⁶¹ Violano, P., Driscoll, C., Chaudhary, N. K., Schuster, K. M., Davis, K. A., Borer, E., Winters, J. K., & Hirsh, M. P. (2014). Gun buyback programs: A venue to eliminate unwanted guns in the community. *Journal of Trauma and Acute Care Surgery*, 77(3), S46–S50. <https://doi.org/10.1097/TA.0000000000000319>

Table 3
Reasons cited for turning in gun(s), 2009–2015.

	N	%
Don't need it	131	48.0
Afraid kids would get it	37	13.55
Safety	21	7.69
Need gift cards	19	6.96
Family member asked	15	5.49
Other	15	5.49
Can't store it	14	5.13
Afraid of guns	9	3.30
Don't know how to use it	6	2.20
Afraid used against me	4	1.47
Bad experience	2	0.73
Total	382	100

162

TABLE 2. Reasons Cited for Turning in Firearm: Worcester Gun Buyback Program

	N	%*
Reason*		
Didn't need the firearm	51	47%
Miscellaneous reason**	17	16%
A family member asked you to	15	14%
Concerned that children had access	14	13%
Wanted gift certificates	10	9.2%
Cannot store it properly	7	6.4%
Afraid of the firearm	7	6.4%
Did not answer	7	6.4%
Concerned might be used against you	4	3.7%
No longer being used	3	2.8%
Old gun	2	1.8%

*Participants were able to choose more than one answer, percent adds up to more than 100%.

**Miscellaneous reasons cited for turning in gun: didn't want it, turning in for a friend, too many guns, it would be stolen, gun not accurate, inherited, owner passed.

163

Hot Spots Policing

It is a generally known fact that hot spots policing is effective at reducing crime. The effectiveness of hot spots policing bears out in the extensive body of research that includes numerous experimental and quasi-experimental studies.¹⁶⁴

¹⁶² Kasper, R. E., Green, J., Damle, R. N., Aidlen, J., Nazarey, P., Manno, M., Borer, E., & Hirsh, M. P. (2017). And the survey said.... Evaluating rationale for participation in gun buybacks as a tool to encourage higher yields. *Journal of Pediatric Surgery*, 52(2), 354–359. <https://doi.org/10.1016/j.jpedsurg.2016.08.009>

¹⁶³ Violano, P., Driscoll, C., Chaudhary, N. K., Schuster, K. M., Davis, K. A., Borer, E., Winters, J. K., & Hirsh, M. P. (2014). Gun buyback programs: A venue to eliminate unwanted guns in the community. *Journal of Trauma and Acute Care Surgery*, 77(3), S46–S50. <https://doi.org/10.1097/TA.0000000000000319>

¹⁶⁴ Weisburd, D., & Telep, C. W. (2014). Hot spots policing: What we know and what we need to know. *Journal of Contemporary Criminal Justice*, 30(2), 200–220. <https://doi.org/10.1177/1043986214525083>

Braga (2007) stated, “extant evaluation research seems to provide fairly robust evidence that hot spots policing is an effective crime prevention strategy”.¹⁶⁵

Hot spots policing originated out of the widespread acknowledgement that crime, including gun violence, is clustered heavily around very small geospatial units within a city. It is a strategy that focuses prevention resources on specific locations where crime is highly concentrated.¹⁶⁶ It is widely accepted that a very small percentage of units of analysis of place is responsible for a majority of crime incidents.¹⁶⁷ Simply stated, when focused on small units of geography with high rates of crime, police can effectively tackle crime and disorder.¹⁶⁸

Instead of larger units, hot spots policing can adopt a range of responses focused on street segments and intersections. This contrasts with the traditional policing strategy which focuses on individuals.¹⁶⁹ Police records can be analyzed to identify gun violence concentration in such places and how that concentration changes – or is stable – over time.

There is the question of what activities officers should undertake while in these hot spots. Just increasing officer presence at a hot spot has a deterrent effect on crime.¹⁷⁰ In the Minneapolis Hot Spots Patrol Experiment, police were not given specific instructions other than to increase patrol at hot spots. Increased police presence alone had a statistically significant effect on deterring crime.¹⁷¹ The theory of change here is that criminals will note the police presence and be deterred due to the increased cost of offending. Analysis by Koper (1995) concluded that the ideal time spent at each hot spot is 15 minutes. After that interval, police presence has diminished marginal returns. This phenomenon is known as the “Koper curve”.¹⁷² “Survival time” is the amount of time it takes for crime or disorder to happen after an officer has departed. When officers are just present for 15 minutes, survival time increased by 23%.¹⁷³

¹⁶⁵ Braga, A. A., Turchan, B. S., Papachristos, A. V., & Hureau, D. M. (2019). Hot spots policing and crime reduction: An update of an ongoing systematic review and meta-analysis. *Journal of Experimental Criminology*, 15(3), 289–311. <https://doi.org/10.1007/s11292-019-09372-3>

¹⁶⁶ Weisburd, D., & Telep, C. W. (2014). Hot spots policing: What we know and what we need to know. *Journal of Contemporary Criminal Justice*, 30(2), 200–220. <https://doi.org/10.1177/1043986214525083>

¹⁶⁷ Weisburd, D. (2015). The law of crime concentration and the criminology of place*: The law of crime concentration. *Criminology*, 53(2), 133–157. <https://doi.org/10.1111/1745-9125.12070>

¹⁶⁸ Papachristos, A. V., Braga, A. A., & Hureau, D. M. (2012). Social networks and the risk of gunshot injury. *Journal of Urban Health*, 89(6), 992–1003. <https://doi.org/10.1007/s11524-012-9703-9>

¹⁶⁹ Weisburd, D., & Telep, C. W. (2014). Hot spots policing: What we know and what we need to know. *Journal of Contemporary Criminal Justice*, 30(2), 200–220. <https://doi.org/10.1177/1043986214525083>

¹⁷⁰ Braga, A. A., Turchan, B. S., Papachristos, A. V., & Hureau, D. M. (2019). Hot spots policing and crime reduction: An update of an ongoing systematic review and meta-analysis. *Journal of Experimental Criminology*, 15(3), 289–311. <https://doi.org/10.1007/s11292-019-09372-3>

¹⁷¹ Sherman, L. W., & Weisburd, D. (1995). General deterrent effects of police patrol in crime “hot spots”: A randomized, controlled trial. *Justice Quarterly*, 12(4), 625–648. <https://doi.org/10.1080/07418829500096221>

¹⁷² Koper, C. S. (1995). Just enough police presence: Reducing crime and disorderly behavior by optimizing patrol time in crime hot spots. *Justice Quarterly*, 12(4), 649–672. <https://doi.org/10.1080/07418829500096231>

¹⁷³ Weisburd, D., & Telep, C. W. (2014). Hot spots policing: What we know and what we need to know. *Journal of Contemporary Criminal Justice*, 30(2), 200–220. <https://doi.org/10.1177/1043986214525083>

Although mere presence produces crime control benefits, when police undertake tailored and specific interventions at each hot spot, the more effective the program at reducing crime after police depart and in the long-run.¹⁷⁴ The more diverse the intervention strategy at place, the greater deterrence it is shown to have in hot spots. This strategy is known as Problem-Oriented Policing and is described later in this report. Problem-Oriented Policing programs that incorporate these tailored responses produce effect sizes that are more than double those produced by hot spots studies focused only on police presence.

The “question of displacement versus deterrence is crucial to evaluation costs and benefits of the policies but also has implications for understanding criminal incentives and behavior.”¹⁷⁵ The larger body of literature on hot spots policing and displacement concludes that violent crime simply does not displace geospatially to neighboring areas. Displacement is the idea that interventions at a place will cause crime to shift spatially to a neighboring or new area as offenders evaluate risks related to certain areas and relocate. If anything, hot spots policing actually sees a diffusion of crime control *benefits* to neighboring areas.

A large, city-wide study conducted in Bogotá, Colombia is an outlier. It did find displacement of property crimes but found no evidence of displacement for violent crimes. This is significant because, there is something specific about violent crimes (“crimes of passion”) that does not spill over into neighboring areas or other parts of the city. This is consistent with the idea that offenders with sustained motives (like theft) respond strategically to targeted police presence and choose to relocate. Crimes of passion might be easier to deter, given that they target a specific person in a specific place. This suggests that policymakers should consider carefully if the crime patterns in their city can be deterred by place-based hot spots policing.¹⁷⁶ Gun violence is usually a “crime of passion,” not one of convenience, and therefore it is likely that the hot spots policing model would effectively address such crimes.

Displacement that is not nearby or geospatial in nature, however, is understudied and not fully understood. Perhaps there is displacement of the crime type – the specific crime of gun violence does not occur but another type of crime is committed instead.¹⁷⁷ Or, displacement could occur but much farther away, although they did not find this for violent crime in Bogotá.¹⁷⁸

There are three possible counter-effective outcomes of hot spots policing. First, increasing police presence in an area may lead residents to believe crime has increased, thereby producing fear. Out of fear, residents can retreat from the community and the social controls that deter crime can break down.¹⁷⁹ Second, if hot spots policing decreases collective efficacy, it could increase crime over the long run and any short-term crime control gains would be offset. “Collective

¹⁷⁴ Braga, A. A., Turchan, B. S., Papachristos, A. V., & Hureau, D. M. (2019). Hot spots policing and crime reduction: An update of an ongoing systematic review and meta-analysis. *Journal of Experimental Criminology*, 15(3), 289–311. <https://doi.org/10.1007/s11292-019-09372-3>

¹⁷⁵ Blattman, C., Green, D. P., Ortega, D., & Tobón, S. (2021). Place-based interventions at scale: The direct and spillover effects of policing and city services on crime. *Journal of the European Economic Association*, 19(4), 2022–2051. <https://doi.org/10.1093/jeea/jvab002>

¹⁷⁶ Id.

¹⁷⁷ Weisburd, D., & Telep, C. W. (2014). Hot spots policing: What we know and what we need to know. *Journal of Contemporary Criminal Justice*, 30(2), 200–220. <https://doi.org/10.1177/1043986214525083>

¹⁷⁸ Blattman, C., Green, D. P., Ortega, D., & Tobón, S. (2021). Place-based interventions at scale: The direct and spillover effects of policing and city services on crime. *Journal of the European Economic Association*, 19(4), 2022–2051. <https://doi.org/10.1093/jeea/jvab002>

¹⁷⁹ Wilson, G. L. K., James Q. (1982, March 1). *Broken windows*. The Atlantic. <https://www.theatlantic.com/magazine/archive/1982/03/broken-windows/304465/>

efficacy” means the ability of a community to operate with common values and regulate behavior within it through strong relationships and mutual trust.¹⁸⁰ Weisburd et al. (2004) found that the “hotter” the spot, the lower the rates of collective efficacy.¹⁸¹ Lastly, a concern of hot spots policing is that it may decrease police legitimacy. To do their job, police need support and cooperation from the public, and their willingness to defer to their authority. If this breaks down, long term, a community could become lawless and even attract crime from elsewhere.¹⁸² Essentially, can simple everyday police methods produce long-term crime reductions at hot spots without deeper structural change to address inequities at the heart of crime?¹⁸³ Each of the above counter-effects could in the long-term offset the short-term gains made from hot spots policing.

While the theories underpinning the potential downsides of hot spots policing are valid, none have been studied to the degree where experts feel confident expressing that they ring true. In particular, there are conflicting studies regarding the impact of hot spots policing on police legitimacy. There is not enough research to make a judgment call on these concerns.¹⁸⁴ The police and criminal justice practitioners must monitor and evaluate their own community’s fear of crime, collective efficacy, and police legitimacy to understand the possible or likely impacts of a hot spots policing program in their city.

In addition to not knowing the full range of hot spots policing effects, we also do not fully understand the impacts of hot spots policing on rural areas or smaller cities.¹⁸⁵ Larger cities are almost always the focus of the literature with few exceptions. One study of San Bernardino County looked at hot spots in a suburban sprawl environment. While lower-activity places may still be “crime hot spots” in smaller jurisdictions, the ability of the police to influence crime at such places may be different. The number of events at each hot spot in San Bernardino County was too small to allow for statistically powerful outcomes. This is likely to be a serious barrier to evaluation in many smaller cities or in rural areas.

One study of Manhattan, Kansas evaluated their Operation Laser Point.¹⁸⁶ In it, the police targeted micro-hot spot locations and instituted regular, daily directed patrol visits, community engagement, and problem solving techniques. Crime decreased after the program began and held fairly steady throughout the program and afterward. Crime also declined in areas outside the hot spots, supporting prior research showing diffusion of crime control benefits. This study

¹⁸⁰ Weisburd, D., Hinkle, J. C., Famega, C., & Ready, J. (2011). The possible “backfire” effects of hot spots policing: An experimental assessment of impacts on legitimacy, fear and collective efficacy. *Journal of Experimental Criminology*, 7(4), 297–320. <https://doi.org/10.1007/s11292-011-9130-z>

¹⁸¹ Weisburd, D., Bushway, S., Lum, C., & Yang, S.-M. (2004). Trajectories of crime at places: A longitudinal study of street segments in the city of Seattle*. *Criminology*, 42(2), 283–322. <https://doi.org/10.1111/j.1745-9125.2004.tb00521.x>

¹⁸² Weisburd, D., Hinkle, J. C., Famega, C., & Ready, J. (2011). The possible “backfire” effects of hot spots policing: An experimental assessment of impacts on legitimacy, fear and collective efficacy. *Journal of Experimental Criminology*, 7(4), 297–320. <https://doi.org/10.1007/s11292-011-9130-z>

¹⁸³ Koper, C. S., Lum, C., Wu, X., & Hegarty, T. (2021). The long-term and system-level impacts of institutionalizing hot spot policing in a small city. *Policing: A Journal of Policy and Practice*, 15(2), 1110–1128. <https://doi.org/10.1093/police/paaa096>

¹⁸⁴ Weisburd, D., & Telep, C. W. (2014). Hot spots policing: What we know and what we need to know. *Journal of Contemporary Criminal Justice*, 30(2), 200–220. <https://doi.org/10.1177/1043986214525083>

¹⁸⁵ Id.

¹⁸⁶ Koper, C. S., Lum, C., Wu, X., & Hegarty, T. (2021). The long-term and system-level impacts of institutionalizing hot spot policing in a small city. *Policing: A Journal of Policy and Practice*, 15(2), 1110–1128. <https://doi.org/10.1093/police/paaa096>

shows that hot spots policing can be effective as a long-term crime control strategy in small cities – positive evidence for suburban areas and in lower crime areas of large cities.¹⁸⁷

Problem Oriented Policing

“Problem-Oriented Policing” or POP was developed by Herman Goldstein as an alternative method to traditional reactive efforts to address chronic problems.¹⁸⁸ It was his view that American policing had fallen ill with “means over ends” syndrome, placing more emphasis in their improvement efforts on organization and operating methods (number of arrests, average response time) than on the substantive outcome of their work”.¹⁸⁹ Essentially, they became so focused on means of policing, like staffing and management, that they were ignoring the things they were meant to solve. POP, he suggested, would refocus police on crime and disorder. This, he believed, would be a paradigm shift that would replace incident-driven, reactive “standard” policing with a model that required police to be proactive.¹⁹⁰

POP emphasizes the analysis of crime trends and root causes of crime in a community. It can be applied in neighborhoods, non-residential areas, or whole cities. This approach requires police to take a proactive stance by closely examining violence trends and customizing interventions for specific issues. While law enforcement plays a significant role in overseeing and participating in POP, non-law enforcement entities such as community organizations, healthcare services, other city departments and municipal actors may also have a part to play in addressing some problems. These non-law enforcement partnerships were key to ameliorating crime and disorder, in Goldstein’s vision of POP. Additionally, POP demands that law enforcement evaluate their strategies and determine whether they have achieved their goals.¹⁹¹ Because of this systematic method, Goldstein emphasized the importance of having personnel trained in research and assessment.¹⁹²

Most traditionally, the S.A.R.A. method (Scanning-Analysis-Response-Assessment) is used when applying POP. Eck and Spelman developed the method in 1987 as a “framework for uncovering complex mechanisms at play in crime problems and for developing tailor-made interventions to address the underlying conditions that cause crime problems”.¹⁹³ “Scanning” involves the identification and prioritization of potential problems that may be causing crime within a jurisdiction. “Analysis” involves an in-depth evaluation of problems using a variety of data sources so the most appropriate response can be developed. This is not just about problem outcomes like traditional policing but concerned with the underlying processes that lead to problems. “Response” is the development and implementation of an intervention tailored to the nature of the problem distilled in the analysis phase. Response searches should be broad,

¹⁸⁷ Koper, C. S., Lum, C., Wu, X., & Hegarty, T. (2021). The long-term and system-level impacts of institutionalizing hot spot policing in a small city. *Policing: A Journal of Policy and Practice*, 15(2), 1110–1128. <https://doi.org/10.1093/police/paaa096>

¹⁸⁸ Goldstein, H. (1979). Improving policing: A problem-oriented approach. *Crime & Delinquency*, 25(2), 236–258. <https://doi.org/10.1177/001112877902500207>

¹⁸⁹ Id.

¹⁹⁰ Id.

¹⁹¹ Eck, J. E., & Spelman, W. (1987). Who ya gonna call? The police as problem-busters. *Crime & Delinquency*, 33(1), 31–52. <https://doi.org/10.1177/0011128787033001003>

¹⁹² Hinkle, Joshua C., et al. “Problem-Oriented Policing for Reducing Crime and Disorder: An Updated Systematic Review and Meta-Analysis.” *CrimRxiv*, July 2021. *DOI.org (Crossref)*, <https://doi.org/10.21428/cb6ab371.5277ad69>.

¹⁹³ Eck, J. E., & Spelman, W. (1987). *Problem-solving: Problem-oriented policing in Newport News*. U.S. Dept. of Justice, National Institute of Justice.

involving law enforcement and non-law enforcement methods, other agencies, community groups and members. “Assessment” is the ongoing monitoring and evaluation of the response effect on targeted problem(s). This process is intended lead to continual improvements and refinement in further iterations of the response.¹⁹⁴

The three musts in conducting POP are that problems must be defined specifically, information must be collected from sources outside the department, and agencies must engage in a broad search for solutions. The best solutions tend to involve public and private entities that have a stake in solving the problem. Officers tend to get a more satisfying experience doing POP than traditional police work because they directly observe the results of their work, although it does require additional training and management.¹⁹⁵

Recently, it has been theorized that there are four “types” of crime-involved places that problem solving would benefit – crime sites, convergent settings, comfort spaces, and corrupting spots. Crime sites are those which analysts can identify on a map, through hot spot analysis or observation alone. Convergent settings are public places where people come together. For example, there is a bus depot in Cincinnati, Ohio where buses converge, and this space is a meeting spot for delinquent teenagers. Depending on the circumstances, there may or may not be crime occurring at a convergent setting. Third, comfort spaces are those which are private locations that offenders use for a variety of reasons, from hanging out to storing supplies to surveilling for the presence of law enforcement. Offenders prefer that crimes are not committed in comfort spaces.¹⁹⁶ Lastly, corrupting spots are those that are often businesses that allow for the facilitation of crime. An example is an auto repair shop that takes stolen car parts. Identifying these locations can, according to John Eck, Ph.D. and Lt. Matt Hammer, Ph.D., go a long way in dismantling place systems underlying crime.¹⁹⁷

A meta-analysis of POP suggests a statistically significant average decline (-33.8%) in general crime and disorder in treatment areas as opposed to controls. The analysis did not find significant spatial displacement of crime to other areas, but it did find evidence of some diffusion of crime control *benefits* to neighboring areas.¹⁹⁸ In terms of cost-effectiveness, crime “crackdowns”, or person-based programs where services have to be continually delivered, are less effective at lasting crime decline than programs where lasting change is instituted. The former sees deterrent effects erode when a program ends.¹⁹⁹

The greatest deterrence results are found when police combine hot spots policing with POP (situational prevention strategies). Disrupting situational dynamics that are catalysts to gun violence increases the necessary risk or effort in offending, or reduces attractiveness of possible victims. These interventions can range from an officer patrolling the block or city services creating green space or installing better street lighting. Razing abandoned buildings and cleaning

¹⁹⁴ Chief Eliot Isaac, Lt. Matthew Hammer M.S., Blake Christenson M.A., & Dr. Tamara D. Madensen. (2017). *P.I.V.O.T. Place Based Investigations of Violent Offender Territories* (Herman Goldstein Award Submission). Cincinnati Police Department.

¹⁹⁵ Eck, J. E., & Spelman, W. (1987). Who ya gonna call? The police as problem-busters. *Crime & Delinquency*, 33(1), 31–52. <https://doi.org/10.1177/0011128787033001003>

¹⁹⁶ Eck, J. (2023, March 24). *Professor of Criminal Justice at the University of Cincinnati* [Zoom].

¹⁹⁷ Chief Eliot Isaac, Lt. Matthew Hammer M.S., Blake Christenson M.A., & Dr. Tamara D. Madensen. (2017). *P.I.V.O.T. Place Based Investigations of Violent Offender Territories* (Herman Goldstein Award Submission). Cincinnati Police Department.

¹⁹⁸ Hinkle, Joshua C., et al. “Problem-Oriented Policing for Reducing Crime and Disorder: An Updated Systematic Review and Meta-Analysis.” *CrimRxiv*, July 2021. *DOI.org (Crossref)*, <https://doi.org/10.21428/cb6ab371.5277ad69>.

¹⁹⁹ Id.

up graffiti are also common implementations of POP in hot spots. Despite this, POP often addresses non-geographic crime concentration – repeat offenders, repeat victims, hot products etc. While POP can be a type of Hot Spots Policing, many hot spots programs do not use the systematic approach of POP, which itself does not favor any particular intervention.²⁰⁰

Potential pitfalls to POP implementation are similar to those for hot spot policing: increased fear of crime, and decreased collective efficacy and police legitimacy.

Social Network Analysis as it Relates to Gun Violence

The epidemiological approach to behavior promises community leaders a better way to prevent gun violence – through Social Network Analysis (SNA) and identification of individuals vulnerable to perpetration and victimization.²⁰¹ A social network is a bounded number of social actors connected by various relationships (“ties”) – family, friendship, schooling, neighborhood, sexual relationships, etc.²⁰². Theoretically, SNA refers to the statistical analysis of how actors, usually people, are connected and influence each other’s thoughts, feelings, and actions.^{203,204} “As with other important health problems, most cases of firearm violence arise from large but low-risk subsets of the population”.²⁰⁵

Like many health phenomena, gun violence has been widely studied as a social contagion, in that it has been shown repeatedly to diffuse in a population, transmitted from person to person through social interaction.²⁰⁶ This means that individuals that have been exposed to gun violence, or exposed to individuals that have been perpetrators or victims of gun violence, have greater risk of victimization or perpetration when compared to those that have not.²⁰⁷ A study of homicides in Newark, NJ found that homicides were “not random but...moved [by a] similar process to an infectious disease, with firearms and gangs operating as infectious agents”.²⁰⁸ Direct exposure has a larger positive relationship to involvement with gun violence, although even small amounts of exposure can increase the likelihood of future victimization.²⁰⁹ One study of nonfatal gunshot victim social networks determined that a 1% increase in exposure to

²⁰⁰ Hinkle, Joshua C., et al. “Problem-Oriented Policing for Reducing Crime and Disorder: An Updated Systematic Review and Meta-Analysis.” *CrimRxiv*, July 2021. DOI.org (Crossref), <https://doi.org/10.21428/cb6ab371.5277ad69>.

²⁰¹ McGee, Zina T., et al. “A Multivariate Analysis of Gun Violence among Urban Youth: The Impact of Direct Victimization, Indirect Victimization, and Victimization among Peers.” *Cogent Social Sciences*, edited by Jamie Halsall, vol. 3, no. 1, Jan. 2017, p. 1328772. DOI.org (Crossref), <https://doi.org/10.1080/23311886.2017.1328772>.

²⁰² Wasserman, Stanley, and Katherine Faust. *Social Network Analysis: Methods and Applications*. Cambridge University Press, 1994.

²⁰³ Id.

²⁰⁴ Papachristos, Andrew V., et al. “Social Networks and the Risk of Gunshot Injury.” *Journal of Urban Health*, vol. 89, no. 6, Dec. 2012, pp. 992–1003. DOI.org (Crossref), <https://doi.org/10.1007/s11524-012-9703-9>.

²⁰⁵ Wintemute, Garen J. “The Epidemiology of Firearm Violence in the Twenty-First Century United States.” *Annual Review of Public Health*, vol. 36, no. 1, Mar. 2015, pp. 5–19. DOI.org (Crossref), <https://doi.org/10.1146/annurev-publhealth-031914-122535>.

²⁰⁶ Kadushin, Charles. *Understanding Social Networks: Theories, Concepts, and Findings*. Oxford University Press, 2012.

²⁰⁷ Tracy, Melissa, et al. “The Transmission of Gun and Other Weapon-Involved Violence Within Social Networks.” *Epidemiologic Reviews*, Jan. 2016, p. mxv009. DOI.org (Crossref), <https://doi.org/10.1093/epirev/mxv009>.

²⁰⁸ Zeoli, April M., et al. “Homicide as Infectious Disease: Using Public Health Methods to Investigate the Diffusion of Homicide.” *Justice Quarterly*, vol. 31, no. 3, May 2014, pp. 609–32. DOI.org (Crossref), <https://doi.org/10.1080/07418825.2012.732100>.

²⁰⁹ McGee, Zina T., et al. “A Multivariate Analysis of Gun Violence among Urban Youth: The Impact of Direct Victimization, Indirect Victimization, and Victimization among Peers.” *Cogent Social Sciences*, edited by Jamie Halsall, vol. 3, no. 1, Jan. 2017, p. 1328772. DOI.org (Crossref), <https://doi.org/10.1080/23311886.2017.1328772>.

gunshot victims in one’s immediate network increases the odds of becoming a victim by 1.1%. It also found that 10 percent exposure to victims at distances ≤ 2 ties increases the odds of gunshot victimization by 27.0 percent, and 25 percent exposure to victims increases the odds by 81.6 percent.²¹⁰

While gun violence may seem random, studying the social network underlying it can shed light on just how connected exposure is to future perpetration or future victimization. For example, we know from empirical and anecdotal data that young minority males are the most likely victims of gunshot injuries. Homicide risk is concentrated to a remarkable degree among Black males over the life course. At ages 20 to 29 in 2012, the firearm homicide rate for Black males was at least five times higher than that for Hispanic males and at least 20 times that for White males.²¹¹

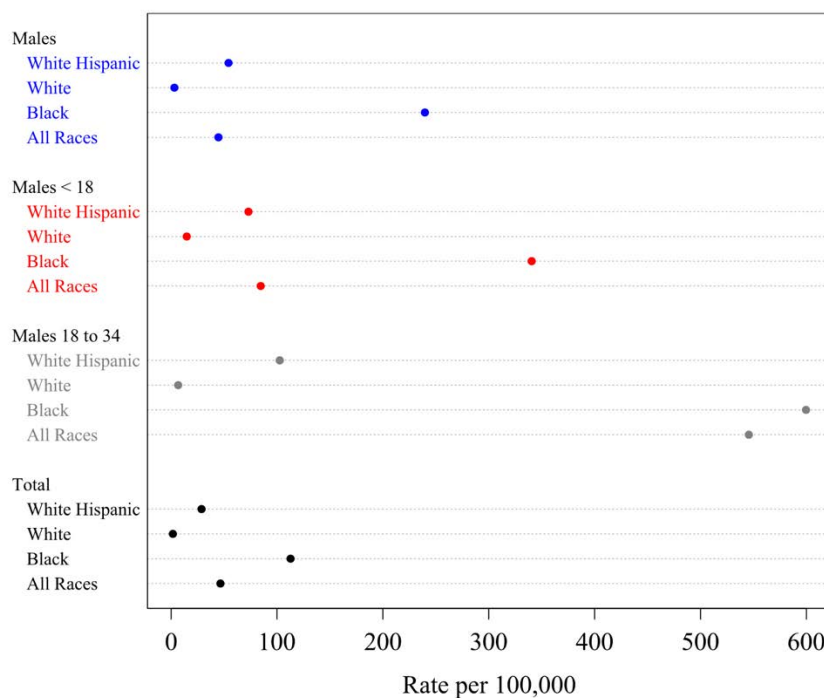


Fig. 2. Rates of nonfatal gunshot victimization in Chicago, 2006–2012.

212

But, we cannot know why, between two young men with identical risk factors, one ends up victimized and one does not. “Defining the at-risk population as including young, minority males living in disadvantaged neighborhoods is not refined enough to capture the extreme concentration of gun violence in urban environments. Urban gun violence trends may be best understood as generated by a very small number of high-risk individuals who participate in high-risk social networks

²¹⁰ Papachristos, Andrew V., et al. “Tragic, but Not Random: The Social Contagion of Nonfatal Gunshot Injuries.” *Social Science & Medicine*, vol. 125, Jan. 2015, pp. 139–50. DOI.org (Crossref), <https://doi.org/10.1016/j.socscimed.2014.01.056>.

²¹¹ Wintemute, G. J. (2015). The epidemiology of firearm violence in the twenty-first century United States. *Annual Review of Public Health*, 36(1), 5–19. <https://doi.org/10.1146/annurev-publhealth-031914-122535>

²¹² Papachristos, Andrew V., et al. “Tragic, but Not Random: The Social Contagion of Nonfatal Gunshot Injuries.” *Social Science & Medicine*, vol. 125, Jan. 2015, pp. 139–50. DOI.org (Crossref), <https://doi.org/10.1016/j.socscimed.2014.01.056>.

and perpetrate their shootings at a very small number of high-risk micro places”.²¹³ This is where social network analysis, rather than examining neighborhoods or census tracts, can be useful in identifying at-risk individuals. SNA theorists claim that violence prevention efforts accounting for social contagion, in addition to demographics, have the potential to prevent more shootings than efforts that focus only on demographics.²¹⁴

Many studies on gun violence networks show that while all victims are in one very large and possibly additional smaller networks, gun violence is even more concentrated *within* networks. Only with SNA can we more precisely predict an individual’s risk within a certain network. One study of Boston shootings found that 85% of all gunshot injuries in a sample occurred within just one social network and that the closer one is to a gunshot victim (in number of ties), the greater the probability of one’s own victimization.²¹⁵ In the Newark, NJ study mentioned above, one third of all fatal and nonfatal shootings occurred in a network of less than 4% of the city’s population. This phenomenon has tremendous implications for public policy interventions aimed at reducing gun violence. If gun violence is affecting one very small subset of a larger network, police, along with city departments and social service organizations can most efficiently target those individuals for maximum violence prevention.

Gangs and Gang Membership

It has been widely studied and concluded that membership in a gang is highly associated with violent victimization.²¹⁶ Social Network Analysis (SNA) can provide mathematical understanding of gang-related networks and violent involvement in crime. Violence, specifically gun violence, can spread within co-offending networks from gang members to non-gang members.²¹⁷ A co-offending network is a network of individuals who have committed crimes together in the past, regardless of gang status. Some offenders in these networks are gang members and some are not, as not all criminal associates of gang members are necessarily in gangs.²¹⁸ Co-offending networks have been well documented in criminology as a base for the sociological processes underpinning crime and violence.²¹⁹ Co-offending as a mechanism to study gunshot violence has been used several times to understand the effect of past history of violent crime (or gang membership) on future risk of violent crime.

²¹³ Braga, Anthony A., et al. “The Concentration and Stability of Gun Violence at Micro Places in Boston, 1980–2008.” *Journal of Quantitative Criminology*, vol. 26, no. 1, Mar. 2010, pp. 33–53. DOI.org (Crossref), <https://doi.org/10.1007/s10940-009-9082-x>.

²¹⁴ Green, B., Horel, T., & Papachristos, A. V. (2017). Modeling contagion through social networks to explain and predict gunshot violence in Chicago, 2006 to 2014. *JAMA Internal Medicine*, 177(3), 326. <https://doi.org/10.1001/jamainternmed.2016.8245>

²¹⁵ Papachristos, Andrew V., et al. “Social Networks and the Risk of Gunshot Injury.” *Journal of Urban Health*, vol. 89, no. 6, Dec. 2012, pp. 992–1003. DOI.org (Crossref), <https://doi.org/10.1007/s11524-012-9703-9>.

²¹⁶ Decker, S. H., Pyrooz, D. C., & Moule, R. K. (2014). Disengagement from gangs as role transitions. *Journal of Research on Adolescence*, 24(2), 268–283. <https://doi.org/10.1111/jora.12074>

²¹⁷ Papachristos, A. V., Braga, A. A., Piza, E., & Grossman, L. S. (2015). The company you keep? The spillover effects of gang membership on individual gunshot victimization in a co-offending network: gang membership, networks, & victimization. *Criminology*, 53(4), 624–649. <https://doi.org/10.1111/1745-9125.12091>

²¹⁸ Id.

²¹⁹ Warr, M. (2002). *Companions in crime: The social aspects of criminal conduct*. Cambridge University Press.

One co-offender network study of gang members in Newark, NJ found that gang membership increases the odds of gunshot victimization by 344%.²²⁰ That study also concluded that one or more ties to a gang member, or the closer in proximity to a gang member (even when not direct) within the co-offending network significantly increases the probability that one will experience fatal or non-fatal gunshot victimization.²²¹ Almost one third of all fatal or non-fatal shootings occurred in a network comprised of less than 4% of the city's population. If a subset of a city's gun violence is gang related, it is clear that performing SNA and locating individuals most at risk for intervention would be an effective and logical step toward reducing gun violence.

Domestic Violence and Firearm Accessibility

Nicholas Kristoff with the New York Times writes that we already bar felons from owning guns, and we should go a step further and bar violent misdemeanor offenders from possessing guns.²²² California has taken this step. In California, there is a domestic violence misdemeanor firearm prohibition, required firearm relinquishment for domestic violence misdemeanors, and required reporting of domestic violence misdemeanors to national databases.

Stalking, domestic violence, and alcohol abuse are particular warning signs of future violence. A study on femicide in intimate partner relationships states that “an abusive partner's access to a firearm is a serious threat to victims of domestic violence, making it five times more likely that [they] will be killed”.²²³ States that bar those subject to active domestic violence restraining orders from accessing guns have seen a 13% reduction in intimate partner homicides involving firearms.²²⁴ Removal of guns from domestic violence offenders is one of the most frequently used and effective strategies *as rated by local police* throughout the country.²²⁵

Those who have been an abuse victim of an intimate partner need intervention to “prevent further escalation of violence. Healthcare practitioners should question individuals not only about domestic violence but also about abusers' access to a gun and should provide appropriate referrals to services and information regarding serious risk in such

²²⁰ Papachristos, A. V., Braga, A. A., Piza, E., & Grossman, L. S. (2015). The company you keep? The spillover effects of gang membership on individual gunshot victimization in a co-offending network: gang membership, networks, & victimization. *Criminology*, 53(4), 624–649. <https://doi.org/10.1111/1745-9125.12091>

²²¹ Id.

²²² Kristof, N. (2023, January 24). Opinion | a smarter way to reduce gun deaths. *The New York Times*. <https://www.nytimes.com/2023/01/24/opinion/gun-death-health.html>

²²³ Campbell, J. C., Webster, D., Koziol-McLain, J., Block, C., Campbell, D., Curry, M. A., Gary, F., Glass, N., McFarlane, J., Sachs, C., Sharps, P., Ulrich, Y., Wilt, S. A., Manganello, J., Xu, X., Schollenberger, J., Frye, V., & Laughon, K. (2003). Risk factors for femicide in abusive relationships: Results from a multisite case control study. *American Journal of Public Health*, 93(7), 1089–1097. <https://doi.org/10.2105/AJPH.93.7.1089>

²²⁴ Zeoli, A. M., McCourt, A., Buggs, S., Frattaroli, S., Lilley, D., & Webster, D. W. (2018). Retracted: Analysis of the strength of legal firearms restrictions for perpetrators of domestic violence and their associations with intimate partner homicide. *American Journal of Epidemiology*, 187(7), 1449–1455. <https://doi.org/10.1093/aje/kwx362>

²²⁵ Koper, C. S., Woods, D. J., & Kubu, B. E. (2013). Gun violence prevention practices among local police in the United States. *Policing: An International Journal of Police Strategies & Management*, 36(3), 577–603. <https://doi.org/10.1108/PIJPSM-06-2012-0052>

situations.^{226, 227} The most important thing clinicians can do is inform a victim of domestic violence that Extreme Risk Protection Orders exist.

Police can only act on active restraining orders and Extreme Risk Protection Orders, so direction should be given to victims on how to obtain one. An Extreme Risk Protection Order (ERPO) is a civil order that temporarily prohibits individuals who pose a danger to themselves or others from purchasing and possessing firearms. In California, law enforcement or clinicians, a family or household member, employers, co-workers, and employees and teachers at secondary and post-secondary schools can petition for an individual to be under an ERPO.²²⁸ In California, these laws can also apply to dating partners (not true in every state).

There is both objective and anecdotal evidence that these actions work when they happen and do reduce violence.

Hospital Based Violence Intervention Programs (HVIPs)

The rationale for a Hospital-Based Violence Intervention Program is a public health one. Their goal is to improve the pre-existing social determinants of health (such as poverty, a low level of education, and substance abuse) that may have led to violent victimization and, in doing so, prevent reinjury.²²⁹ One of the strongest predictors of future injury is past injury, and victims of violent injury are more than twice as likely to die a violent death compared to matched control subjects.^{79, 230} Gunshot victims or victims of violent assault are almost always taken to trauma I hospitals. The window after an injury is considered a valuable time for intervention, while that patient is still being treated in the hospital. It has really been just over the last 20 years that these programs have emerged to take advantage of that time to break the cycle of violence.²³¹

Hospital-Based Violence Intervention Programs identify violently injured patients and intervene at their bedside immediately following a violent victimization injury. Typically, the hospital assigns patients a case manager or social worker who evaluates patients based on the patient's perception of their own psychosocial, emotional, or financial needs and connects them with providers in the community that are capable of addressing those needs. Various models tend to emphasize that case workers need to be culturally competent and it is beneficial if they come from similar environments as patients.

²²⁶ Tracy, M., Braga, A. A., & Papachristos, A. V. (2016). The transmission of gun and other weapon-involved violence within social networks. *Epidemiologic Reviews*, mxv009. <https://doi.org/10.1093/epirev/mxv009>

²²⁷ Campbell, J. C., Webster, D., Koziol-McLain, J., Block, C., Campbell, D., Curry, M. A., Gary, F., Glass, N., McFarlane, J., Sachs, C., Sharps, P., Ulrich, Y., Wilt, S. A., Manganello, J., Xu, X., Schollenberger, J., Frye, V., & Laughon, K. (2003). Risk factors for femicide in abusive relationships: Results from a multisite case control study. *American Journal of Public Health*, 93(7), 1089–1097. <https://doi.org/10.2105/AJPH.93.7.1089>

²²⁸ *California code, penal code—Pen § 18100*. (n.d.). Findlaw. Retrieved March 27, 2023, from <https://codes.findlaw.com/ca/penal-code/pen-sect-18100/>

²²⁹ Gorman, E., Coles, Z., Baker, N., Tufariello, A., Edemba, D., Ordonez, M., Walling, P., Livingston, D. H., & Bonne, S. (2022). Beyond recidivism: Hospital-based violence intervention and early health and social outcomes. *Journal of the American College of Surgeons*, 235(6), 927–939. <https://doi.org/10.1097/XCS.0000000000000409>

²³⁰ Juillard, C., Cooperman, L., Allen, I., Pirracchio, R., Henderson, T., Marquez, R., Orellana, J., Texada, M., & Dicker, R. A. (2016). A decade of hospital-based violence intervention: Benefits and shortcomings. *Journal of Trauma and Acute Care Surgery*, 81(6), 1156–1161. <https://doi.org/10.1097/TA.0000000000001261>

²³¹ Id.

Zuckerberg San Francisco General Hospital is the only Trauma I facility serving the whole city and county of San Francisco. Since 2005 the Wraparound Program has been implemented as its HVIP. They offer enrollment in the program to all victims of intentional injuries that are between 10-35 years old that they determine via a screening process to be at high-risk of reinjury. The victim must also be injured or live in San Francisco. Notably, patients excluded are those whose injuries are a result of domestic violence or child abuse, or if self-inflicted. Patients must consent to participation and then an initial intake and needs assessment is done. The program provides up to one year of intensive case management including mentorship, advocacy, and services from community providers. There are challenges in evaluating this program because bias is introduced by self-selection (which would likely decrease the rate of reinjury) and the fact that only patients screened to be high-risk are selected (which would likely increase the rate of reinjury). However, the injury recidivism rate decreased from 8.4% to 4.9% after its institution at Zuckerberg in 2006. A study of the Violence Intervention Advocacy Program at Boston Medical Center similarly finds that it effectively serves the population choosing the program.²³² The HVIP at University Hospital in Newark, New Jersey has also been studied and found achieve patient-stated short-term health and social goals in half of its enrollees during 2020.²³³

“Recidivism has been used as an outcome measure of HVIPs for several years. Although it adds a layer of complexity, its measurement has been linked to the cost–benefit ratio for hospitals and communities to use in obtaining grant funding and convincing administrators of the utility of HVIPs.”²³⁴

In Alameda County, a CBO program called Caught in the Crossfire does hospital bed interventions similar to the Wraparound Program but, it is not directly managed by hospitals; they rely on hospital buy-in.²³⁵ Their stated goals are to convince the victims, their friends, and their family not to retaliate, to reduce hostilities, and provide victims pathways to a safer life.²³⁶

Focused Deterrence (Custom Notifications)

The theory of change in focused deterrence is that violence can be prevented if individuals believe that the costs of violence outweigh its potential benefits.²³⁷ The strategy identifies those most at risk of becoming a perpetrator of gun violence and delivers a “hard” message – that violence will not be tolerated and any of it will be met with swift arrests and criminal justice consequences. There is also the “soft” message delivery, that the police and (usually a CBO) are here to help connect the individual with resources that they can then leverage to transition away from violence.

Historically, custom notifications were delivered as part of a larger “call-in”, where group members are all called to the same place and a message is communicated that “affected communities want the violence to stop, there is help available to group members who want it, and meaningful legal consequences will follow if the violence does not stop.”

²³² Pino, E. C., Fontin, F., James, T. L., & Dugan, E. (2021). Boston violence intervention advocacy program: Challenges and opportunities for client engagement and goal achievement. *Academic Emergency Medicine*, 28(3), 281–291. <https://doi.org/10.1111/acem.14162>

²³³ Gorman, E., Coles, Z., Baker, N., Tufariello, A., Edemba, D., Ordenez, M., Walling, P., Livingston, D. H., & Bonne, S. (2022). Beyond recidivism: Hospital-based violence intervention and early health and social outcomes. *Journal of the American College of Surgeons*, 235(6), 927–939. <https://doi.org/10.1097/XCS.0000000000000409>

²³⁴ Id.

²³⁵ *Intervention*. (n.d.). Youth ALIVE! Retrieved March 28, 2023, from <https://www.youthalive.org/caught-in-the-crossfire/>

²³⁶ Id.

²³⁷ Braga, A. A. (2008). Pulling levers focused deterrence strategies and the prevention of gun homicide. *Journal of Criminal Justice*, 36(4), 332–343. <https://doi.org/10.1016/j.jcrimjus.2008.06.009>

These, however, assume group violence is at a certain height and also require a large amount of pre-work to be done to gather the right people and communicate the messages tailored to the full group as well as to the individuals. Therefore, they are not tactical because it is not possible to get one together to prevent violence likely to occur within a day or two.

Instead, it has been valuable instead to focus just on individuals in their homes with appropriate personnel, such as probation, parole, and police officers, as well as community voices and positive “influentials” such as family members. Custom notifications have many advantages on their own. They can be delivered to anyone, regardless of whether they are on parole, probation, or in a larger group. They can be delivered to a smaller number of impact players, who often are not under court supervision and cannot be mandated to attend a call-in. They are flexible and implemented with short notice and can be delivered by law enforcement alone, community figures alone, or a combination. They can incorporate an “influential”, someone close to the individual who represents a consistent, positive influence.

Incorporating influentials as partners with community members, law enforcement, and social service providers gives a strong message about making good choices and the consequences of violence. They are powerful tools for interrupting gang “beefs”, heading off retaliation after a violent event, calming down outbreaks of violence and bolstering the core gun violence program. They can incorporate highly specific information meaningful to the person being notified, such as the help they personally may need or particular legal vulnerabilities they face if they continue offending. These messages can be delivered to parolees or probationers as they prepare to reenter society.²³⁸ Lastly, custom notifications can create spillover violence reduction effects on group members who are socially tied to others engaged in violence, so you reach more than just those individuals that were selected for direct contact. This is especially true if Social Network Analysis is used to identify them.

It is emphasized in the literature that partnering with a CBO, such as California Partnership for Safe Communities, is ideal. A social service provider, community group, faith-based organization, or street outreach worker can increase the credibility of law enforcement and connect more genuinely with the individual. Mobilizing such organizations is critical so that the “soft” message is extended, and the individual feels cared about, related to, and that someone wants to help them. They can deliver antiviolence messages on their own or alongside law enforcement. In Cincinnati, community representatives take the lead in the notification process, speaking to impact players on their own before police, social services, and street outreach workers visit. Street outreach workers often have history of being group-involved or incarcerated and can be able to reach impact players not easily located by law enforcement. Their personal histories better able them to relate to impact players on the falsehood of the street code and what the street code has cost them.

Street Outreach Teams/Violence Interrupters

“Street Outreach organizations do a lot more for public safety than just trying to stop gun violence: they are anchoring institutions for neighborhood safety and well-being, dealing with issues related to housing, mental health, education, and justice.”²³⁹ Street Outreach Workers are credible messengers, often formerly incarcerated or have been involved in or affected by violence in the past, that help identify violence and interrupt or mediate it in real time. They have inroads

²³⁸ A New York initiative replicates the work of Chicago’s Project Safe Neighborhoods (PSN), which achieved large violence reductions selecting districts through delivery of individualized messages to parolees about legal exposure and services available. Chicago districts participating in PSN communication saw a 37% reduction in homicide and a 30% decrease in recidivism among notified offenders.

²³⁹ *Op-ed: What we know (And don’t know) about street outreach and gun violence prevention.* (2021, October 25). Chicago Tribune. <https://www.chicagotribune.com/opinion/commentary/ct-opinion-chicago-gun-violence-street-outreach-20211025-6pylamxs5jzhhyya3x3nb3eya-story.html>

to vulnerable groups that police do not, act as a conduit between group members and other participants in a city's violence reduction program, and help people make the transition away from street violence.

The overall theory of change is a public health one – that violence is like a contagious disease and its spread can be interrupted.²⁴⁰ Operating beneath this strategy is the aim to increasing informal social controls – or fortifying a community's collective norms and standards of conduct and encouraging community members to uphold them. When done well it “marries the goal of strengthening a community's moral voice against violence with the imperative to offer help to its highest risk population. It also lends itself to concrete violence interventions, such as controlling rumors during moments of conflict, calming people down to defuse potential retaliation, and mentoring people at high risk of hurting someone or being hurt”.²⁴¹

“Safe Streets” in Baltimore, Maryland, and “Ceasefire” in Chicago, Illinois both used the same model and showed statistically significant decreases in the overall level of violence in treatment areas. Unfortunately, this is not a consistent outcome. While many programs do reflect the essential nature of credible messengers and violence interruption, others have either null or negative results. Often, those that have negative effects are programs that stand alone, not within broader violence reduction programs. It is also not useful to work with gangs *as gangs* – as that gives them recognition and can even increase gang cohesion. Also, programs that prioritize job or educational outcomes but don't focus primarily on street violence do not achieve their stated goal to reduce it. Even where street work has been successful and demonstrated positive effects, it has been too limited in scope and impact to reduce overall levels of violence in a city.²⁴²

Many street outreach programs do not work or communicate with law enforcement or other entities with the same goals. While they may have principled reasons for this, it undermines the interagency partnership that has been the “hallmark of effective violence interventions”. Understandably, Street Outreach workers can be wary of police – it could threaten their credibility with the population they serve and need access to. Cities have ameliorated much of this by working with street workers to establish clear boundaries and clear times when they do work in tandem. Both police and street workers establish protocols in advance of their work, about how and under what conditions they will collaborate, what information they will share, and how they will address the public concern about their working together. Street workers protect the names of people they work with and do not share information with police or help them build and solve cases. Both sides need training on these protocols to maintain accountability and partnership.²⁴³ The “triangle protocol” in Los Angeles establishes the city violence reduction initiative as a partner to the LAPD and their streetwork agencies, linking victims with services, brokering peace, and communicating with police about incidents. New York City has a similar organization with the Mayor's Office to Prevent Gun Violence, working in tandem with streetworkers and the NYPD. Recent Evaluation has shown this structure to be highly effective in preventing retaliatory shootings.²⁴⁴

²⁴⁰ Butts, J. A., Roman, C. G., Bostwick, L., & Porter, J. R. (2015). Cure violence: A public health model to reduce gun violence. *Annual Review of Public Health, 36*(1), 39–53. <https://doi.org/10.1146/annurev-publhealth-031914-122509>

²⁴¹ Considering the place of streetwork in violence interventions. (n.d.). *National Network for Safe Communities (NNSC)*. Retrieved March 31, 2023, from <https://nnscommunities.org/guides/considering-the-place-of-streetwork-in-violence-interventions/>

²⁴² Id.

²⁴³ Id.

²⁴⁴ Id.

Andrew Papachristos, Ph.D. describes a pilot project where twice a week he and partners sit down and do network analysis *with* the outreach staff. He says that data is starting to be brought to outreach. “We do know,” he says, “that when police and outreach are doing their jobs right they’re actually working with the same people.” Including street outreach in shooting reviews where mapping is done has shown to be beneficial in Boston and Oakland.

Operation Peacekeeper in Stockton, California exemplifies these best practices when it comes to streetwork. At one time, they used to walk a neighborhood with the police after a shooting to offer care and services. They observed that this compromised their capital with the community and the Peacekeepers ended that with support from the police. Nevertheless, the two organizations still successfully navigate violence prevention in partnership and produce public safety. The Stockton Police Department does not expect or want information from Peacekeepers and believes that their clients need to be protected to preserve Peacekeepers’ legitimacy. After gun violence, Peacekeepers’ priority is stopping further violence or retaliation. They offer services and support but do not enter active crime scenes. Peacekeepers and police collaborate on “shooting reviews” to track recent violence and prevent new violence. Information is unidirectional, flowing only and carefully from police to streetworkers so they can focus on those most at risk. Sometimes, Stockton streetworkers accompany police to deliver in-person messages known as “custom notifications” to people with the highest risk of gun violence involvement. The process has been developed to warn high-risk individuals that violence will not be tolerated and to offer community resources to support them and keep them safe. Oakland, California also does this as part of their gun violence reduction work.²⁴⁵

Chicago CRED is a Street Outreach initiative that incorporates life skills training, as well as educational and employment programming.²⁴⁶ Early evidence suggests that street outreach reduces gun violence or at least saves the lives of participants. 18 months after beginning the program, participants in the Chicago CRED and similar programs have victimization rates 50% lower than non-participants. 63% of CRED participants that did not have a high school diploma prior to the program received one while in the program. Participants were 79% less likely to be arrested for shootings and homicides.²⁴⁷

Chicago CRED, despite its success and more than 250 active employees on the street, hasn’t decreased the overall level of gun violence. At its scale in Chicago, for every participant in the program there are 20 more in the same neighborhood lacking equal services. Also, violence is entrenched in societies beyond the individual and their ties to others and violent situations. Although not a panacea, Dr. Papachristos of Northwestern University says that Street Outreach is a necessary component for any city looking to adopt a multi-pronged violence prevention program, but any program that doesn’t consider the full neighborhood context will fall short.²⁴⁸

In Oakland, YouthALIVE!, the same CBO that does Hospital-Based Violence Prevention, does violence interruption.²⁴⁹

²⁴⁵ Considering the place of streetwork in violence interventions. (n.d.). *National Network for Safe Communities (NNSC)*. Retrieved March 31, 2023, from <https://nnscommunities.org/guides/considering-the-place-of-streetwork-in-violence-interventions/>

²⁴⁶ *A nonprofit for reducing gun violence in chicago*. (n.d.). Chicago CRED. Retrieved May 7, 2023, from <https://www.chicagocred.org/>

²⁴⁷ *A nonprofit for reducing gun violence in chicago*. (n.d.). Chicago CRED. Retrieved May 7, 2023, from <https://www.chicagocred.org/>

²⁴⁸ *Op-ed: What we know (And don’t know) about street outreach and gun violence prevention*. (2021, October 25). Chicago Tribune. <https://www.chicagotribune.com/opinion/commentary/ct-opinion-chicago-gun-violence-street-outreach-20211025-6pylamxs5jzshhyya3x3nb3eya-story.html>

²⁴⁹ *Intervention*. (n.d.). Youth ALIVE! Retrieved March 28, 2023, from <https://www.youthalive.org/caught-in-the-crossfire/>

Root Causes of Gun Violence

Contrary to popular thought, mental illness is not a primary contributor to interpersonal firearm violence.^{250,251} Access to firearms and firearm ownership remain the most potent determinants of an individual's likelihood to engage in any type of gun violence.²⁵² Other predictors for future gun violence involvement are prior history of violence (especially domestic violence²⁵³) and substance abuse. The leading cause of death for teenagers and young adults is firearm violence, and homicide risk is extremely concentrated among Black males regardless of age, although it does diminish in later years.²⁵⁴ The next most at-risk subset is Hispanic males, but the rate for Black men remains five times higher than for Hispanic men and 20 times higher than for white men.²⁵⁵ The most common environment for gun violence is minority and economically disadvantaged neighborhoods. However, SNA reveals that the vast majority of Black and Hispanic men in these neighborhoods do *not* become victims or perpetrators, but rather the phenomenon is highly concentrated among people within a much larger network that includes, but is not limited to, that neighborhood.²⁵⁶

The Educational Fund to Stop Gun Violence (EFSGV) released a report in 2020 citing seven central root causes to gun violence – income inequality, poverty, underfunded public housing, under-resourced public services, underperforming schools, lack of opportunity and perception of hopelessness, and easy access to firearms by high-risk people.²⁵⁷ Notably, only the last of these is something that police have any direct power over, and that power has been expressly curbed by the Fifth U.S. Circuit Court of Appeals in three states.²⁵⁸ However, California officials remain able to confiscate firearms from domestic abusers unless that ruling is appealed and upheld by the U.S. Supreme Court. The remainder of these root causes must be the jurisdiction of community-based organizations and a long term partnership with their municipalities or counties. A police department could, however, lead the way for these partnerships.

²⁵⁰ Swanson, Jeffrey W., et al. "Mental Illness and Reduction of Gun Violence and Suicide: Bringing Epidemiologic Research to Policy." *Annals of Epidemiology*, vol. 25, no. 5, May 2015, pp. 366–76. DOI.org (Crossref), <https://doi.org/10.1016/j.annepidem.2014.03.004>.

²⁵¹ Wintemute, Garen J. "The Epidemiology of Firearm Violence in the Twenty-First Century United States." *Annual Review of Public Health*, vol. 36, no. 1, Mar. 2015, pp. 5–19. DOI.org (Crossref), <https://doi.org/10.1146/annurev-publhealth-031914-122535>.

²⁵² Id.

²⁵³ The presence of a gun in a domestic violence situation increases the risk of homicide by 500%. A study of women in 67 California domestic violence shelters found that abusive intimate partners used handguns to harm, threaten, or scare 32.1% of study participants; long guns were used to harm, threaten, or scare 15.9% of participants. 39.1% reported that the abusive intimate partner owned a firearm during the relationship, almost twice the rate of gun ownership in California. Of participants in gun-owning households, 64.5% said a gun had been used against them. (National Coalition Against Domestic Violence)

²⁵⁴ Wintemute, Garen J. "The Epidemiology of Firearm Violence in the Twenty-First Century United States." *Annual Review of Public Health*, vol. 36, no. 1, Mar. 2015, pp. 5–19. DOI.org (Crossref), <https://doi.org/10.1146/annurev-publhealth-031914-122535>.

²⁵⁵ Id.

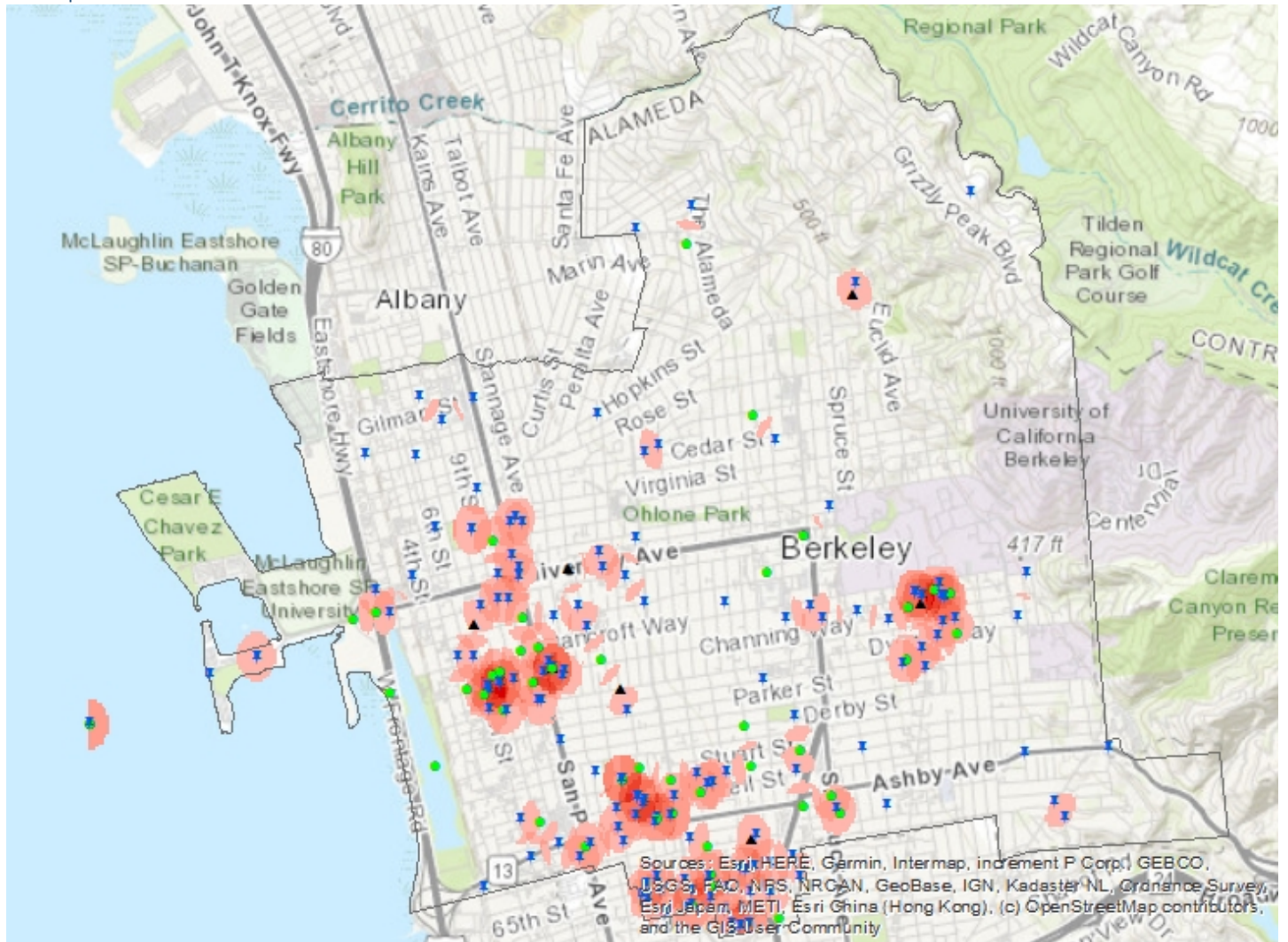
²⁵⁶ Braga, A. A., Papachristos, A. V., & Hureau, D. M. (2010). The concentration and stability of gun violence at micro places in Boston, 1980–2008. *Journal of Quantitative Criminology*, 26(1), 33–53. <https://doi.org/10.1007/s10940-009-9082-x>

²⁵⁷ "EFSGV." *Root Causes of Gun Violence*, The Educational Fund to Stop Gun Violence, <https://efsgv.org/>. Accessed 12 Feb. 2023.

²⁵⁸ Sneed, Tierney. "Latest Supreme Court-Related Ruling Overturning Gun Regulations Worries Domestic Violence Survivor Advocates | CNN Politics." *CNN*, 12 Feb. 2023, <https://www.cnn.com/2023/02/12/politics/domestic-abuse-guns-5th-circuit-supreme-court/index.html>.

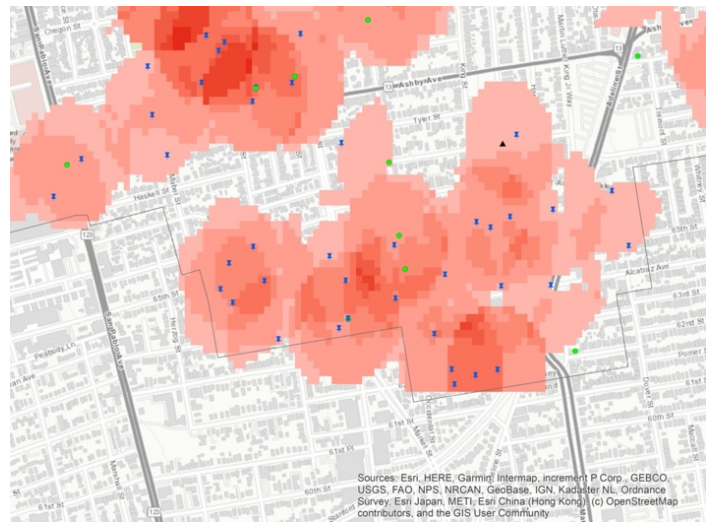
Appendix C Visualizations

Hot Spot Visualizations

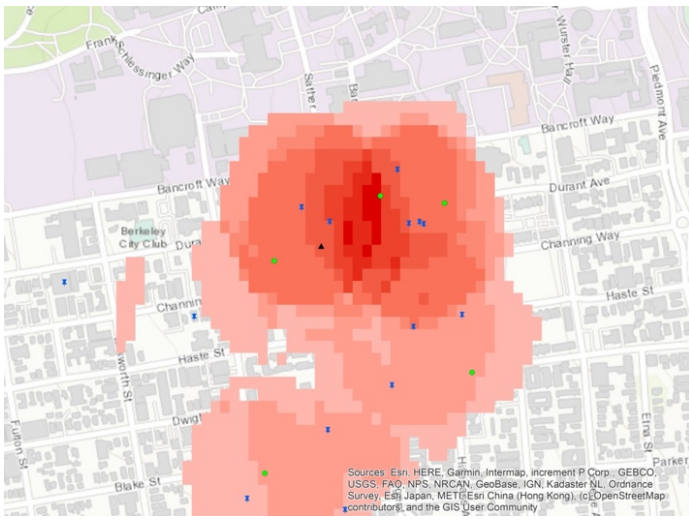




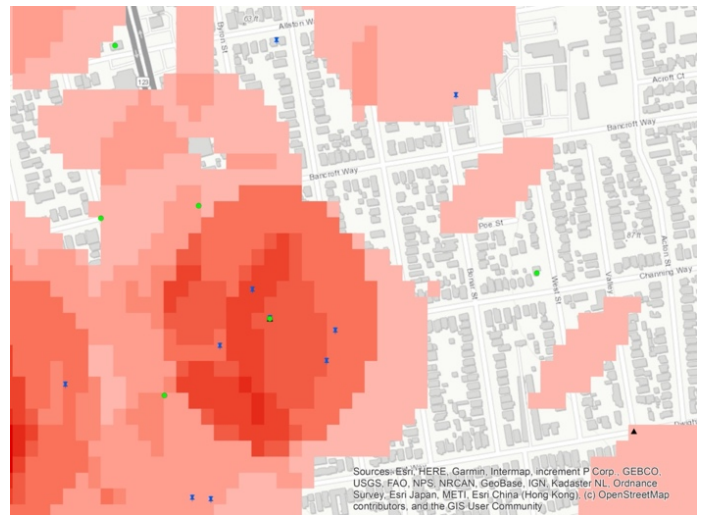
Acton Street & Russell Street



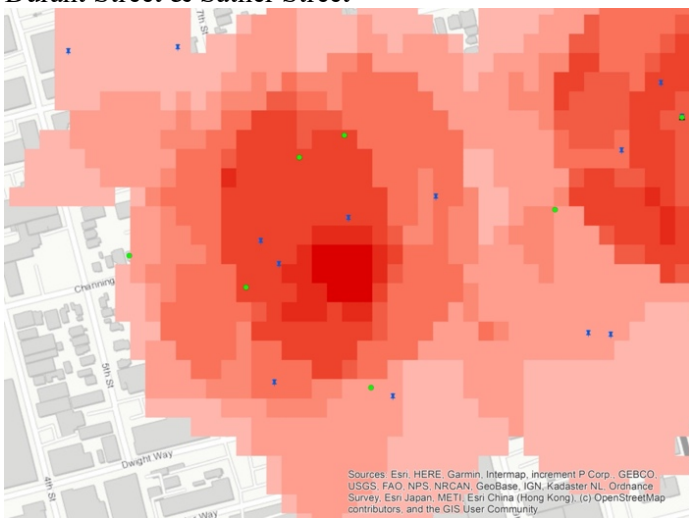
Harmon Street & Sacramento Street



Durant Street & Sather Street



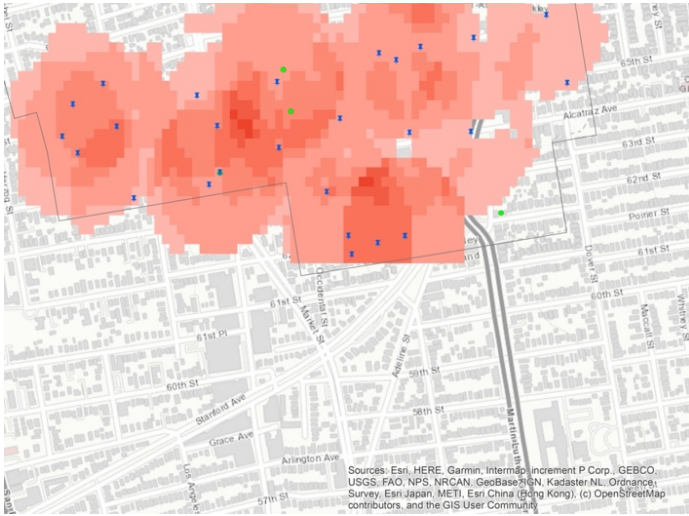
Channing Street & San Pablo Avenue



Channing Street & 8th Street

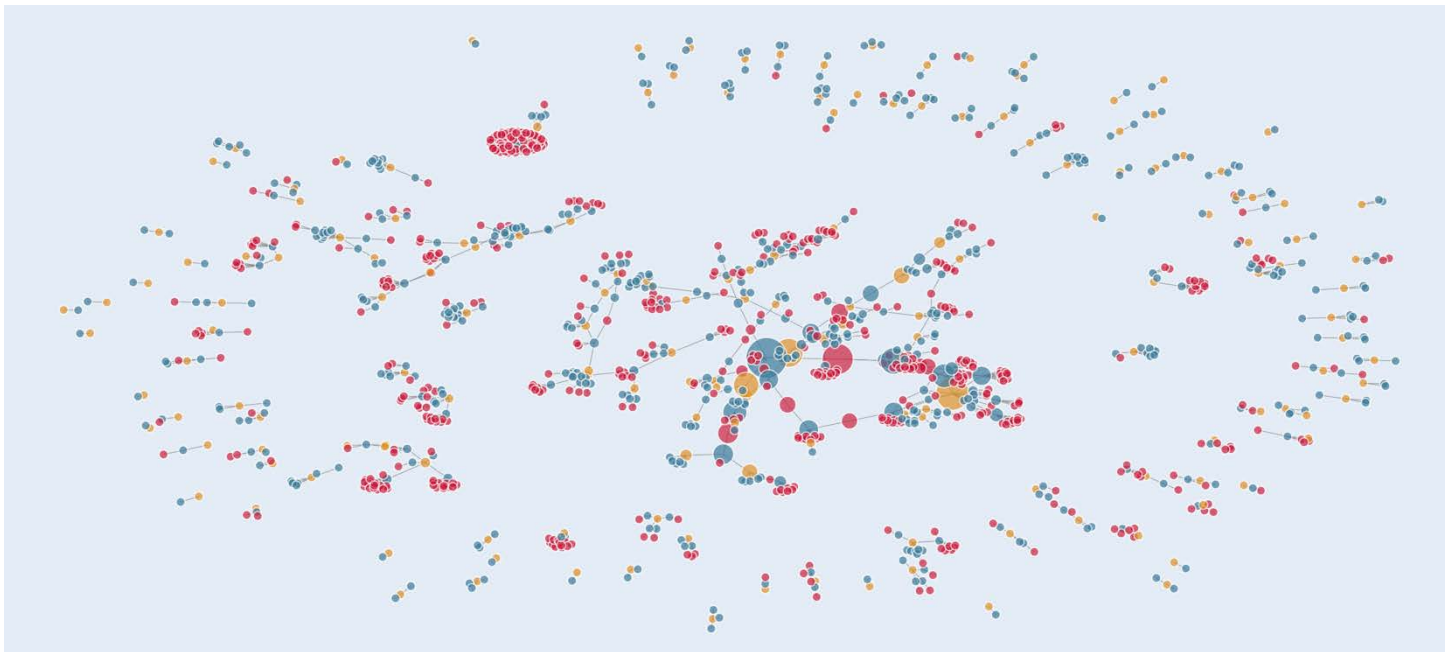


Oregon Street & Park Street (San Pablo Park)

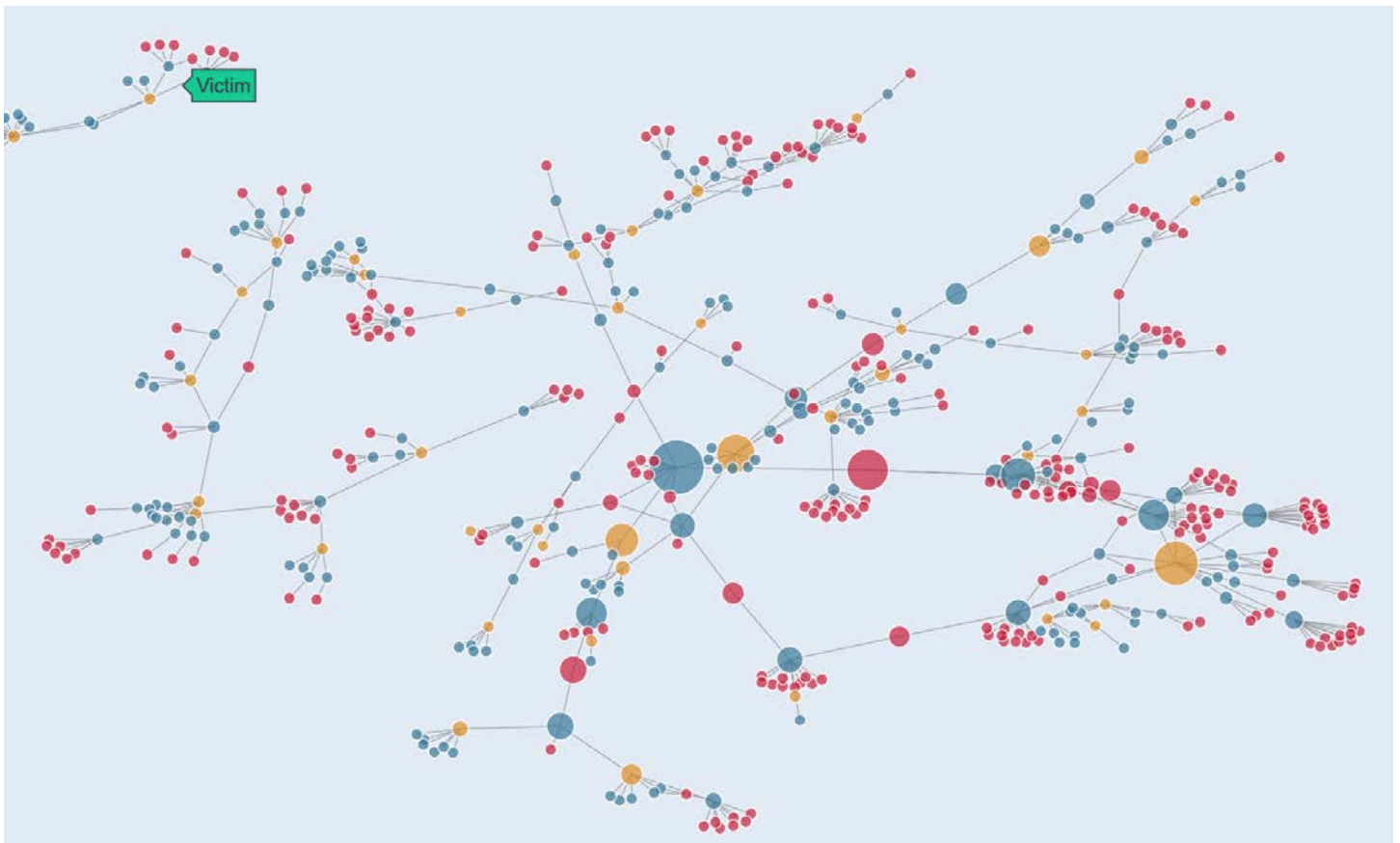


63rd Street & King Street

Social Network Analysis Visualizations



- People of Interest/Incidents
- People (Suspects, victims, involved parties)
- Shooting Events (shots fired, firearm assault/injury, firearm fatality)



Denser, More Concentrated Network within Larger Network

Appendix D Criteria Matrix

Alternatives	Criteria						
	Cost Effectiveness: Stays under \$1M	Effectiveness: Reduces shootings by 10% annually Weight = *3	Political Feasibility (DCM will accept change)	Likelihood of long-lasting effects	Preserves police legitimacy	Keeps fear of crime from rising	Preserves neighborhood cohesion and collective efficacy
Hot Spots Policing 7.5 + 2(4) + 3 18.5/24 .77 ✓	Very confident in assessment N/A	Some confidence in assessment HIGH first year MEDIUM ongoing 2.5(3) 7.5	Some confidence in assessment MEDIUM 2	Some confidence in assessment MEDIUM 2	Some confidence in assessment MEDIUM 2	Very confident in assessment MEDIUM 2	Very confident in assessment HIGH 3
Problem-oriented Policing 6 + 2(2) + 3(3) 19/24 .79 ✓	Very confident in assessment N/A	Some confidence in assessment MEDIUM 2 2(3) 6	Some confidence in assessment MEDIUM 2	Some confidence in this assessment HIGH 3	Some confidence in assessment HIGH 3	Some confidence in assessment MEDIUM 2	Some confidence in assessment HIGH 3
SNA and Focused Deterrence/Custom Notifications 9 + 2(5) 19/24 .79 ✓	Very confident in assessment N/A	Some confidence in assessment HIGH 3 3(3) 9	Very confident in assessment MEDIUM 2	Some confidence in assessment MEDIUM 2	Some confidence in assessment MEDIUM 2	Some confidence in assessment MEDIUM 2	Some confidence in assessment MEDIUM 2
SNA and Social Services 1(2) + 3(4) 14/27 .52 Notably low, but goes with focused deterrence	Not confident in assessment LOW 1	Some confidence in assessment LOW 1 1(3) 3	Very confident in assessment HIGH 3	Some confidence in assessment LOW 1	Very confident in assessment HIGH 3	Very confident in assessment HIGH 3	Very confident in assessment HIGH 3
Removing Firearms from	Very confident in assessment	Very confident in assessment	Very confident	Very confident in assessment	Very confident	Very confident	Very confident in assessment

<p>Homes of Domestic Abusers</p> <p>3(6) + 1 19/27</p> <p>.70</p>	<p>HIGH 3</p>	<p>LOW 1 1(3) 3</p>	<p>in assessment</p> <p>HIGH 3</p>	<p>LOW 1</p>	<p>in assessment</p> <p>HIGH 3</p>	<p>in assessment</p> <p>HIGH 3</p>	<p>HIGH 3</p>
<p>Street Outreach Teams</p> <p>1 + 2 + 3(4) + 6 21/27</p> <p>.78</p> <p>✓</p>	<p>Some confidence in assessment</p> <p>LOW 1</p>	<p>Some confidence in assessment</p> <p>MEDIUM 2 2(3) 6</p>	<p>Very confident in assessment</p> <p>HIGH 3</p>	<p>Some confidence in assessment</p> <p>MEDIUM 2</p>	<p>Very confident in assessment</p> <p>HIGH 3</p>	<p>Very confident in assessment</p> <p>HIGH 3</p>	<p>Very confident in assessment</p> <p>HIGH 3</p>
<p>Hospital-based Violence Intervention</p> <p>3(5) + 1(2) 17/27</p> <p>.63</p> <p>X already happening</p>	<p>Very confident in assessment</p> <p>LOW 1</p>	<p>Very confident in assessment</p> <p>LOW 1 1(3) 3</p>	<p>Very confident in assessment</p> <p>HIGH 3</p>	<p>Some confidence in assessment</p> <p>LOW 1</p>	<p>Very confident in assessment</p> <p>HIGH 3</p>	<p>Very confident in assessment</p> <p>HIGH 3</p>	<p>Very confident in assessment</p> <p>HIGH 3</p>

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April 2023

Memorandum on Berkeley Ceasefire D2 Ad Hoc Advisory Group

The District 2 Council office convened a series of meetings with local stakeholders and subject matter experts to better understand the operations of violence prevention programs and the challenges local governments may face in implementation.

However, pursuant to the Charter of the City of Berkeley, Article VII § 28(c), the City Manager holds the exclusive power of policy implementation and “administration of all affairs of the city.” As the City Manager’s office undergoes the process of procurement and staffing for the \$1M Ceasefire program, the group sought to provide guidance on best practices and cultural competency to ensure that holistic wraparound services can effectively maximize positive public health and safety outcomes. To preclude any potential influence over the RFP (Request for Proposals) process, identifying information of individual participants and organizations represented in this Advisory Group will not be included in this memorandum.

Participants reflected a general consensus that Ceasefire efforts should be a grassroots community-driven effort. However, several considerations arose for optimal implementation through the community, broadly summarized under three categories: *institutional*, *individual*, and *geographical*.

Institutional considerations

- Violence prevention programs should include school outreach, and closely integrate with family, youth, and mental health services. Gun violence is one manifestation of broader systemic issues, and exposure to violence can begin as early as preschool. Thus, school-based violence intervention should include all ages, including continuing education at BUSD’s Adult School.
 - BPD’s School Resource Officer is experienced with prevention programs.
- Social services should seek to be proactive rather than merely reactive *post hoc* to specific incidents of violence.
- CALLES, a community-based street intervention program run by HOMEY in San Francisco’s Mission District, offers a robust model for intervention, diversion, youth advocacy, and wraparound services.
 - Richmond’s Advance Peace also did stipends for at-risk youth community members to disincentivize truancy, in addition to its Peacekeeper Fellowships for street outreach.
- Funding for services should ensure good compensation for service providers, and leverage other funding sources such as MediCal.
- Service providers and City staff should have robust cultural competency and anti-racism training.
- Generally, efforts should be on synergizing and streamlining rather than duplicating work. The broader the scope of a program, the greater the risk of path dependencies that could hinder the efficacy of service provision (e.g. narrower pool of qualified contractors or infeasible workloads).



Office of the City Manager

October 12, 2022

To: *DWR* Honorable Mayor and Members of the City Council

From: Dee Williams-Ridley, City Manager

Subject: Progress Update on Violence Intervention Initiative (Berkeley Ceasefire)

BACKGROUND:

On June 28, 2022, the City of Berkeley ratified a budget for FY 2023 & FY 2024 with an allocation of funds dedicated to addressing the increase in gun violence that the city of Berkeley has experienced in recent years. The budget item, titled “Ceasefire”, is predicated on prior discussions on potential community-based violence prevention strategies.

For purposes of the FY 23/FY 24 budget process, funding allocations were identified as follows:

- Full time Director: \$120,000-\$140,000
- Program Manager/Supervisor: \$80,000-90,000
- 5 Life Coaches: \$70,000 each for a total of \$350,000
- 3 Outreach Workers - \$62,000 each for a total of \$186,000
- Fringe (25%): \$190,250
- Gun Violence Problem Analysis: \$35,000

Based on the estimated costs of the positions noted above, a Ceasefire program will cost approximately \$1 million annually. We anticipate that the services provided by the various positions could be delivered by community-based organizations, with the exception of the Director position which would be a City staff position.

Community-based violence prevention strategies with trained and qualified life coaches invest in the community by building constructive relationships with mentors who have lived experience. The Berkeley Police Department recognizes that such programs by their very nature must deeply engage the community and empower those community members that already have meaningful ties to the community in need. The department will play a role in the successful implementation and success of violence intervention

initiatives by supporting the overall program efforts, collaborating and assisting where appropriate, and sharing data to inform engagement decisions.

PROGRESS TO DATE:

- Berkeley Police Department (BPD) has established an internal team to engage in the implementation process. The team is conducting preliminary analyses and connecting regularly with other early-phase stakeholders. The department continues to build out the Transparency Hub with data and analysis designed to support the Ceasefire process and inform our community of our efforts in this space. Soon, we will publish a dashboard that details information about shooting trends and other efforts to address gun violence.
- Council Member Taplin has coordinated two advisory group meetings inviting a number of community stakeholders and experts in violence reduction programs. These meetings included faith leaders and community-based organizations in our City. The meetings involved identifying current systems and other stakeholders who should be engaged in the process as well as discussions as to what strategies would work best in Berkeley.
- Developing an overall network in support of violence intervention and reduction is crucial to treating violence as a public health issue. To that end, BPD is actively exploring other resources and support for these programs. This involves reviewing and considering grant proposals and other funding sources for violence intervention approaches.
- This public health issue is developing an overall network in support of violence intervention and reduction.
- BPD will expand its partnership with UC Berkeley (currently we are working with data science students on a parallel project) to include a collaboration with the Goldman School of Public Policy to design a program evaluation plan including the definition of success metrics and independent analysis thereof.
- BPD currently engages with Ceasefire programs in surrounding cities and other violence prevention programs when there are Berkeley connections to crime in other jurisdictions.

The City Manager's Office will oversee the management of the community-based violence prevention strategies by way of an Assistant to the City Manager that will be responsible for the Reimagining Public Safety initiative. Recruitment for this position is planned to occur prior to the end of the year with recruitment for the remaining positions to occur in 2023. The City Manager's office is particularly well-placed to manage the program because of its pre-existing relationships with non-profit organizations in the community.

NEXT STEPS:

Work is underway to develop City-specific and appropriate violence prevention strategies (Berkeley Ceasefire) with the goals of intervening in conflicts and reducing retaliation or escalation, and in a more general sense, diverting people away from the criminal justice system. Next steps include:

- BPD will continue to work with the City Manager's Office to identify who should lead on next steps and implementation to ensure that forward progress continues.
- BPD will conduct a preliminary analysis of gun violence in Berkeley.
- BPD will build automated data visualization tools for violence prevention program stakeholders to track relevant statistics through the duration of the program.
- BPD and the City Manager's office will identify a broader local stakeholder group to include faith-based, school and youth-focused community groups as well as county probation.

cc: Jennifer Louis, Interim Chief of Police
Mark Numainville, City Clerk

Individual considerations

- Because a smaller at-risk population contributes a disproportionate share of violent incidents in Alameda County, improving health and educational outcomes in these populations can have outsized benefits for public safety outcomes. Services targeted at highest-risk individuals are not necessarily best tracked by performance metrics based on net count of individuals served.
 - By way of example, hospital-based intervention is a critical tool for linking at-risk individuals to wraparound services and disrupting patterns of violence.
- Individual profiles are important to capture in the data on community violence and may provide critical information that would not be as salient in population-wide trends. For case management with youth, tracking and incentivizing GPA and educational attainment has been especially helpful for CALLES in SF.
- Outreach workers will need to form close trusting relationships with the individuals they serve, as well other service providers in the area. Community members and CBOs are well-suited for individual-level interventions, including life coaching and counseling, and City programs should lean into “homegrown” networks. Nevertheless, interventions are significant labor-intensive efforts that often involve overlapping jurisdictions.
 - Likewise, cultural competency and anti-racism should be central to life coaching service provider standards.
- Life coaching is most effective when paired with mental health treatment and other services, such as Healthy Black Families and McGee Ave Baptist Church’s nutrition education and health equity programs.
 - Life coaching can work with cognitive behavior therapy, life mapping, and other intervention frameworks, but it is important that service providers never excuse or condone criminal behavior.
 - While the Alameda County District Attorney’s manages post-arrest mental health diversion programs, BPD will be looking closely at the Specialized Care Unit and other initiatives to support mental health interventions.
- Case management and continuity in violence intervention service can be complicated when an individual turns 18/21. Thus, community relationships may provide critical support if and when individuals fall through “cracks” in the system.
- Reducing the supply and distribution of deadly firearms remains a significant challenge in the absence of much-needed state and federal reforms. However, local and individual incentives remain important. For example, while “gun buy-back” programs have been shown to *only* be effective at reducing violence when directly paired with wraparound services, their cost-effectiveness remains a significant barrier, since jurisdictions would have to offer prices at least at par or higher than replacement value of firearms most likely to be used for criminal activity (est. \$1k-2k), rather than only purchasing more depreciated firearms at the lower end of the resale market.

Geographical considerations

- Because Bay Area communities extend far beyond municipal borders, so do patterns of systemic violence. Interjurisdictional collaboration is integral to the success of violence intervention programs at the local level.

- At the same time, federal and state intervention may primarily focus on jurisdictions with major cases such as in Oakland and San Francisco, rather than devoting resources to Berkeley, where rates of gun violence have also increased but are lower than larger neighboring cities overall.
- Leveraging linkages with county resources can improve cost-effectiveness and regional durability of positive outcomes. For example, the Alameda County Probation Department has a \$15 million annual budget for violence prevention services. The Deputy Sheriff's Activities League (DSAL) provides youth recreation & fitness programming, food assistance, and community farms in Hayward, Fremont, and Union City.
 - The City of Oakland's Ceasefire program often collaborates on grant funding initiatives with Alameda County partners.
- Inevitably, individuals in Berkeley are already involved in call-ins and other intervention efforts in Oakland's Ceasefire program. Local program management can leverage existing networks both at the neighborhood and regional level.
- Data analysis and "violence affected networks" mapping is underway in BPD and will be essential for partnerships with CBOs and other service providers.



CONSENT CALENDAR
May 31, 2022

To: Honorable Mayor and Members of the City Council
From: Councilmember Taplin
Subject: Budget Referral: Ceasefire Program Staffing

RECOMMENDATION

Refer \$1,000,000 (\$1M) to the budget process to provide full staffing for a Berkeley Ceasefire program.

FINANCIAL IMPLICATIONS

\$1 million in General Fund costs per annum in FY 23-24 biennial budget.

According to the Everytown Economic Cost of Gun Violence Calculator Tool, a single gun homicide directly costs state taxpayers \$1 million, and costs Californians \$9 million when including externalities imposed on family members, survivors, and the community at large.¹

CURRENT SITUATION AND ITS EFFECTS

Berkeley Ceasefire is a Strategic Plan Priority Project, advancing our goal to create a resilient, safe, connected, and prepared city.

Gun violence is increasing at an alarming rate in the city of Berkeley. In 2021, there was a 30% increase in reported gun violence in Berkeley, with 52 confirmed shooting incidents compared to 40 in 2020. In 2021, the Berkeley Police Department recovered a total of 118 firearms, an increase of 38.8%. In 2021, 33 of the firearms seized were ghost guns compared to 6 in 2020 and 8 in 2019.²

On November 9, 2021, the Berkeley City Council unanimously approved a budget referral for \$200,000 in consulting costs to begin developing a multi-jurisdictional Gun Violence Intervention (GVI) program, a.k.a. Ceasefire, in Berkeley. On May 5, 2022, the City Council approved an omnibus budget referral to pursue a phased approach to the Reimagining Public Safety process, which included an additional \$200,000 for Ceasefire.

BACKGROUND

¹ <https://everytownresearch.org/report/economic-cost-calculator/>

² <https://berkeleyca.gov/sites/default/files/2022-04/2022-02-22%20Item%2033%202021%20Year%20End%20Crime.pdf>

Budget Referral: Ceasefire Staffing

David Muhammad, Executive Director of the National Institute for Criminal Justice (NICJR), has provided the following cost estimates for a fully staffed Ceasefire program in Berkeley:

- Full time Director: \$120-\$140k
- Program Manager/Supervisor: \$80-90k
- 5 Life Coaches: \$70k each - \$350k
- 3 Outreach Workers - \$62k each -- \$186k
- Fringe (25%): \$190,250
- Gun Violence Problem Analysis: \$35k

Total: \$986,250

The National Network for Safe Communities defines GVI programs as “a partnership of law enforcement, community members, and social service providers with a common goal but distinct roles,” each role “conveying a powerful community message about disapproval for violence and in support of community aspirations; concrete opportunities for both immediate and longer term assistance and support; and clear prior notice of the legal risks associated with continued violence.”³

Ceasefire programs are credited with major reductions in homicide rates in cities that have implemented them, including Stockton⁴ and Richmond.⁵

ENVIRONMENTAL SUSTAINABILITY AND CLIMATE IMPACTS

CONTACT PERSON

Councilmember Taplin Council District 2 510-981-7120

³ <https://nnscommunities.org/wp-content/uploads/2020/08/GVI-Issue-Brief-1.pdf>

⁴ Braga, A. A. (2008). Pulling levers focused deterrence strategies and the prevention of gun homicide. *Journal of criminal justice*, 36(4), 332-343.

⁵ <https://www.advancepeace.org/wp-content/uploads/2020/03/AP-Richmond-Impact-2019.pdf>

APPENDIX O

Downtown Streets Team Supporting Documentation



Office of the City Manager

CONSENT CALENDAR
May 31, 2022

To: Honorable Mayor and Members of the City Council

From: Dee Williams-Ridley, City Manager

Submitted by: Liam Garland, Director, Public Works

Subject: Contract No. 31900031 Amendment: Downtown Streets Team for Expanded Services

RECOMMENDATION

Adopt a Resolution authorizing the City Manager or designee to amend Contract No. 31900031 with Downtown Streets Team (DST) to:

1. Increase the contract by \$400,000 for a new not to exceed amount of \$1,675,304 and extend the contract term through December 31, 2023; and
2. Expand DST services to include the cleanup of litter and illegally dumped materials at encampment sites and adjacent neighborhoods throughout the City of Berkeley as needed; and
3. Sole-source negotiate new pricing, contract terms, and scope of services in support of the Clean Cities Program for the continuation of leaf and litter removal, graffiti abatement, and poster removal services for various commercial districts in Fiscal Year 2024.

FISCAL IMPACTS OF RECOMMENDATION

Funding in the amount of \$100,000 is available in the FY22 General Fund 011 (budget code: 011-54-625-714-0000-000-431-612990-PWSUCC2201) and \$300,000 is available in Zero Waste Fund 601 (budget code: 601-54-625-714-0000-000-472-612990).

CURRENT SITUATION AND ITS EFFECTS

This contract amendment will continue funding baseline services, in support of the Clean City Program, which promotes beautification of the City's commercial districts by performing hand sweeping, graffiti abatement, and poster removal services. Additionally, this contract amendment provides for continued DST services that were initiated to fund bi-weekly (once every two weeks) cleaning of populated encampment sites and adjacent neighborhoods. These services include the cleanup of litter and illegally dumped materials in areas throughout Berkeley, currently enhancing services in South and West Berkeley neighborhoods.

Furthermore, if adopted, this resolution will allow for City staff to enter into sole source negotiations with DST for new pricing, contract terms, and scope of services in support of the Clean Cities Program for the continuation of leaf and litter removal, graffiti abatement, and poster removal services for various commercial districts in Fiscal Years 2024 and 2025

Amending the contract supports the Strategic Plan Priority of advancing our goal to provide state-of-the-art, well-maintained infrastructure, amenities, and facilities.

BACKGROUND

DST works extensively with the low income, un-housed community to promote self-sufficiency through job training and leadership opportunities to rebuild effective work habits, as well as providing assistance to the un-housed in securing permanent housing. DST works cooperatively with local community agencies to ensure local, low-income and homeless residents have access to, and receive training for, jobs created by this contract.

Since August 2018, DST has supported the City's Clean City Program by hand sweeping to remove excess leaves, litter, and trash from sidewalks and gutters throughout the City, and helping keep the City's commercial districts clean.

On April 27, 2021, City Council approved the adoption of Resolution No. 69,820 N.S., authorizing the City Manager to amend the DST contract to address enhanced needs for services. The enhanced services provide for the cleanup of litter and illegally dumped materials around encampments and adjacent neighborhoods throughout Berkeley consistent with the Equitable Clean Streets Budget Referral adopted by City Council on October 27th 2020. This was followed by the adoption of another resolution (Resolution No. 70,109 N.S.) to expand the enhanced services to three new zones serving residential areas near Adeline Avenue, South Shattuck Avenue, and West Berkeley.

Since the adoption of both resolutions, DST has applied the enhanced services to both South and West Berkeley neighborhoods. These areas currently include Adeline Street, from Alcatraz Avenue to Ashby Avenue, plus side streets; and University Avenue, from San Pablo Avenue to Sixth Street, plus side streets. Additionally, the enhanced services may extend to the Gilman District area as well, specifically on Gilman Avenue, between San Pablo and Sixth Street, including side streets. However, DST is currently experiencing significant staffing shortages so the Gilman District services will not be able to commence until Fall of 2022.

ENVIRONMENTAL SUSTAINABILITY AND CLIMATE IMPACTS

The Clean City Program is an integral part of the City's Zero Waste Goal. Additionally, the Municipal Regional Stormwater Permit (MRP) requires the City to reduce the

amount of trash flowing into local waterways and the Bay via the City's storm drainage system. Hand sweeping removes excess leaves, litter, and debris from sidewalks and gutters which prevents these items from getting into the City's storm drainage system.

RATIONALE FOR RECOMMENDATION

Additional funding will allow for the Downtown Streets Team to continue current services plus expand the City's program to address enhanced needs throughout the City where services are needed.

ALTERNATIVE ACTIONS CONSIDERED

None.

CONTACT PERSON

Andrew Brozyna, Deputy Director of Public Works, 510-981-6396

Joy Brown, Operations Manager, Public Works, (510) 981-6629

John Hurtado, Public Works Streets & Utilities Superintendent, Public Works, 510-981-6484

Attachment:

1: Resolution

RESOLUTION NO. ##,###-N.S.

CONTRACT NO. 31900031 AMENDMENT: DOWNTOWN STREETS TEAM FOR EXPANDED SERVICES

WHEREAS, in August, 2018 City Council authorized Resolution No. 68,497 N.S. authorizing Contract No. 31900031 with Downtown Streets Team for leaf and litter removal and related services with a not to exceed amount of \$645,304 for a two year contract term; and

WHEREAS, in September, 2020 City Council Resolution No. 69,545 N.S. authorized Contract No. 31900031 Amendment with Downtown Streets Team to add additional scope of work, increase the not to exceed amount by \$225,000 to \$870,304 and to extend the Contract term through June 30, 2022; and

WHEREAS, in April, 2021 City Council Resolution No. 69,820 N.S. authorized Contract Amendment No. 31900031 with Downtown Streets Team to add additional scope of work to hire two Streets Team Enterprises C.A.R.E. Fellows to address enhanced needs for services in neighborhoods and around encampment hot spots and increase the contract by \$50,000 for a new not to exceed amount of \$920,304; and

WHEREAS, in November, 2021 City Council Resolution No. 70,109 N.S. authorized Contract Amendment No. 3190031 with Downtown Streets Team to add additional scope to expand services to three new zones serving residential areas near Adeline, South Shattuck and West Berkeley, and increase the contract by \$335,000 for a new not to exceed amount of \$1,275,304; and

WHEREAS, Downtown Streets Team is an organization committed to helping low-income and un-housed members in the local community achieve health and self-sufficiency; and

WHEREAS, funding is available in the General Fund (budget code: 011-54-625-714-0000-000-431-612990-PWSUCC2201) in the amount of \$100,000 and Zero Waste Fund 601 (budget code: 601-54-625-714-0000-000-472-612990) in the amount of \$300,000.

NOW THEREFORE, BE IT RESOLVED by the Council of the City of Berkeley that the City Manager or her designee is authorized to execute an amendment to Contract No. 31900031 with Downtown Streets Team to 1) increase the contract by \$400,000 for a new not to exceed amount of \$1,675,304 and extend the contract term through December 31, 2023; 2) expand services to include the cleanup of litter and illegally dumped materials at encampment sites and adjacent neighborhoods throughout the City of Berkeley as needed; and 3) negotiate new pricing, contract terms, and scope of services in support of the Clean Cities Program for the continuation of leaf and litter removal, graffiti abatement, and poster removal services for various commercial districts in Fiscal Year 2024.



Office of the City Manager

CONSENT CALENDAR
June 27, 2023

To: Honorable Mayor and Members of the City Council

From: Dee Williams-Ridley, City Manager

Submitted by: Liam Garland, Director, Public Works

Subject: Contract: Downtown Streets Team for hand sweeping, graffiti and litter abatement, poster removal, and low barrier volunteer work experience program

RECOMMENDATION

Adopt a Resolution authorizing the City Manager or her designee to execute a contract, and any amendments or extensions, with Downtown Streets Team for hand sweeping, graffiti and litter abatement, poster removal, and low barrier volunteer work experience program. The contract will be in an amount not to exceed \$1,625,500 for the period August 1, 2023 through August 30, 2027.

FISCAL IMPACTS OF RECOMMENDATION

Annual expected costs are anticipated to be approximately \$530,000. Funding in the amount of \$225,000 is available in FY 2024 in the General Fund. Funding in the amount of \$331,250 is available in the Zero Waste Fund. There is additional one-time funding of \$100,000 in the General Fund that will be appropriated as part of the FY 2024 budget to support expansion to the Gilman District and support efforts to place low-level violators into the Downtown Streets program.

Future funding is subject to appropriation in the FY 2025 and FY 2026 budgets.

CURRENT SITUATION AND ITS EFFECTS

On May 31, 2022, City Council approved Resolution No. 70, 394-N.S to allow for City staff to enter into sole source negotiations with DST for new pricing, contract terms, and scope of services in support of the Clean Cities Program for the continuation of hand sweeping, leaf and litter removal, graffiti abatement, and poster removal services for various commercial districts.

Public Works and the City Manager's Homeless Response Team worked on new pricing and scope of services to continue the important work of the Downtown Streets Team (DST). DST is a volunteer work experience model in which unhoused Team Members beautify their community in exchange for supportive services such as employment services and a basic needs stipend. Through their work, team members build effective work habits, take on leadership opportunities, further their education, and ready

Contract: Downtown Streets Team

CONSENT CALENDAR

June 27, 2023

themselves to reenter the workforce and housing through the support of a positive community. DST has placed over 1,500 individuals into employment (lasting at least 90 days) and almost 1,200 into permanent housing.

DST will focus in the following areas of the city: North Shattuck, Elmwood, Solano, Downtown, Adeline, Telegraph, West Berkeley, and Gilman. DST will provide regular reports on their team members, amount of debris collected, and other key metrics.

This contract supports the Strategic Plan Priorities of advancing our goal to provide state-of-the-art, well-maintained infrastructure, amenities, and facilities and providing housing support services for our most vulnerable community members.

BACKGROUND

Since August 2018, DST has supported the City's Clean City Program by hand sweeping to remove excess leaves, litter, and trash from sidewalks and gutters throughout the City, and strive for clean, safe, beautiful commercial districts. Downtown Streets Team (DST) was selected (Specification No. 18-11185-C) as the lowest responsive and best-qualified bidder to meet the Clean City Program's needs; demonstrating both a thorough comprehension of the scope of services to be delivered and a proven program model by which very low income, unhoused persons, receive employment services, training, and other support to promote self-sufficiency in preparation for reentering the workforce and securing permanent housing.

ENVIRONMENTAL SUSTAINABILITY AND CLIMATE IMPACTS

The Clean City Program supports the City's Zero Waste Program by ensuring litter and debris is properly removed from the City. Also, the Municipal Regional Stormwater Permit (MRP) requires the City to reduce the amount of trash flowing into local waterways and the Bay via the City's storm drainage system. Hand sweeping removes excess leaves, litter, and debris from sidewalks and gutters which prevents these items from getting into the City's storm drainage system.

RATIONALE FOR RECOMMENDATION

Public Works does not have sufficient staff to absorb the hand sweeping, debris, and litter abatement duties performed by DST.

ALTERNATIVE ACTIONS CONSIDERED

None.

CONTACT PERSON

Joy Brown, Operations Manager, Public Works, (510) 981-6629

Joshua Jacobs, Homeless Services Coordinator, City Manager's Office (510) 225-8035

Attachment:

1: Resolution

RESOLUTION NO. ##,###-N.S.

CONTRACT: DOWNTOWN STREETS TEAM FOR HANDSWEEPING, LEAF AND LITTER REMOVAL, GRAFFITI ABATEMENT, POSTER REMOVAL AND LOW BARRIER VOLUNTEER WORK EXPERIENCE PROGRAM

WHEREAS, Downtown Streets Team is an organization committed to helping low-income and un-housed members in the local community achieve health and self-sufficiency; and

WHEREAS, Downtown Streets Team supports the Public Works Clean City program by providing additional cleaning services in select neighborhoods and around encampment hot spots; and

WHEREAS, Downtown Streets Team is a proven partner of Public Works supporting the Clean City program in areas throughout the City: and

WHEREAS, on May 31, 2022, City Council approved Resolution No. 70, 394-N.S to allow for City staff to enter into sole source negotiations with Downtown Streets Team for new pricing, contract terms, and scope of services in support of the Clean Cities Program for the continuation of hand sweeping, leaf and litter removal, graffiti abatement, and poster removal services for various commercial districts through their low barrier volunteer work experience program; and

WHEREAS, annually, General Fund Measure P funding is available in the amount of \$225,000 and Zero Waste Fund in the amount of \$331,250 is available in the FY 2024 baseline budget.

NOW THEREFORE, BE IT RESOLVED by the Council of the City of Berkeley that the City Manager or her designee is authorized to execute a contract with Downtown Streets Team hand sweeping, graffiti and litter abatement, poster removal, and low barrier volunteer work experience program for a not to exceed amount of \$1,625,500 for the period August 1, 2023 through August 30, 2027.



Office of the City Manager

CONSENT CALENDAR
November 30, 2021

To: Honorable Mayor and Members of the City Council

From: Dee Williams-Ridley, City Manager

Submitted by: Lisa Warhuus, Director, Health, Housing & Community Services

Subject: Contract Award: Community Crisis Response Services

RECOMMENDATION

Adopt three Resolutions authorizing the City Manager or her designee to execute contracts and any amendments or extensions with Alameda County Network of Mental Health Clients (Berkeley Drop-in Center), Options Recovery, and Women's Daytime Drop-in Center for Community Crisis Response Services, in an amount not to exceed \$1,200,000.

FISCAL IMPACTS OF RECOMMENDATION

Funds for these contracts in the amount of \$1,200,000 are available in ERMA GL Code 354-51-501-501-0000-000-451-612240-, drawn entirely from the federal American Rescue Plan Act (ARPA) and State and Local Fiscal Recovery Funds (SLFRF).

CURRENT SITUATION AND ITS EFFECTS

Upon releasing a Request for Proposals for non-police crisis bridge services, the City of Berkeley received proposals from three local organizations, Alameda County Network of Mental Health Clients (Berkeley Drop-in Center), Options Recovery, and Women's Daytime Drop-in Center, each with intent to expand their current service offerings. The review committee, consisting of representatives from the Health, Housing and Community Services Department, the Fire Department, the Mental Health Commission, and the Berkeley Community Safety Coalition, recommended funding all three contracts.

These contracts will provide financial support to: 1) Alameda County Network of Mental Health Clients (Berkeley Drop-in Center) to expand their peer support programming for crisis prevention, crisis intervention and post-crisis support 2) Options Recovery for hiring Substance Use Disorder (SUD) Navigators for culturally competent stage-matched interventions, and 3) Women's Daytime Drop-in Center for enhanced mental health care services to the community including assessment, linkages, workshops, and goal-setting.

For all three contracts, funds will be allocated to ensure adequate data collection and evaluation in accordance with the City's preferred evaluation procedures and reporting

required by ARPA. Staff recommend allocating \$50,000 to hire a consultant to evaluate the service model and inform SCU roll out and future initiatives.

Agency/Use	Recommended Funding Allocation
Alameda County Network of Mental Health Clients (Berkeley Drop-in Center)	\$390,000
Options Recovery	\$640,000
Women's Daytime Drop-in Center	\$120,000
Program evaluator – Future RFP	\$50,000
Total funds	\$1,200,000

BACKGROUND

As part of the Re-Imagining Public Safety process, the City has been engaged in planning for a Specialized Care Unit (SCU) that will ultimately become a 24/7 mobile unit designed to respond to and support people who are experiencing a mental health or substance abuse crisis without direct involvement with the police. The SCU is currently in its design phase, with the intention to roll out by Summer 2022.

While this process and foundational work is taking place, there are immediate needs to strengthen non-police relationships and supports on the ground for individuals on the verge of crisis. Therefore, on June 29, 2021, Berkeley City Council allocated up to \$1,200,000 in the FY 2022 budget from the American Rescue Plan in support of services (Community Crisis Response [CCR]), which will provide such supports until the SCU can be implemented. The intention is to put these services in place as soon as possible, while following all federal and City procurement requirements.

Preliminary findings from the SCU planning process suggest that non-violent and non-threatening situations would be much better served through a multidisciplinary, relationship-based response within the caring (rather than enforcement) professions, and should include services such as:

- Crisis counseling/emotional support
- Peer support (i.e. from someone with lived experience)
- First aid and non-emergency medical care
- Substance abuse
- Resource connection and warm handoffs
- Transportation to what is needed
- Crisis respite

The City solicited proposals from community-based organizations and community groups with expertise and the ability to quickly provide the supportive services listed

above that can deepen existing coordinated outreach and respond to individuals on the verge of crisis while the SCU model is being designed and implemented.

ENVIRONMENTAL SUSTAINABILITY AND CLIMATE IMPACTS

There are no identifiable environmental effects, climate impacts or sustainability opportunities associated with the subject of this report.

RATIONALE FOR RECOMMENDATION

The three agencies referenced in this report were selected through a competitive RFP process, and the evaluation panel for the RFP included both City Staff and community stakeholders. Each agency proposed services that will enhance the City's current capacity for responding to people in crisis. Given their significant experience in providing supportive services and implementing complex projects, these agencies are uniquely qualified to perform the services required.

ALTERNATIVE ACTIONS CONSIDERED

These deliverables could be solicited through a new Request for Proposals process.

CONTACT PERSON

Lisa Warhuus, Director of Health Housing and Community Services, (510) 981-5404
Steven Grolnic-McClurg, Manager of Mental Health Services, HHCS, (510) 981-5249

Attachments:

1: Resolutions

RESOLUTION NO. ##,###-N.S.

CONTRACT: ALAMEDA COUNTY NETWORK OF MENTAL HEALTH CLIENTS
(BERKELEY DROP-IN CENTER) FOR COMMUNITY CRISIS RESPONSE BRIDGE
SERVICES

WHEREAS, on July 14, 2020, the City Council of the City Berkeley passed a package of items providing direction for the development of a new paradigm of public safety in Berkeley that included direction to the City Manager to analyze and develop a pilot program to re-assign non-criminal police service calls to a Specialized Care Unit (SCU); and

WHEREAS, City of Berkeley community members would prefer a 24/7 mental health crisis response system that does not so heavily involve law enforcement; and

WHEREAS, on December 1, 2020 by Resolution No. 69,621-N.S. City Council approved Contract No. 32100082 with Resource Development Associates (RDA) for SCU design; and RDA conducted a comprehensive feasibility study, program design and implementation plan for an SCU to respond to public safety calls that do not require presence of law enforcement; and

WHEREAS, the SCU is currently in its design phase, with the intention to roll out by Summer 2022; and

WHEREAS, the Community Crisis Response services included in this contract will provide necessary supports and enhancement to the mental health system until the SCU can be implemented; and

WHEREAS, services included in this contract aligns with the Strategic Plan goal to champion and demonstrate social and racial equity; and

WHEREAS, Alameda County Network of Mental Health Clients (Berkeley Drop-in Center), was selected through a competitive Request for Proposals process; and

WHEREAS, the City received federal American Rescue Plan Act (ARPA) and State and Local Fiscal Recovery Funds (SLFRF) which can be used to improve the behavioral health system's capacity to serve underserved populations.

NOW THEREFORE, BE IT RESOLVED by the Council of the City of Berkeley that the City Manager or her designee is hereby authorized to execute a contract and any amendments with Alameda County Network of Mental Health Clients (Berkeley Drop-in Center) for Community Crisis Response Bridge services in an amount not to exceed \$390,000. A signed copy of said agreement will be kept on file in the Office of the City Clerk.

RESOLUTION NO. ##,###-N.S.

CONTRACT: OPTIONS RECOVERY FOR COMMUNITY CRISIS RESPONSE BRIDGE SERVICES

WHEREAS, on July 14, 2020, the City Council of the City Berkeley passed a package of items providing direction for the development of a new paradigm of public safety in Berkeley that included direction to the City Manager to analyze and develop a pilot program to re-assign non-criminal police service calls to a Specialized Care Unit (SCU); and

WHEREAS, City of Berkeley community members would prefer a 24/7 mental health crisis response system that does not so heavily involve law enforcement; and

WHEREAS, on December 1, 2020 by Resolution No. 69,621-N.S. City Council approved Contract No. 32100082 with Resource Development Associates (RDA) for SCU design; and RDA conducted a comprehensive feasibility study, program design and implementation plan for an SCU to respond to public safety calls that do not require presence of law enforcement; and

WHEREAS, the SCU is currently in its design phase, with the intention to roll out by Summer 2022; and

WHEREAS, the Community Crisis Response services included in this contract will provide necessary supports and enhancement to the mental health system until the SCU can be implemented; and

WHEREAS, services included in this contract aligns with the Strategic Plan goal to champion and demonstrate social and racial equity; and

WHEREAS, Options Recovery was selected through a competitive Request for Proposals process; and

WHEREAS, the City received federal American Rescue Plan Act (ARPA) and State and Local Fiscal Recovery Funds (SLFRF) which can be used to improve the behavioral health system's capacity to serve underserved populations.

NOW THEREFORE, BE IT RESOLVED by the Council of the City of Berkeley that the City Manager or her designee is hereby authorized to execute a contract and any amendments with Options Recovery for Community Crisis Response Bridge services in an amount not to exceed \$640,000. A signed copy of said agreement will be kept on file in the Office of the City Clerk.

RESOLUTION NO. ##,###-N.S.

CONTRACT: WOMEN'S DAYTIME DROP-IN CENTER FOR COMMUNITY CRISIS
RESPONSE BRIDGE SERVICES

WHEREAS, on July 14, 2020, the City Council of the City Berkeley passed a package of items providing direction for the development of a new paradigm of public safety in Berkeley that included direction to the City Manager to analyze and develop a pilot program to re-assign non-criminal police service calls to a Specialized Care Unit (SCU); and

WHEREAS, City of Berkeley community members would prefer a 24/7 mental health crisis response system that does not so heavily involve law enforcement; and

WHEREAS, on December 1, 2020 by Resolution No. 69,621-N.S. City Council approved Contract No. 32100082 with Resource Development Associates (RDA) for SCU design; and RDA conducted a comprehensive feasibility study, program design and implementation plan for an SCU to respond to public safety calls that do not require presence of law enforcement; and

WHEREAS, the SCU is currently in its design phase, with the intention to roll out by Summer 2022; and

WHEREAS, the Community Crisis Response services included in this contract will provide necessary supports and enhancement to the mental health system until the SCU can be implemented; and

WHEREAS, services included in this contract aligns with the Strategic Plan goal to champion and demonstrate social and racial equity; and

WHEREAS, Women's Daytime Drop-in Center was selected through a competitive Request for Proposals process; and

WHEREAS, the City received federal American Rescue Plan Act (ARPA) and State and Local Fiscal Recovery Funds (SLFRF) which can be used to improve the behavioral health system's capacity to serve underserved populations.

NOW THEREFORE, BE IT RESOLVED by the Council of the City of Berkeley that the City Manager or her designee is hereby authorized to execute a contract and any amendments with Women's Daytime Drop-in Center for Community Crisis Response Bridge services in an amount not to exceed \$120,000. A signed copy of said agreement will be kept on file in the Office of the City Clerk.

**EXPENDITURE NON-CONSTRUCTION CONTRACT REVIEW FORM
"NEW CONTRACT"**

Contract # 32200192 Vendor # 23351

CONTRACTOR NAME: Alameda County Network of Mental Health Clients (Berkeley Drop-In Center) **Berkeley Business License**
BL-025776

Subject of Contract: SCU Bridge Services

This contract package contains:	Attached	Waiver Attached	Not Required
2 Original Contracts (Vital Record and Vendor) in folder			
*The Vital Record contract MUST be in a folder. Vendor copies may be assembled with an Acco-fastener.			
**DocuSign Agreements only require 1 Original (Vital Record) copy.			
1. CONTRACT BOILERPLATE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Scope of Services (Exhibit A @ boilerplate)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Payment Provisions (Exhibit B @ boilerplate)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. Evidence of <u>Competitive Solicitation</u> OR Waiver by CM or by <u>Council Resolution</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. CERTIFICATIONS <u>CERTIFICATION OF ADA COMPLIANCE</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Workforce Composition (businesses with 5 or more employees)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Nuclear Free Berkeley Disclosure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Oppressive States Disclosure (Exception: Community-based, non-profit organizations)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Sanctuary City Compliance Statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Certification of Compliance with Living Wage Ordinance (LWO): use current form on web*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Certification of Compliance with Equal Benefits Ordinance: use current form on web*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Community Agency: Certification of Anti-Lobbying	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Community Agency: Certification of Drug-Free Workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Insurance Certificate/s AND Endorsement/s OR Insurance Waiver/s (originals, not copies)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Authorizing Council Resolution # 70,123-N.S.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Consultant Contracts: Form 700, Statement of Economic Interests	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9. Federally Funded Project Requirement: Debarment status printout (SAM.gov)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Requisition # 12208052 (Hard copy attached)

Contract Amount \$ 390,000.00

Council Approved Amount \$ 390,000.00

Budget Code _____ Amt. _____

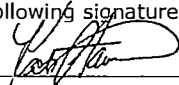
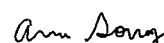
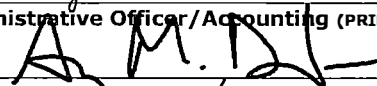
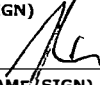

354-51-501-501-0000-000-451-612240- 390,000

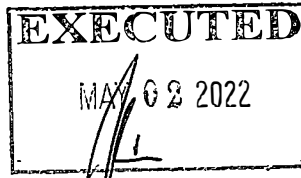
HHARP 2202 Amt. _____

Was there any advance payment? No Yes If Yes, Advanced Amount \$ _____
If Yes, Purchase Order # _____

Routing and signatures:

All elements of the contract package, including information provided above, have been reviewed for completeness and accuracy and evidenced by the following signatures (Project Manager please print name):

- | | | | |
|---|------------|--------------|---------------|
| 1. Katherine Hawn  | HHCS | 510-981-5411 | Feb. 14, 2022 |
| Project Manager (PRINT NAME/SIGN) | Department | Phone No. | Date |
| 2. Ann Song  | | | 4/19/2022 |
| Department Administrative Officer / Accounting (PRINT NAME/SIGN) | | | Date |
| 3. Lisa Warhuus  | | | 4/19/2022 |
| Department Head (PRINT NAME/SIGN) | | | Date |
| 4. Josh Roben  | | | 4/20/2022 |
| Contract Administrator (PRINT NAME/SIGN) | | | Date |
| 5. Sharon  | | | 4/20/2022 |
| Budget Manager (PRINT NAME/SIGN) | | | Date |



Routing continues to the following persons, who sign directly on the contract:

* For current vendor forms, go to City of Berkeley website: Vendor Forms & Requirements

EXHIBIT A

SCOPE OF SERVICES

Agency Name: Alameda County Network of Mental Health Clients (Berkeley Drop-in Center)

Contract Period: January 1, 2022 – December 31, 2022

Program Title: Community Crisis Response Bridge Services

Alameda County Network of Mental Health Clients (Berkeley Drop-in Center) (hereafter “Contractor”), will provide the following services, enumerated below, necessary for the implementation of the Community Crisis Response Bridge Services (hereafter “the Program”) for individuals on the verge of or experiencing a mental health crisis. This contract is for the period commencing January 1, 2022 through December 31, 2022, which may be extended by agreement of the City of Berkeley and Contractor.

A. American Rescue Plan Act (ARPA) Funding Requirements

This program qualifies for implementation of American Rescue Plan Act (ARPA) funds because of its response to pre-existing disparities to address mental health and substance use issues that have been exacerbated by the COVID-19 pandemic. Specifically, this program will provide drop-in services for Berkeley community members through expanded access to evidence-based services for individuals experiencing or on the verge of experiencing a mental health crisis. The use of ARPA funds to implement this program will support equitable access to reduce disparities in access to high-quality treatment for Berkeley community members.

1. Funds provided through this contract are a subaward from the City of Berkeley of federal American Recovery Plan Act (ARPA) Coronavirus Local Fiscal Recovery Funds which together with the State Fiscal Recovery Fund make up the Coronavirus State and Local Fiscal Recovery Funds (“SLFRF”) program, Assistance Listing Number (ALN) 21.207.
2. Funds are being awarded by the City for the City’s Community Crisis Response Project which is an eligible SLFRF activity under the Behavioral Health Expenditure category 1.12 Mental Health Services. Programs will primarily serve disproportionately impacted communities through outreach conducted in South Berkeley, including large homeless encampments. Reporting requirements listed below will support this ARPA requirement. Services provided under this contract will provide evidence-based interventions, specifically Motivational Interviewing. The goal of these services is to empower people to change by drawing out their own meaning, importance and capacity for change.

3. ARPA funds will also support the use of the evidence-based practice of a Wellness Recovery Action Plan (WRAP) curriculum which allows participants to create a personal wellness toolbox, daily wellness maintenance plan, a list of triggers and a triggers action plan, list of early warning signs as well as an action plan, a crisis plan, and a post crisis plan. Additional information about the WRAP curriculum and cited studies can be found here: https://mfpc.samhsa.gov/ENewsArticles/Article03b_2018.aspx
4. Participants who engage in the Contractor’s WRAP curriculum will receive transportation stipends to support costs of getting to and from the Berkeley Drop-In Center location at 3234 Adeline Street for tailored post-crisis group sessions. This is an applicable use of funds per ARPA SLFRF requirements in the Final Rule explicitly through “services that respond to the impacts of the public health emergency may include services across the continuum of care...outreach to individuals not yet engaged in treatment, harm reduction, and supports for long-term recovery (e.g. peer support or recovery coaching, housing, transportation, employment services).” In addition, ARPA SLFRF Final Rule lists that “recipients may use funds for programs or services to support equitable access to services and reduce racial, ethnic, or socioeconomic disparities in access to high-quality treatment.” Additional guidance from the ARPA Final Rule can be found here: <https://home.treasury.gov/system/files/136/SLFRF-Final-Rule.pdf>
5. All activities performed associated with this contract are subject to the applicable federal ARPA SLFRF requirements, including but not limited to the Interim Final Rule, the Compliance and Reporting Guidelines, and the Frequently Asked Questions (FAQ), as updated from time to time. The U.S. Department of the Treasury has made all of these materials available online at: <https://home.treasury.gov/policy-issues/coronavirus/assistance-for-state-local-and-tribal-governments/state-and-local-fiscal-recovery-funds>
6. As an example, the SLFRF guidance makes this subaward subject to 2 CFR Part 200: Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards: <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200?toc=1>, which requires, among other things:
 - a. Use of competitive processes for purchasing, including written procedures for doing so;
 - b. Retention of records for 5 years after contract completion; and
 - c. A single audit if federal funds received by the agency exceed \$750,000 in the agency’s fiscal year.
7. All invoices and reporting under this contract are due to the City at the earlier of 90 days after operations cease or December 31, 2022.
8. The (Vendor) must report on a monthly basis, by the 15th of the following month, or the following:

Expenditures:

- Current period obligation
- Cumulative obligation
- Current period expenditure

- Cumulative expenditure

Project Status:

- Not Started
- Completed less than 50 percent
- Completed 50 percent or more
- Completed

B. Program-Specific Requirements: Community Crisis Response Bridge Services

1. Target Population

Individuals residing in Berkeley or Albany, who are experiencing mental health-related issues and are on the verge or are experiencing a mental health crisis.

2. Goals

Expand upon existing community-based service offerings to provide non-police crisis support and therefore more comprehensive and effective engagement in every stage of the crisis continuum.

3. Services

Contractor will offer bridge services while the City's Specialized Care Unit (SCU) is being implemented, with the possibility of continued growth and collaboration, after the SCU has been successfully implemented, to ensure the continued presence of Peer support in crisis support structures.

Contractor will implement support for individuals experiencing a mental health crisis at every stage of the crisis continuum, including crisis prevention, crisis intervention, and post-crisis support. Post-crisis support includes a 6-month program for individuals experiencing mental health or SUD crises which includes supporting individuals through the following:

- **Crisis counseling/emotional support:** Crisis Prevention and Post Crisis support groups will be offered and follow a tailored WRAP curriculum. Support groups will also include SUD and harm reduction services using evidence-based practices. Participants will receive transportation stipends for each session to encourage participation.
- **Peer support:** Two Peer Support Specialists (PSS) will be available for drop-in Peer counseling and support during regular business hours (9:00 am - 4:00 pm)
- **Substance abuse:** A Substance Use Disorder Peer Specialist will be available at the Contractor's location 20 hours per week and utilized evidence-based practices in their work.

- **Basic outreach and relationship-building:** PSS will conduct outreach within a 5-block (i.e. walkable) radius of Contractor's physical office to identify individuals on the verge of crisis and in crisis, and to provide necessary support.
- **Resource connection and warm handoffs:** Two Resource Specialists (including one housing specialist), One SUD Specialists, and Six Peer Support Specialists, all of which have unique navigation expertise will be able to facilitate navigation training, resource connection, and support at every stage to ensure warm handoffs and a seamless continuum of care.
- **Crisis (Peer) Respite:** Two sleep cots, one shower, and one designated Peer-respite room with crisis supportive materials will be made available during regular business hours for individuals who are actively in crisis. In an effort to divert individuals away from hospitalization and incarceration, PSS Specialists will be available to support individuals actively in crisis to move through a full range of emotions safely and efficiently.

4. **Methods for Identifying and Referring Participants in need of Crisis Support or other Community Resources**

Contractor will develop and maintain relationships with other community agencies providing crisis bridge services so individuals can be directed and assisted to engage in programs and supports that will meet their individual needs. Contractor will monitor participants' needs and will make referrals to appropriate community resources as needed.

5. **Program Outreach and Engagement Methods**

Contractor will provide culturally responsive outreach and engagement methods that include sensitivity to, and inclusion of, issues regarding an including gender identity, race, age, ethnicity, and sexual orientation. Engagement methods will create trusting relationships with individuals which enable a clear assessment of each individual's current level of functioning. Outreach and engagement methods will prioritize underserved populations.

Contractor will utilize the evidence-based practice of motivational interviewing (MI) when working with individuals. Motivational interviewing is an evidence-based counseling approach that health care providers can use to help patients adhere to treatment recommendations. It emphasizes using a directive, patient-centered style of interaction to promote behavioral change by helping patients explore and resolve ambivalence. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion. <https://pubmed.ncbi.nlm.nih.gov/17895731/>

MI is a guiding style of communication, that sits between following (good listening) and directing (giving information and advice). MI is designed to empower people to change by drawing out their own meaning, importance and capacity for change. MI is based on a respectful and curious way of being with people that facilitates the natural process of change and honors client autonomy.

6. Documentation, Service Outcomes, & Reporting

The Health, Housing & Community Services (HHCS) Department at the City of Berkeley is committed to finding ways to deepen our positive impact on the community, especially for those most vulnerable. To support this effort, HHCS will use a framework called Results Based Accountability (RBA) that has a proven track record of success in improving the quality of life for people and communities. RBA will provide us with a common language and method to better understand, communicate, and ultimately strengthen our programs.

HHCS is incorporating Results Based Accountability into our contact processes including requests for proposals, reporting, contract monitoring activities and evaluations. All new or renewed contracts will provide information and data that address the three basic RBA questions: How much work was done? How well was it done? And, are clients better off as a result of the services provided? Providers can expect to be asked how they measure whether clients are better off and the quality of the delivered services. HHCS will work with providers to identify appropriate performance measures including service measures and outcomes. Processes will be developed to monitor and improve performance over time. Contractor agrees to participate and develop RBA outcomes in the three RBA areas (how much, how well, and is anyone better off) within this contract period.

The Contractor agrees to comply with all data requests and utilize any forms the City may provide to report on program data.

The City of Berkeley will conduct at least one annual Quality Assurance Site Visit.

Contractor will comply with all relevant provisions of the Health Insurance Portability and Accountability Act (“HIPAA”) and all other applicable federal, state, and local privacy laws and regulations.

In accordance with RBA, the Contractor will be expected to maintain and provide monthly documentation on the following:

- **How many services were provided, and to who? (Outputs)**
 - Number of individuals who received each type of service including, but not limited to
 - # of instances where peer crisis respite was provided
 - total # of unduplicated individuals who received peer crisis respite
 - # of days where outreach within 5 block radius was conducted
 - # of individuals who are referred to other support services
 - # of unduplicated individuals who participated in the 6-month post-crisis program
 - Individuals should also be broken down into those who participated for 1, 2, 3, 4, or 5 months to track attrition
 - # of transportation stipends provided to participants

- Demographics on each individual who received services, including gender identity, race, age, ethnicity, and sexual orientation
- **How well were services administered in alignment with service model?**
 - % of peer staff who report that they felt well prepared to support individuals in crisis (Survey of peer staff at 3, 6, 9 and 12 months)
 - % of individuals who received peer respite services who said they were appropriately served. Responses will be gathered through a post-crisis survey and include questions such as:
 - Were your needs met/heard today? Did you feel supported today? / Did you have / Do you have needs that were unmet? If so, was a referral given?
- **Is anyone better off due to services? (Outcomes)**
 - % of individuals who received peer crisis support and felt comfortable or prepared to return to community post support without higher level of care

In addition to the RBA methodology, explicit reporting must be conducted to track all transportation stipends provided to post-crisis session participants. In order for the City of Berkeley to pay invoices for transportation stipends provided, the Contractor must provide the following:

- Written policy stating eligibility criteria to receive a transportation stipend and specific amounts of each transportation stipend provided per eligibility requirements
 - Policy must follow the Contractor’s procedures for cash handling and be submitted to the City of Berkeley for approval prior to payment for the first invoice.
 - Policy must list the type of transportation stipend provided (i.e. voucher, gift card) and provide additional information around purchasing and use.
- For each transportation stipend provided, Contractor will maintain a log with the following information available to the City upon request:
 - Who received each transportation stipend and date the participant received the transportation stipend
 - Amount of each transportation stipend

C. Crisis Services Budget

Personnel Expense				
Staff Position	Annualized Salary (100% FTE)	\$/hr	% FTE	Salary
Peer Support Spec	\$ 52,000	\$25	50%	\$ 26,000

Peer Support Spec	\$ 52,000	\$25	50%	\$ 26,000
Peer Support Spec	\$ 52,000	\$25	50%	\$ 26,000
Peer Support Spec	\$ 52,000	\$25	50%	\$ 26,000
Peer Support Spec	\$ 52,000	\$25	50%	\$ 26,000
Peer Support Spec	\$ 52,000	\$25	50%	\$ 26,000
Crisis Team Manager	\$ 73,000	\$35.10	100%	\$73,000
Proj Lead-Reporting	\$ 62,400	\$30	30%	\$18,720
Existing Staff	\$ 52,000	\$25	50%	\$26,000
Subtotal Salaries				\$273,720
Taxes and Benefits				\$40,400
TOTAL PERSONNEL EXPENSE				\$314,120
Operating Expense				
Program Expense	Materials & Supplies			\$3,904
Insurance				\$250
Transportation Stipends for Post-Crisis Group Participants				\$26,000

Professional Services: Training		\$12,200
Transportation		
Equipment		\$11,400
Indirect Costs	Rent (\$13,935), Utilities (\$3,262), Communications (\$3,415), Maintenance Supplies (\$1,514)	\$22,126
TOTAL OPERATING EXPENSE		\$75,880
TOTAL EXPENSE		\$390,000

EXHIBIT B

PAYMENT

Payment:

Payments will be made by the Finance Accounting Division in arrears within 30 days after receipt and acceptance of proper, itemized, and correct invoices.

The contractor is responsible for submitting monthly invoices and required data reporting elements.

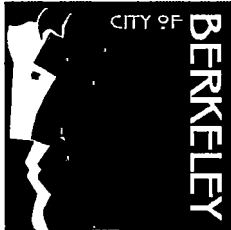
Additionally, the City reserves the right to require the Contractor to submit monthly statements of expense with backup documentation.

Total Not-to-Exceed Amount:

Fees will not exceed \$390,000 for all services under Exhibit A.

Submit Invoices to:

HHCS
ATTN: Katie Hawn, Office of the Director
2180 Milvia Street, 2nd Floor
Berkeley, CA 94704



Finance Department
General Services Division

**FOR PROPOSALS (RFP)
Specification No. 22-11472-C
FOR
COMMUNITY CRISIS RESPONSE
PROPOSALS WILL NOT BE OPENED AND READ PUBLICLY**

Dear Proposer:

The City of Berkeley is soliciting written proposals from qualified firms or individuals for Community Crisis Response Services. As a Request for Proposal (RFP) this is not an invitation to bid and although price is very important, other factors will be taken into consideration.

The project scope, content of proposal, and vendor selection process are summarized in the RFP (attached).

Proposals must be received no later than 2:00 pm, on [REDACTED], 2021. Proposals are to be sent via email with the “Community Crisis Response” and **Specification No. 22-11472-C** clearly indicated in the subject line of the email. Please submit one (1) PDF of the technical proposal. Corresponding pricing proposal shall be submitted as a separate document.

Email Proposals to:

City of Berkeley
Finance Department/General Services Division
purchasing@cityofberkeley.info

Proposals will not be accepted after the date and time stated above. Incomplete proposal or proposals that do not conform to the requirements specified herein will not be considered. Issuance of the RFP does not obligate the City to award a contract, nor is the City liable for any costs incurred by the proposer in the preparation and submittal of proposals for the subject work. The City retains the right to award all or parts of this contract to several bidders, to not select any bidders, and/or to re-solicit proposals. The act of submitting a proposal is a declaration that the proposer has read the RFP and understands all the requirements and conditions.

For questions concerning the anticipated work, or scope of the project, please **contact [REDACTED]** via email at [\[REDACTED\]](mailto:[REDACTED]) no later than **[REDACTED]**. Answers to questions will **not** be provided by telephone or email. Answers to all questions or any addenda will be **posted** on the City of Berkeley’s site at <http://www.cityofberkeley.info/ContentDisplay.aspx?id=7128>. It is the vendor’s responsibility to check this site. For general questions concerning the submittal process, contact purchasing at 510-981-7320.

We look forward to receiving and reviewing your proposal.

Sincerely,

Darryl Sweet
General Services Manager

I. BACKGROUND

As part of the Re-Imagining Public Safety process,¹ the City of Berkeley (the “City”) has been engaged in planning for a Specialized Care Unit (SCU) that will ultimately become a 24/7 mobile unit designed to respond to and support people who are experiencing a mental health or substance abuse crisis without direct involvement with the police. The SCU will be different than the City’s current mobile crisis response that is a police/mental health partnership. The SCU is currently in the design phase, with the intention to initiate roll out by Summer 2022.

While people who have experienced and/or witnessed a mental health or substance abuse crisis have varying experiences when police have been involved (ranging from very negative to very positive), there is deep frustration in the community that the police, far too often, are the primary responders; even in situations that are non-violent or non-threatening. Preliminary findings from the SCU planning process suggest that these types of situations would be much better served through a multidisciplinary, relationship-based response within the caring (rather than enforcement) professions, and should include services such as:

- Crisis counseling/emotional support
- Peer support (i.e. from someone with lived experience)
- First aid and non-emergency medical care
- Substance abuse
- Resource connection and warm handoffs
- Transportation to what is needed
- Crisis respite

A steering committee consisting of representatives from the Health, Housing and Community Services Department, Fire, the Mental Health Commission, and the Berkeley Community Safety Coalition is leading this process. Based on community input early on, and with the support of Resource Development Associates (RDA, a consultant), the steering committee has supported a deep community engagement and input process that utilized interviews, focus groups, forums, and written feedback, and prioritized diverse groups and individuals that have lived experience with crisis response (as clients and/or as responders), in order to inform the best SCU model for Berkeley. This process is complete and RDA is finalizing release of three (3) reports by the beginning of October:

- Alternate Crisis Response Models & Best Practices Research (in which 40 non-police crisis response models across the country have been studied and compared)
- Current State & Community Outreach Findings
- SCU Model Recommendations for Berkeley

These findings will be the foundation for finalizing the design, creating the infrastructure, and implementing the SCU.

While this process and foundational work is taking place, there are immediate needs to strengthen non-police relationships and supports on the ground for individuals on the verge of crisis. Therefore, on 6/29/2021, Berkeley City Council allocated up to 1.2 million dollars in the FY 2022 budget from the American Rescue Plan in support of services (Community Crisis Response (CCR)) that will provide such supports until the SCU can be implemented. The intention is to put these services in place as soon as possible, while following all federal and City procurement requirements.

¹ <https://www.cityofberkeley.info/RIPST.aspx>

The purpose of this RFP is to solicit proposals from community-based organizations and community groups that currently have the expertise and ability to quickly provide supportive services teams that can deepen existing coordinated outreach and respond to individuals on the verge of crisis while the SCU model is being designed and implemented. It is likely that multiple contracts will be awarded.

Through this RFP the City intends to award federal American Rescue Plan Act (ARPA) State and Local Fiscal Recovery Funds (SLFRF). The selected applicant(s) will be required to comply with all applicable requirements for such funds and will be required to report to the City regularly on the use of funds and services beneficiaries.

II. SCOPE OF SERVICES

The City welcomes applications that address the need for outreach and crisis services consistent with the following criteria:

1. Applicants can provide one (1) or multiple services from the following list:
 - Crisis counseling/emotional support
 - Peer support (i.e. from someone with lived experience)
 - First aid and non-emergency medical care
 - Substance abuse
 - Resource connection and warm handoffs
 - Transportation to what is needed
 - Crisis respite
2. Applicants may propose other activities that are consistent with the purpose of the CCU.
3. Contracted providers must have experience as a service provider in Berkeley to build upon existing relationships with vulnerable populations in our community.
4. Contracted providers must be able to demonstrate experience conducting services for which they are proposing to provide.
5. Services should be able to be mobilized quickly once the contract is awarded, currently planned for no later than January 2022 and for up to one (1) year to allow for the final development and initial implementation of the SCU.
6. Services must be provided in Berkeley and the preference is for proposals that provide services beyond traditional M-F 9-5 hours.
7. Team members will be made up of people with a combination of lived experience, mental health and/or substance use training, and non-emergency medical training who have the skills and capacity to develop meaningful relationships with vulnerable community members.
8. Contracted providers will be required to work in partnership with the City and other funded agencies to ensure consistent and comprehensive availability of services and to avoid duplication and confusion.

9. The City intends to award federal American Rescue Plan Act (ARPA) State and Local Fiscal Recovery Funds (SLFRF) for these services. The selected vendor(s) must comply with all applicable federal requirements associated with the funds, including the Interim Final Rule, the forthcoming Final Rule and the Uniform Guidance 2 CFR 200. This will include at a minimum quarterly reports to the City on services provided, expenditures and service beneficiaries.

III. **SUBMISSION REQUIREMENTS**

All proposals shall include the following information, organized as separate sections of the proposal. The proposal should be concise and to the point.

1. **Contractor Identification:**

Provide the name of the firm, the firm's principal place of business, the name, email and telephone number of the contact person and company tax identification number.

2. **Client References:**

Provide a minimum of two (2) client references. References should be California cities or other large public sector entities. Provide the designated person's name, title, organization, address, telephone number, and the project(s) that were completed under that client's direction.

3. **Contractor Qualifications.**

Please describe the organization's or group's qualifications and experience relevant to providing the proposed services, including

- Experience providing services to vulnerable populations in Berkeley.
- Experience conducting outreach and field services.
- Any prior experience managing federal funds.

Since the City is seeking to build on existing outreach and crisis response services, please specify which services this proposal will expand on.

4. **Service Proposal.**

Please describe in detail the scope of services proposed to be provided, including the type of services, the hours of availability, and the team proposed to provide such services. Please describe the proposed timeline for program implementation from date of receiving approval for funding. Make sure to review the scope carefully for consistency with the criteria outlined above.

Please include a budget narrative explanation for operating costs in the Program Expense, Rent, Transportation, Equipment and Indirect Cost categories.

5. Price Proposal:

The proposal shall include pricing for all services. Pricing shall be all inclusive unless indicated otherwise. The price proposal will be submitted on the Excel spreadsheet template included as **Attachment J**, which includes required tabs for both the proposed budget and the organizational budget. Note on maintenance cost: If equipment is being purchased in this RFP, and future maintenance of the equipment can only be provided by the equipment supplier, the maintenance cost for three (3) years beyond the initial warranty period must be requested in the RFP pricing section. The maintenance cost must be included and evaluated as part of the pricing evaluation.

6. Contract Terminations:

If your organization has had a contract terminated in the last five (5) years, describe such incident. Termination for default is defined as notice to stop performance due to the vendor's non-performance or poor performance and the issue of performance was either (a) not litigated due to inaction on the part of the vendor, or (b) litigated and such litigation determined that the vendor was in default.

Submit full details of the terms for default including the other party's name, address, and phone number. Present the vendor's position on the matter. The City will evaluate the facts and may, at its sole discretion, reject the proposal on the grounds of the past experience.

If the firm has not experienced any such termination for default or early termination in the past five (5) years, so indicate.

IV. SELECTION CRITERIA

The following criteria will be considered, although not exclusively, in determining which firm is hired.

1. **References** (10 points)
2. **Consistency of Costs and Proposed Services** (25 points)
3. **Provider Qualifications** (25 points)
(Experience and existing services alignment with current needs)
4. **Proposed Services** (30 points)
(Consistency with needs identified, potential to achieve goals for CCR, availability to provide services outside of traditional M-F 9-5 hours)
5. **Timeliness** (10 points)
(Realistic plan to begin to provide services quickly after awarding of funds.)

A selection panel will be convened of City staff and members of the SCU steering committee to review proposals and recommend funding to the City Council.

V. PAYMENT

Invoices: Invoices must be fully itemized, and provide sufficient information for approving payment and audit. Invoices must be accompanied by receipt for services in order for payment to be processed. **Email invoices to Accounts Payable** and reference the Project Manager and contract number on the invoice.

City of Berkeley
Accounts Payable
PO Box 700
Berkeley, CA 94701
Email: AccountsPayable@cityofberkeley.info
Attn: Amy Davidson

Payments: The City will make payment to the vendor within 30 days of receipt of a correct, approved and complete invoice.

VI. CITY REQUIREMENTS

A. Non-Discrimination Requirements:

Ordinance No. 5876-N.S. codified in B.M.C. Chapter 13.26 states that, for contracts worth more than \$3,000 bids for supplies or bids or proposals for services shall include a completed Workforce Composition Form. Businesses with fewer than five employees are exempt from submitting this form. (See B.M.C. 13.26.030)

Under B.M.C. section 13.26.060, the City may require any bidder or vendor it believes may have discriminated to submit a Non-Discrimination Program. The Contract Compliance Officer will make this determination. This applies to all contracts and all consultants (contractors). Berkeley Municipal Code section 13.26.070 requires that all contracts with the City contain a non-discrimination clause, in which the contractor agrees not to discriminate and allows the City access to records necessary to monitor compliance. This section also applies to all contracts and all consultants. **Bidders must submit the attached Non-Discrimination Disclosure Form with their proposal.**

B. Nuclear Free Berkeley Disclosure Form:

Berkeley Municipal Code section 12.90.070 prohibits the City from granting contracts to companies that knowingly engage in work for nuclear weapons. This contracting prohibition may be waived if the City Council determines that no reasonable alternative exists to doing business with a company that engages in nuclear weapons work. If your company engages in work for nuclear weapons, explain on the Disclosure Form the nature of such work. **Bidders must submit the attached Nuclear Free Disclosure Form with their proposal.**

C. Oppressive States:

The City of Berkeley prohibits granting of contracts to firms that knowingly provide personal services to specified Countries. This contracting prohibition may be waived if the City Council determines that no reasonable alternative exists to doing business with a company that is covered by City Council Resolution No. 59,853-N.S. If your company or any subsidiary is covered, explain on the Disclosure Form the nature of such work. **Bidders must submit the attached Oppressive States Disclosure Form with their proposal.**

D. Sanctuary City Contracting Ordinance:

Chapter 13.105 of the Berkeley Municipal Code prohibits the City from granting and or retaining contracts with any person or entity that provides Data Broker or Extreme Vetting services to the U.S. Immigration and Customs Enforcement Division of the United States Department of Homeland Security ("ICE"). **Bidders must submit the attached Sanctuary City Compliance Statement with their proposal.**

E. Conflict of Interest:

In the sole judgment of the City, any and all proposals are subject to disqualification on the basis of a conflict of interest. The City may not contract with a vendor if the vendor or an employee, officer or director of the proposer's firm, or any immediate family member of the preceding, has served as an elected official, employee, board or commission member of the City who influences the making of the contract or has a direct or indirect interest in the contract.

Furthermore, the City may not contract with any vendor whose income, investment, or real property interest may be affected by the contract. The City, at its sole option, may disqualify any proposal on the basis of such a conflict of interest. **Please identify any person associated with the firm that has a potential conflict of interest.**

F. Berkeley Living Wage Ordinance:

Chapter 13.27 of the Berkeley Municipal Code requires that contractors offer all eligible employees with City mandated minimum compensation during the term of any contract that may be awarded by the City. If the Contractor is not currently subject to the Living Wage Ordinance, cumulative contracts with the City within a one-year period may subject Contractor to the requirements under B.M.C. Chapter 13.27. A certification of compliance with this ordinance will be required upon execution of a contract. The current Living Wage rate can be found here: https://www.cityofberkeley.info/Finance/Home/Vendors_Living_Wage_Ordinance.aspx. The Living Wage rate is adjusted automatically effective June 30th of each year commensurate with the corresponding increase in the Consumer Price Index published in April of each year. If the Living Wage rate is adjusted during the term of your agreement, you must pay the new adjusted rate to all eligible employees, regardless of what the rate was when the contract was executed.

G. Berkeley Equal Benefits Ordinance:

Chapter 13.29 of the Berkeley Municipal Code requires that contractors offer domestic partners the same access to benefits that are available to spouses. A certification of compliance with this ordinance will be required upon execution of a contract.

H. Statement of Economic Interest:

The City's Conflict of Interest Code designates "consultants" as a category of persons who must complete Form 700, Statement of Economic Interest, at the beginning of the contract period and again at the termination of the contract. The selected contractor will be required to complete the Form 700 before work may begin.

VII. OTHER REQUIREMENTS

A. Insurance

The selected contractor will be required to maintain general liability insurance in the minimum amount of \$2,000,000, automobile liability insurance in the minimum amount of \$1,000,000 and a professional liability insurance policy in the amount of \$2,000,000 to cover any claims arising out of the performance of the contract. The general liability and automobile insurance must name the City, its officers, agents, volunteers and employees as additional insureds.

B. Worker's Compensation Insurance

A selected contractor who employs any person shall maintain workers' compensation insurance in accordance with state requirements. Sole proprietors with no employees are not required to carry Worker's Compensation Insurance.

C Business License

Virtually every contractor that does business with the City must obtain a City business license as mandated by B.M.C. Ch. 9.04. The business license requirement applies whether or not the contractor has an office within the City limits. However, a "casual" or "isolated" business transaction (B.M.C. section 9.04.010) does not subject the contractor to the license tax. Warehousing businesses and charitable organizations are the only entities specifically exempted in the code from the license requirement (see B.M.C. sections, 9.04.295 and 9.04.300). Non-profit organizations are granted partial exemptions (see B.M.C. section 9.04.305). Persons who, by reason of physical infirmity, unavoidable misfortune, or unavoidable poverty, may be granted an exemption of one annual free license at the discretion of the Director of Finance. (see B.M.C. sections 9.04.290).

Vendor must apply for a City business license and show proof of application to Purchasing Manager within seven days of being selected as intended contractor.

The Customer Service Division of the Finance Department located at 1947 Center Street, Berkeley, CA 94704, issues business licenses. Contractors should contact this division for questions and/or information on obtaining a City business license, in person, or by calling 510-981-7200.

D Recycled Paper

Any printed reports for the City required during the performance of the work shall be on 100% recycled paper, and shall be *printed on both sides of the page* whenever practical.

E State Prevailing Wage

Certain labor categories under this project may be subject to prevailing wages as identified in the State of California Labor Code commencing in Section 1770 et. seq. These labor categories, when employed for any "work performed during the design and preconstruction phases of construction including, but not limited to, inspection and land surveying work," constitute a "Public Work" within the definition of Section 1720(a)(1) of the California Labor Code requiring payment of prevailing wages.

Wage information is available through the California Division of Industrial Relations web site at: http://www.dir.ca.gov/OPRL/statistics_and_databases.html

VIII. SCHEDULE (dates are subject to change)

- | | |
|--|---|
| <input type="checkbox"/> Issue RFP to Potential Bidders: | Wednesday, September 29, 2021 |
| <input type="checkbox"/> Questions Due | Thursday, October 12, 2021 |
| <input type="checkbox"/> Proposals Due from Potential Bidders | Tuesday, October 19, 2021 |
| <input type="checkbox"/> Complete Selection Process | Tuesday, November 30, 2021 |
| <input type="checkbox"/> Council Approval of Contract (over \$50k) | Tuesday, November 30, 2021 |
| <input type="checkbox"/> Award of Contract | Wednesday, December 1, 2021 |
| <input type="checkbox"/> Sign and Process Contract | 4 to 6 weeks from City receipt of
contract package from contractor |
| <input type="checkbox"/> Notice to Proceed | January 2022 |

Thank you for your interest in working with the City of Berkeley for this service. We look forward to receiving your proposal.

Attachments:

- | | |
|---|--------------|
| • Check List of Required items for Submittal | Attachment A |
| • Non-Discrimination/Workforce Composition Form | Attachment B |
| • Nuclear Free Disclosure Form | Attachment C |
| • Oppressive States Form | Attachment D |
| • Sanctuary City Compliance Statement | Attachment E |
| • Living Wage Form | Attachment F |
| • Equal Benefits Certification of Compliance | Attachment G |
| • Right to Audit Form | Attachment H |
| • Insurance Endorsement | Attachment I |
| • Budget Workbook (Excel) | Attachment J |

ATTACHMENT A

CHECKLIST

- Contractor Identification and Company Information
- Client References
- Proposal describing service (one (1) .PDF of proposal). Ensure that the proposal addresses everything in Section III of this RFP and includes a scope of work consistent with the requirements in Section II.
- Pricing proposal – one (1) .PDF of pricing workbook provided in Excel. Specify personnel and operating expenses.
- The following forms, completed and **signed in blue ink** (attached):
 - Non-Discrimination/Workforce Composition Form Attachment B
 - Nuclear Free Disclosure Form Attachment C
 - Oppressive States Form Attachment D
 - Sanctuary City Compliance Statement Attachment E
 - Living Wage Form (*may be optional*) Attachment F
 - Equal Benefits Certification (EBO-1) (*may be optional*) Attachment G

ADDITIONAL SUBMITTALS REQUIRED FROM SELECTED VENDOR AFTER COUNCIL APPROVAL TO AWARD CONTRACT.

- Provide **original-signed in blue ink** Evidence of Insurance
 - Auto
 - Liability
 - Worker's Compensation
- Right to Audit Form Attachment H
- Commercial General & Automobile Liability Endorsement Form Attachment I
- Berkeley Business License

For informational purposes only: Sample of Personal Services Contract can be found on the City's website on the current bid and proposal page at the top of the page.

NON-DISCRIMINATION/WORKFORCE COMPOSITION

FOR ALL CONTRACTS: 5 OR MORE EMPLOYEES

To assist the City of Berkeley in implementing its Non-Discrimination policy, you're requested to furnish information regarding your personnel, as indicated below, and return this form to the City Department handling your contract.

ORGANIZATION Alameda County Network of Mental Health Clients

ADDRESS 3238 Adeline Street, Berkeley Ca. 94703

BUSINESS LICENSE # BL - 025776

You may complete this online & make entries in these cells, they will be automatically totaled at the bottom; or print the form & complete by hand/typewriter.

Occupational Category (see page 2 for definitions)	ALL EMPLOYEES		WHITE		BLACK		ASIAN		HISPANIC		OTHER (specify)**	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Officials/Administrators		4				1		1				1
Professionals	3	7	2	1	1	5				1		
Technicians												
Protective Service Workers												
Para-professionals	3	5	1	3	1	1	1	1				
Office/Clerical												
Skilled Craft Workers												
Service/Maintenance												
Other Occupation: Specify*												
Totals	6	16	3	4	2	7	1	2		1		1

*Specify other occupation:

**Specify other ethnicity:

Is your business MBE/WBE/DBE certified? NO

If Yes, by what agency?

If Yes, please specify:

or ethnic identification:

Do you have a policy of non-discrimination? YES

Signature *Katrina Killian*

Date 1/27/2022

Print/Type Name of Signer Katrina Killian

Verified by *Katherine Hawn*
City of Berkeley Contract Administrator

Date Feb. 14, 2022

CITY OF BERKELEY
Nuclear Free Zone Disclosure Form

I (we) certify that:

1. I am (we are) fully cognizant of any and all contracts held, products made or otherwise handled by this business entity, and of any such that are anticipated to be entered into, produced or handled for the duration of its contract(s) with the City of Berkeley. (To this end, more than one individual may sign this disclosure form, if a description of which type of contracts each individual is cognizant is attached.)
2. I (we) understand that Section 12.90.070 of the Nuclear Free Berkeley Act (Berkeley Municipal Code Ch. 12.90; Ordinance No. 5784-N.S.) prohibits the City of Berkeley from contracting with any person or business that knowingly engages in work for nuclear weapons.
3. I (we) understand the meaning of the following terms as set forth in Berkeley Municipal Code Section 12.90.130:

"Work for nuclear weapons" is any work the purpose of which is the development, testing, production, maintenance or storage of nuclear weapons or the components of nuclear weapons; or any secret or classified research or evaluation of nuclear weapons; or any operation, management or administration of such work.

"Nuclear weapon" is any device, the intended explosion of which results from the energy released by reactions involving atomic nuclei, either fission or fusion or both. This definition of nuclear weapons includes the means of transporting, guiding, propelling or triggering the weapon if and only if such means is destroyed or rendered useless in the normal propelling, triggering, or detonation of the weapon.

"Component of a nuclear weapon" is any device, radioactive or non-radioactive, the primary intended function of which is to contribute to the operation of a nuclear weapon (or be a part of a nuclear weapon).

4. Neither this business entity nor its parent nor any of its subsidiaries engages in work for nuclear weapons or anticipates entering into such work for the duration of its contract(s) with the City of Berkeley.

Based on the foregoing, the undersigned declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Printed Name:

Katrina Killian Title: Executive Director

Signature:

Katrina Killian Date: 2/01/2022

Business Entity:

Alameda County Network of Mental Health Clients

Contract Description/Specification No. Specialized Care Unit Bridge Services / Spec #: 22-11472-C

CITY OF BERKELEY
Sanctuary City Compliance Statement

The undersigned, an authorized agent of Alameda County Network of Mental Health Clinics (hereafter "Contractor"), has had an opportunity to review the requirements of Berkeley Code Chapter 13.105 (hereafter "Sanctuary City Contracting Ordinance" or "SCCO"). Contractor understands and agrees that the City may choose with whom it will maintain business relations and may refrain from contracting with any person or entity that provides Data Broker or Extreme Vetting services to the U.S. Immigration and Customs Enforcement Division of the United States Department of Homeland Security ("ICE"). Contractor understands the meaning of the following terms used in the SCCO:

- a. "Data Broker" means either of the following:
 - i. The collection of information, including personal information about consumers, from a wide variety of sources for the purposes of reselling such information to their customers, which include both private-sector business and government agencies;
 - ii. The aggregation of data that was collected for another purpose from that for which it is ultimately used.
- b. "Extreme Vetting" means data mining, threat modeling, predictive risk analysis, or other similar services." Extreme Vetting does not include:
 - i. The City's computer-network health and performance tools;
 - ii. Cybersecurity capabilities, technologies and systems used by the City of Berkeley Department of Information Technology to predict, monitor for, prevent, and protect technology infrastructure and systems owned and operated by the City of Berkeley from potential cybersecurity events and cyber-forensic based investigations and prosecutions of illegal computer based activity.

Contractor understands that it is not eligible to receive or retain a City contract if at the time the Contract is executed, or at any time during the term of the Contract, it provides Data Broker or Extreme Vetting services to ICE.

Contractor further understands and agrees that Contractor 's failure to comply with the SCCO shall constitute a material default of the Contract and the City Manager may terminate the Contract and bar Contractor from bidding on future contracts with the City for five (5) years from the effective date of the contract termination.

By executing this Statement, Contractor certifies that it complies with the requirements of the SCCO and that if any time during the term of the Contract it ceases to comply, Contractor will promptly notify the City Manager in writing. Any person or entity who knowingly or willingly supplies false information in violation of the SCCO shall be guilty of a misdemeanor and up to a \$1,000 fine.

Based on the foregoing, the undersigned declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this 1 day of February, 2022 at Berkeley, California.

Printed Name: Kathina Killian Title: Executive Director

Signed: Kathina Killian Date: 02/01/2022

Business Entity: Alameda County Network of Mental Health Clinics

CITY OF BERKELEY
Living Wage Certification for Providers of Services

TO BE COMPLETED BY ALL PERSONS OR ENTITIES ENGAGING IN A CONTRACT FOR PERSONAL SERVICES WITH THE CITY OF BERKELEY.

The Berkeley Municipal Code Chapter 13.27, Berkeley's Living Wage Ordinance (LWO), provides that contractors who engage in a specified amount of business with the City (except where specifically exempted) under contracts which furnish services to or for the City in any twelve (12) month period of time shall comply with all provisions of this Ordinance.

Section I.

1. IF YOU ARE A FOR-PROFIT BUSINESS, PLEASE ANSWER THE FOLLOWING QUESTIONS

a. During the previous twelve (12) months, have you entered into contracts, including the present contract, bid, or proposal, with the City of Berkeley for a cumulative amount of \$25,000.00 or more?

YES ___ NO ___

If no, this contract is NOT subject to the requirements of the LWO, and you may continue to Section II. If yes, please continue to question 1(b).

b. Do you have six (6) or more employees, including part-time and stipend workers?

YES ___ NO ___

If you have answered, "YES" to questions 1(a) and 1(b) this contract IS subject to the LWO. If you responded "NO" to 1(b) this contract IS NOT subject to the LWO. Please continue to Section II.

2. IF YOU ARE A NON-PROFIT BUSINESS, AS DEFINED BY SECTION 501(C) OF THE INTERNAL REVENUE CODE OF 1954, PLEASE ANSWER THE FOLLOWING QUESTIONS.

a. During the previous twelve (12) months, have you entered into contracts, including the present contract, bid or proposal, with the City of Berkeley for a cumulative amount of \$100,000.00 or more?

YES [checked] ___ NO ___

If no, this Contract is NOT subject to the requirements of the LWO, and you may continue to Section II. If yes, please continue to question 2(b).

b. Do you have six (6) or more employees, including part-time and stipend workers?

YES [checked] ___ NO ___

If you have answered, "YES" to questions 2(a) and 2(b) this contract IS subject to the LWO. If you responded "NO" to 2(b) this contract IS NOT subject to the LWO. Please continue to Section II.

Section II

Please read, complete, and sign the following:

THIS CONTRACT IS SUBJECT TO THE LIVING WAGE ORDINANCE.
THIS CONTRACT IS NOT SUBJECT TO THE LIVING WAGE ORDINANCE.



The undersigned, on behalf of himself or herself individually and on behalf of his or her business or organization, hereby certifies that he or she is fully aware of Berkeley's Living Wage Ordinance, and the applicability of the Living Wage Ordinance, and the applicability of the subject contract, as determined herein. The undersigned further agrees to be bound by all of the terms of the Living Wage Ordinance, as mandated in the Berkeley Municipal Code, Chapter 13.27. If, at any time during the term of the contract, the answers to the questions posed herein change so that Contractor would be subject to the LWO, Contractor will promptly notify the City Manager in writing. Contractor further understands and agrees that the failure to comply with the LWO, this certification, or the terms of the Contract as it applies to the LWO, shall constitute a default of the Contract and the City Manager may terminate the contract and bar Contractor from future contracts with the City for five (5) years from the effective date of the Contract termination. If the contractor is a for-profit business and the LWO is applicable to this contract, the contractor must pay a living wage to all employees who spend 25% or more of their compensated time engaged in work directly related to the contract with the City. If the contractor is a non-profit business and the LWO is applicable to this contract, the contractor must pay a living wage to all employees who spend 50% or more of their compensated time engaged in work directly related to the contract with the City.

These statements are made under penalty of perjury under the laws of the state of California.

Printed Name: Katrina Killian Title: Executive Director

Signature: *Katrina Killian* Date: 02/07/2022

Business Entity: Alameda County Network of Mental Health Clients

Contract Description/Specification No: **Project Name/XX-XXXXX**
Specialized Care Unit Bridge Services / Spec #: 22-11472-C

Section III

- **** FOR ADMINISTRATIVE USE ONLY -- PLEASE PRINT CLEARLY ****

I have reviewed this Living Wage Certification form, in addition to verifying Contractor's total dollar amount contract commitments with the City in the past twelve (12) months, and determined that this Contract IS / IS NOT (circle one) subject to Berkeley's Living Wage Ordinance.

HHCS
Department Name

Katherine Hawn
Department Representative



Feb. 14, 2022

To be completed by Contractor/Vendor

Form EBO-1 CITY OF BERKELEY



CERTIFICATION OF COMPLIANCE WITH EQUAL BENEFITS ORDINANCE

If you are a contractor, return this form to the originating department/project manager. If you are a vendor (supplier of goods), return this form to the Purchasing Division of the Finance Dept.

SECTION 1. CONTRACTOR/VENDOR INFORMATION

Name: Alameda County Network of Mental Health Clients Vendor No.:
Address: 3238 Adeline St. City: Berkeley State: CA ZIP: 94703
Contact Person: Katrina Killian Telephone: 510. 652.5891
E-mail Address: kkillian@acnetmhe.org Fax No.:

SECTION 2. COMPLIANCE QUESTIONS

- A. The EBO is inapplicable to this contract because the contractor/vendor has no employees.
B. Does your company provide (or make available at the employees' expense) any employee benefits?
C. Does your company provide (or make available at the employees' expense) any benefits to the spouse of an employee?
D. Does your company provide (or make available at the employees' expense) any benefits to the domestic partner of an employee?
E. Are the benefits that are available to the spouse of an employee identical to the benefits that are available to the domestic partner of the employee?

SECTION 3. PROVISIONAL COMPLIANCE

- A. Contractor/vendor is not in compliance with the EBO now but will comply by the following date:
B. If you have taken all reasonable measures to comply with the EBO but are unable to do so, do you agree to provide employees with a cash equivalent?*

SECTION 4. REQUIRED DOCUMENTATION

At time of issuance of purchase order or contract award, you may be required by the City to provide documentation (copy of employee handbook, eligibility statement from your plans, insurance provider statements, etc.) to verify that you do not discriminate in the provision of benefits.

SECTION 5. CERTIFICATION

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that I am authorized to bind this entity contractually. By signing this certification, I further agree to comply with all additional obligations of the Equal Benefits Ordinance that are set forth in the Berkeley Municipal Code and in the terms of the contract or purchase order with the City.

Executed this 1 day of February, in the year 2022, at Berkeley, CA
(City) (State)

Katrina Killian
Name (please print)

Katrina Killian
Signature

Executive Director
Title

Federal ID or Social Security Number

FOR CITY OF BERKELEY USE ONLY

- Non-Compliant (The City may not do business with this contractor/vendor)
- One-Person Contractor/Vendor Full Compliance Reasonable Measures
- Provisional Compliance Category, Full Compliance by Date: _____

Staff Name(Sign and Print): Katherine Hawn Date: Feb. 14, 2022

DECLARATION OF COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT

The Americans with Disabilities Act (ADA) requires that private organizations serving the public make their goods, services and facilities accessible to people with disabilities. Furthermore, the City of Berkeley requires that all of its Contractors comply with their ADA obligations and verify such compliance by signing this Declaration of Compliance.

The Contractor certifies that it will comply with the Americans with Disabilities Act by:

- A. Adopting policies, practices and procedures that ensure non-discrimination and equal access to Contractor's goods, services and facilities for people with disabilities;
B. Providing goods, services and facilities to individuals with disabilities in an integrated setting, except when separate programs are required to ensure equal access;
C. Making reasonable modifications in programs, activities and services when necessary to ensure equal access to individuals with disabilities, unless fundamental alteration in the nature of the Contractor's program would result;
D. Removing architectural barriers in existing facilities or providing alternative means of delivering goods and services when removal of barriers is cost-prohibitive;
E. Furnishing auxiliary aids to ensure equally effective communication with persons with disabilities; and
F. If contractor provides transportation to the public, by providing equivalent accessible transportation to people with disabilities.
G. Providing the City of Berkeley Grievance Procedure and Policy form(s) to individuals with disabilities who allege they have been discriminated against based on their disability or denied a requested disability accommodation by the Contractor's staff.

The undersigned authorized representative hereby obligates the Contractor to the above stated conditions under penalty of perjury.

Alameda County Network of Mental Health Clinics
Company Name

Katrina Killian
Signature of Authorized Representative

3238 Adeline St, Berkeley CA
Address

Katrina Killian
Type or Print Name

570.652.5691
Phone

2/3/2022
Date

Executive Director
Type or Print Title



CERTIFICATE OF LIABILITY INSURANCE

APPENDIX P

DATE (MM/DD/YYYY)

11/24/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER NFP Craig Santa Maria 2300 Contra Costa Blvd Suite 600 Pleasant Hill, CA 94523	CONTACT NAME: Certificate Department
	PHONE (A/C, No, Ext): 925-956-7600 FAX (A/C, No): E-MAIL ADDRESS: smccertificates@nfp.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: NOVA Casualty Company	NAIC # 42552
INSURER B: United States Liability Insurance Co	NAIC # 25895
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
 Alameda County Network of Mental Health Clients
 Coalition for Alternatives in Mental Health
 3238 Adeline Avenue
 Berkeley CA 94703

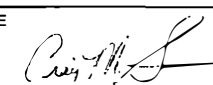
COVERAGES **CERTIFICATE NUMBER:** 65187856 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER. <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		CF1ML10001248-04	6/19/2021	6/19/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/>		CF1ML10001248-04	6/19/2021	6/19/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CF1UM10000255-04	6/19/2021	6/19/2022	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$ PER STATUTE OTH-ER E L EACH ACCIDENT \$ E.L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				
A	Employee Dishonesty			CF1ML10001248-04	6/19/2021	6/19/2022	Employee Dishonesty - \$100,000
A	Forgery and Alteration			CF1ML10001248-04	6/19/2021	6/19/2022	Forgery and Alteration - \$45,000
B	Directors & Officers			NDO1575226	12/22/2020	12/22/2021	Limit: \$1,000,000 each claim Limit: \$1,000,000 aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The City of Berkeley, its officers, agents, employees and volunteers are Additional Insureds and Loss Payee per the attached endorsements.

CERTIFICATE HOLDER The City of Berkeley, it's Officers, Agents, Employees & Volunteers Attn: Kristen Lee health Housing & Com Svcs Dept 2180 Milvia Ave. 2nd Floor Berkeley CA 94704	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  Craig Santa Maria

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POLICY NUMBER: CF1-ML-100001248-04

CRIME AND FIDELITY
CR 20 14 10 10

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LOSS PAYABLE

This endorsement modifies insurance provided under the following:

- COMMERCIAL CRIME COVERAGE FORM
- COMMERCIAL CRIME POLICY
- EMPLOYEE THEFT AND FORGERY POLICY
- GOVERNMENT CRIME COVERAGE FORM
- GOVERNMENT CRIME POLICY
- GOVERNMENT EMPLOYEE THEFT AND FORGERY POLICY

SCHEDULE

<p>Name Of Loss Payee: THE CITY OF BERKELEY, IT'S OFFICERS, AGENTS, EMPLOYEES & VOLUNTEERS, HEALTH HOUSING & COM SVCS DEPT</p> <p>Address Of Loss Payee: ATTN: KRISTEN LEE 2180 MILVIA AVE. 2ND FLOOR BERKELEY CA 94704</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

1. You agree that any loss payable under this insurance shall be paid to the Loss Payee shown in the Schedule as its interests may appear and any such payment shall constitute payment to you. We agree that we will make all such payments to the Loss Payee, and we will not make any payment solely to you unless we receive a request in writing from the Loss Payee to make such payment to you.
2. This insurance is for your benefit only. It provides no rights or benefits to any other person or organization, including the Loss Payee, other than to receive payment for loss as set forth in this endorsement.
 Any claim for loss that is covered under this insurance must be presented by you.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

<p>Name Of Additional Insured Person(s) Or Organization(s): THE CITY OF BERKELEY, ITS OFFICERS, AGENTS, EMPLOYEES & VOLUNTEERS ATTENTION: KRISTEN LEE HEALTH HOUSING & COM SVCS DEPT 2180 MILVIA AVENUE, 2ND FLOOR BERKELEY, CA 94704</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

THE CITY OF BERKELEY, ITS OFFICERS, AGENTS, EMPLOYEES & VOLUNTEERS
ATTENTION: KRISTEN LEE
HEALTH HOUSING & COM SVCS DEPT
2180 MILVIA AVENUE, 2ND FLOOR
BERKELEY, CA 94704

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



Policy Number
CF1-ML-10001248-04

**COMMERCIAL GENERAL
LIABILITY COVERAGE SCHEDULE
NOVA Casualty Company**

Named Insured ALAMEDA COUNTY NETWORK OF

Effective Date: 06-19-21
12:01 A.M., Standard Time

Agent Name CHARITY FIRST INSURANCE SERVICES, INC.
Agent No. 51011

Item 5. Location of Premises

Location of All Premises You Own, Rent or Occupy:
See Schedule of Locations

Code No.	Premium Basis	Premises/Operations	
Location	ALL	Exposure	Premium
49950			
Classification:			\$ 250.00
SOCIAL SERVICES - GL EXTRA ENDORSEMENT			
		Products/Completed Operations	
		Rate	Premium
49950			
Classification:			\$ 338.00
HIRED & NON-OWNED AUTO EXCESS LIABILITY			
		Products/Completed Operations	
		Rate	Premium
Classification:			\$ 38.00
Federal Terrorism - CAT			
		Products/Completed Operations	
		Rate	Premium
61227	Square Feet		
001/001		Exposure 2,204	
Classification:		264.5420	\$ 583.00
BUILDINGS OR PREMISES - OFFICE - NOT-FY (PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT)			
		Products/Completed Operations	
		Rate	Premium
			INCL

GL-SCHED (01/97)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE OF CANCELLATION OR NON RENEWAL TO DESIGNATED PERSON(S) OR ORGANIZATION(S)

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE PART
- COMMERCIAL GENERAL LIABILITY COVERAGE PART
- COMMERCIAL INLAND MARINE COVERAGE PART
- COMMERCIAL LIABILITY UMBRELLA COVERAGE PART
- COMMERCIAL PROPERTY COVERAGE PART
- CRIME AND FIDELITY COVERAGE PART
- GARAGE COVERAGE PART
- LIQUOR LIABILITY COVERAGE PART
- MOTOR CARRIER COVERAGE PART
- OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART
- PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
- RAILROAD PROTECTIVE LIABILITY COVERAGE PART

SCHEDULE*

Name and Mailing Address of Designated Person(s) or Organization(s)

#	Name	Mailing Address
1.	THE CITY OF BERKELEY, IT'S OFFICERS AGENTS, EMPLOYEES & VOLUNTEERS HEALTH HOUSING & COM SVCS DEPT	ATTN: KRISTEN LEE 2180 MILVIA AVE 2ND FL BERKELEY, CA 94704

Cancellation Notice Period for Nonpayment of Premium if other than 10 days: _____

Cancellation Notice Period for Other Than Nonpayment of Premium if other than 30 days: _____

Non-Renewal Notice Period if other than 10 days: _____

(*Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.)

The following is added to Common Policy Conditions, Section **A. Cancellation**:

In addition to any notices that may be required by law:

1. If we cancel this policy, we will endeavor to notify the individual(s) or organization(s) shown in the Schedule at least:
 - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
 - b. 30 days before the effective date of cancellation if we cancel for any other reason; or the number of days shown in the Schedule;
2. If we elect not to renew this policy, we will endeavor to notify the individual(s) or organization(s) shown in the Schedule at least:
 - a. 10 days before the expiration date of this policy; or
 - b. The number of days before the expiration date of this policy shown in the Schedule;
3. At our option, we will endeavor to mail or deliver our notice to each mailing address shown in the Schedule or endeavor to send an email to an address provided to us by the person(s) or organization(s) shown in the Schedule;
4. If notice is mailed, proof of mailing will be sufficient proof of notice; and
5. Our failure to notify the individual(s) or organization(s) shown in the Schedule in a timely fashion or our failure to notify them at all will not impose liability of any kind upon us or the producer of record.

All other terms and conditions of the policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**HIRED AND NON-OWNED AUTO EXCESS LIABILITY –
NOT-FOR-PROFIT ORGANIZATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Insurance is provided only for those coverages for which a specific premium charge is shown in the Schedule below.

Limit Of Insurance Per Occurrence:	\$ 1,000,000
Premium:	
Hired Auto Liability	\$ 224
Non-Owned Auto Liability	\$ 114
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Hired Auto Liability

The insurance provided under **SECTION I – COVERAGES, COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY** applies to "bodily injury" or "property damage" arising out of the maintenance or use of a "hired auto" by you or your "employees" in the course of your business as a not-for-profit organization.

B. Non-Owned Auto Liability

The insurance provided under **SECTION I – COVERAGES, COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY** applies to "bodily injury" or "property damage" arising out of the use of a "non-owned auto" by any person in the course of your business as a not-for-profit organization.

C. Exclusions

With respect to the insurance provided by this endorsement, the exclusions under Paragraph 2. **Exclusions of SECTION I – COVERAGES, COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY**, other than exclusions **a., b., d., f. and i.** are deleted and replaced by the following:

a. "Bodily injury" to:

(1) An "employee" of the insured arising out of and in the course of:

- (a) Employment by the insured; or
- (b) Performing duties related to the conduct of the insured's business; or

(2) The spouse, child, parent, brother or sister of that "employee" as a consequence of Paragraph (1) above.

This exclusion applies:

- (1) Whether the insured may be liable as an employer or in any other capacity; and
- (2) To any obligation to share damages with or repay someone else who must pay the damages because of the injury.

This exclusion does not apply to:

- (1) Liability assumed by the insured under an "insured contract"; or
- (2) "Bodily injury" to domestic "employees" not entitled to workers' compensation benefits.

b. "Property damage" to:

- (1) Property owned or being transported by, or rented or loaned to the insured; or
- (2) Property in the care, custody or control of the insured.

COMMERCIAL GENERAL LIABILITY

D. WHO IS AN INSURED

For the purposes of this endorsement only, **SECTION II – WHO IS AN INSURED** is deleted and replaced by the following:

1. Each of the following is an insured under this insurance to the extent set forth below:
 - a. You;
 - b. Any other person using a "hired auto" with your permission;
 - c. For a "non-owned auto":
 - (1) Any partner or "executive officer" of yours; or
 - (2) Any "employee" or "volunteer worker" of yours;
 but only while such "non-owned auto" is being used in your business as a not-for-profit organization; and
 - d. Any other person or organization, but only with respect to their liability because of acts or omissions of an insured under Paragraphs a., b. or c. above.
2. None of the following is an insured:
 - a. Any person engaged in the business of his or her employer with respect to "bodily injury" to any co-"employee" of such person injured in the course of employment, or to the spouse, child, parent, brother or sister of that co-"employee" as a consequence of such "bodily injury", or for any obligation to share damages with or repay someone else who must pay damages because of the injury;
 - b. Any partner or "executive officer" with respect to any "auto" owned by such partner or officer or a member of his or her household;
 - c. Any person while employed in or otherwise engaged in performing duties related to the conduct of an "auto business", other than an "auto business" you operate;
 - d. The owner or lessee (of whom you are a sub-lessee) of a "hired auto" or the owner of a "non-owned auto" or any agent or "employee" of any such owner or lessee; or
 - e. Any person or organization with respect to the conduct of any current or past partnership, joint venture or limited liability company that is not shown as a Named Insured in the Declarations.

E. LIMITS OF INSURANCE

For the purposes of this endorsement only, **SECTION III - LIMITS OF INSURANCE** is deleted and replaced by the following:

1. Regardless of the number of "hired autos", "non-owned autos", insureds, premiums paid, claims made or vehicles involved in the "occurrence", the most we will pay for all damages resulting from any one "occurrence" involving "hired auto" liability or "non-owned auto" liability is the applicable limit shown in the Schedule above.
2. The General Aggregate Limit of Insurance shown in the Declarations does not apply to coverage provided by this endorsement.

F. For the purposes of this endorsement only, Paragraph 4. Other Insurance of SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS is deleted and replaced by the following:

This insurance is excess over any of the other insurance, whether primary, excess, contingent, or on any other basis, that applies to "bodily injury" or "property damage" arising out of the maintenance or use of a "hired auto" or "non-owned auto".

G. DEFINITIONS

For the purposes of this endorsement, **SECTION V – DEFINITIONS** is amended as follows:

1. The following definitions are added:
 - a. "Auto business" means the business or occupation of selling, repairing, servicing, storing or parking "autos".
 - b. "Hired auto" means any "auto" you lease, hire, rent or borrow, but does not include:
 - (1) Any "auto" you lease, hire, rent or borrow from any of your "employees", "volunteer workers", partners or your "executive officers", or members of their households; or
 - (2) Any "auto" you lease, hire or rent under a lease or rental agreement for a period of 180 days or more.
 - c. "Non-owned auto" means any "auto" you do not own, lease, hire, rent or borrow which is used in connection with your business. This includes "autos" owned by your "employees", your partners or your "executive officers", or members of their households, but only while used in connection with your business.

COMMERCIAL GENERAL LIABILITY

2. The following definitions are amended:
 - a. "Coverage territory" means:
 - (1) The United States of America;
 - (2) The territories and possessions of the United States of America;
 - (3) Puerto Rico;
 - (4) Canada; and
 - (5) Anywhere in the world if a covered "auto" of the private passenger type is leased, hired, rented or borrowed without a driver for a period of 30 days or less, provided that the insured's responsibility to pay damages is determined in a "suit" on the merits, in the territory described in Paragraph a. above, or in a settlement we agree to.
 - b. "Insured contract" is amended by the addition of the following exception to Paragraph f.: Paragraph f. does not include that part of any contract or agreement:
 - (1) That pertains to the loan, lease or rental of an "auto" to you or any of your "employees" or "volunteer workers", if the "auto" is loaned, leased or rented with a driver; or
 - (2) That holds a person or organization engaged in the business of transporting property by "auto" for hire harmless for your use of a covered "auto" over a route or territory that person or organization is authorized to serve by public authority.

All other terms and conditions of the policy remain unchanged.

RESOLUTION NO. 70,123-N.S.

CONTRACT: ALAMEDA COUNTY NETWORK OF MENTAL HEALTH CLIENTS (BERKELEY DROP-IN CENTER) FOR COMMUNITY CRISIS RESPONSE BRIDGE SERVICES

WHEREAS, on July 14, 2020, the City Council of the City Berkeley passed a package of items providing direction for the development of a new paradigm of public safety in Berkeley that included direction to the City Manager to analyze and develop a pilot program to re-assign non-criminal police service calls to a Specialized Care Unit (SCU); and

WHEREAS, City of Berkeley community members would prefer a 24/7 mental health crisis response system that does not so heavily involve law enforcement; and

WHEREAS, on December 1, 2020 by Resolution No. 69,621-N.S. City Council approved Contract No. 32100082 with Resource Development Associates (RDA) for SCU design; and RDA conducted a comprehensive feasibility study, program design and implementation plan for an SCU to respond to public safety calls that do not require presence of law enforcement; and

WHEREAS, the SCU is currently in its design phase, with the intention to roll out by Summer 2022; and

WHEREAS, the Community Crisis Response services included in this contract will provide necessary supports and enhancement to the mental health system until the SCU can be implemented; and

WHEREAS, services included in this contract aligns with the Strategic Plan goal to champion and demonstrate social and racial equity; and

WHEREAS, Alameda County Network of Mental Health Clients (Berkeley Drop-in Center), was selected through a competitive Request for Proposals process; and

WHEREAS, the City received federal American Rescue Plan Act (ARPA) and State and Local Fiscal Recovery Funds (SLFRF) which can be used to improve the behavioral health system's capacity to serve underserved populations.

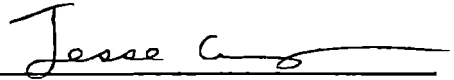
NOW THEREFORE, BE IT RESOLVED by the Council of the City of Berkeley that the City Manager or her designee is hereby authorized to execute a contract and any amendments with Alameda County Network of Mental Health Clients (Berkeley Drop-in Center) for Community Crisis Response Bridge services in an amount not to exceed \$390,000. A signed copy of said agreement will be kept on file in the Office of the City Clerk.

The foregoing Resolution was adopted by the Berkeley City Council on November 30, 2021 by the following vote:

Ayes: Bartlett, Droste, Hahn, Harrison, Kesarwani, Robinson, Taplin, Wengraf, and Arreguin.

Noes: None.

Absent: None.



Jesse Arreguin, Mayor

Attest: 

Mark Numainville, City Clerk

An official website of the United States government
[Here's how you know](#)

You have 2 new alerts

Show / Hide Alerts



Alameda County Network of Mental Health



This entity record has been validated as unique and existing, but is not registered in SAM.

Physical Address

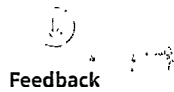
3238 Adeline St
Berkeley, CALIFORNIA
94703-2407, US

DUNS Unique Entity ID
795117605

SAM Unique Entity ID
W8YLFPRM14C9

Version

Current Record



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[Policies](#)



General Services Administration

This is a U.S. General Services Administration Federal Government computer system that is "FOR OFFICIAL USE ONLY." This system is subject to monitoring. Individuals found performing unauthorized activities are subject to disciplinary action including criminal prosecution.

①
RECEIVED
MAY 02 2022
CITY OF BERKELEY
CITY CLERK DEPARTMENT

②
RECEIVED
MAY 16 2022
CITY OF BERKELEY
CITY CLERK DEPARTMENT

**EXPENDITURE NON-CONSTRUCTION CONTRACT REVIEW FORM
"NEW CONTRACT"**

Contract # 32200156 Vendor # 20533

CONTRACTOR NAME: Options Recovery Services Berkeley Business License # BL-02528

Subject of Contract: SCU Bridge Services

This contract package contains: 2 Original Contracts (Vital Record and Vendor) in folder	Attached	Waiver Attached	Not Required
*The Vital Record contract MUST be in a folder. Vendor copies may be assembled with an Acco-fastener. **DocuSign Agreements only require 1 Original (Vital Record) copy.			
1. CONTRACT BOILERPLATE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Scope of Services (Exhibit A @ boilerplate)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Payment Provisions (Exhibit B @ boilerplate)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. Evidence of <u>Competitive Solicitation</u> OR Waiver by CM or by Council Resolution	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. CERTIFICATIONS <u>DECLARATION OF COMPLIANCE w/ ADA</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Workforce Composition (businesses with 5 or more employees)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Nuclear Free Berkeley Disclosure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Oppressive States Disclosure (Exception: Community-based, non-profit organizations)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Sanctuary City Compliance Statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Certification of Compliance with Living Wage Ordinance (LWO): use current form on web*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Certification of Compliance with Equal Benefits Ordinance: use current form on web*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Community Agency: Certification of Anti-Lobbying	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Community Agency: Certification of Drug-Free Workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Insurance Certificate/s AND Endorsement/s OR Insurance Waiver/s (originals, not copies)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Authorizing Council Resolution # <u>70,024 - N.S. 70,124 - N.S.</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Consultant Contracts: Form 700, Statement of Economic Interests	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9. Federally Funded Project Requirement: Debarment status printout (SAM.gov)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Requisition # 12206908 (Hard copy attached) Budget Code 354-51-501-501-0000-000-451-612240- Amt. 640,000

Contract Amount \$ 640,000.00

Council Approved Amount \$ 640,000.00

Was there any advance payment? No Yes If Yes, Advanced Amount \$ _____
If Yes, Purchase Order # _____

Routing and signatures:
All elements of the contract package, including information provided above, have been reviewed for completeness and accuracy and evidenced by the following signatures (Project Manager please print name):

1. <u>Katherine Hawn</u> Project Manager (PRINT NAME/SIGN)	<u>HHCS</u> Department	<u>510-981-5411</u> Phone No.	<u>Feb 8, 2022</u> Date
2. <u>Ann Song</u> Department Administrative Officer / Accounting (PRINT NAME/SIGN)			<u>2/23/2022</u> Date
3. <u>Lisa Warhuus</u> Department Head (PRINT NAME/SIGN)			<u>2/23/2022</u> Date
4. <u>Josh Roben</u> Contract Administrator (PRINT NAME/SIGN)			<u>2/28/2022</u> Date
5. <u>Sharon Fejerskov</u> Budget Manager (PRINT NAME/SIGN)			<u>3/1/2022</u> Date

EXECUTED
MAR 03 2022

Routing continues to the following persons, **who sign directly on the contract:**

6. City Manager (Will not sign unless all signatures and dates appear above)

7. City Clerk: Destruct _____ Review _____

* For current vendor forms, go to City of Berkeley website: [Vendor Forms & Requirements](#)

EXHIBIT A

SCOPE OF SERVICES

Agency Name: Options Recovery
 Contract Period: January 1, 2022 – December 31, 2022
 Program Title: Community Crisis Response Bridge Services

Options Recovery (hereafter “Contractor”), will provide the following services, enumerated below, necessary for the implementation of the Community Crisis Response Bridge Services (hereafter “the Program”) for individuals on the verge of or experiencing a mental health crisis. This contract is for the period commencing January 1, 2022 through December 31, 2022, which may be extended by agreement of the City of Berkeley and Contractor.

A. Implementation of American Rescue Plan Act (ARPA) Funds & Requirements

This program qualifies for implementation of American Rescue Plan Act (ARPA) funds because of its response to pre-existing disparities to address mental health and substance use issues that have been exacerbated by the COVID-19 pandemic. Specifically, this program will provide outreach to individuals not yet engaged in treatment, harm reduction, and long-term recovery support through expanded access to evidence-based services for opioid use disorder prevention, treatment, harm reduction, and recovery. The use of ARPA funds to implement this program will support equitable access to reduce disparities in access to high-quality treatment for Berkeley community members.

1. Funds provided through this contract are a subaward from the City of Berkeley of federal American Recovery Plan Act (ARPA) Coronavirus Local Fiscal Recovery Funds which together with the State Fiscal Recovery Fund make up the Coronavirus State and Local Fiscal Recovery Funds (“SLFRF”) program, Assistance Listing Number (ALN) 21.207.
2. Funds are being awarded by the City for the City’s Community Crisis Response Project which is an eligible SLFRF activity under 1.11 Substance Use Services. Services provided under this contract will provide evidence-based interventions, specifically Motivational Interviewing. The goal of these services is to empower people to change by drawing out their own meaning, importance and capacity for change.
3. All activities performed associated with this contract are subject to the applicable federal ARPA SLFRF requirements, including but not limited to the Interim Final Rule, the Compliance and Reporting Guidelines, and the Frequently Asked Questions (FAQ), as updated from time to time. The U.S. Department of the Treasury has made all of these materials available online at: <https://home.treasury.gov/policy->

issues/coronavirus/assistance-for-state-local-and-tribal-governments/state-and-local-fiscal-recovery-funds

4. As an example, the SLFRF guidance makes this subaward subject to 2 CFR Part 200: Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards: <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200?toc=1> which requires, among other things:
 - a. Use of competitive processes for purchasing, including written procedures for doing so;
 - b. Retention of records for 5 years after contract completion; and
 - c. A single audit if federal funds received by the agency exceed \$750,000 in the agency's fiscal year.
5. All invoices and reporting under this contract are due to the City at the earlier of 90 days after operations cease or June 30, 2024.
6. The (Vendor) must report on a monthly basis, by the 15th of the following month, or the following:

Expenditures:

- Current period obligation
- Cumulative obligation
- Current period expenditure
- Cumulative expenditure

Project Status:

- Not Started
- Completed less than 50 percent
- Completed 50 percent or more
- Completed

B. Program-Specific Requirements: Community Crisis Response Bridge Services

1. Target Population

Individuals residing in Berkeley or Albany, who are experiencing mental health-related issues and are on the verge or are experiencing a mental health crisis.

2. Goals

Expand upon existing community-based service offerings to provide non-police crisis support and therefore more comprehensive and effective engagement in every stage of the crisis continuum.

3. Services

Contractor will offer bridge services while the City's Specialized Care Unit (SCU) is being implemented, with the possibility of continued growth and collaboration, after the SCU has been

successfully implemented, to ensure the continued presence of non-police support in crisis support structures.

Contractor will proactively and responsively engage Berkeley's unhoused substance-using community members by providing stage-matched interventions leading to positive outcomes through the following:

- **Community Outreach:** Contractor will hire and exclusively utilize teams of Substance Use Disorder (SUD) Navigators to engage and work directly with Berkeley's unhoused residents in the field, including shelters, housing navigation centers, community parks, and or any geographic area of Berkeley as identified by the City of Berkeley. SUD Navigators will use a welcoming and non-judgmental approach to services provided based on unhoused residents assessed stage of change related to their readiness to change their substance using behavior.
- **Relationship-building & Education:** SUD Navigators will actively build rapport and educate / provide information to unhoused residents and residents in crisis while assessing their immediate SUD and other needs in accordance with evidence-based practices such as contingency management, motivational interviewing and stage-matched interventions.
- **Linkages & Resource Referrals:** In the case a community member needs immediate medical or mental health attention the SUD Navigators will facilitate, coordinate and safely transport the community member to the appropriate service as needed.
- **Extended Hours of Operation:** Contractor will work with City staff to design a communications system and protocol for contacts that meets the needs of the City and stakeholders for a comprehensive crisis response service beyond the M-F 9:00 am-5:00 pm timeframe. In this design, partnerships and collaboration will be prioritized to ensure consistent and comprehensive availability of services and to avoid duplication and confusion. Services will be available from M-F, 8:00 am-10:00pm. Saturday and Sunday will be added to the schedule as needed.

4. Methods for Identifying and Referring Participants in need of Crisis Support or other Community Resources

Contractor will develop and maintain relationships with other community agencies providing crisis bridge services so individuals can be directed and assisted to engage in programs and supports that will meet their individual needs. Contractor will monitor participants' needs and will make referrals to appropriate community resources as needed.

5. Program Outreach and Engagement Methods

Contractor will provide culturally responsive outreach and engagement methods that include sensitivity to, and inclusion of, issues regarding an including gender identity, race, age, ethnicity, and sexual orientation. Engagement methods will create trusting relationships with individuals

which enable a clear assessment of each individual's current level of functioning. Outreach and engagement methods will prioritize underserved populations.

Contractor will utilize the evidence-based practice of motivational interviewing (MI) when working with individuals. Motivational interviewing is an evidenced-based counseling approach that health care providers can use to help patients adhere to treatment recommendations. It emphasizes using a directive, patient-centered style of interaction to promote behavioral change by helping patients explore and resolve ambivalence. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion.

<https://pubmed.ncbi.nlm.nih.gov/17895731/>

MI is a guiding style of communication, that sits between following (good listening) and directing (giving information and advice). MI is designed to empower people to change by drawing out their own meaning, importance and capacity for change. MI is based on a respectful and curious way of being with people that facilitates the natural process of change and honors client autonomy.

6. Documentation, Service Outcomes, & Reporting

The Health, Housing & Community Services (HHCS) Department at the City of Berkeley is committed to finding ways to deepen our positive impact on the community, especially for those most vulnerable. To support this effort, HHCS will use a framework called Results Based Accountability (RBA) that has a proven track record of success in improving the quality of life for people and communities. RBA will provide us with a common language and method to better understand, communicate, and ultimately strengthen our programs.

HHCS is incorporating Results Based Accountability into our contact processes including requests for proposals, reporting, contract monitoring activities and evaluations. All new or renewed contracts will provide information and data that address the three basic RBA questions: How much work was done? How well was it done? And, are clients better off as a result of the services provided? Providers can expect to be asked how they measure whether clients are better off and the quality of the delivered services. HHCS will work with providers to identify appropriate performance measures including service measures and outcomes. Processes will be developed to monitor and improve performance over time. Contractor agrees to participate and develop RBA outcomes in the three RBA areas (how much, how well, and is anyone better off) within this contract period.

The Contractor agrees to comply with all data requests and utilize any forms the City may provide to report on program data.

The City of Berkeley will conduct at least one annual Quality Assurance Site Visit.

Contractor will comply with all relevant provisions of the Health Insurance Portability Accountability Act ("HIPAA") and all other applicable federal, state, and local privacy laws and

regulations.

In accordance with RBA, Contractor will be expected to maintain and provide monthly documentation on the following:

- **How many services were provided, and to who? (Outputs)**
 - # of days where outreach was conducted.
 - # of sites where outreach was conducted, including Berkeley zip code.
 - # of individuals who received each type of intervention
 - # of referrals made by type:
 - SUD
 - MH
 - Physical Health
 - Other
 - # of individuals actually transported to referral destination, or received additional support from ORS to complete the referral.
 - Demographics on each individual who received services, including gender identity, race, age, ethnicity, and sexual orientation
- **How well were services administered in alignment with service model?**
 - # of clients referred to a clinically-appropriate intervention per their corresponding stage of change and potential for follow through
 - # of clients who followed up on the intervention referral
 - SUD Navigators report confident or very confident use of evidence-based support to clients via motivational interviewing with patients (Survey of SUD Navigators at 3, 6, 9 and 12 months)
 - % of time when program was fully staffed
 - Client satisfaction survey or focus group
- **Is anyone better off due to services? (Outcomes)**
 - # of individuals who actually began SUD treatment
 - % of individuals who entered SUD treatment that remained in treatment for at least 10 days

C. Crisis Services Budget

Personnel Expense				
Staff Position	Annualized Salary (100% FTE)	\$/hr	% FTE	Salary
Executive Director	\$150,000	\$72.11	.10	\$15,000
CFO	\$140,000	\$67.30	.10	\$14,000

Program Director	\$105,000	\$50.48	.30	\$31,500
Accountant/BK	\$75,000	\$36.05	.10	\$7,500
Clinical Director	\$105,000	\$50.48	.15	\$15,750
Data Coordinator	\$60,000	\$28.84	.50	\$30,000
Crisis Response/SUD Navigators	\$52,000	\$25.	1.00	\$52,000
	\$52,000	\$25.	3.00	\$156,000
	\$52,000	\$25.	.75	\$39,000
Subtotal Salaries				\$360,750
Taxes and Benefits				\$108,225
TOTAL PERSONNEL EXPENSE				\$468,975
Operating Expenses (includes leveraged pre-existing funding)				
Program Expense				Total Cost
Insurance	\$7,000 paid through leveraged pre-existing funding.			\$7000
Professional Services	\$42,294 paid through leveraged pre-existing funding.			\$193,901
Transportation	\$3,540 paid through leveraged pre-existing funding.			\$22,958
TOTAL OPERATING EXPENSE				\$223,859
TOTAL OPERATING EXPENSE BILLED TO CITY OF BERKELEY				\$171,025
TOTAL COST BILLED TO CITY OF BERKELEY				\$640,000
TOTAL PROGRAM EXPENSE				\$692,834

EXHIBIT B**PAYMENT****Payment:**

Payments will be made by the Finance Accounting Division in arrears within 30 days after receipt and acceptance of proper, itemized, and correct invoices.

Contractor is responsible for submitting monthly invoices and required data reporting elements.

Additionally, the City reserves the right to require Contractor to submit monthly statements of expense with back-up documentation.

Total Not-to-Exceed Amount:

Fees will not exceed \$640,000 for all services under Exhibit A.

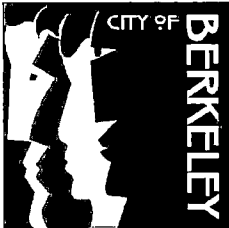
Submit Invoices to:

HHCS

ATTN: Katie Hawn, Office of the Director

2180 Milvia Street, 2nd Floor

Berkeley, CA 94704



Finance Department
General Services Division

**FOR PROPOSALS (RFP)
Specification No. 22-11472-C
FOR
COMMUNITY CRISIS RESPONSE
PROPOSALS WILL NOT BE OPENED AND READ PUBLICLY**

Dear Proposer:

The City of Berkeley is soliciting written proposals from qualified firms or individuals for Community Crisis Response Services. As a Request for Proposal (RFP) this is not an invitation to bid and although price is very important, other factors will be taken into consideration.

The project scope, content of proposal, and vendor selection process are summarized in the RFP (attached). **Proposals must be received no later than 2:00 pm, on Tuesday October 19, 2021.** Proposals are to be sent via email with the “Community Crisis Response” and **Specification No. 22-11472-C** clearly indicated in the subject line of the email. Please submit one (1) PDF of the technical proposal. Corresponding pricing proposal shall be submitted as a separate document.

Email Proposals to:
City of Berkeley
Finance Department/General Services Division
purchasing@cityofberkeley.info

Proposals will not be accepted after the date and time stated above. Incomplete proposal or proposals that do not conform to the requirements specified herein will not be considered. Issuance of the RFP does not obligate the City to award a contract, nor is the City liable for any costs incurred by the proposer in the preparation and submittal of proposals for the subject work. The City retains the right to award all or parts of this contract to several bidders, to not select any bidders, and/or to re-solicit proposals. The act of submitting a proposal is a declaration that the proposer has read the RFP and understands all the requirements and conditions.

For questions concerning the anticipated work, or scope of the project, please **contact Lisa Warhuus Director, Health, Housing and Community Services**, via email at Lwarhuus@ci.berkeley.ca.us no later than **October 12, 2021**. Answers to questions will **not** be provided by telephone or email. Answers to all questions or any addenda will be **posted** on the City of Berkeley’s site at <http://www.cityofberkeley.info/ContentDisplay.aspx?id=7128>. It is the vendor’s responsibility to check this site. For general questions concerning the submittal process, contact purchasing at 510-981-7320.

We look forward to receiving and reviewing your proposal.

Sincerely,

Darryl Sweet
General Services Manager

I. BACKGROUND

As part of the Re-Imagining Public Safety process,¹ the City of Berkeley (the “City”) has been engaged in planning for a Specialized Care Unit (SCU) that will ultimately become a 24/7 mobile unit designed to respond to and support people who are experiencing a mental health or substance abuse crisis without direct involvement with the police. The SCU will be different than the City’s current mobile crisis response that is a police/mental health partnership. The SCU is currently in the design phase, with the intention to initiate roll out by Summer 2022.

While people who have experienced and/or witnessed a mental health or substance abuse crisis have varying experiences when police have been involved (ranging from very negative to very positive), there is deep frustration in the community that the police, far too often, are the primary responders; even in situations that are non-violent or non-threatening. Preliminary findings from the SCU planning process suggest that these types of situations would be much better served through a multidisciplinary, relationship-based response within the caring (rather than enforcement) professions, and should include services such as:

- Crisis counseling/emotional support
- Peer support (i.e. from someone with lived experience)
- First aid and non-emergency medical care
- Substance abuse
- Resource connection and warm handoffs
- Transportation to what is needed
- Crisis respite

A steering committee consisting of representatives from the Health, Housing and Community Services Department, Fire, the Mental Health Commission, and the Berkeley Community Safety Coalition is leading this process. Based on community input early on, and with the support of Resource Development Associates (RDA, a consultant), the steering committee has supported a deep community engagement and input process that utilized interviews, focus groups, forums, and written feedback, and prioritized diverse groups and individuals that have lived experience with crisis response (as clients and/or as responders), in order to inform the best SCU model for Berkeley. This process is complete and RDA is finalizing release of three (3) reports by the beginning of October:

- Alternate Crisis Response Models & Best Practices Research (in which 40 non-police crisis response models across the country have been studied and compared)
- Current State & Community Outreach Findings
- SCU Model Recommendations for Berkeley

These findings will be the foundation for finalizing the design, creating the infrastructure, and implementing the SCU.

While this process and foundational work is taking place, there are immediate needs to strengthen non-police relationships and supports on the ground for individuals on the verge of crisis. Therefore, on 6/29/2021, Berkeley City Council allocated up to 1.2 million dollars in the FY 2022 budget from the American Rescue Plan in support of services (Community Crisis Response (CCR)) that will provide such supports until the SCU can be implemented. The intention is to put these services in place as soon as possible, while following all federal and City procurement requirements.

¹ <https://www.cityofberkeley.info/RIPST.aspx>

The purpose of this RFP is to solicit proposals from community-based organizations and community groups that currently have the expertise and ability to quickly provide supportive services teams that can deepen existing coordinated outreach and respond to individuals on the verge of crisis while the SCU model is being designed and implemented. It is likely that multiple contracts will be awarded.

Through this RFP the City intends to award federal American Rescue Plan Act (ARPA) State and Local Fiscal Recovery Funds (SLFRF). The selected applicant(s) will be required to comply with all applicable requirements for such funds and will be required to report to the City regularly on the use of funds and services beneficiaries.

II. SCOPE OF SERVICES

The City welcomes applications that address the need for outreach and crisis services consistent with the following criteria:

1. Applicants can provide one (1) or multiple services from the following list:
 - Crisis counseling/emotional support
 - Peer support (i.e. from someone with lived experience)
 - First aid and non-emergency medical care
 - Substance abuse
 - Resource connection and warm handoffs
 - Transportation to what is needed
 - Crisis respite
2. Applicants may propose other activities that are consistent with the purpose of the CCU.
3. Contracted providers must have experience as a service provider in Berkeley to build upon existing relationships with vulnerable populations in our community.
4. Contracted providers must be able to demonstrate experience conducting services for which they are proposing to provide.
5. Services should be able to be mobilized quickly once the contract is awarded, currently planned for no later than January 2022 and for up to one (1) year to allow for the final development and initial implementation of the SCU.
6. Services must be provided in Berkeley and the preference is for proposals that provide services beyond traditional M-F 9-5 hours.
7. Team members will be made up of people with a combination of lived experience, mental health and/or substance use training, and non-emergency medical training who have the skills and capacity to develop meaningful relationships with vulnerable community members.
8. Contracted providers will be required to work in partnership with the City and other funded agencies to ensure consistent and comprehensive availability of services and to avoid duplication and confusion.

9. The City intends to award federal American Rescue Plan Act (ARPA) State and Local Fiscal Recovery Funds (SLFRF) for these services. The selected vendor(s) must comply with all applicable federal requirements associated with the funds, including the Interim Final Rule, the forthcoming Final Rule and the Uniform Guidance 2 CFR 200. This will include at a minimum quarterly reports to the City on services provided, expenditures and service beneficiaries.

III. SUBMISSION REQUIREMENTS

All proposals shall include the following information, organized as separate sections of the proposal. The proposal should be concise and to the point.

1. Contractor Identification:

Provide the name of the firm, the firm's principal place of business, the name, email and telephone number of the contact person and company tax identification number.

2. Client References:

Provide a minimum of two (2) client references. References should be California cities or other large public sector entities. Provide the designated person's name, title, organization, address, telephone number, and the project(s) that were completed under that client's direction.

3. Contractor Qualifications.

Please describe the organization's or group's qualifications and experience relevant to providing the proposed services, including

- Experience providing services to vulnerable populations in Berkeley.
- Experience conducting outreach and field services.
- Any prior experience managing federal funds.

Since the City is seeking to build on existing outreach and crisis response services, please specify which services this proposal will expand on.

4. Service Proposal.

Please describe in detail the scope of services proposed to be provided, including the type of services, the hours of availability, and the team proposed to provide such services. Please describe the proposed timeline for program implementation from date of receiving approval for funding. Make sure to review the scope carefully for consistency with the criteria outlined above.

Please include a budget narrative explanation for operating costs in the Program Expense, Rent, Transportation, Equipment and Indirect Cost categories.

5. Price Proposal:

The proposal shall include pricing for all services. Pricing shall be all inclusive unless indicated otherwise. The price proposal will be submitted on the Excel spreadsheet template included as **Attachment J**, which includes required tabs for both the proposed budget and the organizational budget. Note on maintenance cost: If equipment is being purchased in this RFP, and future maintenance of the equipment can only be provided by the equipment supplier, the maintenance cost for three (3) years beyond the initial warranty period must be requested in the RFP pricing section. The maintenance cost must be included and evaluated as part of the pricing evaluation.

6. Contract Terminations:

If your organization has had a contract terminated in the last five (5) years, describe such incident. Termination for default is defined as notice to stop performance due to the vendor's non-performance or poor performance and the issue of performance was either (a) not litigated due to inaction on the part of the vendor, or (b) litigated and such litigation determined that the vendor was in default.

Submit full details of the terms for default including the other party's name, address, and phone number. Present the vendor's position on the matter. The City will evaluate the facts and may, at its sole discretion, reject the proposal on the grounds of the past experience.

If the firm has not experienced any such termination for default or early termination in the past five (5) years, so indicate.

IV. SELECTION CRITERIA

The following criteria will be considered, although not exclusively, in determining which firm is hired.

1. **References** (10 points)
2. **Consistency of Costs and Proposed Services** (25 points)
3. **Provider Qualifications** (25 points)
(Experience and existing services alignment with current needs)
4. **Proposed Services** (30 points)
(Consistency with needs identified, potential to achieve goals for CCR, availability to provide services outside of traditional M-F 9-5 hours)
5. **Timeliness** (10 points)
(Realistic plan to begin to provide services quickly after awarding of funds.)

A selection panel will be convened of City staff and members of the SCU steering committee to review proposals and recommend funding to the City Council.

V. PAYMENT

Invoices: Invoices must be fully itemized, and provide sufficient information for approving payment and audit. Invoices must be accompanied by receipt for services in order for payment to be processed. **Email invoices to Accounts Payable** and reference the Project Manager and contract number on the invoice.

City of Berkeley
Accounts Payable
PO Box 700
Berkeley, CA 94701
Email: AccountsPayable@cityofberkeley.info
Attn: Amy Davidson

Payments: The City will make payment to the vendor within 30 days of receipt of a correct, approved and complete invoice.

VI. CITY REQUIREMENTS

A. Non-Discrimination Requirements:

Ordinance No. 5876-N.S. codified in B.M.C. Chapter 13.26 states that, for contracts worth more than \$3,000 bids for supplies or bids or proposals for services shall include a completed Workforce Composition Form. Businesses with fewer than five employees are exempt from submitting this form. (See B.M.C. 13.26.030)

Under B.M.C. section 13.26.060, the City may require any bidder or vendor it believes may have discriminated to submit a Non-Discrimination Program. The Contract Compliance Officer will make this determination. This applies to all contracts and all consultants (contractors). Berkeley Municipal Code section 13.26.070 requires that all contracts with the City contain a non-discrimination clause, in which the contractor agrees not to discriminate and allows the City access to records necessary to monitor compliance. This section also applies to all contracts and all consultants. **Bidders must submit the attached Non-Discrimination Disclosure Form with their proposal.**

B. Nuclear Free Berkeley Disclosure Form:

Berkeley Municipal Code section 12.90.070 prohibits the City from granting contracts to companies that knowingly engage in work for nuclear weapons. This contracting prohibition may be waived if the City Council determines that no reasonable alternative exists to doing business with a company that engages in nuclear weapons work. If your company engages in work for nuclear weapons, explain on the Disclosure Form the nature of such work. **Bidders must submit the attached Nuclear Free Disclosure Form with their proposal.**

C. Oppressive States:

The City of Berkeley prohibits granting of contracts to firms that knowingly provide personal services to specified Countries. This contracting prohibition may be waived if the City Council determines that no reasonable alternative exists to doing business with a company that is covered by City Council Resolution No. 59,853-N.S. If your company or any subsidiary is covered, explain on the Disclosure Form the nature of such work. **Bidders must submit the attached Oppressive States Disclosure Form with their proposal.**

D. Sanctuary City Contracting Ordinance:

Chapter 13.105 of the Berkeley Municipal Code prohibits the City from granting and or retaining contracts with any person or entity that provides Data Broker or Extreme Vetting services to the U.S. Immigration and Customs Enforcement Division of the United States Department of Homeland Security ("ICE"). **Bidders must submit the attached Sanctuary City Compliance Statement with their proposal.**

E. Conflict of Interest:

In the sole judgment of the City, any and all proposals are subject to disqualification on the basis of a conflict of interest. The City may not contract with a vendor if the vendor or an employee, officer or director of the proposer's firm, or any immediate family member of the preceding, has served as an elected official, employee, board or commission member of the City who influences the making of the contract or has a direct or indirect interest in the contract.

Furthermore, the City may not contract with any vendor whose income, investment, or real property interest may be affected by the contract. The City, at its sole option, may disqualify any proposal on the basis of such a conflict of interest. **Please identify any person associated with the firm that has a potential conflict of interest.**

F. Berkeley Living Wage Ordinance:

Chapter 13.27 of the Berkeley Municipal Code requires that contractors offer all eligible employees with City mandated minimum compensation during the term of any contract that may be awarded by the City. If the Contractor is not currently subject to the Living Wage Ordinance, cumulative contracts with the City within a one-year period may subject Contractor to the requirements under B.M.C. Chapter 13.27. A certification of compliance with this ordinance will be required upon execution of a contract. The current Living Wage rate can be found here: https://www.cityofberkeley.info/Finance/Home/Vendors_Living_Wage_Ordinance.aspx. The Living Wage rate is adjusted automatically effective June 30th of each year commensurate with the corresponding increase in the Consumer Price Index published in April of each year. If the Living Wage rate is adjusted during the term of your agreement, you must pay the new adjusted rate to all eligible employees, regardless of what the rate was when the contract was executed.

G. Berkeley Equal Benefits Ordinance:

Chapter 13.29 of the Berkeley Municipal Code requires that contractors offer domestic partners the same access to benefits that are available to spouses. A certification of compliance with this ordinance will be required upon execution of a contract.

H. Statement of Economic Interest:

The City's Conflict of Interest Code designates "consultants" as a category of persons who must complete Form 700, Statement of Economic Interest, at the beginning of the contract period and again at the termination of the contract. The selected contractor will be required to complete the Form 700 before work may begin.

VII. OTHER REQUIREMENTS

A. Insurance

The selected contractor will be required to maintain general liability insurance in the minimum amount of \$2,000,000, automobile liability insurance in the minimum amount of \$1,000,000 and a professional liability insurance policy in the amount of \$2,000,000 to cover any claims arising out of the performance of the contract. The general liability and automobile insurance must name the City, its officers, agents, volunteers and employees as additional insureds.

B. Worker's Compensation Insurance

A selected contractor who employs any person shall maintain workers' compensation insurance in accordance with state requirements. Sole proprietors with no employees are not required to carry Worker's Compensation Insurance.

C Business License

Virtually every contractor that does business with the City must obtain a City business license as mandated by B.M.C. Ch. 9.04. The business license requirement applies whether or not the contractor has an office within the City limits. However, a "casual" or "isolated" business transaction (B.M.C. section 9.04.010) does not subject the contractor to the license tax. Warehousing businesses and charitable organizations are the only entities specifically exempted in the code from the license requirement (see B.M.C. sections, 9.04.295 and 9.04.300). Non-profit organizations are granted partial exemptions (see B.M.C. section 9.04.305). Persons who, by reason of physical infirmity, unavoidable misfortune, or unavoidable poverty, may be granted an exemption of one annual free license at the discretion of the Director of Finance. (see B.M.C. sections 9.04.290).

Vendor must apply for a City business license and show proof of application to Purchasing Manager within seven days of being selected as intended contractor.

The Customer Service Division of the Finance Department located at 1947 Center Street, Berkeley, CA 94704, issues business licenses. Contractors should contact this division for questions and/or information on obtaining a City business license, in person, or by calling 510-981-7200.

D Recycled Paper

Any printed reports for the City required during the performance of the work shall be on 100% recycled paper, and shall be *printed on both sides of the page* whenever practical.

E State Prevailing Wage

Certain labor categories under this project may be subject to prevailing wages as identified in the State of California Labor Code commencing in Section 1770 et. seq. These labor categories, when employed for any "work performed during the design and preconstruction phases of construction including, but not limited to, inspection and land surveying work," constitute a "Public Work" within the definition of Section 1720(a)(1) of the California Labor Code requiring payment of prevailing wages.

Wage information is available through the California Division of Industrial Relations web site at:
http://www.dir.ca.gov/OPRL/statistics_and_databases.html

VIII. SCHEDULE (dates are subject to change)

- | | |
|--|---|
| <input type="checkbox"/> Issue RFP to Potential Bidders: | Wednesday, September 29, 2021 |
| <input type="checkbox"/> Questions Due | Thursday, October 12, 2021 |
| <input type="checkbox"/> Proposals Due from Potential Bidders | Tuesday, October 19, 2021 |
| <input type="checkbox"/> Complete Selection Process | Tuesday, November 30, 2021 |
| <input type="checkbox"/> Council Approval of Contract (over \$50k) | Tuesday, November 30, 2021 |
| <input type="checkbox"/> Award of Contract | Wednesday, December 1, 2021 |
| <input type="checkbox"/> Sign and Process Contract | 4 to 6 weeks from City receipt of
contract package from contractor |
| <input type="checkbox"/> Notice to Proceed | January 2022 |

Thank you for your interest in working with the City of Berkeley for this service. We look forward to receiving your proposal.

Attachments:

- | | |
|---|--------------|
| • Check List of Required items for Submittal | Attachment A |
| • Non-Discrimination/Workforce Composition Form | Attachment B |
| • Nuclear Free Disclosure Form | Attachment C |
| • Oppressive States Form | Attachment D |
| • Sanctuary City Compliance Statement | Attachment E |
| • Living Wage Form | Attachment F |
| • Equal Benefits Certification of Compliance | Attachment G |
| • Right to Audit Form | Attachment H |
| • Insurance Endorsement | Attachment I |
| • Budget Workbook (Excel) | Attachment J |

NON-DISCRIMINATION/WORKFORCE COMPOSITION

FOR ALL CONTRACTS: 5 OR MORE EMPLOYEES

To assist the City of Berkeley in implementing its Non-Discrimination policy, you're requested to furnish information regarding your personnel, as indicated below, and return this form to the City Department handling your contract.

ORGANIZATION Options Recovery Services
 ADDRESS 1835 Allston Way Berkeley, CA 94703
 BUSINESS LICENSE # 002528

You may complete this online & make entries in these cells, they will be automatically totaled at the bottom; or print the form & complete by hand/typewriter.

Occupational Category (see page 2 for definitions)	ALL EMPLOYEES		WHITE		BLACK		ASIAN		HISPANIC		OTHER (specify)**	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Officials/Administrators	5	6	3	2	1	2	0	1	1	0	0	1
Professionals	12	10	6	5	4	2	0	0	2	3	0	0
Technicians	2	0	1	0	1	0	0	0	0	0	0	0
Protective Service Workers												
Para-professionals	3	3	1	0	2	1	0	0	0	1	0	1
Office/Clerical	2	6	2	1	0	2	0	1	0	2	0	0
Skilled Craft Workers												
Service/Maintenance												
Other Occupation: Specify*												
Totals	24	25	13	8	8	7	0	2	3	6	0	2

*Specify other occupation: _____
 **Specify other ethnicity: _____

Is your business MBE/WBE/DBE certified? No If Yes, by what agency? _____
 If Yes, please specify: or ethnic identification: _____

Do you have a policy of non-discrimination? YES

Signature Justin P. Phillips Date 11-25-21
 Print/Type Name of Signer JUSTIN P. PHILLIPS, EXECUTIVE DIRECTOR

Verified by Katherine Hawn Date Feb. 7, 2022
 City of Berkeley Contract Administrator

CITY OF BERKELEY
Nuclear Free Zone Disclosure Form

I (we) certify that:

1. I am (we are) fully cognizant of any and all contracts held, products made or otherwise handled by this business entity, and of any such that are anticipated to be entered into, produced or handled for the duration of its contract(s) with the City of Berkeley. (To this end, more than one individual may sign this disclosure form, if a description of which type of contracts each individual is cognizant is attached.)
2. I (we) understand that Section 12.90.070 of the Nuclear Free Berkeley Act (Berkeley Municipal Code Ch. 12.90; Ordinance No. 5784-N.S.) prohibits the City of Berkeley from contracting with any person or business that knowingly engages in work for nuclear weapons.
3. I (we) understand the meaning of the following terms as set forth in Berkeley Municipal Code Section 12.90.130:

"Work for nuclear weapons" is any work the purpose of which is the development, testing, production, maintenance or storage of nuclear weapons or the components of nuclear weapons; or any secret or classified research or evaluation of nuclear weapons; or any operation, management or administration of such work.

"Nuclear weapon" is any device, the intended explosion of which results from the energy released by reactions involving atomic nuclei, either fission or fusion or both. This definition of nuclear weapons includes the means of transporting, guiding, propelling or triggering the weapon if and only if such means is destroyed or rendered useless in the normal propelling, triggering, or detonation of the weapon.

"Component of a nuclear weapon" is any device, radioactive or non-radioactive, the primary intended function of which is to contribute to the operation of a nuclear weapon (or be a part of a nuclear weapon).

4. Neither this business entity nor its parent nor any of its subsidiaries engages in work for nuclear weapons or anticipates entering into such work for the duration of its contract(s) with the City of Berkeley.

Based on the foregoing, the undersigned declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Printed Name: JUSTIN PHILLIPS Title: EXECUTIVE DIRECTOR

Signature: Justin P. Phillips Date: 11-25-21

Business Entity: OPTIONS RECOVERY SERVICES

Contract Description/Specification No. Specialized Care Unit Bridge Services / Spec #: 22-11472-C
Attachment C

CITY OF BERKELEY
Sanctuary City Compliance Statement

The undersigned, an authorized agent of OPTIONS RECOVERY SERVICES (hereafter "Contractor"), has had an opportunity to review the requirements of Berkeley Code Chapter 13.105 (hereafter "Sanctuary City Contracting Ordinance" or "SCCO"). Contractor understands and agrees that the City may choose with whom it will maintain business relations and may refrain from contracting with any person or entity that provides Data Broker or Extreme Vetting services to the U.S. Immigration and Customs Enforcement Division of the United States Department of Homeland Security ("ICE"). Contractor understands the meaning of the following terms used in the SCCO:

- a. "Data Broker" means either of the following:
 - i. The collection of information, including personal information about consumers, from a wide variety of sources for the purposes of reselling such information to their customers, which include both private-sector business and government agencies;
 - ii. The aggregation of data that was collected for another purpose from that for which it is ultimately used.
- b. "Extreme Vetting" means data mining, threat modeling, predictive risk analysis, or other similar services." Extreme Vetting does not include:
 - i. The City's computer-network health and performance tools;
 - ii. Cybersecurity capabilities, technologies and systems used by the City of Berkeley Department of Information Technology to predict, monitor for, prevent, and protect technology infrastructure and systems owned and operated by the City of Berkeley from potential cybersecurity events and cyber-forensic based investigations and prosecutions of illegal computer based activity.

Contractor understands that it is not eligible to receive or retain a City contract if at the time the Contract is executed, or at any time during the term of the Contract, it provides Data Broker or Extreme Vetting services to ICE.

Contractor further understands and agrees that Contractor's failure to comply with the SCCO shall constitute a material default of the Contract and the City Manager may terminate the Contract and bar Contractor from bidding on future contracts with the City for five (5) years from the effective date of the contract termination.

By executing this Statement, Contractor certifies that it complies with the requirements of the SCCO and that if any time during the term of the Contract it ceases to comply, Contractor will promptly notify the City Manager in writing. Any person or entity who knowingly or willingly supplies false information in violation of the SCCO shall be guilty of a misdemeanor and up to a \$1,000 fine.

Based on the foregoing, the undersigned declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this 25 day of NOV., 2021 at BERKELEY, California.

Printed Name: JUSTIN PHILLIPS Title: EXECUTIVE DIRECTOR

Signed: [Signature] Date: 11.25.21

Business Entity: OPTIONS RECOVERY SERVICES

CITY OF BERKELEY
Living Wage Certification for Providers of Personal Services

TO BE COMPLETED BY ALL PERSONS OR ENTITIES ENGAGING IN A CONTRACT FOR PERSONAL SERVICES WITH THE CITY OF BERKELEY.

The Berkeley Municipal Code Chapter 13.27, Berkeley's Living Wage Ordinance (LWO), provides that contractors who engage in a specified amount of business with the City (except where specifically exempted) under contracts which furnish services to or for the City in any twelve (12) month period of time shall comply with all provisions of this Ordinance.

Section I.

1. IF YOU ARE A FOR-PROFIT BUSINESS, PLEASE ANSWER THE FOLLOWING QUESTIONS

a. During the previous twelve (12) months, have you entered into contracts, including the present contract, bid, or proposal, with the City of Berkeley for a cumulative amount of \$25,000.00 or more?
YES ___ NO ___

If no, this contract is NOT subject to the requirements of the LWO, and you may continue to Section II. If yes, please continue to question 1(b).

b. Do you have six (6) or more employees, including part-time and stipend workers?
YES ___ NO ___

If you have answered, "YES" to questions 1(a) and 1(b) this contract IS subject to the LWO. If you responded "NO" to 1(b) this contract IS NOT subject to the LWO. Please continue to Section II.

2. IF YOU ARE A NON-PROFIT BUSINESS, AS DEFINED BY SECTION 501(C) OF THE INTERNAL REVENUE CODE OF 1954, PLEASE ANSWER THE FOLLOWING QUESTIONS.

a. During the previous twelve (12) months, have you entered into contracts, including the present contract, bid or proposal, with the City of Berkeley for a cumulative amount of \$100,000.00 or more?
YES X NO ___

If no, this Contract is NOT subject to the requirements of the LWO, and you may continue to Section II. If yes, please continue to question 2(b).

b. Do you have six (6) or more employees, including part-time and stipend workers?
YES X NO ___

If you have answered, "YES" to questions 2(a) and 2(b) this contract IS subject to the LWO. If you responded "NO" to 2(b) this contract IS NOT subject to the LWO. Please continue to Section II.

Section II

Please read, complete, and sign the following:

THIS CONTRACT IS SUBJECT TO THE LIVING WAGE ORDINANCE. [X]
THIS CONTRACT IS NOT SUBJECT TO THE LIVING WAGE ORDINANCE. []

The undersigned, on behalf of himself or herself individually and on behalf of his or her business or organization, hereby certifies that he or she is fully aware of Berkeley's Living Wage Ordinance, and the applicability of the Living Wage Ordinance, and the applicability of the subject contract, as determined herein. The undersigned further agrees to be bound by all of the terms of the Living Wage Ordinance, as mandated in the Berkeley Municipal Code, Chapter 13.27. If, at any time during the term of the contract, the answers to the questions posed herein change so that Contractor would be subject to the LWO, Contractor will promptly notify the City Manager in writing. Contractor further understands and agrees that the failure to comply with the LWO, this certification, or the terms of the Contract as it applies to the LWO, shall constitute a default of the Contract and the City Manager may terminate the contract and bar Contractor from future contracts with the City for five (5) years from the effective date of the Contract termination. If the contractor is a for-profit business and the LWO is applicable to this contract, the contractor must pay a living wage to all employees who spend 25% or more of their compensated time engaged in work directly related to the contract with the City. If the contractor is a non-profit business and the LWO is applicable to this contract, the contractor must pay a living wage to all employees who spend 50% or more of their compensated time engaged in work directly related to the contract with the City.

These statements are made under penalty of perjury under the laws of the state of California.

Printed Name: JUSTIN PHILLIPS Title: EXECUTIVE DIRECTOR

Signature: [Handwritten Signature] Date: 11-25-21

Business Entity: OPTIONS RECOVERY SERVICES

Contract Description/Specification No: Specialized Care Unit Bridge Services / Spec #: 22-11472-C

Section III

- ** FOR ADMINISTRATIVE USE ONLY – PLEASE PRINT CLEARLY **

I have reviewed this Living Wage Certification form, in addition to verifying Contractor's total dollar amount contract commitments with the City in the past twelve (12) months, and determined that this Contract IS / IS NOT (circle one) subject to Berkeley's Living Wage Ordinance.

HHCS
Department Name

Katherine Hawn [Handwritten Signature]
Department Representative

To be completed by Contractor/Vendor

Form EBO-1 CITY OF BERKELEY



CERTIFICATION OF COMPLIANCE WITH EQUAL BENEFITS ORDINANCE

If you are a contractor, return this form to the originating department/project manager. If you are a vendor (supplier of goods), return this form to the Purchasing Division of the Finance Dept.

SECTION 1. CONTRACTOR/VENDOR INFORMATION

Form with fields for Name, Address, City, State, ZIP, Contact Person, Telephone, E-mail Address, and Fax No. Handwritten entries include Justin Phillips / Options Recovery Services, 1835 Allston Way, Berkeley, CA, 94709, Justin Phillips, 510-666-9552, and JPHILLIPS@OPTIONSRECOVERY-ORP.

SECTION 2. COMPLIANCE QUESTIONS

- Questions A through E regarding EBO applicability, employee benefits, and spousal benefits. Includes checkboxes for Yes/No and instructions for proceeding to other sections.

SECTION 3. PROVISIONAL COMPLIANCE

- Questions A and B regarding provisional compliance dates and cash equivalents for spousal benefits.

* The cash equivalent is the amount of money your company pays for spousal benefits that are unavailable for domestic partners.

SECTION 4. REQUIRED DOCUMENTATION

At time of issuance of purchase order or contract award, you may be required by the City to provide documentation (copy of employee handbook, eligibility statement from your plans, insurance provider statements, etc.) to verify that you do not discriminate in the provision of benefits.

SECTION 5. CERTIFICATION

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that I am authorized to bind this entity contractually. By signing this certification, I further agree to comply with all additional obligations of the Equal Benefits Ordinance that are set forth in the Berkeley Municipal Code and in the terms of the contract or purchase order with the City.

Executed this 25th day of NOVEMBER, in the year 2021, at BERKELEY, CA

JUSTIN PHILLIPS
Name (please print)

Justin P Phillips
Signature

EXECUTIVE DIRECTOR
Title

Federal ID or Social Security Number

FOR CITY OF BERKELEY USE ONLY

- Non-Compliant (The City may not do business with this contractor/vendor)
- One-Person Contractor/Vendor Full Compliance Reasonable Measures
- Provisional Compliance Category, Full Compliance by Date: _____

Staff Name (Sign and Print): Katherine Hawn [Signature] Date: February 7, 2022

DECLARATION OF COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT

The Americans with Disabilities Act (ADA) requires that private organizations serving the public make their goods, services and facilities accessible to people with disabilities. Furthermore, the City of Berkeley requires that all of its Contractors comply with their ADA obligations and verify such compliance by signing this Declaration of Compliance.

The Contractor certifies that it will comply with the Americans with Disabilities Act by:

- A. Adopting policies, practices and procedures that ensure non-discrimination and equal access to Contractor's goods, services and facilities for people with disabilities;
B. Providing goods, services and facilities to individuals with disabilities in an integrated setting, except when separate programs are required to ensure equal access;
C. Making reasonable modifications in programs, activities and services when necessary to ensure equal access to individuals with disabilities, unless fundamental alteration in the nature of the Contractor's program would result;
D. Removing architectural barriers in existing facilities or providing alternative means of delivering goods and services when removal of barriers is cost-prohibitive;
E. Furnishing auxiliary aids to ensure equally effective communication with persons with disabilities; and
F. If contractor provides transportation to the public, by providing equivalent accessible transportation to people with disabilities.
G. Providing the City of Berkeley Grievance Procedure and Policy form(s) to individuals with disabilities who allege they have been discriminated against based on their disability or denied a requested disability accommodation by the Contractor's staff.

The undersigned authorized representative hereby obligates the Contractor to the above stated conditions under penalty of perjury.

Options Recovery Services
Company Name

Berkeley CA
1835 Alston Way
Address

5106669552
Phone

2/3/22
Date

[Signature]
Signature of Authorized Representative

Suzoni Camp
Type or Print Name

Chief of Operations
Type or Print Title

City of Berkeley, California

2021

BUSINESS LICENSE

This license must be conspicuously posted. Business owner is responsible for renewing this business license by the 28th of February each year.

Business Type **OUTPATIENT SUBSTANCE ABUSE & M**
Location **1835 ALLSTON Way**

License Number

BL-002528

Expires On

12/31/21

Nbr of Tags: 4

**OPTIONS RECOVERY SERVICES
WENDY JONES
1835 ALLSTON WAY
BERKELEY, CA 94704**

This license is issued without verification that the license is subject to an exemption from licensing by the State. It shall not be construed as authorizing the conduct or continuance of any illegal or unlawful business nor does it constitute conformity with Zoning, Toxic Code, Fire, Building Permit and/or Health requirements. - Compliance with BMC 9.04 only



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/27/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Business Professional Insurance Associates 1519 South B Street San Mateo, CA 94402	CONTACT NAME: Tirzah Tyler	
	PHONE (A/C, No, Ext): (650)341-4484	FAX (A/C, No): (650)341-4465
	E-MAIL ADDRESS: TTyler@bpia.net	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Nonprofits Insurance Alliance of CA	01184
INSURED Options Recovery Services 1835 Allston Way Berkeley, CA 94703	INSURER B : Service American Indemnity Co	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: 00008808-1438533 REVISION NUMBER: 5

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Soc Serv Prof Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	2021-17246-NPO	04/05/2021	04/05/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Improp Sexual Cond. \$ 2mil/1mi
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/>	Y	2021-17246-NPO	04/05/2021	04/05/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		2021-17246-UMB-NPO	04/05/2021	04/05/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	SATIS0419600	04/01/2021	04/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Directors & Officers		2021-17246-DO-NPO	04/05/2021	04/05/2022	Agg/Wrongful Act 1 mil/1 mil
A	Employee Dishonesty		2021-17246-PROP	04/05/2021	04/05/2022	Forgery/Theft 300,000/300,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
SEE ATTACHED SUPPLEMENTAL NOTEPAD CMS#: U2HPL Pgrm: Transitional Housing Beds and Case Management

CERTIFICATE HOLDER City of Berkeley Health, Housing & Community Services Dept. 2180 Milvia Street, 2nd Fl. Berkeley, CA 94704	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE (THT)
--	--

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AGENCY CUSTOMER ID: 00008808

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Business Professional Insurance Associates		NAMED INSURED Options Recovery Services	
POLICY NUMBER N/A			
CARRIER Multiple Carriers	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

City of Berkeley, it's officers, agents, employees and volunteers are included as Additional Insured's with respects to insured's business operations.
 RE: Contract for services. Additional Insured applies to General Liability and Auto policies. Certificate holder is Loss Payee for Employee Dishonesty. Policy is Primary and Non-Contributory. 30-day notice of cancellation applies to General liability and Auto Policies. contract # 10591
 CMS#: U2HPL Pgrm: Transitional Housing Beds and Case Management

City of Berkeley, California

2022

BUSINESS LICENSE

This license must be conspicuously posted. Business owner is responsible for renewing this business license by the 28th of February each year.

License Number:

BL-002528

Expires On:

12/31/22

Nbr of Tags: 0

Business Type: OUTPATIENT SUBSTANCE ABUSE & M

Location: 1835 ALLSTON Way

OPTIONS/RECOVERY SERVICES

WENDY JONES

1835 ALLSTON WAY

BERKELEY, CA 94704

This license is issued without verification that the license is subject to an exemption from licensing by the State. It shall not be construed as authorizing the conduct or continuance of any illegal or unlawful business nor does it constitute conformity with Zoning, Toxic Code, Fire, Building Permit and/or Health requirements. - Compliance with BMC 9.04 only

**EXPENDITURE NON-CONSTRUCTION CONTRACT REVIEW FORM
"NEW CONTRACT"**

Contract # 32200147 Vendor # 8146

CONTRACTOR NAME: Women's Daytime Drop-In Center Berkeley Business License # BL-022669

Subject of Contract: SCU Bridge Services

This contract package contains:	Attached	Waiver Attached	Not Required
2 Original Contracts (Vital Record and Vendor) in folder			
*The Vital Record contract MUST be in a folder. Vendor copies may be assembled with an Acco-fastener. **DocuSign Agreements only require 1 Original (Vital Record) copy.			
1. CONTRACT BOILERPLATE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Scope of Services (Exhibit A @ boilerplate)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Payment Provisions (Exhibit B @ boilerplate)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. Evidence of <u>Competitive Solicitation</u> OR Waiver by CM or by Council Resolution <u>22-11472-C</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. CERTIFICATIONS			
a. Workforce Composition (<i>businesses with 5 or more employees</i>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Nuclear Free Berkeley Disclosure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Oppressive States Disclosure (<i>Exception: Community-based, non-profit organizations</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Sanctuary City Compliance Statement + DECLARATION OF COMPLIANCE w/ADA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Certification of Compliance with Living Wage Ordinance (LWO): use current form on web*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Certification of Compliance with Equal Benefits Ordinance: use current form on web*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Community Agency: Certification of Anti-Lobbying	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Community Agency: Certification of Drug-Free Workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Insurance Certificate/s AND Endorsement/s OR Insurance Waiver/s (<i>originals, not copies</i>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Authorizing Council Resolution # 70125-N.S.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Consultant Contracts: Form 700, Statement of Economic Interests	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9. Federally Funded Project Requirement: Debarment status printout (SAM.gov)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Requisition # 2206689 (Hard copy attached)

Contract Amount \$ 120,000

Council Approved Amount \$ 120,000

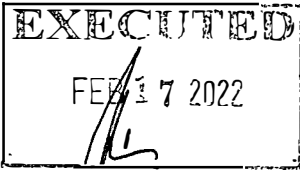
Budget Code 354-51-501-59-000-000-451-612240 Amt: \$120,000
H/OAR P2202 Amt: 612240

Was there any advance payment? No Yes If Yes, Advanced Amount \$ _____
 If Yes, Purchase Order # _____

Routing and signatures:

All elements of the contract package, including information provided above, have been reviewed for completeness and accuracy and evidenced by the following signatures (Project Manager please print name):

- Katherine Hawn HHCS 510-981-5411 Feb. 7, 2022
 Project Manager (PRINT NAME/SIGN) Department Phone No. Date
- Ann Song Accounting 2/8/2022
 Department Administrative Officer/Accounting (PRINT NAME/SIGN) Date
- Amy Davidson 2/9/2022
 Department Head (PRINT NAME/SIGN) Date
- John Rosen 2/14/2022
 Contract Administrator (PRINT NAME/SIGN) Date
- SARAH FREDRICHSEN APPROVED VIA EMAIL 2/15/2022
 Budget Manager (PRINT NAME/SIGN) Date



Routing continues to the following persons, who sign directly on the contract:

- City Manager (Will not sign unless all signatures and dates appear above)
- City Clerk: Destruct _____ Review _____

* For current vendor forms, go to City of Berkeley website: [Vendor Forms & Requirements](#)

EXHIBIT A

SCOPE OF SERVICES

Agency Name: Women’s Daytime Drop-in Center

Contract Period: January 1, 2022 – December 31, 2022

Program Title: Community Crisis Response Bridge Services

Women’s Daytime Drop-in Center (hereafter “Contractor”), will provide the following services, enumerated below, necessary for the implementation of the Community Crisis Response Bridge Services (hereafter “the Program”) for individuals on the verge of or experiencing a mental health crisis. This contract is for the period commencing January 1, 2022 through December 31, 2022, which may be extended by agreement of the City of Berkeley and Contractor.

A. American Rescue Plan Act (ARPA) Funding Requirements

This program qualifies for implementation of American Rescue Plan Act (ARPA) funds because of its response to pre-existing disparities to address mental health and substance use issues that have been exacerbated by the COVID-19 pandemic. Specifically, this program will provide drop-in services for women and families through expanded access to evidence-based services for individuals experiencing or on the verge of experiencing a mental health crisis. The use of ARPA funds to implement this program will support equitable access to reduce disparities in access to high-quality treatment for Berkeley community members.

1. Funds provided through this contract are a subaward from the City of Berkeley of federal American Recovery Plan Act (ARPA) Coronavirus Local Fiscal Recovery Funds which together with the State Fiscal Recovery Fund make up the Coronavirus State and Local Fiscal Recovery Funds (“SLFRF”) program, Assistance Listing Number (ALN) 21.207.
2. Funds are being awarded by the City for the City’s Community Crisis Response Project which is an eligible SLFRF activity under 1.10 Mental Health Services. Services provided under this contract will provide evidence-based interventions, specifically Motivational Interviewing. The goal of these services is to empower people to change by drawing out their own meaning, importance and capacity for change.
3. All activities performed associated with this contract are subject to the applicable federal ARPA SLFRF requirements, including but not limited to the Interim Final Rule, the Compliance and Reporting Guidelines, and the Frequently Asked Questions (FAQ), as updated from time to time. The U.S. Department of the Treasury has made all of these

materials available online at: <https://home.treasury.gov/policy-issues/coronavirus/assistance-for-state-local-and-tribal-governments/state-and-local-fiscal-recovery-funds>

4. As an example, the SLFRF guidance makes this subaward subject to 2 CFR Part 200: Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards: <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200?toc=1> which requires, among other things:
 - a. Use of competitive processes for purchasing, including written procedures for doing so;
 - b. Retention of records for 5 years after contract completion; and
 - c. A single audit if federal funds received by the agency exceed \$750,000 in the agency's fiscal year.
5. All invoices and reporting under this contract are due to the City and must be processed prior to the contract end date on December 31, 2022.
6. The (Vendor) must report on a monthly basis, by the 15th of the following month, or the following:

Expenditures:

- Current period obligation
- Cumulative obligation
- Current period expenditure
- Cumulative expenditure

Project Status:

- Not Started
- Completed less than 50 percent
- Completed 50 percent or more
- Completed

B. Program-Specific Requirements: Community Crisis Response Bridge Services

1. Target Population

Individuals residing in Berkeley or Albany, who are experiencing mental health-related issues and are on the verge or are experiencing a mental health crisis.

2. Goals

Expand upon existing community-based service offerings to provide non-police crisis support and therefore more comprehensive and effective engagement in every stage of the crisis continuum.

3. Services

Contractor will offer bridge services while the City's Specialized Care Unit (SCU) is being implemented, with the possibility of continued growth and collaboration, after the SCU has been

successfully implemented, to ensure the continued presence of non-police support in crisis support structures.

Contractor will hire new staff with mental health expertise to augment the existing six-person staff onsite that regularly provides services to 30-50 people daily. Contractor will utilize existing infrastructure in the provision of additional mental health services.

- **Drop-in Services:** Contractor will hire a mental health staff member to work 20 hours per week at the minimum to provide drop-in services. If there are opportunities to include additional support from Lifelong Medical or local internship programs, Contractor may be able to extend to 30 hours.
- **Goal-setting:** Clients identified as needing mental health support will receive an assessment by a qualified clinician to create a health action plan supported.
- **Weekly Meetings:** Contractor will meet with clients monthly to chart progress, and weekly whenever possible. Data on effectiveness of this program will be utilized for grant reporting and any likely continuation of the program through other grant sources once the SCU is up and running.
- **Women's Workshops:** Contractor will reconvene monthly women's workshops to bolster the health progress that can be created through acquisition of specialized onsite mental health support staff.

4. Methods for Identifying and Referring Participants in need of Crisis Support or other Community Resources

Contractor will develop and maintain relationships with other community agencies providing crisis bridge services so individuals can be directed and assisted to engage in programs and supports that will meet their individual needs. Contractor will monitor participants' needs and will make referrals to appropriate community resources as needed.

5. Program Outreach and Engagement Methods

Contractor will provide culturally responsive outreach and engagement methods that include sensitivity to, and inclusion of, issues regarding an including gender identity, race, age, ethnicity, and sexual orientation. Engagement methods will create trusting relationships with individuals which enable a clear assessment of each individual's current level of functioning. Outreach and engagement methods will prioritize underserved populations.

Contractor will utilize the evidence-based practice of motivational interviewing (MI) when working with individuals. Motivational interviewing is an evidenced-based counseling approach that health care providers can use to help patients adhere to treatment recommendations. It emphasizes using a directive, patient-centered style of interaction to promote behavioral change by helping patients explore and resolve ambivalence. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion.

<https://pubmed.ncbi.nlm.nih.gov/17895731/>

MI is a guiding style of communication, that sits between following (good listening) and directing (giving information and advice). MI is designed to empower people to change by drawing out their own meaning, importance and capacity for change. MI is based on a respectful and curious way of being with people that facilitates the natural process of change and honors client autonomy.

6. Documentation, Service Outcomes, & Reporting

The Health, Housing & Community Services (HHCS) Department at the City of Berkeley is committed to finding ways to deepen our positive impact on the community, especially for those most vulnerable. To support this effort, HHCS will use a framework called Results Based Accountability (RBA) that has a proven track record of success in improving the quality of life for people and communities. RBA will provide us with a common language and method to better understand, communicate, and ultimately strengthen our programs.

HHCS is incorporating Results Based Accountability into our contact processes including requests for proposals, reporting, contract monitoring activities and evaluations. All new or renewed contracts will provide information and data that address the three basic RBA questions: How much work was done? How well was it done? And, are clients better off as a result of the services provided? Providers can expect to be asked how they measure whether clients are better off and the quality of the delivered services. HHCS will work with providers to identify appropriate performance measures including service measures and outcomes. Processes will be developed to monitor and improve performance over time. Contractor agrees to participate and develop RBA outcomes in the three RBA areas (how much, how well, and is anyone better off) within this contract period.

The Contractor agrees to comply with all data requests and utilize any forms the City may provide to report on program data.

The City of Berkeley will conduct at least one annual Quality Assurance Site Visit.

Contractor will comply with all relevant provisions of the Health Insurance Portability and Accountability Act (“HIPAA”) and all other applicable federal, state, and local privacy laws and regulations.

In accordance with RBA, Contractor will be expected to maintain and provide documentation on the following:

- **How many services were provided, and to who? (Outputs)**
 - Number of individuals who received each type of service, including:
 - # of individuals receiving weekly client meeting for at least 4 weeks
 - # of individuals who attend a monthly women’s workshop
 - # of individuals receiving a clinical assessment from the mental health clinician

- Number of monthly women’s workshops conducted
- Demographics on each individual who received services, including gender identity, race, age, ethnicity, and sexual orientation
- **How well were services administered in alignment with service model?**
 - % of attendees of monthly women’s workshops who report the workshop was helpful or very helpful
 - % of clients who report that weekly client meetings are helpful or very helpful
 - % of time when program is fully staffed
- **Is anyone better off due to services? (Outcomes)**
 - # of clients who receive referrals
 - # of clients who receive incentives for following up on referrals (as applicable)

C. Crisis Services Budget

Personnel Expense				
Staff Position	Annualized Salary (100% FTE)	\$/hr	% FTE	Salary
Mental Health Specialist	\$124,800	\$60	50	\$62,400
Subtotal Salaries				\$62,400.00
Taxes and Benefits				\$11,152.00

TOTAL PERSONNEL EXPENSE		\$73,552.00
Operating Expense		
Program Expense		
Insurance		\$15,000.00
Professional Services		\$10,000.00
Transportation		\$10,000.00
Other:		\$11,448.00
TOTAL OPERATING EXPENSE		\$46,448.00
TOTAL EXPENSE		\$120,000

EXHIBIT B

PAYMENT

Payment:

Payments will be made by the Finance Accounting Division in arrears within 30 days after receipt and acceptance of proper, itemized, and correct invoices.

Contractor is responsible for submitting monthly invoices and required data reporting elements.

Additionally, the City reserves the right to require Contractor to submit monthly statements of expense with back-up documentation.

Total Not-to-Exceed Amount:

Fees will not exceed \$120,000 for all services under Exhibit A.

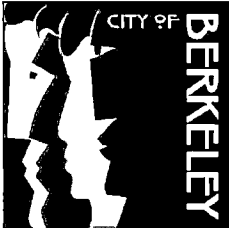
Submit Invoices to:

HHCS

ATTN: Katie Hawn, Office of the Director

2180 Milvia Street, 2nd Floor

Berkeley, CA 94704



Finance Department
General Services Division

**FOR PROPOSALS (RFP)
Specification No. 22-11472-C
FOR
COMMUNITY CRISIS RESPONSE
PROPOSALS WILL NOT BE OPENED AND READ PUBLICLY**

Dear Proposer:

The City of Berkeley is soliciting written proposals from qualified firms or individuals for Community Crisis Response Services. As a Request for Proposal (RFP) this is not an invitation to bid and although price is very important, other factors will be taken into consideration.

The project scope, content of proposal, and vendor selection process are summarized in the RFP (attached).

Proposals must be received no later than 2:00 pm, on Tuesday October 19, 2021. Proposals are to be sent via email with the “Community Crisis Response” and **Specification No. 22-11472-C** clearly indicated in the subject line of the email. Please submit one (1) PDF of the technical proposal. Corresponding pricing proposal shall be submitted as a separate document.

Email Proposals to:

City of Berkeley
Finance Department/General Services Division
purchasing@cityofberkeley.info

Proposals will not be accepted after the date and time stated above. Incomplete proposal or proposals that do not conform to the requirements specified herein will not be considered. Issuance of the RFP does not obligate the City to award a contract, nor is the City liable for any costs incurred by the proposer in the preparation and submittal of proposals for the subject work. The City retains the right to award all or parts of this contract to several bidders, to not select any bidders, and/or to re-solicit proposals. The act of submitting a proposal is a declaration that the proposer has read the RFP and understands all the requirements and conditions.

For questions concerning the anticipated work, or scope of the project, please **contact Lisa Warhuus Director, Health, Housing and Community Services**, via email at Lwarhuus@ci.berkeley.ca.us no later than **October 12, 2021**. Answers to questions will **not** be provided by telephone or email. Answers to all questions or any addenda will be **posted** on the City of Berkeley’s site at <http://www.cityofberkeley.info/ContentDisplay.aspx?id=7128>. It is the vendor’s responsibility to check this site. For general questions concerning the submittal process, contact purchasing at 510-981-7320.

We look forward to receiving and reviewing your proposal.

Sincerely,

Darryl Sweet
General Services Manager

I. BACKGROUND

As part of the Re-Imagining Public Safety process,¹ the City of Berkeley (the “City”) has been engaged in planning for a Specialized Care Unit (SCU) that will ultimately become a 24/7 mobile unit designed to respond to and support people who are experiencing a mental health or substance abuse crisis without direct involvement with the police. The SCU will be different than the City’s current mobile crisis response that is a police/mental health partnership. The SCU is currently in the design phase, with the intention to initiate roll out by Summer 2022.

While people who have experienced and/or witnessed a mental health or substance abuse crisis have varying experiences when police have been involved (ranging from very negative to very positive), there is deep frustration in the community that the police, far too often, are the primary responders; even in situations that are non-violent or non-threatening. Preliminary findings from the SCU planning process suggest that these types of situations would be much better served through a multidisciplinary, relationship-based response within the caring (rather than enforcement) professions, and should include services such as:

- Crisis counseling/emotional support
- Peer support (i.e. from someone with lived experience)
- First aid and non-emergency medical care
- Substance abuse
- Resource connection and warm handoffs
- Transportation to what is needed
- Crisis respite

A steering committee consisting of representatives from the Health, Housing and Community Services Department, Fire, the Mental Health Commission, and the Berkeley Community Safety Coalition is leading this process. Based on community input early on, and with the support of Resource Development Associates (RDA, a consultant), the steering committee has supported a deep community engagement and input process that utilized interviews, focus groups, forums, and written feedback, and prioritized diverse groups and individuals that have lived experience with crisis response (as clients and/or as responders), in order to inform the best SCU model for Berkeley. This process is complete and RDA is finalizing release of three (3) reports by the beginning of October:

- Alternate Crisis Response Models & Best Practices Research (in which 40 non-police crisis response models across the country have been studied and compared)
- Current State & Community Outreach Findings
- SCU Model Recommendations for Berkeley

These findings will be the foundation for finalizing the design, creating the infrastructure, and implementing the SCU.

While this process and foundational work is taking place, there are immediate needs to strengthen non-police relationships and supports on the ground for individuals on the verge of crisis. Therefore, on 6/29/2021, Berkeley City Council allocated up to 1.2 million dollars in the FY 2022 budget from the American Rescue Plan in support of services (Community Crisis Response (CCR)) that will provide such supports until the SCU can be implemented. The intention is to put these services in place as soon as possible, while following all federal and City procurement requirements.

¹ <https://www.cityofberkeley.info/RIPST.aspx>

The purpose of this RFP is to solicit proposals from community-based organizations and community groups that currently have the expertise and ability to quickly provide supportive services teams that can deepen existing coordinated outreach and respond to individuals on the verge of crisis while the SCU model is being designed and implemented. It is likely that multiple contracts will be awarded.

Through this RFP the City intends to award federal American Rescue Plan Act (ARPA) State and Local Fiscal Recovery Funds (SLFRF). The selected applicant(s) will be required to comply with all applicable requirements for such funds and will be required to report to the City regularly on the use of funds and services beneficiaries.

II. SCOPE OF SERVICES

The City welcomes applications that address the need for outreach and crisis services consistent with the following criteria:

1. Applicants can provide one (1) or multiple services from the following list:
 - Crisis counseling/emotional support
 - Peer support (i.e. from someone with lived experience)
 - First aid and non-emergency medical care
 - Substance abuse
 - Resource connection and warm handoffs
 - Transportation to what is needed
 - Crisis respite
2. Applicants may propose other activities that are consistent with the purpose of the CCU.
3. Contracted providers must have experience as a service provider in Berkeley to build upon existing relationships with vulnerable populations in our community.
4. Contracted providers must be able to demonstrate experience conducting services for which they are proposing to provide.
5. Services should be able to be mobilized quickly once the contract is awarded, currently planned for no later than January 2022 and for up to one (1) year to allow for the final development and initial implementation of the SCU.
6. Services must be provided in Berkeley and the preference is for proposals that provide services beyond traditional M-F 9-5 hours.
7. Team members will be made up of people with a combination of lived experience, mental health and/or substance use training, and non-emergency medical training who have the skills and capacity to develop meaningful relationships with vulnerable community members.
8. Contracted providers will be required to work in partnership with the City and other funded agencies to ensure consistent and comprehensive availability of services and to avoid duplication and confusion.

9. The City intends to award federal American Rescue Plan Act (ARPA) State and Local Fiscal Recovery Funds (SLFRF) for these services. The selected vendor(s) must comply with all applicable federal requirements associated with the funds, including the Interim Final Rule, the forthcoming Final Rule and the Uniform Guidance 2 CFR 200. This will include at a minimum quarterly reports to the City on services provided, expenditures and service beneficiaries.

III. SUBMISSION REQUIREMENTS

All proposals shall include the following information, organized as separate sections of the proposal. The proposal should be concise and to the point.

1. Contractor Identification:

Provide the name of the firm, the firm's principal place of business, the name, email and telephone number of the contact person and company tax identification number.

2. Client References:

Provide a minimum of two (2) client references. References should be California cities or other large public sector entities. Provide the designated person's name, title, organization, address, telephone number, and the project(s) that were completed under that client's direction.

3. Contractor Qualifications.

Please describe the organization's or group's qualifications and experience relevant to providing the proposed services, including

- Experience providing services to vulnerable populations in Berkeley.
- Experience conducting outreach and field services.
- Any prior experience managing federal funds.

Since the City is seeking to build on existing outreach and crisis response services, please specify which services this proposal will expand on.

4. Service Proposal.

Please describe in detail the scope of services proposed to be provided, including the type of services, the hours of availability, and the team proposed to provide such services. Please describe the proposed timeline for program implementation from date of receiving approval for funding. Make sure to review the scope carefully for consistency with the criteria outlined above.

Please include a budget narrative explanation for operating costs in the Program Expense, Rent, Transportation, Equipment and Indirect Cost categories.

5. Price Proposal:

The proposal shall include pricing for all services. Pricing shall be all inclusive unless indicated otherwise. The price proposal will be submitted on the Excel spreadsheet template included as **Attachment J**, which includes required tabs for both the proposed budget and the organizational budget. Note on maintenance cost: If equipment is being purchased in this RFP, and future maintenance of the equipment can only be provided by the equipment supplier, the maintenance cost for three (3) years beyond the initial warranty period must be requested in the RFP pricing section. The maintenance cost must be included and evaluated as part of the pricing evaluation.

6. Contract Terminations:

If your organization has had a contract terminated in the last five (5) years, describe such incident. Termination for default is defined as notice to stop performance due to the vendor's non-performance or poor performance and the issue of performance was either (a) not litigated due to inaction on the part of the vendor, or (b) litigated and such litigation determined that the vendor was in default.

Submit full details of the terms for default including the other party's name, address, and phone number. Present the vendor's position on the matter. The City will evaluate the facts and may, at its sole discretion, reject the proposal on the grounds of the past experience.

If the firm has not experienced any such termination for default or early termination in the past five (5) years, so indicate.

IV. SELECTION CRITERIA

The following criteria will be considered, although not exclusively, in determining which firm is hired.

1. **References** (10 points)
2. **Consistency of Costs and Proposed Services** (25 points)
3. **Provider Qualifications** (25 points)
(Experience and existing services alignment with current needs)
4. **Proposed Services** (30 points)
(Consistency with needs identified, potential to achieve goals for CCR, availability to provide services outside of traditional M-F 9-5 hours)
5. **Timeliness** (10 points)
(Realistic plan to begin to provide services quickly after awarding of funds.)

A selection panel will be convened of City staff and members of the SCU steering committee to review proposals and recommend funding to the City Council.

V. PAYMENT

Invoices: Invoices must be fully itemized, and provide sufficient information for approving payment and audit. Invoices must be accompanied by receipt for services in order for payment to be processed. **Email invoices to Accounts Payable** and reference the Project Manager and contract number on the invoice.

City of Berkeley
Accounts Payable
PO Box 700
Berkeley, CA 94701
Email: AccountsPayable@cityofberkeley.info
Attn: Amy Davidson

Payments: The City will make payment to the vendor within 30 days of receipt of a correct, approved and complete invoice.

VI. CITY REQUIREMENTS

A. Non-Discrimination Requirements:

Ordinance No. 5876-N.S. codified in B.M.C. Chapter 13.26 states that, for contracts worth more than \$3,000 bids for supplies or bids or proposals for services shall include a completed Workforce Composition Form. Businesses with fewer than five employees are exempt from submitting this form. (See B.M.C. 13.26.030)

Under B.M.C. section 13.26.060, the City may require any bidder or vendor it believes may have discriminated to submit a Non-Discrimination Program. The Contract Compliance Officer will make this determination. This applies to all contracts and all consultants (contractors). Berkeley Municipal Code section 13.26.070 requires that all contracts with the City contain a non-discrimination clause, in which the contractor agrees not to discriminate and allows the City access to records necessary to monitor compliance. This section also applies to all contracts and all consultants. **Bidders must submit the attached Non-Discrimination Disclosure Form with their proposal.**

B. Nuclear Free Berkeley Disclosure Form:

Berkeley Municipal Code section 12.90.070 prohibits the City from granting contracts to companies that knowingly engage in work for nuclear weapons. This contracting prohibition may be waived if the City Council determines that no reasonable alternative exists to doing business with a company that engages in nuclear weapons work. If your company engages in work for nuclear weapons, explain on the Disclosure Form the nature of such work. **Bidders must submit the attached Nuclear Free Disclosure Form with their proposal.**

C. Oppressive States:

The City of Berkeley prohibits granting of contracts to firms that knowingly provide personal services to specified Countries. This contracting prohibition may be waived if the City Council determines that no reasonable alternative exists to doing business with a company that is covered by City Council Resolution No. 59,853-N.S. If your company or any subsidiary is covered, explain on the Disclosure Form the nature of such work. **Bidders must submit the attached Oppressive States Disclosure Form with their proposal.**

D. Sanctuary City Contracting Ordinance:

Chapter 13.105 of the Berkeley Municipal Code prohibits the City from granting and or retaining contracts with any person or entity that provides Data Broker or Extreme Vetting services to the U.S. Immigration and Customs Enforcement Division of the United States Department of Homeland Security ("ICE"). **Bidders must submit the attached Sanctuary City Compliance Statement with their proposal.**

E. Conflict of Interest:

In the sole judgment of the City, any and all proposals are subject to disqualification on the basis of a conflict of interest. The City may not contract with a vendor if the vendor or an employee, officer or director of the proposer's firm, or any immediate family member of the preceding, has served as an elected official, employee, board or commission member of the City who influences the making of the contract or has a direct or indirect interest in the contract.

Furthermore, the City may not contract with any vendor whose income, investment, or real property interest may be affected by the contract. The City, at its sole option, may disqualify any proposal on the basis of such a conflict of interest. **Please identify any person associated with the firm that has a potential conflict of interest.**

F. Berkeley Living Wage Ordinance:

Chapter 13.27 of the Berkeley Municipal Code requires that contractors offer all eligible employees with City mandated minimum compensation during the term of any contract that may be awarded by the City. If the Contractor is not currently subject to the Living Wage Ordinance, cumulative contracts with the City within a one-year period may subject Contractor to the requirements under B.M.C. Chapter 13.27. A certification of compliance with this ordinance will be required upon execution of a contract. The current Living Wage rate can be found here: https://www.cityofberkeley.info/Finance/Home/Vendors_Living_Wage_Ordinance.aspx. The Living Wage rate is adjusted automatically effective June 30th of each year commensurate with the corresponding increase in the Consumer Price Index published in April of each year. If the Living Wage rate is adjusted during the term of your agreement, you must pay the new adjusted rate to all eligible employees, regardless of what the rate was when the contract was executed.

G. Berkeley Equal Benefits Ordinance:

Chapter 13.29 of the Berkeley Municipal Code requires that contractors offer domestic partners the same access to benefits that are available to spouses. A certification of compliance with this ordinance will be required upon execution of a contract.

H. Statement of Economic Interest:

The City's Conflict of Interest Code designates "consultants" as a category of persons who must complete Form 700, Statement of Economic Interest, at the beginning of the contract period and again at the termination of the contract. The selected contractor will be required to complete the Form 700 before work may begin.

VII. OTHER REQUIREMENTS

A. Insurance

The selected contractor will be required to maintain general liability insurance in the minimum amount of \$2,000,000, automobile liability insurance in the minimum amount of \$1,000,000 and a professional liability insurance policy in the amount of \$2,000,000 to cover any claims arising out of the performance of the contract. The general liability and automobile insurance must name the City, its officers, agents, volunteers and employees as additional insureds.

B. Worker's Compensation Insurance

A selected contractor who employs any person shall maintain workers' compensation insurance in accordance with state requirements. Sole proprietors with no employees are not required to carry Worker's Compensation Insurance.

C Business License

Virtually every contractor that does business with the City must obtain a City business license as mandated by B.M.C. Ch. 9.04. The business license requirement applies whether or not the contractor has an office within the City limits. However, a "casual" or "isolated" business transaction (B.M.C. section 9.04.010) does not subject the contractor to the license tax. Warehousing businesses and charitable organizations are the only entities specifically exempted in the code from the license requirement (see B.M.C. sections, 9.04.295 and 9.04.300). Non-profit organizations are granted partial exemptions (see B.M.C. section 9.04.305). Persons who, by reason of physical infirmity, unavoidable misfortune, or unavoidable poverty, may be granted an exemption of one annual free license at the discretion of the Director of Finance. (see B.M.C. sections 9.04.290).

Vendor must apply for a City business license and show proof of application to Purchasing Manager within seven days of being selected as intended contractor.

The Customer Service Division of the Finance Department located at 1947 Center Street, Berkeley, CA 94704, issues business licenses. Contractors should contact this division for questions and/or information on obtaining a City business license, in person, or by calling 510-981-7200.

D Recycled Paper

Any printed reports for the City required during the performance of the work shall be on 100% recycled paper, and shall be *printed on both sides of the page* whenever practical.

E State Prevailing Wage

Certain labor categories under this project may be subject to prevailing wages as identified in the State of California Labor Code commencing in Section 1770 et. seq. These labor categories, when employed for any "work performed during the design and preconstruction phases of construction including, but not limited to, inspection and land surveying work," constitute a "Public Work" within the definition of Section 1720(a)(1) of the California Labor Code requiring payment of prevailing wages.

Wage information is available through the California Division of Industrial Relations web site at: http://www.dir.ca.gov/OPRL/statistics_and_databases.html

VIII. SCHEDULE (dates are subject to change)

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Issue RFP to Potential Bidders: | Wednesday, September 29, 2021 |
| <input type="checkbox"/> Questions Due | Thursday, October 12, 2021 |
| <input type="checkbox"/> Proposals Due from Potential Bidders | Tuesday, October 19, 2021 |
| <input type="checkbox"/> Complete Selection Process | Tuesday, November 30, 2021 |
| <input type="checkbox"/> Council Approval of Contract (over \$50k) | Tuesday, November 30, 2021 |
| <input type="checkbox"/> Award of Contract | Wednesday, December 1, 2021 |
| <input type="checkbox"/> Sign and Process Contract | 4 to 6 weeks from City receipt of |
| contract package from contractor | |
| <input type="checkbox"/> Notice to Proceed | January 2022 |

Thank you for your interest in working with the City of Berkeley for this service. We look forward to receiving your proposal.

Attachments:

- | | |
|---|--------------|
| • Check List of Required items for Submittal | Attachment A |
| • Non-Discrimination/Workforce Composition Form | Attachment B |
| • Nuclear Free Disclosure Form | Attachment C |
| • Oppressive States Form | Attachment D |
| • Sanctuary City Compliance Statement | Attachment E |
| • Living Wage Form | Attachment F |
| • Equal Benefits Certification of Compliance | Attachment G |
| • Right to Audit Form | Attachment H |
| • Insurance Endorsement | Attachment I |
| • Budget Workbook (Excel) | Attachment J |

NON-DISCRIMINATION/WORKFORCE COMPOSITION

FOR ALL CONTRACTS: 5 OR MORE EMPLOYEES

To assist the City of Berkeley in implementing its Non-Discrimination policy, you're requested to furnish information regarding your personnel, as indicated below, and return this form to the City Department handling your contract.

ORGANIZATION
ADDRESS
BUSINESS LICENSE #

*Women's Development Center
3318 Astor St. Berkeley, CA 94702
Tel: 522-669*

You may complete this online & make entries in these cells, they will be automatically totaled at the bottom; or print the form & complete by hand/typewriter.

Occupational Category (see page 2 for definitions)	ALL EMPLOYEES		WHITE		BLACK		ASIAN		HISPANIC		OTHER (specify)**	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Officials/Administrators		1		1								
Professionals		7		2		2				1		2
Technicians												
Protective Service Workers												
Para-professionals												
Office/Clerical												
Skilled Craft Workers												
Service/Maintenance												
Other Occupation: Specify*												
Totals		4		3		2				1		2

*Printed
American*

*Specify other occupation:
**Specify other ethnicity:

Is your business MBE/WBE/DBE certified? If Yes, by what agency?

If Yes, please specify: or ethnic identification:

Do you have a policy of non-discrimination?

Signature *[Signature]*

Date 1-27-22

Print/Type Name of Signer Leslie Becker

Verified by *[Signature]*

KATHERINE HAWES

Date 2/7/2022

City of Berkeley Contract Administrator

CITY OF BERKELEY
Nuclear Free Zone Disclosure Form

I (we) certify that:

- 1. I am (we are) fully cognizant of any and all contracts held, products made or otherwise handled by this business entity, and of any such that are anticipated to be entered into, produced or handled for the duration of its contract(s) with the City of Berkeley. (To this end, more than one individual may sign this disclosure form, if a description of which type of contracts each individual is cognizant is attached.)
- 2. I (we) understand that Section 12.90.070 of the Nuclear Free Berkeley Act (Berkeley Municipal Code Ch. 12.90; Ordinance No. 5784-N.S.) prohibits the City of Berkeley from contracting with any person or business that knowingly engages in work for nuclear weapons.
- 3. I (we) understand the meaning of the following terms as set forth in Berkeley Municipal Code Section 12.90.130:

"Work for nuclear weapons" is any work the purpose of which is the development, testing, production, maintenance or storage of nuclear weapons or the components of nuclear weapons; or any secret or classified research or evaluation of nuclear weapons, or any operation, management or administration of such work.

"Nuclear weapon" is any device, the intended explosion of which results from the energy released by reactions involving atomic nuclei, either fission or fusion or both. This definition of nuclear weapons includes the means of transporting, guiding, propelling or triggering the weapon if and only if such means is destroyed or rendered useless in the normal propelling, triggering, or detonation of the weapon.

"Component of a nuclear weapon" is any device, radioactive or non-radioactive, the primary intended function of which is to contribute to the operation of a nuclear weapon (or be a part of a nuclear weapon).

- 4. Neither this business entity nor its parent nor any of its subsidiaries engages in work for nuclear weapons or anticipates entering into such work for the duration of its contract(s) with the City of Berkeley.

Based on the foregoing, the undersigned declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Printed Name: Leslie Berkley Title: Executive Director

Signature: [Handwritten Signature] Date: 1.27.22

Business Entity: Women's Dyane Dryden Center

Contract Description/Specification No. _____
Attachment C

CITY OF BERKELEY
Oppressive States Compliance Statement

The undersigned, an authorized agent of Women's Daytime Drop In Center (hereafter "Vendor"), has had an opportunity to review the requirements of Berkeley City Council Resolution No. 59,853 -N.S. (hereafter "Resolution"). Vendor understands and agrees that the City may choose with whom it will maintain business relations and may refrain from contracting with those Business Entities which maintain business relationships with morally repugnant regimes. Vendor understands the meaning of the following terms used in the Resolution:

"Business Entity" means "any individual, firm, partnership, corporation, association or any other commercial organization, including parent-entities and wholly-owned subsidiaries" (to the extent that their operations are related to the purpose of the contract with the City).

"Oppressive State" means: **Tibet Autonomous Region and the Provinces of Abo, Kham and U-Tsang**

"Personal Services" means "the performance of any work or labor and shall also include acting as an independent contractor or providing any consulting advice or assistance, or otherwise acting as an agent pursuant to a contractual relationship."

Contractor understands that it is not eligible to receive or retain a City contract if at the time the contract is executed, or at any time during the term of the contract it provides Personal Services to:

- a. The governing regime in any Oppressive State.
- b. Any business or corporation organized under the authority of the governing regime of any Oppressive State.
- c. Any person for the express purpose of assisting in business operations or trading with any public or private entity located in any Oppressive State.

Vendor further understands and agrees that Vendor's failure to comply with the Resolution shall constitute a default of the contract and the City Manager may terminate the contract and bar Vendor from bidding on future contracts with the City for five (5) years from the effective date of the contract termination.

The undersigned is familiar with, or has made a reasonable effort to become familiar with, Vendor's business structure and the geographic extent of its operations. By executing the Statement, Vendor certifies that it complies with the requirements of the Resolution and that if any time during the term of the contract it ceases to comply, Vendor will promptly notify the City Manager in writing.

Based on the foregoing, the undersigned declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Printed Name: Leah Beckler Title: Executive Director

Signature: [Signature] Date: 10-17-21

Business Entity: Women's Daytime Drop In Center

Contract Description/Specification No: **Community Crisis Response/22-11472-C**

I am unable to execute this Statement; however, Vendor is exempt under Section VII of the Resolution. I have attached a separate statement explaining the reason(s) Vendor cannot comply and the basis for any requested exemption.

Signature: _____ Date: _____

Attachment D

CITY OF BERKELEY
Sanctuary City Compliance Statement

The undersigned, an authorized agent of Women's Daycare Drop In Center (hereafter "Contractor"), has had an opportunity to review the requirements of Berkeley Code Chapter 13.105 (hereafter "Sanctuary City Contracting Ordinance" or "SCCO"). Contractor understands and agrees that the City may choose with whom it will maintain business relations and may refrain from contracting with any person or entity that provides Data Broker or Extreme Vetting services to the U.S. Immigration and Customs Enforcement Division of the United States Department of Homeland Security ("ICE"). Contractor understands the meaning of the following terms used in the SCCO:

- a. "Data Broker" means either of the following:
 - i. The collection of information, including personal information about consumers, from a wide variety of sources for the purposes of reselling such information to their customers, which include both private-sector business and government agencies;
 - ii. The aggregation of data that was collected for another purpose from that for which it is ultimately used.
- b. "Extreme Vetting" means data mining, threat modeling, predictive risk analysis, or other similar services." Extreme Vetting does not include:
 - i. The City's computer-network health and performance tools;
 - ii. Cybersecurity capabilities, technologies and systems used by the City of Berkeley Department of Information Technology to predict, monitor for, prevent, and protect technology infrastructure and systems owned and operated by the City of Berkeley from potential cybersecurity events and cyber-forensic based investigations and prosecutions of illegal computer based activity.

Contractor understands that it is not eligible to receive or retain a City contract if at the time the Contract is executed, or at any time during the term of the Contract, it provides Data Broker or Extreme Vetting services to ICE.

Contractor further understands and agrees that Contractor's failure to comply with the SCCO shall constitute a material default of the Contract and the City Manager may terminate the Contract and bar Contractor from bidding on future contracts with the City for five (5) years from the effective date of the contract termination.

By executing this Statement, Contractor certifies that it complies with the requirements of the SCCO and that if any time during the term of the Contract it ceases to comply. Contractor will promptly notify the City Manager in writing. Any person or entity who knowingly or willingly supplies false information in violation of the SCCO shall be guilty of a misdemeanor and up to a \$1,000 fine.

Based on the foregoing, the undersigned declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this 27 day of Jan., 2022, at Sausalito, California.

Printed Name: Leslie Beckler Title: Executive Director

Signed: [Signature] Date: 1-27-22

Business Entity: Women's Daycare Drop In Center

WDDC

DECLARATION OF COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT

The Americans with Disabilities Act (ADA) requires that private organizations serving the public make their goods, services and facilities accessible to people with disabilities. Furthermore, the City of Berkeley requires that all of its Contractors comply with their ADA obligations and verify such compliance by signing this Declaration of Compliance.

The Contractor certifies that it will comply with the Americans with Disabilities Act by:

- A. Adopting policies, practices and procedures that ensure non-discrimination and equal access to Contractor's goods, services and facilities for people with disabilities;
- B. Providing goods, services and facilities to individuals with disabilities in an integrated setting, except when separate programs are required to ensure equal access;
- C. Making reasonable modifications in programs, activities and services when necessary to ensure equal access to individuals with disabilities, unless fundamental alteration in the nature of the Contractor's program would result;
- D. Removing architectural barriers in existing facilities or providing alternative means of delivering goods and services when removal of barriers is cost-prohibitive;
- E. Furnishing auxiliary aids to ensure equally effective communication with persons with disabilities; and
- F. If contractor provides transportation to the public, by providing equivalent accessible transportation to people with disabilities.
- G. Providing the City of Berkeley Grievance Procedure and Policy form(s) to individuals with disabilities who allege they have been discriminated against based on their disability or denied a requested disability accommodation by the Contractor's staff.

The undersigned authorized representative hereby obligates the Contractor to the above stated conditions under penalty of perjury.

Women's Distance Drop In Center
Company Name

[Signature]
Signature of Authorized Representative

2218 Acton St
Address Berkeley CA 94702

Leche Berkler
Type or Print Name

510479-4573
Phone 2-1-22
Date

Executive Director
Type or Print Title

WPAAL

CITY OF BERKELEY
Living Wage Certification for Providers of Services

TO BE COMPLETED BY ALL PERSONS OR ENTITIES ENGAGING IN A CONTRACT FOR PERSONAL SERVICES WITH THE CITY OF BERKELEY.

The Berkeley Municipal Code Chapter 13.27, Berkeley's Living Wage Ordinance (LWO), provides that contractors who engage in a specified amount of business with the City (except where specifically exempted) under contracts which furnish services to or for the City in any twelve (12) month period of time shall comply with all provisions of this Ordinance. The LWO requires a City contractor to provide City mandated minimum compensation to all eligible employees, as defined in the Ordinance. In order to determine whether this contract is subject to the terms of the LWO, please respond to the questions below. Please note that the LWO applies to those contracts where the contractor has achieved a cumulative dollar contracting amount with the City. Therefore, even if the LWO is inapplicable to this contract, subsequent contracts may be subject to compliance with the LWO. Furthermore, the contract may become subject to the LWO if the status of the Contractor's employees change (i.e. additional employees are hired) so that Contractor falls within the scope of the Ordinance.

Section I.

1. IF YOU ARE A FOR-PROFIT BUSINESS, PLEASE ANSWER THE FOLLOWING QUESTIONS

a. During the previous twelve (12) months, have you entered into contracts, including the present contract, bid, or proposal, with the City of Berkeley for a cumulative amount of \$25,000.00 or more?
YES NO

If no, this contract is NOT subject to the requirements of the LWO, and you may continue to Section II. If yes, please continue to question 1(b).

b. Do you have six (6) or more employees, including part-time and stipend workers?
YES NO

If you have answered, "YES" to questions 1(a) and 1(b) this contract IS subject to the LWO. If you responded "NO" to 1(b) this contract IS NOT subject to the LWO. Please continue to Section II.

2. IF YOU ARE A NON-PROFIT BUSINESS, AS DEFINED BY SECTION 501(C) OF THE INTERNAL REVENUE CODE OF 1954, PLEASE ANSWER THE FOLLOWING QUESTIONS.

a. During the previous twelve (12) months, have you entered into contracts, including the present contract, bid or proposal, with the City of Berkeley for a cumulative amount of \$100,000.00 or more?
YES NO

If no, this Contract is NOT subject to the requirements of the LWO, and you may continue to Section II. If yes, please continue to question 2(b).

b. Do you have six (6) or more employees, including part-time and stipend workers?
YES NO

If you have answered, "YES" to questions 2(a) and 2(b) this contract IS subject to the LWO. If you responded "NO" to 2(b) this contract IS NOT subject to the LWO. Please continue to Section II.

Section II

Please read, complete, and sign the following:

THIS CONTRACT IS SUBJECT TO THE LIVING WAGE ORDINANCE.
THIS CONTRACT IS NOT SUBJECT TO THE LIVING WAGE ORDINANCE.

WDP e

The undersigned, on behalf of himself or herself individually and on behalf of his or her business or organization, hereby certifies that he or she is fully aware of Berkeley's Living Wage Ordinance, and the applicability of the Living Wage Ordinance, and the applicability of the subject contract, as determined herein. The undersigned further agrees to be bound by all of the terms of the Living Wage Ordinance, as mandated in the Berkeley Municipal Code, Chapter 13.27. If, at any time during the term of the contract, the answers to the questions posed herein change so that Contractor would be subject to the LWO, Contractor will promptly notify the City Manager in writing. Contractor further understands and agrees that the failure to comply with the LWO, this certification, or the terms of the Contract as it applies to the LWO, shall constitute a default of the Contract and the City Manager may terminate the contract and bar Contractor from future contracts with the City for five (5) years from the effective date of the Contract termination. If the contractor is a for-profit business and the LWO is applicable to this contract, the contractor must pay a living wage to all employees who spend 25% or more of their compensated time engaged in work directly related to the contract with the City. If the contractor is a non-profit business and the LWO is applicable to this contract, the contractor must pay a living wage to all employees who spend 50% or more of their compensated time engaged in work directly related to the contract with the City.

These statements are made under penalty of perjury under the laws of the state of California.

Printed Name: Leslie Barkler Title: Executive Director

Signature: [Signature] Date: 2-1-22

Business Entity: Women's Doghouse Drop In Center

Contract Description/Specification No: Project Name/XX-XXXXX

Section III

• ** FOR ADMINISTRATIVE USE ONLY -- PLEASE PRINT CLEARLY ***

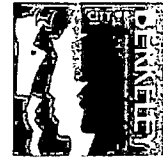
I have reviewed this Living Wage Certification form, in addition to verifying Contractor's total dollar amount contract commitments with the City in the past twelve (12) months, and determined that this Contract (1) IS NOT (circle one) subject to Berkeley's Living Wage Ordinance.

HHCS
Department Name

KATHERINE HAWN
Department Representative



Form EBO-1
CITY OF BERKELEY



CERTIFICATION OF COMPLIANCE WITH EQUAL BENEFITS ORDINANCE

If you are a contractor, return this form to the originating department/project manager. If you are a vendor (supplier of goods), return this form to the Purchasing Division of the Finance Dept.

SECTION 1. CONTRACTOR/VENDOR INFORMATION

Name: Women's Daytime Drop-In Center Vendor No.:
Address: 2218 Adorn St City: Berkeley State: CA ZIP: 94702
Contact Person: Leslie Berkler Telephone: 916 548-2884
E-mail Address: Leslie@womensdropin.org Fax No.:

SECTION 2. COMPLIANCE QUESTIONS

- A. The EBO is inapplicable to this contract because the contractor/vendor has no employees. [] Yes [x] No
B. Does your company provide (or make available at the employees' expense) any employee benefits? [x] Yes [] No
C. Does your company provide (or make available at the employees' expense) any benefits to the spouse of an employee? [] Yes [x] No
D. Does your company provide (or make available at the employees' expense) any benefits to the domestic partner of an employee? [] Yes [x] No
E. Are the benefits that are available to the spouse of an employee identical to the benefits that are available to the domestic partner of the employee? [x] Yes [] No

SECTION 3. PROVISIONAL COMPLIANCE

- A. Contractor/vendor is not in compliance with the EBO now but will comply by the following date. [] By the first effective date after the first open enrollment process... [] At such time that administrative steps can be taken... [] Upon expiration of the contractor's current collective bargaining agreement(s).
B. If you have taken all reasonable measures to comply with the EBO but are unable to do so, do you agree to provide employees with a cash equivalent? [] Yes [] No

* The cash equivalent is the amount of money your company pays for spousal benefits that are unavailable for domestic partners.

SECTION 4. REQUIRED DOCUMENTATION

At time of issuance of purchase order or contract award, you may be required by the City to provide documentation (copy of employee handbook, eligibility statement from your plans, insurance provider statements, etc.) to verify that you do not discriminate in the provision of benefits.

SECTION 5. CERTIFICATION

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that I am authorized to bind this entity contractually. By signing this certification, I further agree to comply with all additional obligations of the Equal Benefits Ordinance that are set forth in the Berkeley Municipal Code and in the terms of the contract or purchase order with the City.

Executed this 27 day of Jan, in the year 2022, at Berkeley, CA
(City) (State)

Lachie Berkow
Name (please print)

[Signature]
Signature

Executive Director
Title

Federal ID or Social Security Number

FOR CITY OF BERKELEY USE ONLY

- Non-Compliant (The City may not do business with this contractor/vendor)
- One-Person Contractor/Vendor Full Compliance Reasonable Measures
- Provisional Compliance Category, Full Compliance by Date: _____
- Staff Name (Sign and Print): [Signature], KATHERINE HAWN Date: 2/7/2022



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/30/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 0827761 CalNonprofits Insurance Services PO Box 640 Capitola, CA 95010	CONTACT NAME: Sandra Johnson PHONE (A/C, No, Ext): (213) 401-1014 FAX (A/C, No) E-MAIL ADDRESS: sandra@cal-insurance.org														
INSURED Women's Daytime Drop-in Center PO Box 11612 Berkeley, CA 94712	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Nonprofits Insurance Alliance of California</td> <td style="text-align: center;">10023</td> </tr> <tr> <td>INSURER B : Service American Indemnity Company</td> <td style="text-align: center;">39152</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Nonprofits Insurance Alliance of California	10023	INSURER B : Service American Indemnity Company	39152	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X	X	2021-03387	5/23/2021	5/23/2022	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ 20,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			2021-03387	5/23/2021	5/23/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			2021-03387-UMB	5/23/2021	5/23/2022	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N If yes, describe under DESCRIPTION OF OPERATIONS below <input checked="" type="checkbox"/> N N/A			SATIS0017101	7/1/2021	7/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E L. EACH ACCIDENT \$ 1,000,000 E L. DISEASE - EA EMPLOYEE \$ 1,000,000 E L. DISEASE - POLICY LIMIT \$ 1,000,000	
A	Professional Liab			2021-03387	5/23/2021	5/23/2022	\$1M Limit/Aggregate	2,000,000
A	Improper Sex Conduct			2021-03387	5/23/2021	5/23/2022	\$1M Ea Claim/Aggrega	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 City of Berkeley, its officers, agents, volunteers & employees are named as Additional Insured with respect to General Liability as required by written contract per Endorsement Form(s) attached. Blanket General Liability Waiver of Subrogation applies; Coverage is Primary & Non-Contributory per attached Endorsement Forms. Umbrella Liability is excess of General Liability, Improper Sexual Misconduct and D&O Liability.

CERTIFICATE HOLDER City of Berkeley Dept of Health, Housing & Community Services 2180 Milvia Street Berkeley, CA 94704	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	--

POLICY NUMBER: 2021-03387
 Named Insured: Women's Daytime Drop-In Center

COMMERCIAL GENERAL LIABILITY
 CG 20 26 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
 PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
1. In the performance of your ongoing operations; or
 2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



A Head for Insurance. A Heart for Nonprofits.

POLICY NUMBER: 2021-03387

APPENDIX P
FORM: NIAC-E26 11 17

NAMED INSURED: Women's Daytime Drop-In Center

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS (WAIVER OF SUBROGATION)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
SOCIAL SERVICE PROFESSIONAL LIABILITY COVERAGE FORM

SCHEDULE

Name of Person or Organization:

Where you are so required in a written contract or agreement currently in effect or becoming effective during the term of this policy, we waive any right of recovery we may have against that person or organization, who may be named in the schedule above, because of payments we make for injury or damage.



A Head for Insurance. A Heart for Nonprofits.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – PRIMARY AND NON-CONTRIBUTORY -
FOR DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

SOCIAL SERVICE PROFESSIONAL LIABILITY COVERAGE FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

Section II — Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "damages" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf in the performance of your ongoing operations.

The insurance extended by this endorsement is primary coverage when you have so agreed in a written contract or agreement and will be considered non-contributory with the additional insured(s) own insurance.

RESOLUTION NO. 70,125-N.S.

CONTRACT: WOMEN'S DAYTIME DROP-IN CENTER FOR COMMUNITY CRISIS
RESPONSE BRIDGE SERVICES

WHEREAS, on July 14, 2020, the City Council of the City Berkeley passed a package of items providing direction for the development of a new paradigm of public safety in Berkeley that included direction to the City Manager to analyze and develop a pilot program to re-assign non-criminal police service calls to a Specialized Care Unit (SCU); and

WHEREAS, City of Berkeley community members would prefer a 24/7 mental health crisis response system that does not so heavily involve law enforcement; and

WHEREAS, on December 1, 2020 by Resolution No. 69,621-N.S. City Council approved Contract No. 32100082 with Resource Development Associates (RDA) for SCU design; and RDA conducted a comprehensive feasibility study, program design and implementation plan for an SCU to respond to public safety calls that do not require presence of law enforcement; and

WHEREAS, the SCU is currently in its design phase, with the intention to roll out by Summer 2022; and

WHEREAS, the Community Crisis Response services included in this contract will provide necessary supports and enhancement to the mental health system until the SCU can be implemented; and

WHEREAS, services included in this contract aligns with the Strategic Plan goal to champion and demonstrate social and racial equity; and

WHEREAS, Women's Daytime Drop-in Center was selected through a competitive Request for Proposals process; and

WHEREAS, the City received federal American Rescue Plan Act (ARPA) and State and Local Fiscal Recovery Funds (SLFRF) which can be used to improve the behavioral health system's capacity to serve underserved populations.

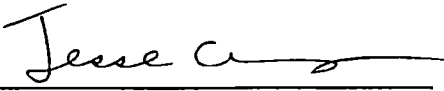
NOW THEREFORE, BE IT RESOLVED by the Council of the City of Berkeley that the City Manager or her designee is hereby authorized to execute a contract and any amendments with Women's Daytime Drop-in Center for Community Crisis Response Bridge services in an amount not to exceed \$120,000. A signed copy of said agreement will be kept on file in the Office of the City Clerk.

The foregoing Resolution was adopted by the Berkeley City Council on November 30, 2021 by the following vote:


Ayes: Bartlett, Droste, Hahn, Harrison, Kesarwani, Robinson, Taplin, Wengraf, and Arreguin.

Noes: None.

Absent: None.



Jesse Arreguin, Mayor

Attest: 

Mark Numainville, City Clerk



WOMENS DAYTIME DROP IN CENTER

DUNS Unique Entity ID 828075838	SAM Unique Entity ID NT1EJKA819P1	CAGE / NCAGE 3VEJ2
Purpose of Registration All Awards	Registration Status Active	Expiration Date Apr 27, 2022
Physical Address 2218 Acton ST Berkeley, California 94702-1915 United States	Mailing Address P.O. Box 11612 Berkeley, California 94712-2612 United States	

Business Information

Doing Business as (blank)	Division Name (blank)	Division Number (blank)
Congressional District California 13	State / Country of Incorporation California / United States	URL www.womensdropin.org

Registration Dates

Activation Date Apr 28, 2021	Submission Date Apr 27, 2021	Initial Registration Date May 11, 2004
--	--	--

Entity Dates

Entity Start Date Mar 1, 1988	Fiscal Year End Close Date Jun 30
---	---

Immediate Owner

CAGE (blank)	Legal Business Name (blank)
------------------------	---------------------------------------

Highest Level Owner

CAGE (blank)	Legal Business Name (blank)
------------------------	---------------------------------------

Executive Compensation

Registrants in the System for Award Management (SAM) respond to the Executive Compensation questions in accordance with Section 6202 of P.L. 110-252, amending the Federal Funding Accountability and Transparency Act (P.L. 109-282). This information is not displayed in SAM. It is sent to USAspending.gov for display in association with an eligible award. Maintaining an active registration in SAM demonstrates the registrant responded to the questions.

Proceedings Questions

Registrants in the System for Award Management (SAM) respond to proceedings questions in accordance with FAR 52.209-7, FAR 52.209-9, or 2.C.F.R. 200 Appendix XII. Their responses are not displayed in SAM. They are sent to FAPIIS.gov for display as applicable. Maintaining an active registration in SAM demonstrates the registrant responded to the proceedings questions.

Exclusion Summary

Active Exclusions Records?

No

SAM Search Authorization

I authorize my entity's non-sensitive information to be displayed in SAM public search results:

Yes

Entity Types

Business Types

Entity Structure Corporate Entity (Tax Exempt)	Entity Type Business or Organization	Organization Factors (blank)
Profit Structure Non-Profit Organization		

Socio-Economic Types

Woman Owned Business

Check the registrant's Reqs & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

Financial Information

Accepts Credit Card Payments
Yes

Debt Subject To Offset
No

EFT Indicator
0000

CAGE Code
3VEJ2

Points of Contact

Electronic Business

☺
Leslie Berkler, Executive Director

PO Box 11612
Berkeley, California 94712
United States

Government Business

☺
Leslie Berkler, Executive Director

PO Box 11612
Berkeley, California 94712
United States

Service Classifications

NAICS Codes

Primary	NAICS Codes	NAICS Title
Yes	624190	Other Individual And Family Services

Disaster Response

Yes, this entity appears in the disaster response registry.

States
Any

Counties

Metropolitan Statistical Areas

RECEIVED
FEB 17 2022
CITY OF BERKELEY
CITY CLERK DEPARTMENT

APPENDIX Q

BUSD (Youth Peers Mental Health Response) Contract

EXPENDITURE NON-CONSTRUCTION CONTRACT REVIEW FORM
"NEW CONTRACT"

Contract # 32300217 Vendor # 2744

CONTRACTOR NAME: Berkeley Unified School District Berkeley Business License # Exempt ✓

Subject of Contract: Mental Health and Wellbeing Coordinator at Berkeley High School

This contract package contains: 2 Original Contracts (Vital Record and Vendor) in folder	Attached	Waiver Attached	Not Required
*The Vital Record contract MUST be in a folder. Vendor copies may be assembled with an Acco-fastener. **DocuSign Agreements only require 1 Original (Vital Record) copy.			
1. CONTRACT BOILERPLATE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Scope of Services (Exhibit A @ boilerplate)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Payment Provisions (Exhibit B @ boilerplate)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. Evidence of Competitive Solicitation OR Waiver by CM or by <u>Council Resolution</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. CERTIFICATIONS			
a. Workforce Composition (businesses with 5 or more employees)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Nuclear Free Berkeley Disclosure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Oppressive States Disclosure (Exception: Community-based, non-profit organizations)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sanctuary City Compliance Statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Certification of Compliance with Living Wage Ordinance (LWO): use current form on web*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Certification of Compliance with Equal Benefits Ordinance: use current form on web*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Community Agency: Certification of Anti-Lobbying	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Community Agency: Certification of Drug-Free Workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Insurance Certificate/s AND Endorsement/s OR Insurance Waiver/s (originals, not copies)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Authorizing Council Resolution # <u>70,866-N.S.</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Consultant Contracts: Form 700, Statement of Economic Interests	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9. Federally Funded Project Requirement: Debarment status printout (SAM.gov)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Requisition # 12310893 (Hard copy attached) Budget Code 011-51-501-501-0000-000-451-612990-Amt.\$175,000-FY 23 ✓

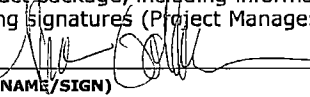

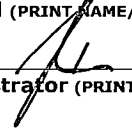
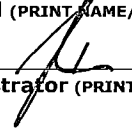
Contract Amount \$350,000 ✓ 011-51-501-501-0000-000-451-612990- Amt.\$175,000-FY 24 ✓

Council Approved Amount \$350,000 ✓ Amt. _____

Was there any advance payment? No Yes If Yes, Advanced Amount \$ _____
 If Yes, Purchase Order # _____

Routing and signatures:

All elements of the contract package, including information provided above, have been reviewed for completeness and accuracy and evidenced by the following signatures (Project Manager please print name):

- Nina Goldman  HHCS 510. 981.5420 6.1.23
 Project Manager (PRINT NAME/SIGN) Department Phone No. Date
- Ann Song  Department Administrative Officer/Accounting (PRINT NAME/SIGN) **EXECUTED** 6/15/2023
 Date
- Lisa Warhuus *via email* **JUL 03 2023** 6.15.23
 Department Head (PRINT NAME/SIGN) Date
- Josh Roben  **APPROVED** 06/22/2023
 Contract Administrator (PRINT NAME/SIGN) Date
- Sharon Friedrichsen  **VIA EMAIL** 06/29/2023
 Budget Manager (PRINT NAME/SIGN) Date

Routing continues to the following persons, who sign directly on the contract:

- City Manager (Will not sign unless all signatures and dates appear above)
- City Clerk: Destruct Review _____

* For current vendor forms, go to City of Berkeley website: Vendor Forms & Requirements

EXHIBIT ASCOPE OF SERVICES

Agency Name: Berkeley Unified School District
 Contact Period: June 26, 2023 – June 30, 2025
 Program Title: Mental Health and Wellbeing Coordinator at Berkeley High School

Berkeley Unified School District (BUSD) is contracting with the City of Berkeley's Department of Health, Housing, and Community Services (HHCS) to hire a Mental Health and Wellbeing (MHW) Coordinator at Berkeley High School to strengthen the system of mental health and wellbeing at BHS.

A. Scope of Work

Through this contract, HHCS agrees to fund a new MHW Coordinator position at Berkeley High School for two years providing funding not to exceed \$350,000. BUSD is responsible for recruiting and hiring for the position, providing supervision (by the Vice Principal of Climate and Wellness), workspace and supplies, and supporting collaborative working relationships among the MHW Coordinator and BHS administration, staff, and students, the HHCS Health Center, and other partners/stakeholders. BUSD is also responsible for ensuring that the MHW Coordinator meets the requirements/qualifications and desired attributes and effectively fulfills the responsibilities delineated in attached Mental Health and Wellbeing Coordinator (Temporary) duties statement.

B. BUSD Project Contributions

BUSD will provide the following in-kind match to ensure the success of the Mental Health and Wellbeing Coordinator:

1. BUSD will provide office space, equipment, and furnishings at Berkeley High School for the MHW Coordinator.
2. BUSD will continue to maintain the current Mental Health Counselor position at BHS to complement the role of the MHW Coordinator.
3. BUSD will cover the costs of build out, supplies, equipment, etc. for the BHS Wellness Center through the allocation of a minimum of \$50,000 provided for infrastructure. This funding will be supplemented by a \$30,000 grant from the Berkeley High School Development Group.
4. BUSD will remove all prior occupant materials from the BHS Wellness Center (room H104) no later than June 30, 2023.
5. BUSD will complete refurbishment of the Wellness Center (H104) by 8/15/23 with an

opening for services and programming by September 2, 2023.

6. BUSD will fully furnish the Wellness Center per Implementation Team specifications (Preferably all additional furnishings, materials, and supplies will have arrived, or at least be ordered prior to that date).
7. BUSD will provide ongoing utilities and maintenance through 6/30/25.

By entering into the contract, BUSD also agrees to the following:

1. BUSD will meet quarterly with HHCS, starting in August 2023 through the term of this contract, to further collaboration and assess impact. BUSD will be responsible for scheduling and creating agendas, with input from HHCS, for these quarterly meetings.
2. BUSD understands that the essential purpose of the MHW Coordinator is to fulfill a common interest and public good by expanding the mental health and wellness services to students. While this school-based role is intended to be filled by a professional with both administrative and mental or behavioral health experience, the position is not intended to function as a typical BHS administrator. For example, this role is not disciplinary in nature, nor should teacher or staff evaluations be assigned, nor regular supervision of the campus. Any material changes to the role beyond what is included in the attached duties statement must be approved by HHCS and must not stray from the core intent of this position to coordinate mental health and wellness.
3. BUSD will promote positive, collaborative working partnerships among the HHCS Health Center, the BHS Wellness Center and Berkeley High School administration, staff, and students.
4. Should the two-year cost (salary and fringe benefits) of the MHW surpass the \$350,000 funded by HHCS, BUSD will be responsible for funding the difference.

If any of the above are not satisfied, HHCS may cease funding this project.

C. Project Benchmarks and Deliverables

The following mutually agreed upon benchmarks:

Benchmark/Deliverable	Due Date
MHW Coordinator hired/starts work at BHS	July 15, 2023
Wellness Center refurbishment and furnishing completed	August 15, 2023
Wellness Center soft opening	August 15, 2023
Preliminary student intake data collected (who, how often, which services, etc.)	August 31, 2023 and ongoing
BUSD -HHCS Collaboration Meeting	August 2023 (and quarterly through June 30, 2025)
Outreach activities to introduce MHW Coordinator to	August – October 2023 and ongoing

BUSD staff, students, and parents (as appropriate)	
Weekly Wellness Center activity and services schedule posted and disseminated	August 31, 2023 and ongoing
Official opening of Wellness Center (with BUSD and CoB elected officials, leaders and stakeholders)	September 21, 2023
BUSD submits project evaluation plan to HHCS (see more on evaluation below)	November 30, 2023
Evaluation #1 due to HHCS (for the period of June 26, 2023 – June 30, 2024)	July 15, 2024
Evaluation #2 due to HHCS (for the period of July 1, 2024 – June 30, 2025)	July 15, 2025

D. Project Evaluation

BUSD will develop a project evaluation plan for approval by HHCS no later than November 30, 2023. The evaluation plan will focus on answering the following questions:

1. What changes have occurred in the numbers and demographics of students receiving mental health and wellbeing services through BHS?
2. What types of mental health and wellness services/activities are students receiving/participating in?
3. What, if any, indication do you have that BHS students are receiving more appropriate services?
4. How specifically have mental health services, activities, and/or approaches changed/improved at Berkeley High as a result of the work of the Mental Health and Wellbeing Coordinator?

The plan will include methods for collecting usage data of students (by grade, ethnicity, SED, gender, etc.) of BHS mental health and wellness services, including types of services, frequency of use, etc.

The plan will also provide student feedback on mental health and wellbeing services and activities.

In addition, the plan will provide an assessment by the VP of Culture and Climate on the MHW Coordinator’s impact on student mental health and wellbeing at BHS.

E. Budget

Work will be billed through quarterly invoices consistent with the funding breakdown contained in the budget below.

Mental Health and Wellbeing Coordinator - Project Budget
 City of Berkeley/Health, Housing and Community Services Contract (CoB/HHCS) Funding

	FY 2023-24 (6/24/23 - 6/30/24)	FY 2024-25 (7/1/24 - 6/30/25)	TOTAL	Budget Narrative/Justification
Salary	\$ 139,258	\$ 142,739	\$ 281,996	The salary range for the position was determined by BUSD's Human Resources Department and the Union Review Board. The salary range is based on analysis of the activities, responsibilities, and qualifications associated with the position. The reviewers determined that this position falls into the Coordinator salary range (\$123,833 - \$131,375 per year depending on the selected candidate's qualifications). This budget assumes that the candidate receives the top step. The figures incorporate a 6% salary increase as of July 1, 2023 and an additional 2.5% COLA as of July 1, 2024.
Benefits	\$ 33,491	\$ 34,329	\$ 67,820	The benefit range was calculated based on BUSD's standard fringe (non-salary employee cost) rate of 24.05% of salary. This figure includes employer contribution to: STRS, Medicare, Workers Comp, Unemployment Insurance.
Total Project Cost	\$ 172,749	\$ 177,068	\$ 349,817	
City of Berkeley/HHCS Funding	\$ 172,749	\$ 177,261	\$ 350,000	CoB/HHCS's Total Funding for this project shall not exceed \$350,000 for 6/24/23 - 6/30/25. By entering into this contract, BUSD agrees to cover all costs associated with this position that go above the \$350,000 from CoB/HHCS through 6/30/25.

Quarterly costs will not exceed \$44,313 to ensure that the contract does not exceed \$350,000 for the term.

Berkeley Unified School District Job Opportunity**Mental Health and Wellbeing Coordinator (Temporary)****Salary Range:** \$123,833 - \$131,375 Annually

This is a 1.0 full time position

The Mental Health and Wellbeing (MHW) Coordinator is a newly established BUSD position, funded by the City of Berkeley, housed at Berkeley High School. This position is responsible for strengthening, expanding and coordinating services and resources that promote student mental health and wellbeing in partnership with Berkeley High School's Administration and the Berkeley High School Health Center. This position, under the supervision of the Vice Principal of School Climate & Student Wellness, is responsible for day-to-day operations of Berkeley High School's Wellness Center (*opening fall 2023*).

This position also assesses the existing behavioral health service system at BHS, identifying strengths, gaps and needs. The MHW Coordinator co-develops and implements a targeted work plan that builds on existing assets and, where needed, introduces new best practice strategies for strengthening the system. The MHW Coordinator builds connections between Berkeley High School, the City of Berkeley and community partners, and approaches all work and partnerships with a focus on equity and positive youth development.

GENERAL RESPONSIBILITIES:

Under supervision from Berkeley High School's Administrator of School Climate & Student Wellness and in partnership with the BHS/BTA Health Center and Office of the Director in HHCS, the MHW Coordinator will:

- a. Implement the vision and priorities/goals for student wellness services and programming established by the BHS Wellness Implementation Team by overseeing the day-to-day operations of the Wellness Center, ensuring that student access and engagement is aligned to outlined priorities and that data is being collected for program and service analysis/evaluation/growth.
- b. Serve as a liaison with community-based organizations, school, district, and City personnel to improve coordination and collaboration of services to improve the health and wellbeing of BHS youth.
- c. Establish and strengthen communication networks between teachers, counselors, internal and external programs to facilitate better and more timely access to mental health and wellbeing services.
- d. Provide mental health trainings and consultation to teachers, staff, partners, and administrators to support mental health awareness, identification and referrals, strengthen student-adult relationships and engage all adults in creating a more positive and safe climate for learning.
- e. Coordinate, implement and/or consult on school-wide wrap-around efforts to create positive, culturally inclusive, learning environments.
- f. Collaborate with BHS leadership, BHS Coordination of Services Team, the BUSD Mental Health Coordinator, and the Health Center's mental health leadership to create, clarify, publicize and/or improve policies, practices, and systems that promote student wellness, support social emotional learning and development, increase student resilience, decrease risk factors, and strengthen family engagement.
- g. Nurture and promote opportunities for positive youth development, including by providing coaching, facilitation and support for youth-led (peer-to-peer) groups designed to strengthen individual identity, promote racial affinity, develop safe, healthy peer relationships, provide mental health education and build youth leadership.

- h. As necessary, establish new partnerships and engage existing community agency partners, students and families to strengthen collaboration and effectiveness in service of BHS student mental health and wellbeing.
- i. Drawing from recent assessments¹ and surveys², stakeholder feedback and observations, identify assets, gaps, inequities and untapped opportunities in BHS current mental health and wellbeing systems and strategies.
- j. Work with health center leadership and school administrators to maintain and widely share resources, such as social media, resource webpage/directory³ of City of Berkeley, BUSD and community mental health and wellbeing services/supports, including the City of Berkeley’s free mental health apps. Ensure that this information is culturally and linguistically accessible to and appropriate for BHS’s diverse population.
- k. Utilize knowledge of appropriate multi-tiered supports and to provide guidance and screening questions to help site managers, specialists, teachers to choose and implement appropriate academic or socio-emotional strategies and/or select appropriate providers.⁴
- l. Other duties as assigned.

REQUIREMENTS / QUALIFICATIONS

Letter of Interest

Resume

Must hold a valid California Administrative Services Credential

Must hold a valid California Teaching or Pupil Personnel Services Credential

Must hold a valid California Driver’s License

EL Authorization or CLAD

DESIRED ATTRIBUTES: We seek a creative problem-solver who is eager to take initiative and able to effectively juggle multiple responsibilities. **A candidate with prior administrative experience and a history of serving students in urban public schools, a school leader who has demonstrated success facilitating professional development to adults.** A strong candidate will have experience working on mental health issues, preferably with ethnically/racially diverse young people in **school settings**. Outstanding relationship-building, teamwork and organizational skills are essential. We seek someone who is a systems thinker and is skilled at making sense of complexity. They should be able to: catalog and analyze numerous mental health/wellbeing needs and services; identify unmet needs and new opportunities; and weave these services together into a coherent, accessible schema and working system that improves the mental health and wellbeing of high school students. The right candidate will have a strong working knowledge of children’s mental health prevention, early intervention and crisis response. We seek somebody who is adept at building strong partnerships with a wide range of providers and partners, and who has a track record of improving systems within and/or across agencies. We are looking for a candidate who thrives working collaboratively and independently. The right candidate will be skilled at listening to and integrating the ideas of others and also at coaching others through, sometimes challenging, systems change. The right candidate will have a deep commitment to racial equity and a steadfast determination to make progress on entrenched societal challenges.

¹ Recent assessments include the *Berkeley High School Health Needs Assessment*, Center for Healthy Schools and Communities, Alameda County Health Care Service Agency (August 30, 2017) and Berkeley High’s *Wellness and Support Project*.

² The *Healthy Kids Surveys* from 2017-18 and 2021-22 may be particularly helpful.

³ At a minimum, this list will include agency and/or provider names, current contact information, location, eligibility criteria, cost and links to where students and their families can find additional information. This list also will include information about private therapists in and nearby Berkeley for those families that are able to pay for unsubsidized services.

⁴ <https://www.healthline.com/health/how-to-find-a-therapist> is an example (but maybe not the best example) of such a resource.

EXHIBIT B

PAYMENT

GENERAL: Contract Not to Exceed amount is \$350,000.

BILLING: Contractor will submit quarterly invoices for services rendered per the identified budget in Exhibit A.

INVOICES: Invoices must be fully itemized, and provide sufficient information for approving payment and audit. Invoices must be accompanied by receipt for services in order for payment to be processed. **Email invoices to Accounts Payable and cc' ngoldman@berkeleyca.gov** (List on invoice. Attn: Nina Goldman, Office of the Director/Health, Housing and Community Services) and reference the contract number.

City of Berkeley
Accounts Payable
P.O. Box 700
Berkeley, CA 94710-700
Email: AccountsPayable@cityofberkeley.info
Phone: 510-981-7310

PAYMENTS: The City will make payment to the vendor within 30 days of receipt of a correct, approved and complete invoice.

Evaluation reports are due by July 15, 2024 and July 15, 2025. Outstanding invoices will be paid upon receipt and approval of these evaluation reports by HHCS.

EXHIBIT C

BUSINESS ASSOCIATE ADDENDUM

This Business Associate Addendum (“Addendum”) supplements and is made a part of the contract (“Contract”) by and between City of Berkeley, (hereinafter “Covered Entity” and Berkeley Unified School District, (hereinafter “Business Associate”), dated June 2, 2023. This addendum is effective as of the effective date of the Contract (the “Addendum Effective Date”).

1. Recitals

(a) Covered Entity wishes to disclose certain information to Business Associate pursuant to the terms of the Contract, some of which may constitute Protected Health Information (“PHI”).

(b) Covered Entity and Business Associate intend to protect the privacy and provide for the security of PHI disclosed to Business Associate pursuant to the Contract in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (“HIPAA”), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (“the HITECH Act”), and regulations promulgated thereunder by the U.S. Department of Health and Human Services and other applicable laws.

(c) Covered Entity is required to enter into an agreement containing specific requirements with Business Associate prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(e) and 164.504(e) of the Code of Federal Regulations (“C.F.R.”) and contained in this Addendum.

2. Definitions(a) Catch-all definition:

The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required By Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.

(b) Specific definitions:

(1) Business Associate. “Business Associate” shall generally have the same meaning as the term “business associate” at 45 CFR 160.103, and in reference to the party to this agreement, shall mean Berkeley Unified School District.

(2) Covered Entity. “Covered Entity” shall generally have the same meaning as the term “covered entity” at 45 CFR 160.103, and in reference to the party to this agreement, shall mean City of Berkeley.

(3) HIPAA Rules. “HIPAA Rules” shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.

3. Obligations and Activities of Business Associate

Business Associate agrees to the following obligations and activities.

(a) Prohibited disclosures. Business Associate shall not use or disclose protected health information other than as permitted or required by the Agreement or as required by law;

(b) Appropriate safeguards. Business Associate shall use appropriate administrative, technical and physical safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of PHI other than as provided for by the Contract. Upon request by Covered Entity, Business Associate shall provide a written description of such safeguards.

(c) Reporting of Breach or Security Incident. Business Associate shall report to Covered Entity any use or disclosure of PHI not provided for by the Agreement of which it becomes aware, including breaches of unsecured PHI as required at 45 CFR 164.410, and any security incident of which it becomes aware in writing without unreasonable delay and in no case later than ten (10) calendar days after discovery. The written notice from the Business Associate shall include the name of each individual, with address and other identifiers where known, whose unsecured PHI has been, or is reasonably believed by Business Associate to have been, accessed, acquired, or disclosed during such unauthorized use or disclosure. Business Associate shall investigate any such breach or security incident, and provide a written report of the investigation to Covered Entity's Privacy Officer within thirty (30) days of discovery at:

Privacy Officer
Department of Health, Housing & Community Services
City of Berkeley
2180 Milvia Street, Second Floor
Berkeley, CA 94704

(d) Breach Notification. For any breach of PHI attributable to Business Associate or any subcontractor of Business Associate, the Business Associate shall handle on behalf of Covered Entity all breach notifications to individuals, the HHS Office for Civil Rights (OCR), and, if necessary, to the media, as set forth below.

i. *Individuals*. Business Associate shall notify individuals of the breach or unauthorized use or disclosure when notification is required under state or federal law and shall pay any costs of such notifications, as well as any costs associated with the breach. The notifications shall comply with the requirements set forth in 42 U.S.C. Section 17932 and its implementing regulations, including, but not limited to, the requirement that the notifications be made without unreasonable delay and in no event later than 60 calendar days. Business Associate shall provide Covered Entity an opportunity to review and approve the time, manner and content of any such notifications before the notifications are made.

ii. *Secretary and Media.* Business Associate is responsible for all required reporting of the breach as specified in 42 U.S.C. section 17932 and its implementing regulations, including notification to media outlets and to the Secretary. If a breach of unsecured PHI involves more than 500 residents of the State of California or Business Associate's jurisdiction, Business Associate shall notify the Secretary of the breach according to 45 CFR 164.408. Business Associate shall provide Covered Entity with a copy of the notice to the Secretary. Additionally, where media notification is necessary, Business Associate shall provide notification to the media. The Covered Entity shall review and approve the media notification before it is made.

(e) Subcontractors. In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, Business Associate shall ensure that any subcontractors that create, receive, maintain, or transmit PHI on behalf of the Business Associate agree to the same restrictions, conditions, and requirements that apply to the Business Associate with respect to such information. Business Associate shall ensure that any subcontract it maintains in order to perform the services specified in the Contract includes a Business Associate agreement compliant with federal and California law.

(f) Designated Record Set. Business Associate shall make available PHI in a designated record set to the Covered Entity, within 10 days of request, as necessary to satisfy Covered Entity's obligations under 45 CFR 164.524 and applicable California law, including but not limited to Health and Safety Code Section 123110.

(g) Amendments to PHI. Business Associate shall make any amendment(s) to PHI in a designated record set as directed or agreed to by the Covered Entity pursuant to 45 CFR 164.526, or take other measures as necessary to satisfy Covered Entity's obligations under 45 CFR 164.526;

(h) Accounting. Business Associate shall maintain and make available the information required to provide an accounting of disclosures to the Covered Entity as necessary to satisfy Covered Entity's obligations under 45 CFR 164.528;

(i) Compliance. To the extent the Business Associate is to carry out one or more of Covered Entity's obligation(s) under Subpart E of 45 CFR Part 164, Business Associate shall comply with the requirements of Subpart E that apply to the Covered Entity in the performance of such obligation(s).

(j) Audit. Business Associate shall make its internal practices, books, and records available to the Secretary for purposes of determining compliance with the HIPAA Rules.

4. **Permitted Uses and Disclosures by Business Associate**

(a) Business Associate may only use or disclose PHI as necessary to perform the services set forth in the Contract, except as specifically set forth below.

(b) Business Associate may not use or disclose protected health information in a manner that would violate Subpart E of 45 CFR Part 164 if done by Covered Entity.

(c) Business Associate agrees to limit its uses, disclosures and requests for PHI to the minimum necessary to accomplish the intended use, disclosure or request, respectively. Effective on the date the Secretary issues guidance on what constitutes “minimum necessary” for purposes of the HIPAA Regulations, Business Associate shall limit its use, disclosure or request of PHI to only the minimum necessary as set forth in such guidance.

(d) Business Associate may use or disclose protected health information as required by law.

(e) Business Associate may use protected health information for the proper management and administration of the Business Associate

(f) Business Associate may provide data aggregation services relating to the health care operations of the Covered Entity, but only if specifically required within the scope of services in the Contract or otherwise based on a specific written request of the Covered Entity.

5. Permissible Requests by Covered Entity

Covered Entity shall not request Business Associate to use or disclose protected health information in any manner that would not be permissible under Subpart E of 45 CFR Part 164 if done by Covered Entity.

6. Termination

(a) Material Breach. A breach of any provision of this Addendum by Business Associate, as determined by Covered Entity, shall constitute a material breach of the Contract and shall provide grounds for *immediate* termination of the Contract, any provision in the Contract to the contrary notwithstanding.

(b) Obligations of Business Associate Upon Termination. Upon termination of the Contract for any reason, Business Associate shall return to Covered Entity or, if Covered Entity provides advanced written approval, destroy, all protected health information received from Covered Entity, or created, maintained, or received by Business Associate on behalf of Covered Entity, that the Business Associate still maintains in any form. Business associate shall retain no copies of the protected health information. If Covered Entity elects destruction of the PHI, Business Associate shall certify in writing to Covered Entity that such PHI has been destroyed.

(c) Survival. The obligations of Business Associate under this Section shall survive the termination of this Agreement.

7. Miscellaneous

(a) Regulatory References. A reference in this Addendum to a section in the HIPAA Rules means the section as in effect or as amended.

(b) Amendment. The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for compliance with the requirements of the HIPAA Rules and any other applicable law.

- (c) Interpretation. Any ambiguity in this Addendum and the Contract shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, and the HIPAA Rules.
- (d) Disclaimer. Covered Entity makes no warranty or representation that compliance by Business Associate with this Addendum, HIPAA, the HITECH Act, or the HIPAA Rules will be adequate or satisfactory for Business Associate's own purposes. Business Associate is solely responsible for all decisions made by Business Associate regarding the safeguarding of PHI.
- (e) Assistance in Litigation or Administrative Proceedings. Business Associate shall make itself, and any subcontractors, employees, or agents assisting Business Associate in the performance of its obligations under the Contract or Addendum, available to Covered Entity, at no cost to Covered Entity, to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against Covered Entity, its directors, officers, or employees based upon a claimed violation of HIPAA, the HITECH Act, the HIPAA Rule, or other laws relating to security and privacy, except where Business Associate or its subcontractor, employee or agent is a named adverse party.
- (f) No Third-Party Beneficiaries. Nothing express or implied in the Contract or this Addendum is intended to confer, nor shall anything herein confer, upon any person other than Covered Entity, Business Associate and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.
- (g) Remedies. Covered Entity shall be entitled to seek immediate injunctive relief as well as to exercise all other rights and remedies which the Covered Entity may have at law or in equity in the event of an unauthorized use or disclosure of PHI by Business Associate or any employee, agent or subcontractor thereof that received PHI from Business Associate.
- (h) Preemption. The provisions of this Addendum are intended to establish the minimum requirements regarding Business Associate's use and disclosure of PHI under HIPAA, the HITECH Act, and applicable Regulations. California law also governs the use and disclosure of individually identified health information. To the extent that California law is more stringent with respect to the protection of such information, applicable California law shall govern Business Associate's use and disclosure of confidential information related to the performance of the Contract.

NON-DISCRIMINATION/WORKFORCE COMPOSITION FORM FOR NON-CONSTRUCTION CONTRACTS

To assist the City of Berkeley in implementing its Non-Discrimination policy, it is requested that you furnish information regarding your personnel as requested below and return it to the City Department handling your contract:

Organization: **Berkeley Unified School District : Garden and Cooking Program**
 Address: **2020 Bonar St. Berkeley, Ca 94702**
 Business Lic. #: _____

Occupational Category: (See reverse side for explanation of terms)	Total Employees		White Employees		Black Employees		Asian Employees		Hispanic Employees		Other Employees	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Official/Administrators	53	36	22	16	14	4	5	3	10	12	2	1
Professionals	615	214	337	132	65	27	109	29	98	24	6	2
Technicians	91	19	20	6	30	3	15	5	28	5	3	0
Protective Service Workers	0	3	0	0	0	1	0	2	0	0	0	0
Para-Professionals	196	77	46	12	76	42	20	6	45	14	9	3
Office/Clerical	63	4	7	2	26	2	9	0	20	0	1	0
Skilled Craft Workers	0	21	0	7	0	6	0	3	0	5	0	0
Service/Maintenance	24	73	0	3	9	32	3	15	13	20	0	2
Other (specify)												
Totals:	1042	446	432	178	230	117	161	63	208	80	21	8

Is your business MBE/WBE/DBE certified? Yes _____ No X If yes, by what agency? _____

If yes, please specify: Male: _____ Female: _____ Indicate ethnic identifications: _____

Do you have a Non-Discrimination policy? Yes: X No: _____

Signed: Theresa Cervantes Date: 05/25/23
 Executive Assistant, Human Resources

Verified by: [Signature] Date: 6/2/23
 City of Berkeley Contract Compliance Officer

Attachment D (page 1)

CITY OF BERKELEY
Nuclear Free Zone Disclosure Form

I (we) certify that:

1. I am (we are) fully cognizant of any and all contracts held, products made or otherwise handled by this business entity, and of any such that are anticipated to be entered into, produced or handled for the duration of its contract(s) with the City of Berkeley. (To this end, more than one individual may sign this disclosure form, if a description of which type of contracts each individual is cognizant is attached.)
2. I (we) understand that Section 12.90.070 of the Nuclear Free Berkeley Act (Berkeley Municipal Code Ch. 12.90; Ordinance No. 5784-N.S.) prohibits the City of Berkeley from contracting with any person or business that knowingly engages in work for nuclear weapons.
3. I (we) understand the meaning of the following terms as set forth in Berkeley Municipal Code Section 12.90.130:

"Work for nuclear weapons" is any work the purpose of which is the development, testing, production, maintenance or storage of nuclear weapons or the components of nuclear weapons; or any secret or classified research or evaluation of nuclear weapons; or any operation, management or administration of such work.

"Nuclear weapon" is any device, the intended explosion of which results from the energy released by reactions involving atomic nuclei, either fission or fusion or both. This definition of nuclear weapons includes the means of transporting, guiding, propelling or triggering the weapon if and only if such means is destroyed or rendered useless in the normal propelling, triggering, or detonation of the weapon.

"Component of a nuclear weapon" is any device, radioactive or non-radioactive, the primary intended function of which is to contribute to the operation of a nuclear weapon (or be a part of a nuclear weapon).

4. Neither this business entity nor its parent nor any of its subsidiaries engages in work for nuclear weapons or anticipates entering into such work for the duration of its contract(s) with the City of Berkeley.

Based on the foregoing, the undersigned declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Printed Name: Pauline Follanbee Title: Assistant Supt, Business Services

Signature: [Handwritten Signature] Date: 6/1/23

Business Entity: _____

Contract Description/Specification No. _____

Attachment C

CITY OF BERKELEY
Oppressive States Compliance Statement for Personal Services

The undersigned, an authorized agent of Berkeley Unified Schools (hereafter "Vendor"), has had an opportunity to review the requirements of Berkeley City Council Resolution Nos. 59,853-N.S., 60,382-N.S., and 70,606-N.S., (hereafter "Resolutions"). Vendor understands and agrees that the City may choose with whom it will maintain business relations and may refrain from contracting with those Business Entities which maintain business relationships with morally repugnant regimes. Vendor understands the meaning of the following terms used in the Resolutions:

"Business Entity" means "any individual, firm, partnership, corporation, association or any other commercial organization, including parent-entities and wholly-owned subsidiaries" (to the extent that their operations are related to the purpose of the contract with the City).

"Oppressive State" means: **Tibet Autonomous Region, the provinces of Aho, Kham, and U-Tsang; and Burma (Myanmar)**

"Personal Services" means "the performance of any work or labor and shall also include acting as an independent contractor or providing any consulting advice or assistance, or otherwise acting as an agent pursuant to a contractual relationship."

Contractor understands that it is not eligible to receive or retain a City contract if at the time the contract is executed, or at any time during the term of the contract it provides Personal Services to:

- a. The governing regime in any Oppressive State.
- b. Any business or corporation organized under the authority of the governing regime of any Oppressive State.
- c. Any person for the express purpose of assisting in business operations or trading with any public or private entity located in any Oppressive State.

Vendor further understands and agrees that Vendor's failure to comply with the Resolution shall constitute a default of the contract and the City Manager may terminate the contract and bar Vendor from bidding on future contracts with the City for five (5) years from the effective date of the contract termination.

The undersigned is familiar with, or has made a reasonable effort to become familiar with, Vendor's business structure and the geographic extent of its operations. By executing the Statement, Vendor certifies that it complies with the requirements of the Resolution and that if any time during the term of the contract it ceases to comply, Vendor will promptly notify the City Manager in writing.

Based on the foregoing, the undersigned declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Printed Name: Pauline Follansbee Title: Asst. Superintendent Bus. Services
Signature: [Handwritten Signature] Date: 6/1/23

Business Entity: _____

I am unable to execute this Statement; however, Vendor is exempt under Section VII of the Resolution. I have attached a separate statement explaining the reason(s) Vendor cannot comply and the basis for any requested exemption.

Signature: _____ Date: _____

Contract Description/Specification No.: _____

Attachment D

CITY OF BERKELEY
Sanctuary City Compliance Statement

The undersigned, an authorized agent of Berkeley Unified Schools (hereafter "Contractor"), has had an opportunity to review the requirements of Berkeley Code Chapter 13.105 (hereafter "Sanctuary City Contracting Ordinance" or "SCCO"). Contractor understands and agrees that the City may choose with whom it will maintain business relations and may refrain from contracting with any person or entity that provides Data Broker or Extreme Vetting services to the U.S. Immigration and Customs Enforcement Division of the United States Department of Homeland Security ("ICE"). Contractor understands the meaning of the following terms used in the SCCO:

- a. "Data Broker" means either of the following:
 - i. The collection of information, including personal information about consumers, from a wide variety of sources for the purposes of reselling such information to their customers, which include both private-sector business and government agencies;
 - ii. The aggregation of data that was collected for another purpose from that for which it is ultimately used.
- b. "Extreme Vetting" means data mining, threat modeling, predictive risk analysis, or other similar services." Extreme Vetting does not include:
 - i. The City's computer-network health and performance tools;
 - ii. Cybersecurity capabilities, technologies and systems used by the City of Berkeley Department of Information Technology to predict, monitor for, prevent, and protect technology infrastructure and systems owned and operated by the City of Berkeley from potential cybersecurity events and cyber-forensic based investigations and prosecutions of illegal computer based activity.

Contractor understands that it is not eligible to receive or retain a City contract if at the time the Contract is executed, or at any time during the term of the Contract, it provides Data Broker or Extreme Vetting services to ICE.

Contractor further understands and agrees that Contractor's failure to comply with the SCCO shall constitute a material default of the Contract and the City Manager may terminate the Contract and bar Contractor from bidding on future contracts with the City for five (5) years from the effective date of the contract termination.

By executing this Statement, Contractor certifies that it complies with the requirements of the SCCO and that if any time during the term of the Contract it ceases to comply, Contractor will promptly notify the City Manager in writing. Any person or entity who knowingly or willingly supplies false information in violation of the SCCO shall be guilty of a misdemeanor and up to a \$1,000 fine.

Based on the foregoing, the undersigned declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this 1 day of June, 2022, at Berkeley, California.

Printed Name: Pauline Follansbee Title: Asst. Superintendent Business Svcs
Signed: [Signature] Date: 6/1/23

Business Entity: _____

CITY OF BERKELEY
Living Wage Certification for Providers of Personal Services

TO BE COMPLETED BY ALL PERSONS OR ENTITIES ENGAGING IN A CONTRACT FOR PERSONAL SERVICES WITH THE CITY OF BERKELEY.

The Berkeley Municipal Code Chapter 13.27, Berkeley's Living Wage Ordinance (LWO), provides that contractors who engage in a specified amount of business with the City (except where specifically exempted) under contracts which furnish services to or for the City in any twelve (12) month period of time shall comply with all provisions of this Ordinance. The LWO requires a City contractor to provide City mandated minimum compensation to all eligible employees, as defined in the Ordinance. In order to determine whether this contract is subject to the terms of the LWO, please respond to the questions below. Please note that the LWO applies to those contracts where the contractor has achieved a cumulative dollar contracting amount with the City. Therefore, even if the LWO is inapplicable to this contract, subsequent contracts may be subject to compliance with the LWO. Furthermore, the contract may become subject to the LWO if the status of the Contractor's employees change (i.e. additional employees are hired) so that Contractor falls within the scope of the Ordinance.

Section I.

1. IF YOU ARE A FOR-PROFIT BUSINESS, PLEASE ANSWER THE FOLLOWING QUESTIONS

a. During the previous twelve (12) months, have you entered into contracts, including the present contract, bid, or proposal, with the City of Berkeley for a cumulative amount of \$25,000.00 or more?
 YES NO

If no, this contract is NOT subject to the requirements of the LWO, and you may continue to Section II. If yes, please continue to question 1(b).

b. Do you have six (6) or more employees, including part-time and stipend workers?
 YES NO

If you have answered, "YES" to questions 1(a) and 1(b) this contract IS subject to the LWO. If you responded "NO" to 1(b) this contract IS NOT subject to the LWO. Please continue to Section II.

2. IF YOU ARE A NON-PROFIT BUSINESS, AS DEFINED BY SECTION 501(C) OF THE INTERNAL REVENUE CODE OF 1954, PLEASE ANSWER THE FOLLOWING QUESTIONS.

a. During the previous twelve (12) months, have you entered into contracts, including the present contract, bid or proposal, with the City of Berkeley for a cumulative amount of \$100,000.00 or more?
 YES NO

If no, this Contract is NOT subject to the requirements of the LWO, and you may continue to Section II. If yes, please continue to question 2(b).

b. Do you have six (6) or more employees, including part-time and stipend workers?
 YES NO

If you have answered, "YES" to questions 2(a) and 2(b) this contract IS subject to the LWO. If you responded "NO" to 2(b) this contract IS NOT subject to the LWO. Please continue to Section II.

Section II

Please read, complete, and sign the following:

THIS CONTRACT IS SUBJECT TO THE LIVING WAGE ORDINANCE.

THIS CONTRACT IS NOT SUBJECT TO THE LIVING WAGE ORDINANCE.

The undersigned, on behalf of himself or herself individually and on behalf of his or her business or organization, hereby certifies that he or she is fully aware of Berkeley's Living Wage Ordinance, and the applicability of the Living Wage Ordinance, and the applicability of the subject contract, as determined herein. The undersigned further agrees to be bound by all of the terms of the Living Wage Ordinance, as mandated in the Berkeley Municipal Code, Chapter 13.27. If, at any time during the term of the contract, the answers to the questions posed herein change so that Contractor would be subject to the LWO, Contractor will promptly notify the City Manager in writing. Contractor further understands and agrees that the failure to comply with the LWO, this certification, or the terms of the Contract as it applies to the LWO, shall constitute a default of the Contract and the City Manager may terminate the contract and bar Contractor from future contracts with the City for five (5) years from the effective date of the Contract termination. If the contractor is a for-profit business and the LWO is applicable to this contract, the contractor must pay a living wage to all employees who spend 25% or more of their compensated time engaged in work directly related to the contract with the City. If the contractor is a non-profit business and the LWO is applicable to this contract, the contractor must pay a living wage to all employees who spend 50% or more of their compensated time engaged in work directly related to the contract with the City.

These statements are made under penalty of perjury under the laws of the state of California.

Printed Name: Pauline Follansbee Title: Asst Superintendent Business Svcs

Signature: [Handwritten Signature] Date: June 1, 2023

Business Entity: _____

Contract Description/Specification No: _____

Section III

- ** FOR ADMINISTRATIVE USE ONLY -- PLEASE PRINT CLEARLY ***

I have reviewed this Living Wage Certification form, in addition to verifying Contractor's total dollar amount contract commitments with the City in the past twelve (12) months, and determined that this Contract IS / IS NOT (circle one) subject to Berkeley's Living Wage Ordinance.

HAIS
Department Name

[Handwritten Signature]
Department Representative



2020 Bonar Street, Room 228, Berkeley, CA
94702 (510) 644-8593 Fax: (510)
644-8885 www.berkeleyschools.net

Berkeley Unified School District

May 30, 2023

Re: Tax ID for Berkeley Unified School District

Berkeley Unified School District is a public agency, not a non-profit corporation. However, the District has a tax-exempt status because of IRS Code Section 115 for Government organizations and United States Master Tax Guide Section 1061 for a local government. Berkeley Unified School District's tax ID number is

Sincerely,

A handwritten signature in black ink, appearing to read "Pauline", followed by a horizontal line extending to the right.

Pauline Follansbee

Assistant Superintendent of Business Services

To be completed by Contractor Vendor

Form EBO-1 CITY OF BERKELEY



CERTIFICATION OF COMPLIANCE WITH EQUAL BENEFITS ORDINANCE

If you are a contractor, return this form to the originating department/project manager. If you are a vendor (supplier of goods), return this form to the Purchasing Division of the Finance Dept.

SECTION 1. CONTRACTOR/VENDOR INFORMATION

Name: Berkeley Unified Schools Vendor No.:
Address: 2020 Bonar Street City: Berkeley State: CA ZIP: 94702
Contact Person: Pauline Follansbee Telephone: 510.644.8593
E-mail Address: paulinefollansbee@berkeley.net Fax No.:

SECTION 2. COMPLIANCE QUESTIONS

- A. The EBO is inapplicable to this contract because the contractor/vendor has no employees.
B. Does your company provide (or make available at the employees' expense) any employee benefits?
C. Does your company provide (or make available at the employees' expense) any benefits to the spouse of an employee?
D. Does your company provide (or make available at the employees' expense) any benefits to the domestic partner of an employee?
E. Are the benefits that are available to the spouse of an employee identical to the benefits that are available to the domestic partner of the employee?

SECTION 3. PROVISIONAL COMPLIANCE

- A. Contractor/vendor is not in compliance with the EBO now but will comply by the following date:
B. If you have taken all reasonable measures to comply with the EBO but are unable to do so, do you agree to provide employees with a cash equivalent?*

* The cash equivalent is the amount of money your company pays for spousal benefits that are unavailable for domestic partners.

SECTION 4. REQUIRED DOCUMENTATION

At time of issuance of purchase order or contract award, you may be required by the City to provide documentation (copy of employee handbook, eligibility statement from your plans, insurance provider statements, etc.) to verify that you do not discriminate in the provision of benefits.

SECTION 5. CERTIFICATION

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that I am authorized to bind this entity contractually. By signing this certification, I further agree to comply with all additional obligations of the Equal Benefits Ordinance that are set forth in the Berkeley Municipal Code and in the terms of the contract or purchase order with the City.

Executed this 1 day of June, in the year 2023, at Berkeley (City) CA (State)

Pauline Follansbee
Name (please print)

[Signature]
Signature

Asst Superintendent Business Svcs
Title

Federal ID or Social Security Number

FOR CITY OF BERKELEY USE ONLY

- Non-Compliant (The City may not do business with this contractor/vendor)
- One-Person Contractor/Vendor Full Compliance Reasonable Measures
- Provisional Compliance Category / Full Compliance by Date. _____

Staff Name (Sign and Print): [Signature] Date: 6/2/23
NINA GOLDMAN

EVIDENCE OF COVERAGE

DATE (MM/DD/YYYY)
6/14/2023

This Evidence of Coverage is used as a matter of information only and confers no rights upon the Certificate Holder. This Evidence of Coverage does not amend, extend, or alter the coverage afforded by the memoranda listed below.

MEMORANDUM NUMBER: 104

JOINT POWERS AUTHORITY (JPA)
Alliance of Schools for Cooperative Insurance Programs
 16550 Bloomfield Avenue
 Cerritos, CA 90703

www.ASCIP.org

CONTACT NAME: Mr. Reshan Cooray
 PHONE: (562) 404-8029

cooray@ascip.org

JPA MEMBER
Berkeley Unified School District
 2020 Bonar Street
 Berkeley CA 94702

This is to certify that the Alliance of Schools for Cooperative Insurance Programs (ASCIP) Memorandum of Coverages on insurance listed below have been issued to the Covered Party named above for the period indicated. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which this Evidence of Coverage may be used or may pertain, the coverages afforded by the Memorandum of Coverages described herein are subject to all the terms, exclusions, and conditions of such Memorandum of Coverages.

TYPE OF COVERAGE	ADDL INSR	MEMORANDUM NUMBER (MOC)	POLICY EFF (MM/DD/YYYY)	POLICY EXP 12:01a.m.	LIMIT OF LIABILITY / COVERAGE
GENERAL LIABILITY <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> Personal Injury <input checked="" type="checkbox"/> Errors & Omission <input checked="" type="checkbox"/> Employment Practices	✓	MOC #104	7/1/2023	7/1/2024	COMBINED SINGLE LIMIT PER OCCURRENCE \$ \$5,000,000
					AGGREGATE \$ none
					\$
					\$
					\$
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> AUTOMOTIVE PHYSICAL DAMAGE <input checked="" type="checkbox"/> COMPREHENSIVE / COLLISION <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> Owned Auto <input checked="" type="checkbox"/> Hired Auto	✓	MOC #104	7/1/2023	7/1/2024	COMBINED SINGLE LIMIT PER OCCURRENCE \$ \$5,000,000
					ACTUAL CASH VALUE \$
					\$
					\$
					\$
PROPERTY <input type="checkbox"/> BUILDING / CONTENTS <input type="checkbox"/> FIRE, THEFT, RENTAL INTERRUPTION					REPLACEMENT COST SUBJECT TO POLICY LIMITS, TERMS, AND CONDITIONS
					\$
					\$
					\$
					\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> WC STATUTORY LIMITS	N/A				EACH ACCIDENT \$
					PER EMPLOYEE \$
					POLICY LIMIT \$
OTHER <input type="checkbox"/> EMPLOYEE DISHONESTY (CRIME)					SUBJECT TO POLICY LIMITS, TERMS, AND CONDITIONS
					\$
					\$
					\$
					\$

ADDITIONAL REMARKS:

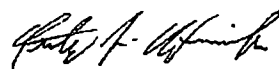
As respects to agreement

CERTIFICATE HOLDER

City of Berkeley,
 HCSC Department Public Health Division
 2180 Milvia Street, 2nd Floor
 Berkeley CA 94704

CANCELLATION

Should any of the above coverages for the Covered Party be changed or withdrawn prior to the expiration date issued above, ASCIP will mail 30 days written notice to the Certificate Holder, but failure to mail such notice shall impose no obligation or liability of any kind upon ASCIP, its agents, or representatives.



AUTHORIZED REPRESENTATIVE: Fritz J. Heirich

*ASCIP is a joint powers authority pursuant to Article 1 (commencing with Section 6500) Chapter 5 of Division 7 of Title 1 of the Government Code and Sections 39603 and 81603 of the Education Code. Rev 5-97

Additional Covered Party Endorsement		
District: Berkeley Unified School District		Endorsement No. 74838428
Additional Covered Party: City of Berkeley, its officers, agents, volunteers & employees	Description of Operations, Vehicle, or Property: As respects to agreement	
Coverage Period:	Effective: 7/1/2023	Expires 12:01 a.m.: 7/1/2024

All terms, conditions, exclusions and other limitations as set forth in the ASCIP Memorandum of Liability Coverages and the Conditions and Responsibilities Applicable to all Coverage Agreements apply, unless specifically changed herein by this Endorsement.

The coverage provided to the **Covered Party** is hereby extended by this Endorsement to the **Additional Covered Party** named above in accordance with the provisions contained in the ASCIP Memorandum of Liability Coverages. This Endorsement applies only with respect to liability arising out of activities listed in the Description of Operations, Vehicle, or Property noted above. It is intended by ASCIP in issuing this Endorsement to defend or indemnify the **Additional Covered Party** only if the **Named Covered Party** is solely negligent and only to the extent that a **Claim** or **Suit for Damages** arises out of covered **Bodily Injury** or **Property Damage** as defined and limited in the ASCIP Memorandum of Liability Coverages. The **Ultimate Net Loss** for any one **Occurrence** provided by this Endorsement extended to the **Additional Covered Party** is \$5,000,000.



Authorized Representative:

6/14/2023

Date Issued:

ASCIP is a joint powers authority pursuant to Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 of Title 1 of the Government Code and Sections 39603 and 81603 of the Education Code.

Rev 4/21

RESOLUTION NO. 70,886-N.S.

CONTRACT: BERKELEY UNIFIED SCHOOL DISTRICT FOR MENTAL HEALTH AND WELLBEING COORDINATOR

WHEREAS, on May 31, 2022, City Council approved a Budget Referral: Fund Mental Health Wellness Support and Services Coordinator at the Berkeley High School Health Center; and

WHEREAS, the approved Budget Referral allocated funding not to exceed \$350,000 for FY 2023 and FY 2024 to support this position; and

WHEREAS, working in partnership with HHCS, Berkeley Unified School District has established a new position, Mental Health and Wellbeing Coordinator, at Berkeley High School, to strengthen, expand, and coordinate services and resources that promote student mental health and wellbeing; and

WHEREAS, the Berkeley Unified School District has been a trusted partner in the implementation of a variety of programs in collaboration with the City; and

WHEREAS, funds in the amount of \$350,000 are available for this contract in the amount of \$175,000 in FY 2023 and \$175,000 FY 2024 in General Fund (Fund 011).

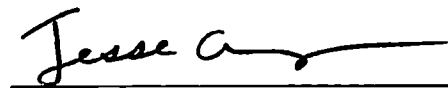
NOW THEREFORE, BE IT RESOLVED by the Council of the City of Berkeley that the City Manager or her designee is authorized to execute a contract with the Berkeley Unified School District for a Mental Health and Wellbeing Coordinator position at Berkeley High School through June 30, 2025 in an amount not to exceed \$350,000. A record signature copy of said contract and any amendments shall be on file in the Office of the City Clerk.

The foregoing Resolution was adopted by the Berkeley City Council on June 13, 2023 by the following vote:

Ayes: Hahn, Harrison, Humbert, Kesarwani, Robinson, Taplin, and Wengraf.

Noes: None.

Absent: Bartlett and Arreguin.


Jesse Arreguin, Mayor

Attest: 
Mark Numainville, City Clerk

RECEIVED

JUL 03 2023

CITY OF BERKELEY
CITY CLERK DEPARTMENT

APPENDIX R

Grant Writing Contract and Scope of Services

**EXPENDITURE NON-CONSTRUCTION CONTRACT REVIEW FORM
"NEW CONTRACT"**

Contract # _____	Vendor # <u>52175</u>
------------------	-----------------------

CONTRACTOR NAME: California Consulting, Inc. Berkeley Business License # _____

Subject of Contract: Grant Writing Services for PRW Dept.

This contract package contains: 2 Original Contracts (Vital Record and Vendor) in folder	Attached	Waiver Attached	Not Required
*The Vital Record contract MUST be in a folder. Vendor copies may be assembled with an Acco-fastener. **DocuSign Agreements only require 1 Original (Vital Record) copy.			
1. CONTRACT BOILERPLATE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Scope of Services (Exhibit A @ boilerplate)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Payment Provisions (Exhibit B @ boilerplate)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. Evidence of Competitive Solicitation OR <u>Waiver by CM</u> or by Council Resolution	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. CERTIFICATIONS			
a. Workforce Composition (businesses with 5 or more employees)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Nuclear Free Berkeley Disclosure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Oppressive States Disclosure (Exception: Community-based, non-profit organizations)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sanctuary City Compliance Statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Certification of Compliance with Living Wage Ordinance (LWO): use current form on web*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Certification of Compliance with Equal Benefits Ordinance: use current form on web*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Community Agency: Certification of Anti-Lobbying	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Community Agency: Certification of Drug-Free Workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Insurance Certificate/s AND Endorsement/s OR Insurance Waiver/s (originals, not copies)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Authorizing Council Resolution #	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8. Consultant Contracts: Form 700, Statement of Economic Interests	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9. Federally Funded Project Requirement: Debarment status printout (SAM.gov)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Requisition # 12401540 (Hard copy attached) Budget Code 011-52-545-000 0000-000-401-012990

Contract Amount \$47,000 Amt. \$47,000 ^{15,000} (fy'24)

Council Approved Amount \$ _____ Amt. _____

Was there any advance payment? No Yes If Yes, Advanced Amount \$ _____
If Yes, Purchase Order # _____

Routing and signatures:

All elements of the contract package, including information provided above, have been reviewed for completeness and accuracy and evidenced by the following signatures (Project Manager please print name):

- | | | |
|---|--|--------------------|
| 1. <u>Roger Miller</u>
Project Manager (PRINT NAME/SIGN) | Parks Recreation & Waterfront 510-981-6303
Department Phone No. | 07/18/23
Date |
| 2. <u>Christina Henderson</u>
Department Administrative Officer/Accounting (PRINT NAME/SIGN) | | 07/18/23
Date |
| 3. _____
Department Head (PRINT NAME/SIGN) | | 07/20/23
Date |
| 4. <u>JOSH ROSEN</u>
Contract Administrator (PRINT NAME/SIGN) | | 07/27/2023
Date |
| 5. <u>SHARON FRIEDRICHSEN</u>
Budget Manager (PRINT NAME/SIGN) | | _____
Date |

Routing continues to the following persons, who sign directly on the contract:

6. City Manager (Will not sign unless all signatures and dates appear above)
7. City Clerk: Destruct _____ Review _____

* For current vendor forms, go to City of Berkeley website: [Vendor Forms & Requirements](#)

EXHIBIT A

SCOPE OF SERVICES

As directed by the Parks, Recreation and Waterfront Department (PRW) California Consulting shall provide grant writing for the following tasks at an hourly rate of services \$125/hour plus reimbursement of any out of pocket expenses.

1. **Needs Assessment:** meetings with Department Head and PM to review priorities and funding needs for PRW (Parks, Recreation and Waterfront).
2. **Facilitation of Department Decision Making Processes:** assist in deciding which grants make the most sense to meet the funding needs identified.
3. **Grant Research and Identification:** conduct thorough research on an ongoing basis, track current and upcoming grant, including what is available and what is recommended for specific project. Regular tracking of grant opportunities on an ongoing basis. California Consulting will provide a Grant Activity Report monthly detailing the grants available, grants in progress and grants submitted.
4. **Grant Preparation Process:** once a grant has been selected California Consulting will develop a checklist and schedule. The checklist and schedule will include what PRW will be responsible for and when those items will need to be submitted. The Project Manager will provide grant portions along the way to review for content accuracy.

A. Below is a list of general tasks for our grant process:

- a. Create a task timeline with due dates
 - b. Ensure the proposed project meets the grant agency's requirements
 - c. Review similar successful grant applications and apply where possible
 - d. Collect information on the project
 - e. Meet with staff to create an accurate scope of work, budget, timeline, narratives, and cost analysis
 - f. Obtain letters of support when necessary
 - g. Draft proposals and send to staff for review
 - h. Incorporate staff edits in final drafts
 - i. Submit completed application timely
 - j. Monitor funding agency until grant awards are announced.
5. **Quality Assurance:** Grant Managers will conduct group meetings with Project Managers regularly and meet individually to review. These meetings thoroughly discuss each PRW need, what grants are being worked on and what additional grants may be a good fit.
 6. **Facilitation of Partnership Meetings:** arrange and schedule meetings with key personnel to review all grants prior to submission to ensure application accuracy.

7. **Timely Submission:** create a precise timeline to ensure the grant is submitted on time and create other deadlines in order to obtain the information needed for quality submission.
8. **Funding Agency Monitoring:** monitor the Funding Agency until grant awards are announced.
9. **Grant Administration:** prepare required agency reports, submit them by the required due date, provide grant reporting and evaluation services.
10. **Monthly Progress Reporting:** prepare a monthly report reflecting grants in progress, grants submitted and grants awarded.

Internal

EXHIBIT B**PAYMENT**

GENERAL: Contract Not to Exceed amount is \$47,000.00 for the term of July 20, 2023 to July 20, 2024.

BILLING: Contractor will submit invoices for services rendered, on a monthly basis.

INVOICES: Invoices must be fully itemized, and provide sufficient information for approving payment and audit. Invoices must be accompanied by receipt for services in order for payment to be processed. **Email invoices to Accounts Payable and cc' Roger Miller at RMiller@berkeleyca.gov**; (List on invoice, **Attn: Roger Miller / PRW**) and reference the contract number.

City of Berkeley
Accounts Payable
P.O. Box 700
Berkeley, CA 94710-700
Email: AccountsPayable@berkeleyca.gov
Phone: 510-981-7310

PAYMENTS: The City will make payment to the vendor within 30 days of receipt of a correct, approved and complete invoice.

APPENDIX S

Berkeley Police Department Updates on Audit Recommendation Status



Office of the City Manager

CONSENT CALENDAR

November 7, 2023

To: Honorable Mayor and Members of the City Council

From: Dee Williams-Ridley, City Manager

Submitted by: Jennifer Louis, Chief of Police

Subject: Audit Recommendation Status - Data Analysis of the City of Berkeley's Police Response

CURRENT SITUATION AND ITS EFFECTS

The City Auditor's report included 2 recommendations. Both of the recommendations have been implemented and the audit is closed. This item was referred to the Public Safety Policy Committee by a Councilmember at the City Council meeting on 5/23/23.

POLICY COMMITTEE RECOMMENDATION

On September 18, 2023, the Public Safety Committee adopted the following action: M/S/C (Taplin/Wengraf) to forward the item to Council with a positive recommendation. Vote: All Ayes.

BACKGROUND

On July 2, 2021, the City Auditor's Office issued its audit, *Data Analysis of the City of Berkeley's Police*¹ This audit report included 2 recommendations. The purpose of this report is to update the Public Safety Policy Committee on the Police Department's completion of the City Auditor's recommendations. In brief, multiple datasets including Crime Mapping, Use of Force, Calls for Service, RIPA, the Arrest and Booking Logs are now published and available on the BPD Transparency Hub. The Transparency Hub also information where there was a documented mental health or homelessness component involved: <https://bpd-transparency-initiative-berkeleypd.hub.arcgis.com/>.

ENVIRONMENTAL SUSTAINABILITY

There are no identifiable environmental effects or opportunities associated with the subject of this report.

¹ City Auditor's Office Data Analysis Audit (7/2/2021)

<https://berkeleyca.gov/sites/default/files/2022-01/Data-Analysis-Berkeley-Police-Response.pdf>

FISCAL IMPLICATIONS

Staff time for various members of BPD and the Department of Information Technology.

CONTACT PERSON

Captain Kevin Schofield, Police Department, (510) 981-5815

ATTACHMENTS

1. Data Analysis Recommendation Table
2. Audit Recommendations PowerPoint
3. Original Information Report to Council from May 23, 2023

Audit Title: Data Analysis of Berkeley's Police Response				
Finding	Recommendation	Lead Department	Expected or Actual Implementation Date	Status of Audit Recommendations, Corrective Action Plan, and Progress Summary
The City can improve the transparency of Police Department activity data on the Open Data Portal.	1.1 To improve access to data, we recommend the Berkeley Police Department make calls for service data available on the City's Open Data Portal for all call types allowable by Berkeley Police Department policy and law, and update regularly to facilitate transparency. This data should be published in machine ready format, and contain as many years of data as is available.	Police	Ongoing	<p><u>Status: Partly Implemented</u></p> <p>The outside vendor assigned to this project, GTG, is still working with staff to implement the recommended solutions. As of August 12, 2022, the project is over 80% completed. This is the most recent update from the vendor:</p> <p>ITEMS THAT ARE COMPLETED:</p> <ul style="list-style-type: none"> Police Department ArcGIS Hub <ul style="list-style-type: none"> •AGOL Access provided •ArcGIS Hub design and configuration <ul style="list-style-type: none"> oMet with Berkeley PD and will proceed with adding a new page to the existing PD Transparency Hub rather than building a whole new Hub site oOpen Data configuration to replace Socrata •Addition of web applications to Hub Crime Mapping solution replacement <ul style="list-style-type: none"> •SQL Query Update •Verification of GIS data update from SQL <ul style="list-style-type: none"> oBerkeley to create enterprise geodatabase oUpdate to include additional fields from CAD export •Deployment of scheduled scripts <ul style="list-style-type: none"> oUpdated script to accommodate new CAD fields in export •Publishing GIS data <ul style="list-style-type: none"> oAwaiting necessary access from City of Berkeley to publish GIS data to the ArcGIS Server

					<ul style="list-style-type: none"> • Development of Berkeley Crime Viewer application Parcel Condition Widget • Rebuild widget in ArcGIS Online <ul style="list-style-type: none"> o Develop new GIS web application to replace the current 'Portal' o Rebuild custom widget in AGOL using COTS tools and Arcade expressions, rather than custom code • Provide new web application to City of Berkeley for website and Hub • Update application reference once PROD server has been upgraded to 10.9 City-wide ArcGIS Hub • Provided spreadsheet for content <p>ITEMS STILL A WORK IN PROGRESS:</p> <ul style="list-style-type: none"> • Spreadsheet filled out with Berkeley content to include in the Hub <ul style="list-style-type: none"> o Applications o Open Data Layers o Other Hub links o External Links • ArcGIS Hub site completed with all requested content, items, links, and materials Training • Training on deployed GIS solutions • Documentation on deployed GIS solutions
Berkeley Police Department can better track mental health and homelessness calls.	2.1	To improve access to data, we recommend the Berkeley Police Department identify all calls for service where there is an apparent mental health issue and/or homelessness component in a manner that protects the privacy rights of the individuals involved.	Police	6/29/2022	<p><u>Status: Implemented</u></p> <p>Starting July 1, 2021, the department formally began utilizing "H" homeless and "MH" mental health disposition codes when closing out any call involving a homeless person or a person with mental health issues. Officers were instructed that they were not required to ask people what their housing status is unless necessary for identification purposes. Unless there are mental health issues which are related to the call, they are not required to ask them what their mental health status is either. Officers are expected to use their best judgement / perception in determining if a call is related to a homeless issue or someone suffering from a mental health issue. If so, they are directed to add the "H" and/or "MH" disposition to the CAD disposition.</p>

Update on Audit Recommendations

DATA ANALYSIS OF BERKELEY'S POLICE RESPONSE

Findings

1. Berkeley Police Department can better track mental health and homelessness calls.
2. The City can improve the transparency of Police Department activity data on the Open Data Portal.

Implementation Status Overview

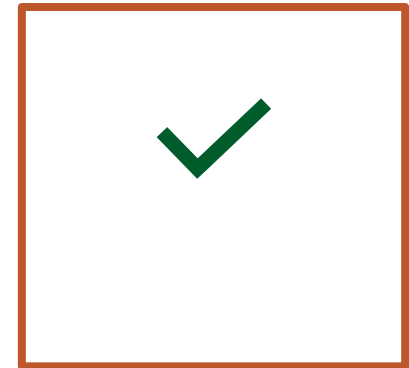
2 total recommendations

 2 implemented

Recommendation 1.1

To improve access to data, we recommend the Berkeley Police Department identify all calls for service where there is an apparent mental health issue and/or homelessness component in a manner that protects the privacy rights of the individuals involved..

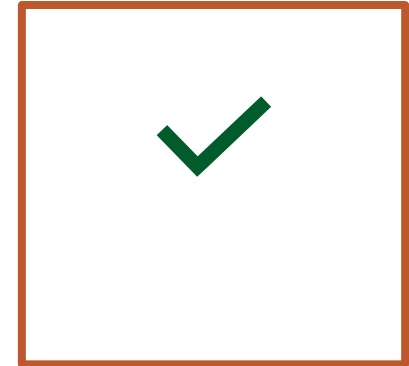
- Starting July 1, 2021, the department formally began utilizing “H” homeless and “MH” mental health disposition codes when closing out any call involving a homeless person or a person with mental health issues. Officers were instructed that they were not required to ask people what their housing status is unless necessary for identification purposes. Unless there are mental health issues which are related to the call, they are not required to ask them what their mental health status is either. Officers are expected to use their best judgement / perception in determining if a call is related to a homeless issue or someone suffering from a mental health issue. If so, they are directed to add the “H” and/or “MH” disposition to the CAD disposition.



Recommendation 2.1

To improve access to data, we recommend the Berkeley Police Department make calls for service data available on the City's Open Data Portal for all call types allowable by Berkeley Police Department policy and law, and update regularly to facilitate transparency. This data should be published in machine ready format, and contain as many years of data as is available.

- Multiple datasets including Crime Mapping, Use of Force, Calls for Service, RIPA, the Arrest and Booking Logs are published and available on the BPD Transparency Hub: <https://bpd-transparency-initiative-berkeleypd.hub.arcgis.com/>.



INFORMATION CALENDAR

May 23, 2023

To: Honorable Mayor and Members of the City Council

From: Dee Williams-Ridley, City Manager

Submitted by: Jennifer Louis, Interim Chief of Police

Subject: Audit Recommendation Status - Data Analysis of the City of Berkeley's Police Response

CURRENT SITUATION AND ITS EFFECTS

The City Auditor's report included 2 recommendations. Both of the recommendations have been implemented.

BACKGROUND

On July 2, 2021, the City Auditor's Office issued its audit, *Data Analysis of the City of Berkeley's Police*¹ This audit report included 2 recommendations. The purpose of this report is to update the City Council on the Police Department's progress on implementing the City Auditor's recommendations. This is the second and final status report for this audit. In brief, multiple datasets including Crime Mapping, Use of Force, Calls for Service, RIPA, the Arrest and Booking Logs are now published and available on the BPD Transparency Hub. The Transparency Hub also information where there was a documented mental health or homelessness component involved: <https://bpd-transparency-initiative-berkeleypd.hub.arcgis.com/>.

ENVIRONMENTAL SUSTAINABILITY AND CLIMATE IMPACTS

There are no identifiable environmental effects or opportunities associated with the subject of this report.

FISCAL IMPLICATIONS

Staff time for various members of BPD and the Department of Information Technology.

CONTACT PERSON

Captain Kevin Schofield, Police Department, (510) 981-5815

ATTACHMENTS

1: Data Analysis Recommendation Table

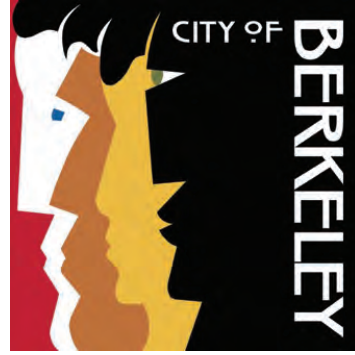
¹ City Auditor's Office Data Analysis Audit (7/2/2021)

<https://berkeleyca.gov/sites/default/files/2022-01/Data-Analysis-Berkeley-Police-Response.pdf>

Audit Title: Data Analysis of Berkeley's Police Response						
Finding	Recommendation		Department	Last Period: Status	Expected or Actual Implementation Date	Status of Audit Recommendations, Corrective Plan, and Progress Summary
Berkeley Police Department can better track mental health and homelessness calls.	1.1	To improve access to data, we recommend the Berkeley Police Department identify all calls for service where there is an apparent mental health issue and/or homelessness component in a manner that protects the privacy rights of the individuals involved.	Police	Implemented	6/29/2022	<u>Implemented:</u> Starting July 1, 2021, the department formally began utilizing "H" homeless and "MH" mental health disposition codes when closing out any call involving a homeless person or a person with mental health issues. Officers were instructed that they were not required to ask people what their housing status is unless necessary for identification purposes. Unless there are mental health issues which are related to the call, they are not required to ask them what their mental health status is either. Officers are expected to use their best judgement / perception in determining if a call is related to a homeless issue or someone suffering from a mental health issue. If so, they are directed to add the "H" and/or "MH" disposition to the CAD disposition.
The City can improve the transparency of Police Department activity data on the Open Data Portal.	2.1	To improve access to data, we recommend the Berkeley Police Department make calls for service data available on the City's Open Data Portal for all call types allowable by Berkeley Police Department policy and law, and update regularly to facilitate transparency. This data should be published in machine ready format, and contain as many years of data as is available.	Police	Partly Implemented	1/11/2023	<u>Implemented:</u> Multiple datasets including Crime Mapping, Use of Force, Calls for Service, RIPA, the Arrest and Booking Logs are published and available on the BPD Transparency Hub: https://bpd-transparency-initiative-berkeleypd.hub.arcgis.com/ .

APPENDIX T

City of Berkeley Reimagining Public Safety Budget Allocations



CITY OF BERKELEY

ADOPTED BUDGET

FISCAL YEARS 2023 & 2024



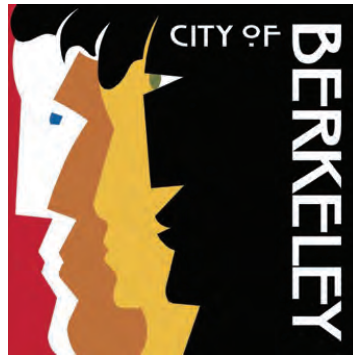
ADOPTED TIER 1 FUNDING MATRIX

FISCAL YEARS 2023 AND 2024 ADOPTED BUDGET
GENERAL FUND SUPPORTED REQUESTS AND REFERRALS BY DEPARTMENT

Requestor and Funding Category	Budget Referral	Expenditure Type/Description	FY 23 Adopted Funding	FY 24 Adopted Funding	Reason for Request	Lead Department	Supporting Departments
REIMAGING PUBLIC SAFETY							
City Manager's Office		Reimaging Project Lead-Assist. to City Manager	314,465	314,465	Oversee implementation. Project based NTE 3 yrs.	CMO	HR
City Manager's Office		Diversity Equity and Inclusion (DEI) Officer	314,465	314,465	Creation of DEI Unit Citywide	CMO	HR
City Manager's Office		Administrative Assistant	165,074	165,074	DEI Unit Support	CMO	HR
Police		8 Public Safety Dispatcher II	1,382,432	1,382,432	Address overtime and support expanding dispatch responsibilities	Police	CMO, HR
Police		Public Safety Dispatch Supervisor	187,986	187,986	Ensure adequate supervisory positions for expanding dispatch	Police	CMO, HR
Police		6 Community Service Officers	841,050	841,050	Additional capability to address public safety goals with appropriate response level, increase capacity for community engagement. Limited 3-year term	Police	CMO, HR
Police		Community Service Officer Supervisor	157,084	157,084	Ensure required supervision for CSO positions. Limited 3-year term	Police	CMO, HR
Public Works		Associate Planner in Transportation	173,906	173,906	To support Vision Zero safety projects. Limited 3-year term	Public Works	CMO, HR
City Manager's Office	x	Grant Assistance	100,000	100,000	Grant writer for Reimagining Public Safety and other programs. Project based NTE 3 years.	CMO	

Requestor and Funding Category	Budget Referral	Expenditure Type/Description	FY 23 Adopted Funding	FY 24 Adopted Funding	Reason for Request	Lead Department	Supporting Departments
Police		Staffing Assessment	70,000	-	Staffing assessment to meet public safety expectations and employee health and wellness	Police	CMO
Police		Additional Training Funding	100,000	100,000	Ongoing training in support of Fair and Impartial Policing concepts, officer safety, professional development	Police	CMO, HR
Police		Additional Wellness Funding	50,000	50,000	To support Critical Incident Stress Contract, Peer Support Team, and emerging wellness needs	Police	CMO
Police		Dispatch Center Analysis	200,000	-	Analyze the current dispatch center including recommendations for a prioritized emergency fire and medical dispatch system	Fire	Police, HHCS, CMO
Public Works		BerkDOT Development	300,000	-	BerkDOT implementation, including funding research in support of new "white paper" and potential state legislation	Public Works	Police, CMO
Mayor Arreguin, Councilmembers Harrison, Bartlett, Hahn	x	Expand Downtown Streets Teams	-	50,000	Expand Team as placement for low-level violations	Public Works	Police, CMO
Mayor Arreguin, Councilmembers Harrison, Bartlett, Hahn	x	Language Equity	15,000	-	Publish Victim Resources in Plain Language and Multiple Languages	CMO	HHCS, Police
Mayor Arreguin, Councilmembers Harrison, Bartlett, Hahn. Budget referral Councilmember Harrison	x	Behavioral Health, Crisis Response, and Crisis-related Services Needs and Capacity Assessments	100,000	-	Needs assessment based on 911/ non-911 calls for service, dispatch, response and capacity assessment of crisis response and related services	HHCS	Fire, Police, CMO

Requestor and Funding Category	Budget Referral	Expenditure Type/Description	FY 23 Adopted Funding	FY 24 Adopted Funding	Reason for Request	Lead Department	Supporting Departments
Mayor Arreguin, Councilmembers Harrison, Bartlett, Hahn. Budget referral Councilmember Harrison	x	Youth Peers Mental Health Response	175,000	175,000	HHSC coordinator position to deliver mental health wellness support and services to the City run Berkeley High School Mental Health Center	HHCS	CMO, HR
Mayor Arreguin, Councilmembers Harrison, Bartlett, Hahn	x	Department of Community Safety	-	250,000	Support an organizational design process to create an umbrella agency or Department of Community Safety	CMO	Police, Fire, HHCS
Public Works		Transportation fines/ fees analysis	150,000	-	Review Berkeley Municipal Code for proposed changes to increase equity and racial justice in the City's existing transportation fines and fees	CMO	Public Works, Police
Mayor Arreguin, Councilmembers Harrison, Bartlett, Hahn	x	Violence Prevention and Youth Services	210,000	210,000	Opportunities for community reinvestment per Council's omnibus proposal	HHCS	Police, CMO
Mayor Arreguin, Councilmembers Harrison, Bartlett, Hahn	x	Hearing Officer- Alternatives to Sanctions/Fines	-	150,000	Expand existing hearing officer to provide alternative referrals to community service and social services for parking and other infractions	Public Works	Police, HHCS,
Mayor Arreguin, Councilmembers Harrison, Bartlett, Hahn	X	Respite from Gender Violence	220,000	220,000	Provide services and housing leads for victims of Gender Violence.	HHCS	Police, CMO
Councilmember Taplin	x	Ceasefire Program Staffing	1,000,000	1,000,000	Estimated staffing cost for Ceasefire program based on Oakland model	CMO	Police, HHCS, HR
STAFFING AUGMENTATION							
City Attorney		Deputy City Attorney II/III	300,000	300,000	Additional support with Risk Management and Litigation portfolio	City Attorney	HR



CITY OF BERKELEY

FY 2024 Mid-Biennial Adopted Budget Update



FY 2024 ADOPTED BUDGET TIER 1 AND MID-BIENNIAL UPDATE FUNDED ITEMS

Requestor	Budget Referral	Expenditure Type/Description	FY 24 Adopted Funding	Funding Source	Reason for Request	Lead Department
Reimagining Public Safety						
City Manager's Office		Reimagining Project Lead-Assist. to City Manager	\$ 314,465	General Fund	Oversee implementation. 3-year term	CMO
City Manager's Office		Diversity Equity and Inclusion Officer	\$ 314,465	General Fund	Creation of DEI Unit Citywide	CMO
City Manager's Office		Administrative Assistant	\$ 165,074	General Fund	DEI Unit Support	CMO
Police		8 Public Safety Dispatcher II	\$ 1,382,432	General Fund	Address overtime and support expanding dispatch responsibilities	Police
Police		1 Public Safety Dispatch Supervisor	\$ 187,986	General Fund	Ensure adequate supervisory positions for expanding dispatch	Police
Police		6 Community Service Officers	\$ 841,050	General Fund	Additional capabilities to address public safety goals with appropriate response level, increase capacity for community engagement. Limited 3-year term	Police
Police		1 Community Service Officer Supervisor	\$ 157,084	General Fund	Ensure required supervision for CSO positions. Limited 3-year term	Police
Public Works		1 Associate Planner (Vision Zero)	\$ 173,906	General Fund	Position in Transportation to support Vision Zero safety projects. Limited 3-year term	Public Works
City Manager's Office	x	Grant Assistance	\$ 100,000	General Fund	Grant writer for Reimagining Public Safety and other programs. Limited 3-year term	CMO
Police		Additional Training Funding	\$ 100,000	General Fund	Training to support Fair and Impartial Policing concepts, officer safety, professional development	Police
Police		Additional Wellness Funding	\$ 50,000	General Fund	Support Critical Incident Stress Contract, Peer Support Team, and emerging wellness needs	Police
Mayor Arreguin, Councilmembers Harrison, Bartlett, Hahn. Budget referral	x	Youth Peers Mental Health Response	\$ 175,000	General Fund	HHSC coordinator position to deliver mental health wellness support and services to the City run Berkeley High School Mental Health Center	HHCS
Mayor Arreguin, Councilmembers Harrison, Bartlett, Hahn	x	Violence Prevention and Youth Services	\$ 210,000	General Fund	Opportunities for community reinvestment per Council's omnibus proposal	HHCS
Mayor Arreguin, Councilmembers Harrison, Bartlett, Hahn	x	Respite from Gender Violence	\$ 220,000	General Fund	Provide services and housing leads for victims of Gender Violence. Included in Measure P budget.	HHCS
Councilmember Taplin	x	Ceasefire Program Staffing	\$ 1,000,000	General Fund	Estimated staffing cost for Ceasefire program based on Oakland model	CMO
Staffing Augmentation						
City Attorney		Deputy City Attorney II/III	\$ 300,000	General Fund	Additional support with Risk Management and Litigation portfolio	City Attorney
City Attorney		Assistant to the City Attorney	\$ 250,000	General Fund	Additional support (New Classification- estimated cost)	City Attorney
City Manager's Office		Communications Specialist	\$ 208,776	General Fund	FY23 covered by state COVID-19 grant (HHCS)	CMO
City Manager's Office		Administrative Assistant	\$ 165,074	General Fund	Continuation of position. Funding ends 6/30	CMO
Finance		Revenue Development Specialist I	\$ 50,000	General Fund	Convert 2 Field Rep positions to RDS I for operational enhancement	Finance
Finance		Accounting Office Specialist Supervisor	\$ 172,170	General Fund	Enhance business license processing	Finance

APPENDIX U

City Auditor's Report

Staff Shortages: City Services Constrained by Staff Retention Challenges and Delayed Hiring

Audit Report
June 22, 2023

Staff Shortages: City Services Constrained by Staff Retention Challenges and Delayed Hiring



BERKELEY CITY AUDITOR

Jenny Wong, City Auditor
Caitlin Palmer, Senior Auditor
Erin Mullin, Senior Auditor
Kendle Kuechle, Auditor I
Pauline Miller, Auditor I



Staff Shortages: City Services Constrained Staff Retention Challenges and Delayed Hiring

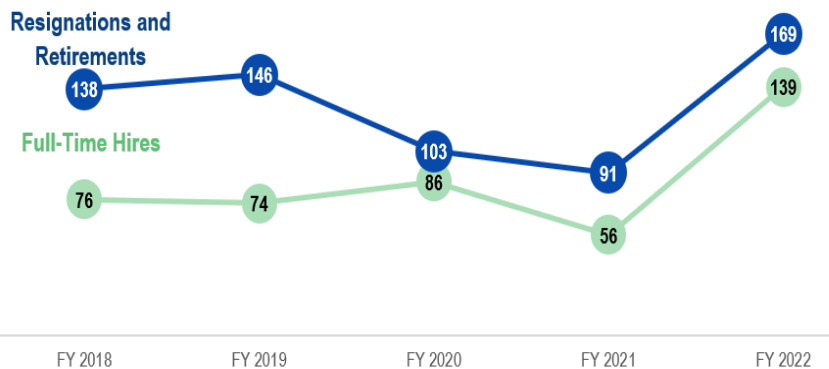
Report Highlights

June 22, 2023

Findings

1. Berkeley's staff shortages constrained city services, but the City did not have a clear strategy to improve retention during our audit period. More employees left the City than were hired in each year of the audit period, contributing to the staff shortage.

Resignations and retirements outpaced full-time hires during the audit period.



Source: ERMA, FUND\$, and NEOGOV

2. Employee dissatisfaction made it harder for the City to retain staff. Surveyed employees reported dissatisfaction with workloads, professional development opportunities, pay, and communication and support from city leadership.
3. Instability in Human Resources delayed hiring and impacted internal services. The average time it took to hire new employees increased from 4.9 months in fiscal year 2018 to 7.7 months in fiscal year 2022.
4. Telework can benefit the City and help retain some employees but the current policy is limited.
5. The City lacked reliable data to monitor trends and address staff shortages.

Recommendations

We recommend that the City establish retention goals, conduct an analysis of staff needed for city services and consider staff capacity around new legislation. We also recommend that the City take steps to address employee satisfaction and improve the recruiting and hiring process. We also recommend that the City expand the telework policy to align with best practices and regularly collect data on employee satisfaction and on diversity, equity, inclusion, and accessibility.

Objectives

1. How do staff shortages affect city services?
2. What is the state of employee satisfaction?
3. What internal factors impact the City's ability to fill vacancies?
4. How does telework affect the City's ability to retain employees?
5. How does the City use data to address staff shortages?

Why This Audit Is Important

Berkeley government has faced difficulties retaining employees, which caused staff shortages that limited the City's ability to provide services to residents. Staff shortages can make workloads for current employees unmanageable, which can drive down morale and worsen employee retention. Combined, these issues can lead to an increase in employee errors, a decrease in the quality of services, and an overall increase in the City's financial risks and other liabilities. The inability to retain employees can also be costly to the City in the long run, as it may be more expensive to hire and train new employees than it is to retain productive employees.



BERKELEY CITY AUDITOR

For the full report, visit:
<https://berkeleyca.gov/your-government/city-audits>

Table of Contents

Page 3	Introduction
Page 4	Objectives, Scope, and Methodology
Page 5	Background
Page 7	Finding 1: Staff shortages constrained city services.
Page 12	Finding 2: Some surveyed employees reported dissatisfaction and many have contemplated leaving.
Page 24	Finding 3: Instability in Human Resources delayed hiring and impacted internal services.
Page 29	Finding 4: Telework can benefit the City but the current policy is limited.
Page 36	Finding 5: The City lacked reliable data to address staff shortages.
Page 41	Recommendations and Management Response
Page 49	Methodology and Statement of Compliance
Page 52	Appendix I. Satisfaction Survey Responses
Page 55	Appendix II. Exit Survey Questions
Page 57	Appendix III. Satisfaction Survey Respondents by Department

Introduction

We identified employee retention in the City of Berkeley as an area needing independent assessment based on our observation of challenges with employee retention and staff shortages in previous audits.¹ **Employee retention** refers to an organization’s ability to keep employees and reduce turnover. Staff shortages can limit Berkeley government’s ability to provide public services and programs. For example, understaffing in the Police department and 911 dispatch center can increase 911 call response times for the Berkeley community and result in officer burnout and fatigue, contributing to health and safety risks. Understaffing in financial oversight roles can increase the risk of fraud. Employee retention is essential to maintaining enough staff to provide high quality services to Berkeley residents.

¹ Past audits identifying workforce retention issues include an audit of [Police overtime and outside security work](#), an audit of [911 dispatcher staffing and overtime](#), and an audit of the [Code Enforcement unit](#).

Our audit examines the root causes of the City’s retention challenges and provides recommendations to prevent the City from facing a staffing crisis of this magnitude in the future. While some departments have unique retention challenges based on the nature of their work, the purpose of this audit is to understand citywide challenges and provide recommendations to improve retention across all departments. We initially started work on this audit in November 2019, but postponed our work at the onset of the COVID-19 pandemic as audit staff were diverted to the Emergency Operations Center. We resumed this audit in March 2022. In September 2022, the City contracted with consulting firm MRG Associates to develop a separate *Employer of Choice* report. Some themes of this audit are similar to MRG’s report, but our work follows audit standards as specified in the City Charter.

Objectives, Scope, and Methodology

Our objectives were to answer the following questions:

1. How do staff shortages affect city services?
2. What is the state of employee satisfaction?
3. What internal factors impact the City’s ability to fill vacancies?
4. How does telework affect the City’s ability to retain employees?
5. How does the City use data to address staff shortages?

We evaluated employee retention data for fiscal years (FY) 2018 through 2022. We analyzed data on hiring, vacancies, longevity, and employee demographics. To understand employee perspectives, we surveyed current employees about their job satisfaction, and surveyed employees who voluntarily resigned or retired from the City about why they left. We also interviewed every department director in the City and offered to meet with union representatives from employee labor groups. Lastly, we reviewed best practices from leading human resource organizations along with staffing data from local jurisdictions to compare to Berkeley. For more information on the methodology, see page 49.

Background

City of Berkeley’s Workforce

The City of Berkeley has 1,792 budgeted full-time equivalent (FTE) positions as of fiscal year 2023.² The three largest departments are Public Works, Police, and Health, Housing, and Community Services (Table 1).

Table 1. Budgeted Full-Time Equivalent Positions by Department, Fiscal Year 2023

Department	Budgeted FTEs
Public Works	340.00
Police	313.20
Health, Housing and Community Services	265.58
Fire	203.00
Parks, Recreation, and Waterfront	165.62
Planning and Development	116.04
Library	115.60
Finance	56.00
Information Technology	52.00
City Manager	45.50
Rent Board	23.55
Human Resources	22.00
Mayor and Council	19.00
City Attorney	17.00
City Auditor	14.75
City Clerk	10.00
Economic Development	8.00
Office of the Director of Police Accountability	5.00

Source: Berkeley’s FY 2023 and FY 2024 Budget Book

Employee retention is important in government organizations to ensure there are enough staff to deliver services and programs effectively. City of Berkeley staff have a wide range of responsibilities that affect the Berkeley community, including road maintenance, public safety, transportation, housing assistance, city planning, and many others. City staffing challenges can therefore impact almost everyone who lives in, works in, or visits Berkeley.

² Some of these budgeted positions may be vacant.

Retention Challenges

Many employers are currently facing challenges retaining employees. About a year after the onset of the COVID-19 pandemic, people began leaving their jobs nationwide at increasing rates. This phenomenon became known as the Great Resignation. According to a survey by Pew Research Center, around 1 in 5 adults left their job voluntarily during 2021 due to various reasons, including childcare needs, salary, lack of career advancement, COVID-19 concerns, and a desire for more flexibility or work-life balance. The retirement rate also increased nationwide by 13 percent among the baby boomer generation in 2020. In the City of Berkeley, nearly 20 percent of the workforce is eligible for retirement as of 2022, which will increase to 28 percent by 2025. An increase in retirements may worsen retention issues in the coming years. Therefore, improving retention of remaining staff should be a high priority for the City of Berkeley.

Though outside factors such as the Great Resignation provide a larger context for employee retention, workforce retention in Berkeley was a problem before the pandemic and the Great Resignation, which are not solely responsible for citywide retention challenges. Our analysis of employee perspectives provides information on internal factors that affect retention.³

Some level of employee turnover is necessary in healthy organizations. Employees leave for many reasons other than job dissatisfaction, such as retirement or relocation. Employee turnover also allows new talent to enter the organization. However, too much employee turnover becomes costly and makes it difficult for organizations to function. Excessive turnover can also lower the morale of the remaining staff in an organization and impact service delivery.

³ Finding 2 on page 12 outlines the primary causes of employee dissatisfaction leading to retention issues in the City of Berkeley.

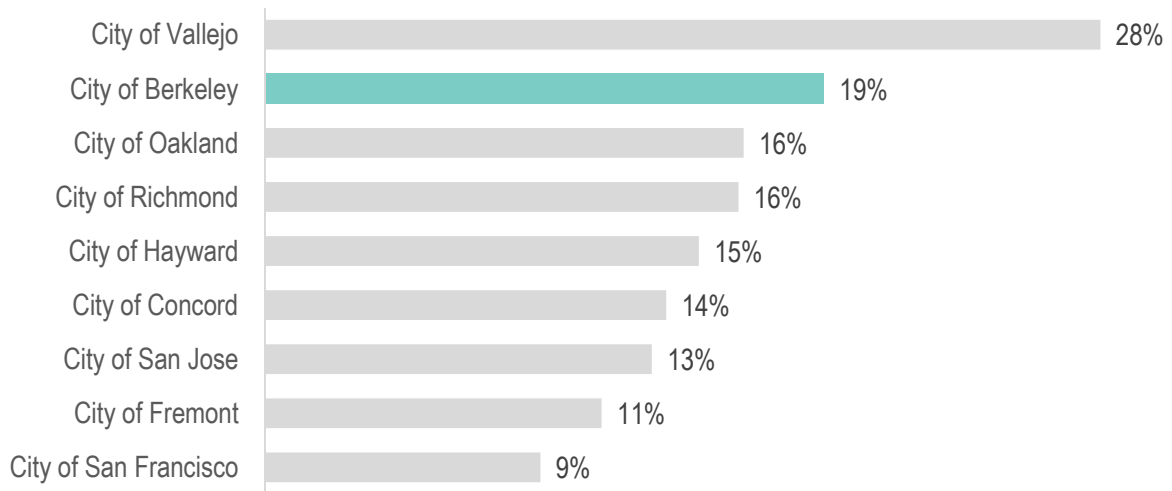
Staff shortages constrained city services.

Berkeley had a high vacancy rate, reflecting staff shortages. These shortages have caused reductions in basic services for community members, such as delayed staff responses and facility closures. Though the City's strategic plan includes a goal to attract and retain a talented and diverse workforce, the City did not have a clear and data-driven strategy to improve retention or address the root causes of excessive turnover during our audit period.

Berkeley's high vacancy rate reflected staff shortages.

Berkeley has experienced a staff shortage, as indicated by its vacancy rate (the percentage of budgeted positions that are vacant). Compared to other cities in the Bay Area with available vacancy data, Berkeley's citywide vacancy rate was the second highest at 19 percent in 2022 (Figure 1).

Figure 1. Berkeley had the second highest vacancy rate compared to other Bay Area cities in 2022.



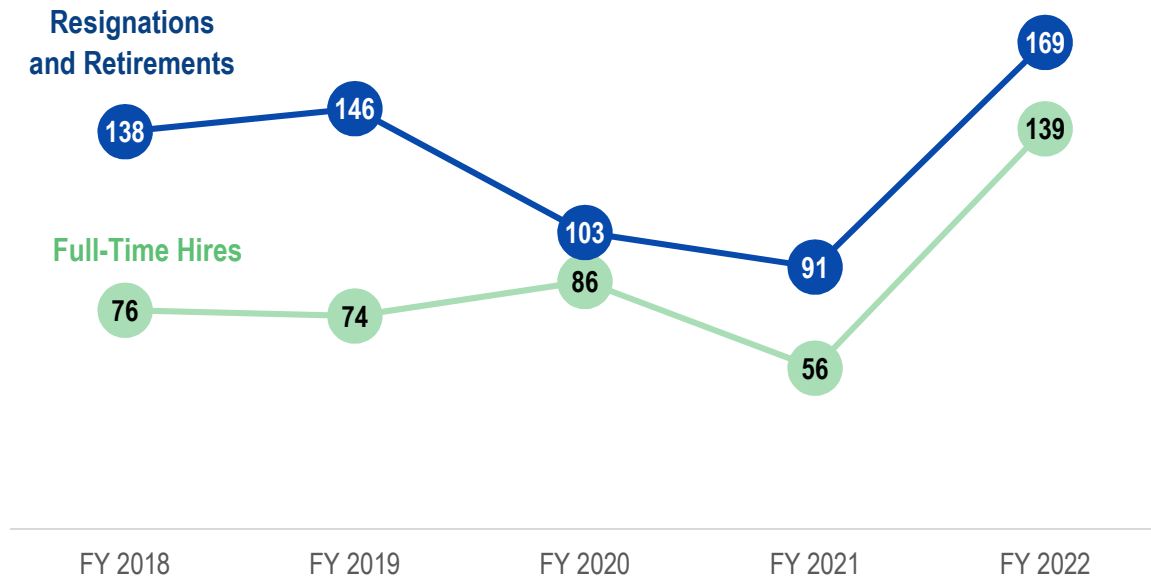
Note: Berkeley and San Francisco vacancy data are from October 2022, and all other data is from June 2022. These were the most recent dates available to compare vacancy rates at the time of our data request.

Sources: City of Berkeley, City of San Francisco Human Resources, City of Oakland Human Resources

Berkeley's vacancy rate is based on counts from department directors in October 2022. Some department directors reported that the high vacancy rate was a problem before the pandemic. However, we were unable to quantify how the vacancy rate has changed over the years due to data limitations (see Finding 5 on page 36 for more information on the City's data challenges).

The City did not hire enough employees to address the gap between voluntary separations (resignations and retirements) and new hires. Figure 2 shows that there were more resignations and retirements than full-time hires in each year of our audit period.⁴ As a result, the cumulative hiring need increased, as the City did not hire enough employees each year to make up for the number of employees who left in previous years.

Figure 2. Resignations and retirements outpaced full-time hires during the audit period.



Note: Full-time hires refers to staff hired into full-time permanent positions. Resignations and retirements do not include medical separations or disability retirements. The data does not include internal transfers or promotions.

Source: ERMA, FUND\$, and NEOGOV

Staff shortages impaired services to the community and other departments.

An increase in vacant positions reduced the number of staff available to ensure city programs and services functioned as intended. In response to our satisfaction survey, some employees explained that staff shortages made it difficult to deliver basic services to the community. According to one employee:

When departments are stretched thin, they cannot do a good job of supporting the community or other departments. [...] When departments experience turnover, it is very difficult to absorb the responsibilities, train new staff, and still deliver baseline services.

⁴ According to the Human Resources Director, from January to March 2023, the City hired more than twice as many new employees as the number of employees who left the City.

In a presentation to City Council on December 13, 2022, the City Manager outlined how vacancies reduced city services. For example, there were reduced services or hours of operation at clinics and senior centers, and temporary closures of some fire stations.

Additionally, understaffing in public safety increased the need for mandatory overtime in both the Police and Fire departments. According to the City Manager, vacancies in the Transportation division have also contributed to delays in a major transportation project. Such delays may limit the City's ability to achieve goals such as reducing greenhouse gas emissions or improving traffic safety.

Vacancies also affected services that some departments provide to support the City's internal operations. For example, according to an Information Technology (IT) manager, understaffing in IT caused delays in technical assistance to employees. These types of delays impact employees' ability to do their jobs efficiently, which can in turn impact the delivery of services to the Berkeley community.

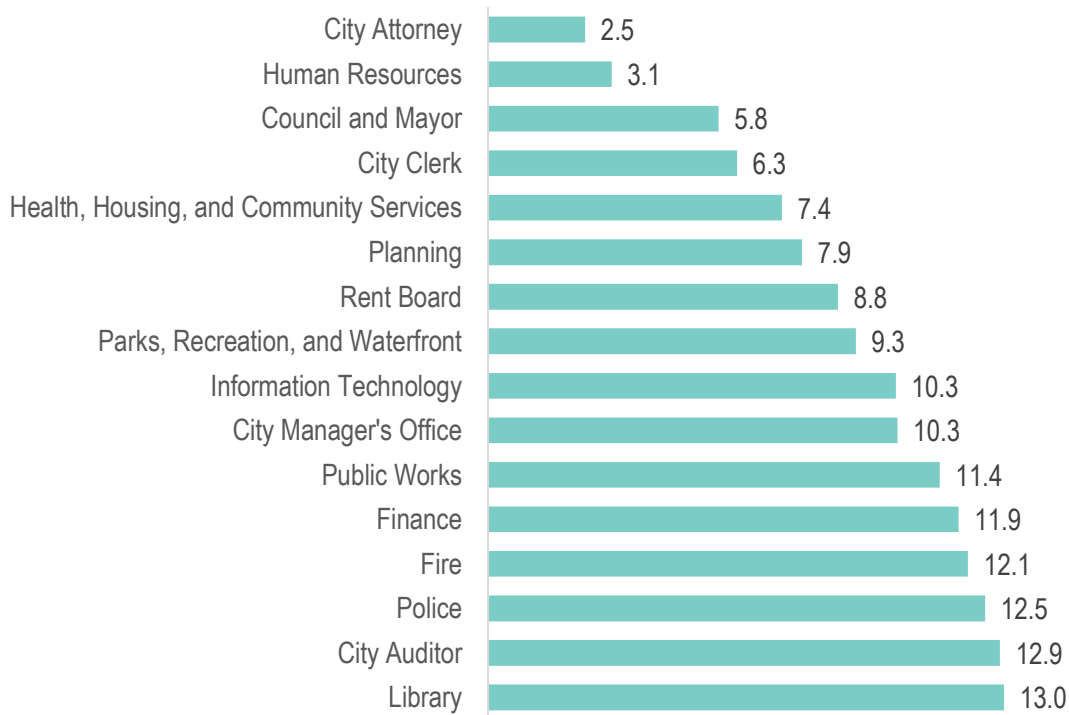
Vacant positions can also increase risk to the City. For example, lack of sufficient supervisory review can increase risk of overpayments, missed payments, or fraud. When employees leave, it may take years for new employees to gain that same level of knowledge.

A high vacancy rate combined with decreased employee tenure (the length of time an employee has worked for an organization) can also impact services if staff do not have institutional knowledge or are not yet fully trained. Departments may also lose specialized knowledge or knowledge of a particular city process when the employee managing that function leaves. One former employee stated:

At the time I began working for [the City], the office culture and knowledge from within was superior. As time went on and more people left, the office began to fail.

Employee tenure varies by department (Figure 3). The two departments with the lowest average employee tenure are the City Attorney's Office and Human Resources (HR). Low average tenure may present challenges to some important internal services due to lost institutional knowledge.

Figure 3. Average Years of Employee Tenure by Department, 2022



Note: Each data point refers to the average employee tenure in each department as of October 2022.

Source: ERMA

The City lacked a clear and data-driven retention strategy.

The City did not have a clear strategic approach during our audit period to address the root causes of excessive turnover and meet its strategic plan goal. The City’s strategic plan includes a goal to attract and retain a talented and diverse city government workforce. According to the 2022 strategic plan update, the City has revised some personnel rules and regulations and expanded employee wellness and resiliency programs in the Police department. The City also implemented the skilled worker academy, an in-depth program for some frontline staff to gain computer skills and other professional skills in September 2022. However, some department directors cited a lack of clarity around an overall retention strategy from city management or HR, or a perception that the City does not have the data and staff to sustain successful retention initiatives. The Society for Human Resources Management, an association of HR professionals, recommends organizations develop targeted strategies to improve retention. Data can help identify the areas where an organization needs to improve and inform strategies to address these issues. During the audit period, the City did not have reliable data on retention and employee satisfaction to inform a data-driven retention strategy (see Finding 5 on page 36 for more information on the City’s data challenges).

Additionally, the City has not conducted an analysis of staffing levels needed for city operations and services. This may include working with department directors to identify the optimal number of FTEs and type of positions in each department, and aligning those positions with the department's goals for successful city operations and services. Based on guidance issued by the Government Finance Officers Association, it is a best practice for governments to determine the optimal level and type of staff needed to meet the organization's goals and objectives in light of cost constraints. It will be difficult for the City to develop targeted strategies to address retention challenges without this data.

Recommendations

To better manage retention, we recommend the City Manager's Office:

- 1.1 Establish citywide retention goals and report to City Council on progress towards those goals biennially.
- 1.2 Conduct a staffing analysis based on critical needs to identify the number and type of full-time equivalent positions needed for successful city operations and services. The City may consider conducting this analysis one department at a time based on available resources.

Some surveyed employees reported dissatisfaction and many have contemplated leaving.

Employee satisfaction is a major factor in employee retention. Fifty-five percent of surveyed employees reported being satisfied with their job, which is lower than a federal government average. Factors impacting satisfaction among survey respondents were workloads, professional development opportunities, pay,⁵ and communication and support from city leadership.

Some City of Berkeley employees reported low job satisfaction and over half have contemplated leaving.

Only 55 percent of current city employees who responded to our survey reported that they were satisfied or somewhat satisfied with their job. This is lower than the job satisfaction rate among federal government agencies, which is 73 percent (Figure 4).

Figure 4. Surveyed City of Berkeley employees reported lower job satisfaction than federal government employees in similar-sized agencies.



Note: Federal employee data is from medium-sized agencies with 1,000-9,999 employees; Berkeley had 1,468 full-time employees as of 2022. Job satisfaction data from local government agencies was not readily available.

Sources: 2022 City of Berkeley employee satisfaction survey and 2022 federal employee viewpoint survey

Many current employees we surveyed also contemplated leaving the City. Over half, or 55 percent of current employees surveyed reported looking for another job in the year before taking the survey. Additionally, about 47 percent of surveyed former employees reported that organizational culture problems were among their primary reasons for leaving the City (Appendix II).

⁵ We did not review city pay structures, as it was outside the scope of this audit.

Employee dissatisfaction is one of the main causes of turnover, according to the Society for Human Resources Management. High turnover is costly and affects an organization’s performance. Benchmarking data estimates that the total cost to recruit, train and develop a new hire may be at least half to two times that employee’s salary.

Some employees reported unmanageable workloads related to staff shortages, new work, and inefficient systems.

Some surveyed employees reported that one of the primary reasons they looked for a job in the past year was because they had a high workload due in part to staff shortages. Only 44 percent of current employees felt their workload was manageable (Figure 5). For comparison, in a survey of federal government employees, 61 percent agreed that their workload was reasonable. Nearly a quarter of surveyed former employees also listed high workload as one reason for leaving the City.

Figure 5. Forty-four percent of surveyed employees reported that their workload was manageable.



Source: 2022 satisfaction survey

Staff Perspectives

“There are not enough positions in my unit for the workload. I have demonstrated this time and again, and the solution from management has been for me, as the lowest level employee in my functional area exempt from overtime, to work 50 hours a week or more.” – Current employee

“The department I worked for was understaffed and lacked the resources to support city employees. I was provided insufficient training and had trouble keeping up with the workload. The workload and lack of support were primary reasons why I opted to look for new opportunities less than six months after starting at the City of Berkeley.” – Former employee

“When there are vacancies, it affects staff’s ability to do the work. It also impacts morale when people are stressed out. Some people left the department due to the unreasonable volume of work they were expected to produce.” – Department director

Sources: 2022 exit and satisfaction surveys, employee interviews

One department director also noted that certain job descriptions are out of date, which can make it difficult to recruit new employees to fill vacancies and help relieve the workload for current employees. The Chair of the Personnel Board also stated that the City has not reviewed certain job descriptions in recent years. Updated job descriptions can help ensure that city job postings accurately reflect job duties.

Employees receive new work beyond their regular duties, including referrals from City Council or public commissions, or additional items assigned in each department as noted in the *Employer of Choice* report.⁶ Some employees reported that because service delivery expectations remained the same when their department or division lacked adequate staffing, they were overloaded with work during periods of short staffing, which compounded their already unmanageable workload. City Council has a process to prioritize referrals to staff, though that process was not used in fiscal year 2020 and fiscal year 2021 due to the COVID-19 pandemic. However, it does not include a formal method of accounting for staffing impacts when assigning additional work. Without limiting or prioritizing referrals based on staff capacity, staff may not be able to balance council referrals with their regular duties or providing baseline services.

Employee workload is also exacerbated by ineffective internal and administrative systems. As one department director stated, “The substandard internal systems we have make a lot of our work inefficient.” This includes software systems such as ERMA, the City’s financial management platform. The City switched to ERMA from FUND\$, their prior HR/payroll management system, in January 2021. Some employees explained that this transition added to their workload significantly. Other employees described city systems as antiquated, with IT assistance, timesheets, telephones, and key access cited as examples. Some technology and system issues may be affected by retention challenges if an employee in charge of managing a system is new or not fully trained. Some employees and department directors expressed a sense that internal systems are outdated and hard to use, which is a source of frustration and affects their ability to do their jobs efficiently.

⁶ Council referrals are short or long-term projects assigned to departments based on City Council’s direction. Since the City starting tracking referrals in 2014, there have been approximately 500 referrals assigned. About 255 of the referrals are completed, 18 are in progress, and the rest have not yet been started or have been rejected by Council action.

Opportunities for professional development were limited.

Lack of career opportunities impacted retention.

Some surveyed employees reported dissatisfaction with career advancement opportunities in the City. Approximately 27 percent of surveyed former employees cited inadequate promotional opportunities as one of their primary reasons for leaving the City of Berkeley. Forty percent of surveyed current employees were also dissatisfied with their career advancement opportunities, compared to 41 percent who were satisfied, with 19 percent neutral (Figure 6).

Figure 6. Forty percent of surveyed employees reported being dissatisfied with career advancement opportunities.



Source: 2022 satisfaction survey

Staff Perspectives

“The promotions process is ambiguous and not transparent. People get promoted and those who do not are left wondering what they could have done to improve themselves and their chances for promotion. The promotional criteria are a mystery. Rather than continue waiting for a possible promotion, I decided to retire.” – Former employee

“Berkeley does not have many opportunities for advancement which has caused some people to leave the department.” – Department director

Source: 2022 exit survey, employee interviews

Berkeley is a mid-sized city, therefore options for career advancement might be more limited than in larger jurisdictions. However, there may be opportunities to improve promotional pathways through succession planning with a cross-training component. Succession planning identifies long range needs and cultivates internal talent to meet those needs and prepare for new roles in the organization. Cross-training is an approach to employee development that places employees in a position to learn skills and abilities that are not part of their current roles. The City can use cross-training in conjunction with succession planning to facilitate knowledge and skill transfer to current employees, which can help them meet the qualifications for future career advancement.

Though some departments have an internal succession planning process, there was no citywide initiative during the audit period. The City listed succession planning as a priority in its 2018-2019 Strategic Plan report, but placed the project on hold during the pandemic according to a July 2022 update. A stronger effort to upskill employees could help Berkeley better prepare for future retirements while broadening career advancement opportunities.

Providing adequate professional development opportunities is a best practice for employee retention. Employees will be more likely to remain at an organization if they are able to improve their job title, salary and/or responsibilities. This can help ensure that programs continue to run successfully through staffing changes, ultimately benefiting the Berkeley community.

Over half of surveyed employees did not receive regular performance evaluations.

Sixty-seven percent of surveyed employees reported that they did not receive a performance evaluation in the prior year. However, it is difficult to determine how often evaluations were happening and how that varied by department, as HR does not consistently keep records of past employee performance evaluations.

67%

of surveyed employees reported that they did not receive a performance evaluation in the past year.

Along with constructive guidance and regular feedback, performance evaluations are one component of successful employee performance management. Well-functioning performance management programs improve individual and team performance, and make organizations more effective. Performance evaluations also allow supervisors and employees to discuss areas for skill development, and identify learning opportunities for future advancement.

Some surveyed employees were dissatisfied with trainings and professional development opportunities.

Trainings and professional development opportunities are essential for employee satisfaction and can support career growth. Continuous skill development ensures employees have the tools they need to succeed, and it helps organizations retain top talent. However, many current employees reported dissatisfaction with Berkeley's available training opportunities. Among surveyed employees, 40 percent were dissatisfied with citywide trainings and professional development opportunities, compared to 27 percent who were satisfied, with 33 percent neutral (Figure 7).

Figure 7. Forty percent of surveyed employees were dissatisfied with citywide training and professional development opportunities.



Source: 2022 satisfaction survey

Staff Perspectives

“Citywide training and professional development opportunities are nearly non-existent. The training opportunities that do exist are generally subpar and not many employees know how to access them.” – Current employee

“Citywide training has a great deal of room for improvement and offers no tailored opportunities for public safety, which has different challenges than other departments.” – Current employee

“The City should be intentional in its efforts to prepare all employees who transition into leadership roles. To have high expectations of our supervisors, we should provide meaningful training and education so they are better prepared for these critical roles throughout the City.” – Department director

Source: 2022 satisfaction survey and employee interviews

Among surveyed supervisors, 40 percent found their citywide supervision training inadequate, compared to 38 percent who found it adequate (22 percent neutral). Supervisors are an important resource to the City in employee retention and satisfaction. Thirty-five percent of former employees who responded to our survey stated that a poor relationship with their supervisor was a primary consideration for leaving the City. This indicates that the relationship between supervisees and supervisors is a factor in retention. The City used to organize a leadership development program for supervisors, but has not conducted that training since prior to the pandemic. Consistent citywide training for supervisors may help foster a positive relationship with supervisees and improve retention.

Prior to March 2020, many trainings received positive evaluations. The City put a pause on most trainings at the start of the COVID-19 pandemic in March 2020. The City resumed some regular trainings in June of 2021 and developed more trainings in 2022. The skilled workers academy is one example of a comprehensive training program that the City started in 2022 to help some employees develop professional skills and computer skills, among others. However, there are not similar professional development opportunities available for employees at all levels across all departments, and current dissatisfaction levels with city trainings suggest a need for improvement in this area. According to the HR Director, the City is currently looking at ways to provide specialized training to more employees.

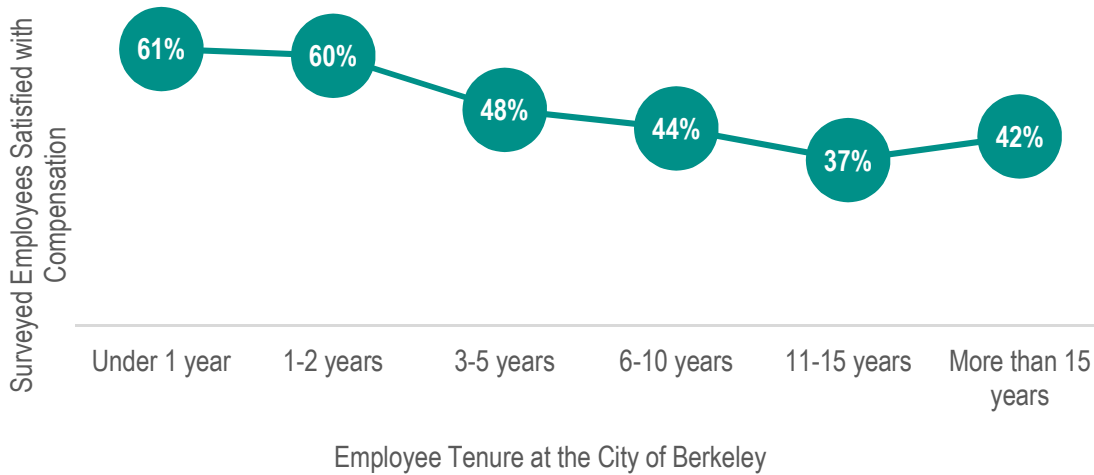
HR's training division also had record keeping challenges during the audit period. California law requires that all employers of five or more people provide one to two hours of sexual harassment prevention training to staff every two years. According to the HR Director, since at least 2022 the City has been out of compliance with state-mandated sexual harassment prevention training. Due to inadequate data, we were unable to determine how long the City has been out of compliance with this law. In March 2023, the City set a goal to ensure all employees complete mandatory trainings by December 31, 2023.

Some surveyed employees were dissatisfied with pay.

Pay was a common issue among surveyed employees, and some department directors also reported issues with pay. We did not perform a salary analysis of Berkeley's compensation compared to market rates for similar positions as it was outside the scope of this audit. However, there are opportunities to improve retention by addressing some specific issues in Berkeley.

Some employees and department directors expressed in surveys and interviews that dissatisfaction with pay impacts employee retention. Thirty-seven percent of employees surveyed were dissatisfied with their compensation, while 47 percent were satisfied (16 percent neutral). Comparatively, 56 percent of federal employees were satisfied with their pay in 2022. Satisfaction survey data also shows that the longer employees worked for the City, the less satisfied they generally were with their compensation (Figure 8).

Figure 8. Pay satisfaction generally decreased as employee tenure increased.



Source: 2022 satisfaction survey

When asked to elaborate on pay and benefits, some surveyed employees expressed perceptions that their pay is not commensurate with their job duties. One department director noted that some staff are underpaid relative to staff performing the same work in other jurisdictions. Other surveyed employees expressed dissatisfaction with differences in pension benefit compensation. According to a 2019 report from union members, there is a significant difference in pension benefit compensation between Classic and California Public Employees’ Pension Reform Act members represented by Local One and Service Employees International Union bargaining groups, as well as unrepresented employees.⁷ Additionally, many surveyed employees expressed a perception that the City’s cost of living adjustments (COLAs) to salaries are inadequate, or that the City needs to develop a plan to have more frequent COLAs.

⁷ The California Public Employees’ Pension Reform Act (PEPRA) took effect in January, 2013. The law changed the way the state’s public employee retirement and health benefits are applied, and placed compensation limits on new members. In the City of Berkeley, the Pay Equity Committee for PEPRA members noted in 2019 that Classic members contributed 8.64 percent of their paycheck to the pension fund, whereas PEPRA members contributed 15.25 percent. In 2022, the City agreed to reduce some PEPRA members’ pension contributions, though the terms of that ramp down varied by bargaining group.

The City typically renegotiates certain elements of employee pay about once every three years with each employee union. In the satisfaction survey, some employees expressed perceptions that the City's pay system is inflexible or unfair based on workload, classification or job duties. Pay may also be a factor in the recruitment and retention of specialized positions. Some specialized positions are particularly hard to recruit for based on the labor market. For example, some hiring managers stated that it has been difficult for the City to recruit firefighters, engineers, and mental health clinicians, among others, which may be related to the labor market in those fields. One director noted that this difficulty in recruiting made it hard to fill vacancies, which contributed to burnout among employees. Identifying ways to ensure that pay is competitive may improve recruitment and retention of these positions.

Staff Perspectives

"Positions, job duties, and classifications are not equitable. People doing basically the same job but in different classifications can have upward of a \$30k difference in pay."

– Current employee

"I realize terms are limited by union agreements, but it is my opinion that the compensation system is not nimble and cannot respond to the severe cost of living conditions at this time. Wage increases seriously lag the cost of living, and cannot adequately respond to current inflation conditions." – Current employee

Source: 2022 satisfaction survey

High turnover is costly, therefore organizations that invest in employee compensation may avoid recruitment and hiring costs that come with turnover. While the City must consider available revenue streams when making pay decisions, improved retention may ultimately lead to reduced turnover costs for the City. Ensuring pay is commensurate with comparable jurisdictions is frequently cited as an important aspect of employee retention.

Communication and support from city leadership may have impacted employee satisfaction.

Almost half, or 48 percent, of surveyed employees did not feel that city management communicated well when making decisions that affect Berkeley employees, compared to 23 percent who were satisfied with city management's communication, with 29 percent neutral (Figure 9). When asked to elaborate, surveyed employees gave examples including too little communication from city management, confusing communication, lack of transparency in communication, and too few opportunities to provide feedback.

Figure 9. Almost half of surveyed employees did not believe city management communicates well when making decisions that impact employees.



Source: 2022 satisfaction survey

One example of insufficient communication was a lack of clarity around COVID-19 policies. In the satisfaction survey, some employees expressed confusion around COVID-19 reporting, notifications, or inconsistencies around mask policy enforcement upon returning to the office. Lapses in communication can increase risk to the City and employees if they are not connected to the correct resources during emergencies, disasters or other important situations. For example, one employee described receiving inadequate information from city management around safety issues such as threats to employee safety. Effective communication is also important in building employee morale, satisfaction, and engagement.

Maintaining frequent and organized internal communication is often listed as a best practice for employee retention. Effective communication is essential for proper employee management, as it helps employees understand the terms of their employment, gives employees opportunities to provide feedback which is important for internal satisfaction, and reduces potential employee grievances due to misunderstandings.

Staff Perspectives

“I believe the translation of what city management is asking or saying gets lost when transferring the information back to the individual departments. Like a bad game of telephone, you get some of the information, none of the information, or a lot of bad information.” – Current employee

“I feel far removed from city management and that I am the last to find out about decisions from city management. I wish there was a way to bridge this gap.” – Current employee

Source: 2022 satisfaction survey

Lack of support from city or department management was among the most common reasons why surveyed employees looked for another job in the year prior. Additionally, 46 percent of surveyed employees reported that they did not believe city management cares about employees, compared to 27 percent who did (27 percent neutral). These responses suggest there may be opportunities for city and department leaders to build stronger communication with employees and develop strategies to ensure employees feel adequately supported at all levels of the organization.

Recommendations

To ensure job duties align with job descriptions, we recommend the City Manager's Office:

2.1 Review the highest priority city job descriptions to ensure they accurately reflect job duties.

To alleviate workloads associated with Council referrals, we recommend:

2.2 City Council consider staff capacity when introducing new legislation, and limit or prioritize new legislation during periods of short staffing.

2.3 The City Manager's Office report on the status of approved projects to City Council, including information about delays caused by staff vacancies.

To improve employee satisfaction, we recommend the City Manager's Office:

2.4 Improve pathways for promotion in the City through a citywide succession plan, which may include cross-training for positions.

2.5 Direct departments to ensure that all employees receive an annual performance evaluation.

To improve employee satisfaction, we recommend Human Resources:

2.6 Implement a comprehensive training program that ensures staff at all levels receive the training they need to fulfill their job duties and develop their job skills as needed. Consider increasing the training budget and redesigning the training curriculum to best address the needs of a post-pandemic workforce, improving training for supervisors and managers, ensuring that experts conduct trainings, and allowing employees to request specific trainings.

To improve transparency, we recommend Human Resources:

2.7 Ensure that all city employees complete mandatory trainings in accordance with the state law. Report data on mandated trainings to Council annually.

We also recommend the City Manager's Office:

- 2.8** Update City Council on the recruitment status of hard-to-fill positions during the biennial budget process, as well as steps taken to fill these positions.
- 2.9** Identify positions that are hard-to-recruit and retain and consider reassessing pay for those positions.

To improve communication channels in the City, we recommend the City Manager's Office:

- 2.10** Assess employees' needs regarding communication from the City Manager's Office and design a communication strategy that addresses those needs.

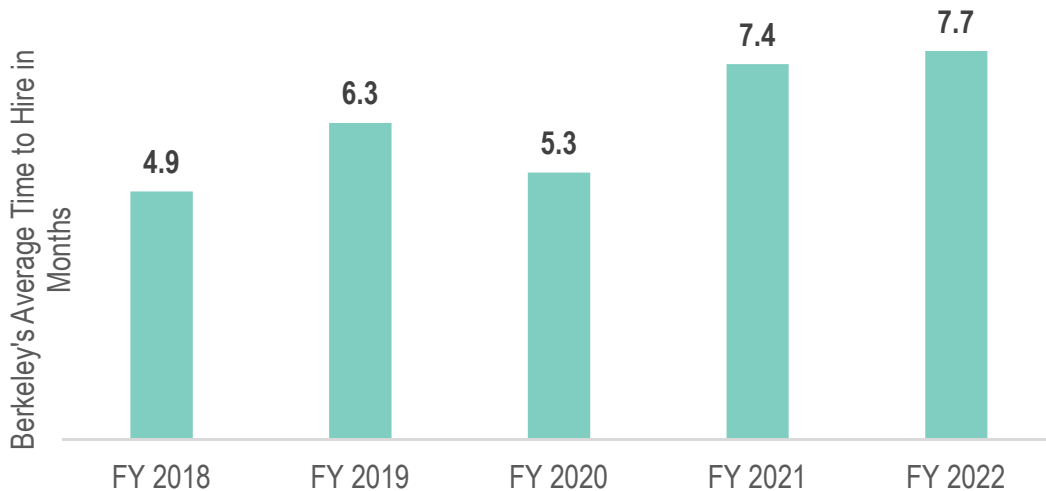
Instability in Human Resources delayed hiring and impacted internal services.

The average time it takes to hire increased by almost three months between fiscal years 2018 and 2022, from 4.9 months to 7.7 months. Understaffing and instability in HR contributed to these hiring delays during our audit period. Additionally, increases in the number of budgeted positions in HR did not keep pace with increases in budgeted positions citywide. Thus, remaining staff in HR were burdened with heavy workloads to manage the City’s hiring needs. There are opportunities for HR to improve citywide hiring practices as well as onboarding for new employees.

The average time to hire increased by almost three months.

One of HR’s established performance measures is to reduce the average time to hire each year, but it has increased since fiscal year 2018. According to Berkeley’s internal hiring data, the average time it takes for Berkeley to hire new employees increased from 4.9 to 7.7 months between fiscal years 2018 and 2022 (Figure 10).⁸ During the audit period, HR did not hire fast enough to address the growing gap between resignations and retirements compared to new hires as shown in Figure 2 (page 8).

Figure 10. The average time to hire increased since fiscal year 2018.



Source: NEOGOV

⁸ The time to hire calculation measures the average time between the date the department created a requisition to hire a new employee and the date of the employee’s first day on the job.

One explanation for the hiring timeline increase may be the citywide hiring freeze that lasted from April 2020 to September 2022. The City asked departments to suspend all hiring activities, though they could request exceptions to be approved by the City Manager on a case-by-case basis. The additional approval may have lengthened the hiring timeline.

Another factor of the increased hiring timeline may be HR’s instability due to their staff shortage. HR had the highest vacancy rate among departments in October 2022, at 45 percent (Figure 11). HR’s vacancy rate more than quadrupled between 2018 and 2022, from 10 percent to 45 percent.⁹ Therefore, fewer HR staff were available to work on hiring and filling vacancies in other departments. There was also a loss of institutional knowledge in the department when many employees departed. Some positions turned over multiple times—26 HR employees left the City between fiscal year 2018 and fiscal year 2022. For context, HR was budgeted to have 21 FTEs in fiscal year 2018, and 22 FTEs beginning in fiscal year 2020. As of September 2022, the average employee tenure in HR was 3.1 years compared to the citywide average tenure of 10.4 years. According to the Society for Human Resources Management, losing key employees can impact workflow and result in productivity losses. These impacts were felt around the City, as HR provides hiring support and other internal services to every department.

Figure 11. Human Resources had the City’s highest vacancy rate in October 2022.



Source: Department directors

⁹ This number is based on a point-in-time count using payroll data from October 2018 and a department director interview from 2022.

There has additionally been instability within HR leadership. During the audit period, there were four different people in the role of HR Director. Leadership turnover can lead to organizational instability, lower employee morale and productivity, and decrease employee retention.

In addition to vacancy challenges, the number of budgeted positions in HR has not kept pace with citywide increases in the number of FTEs. The City added about 126 additional full-time positions between fiscal years 2018 and 2022, but only one of these new positions was allocated to the HR department. According to the HR Director, the 126 new positions increased recruitment and hiring demands, as well as the need for HR support in areas including transactions, training, employee relations, benefits, equal employment opportunity investigations, occupational safety, and workers' compensation. The HR Director also noted that some of these HR functions were staffed by a single member of the department. If a staff member took time off or left the City, there may have been no one managing an essential HR function. This combined with HR's high vacancy rate may have contributed to the issues with personnel data we discuss in Finding 5 on page 36.

HR was faced with a cyclical problem over the audit period: the City's average time to hire increased (Figure 10) due in part to lack of staff capacity in HR (Figure 11). Some former employees reported that they left the City because of an unmanageable workload tied to staff shortages, which only increased the overall number of vacancies for HR to help fill. The *Employer of Choice* report also identified the importance of investing in HR and recommended hiring up to six additional FTEs in HR. As of May 2023, City Council authorized HR to hire three additional HR staff members.

HR is now in the process of stabilizing. As of May 2023, HR has staffed 95 percent of the department's original 22 FTEs. Other department directors have noticed a positive change, with one stating:

The team that has been assembled is responsive, informative, and has demonstrated an ability to support our needs, which is not an easy task. Having an effective, responsive and knowledgeable HR team is critical to maintaining operations throughout the City and I am so grateful to the team as I know how hard they are working to support us.

Ineffective procedures may have contributed to hiring challenges.

There are opportunities for HR to modernize, streamline, and standardize hiring procedures. Updating hiring processes can help the City attract and hire qualified candidates in order to fill vacancies.

HR did not generally use modern hiring processes during the audit period. For example, HR has not historically used LinkedIn, or other job boards such as college and university job boards as recruiting platforms. Additionally, according to one manager, application processes could be lengthy due to multiple supplemental questions included in the application. Best practices for hiring recommended by the Society for Human Resources Management include using social media to advertise positions, making sure the application process is streamlined and easy-to-use, and collaborating with universities, colleges and high schools to increase the applicant pool. Some department directors also expressed that the management approval process for new positions slowed down the hiring process.

HR did not provide department hiring managers with comprehensive procedures or trainings for the hiring process during the audit period. One department director stated that they never received any training from HR on citywide recruitment processes, and they had to learn the City's hiring system NEOGOV on an ad hoc basis.¹⁰ The former Interim HR Director also noted that the department had no one to train HR employees on how to use NEOGOV. According to the current HR Director, HR has recently developed trainings on the City's hiring process and how to use NEOGOV, and they have conducted these trainings with some departments. The HR Director also stated that every department now has an assigned HR analyst who works with departments to strategize for recruitments.

Some surveyed employees reported inadequate onboarding.

Thirty-eight percent of surveyed employees did not believe that HR provided them with adequate onboarding to the City, compared to 36 percent who did (26 percent neutral). Onboarding involves providing the employee with the tools and information they need to become a productive member of the team. According to the Society for Human Resources Management, a well-designed onboarding process can improve employee engagement and retention.

38%

of surveyed employees did not think HR provided them with adequate onboarding to the City.

¹⁰ NEOGOV is a talent management system used by many public sector agencies, including the City of Berkeley. The City uses NEOGOV software to support the City's hiring process.

Of the surveyed employees who answered demographic questions, 51 percent of employees hired within the past two years were dissatisfied with their onboarding, compared to 37 percent of employees hired before then. This may indicate that the quality of the City's onboarding process has declined in recent years. This time period overlaps with the COVID-19 pandemic, which may have impacted employees' onboarding experiences. Nevertheless, it is still important to ensure employees receive adequate onboarding so that they feel welcomed and understand their role and responsibilities.

Recommendations

To improve hiring procedures, we recommend the City Manager's Office:

- 3.1** Assess the level of staff and resources needed to meet the City's recruitment and hiring needs. Prioritize filling these positions when vacancies in this area fall below a level that would jeopardize the City's ability to hire quickly.
- 3.2** Assess the approval process for hiring new employees and identify opportunities to reduce inefficiencies.

We also recommend Human Resources:

- 3.3** Develop and execute a plan to modernize recruitment and hiring using social media and community engagement.
- 3.4** Communicate standard procedures and trainings for NEOGOV and the City's hiring process to all department heads and hiring managers.
- 3.5** Improve the employee onboarding process so employees have the tools and information they need to do their jobs.

Telework can benefit the City but the current policy is limited.

Among surveyed employees who were able to telework, 64 percent reported being satisfied with their experience. In addition to other benefits, telework may help retain employees by increasing employee satisfaction, performance, and commitment to the organization. It may also serve as a draw to potential applicants. Telework may also produce additional environmental and financial benefits to the City. Still, the current telework policy is not comprehensive and lacks accountability.

Most surveyed city employees report being satisfied with telework.

In March of 2020, the City began allowing some employees the option to telework in response to the COVID-19 pandemic. The City prohibited teleworking prior to 2020. This policy was implemented quickly due to the pandemic emergency, and there has not been much analysis on the impact of telework on employees. Therefore, we asked current employees about their satisfaction with telework.

Sixty-seven percent of all survey respondents believed they could do some or all of their work remotely, while 33 percent did not. Though some employees cannot telework based on their job duties—public safety officers, maintenance workers, and others—the majority of city employees have some job duties that can be done remotely. Of the employees we surveyed who were able to telework, 64 percent reported being satisfied with their experience. Only 15 percent reported being dissatisfied with telework (21 percent neutral). When asked to elaborate on their telework responses, the majority of employees described the positive impacts of telework on their life. This included decreased commute time, improved job satisfaction, improved work-life balance, and improved workplace safety. Seventy-five percent of surveyed employees who telework reported still feeling connected to their colleagues. Fifty-two percent of surveyed employees who telework also stated they would look for other employment if they are not able to telework at least some of the time. This indicates that telework is an important factor in retaining Berkeley employees.

52%

of surveyed employees who telework said they would seek other employment if the City removes the option to telework.

Staff Perspectives

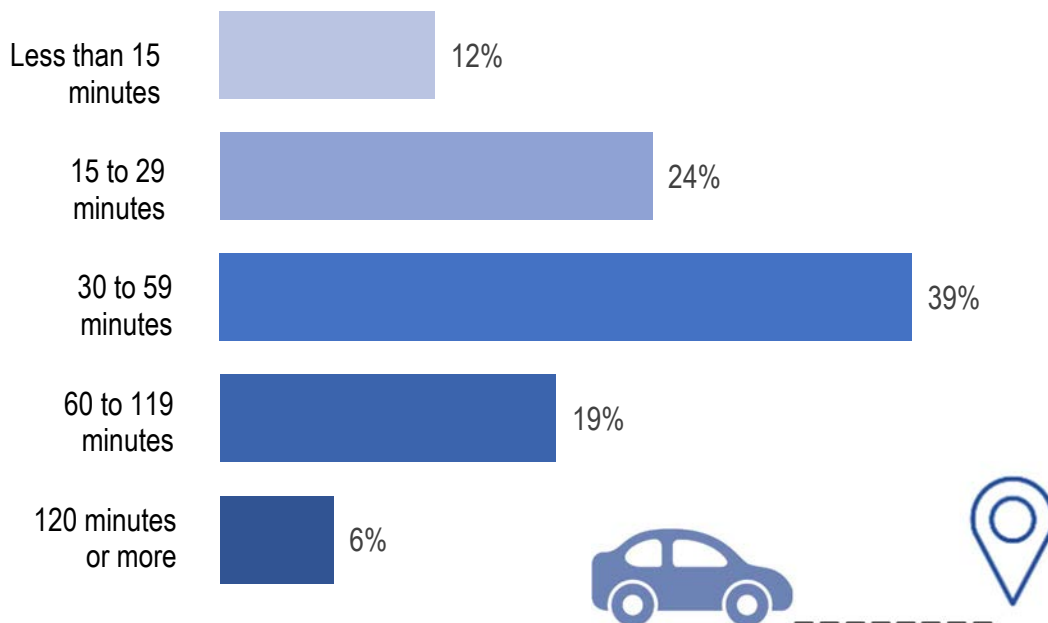
“I am grateful for the City’s decision to continue telework. It allows me to save time and money on commuting. [...] My colleagues and I all work effectively from home and stay connected via phone, email, Teams chat and conference calls. Remote work is a primary consideration for staying with the City.” – Current employee

“Being able to telework is a fantastic aspect of working with the City. The City’s COVID rules are rarely followed in the offices, so being able to cut down on exposure time is great, especially because I have a young infant and an immunocompromised spouse at home.” – Current employee

Source: 2022 satisfaction survey

Telework is one method of reducing employee commute times, which may increase employee satisfaction. Many City of Berkeley employees have long work commutes, as only 17 percent of full-time employees live in Berkeley. The majority of surveyed employees reported commuting 30 minutes or more to their worksite, with a quarter reporting a commute of an hour or more (Figure 12). Telework can therefore alleviate the burden of a long commute for these employees and the time spent commuting can be replaced with something more valuable to the employee.

Figure 12. A quarter of surveyed employees reported commuting an hour or more to work.



Source: 2022 satisfaction survey

Telework likely increased employee wellbeing and overall satisfaction for those who were able to telework during the pandemic, but some employees expressed needing telework policies that were fairer and more flexible. Over a quarter of surveyed employees expressed that they did not feel safe going to their worksite because of COVID-19. In open-ended survey responses, employees expressed different opinions regarding COVID-19 safety. Some believed the City provided enough protection around the virus, while others expressed concern about contracting COVID-19 at their worksite. Some felt that the City was inflexible around telework allowances, even for employees with underlying health conditions.

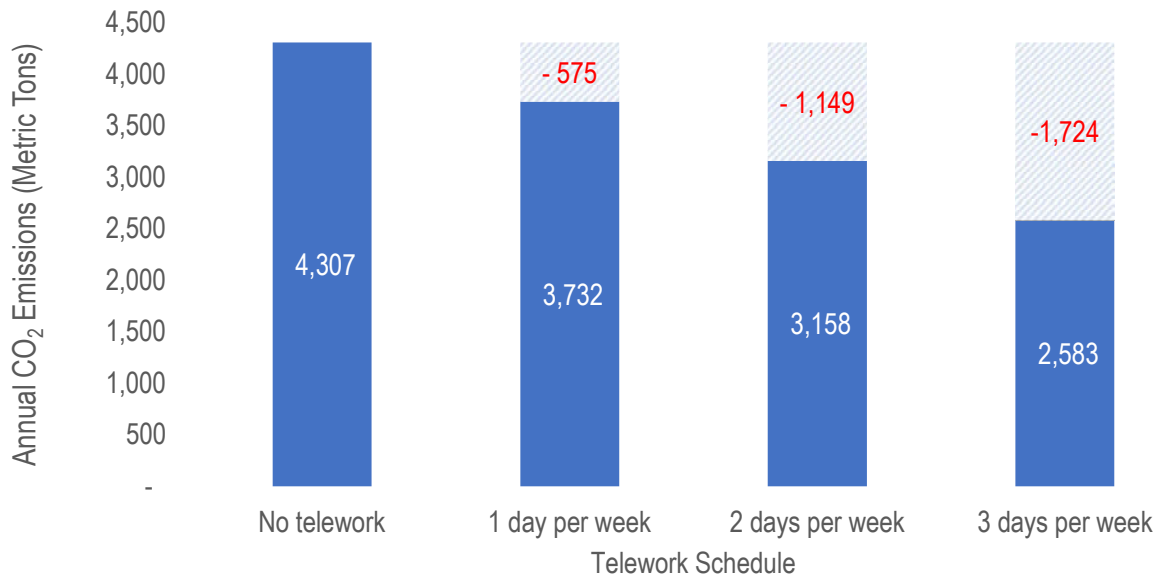
Telework may have additional benefits to the City.

There may be additional recruitment, environmental, financial, and disaster preparedness benefits associated with telework.

Telework can improve the recruitment pipeline by increasing the pool of available applicants to city positions. Many job seekers specifically look for flexible and remote working arrangements in an organization, therefore, Berkeley may be a more attractive employer by offering telework. Additionally, if Berkeley lacks funding to invest in improving workspaces, allowing employees to telework is one way to remain competitive with other organizations hiring from the same candidate pool. Other government organizations are also responding to job seekers' increased desire for telework. A recent NEOGOV survey of public sector HR directors found that 30 percent of organizations had expanded telework opportunities in order to attract more job candidates. This number will likely increase in the coming years as the public sector adapts to changing workforce norms.

Telework can also reduce carbon emissions created from employee commutes. An analysis of carbon emissions shows that if full-time career employees commute to Berkeley five days a week, this will generate approximately 4,307 metric tons of carbon annually. By allowing employees to work from home, the City can reduce its carbon footprint generated by employee commutes. We estimate that the City could reduce carbon emissions tied to employee commutes between 575 and 1,724 metric tons per year depending on the level of telework (Figure 13). Decreasing the emissions from employee commutes also aligns with Berkeley's Climate Action Plan goal to reduce the year 2000 emission levels by 80 percent by 2050.

Figure 13. Telework can reduce the amount of CO₂ produced by employee commutes.



Note: This calculation assumes 67 percent of full-time, career employees are participating in telework program. The current telework policy states employees can telework up to three days per week. We did not receive information on the number of city employees teleworking or how often they are teleworking.

Source: Berkeley City Auditor analysis

Telework can potentially reduce some costs for the City. Based on an analysis conducted by Global Workplace Analytics, *Telework in the 21st Century*, employers can save an estimated \$11,000 per half-time telecommuter per year.¹¹ Their estimate includes cost savings as a result of increased productivity, lower real estate costs, reduced absenteeism and turnover, and better disaster preparedness. We did not conduct an analysis of potential savings in the City of Berkeley.

Having a telework plan is a critical component of any emergency operations plan. During the COVID-19 pandemic, telework allowed the City to continue providing essential city services when employees could not be in their normal worksites. However, because the City did not have any teleworking policy or practice in place prior to the pandemic, there was no infrastructure in place for employees and managers to transition to working remotely. Having a practiced and thorough telework program would enable the City to adapt quickly to any event requiring the closure of city buildings without compromising service delivery.

¹¹ *Telework in the 21st Century*: <https://globalworkplaceanalytics.com/telecommuting-statistics>

The telework policy is not comprehensive and lacks accountability elements.

Despite employees' overall support for telework, the City's existing telework policy is not comprehensive, and does not address accountability issues. In February 2023, the City indicated that the telework policy would continue indefinitely after notifying employees that the COVID-19 masking and vaccine mandates would end at the end of that month. As of May 2023, no updates were made to create a more robust, long-term policy, though the contractor that produced the *Employer of Choice* report was developing a hybrid workplace best practices guide. One city employee union also pointed out the need for predictable and fair work from home policies as telework continues. A comprehensive telework policy should define eligibility, work expectations, and equipment and resource requirements.

Staff Perspectives

"Accountability needs to be redefined to make telework successful. Rather than physical presence as a measure of productivity, there should be performance benchmarks linked to clear goals with timeframes to make telework more equitable across the City. It would refocus accountability on results rather than physical presence (which is a poor indicator of productivity anyways)." – Current employee

"The City needs to identify ways to increase accountability in teleworking for it to be sustainable." – Current employee

"Berkeley doesn't provide a lot of guidance on telework policies, so we aren't able to give candidates clear information on how much flexibility they can expect." – Manager

Source: 2022 satisfaction survey, employee interviews

In open-ended survey responses, 24 employees expressed feeling that there are equity issues between teleworking and non-teleworking staff. According to a peer reviewed study, a perceived telework disparity can potentially lead to job dissatisfaction, a decrease in productivity, and difficulty retaining non-teleworking employees.¹² Transparency is one way to reduce perceived telework disparity. To realize the maximum benefits of teleworking, practices and policies should be made as transparent as possible. Additionally, teleworkers should provide their telework schedule and availability as well as having regular and fixed times to give updates to supervisors and colleagues.

¹² A Dark Side of Telework: A Social Comparison-Based Study from the Perspective of Office Workers: <https://rdcu.be/c8plU>

Updates to the telework policy can help improve transparency and encourage accountability. The current telework policy does not contain eligibility guidance, but leaves the determination of eligibility up to departments. It states that workers must be available by phone, email, or other specified method of communication during scheduled work hours, and it requires each remote worker to indicate how often they will check their email or phone during the workday. However, there appears to be no best practice guidelines in Berkeley's policy for these communication levels, and no accountability element if a remote employee is unresponsive. Berkeley's policy also does not require supervisors to justify their decision to deny telework requests.

Additionally, it is unclear which standard work equipment the City can provide to teleworkers. The policy only states that employees should contact their supervisor if they need equipment, but offers no guidance to supervisors on what they are allowed to provide to teleworkers. One department director said that the City did not consistently offer adequate training for supervisors of teleworking employees during the audit period.

The State of California, Alameda County, and the City and County of San Francisco developed comprehensive telework policies and guides for their employees (Table 2). These telework policies all require employees to receive training before teleworking, as well as specific trainings for supervisors to effectively manage their teleworking teams. These policies also outline a clear process for requesting equipment. Alameda County's policy has a checklist that managers must review before allowing a supervisee to telework, to ensure that the employee will be successful. Supervisors in the State of California and Alameda County are additionally required to justify their decision to deny or request a modification to employees' telework requests.

Table 2. The City of Berkeley does not have a comprehensive telework policy.

Elements of a Comprehensive Policy	State of California	Alameda County	City and County of San Francisco	City of Berkeley
The policy requires employees to be available for contact while teleworking.	✓	✓	✓	✓
The policy states that employees must comply with health and safety requirements at their telework site.	✓	✓	✓	✓
The policy has specific eligibility guidance.	✓	✓	✓	✗
The policy has clear communication guidelines and expectations.	✓	✓	✗	✗
There is an accountability element for unresponsive employees.	✓	✓	✓	✗
There are clear instructions for requesting equipment.	✓	✓	✓	✗
There are training resources and requirements.	✓	✓	✓	✗
Supervisors must provide justification for denying telework requests.	✓	✓	✗	✗

Source: State of California telework guide, Alameda County telework policy, City and County of San Francisco’s teleworking policy, City of Berkeley telework policy

Recommendations

To improve the telework policy, we recommend the City Manager’s Office:

- 4.1 Identify ways of reducing unused space in city buildings to save on overhead costs. This initiative may require additional resources beyond city staff.
- 4.2 Expand the citywide telework policy to include elements that align with best practices. This can include eligibility, employee accountability, equipment requests, telework training, and justifications for denying employee requests to telework.

The City lacked reliable data to address staff shortages.

Berkeley did not maintain accurate data to track retention trends. The City's internal personnel data system, ERMA, was unable to produce reliable reports on vacancy and turnover rates during our audit period. Inaccurate data may impact the City's service delivery if it cannot identify and respond to department vacancies or staff shortages in real-time. The City also has not consistently collected data on employee satisfaction. HR has not consistently sent exit surveys to departing employees or shared the data with departments. Additionally, city management has not reported sufficient data in recent years to track progress towards its diversity, equity, inclusion and accessibility goals and identify opportunities for improvement.

The City did not have reliable data on retention trends.

According to data systems owners in the City, ERMA was unable to produce reliable vacancy reports during our audit period. This means department directors did not receive vacancy data from HR and had to manually calculate vacancy rates. The **vacancy rate** is the percent of vacant positions within an organization. ERMA was also unable to produce accurate turnover reports during the audit period. The **turnover rate** measures the number of employees who leave in a given time period. Due to the City's data challenges, we could not report on any information regarding employee turnover.

Table 3. Key Retention Data Was Unreliable

Data	Definition	Status
Vacancy rate	Percent of total positions that are vacant.	Unreliable
Turnover rate	Percent of employees to leave an organization during a given time period.	Unreliable

Source: Auditor conclusion

Calculating turnover allows organizations to monitor the movement of employees out of an organization over a specific time period rather than a single point in time. Tracking data on employee retention such as vacancies and turnover rates helps organizations identify and proactively address employee retention challenges. The International Public Management Association, an organization that represents HR professionals in government, states that HR professionals must have access to accurate, real time workforce data. Maintaining accurate workforce data is also important when developing the budget. The Government Finance Officers Association notes that since salaries generally make up the greatest portion of the expenditure budget, governments should use personnel data to account for the number of budgeted positions and expected vacancies. According to the HR Director, the City's ability to produce accurate and reliable vacancy and turnover reports are limited by pre-set data fields in ERMA which do not always capture data that HR would like to track. Custom data fields do not feed automated dashboards but must be manually extracted. The City is currently working on solutions to improve ERMA's reporting capabilities.

The City's personnel system is cumbersome and prone to errors. According to data system owners, migrating data from the previous system FUND\$ to ERMA in 2021 resulted in errors. Consequently, certain employee information was missing or incorrect in ERMA. Other data errors may have been due to the system's inability to accurately represent underfilled positions, or data entry errors that went unresolved. According to the former Interim HR Director, there were no established procedures around entering and managing personnel data in ERMA.

With these data limitations, the City will not be able to easily track or report on retention. This could affect the City's service delivery if it does not have the data to proactively identify concerning trends in vacancies and turnover. It also increases departments' workload as they manually calculate and update this data, instead of using ERMA to quickly produce a report. According to the HR Director, HR has made progress in cleaning up personnel data and engaged a consultant to produce accurate reports in ERMA.

The City did not consistently collect data on employee satisfaction or conduct exit surveys.

With the exception of the recent *Employer of Choice* report, the City has very little data on employee satisfaction and does not share available data with departments. While HR has an exit survey, they have not sent it to every employee who resigns, and the number of responses is low. Additionally, the data HR does collect is not shared with departments, and it is unclear how the City uses the data. Further, there is currently no process in place for ongoing monitoring of retention and satisfaction data.

Most of the departments we interviewed have some method of conducting exit interviews with departing employees, though exit interviews are sometimes sporadic depending on the size of the department and their available resources. The Public Works department additionally collects yearly internal satisfaction data. However, there is no organized citywide effort to collect satisfaction data and compare trends.

Collecting satisfaction data can help organizations understand employee experiences and take steps to reduce internal dissatisfaction, thus improving retention. For example, the U.S. Office of Personnel Management conducts an annual survey on employee engagement—the Federal Employee Viewpoint Survey—in order to report on trends in employee satisfaction. Surveys or interview data can identify the most common causes of dissatisfaction, thus allowing the City to develop a targeted approach to improving retention.

Employee engagement refers to the sense of purpose and commitment employees feel toward their employer and its mission.

Employee satisfaction is a measure of how satisfied employees are with different aspects of their work including their job, organization, pay, and others.

The City lacked a robust data-informed approach to meet its diversity, equity, inclusion, and accessibility workforce goals.

The City recognizes the importance of maintaining a diverse workforce, however, it has not reported sufficient data in recent years to track progress towards its goals and identify opportunities for improvement.

Promoting diversity in the government workforce is important for a number of reasons, including retention. Fostering a diverse and inclusive workplace can help organizations reduce turnover, increase employee retention across demographic groups and improve morale. Regular assessment of employee satisfaction could help the City uncover diversity, equity, inclusion and accessibility (DEIA) concerns that impact retention. As noted in the previous section, the City does not regularly collect data on employee satisfaction, including employees' perceptions of DEIA in the workplace. Some employees raised concerns about DEIA in their open-ended survey responses, which suggests that it is an important factor in employee satisfaction.¹³ A regular citywide survey of employees would allow the City to target common DEIA concerns among employees or prioritize interventions to address those concerns. The U.S. Office of Personnel Management has demonstrated how to do this by recently adding DEIA questions to its Federal Employee Viewpoint Survey, along with a DEIA score based on survey responses.

¹³ These concerns echoed some of the issues brought forth by 20 current and former employees who filed complaints with the Berkeley Branch of the NAACP and were interviewed by Mason Tillman Associates in 2014. Mason Tillman Associates noted the following dominant themes which emerged from their analysis: absence of transparency in the hiring and promotion process; failure to hold supervisors, managers and directors accountable for their actions; and inconsistent application of rules and regulations in the hiring and promotion process.

One of the City's strategic plan goals is to attract and retain a talented and diverse City government workforce. According to the proposed budget for fiscal years 2023 and 2024, one of HR's performance measures is to ensure that City demographics reach parity with Alameda County demographics and identify and address racial and ethnic disparities in the City workforce. In the past, the City's Equal Employment Office has provided the Personnel Board with Year End Workforce reports which analyze demographic trends across indicators like hires, promotions, and leadership roles compared to the U.S. Census American Community Survey (ACS) data for Alameda County. However, the reports have not been produced since fiscal year 2020. According to HR, the department plans to produce these reports again and is exploring the feasibility of automating these reports.

A full demographic analysis of the city workforce was outside the scope of this audit. However, we identified some retention trends in the Year End Workforce reports that merit closer attention. For example, in fiscal year 2020, Hispanic or Latino employees made up 19 percent of all employees, 9 percent of supervisors and managers, and there were no Hispanic or Latino employees in deputy director or director roles. This is based on the most recent report available; there may have been demographic changes since the fiscal year 2020 report.

While comparing the demographic breakdown of Berkeley's workforce to the Alameda County ACS sheds light on where Berkeley stands compared to one relevant labor market, it is also important to monitor workforce trends across all levels of the City employee population (i.e. staff, managers, and supervisors) to gain a better sense of representation within the organization. The City's performance measure on employee diversity does not report on all levels of employment. However, looking at the data in this way could highlight potential barriers, for example, pipelines into manager- or director-level roles.

Recommendations

To improve internal data systems, we recommend Human Resources:

- 5.1 Clean up personnel data in ERMA to ensure all employee data is accurate.
- 5.2 Develop standardized procedures for entering and managing personnel data in ERMA.
- 5.3 Produce reports that can be used to inform retention and hiring efforts, which may include data on vacancies, recruitments, turnover, or other useful data. Human Resources should also report to City Council on staff vacancies by department and how long those positions have been vacant.
- 5.4 Consistently conduct exit surveys or interviews and share results with departments.

To better manage retention efforts, we recommend City Council:

- 5.5 Determine the appropriate city department or other body to regularly collect data on employee satisfaction. Data collection should include employees' perceptions about diversity, equity, inclusion, and accessibility in the workplace. The department should consider publishing the data and comparing it to previous years to help inform retention efforts.

To improve reporting on diversity, equity, inclusion, and accessibility, we recommend the City Manager's Office and Human Resources:

- 5.6 Resume data collection and production of Year End Workforce Reports on demographic workforce trends at least annually. Consider expanding Human Resources' performance measure reported in the budget book to capture diversity at all levels of city employment.

Recommendations and Management Response

We provided a draft of this report to city management and HR for review and comment. City management agreed with our findings, conclusions, and recommendations. We generally expect the City to implement audit recommendations within two years of report issuance. Some of the following recommendations may be implemented immediately, or require a longer timeframe to implement depending on available resources. We believe these recommendations are a worthwhile investment for the City.

- 1.1** To better manage retention, we recommend the City Manager’s Office establish citywide retention goals and report to City Council on progress towards those goals biennially.
- Implementation Date:** 1 year
- Corrective Action Plan:** Upon stabilizing the City’s hiring crisis, Human Resources will establish staffing goals (e.g., hiring over attrition) and metrics by which to measure them (e.g., reductions in vacancy rates).
- 1.2** To better manage retention, we recommend the City Manager’s Office conduct a staffing analysis based on critical needs to identify the number and type of full-time equivalent positions needed for successful city operations and services. The City may consider conducting this analysis one department at a time based on available resources.
- Implementation Date:** 2+ years
- Corrective Action Plan:** A staffing analysis of the recommended scale – involving operational departments, Human Resources, and the Budget team – is beyond the capacity of the City’s current staff. In order to be implemented, the recommendation would need funding and external resources (i.e., the involvement of a consulting firm) or a drastic reduction of current priorities.
- 2.1** To ensure job duties align with job descriptions, we recommend the City Manager’s Office review the highest priority city job descriptions to ensure they accurately reflect job duties.
- Implementation Date:** 2 years
- Corrective Action Plan:** Human Resources has already embarked on this endeavor, working with departments and the Personnel Board to revise key classification specs as vacancies occur. Revisions, however, are time-consuming, since they involve researching changes to the job class, drafting new language, negotiating the edits with labor groups, conducting a compensation study and submitting the change proposals to the Personnel Board for review and approval and then to council for adoption. Given that HR has limited staff and a slew of other deliverables, the revision process will necessarily move forward in priority order over the course of two years, unless resources are invested for outside contractors to assist with the workload.

- 2.2** To alleviate workloads associated with Council referrals, we recommend City Council consider staff capacity when introducing new legislation, and limit or prioritize new legislation during periods of short staffing.
- Implementation Date:** 1 year
- Corrective Action Plan:** Staff currently articulate in staff reports and communications to the City Council regarding staff capacity to implement new legislation. In addition, the City Manager presented in December 2022 to the City Council regarding the staffing crisis the City is currently facing. Opportunities to enhance communications of this nature can be explored with the City Council.
- 2.3** To alleviate workloads associated with Council referrals, we recommend the City Manager’s Office report on the status of approved projects to City Council, including information about delays caused by staff vacancies.
- Implementation Date:** 1 year
- Corrective Action Plan:** Staff currently articulate in staff reports and communications to the City Council regarding staff capacity to implement new legislation. In addition, the City Manager presented in December 2022 to the City Council regarding the staffing crisis the City is currently facing. Opportunities to enhance communications of this nature can be explored with the City Council.
- 2.4** To improve employee satisfaction, we recommend the City Manager’s Office improve pathways for promotion in the City through a citywide succession plan, which may include cross-training for positions.
- Implementation Date:** 2 years
- Corrective Action Plan:** Human Resources will plan for promotional pathways through succession planning and cross-training while being mindful of inherent restrictions imposed on this effort by the relatively modest size of the City’s workforce, particularly in smaller City departments/divisions.
- 2.5** To improve employee satisfaction, we recommend the City Manager’s Office direct departments to ensure that all employees receive an annual performance evaluation.
- Implementation Date:** 18 months
- Corrective Action Plan:** Human Resources will reconfigure the employee evaluation process with the mindset that performance assessment and feedback should be continuous, constructive, and growth-minded, rather than limited to 12-month intervals.

- 2.6** To improve employee satisfaction, we recommend Human Resources implement a comprehensive training program that ensures staff at all levels receive the training they need to fulfill their job duties and develop their job skills as needed. Consider increasing the training budget and redesigning the training curriculum to best address the needs of a post-pandemic workforce, improving training for supervisors and managers, ensuring that experts conduct trainings, and allowing employees to request specific trainings.
- Implementation Date:** 18 months
- Corrective Action Plan:** Human Resources has already initiated a re-imagining of the workforce training curriculum, with specific focus on supervisory, non-supervisory, and safety-sensitive positions. This effort includes a redesign of the Leadership Development Program and the new Skilled Workers Academy to maximize efficiency and effectiveness. Many current employees have gone through this program already.
- 2.7** To improve transparency, we recommend Human Resources ensure that all city employees complete mandatory trainings in accordance with the state law. Report data on mandated trainings to Council annually.
- Implementation Date:** 1 year
- Corrective Action Plan:** Human Resources has already identified compliance with mandatory trainings as a top priority for the 2023 calendar year. Departments are asked to meet compliance milestones throughout the year, reaching 100% by December 31.
- 2.8** To improve transparency, we recommend the City Manager's Office update City Council on the recruitment status of hard-to-fill positions during the biennial budget process, as well as steps taken to fill these positions.
- Implementation Date:** 18 months
- Corrective Action Plan:** Human Resources has already instituted a system of prioritizing departments' most critical hiring needs. Once vacancy rates are stabilized, HR will highlight remaining hard-to-fill positions during every biennial budget process, along with articulating the measures implemented to recruit for them.

2.9 To improve transparency, we recommend the City Manager’s Office identify positions that are hard-to-recruit and retain and consider reassessing pay for those positions.

Implementation Date: 18 months

Corrective Action Plan: The City is already piloting a hiring pay incentive for certain positions in the Police Department but is mindful that reassessing pay for hard-to-recruit positions involves a complex set of considerations, including internal alignment (affecting supervisory or related classifications), internal equity, and labor negotiations.

2.10 To improve communication channels in the City, we recommend the City Manager’s Office assess employees’ needs regarding communication from the City Manager’s Office and design a communication strategy that addresses those needs.

Implementation Date: 1 year

Corrective Action Plan: This effort is currently underway as part of the Employer of Choice initiative. The Communications Division is currently meeting regularly with departments to assess communication needs. Additionally, a quarterly Employer of Choice newsletter goes out to all employees, in addition to the already-existing Berkeley Matters publication available to all employees. The City Manager's Office will continue to explore ways to enhance employee communications as envisioned by the Employer of Choice initiative.

3.1 To improve hiring procedures, we recommend the City Manager’s Office assess the level of staff and resources needed to meet the City’s recruitment and hiring needs. Prioritize filling these positions when vacancies in this area fall below a level that would jeopardize the City’s ability to hire quickly.

Implementation Date: 6 months

Corrective Action Plan: Recommendations to increase staffing within the Human Resources Department were made by the Municipal Resource Group (MRG) as part of its Employer of Choice roadmap, and the City Council has already allocated three additional positions for HR, two of which have been filled; requests for another three positions are pending.

3.2 To improve hiring procedures, we recommend the City Manager’s Office assess the approval process for hiring new employees and identify opportunities to reduce inefficiencies.

Implementation Date: 6 months

Corrective Action Plan: Human Resources has already re-ordered the sequence in which hiring approvals are processed but will seek out further opportunities to enhance efficiencies.

3.3 To improve hiring procedures, we recommend Human Resources develop and execute a plan to modernize recruitment and hiring using social media and community engagement.

Implementation Date: 1 year

Corrective Action Plan: Human Resources has already commenced these efforts pursuant to the Employer of Choice initiative. With funding allocated by Council, the department is in the process of issuing a Request for Proposal to engage a marketing firm that will provide a full suite of recruitment services on digital platforms and social media in order to broaden outreach to high-caliber candidates of diverse backgrounds.

3.4 To improve hiring procedures, we recommend Human Resources communicate standard procedures and trainings for NEOGOV and the City’s hiring process to all department heads and hiring managers.

Implementation Date: 6 months

Corrective Action Plan: Human Resources has already designed trainings on the use of NEOGOV for maximized efficiency in the hiring process, including the scheduling of interviews and the issuance of e-offers and e-reference checks. HR has conducted this training for the hiring managers of the largest departments, including Public Works, Planning, and Health, Housing & Community Services (HHCS), and will roll it to out all remaining departments before the end of the calendar year.

3.5 To improve hiring procedures, we recommend Human Resources improve the employee onboarding process so employees have the tools and information they need to do their jobs.

Implementation Date: 6 months

Corrective Action Plan: Human Resources has already automated the onboarding process so that new employees can submit pre-employment paperwork, make benefits selections, and review City policies electronically. Within the next six months, HR will develop and implement a broader “Welcome to Berkeley” onboarding initiative designed to ease new employees into their jobs and provide them with all necessary tools for success.

- 4.1** To improve the telework policy, we recommend the City Manager’s Office identify ways of reducing unused space in city buildings to save on overhead costs. This initiative may require additional resources beyond city staff.
- Implementation Date:** 2+ years
- Corrective Action Plan:** In order to be implemented citywide, this recommendation would need significant funding and external resources allocated. Currently, the City is making incremental progress on exploring more efficient use of space on a department-by-department basis.
- 4.2** To improve the telework policy, we recommend the City Manager’s Office expand the citywide telework policy to include elements that align with best practices. This can include eligibility, employee accountability, equipment requests, telework training, and justifications for denying employee requests to telework.
- Implementation Date:** 6 months
- Corrective Action Plan:** Efforts are already underway in this regard, as the consulting firm Municipal Resource Group (MRG) is preparing a Hybrid Workplace Best Practice Guide as a supplement to its Employer of Choice roadmap.
- 5.1** To improve internal data systems, we recommend Human Resources clean up personnel data in ERMA to ensure all employee data is accurate.
- Implementation Date:** 6 months
- Corrective Action Plan:** Human Resources has already completed the bulk of this work but will continually review and refine data in order to ensure maximum accuracy.
- 5.2** To improve internal data systems, we recommend Human Resources develop standardized procedures for entering and managing personnel data in ERMA.
- Implementation Date:** 6 months
- Corrective Action Plan:** Human Resources has already implemented methods of standardizing data input and management, and will continue to refine them while navigating limitations with the ERMA system itself.

5.3 To improve internal data systems, we recommend Human Resources produce reports that can be used to inform retention and hiring efforts, which may include data on vacancies, recruitments, turnover, or other useful data. Human Resources should also report to City Council on staff vacancies by department and how long those positions have been vacant.

Implementation Date: 6 months

Corrective Action Plan: Human Resources has already undertaken this effort by engaging a data consultant to design reports and dashboards in ERMA and in NEOGOV; however, limitations in those systems (particularly ERMA) pose impediments to this effort. Departments do provide their vacancy rates when they complete department presentations during budget and finance development each year.

5.4 To improve internal data systems, we recommend Human Resources consistently conduct exit surveys or interviews and share results with departments.

Implementation Date: 2 years

Corrective Action Plan: Human Resources currently sends out exit surveys but lacks capacity for robust follow through, analysis, and subsequent dialogue with departments. Meaningful implementation of this recommendation would require a modest investment in staffing (e.g., a dedicated part-time HR intern).

5.5 To better manage retention efforts, we recommend City Council determine the appropriate city department or other body to regularly collect data on employee satisfaction. The department should consider publishing the data and comparing it to previous years to help inform retention efforts. Data collection should include employees' perceptions about diversity, equity, inclusion, and accessibility in the workplace.

Implementation Date: 2 years

Corrective Action Plan: The Special Projects team working on the Employer of Choice initiative will collaborate with the to-be-hired DEI officer to implement a methodology to collect and report back on employees' perceptions about diversity, equity, inclusion, and accessibility in the workplace. This will be additional to the work being done to address the items presented in the Employer of Choice roadmap produced by MRG.

5.6 To improve reporting on diversity, equity, inclusion, and accessibility, we recommend the City Manager’s Office and Human Resources resume producing Year End Workforce Reports on demographic workforce trends at least annually. Consider expanding Human Resources’ performance measure reported in the budget book to capture diversity at all levels of city employment.

Implementation Date: 1 year

Corrective Action Plan: Human Resources will resume reporting on demographic trends and diversity levels as part of its data analytics efforts referenced in Recommendation No. 5.3.

Methodology and Statement of Compliance

We audited the City's approach to staff retention, including reviewing relevant Human Resources (HR) department's operations for fiscal years 2018 through 2022. We performed a risk assessment of HR's practices and procedures to identify potential internal control weaknesses, including fraud risks, within the context of our audit objectives. This included a review of selected policies and procedures, as well as interviews with subject matter experts, HR staff, department directors, and current and former employees.

To gain an understanding of HR's operations and internal controls and to achieve our audit objectives, we reviewed the following:

- Survey responses from a satisfaction survey we designed and sent to current employees,
- Survey responses from an exit survey we designed and sent to former employees who voluntarily resigned or retired,
- Survey responses from an exit survey that the HR department sent,
- Internal staffing data from the City's current employee information system ERMA (January 2021 – June 2022) and FUND\$ (July 2018 – December 2020),
- NEOGOV data on the City's new hires and promotions,
- Previous audit findings and recommendations regarding understaffing and vacancies,
- City of Berkeley HR policies and procedures,
- National media on public sector hiring and retention issues,
- Professional literature and best practices for hiring and retaining employees, including telework,
- Staffing data and telework policies from local jurisdictions to compare to Berkeley, and
- Other audits in comparison cities related to employee retention.

We also conducted interviews with:

- HR staff members, including the former Interim HR Director, and the current HR Director,
- Current and former city employees,
- Union representatives from City of Berkeley bargaining groups,
- City department directors,
- City leadership including the City Manager and City Councilmembers,
- A climate policy consultant, and
- The Chair of the Personnel Board.

We analyzed:

- Satisfaction and exit survey responses,
- Vacancy rate data from department directors,
- Resignation and retirement data from FUND\$ and ERMA,
- NEOGOV data on the City's new hires and promotions,
- Commuter carbon emissions data, and
- Year End Workforce Reports from fiscal years 2018-2020, i.e. reports produced by the City showing demographic trends in the City's workforce.

We included quotes from current employees, former employees, and department directors. To protect confidentiality, we did not include any identifiable information. Further, each quote featured in this report was only edited for clarity, length, or grammar.

Data Reliability

There are inherent limitations in using survey data to gauge employee satisfaction. However, even with those limitations, providing an anonymous survey was the most effective and efficient way to hear from a large number of current and former employees who could respond freely. During our audit, we kept the following in mind: 1) Many factors can impact a respondent's frame of mind when completing the survey, which could influence their responses either positively or negatively; 2) People who are dissatisfied are more apt to reply to the survey and ongoing changes within the City would impact perceptions day to day; 3) Unless the survey achieves a 100 percent response rate, some opinions may not be reflected in the quantitative analysis of responses; and 4) Despite our extensive preparation, respondents could have interpreted questions differently than we intended. Because the overall goal was to set a baseline of the morale at a point in time, we determined that the above factors would not create a significant risk to the accuracy of our audit findings, conclusions, and recommendations. The number of responses for both surveys was a strong indicator that the results were reliable, and the responses agreed with comments made during interviews, including discussions with employees, supervisors, and management.

We assessed the reliability of ERMA, FUND\$, and NEOGOV data by reviewing it for completeness, appropriateness, and consistency. We determined that ERMA data is reliable for the audit's purpose, with some caveats. ERMA data was reliable for pulling employee reports including resignation, retirement, hire, and service dates after January 1st, 2021. We determined the reliability of ERMA data by interviewing data owners and performing logic testing on the data. We could not confirm the accuracy of the vacancy rate or turnover data and therefore could not use it for analysis or use past employee data to analyze retention trends.

We also assessed the reliability of employee payroll data in the FUND\$ system and determined it is sufficiently reliable for the purposes of our analysis. We assessed reliability by reviewing two prior data reliability assessments from previous audits, as both audits used FUND\$ as a data source and found it to be reliable.

We additionally determined that NEOGOV data are sufficiently reliable for the audit's purpose. We determined data reliability by interviewing knowledgeable data owners, reviewing data manuals, and performing logic testing on the data. We noted a limitation in the data: there are nine new hires and five promotions whose start date was before their requisition create date. According to HR, these are employees who were hired before being entered into NEOGOV. Therefore, their requisition was created after their start date. These limitations did not significantly impact our analysis.

Independence

Payroll Audit is a Division of the City Auditor's Office. The Payroll Audit Division performs citywide payroll functions and is a module leader for the payroll/personnel module used to record payroll costs. HR and department payroll clerks are responsible for entering employee data and collecting relevant documentation. Payroll Audit is not responsible for verifying the employee's time or the use of budget codes by the department. Further, Payroll Audit limits its review of sufficient documentation for the reported time or transaction; HR and department payroll clerks are responsible for making adjustments to ensure the accuracy of the information in the system.

To reduce the threat to our independence, we limited our work to exclude areas overseen by our office. We also selected data from closed payroll periods that was in read only status.

We relied on previous consultations with representatives from the U.S. Government Accountability Office to assess the safeguards we put in place. Based on this, we determined that the safeguards mentioned above reduced the identified threats to our independence to an acceptable level to proceed with the audit.

Statement of Compliance

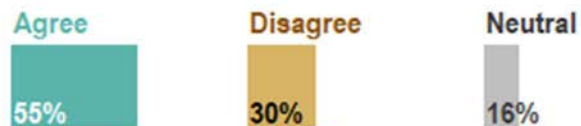
We conducted this performance audit in accordance with Generally Accepted Government Auditing Standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix I. Satisfaction Survey Responses

To measure employee satisfaction levels, we surveyed current employees between August 30 and September 18, 2022. We received 771 total responses out of 2094 active employees, including part-time and temporary staff, with a response rate of 37 percent. We measured most responses on a scale from “agree”, “somewhat agree”, “neutral”, “somewhat disagree” to “disagree”. When displaying results, we combined the “agree” and “somewhat agree” responses, along with the “disagree” and “somewhat disagree” responses for simplicity. Certain questions were only accessible based on the respondent’s previous answers, for example, only supervisors could access questions about their supervising experience. To ensure employee confidentiality, the information in this report does not include individually identifiable information from the survey responses. Responses are displayed below.

Job

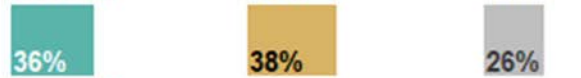
My job allows me to balance my work and personal life.



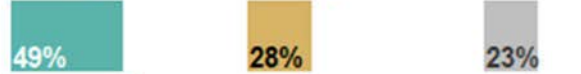
I am satisfied with my career advancement opportunities.



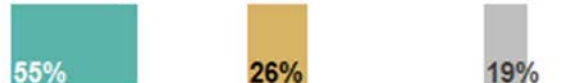
HR provided me with adequate onboarding to begin my job when I was hired.



I would recommend working at the City of Berkeley to a friend.



I am satisfied with my job.

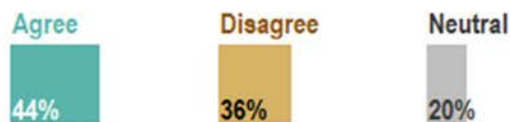


I have looked for another job in the past year.

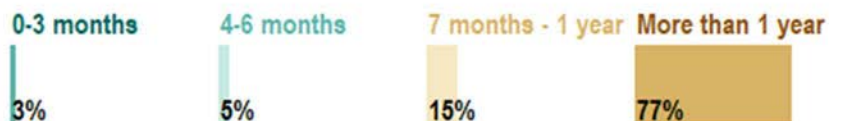


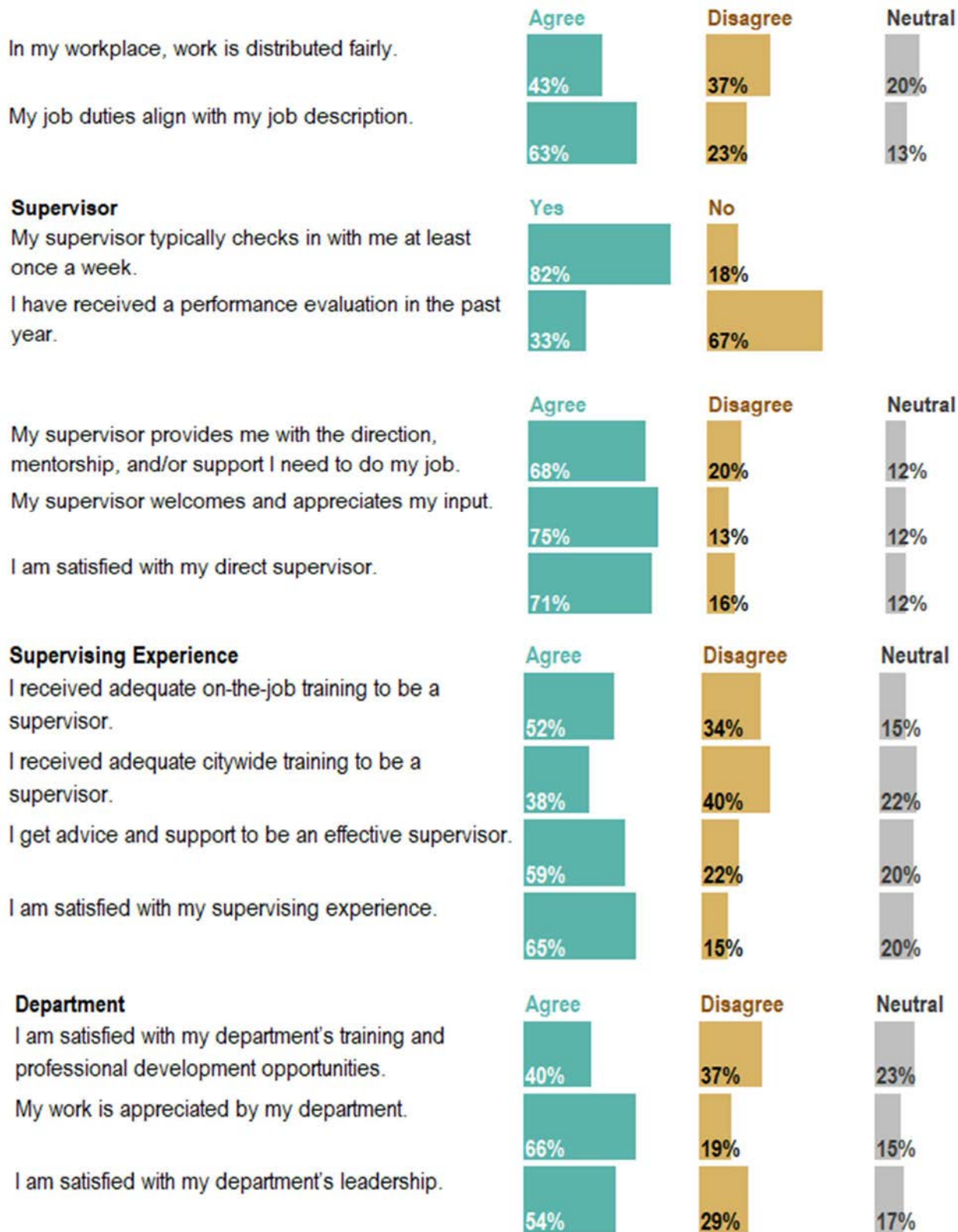
Workload

My workload is manageable.



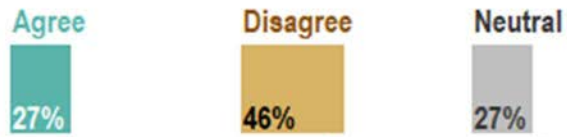
If disagree, how long has this been a problem?





City Management

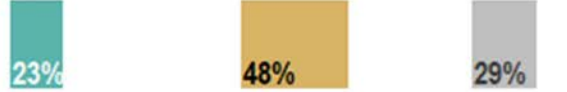
City management cares about employees.



I am satisfied with citywide training and professional development opportunities.



City management communicates well when making decisions that impact City of Berkeley employees.



Compensation and Benefits

I am satisfied with my compensation.



I am satisfied with my benefits package.



Commute and Telework

Given my current duties, I believe that some or all of my work can be successfully conducted remotely.



The City provides me with the materials, equipment, and training I need to successfully telework.



I feel connected to my colleagues.



If I am not permitted to telework (at least some of the time), I will find other employment.

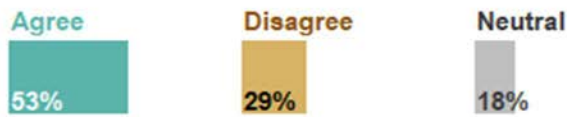


I am satisfied with my teleworking experience.

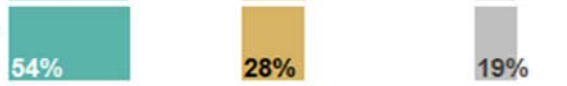


COVID-19

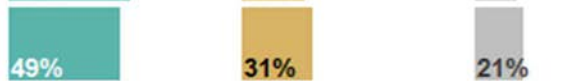
The City provides employees with adequate communication around COVID-19.



Regarding COVID-19, I feel safe going to my work site.

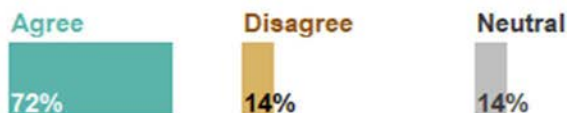


I am satisfied with the City's efforts to protect employees from COVID-19.



Fraud, Waste and Abuse

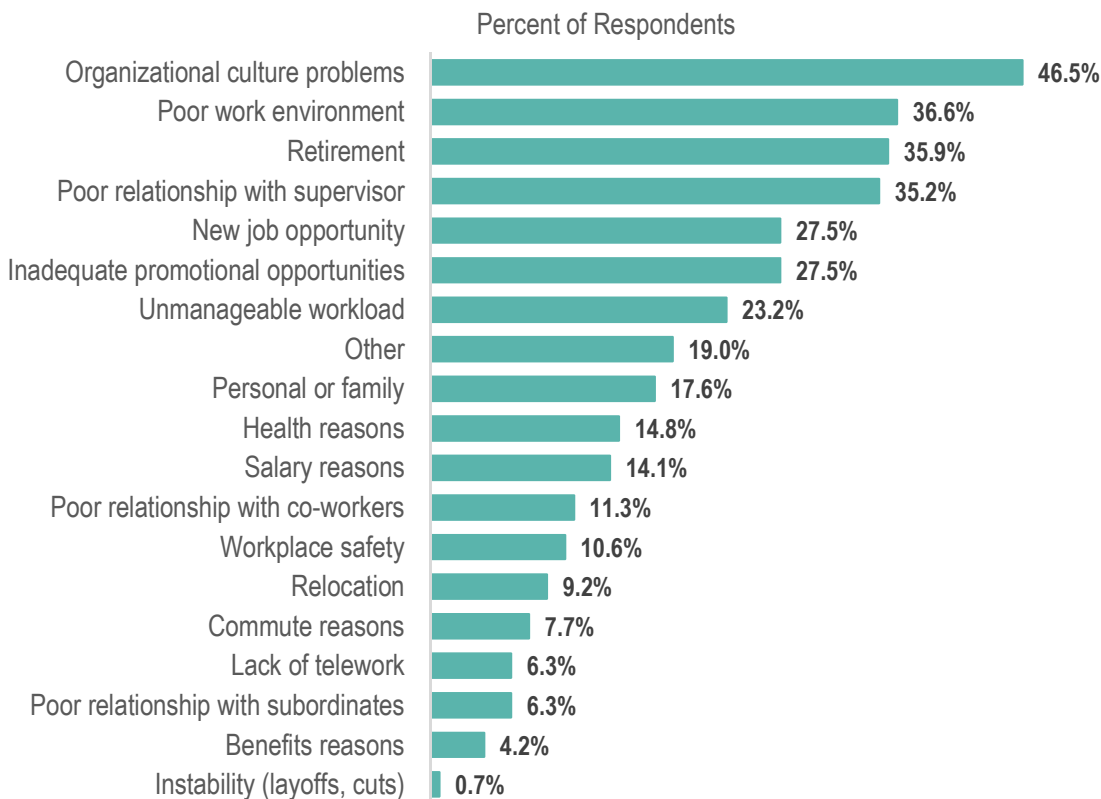
I know what to do if I encounter fraud, waste, or abuse of city resources in the workplace.



Appendix II. Exit Survey Responses

We asked employees who left the City to respond to an exit survey. We sent the exit survey to former employees who voluntarily left the City—indicated by a termination reason marked as resignation, retirement, medical separation or disability retirement in ERMA—between fiscal years 2018 and 2022. Respondents could fill out the online survey using SurveyMonkey, or they could fill out the paper survey that we mailed to their address. We received a total of 142 responses out of 495 former employees who received the survey. We decided to conduct our own exit survey because the City received only 38 responses to its exit survey between October 2018 and June 2022.

What were your reasons for leaving the City of Berkeley?



Note: We asked survey respondents to provide their five primary reasons for leaving the City out of the options above. This figure shows the percent of respondents who listed each reason as one of their primary reasons for leaving.

Source: 2022 exit survey

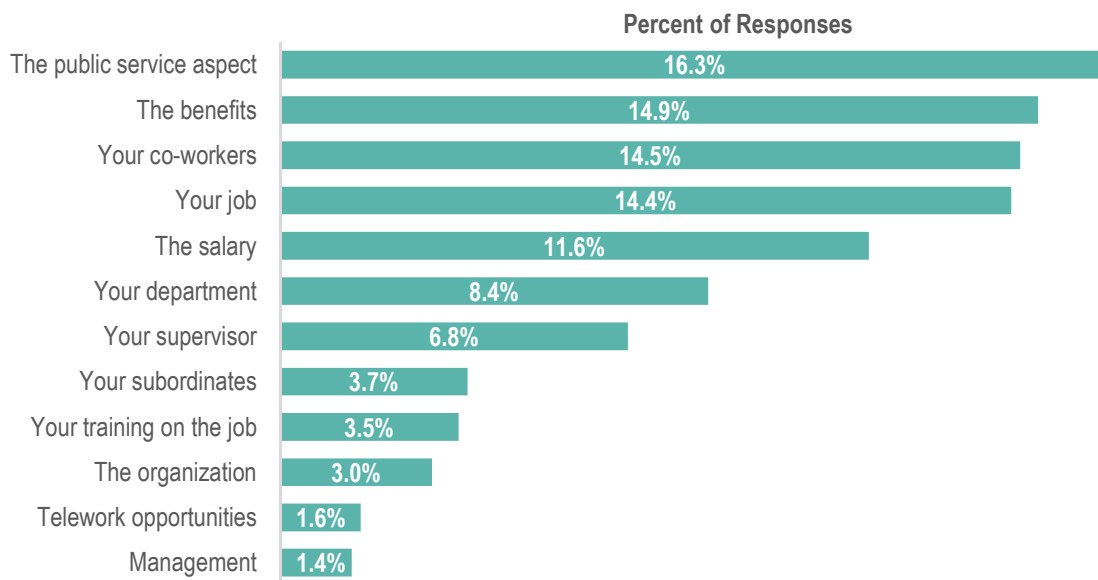
How would you rate your experience working for the City?



Note: Figure is an average of all responses. Respondents were asked to rate their experience from worst (1) to best (5).

Source: 2022 exit survey

What did you like best about working for the City?



Source: 2022 exit survey

Did you receive an exit survey upon leaving the City?

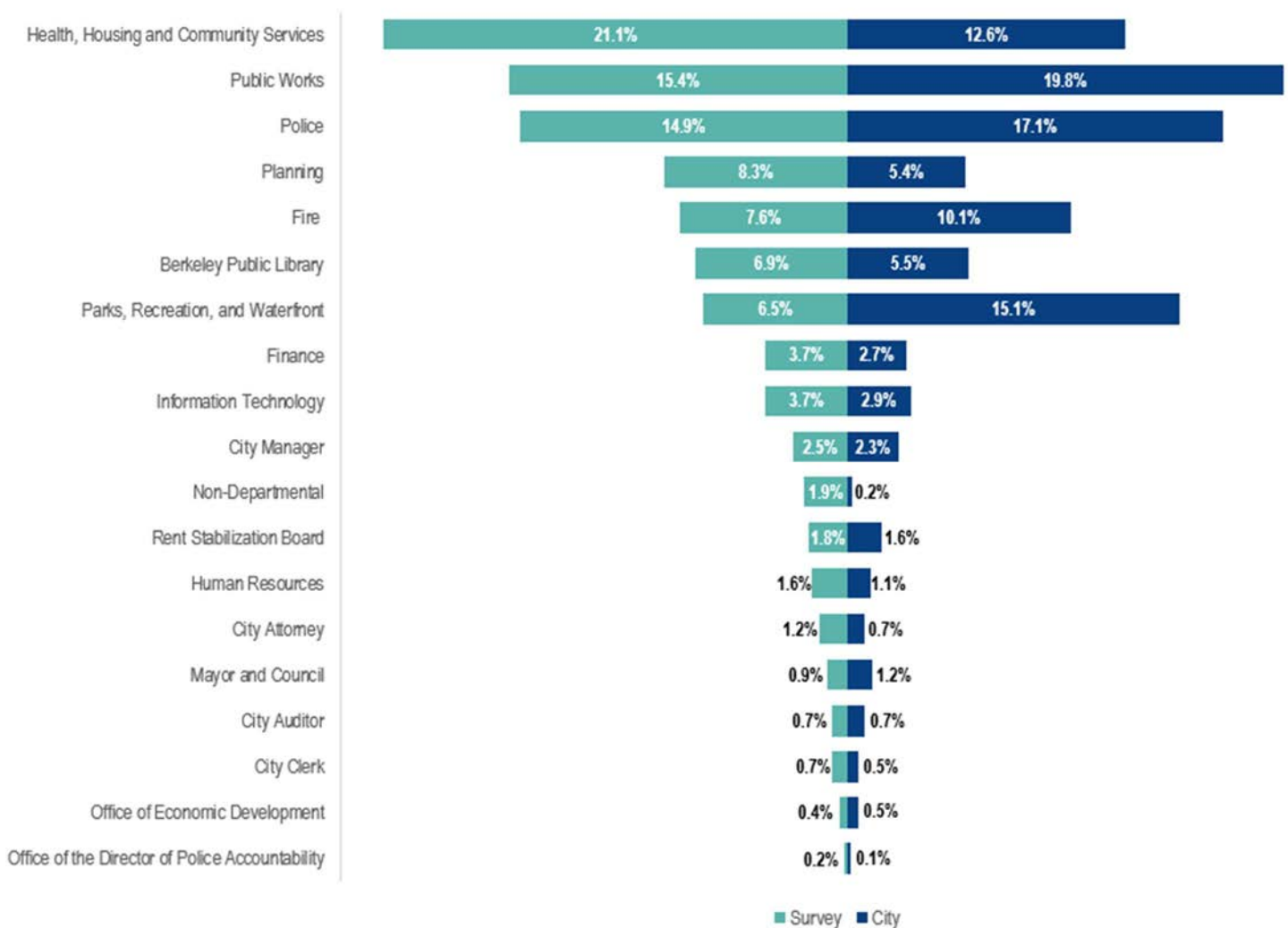


Source: 2022 exit survey

Appendix III. Satisfaction Survey Respondents by Department

We asked City of Berkeley employees to respond to a job satisfaction survey. In order to determine how well the responses represented the opinions of employees in different departments, we compared survey response data to citywide data. Employees from every department responded to the survey.

Figure 14. Full-Time Employees Who Responded to Satisfaction Survey by Department Compared to Citywide Data



Note: This figure reflects satisfaction survey respondents who indicated they were a full-time employee; some respondents skipped this question and therefore may not be captured in this graphic. Citywide data captures all full-time employees as of September 9, 2022.

Source: 2022 satisfaction survey and ERMA

Mission Statement

Promoting transparency and accountability in Berkeley government.

Audit Team

Caitlin Palmer, Senior Auditor
Erin Mullin, Senior Auditor
Kendle Kuechle, Auditor I
Pauline Miller, Auditor I

City Auditor

Jenny Wong

Office of the City Auditor

Phone: (510) 981-6750

Email: CityAuditor@berkeleyca.gov

Website: <https://berkeleyca.gov/your-government/city-audits>

Copies of our audit reports are available at

<https://berkeleyca.gov/your-government/city-audits/city-auditor-reports>

Cover photographs provided by City of Berkeley and Freepik



BERKELEY CITY AUDITOR



To: Honorable Mayor and Members of the City Council
From: Jenny Wong, City Auditor *zw*
Subject: Staff Shortages: City Services Constrained by Staff Retention Challenges and Delayed Hiring

RECOMMENDATION

We recommend City Council request that the City Manager report back by January 2024, and every six months thereafter, regarding the status of our audit recommendations until reported fully implemented. Some of our recommendations include: establish retention goals and conduct an analysis of staff needed for city operations and services; consider staff capacity around new legislation; take steps to improve employee satisfaction; identify opportunities for efficiency in the hiring process, and modernize its recruiting process; expand the telework policy to align with best practices; and regularly collect data on employee satisfaction and on diversity, equity, inclusion, and accessibility.

FISCAL IMPACTS OF RECOMMENDATION

Implementing the recommendations outlined in the audit *Staff Shortages: City Services Constrained by Staff Retention Challenges and Delayed Hiring* will have fiscal implications for the city. While the exact financial impact will depend on specific implementation strategies and timelines, it is crucial to allocate adequate resources to ensure the successful execution of these initiatives. The long-term benefits of improved employee retention, such as enhanced service delivery, reduced recruitment and onboarding costs, and increased employee productivity, will outweigh the initial investments.

CURRENT SITUATION AND ITS EFFECTS

During the audit period of fiscal year 2018 to fiscal year 2022, Berkeley experienced staff shortages that impacted the delivery of crucial city services. The City lacked a clear and data-driven retention strategy, exacerbating the problem. Employee dissatisfaction emerged as a key factor contributing to staff turnover, with voluntary separations (resignations and retirements) surpassing new hires each year of the audit period. Outcomes of the employee satisfaction survey that we performed as part of the audit highlight concerns related to workload, outdated internal systems, limited professional development opportunities, employee pay, and inadequate support and communication from city management. In a survey of former employees, 47 percent reported that organizational culture problems were among their primary reasons for leaving the City.

The instability in the Human Resources department further impeded Berkeley's ability to fill vacancies effectively. Over the audit period, the average time to hire new employees increased substantially, from 4.9 months in fiscal year 2018 to 7.7 months in fiscal year 2022, causing

delays in crucial recruitment processes. Additionally, while telework showed potential in retaining employees, the City's existing telework policy is limited and in need of enhancement. We also found a lack of reliable data for monitoring workforce retention trends, including accurate information on vacancies and employee satisfaction.

BACKGROUND

The City of Berkeley has 1,792 budgeted full-time equivalent (FTE) positions as of FY 2023. Retaining employees is important for government organizations to ensure there are enough staff to deliver services and programs effectively. Though outside factors such as the Great Resignation provide a larger context for employee retention, retaining employees in Berkeley was a problem before the pandemic and the Great Resignation, which are not solely responsible for citywide retention challenges.

Some level of employee turnover is necessary in healthy organizations. Employees leave for many reasons other than job dissatisfaction, including retirement, or relocation. Employee turnover also allows new talent and people with new skillsets to enter the organization. However, too much employee turnover becomes costly and makes it more difficult for organizations to function. Excessive turnover can also lower the morale of the remaining staff in an organization.

ENVIRONMENTAL SUSTAINABILITY

In our report, we identify opportunities to reduce greenhouse gas emissions created from employee commutes through the use of telework. Decreasing emissions aligns with Berkeley's Climate Action Plan goal to reduce the year 2000 emissions by 80 percent by 2050.

RATIONALE FOR RECOMMENDATION

Implementing our recommendations will improve the City's management of employee retention and mitigate risks associated with excessive turnover and vacancies.

CONTACT PERSON

Jenny Wong, City Auditor, City Auditor's Office, 510-981-6750

Attachments:

- 1: Audit Report - Staff Shortages: City Services Constrained by Staff Retention Challenges and Delayed Hiring

APPENDIX V

Employer of Choice Initiative Supporting Documentation



Office of the City Manager

ACTION CALENDAR
February 28, 2023

To: Honorable Mayor and Members of the City Council
 From: Dee Williams-Ridley, City Manager
 Submitted by: Dee Williams-Ridley, City Manager
 Subject: The City of Berkeley Employer of Choice Initiative

RECOMMENDATION

Adopt a resolution to support and endorse the City Manager's workplan to implement the City of Berkeley's Employer of Choice initiative. The workplan provides actionable recommendations by Municipal Resource Group (MRG), an independent consultant firm specializing in providing cities, counties, and government agencies with professional strategic services.

Consistent with MRG's 90-day Action Plan recommendations, the City Manager is currently requesting authorization to 1) hire two Associate HR Analysts and one Assistant HR Analyst, 2) contract with a branding and marketing agency in an amount not to exceed \$250,000 to help attract, outreach and recruit talent for the City workforce in support of the Human Resources Department; and 3) enhance communications and social media content planning and strategy including support for department communications in a combined amount not to exceed \$200,000.

FISCAL IMPACTS OF RECOMMENDATION

Costs associated with the resources identified within this initial 90-day workplan are offset by unanticipated salary savings within the General Fund, resulting in no net increase to the Fiscal Year 2023 Adopted Budget. The ongoing cost of increased personnel, as well as other potential resources required to effectively implement the Roadmap, will be presented as part of the Fiscal Year 2024 Mid-Biennial Budget Update.

CURRENT SITUATION AND ITS EFFECTS

The City of Berkeley provides a portfolio of services to the community that is unparalleled in California for a city of its size. The quality of this broad array of services to residents, business, students and visitors is directly impacted by the ability of the City to retain and recruit talented and committed staff. Ensuring budgeted positions are filled with motivated employees is key. Fully staffing an organization that functions efficiently helps limit turnover, retain institutional knowledge and effectively implement the City's programs and policy initiatives.

In September 2022, the City engaged MRG to provide a Roadmap to help the City become an Employer of Choice. A team of three MRG consultants was selected for this project based on their broad experience managing public organizations at the executive level. The goal of the project was to assess the organization’s needs and craft an actionable plan titled the “Employer of Choice Roadmap” to retain and attract employees. This Roadmap creates six thematic areas of focus with a total of forty-eight (48) initiative areas. MRG was also asked to prepare a Hybrid Best Practices Guide which will be shared with Human Resources, labor unions, and employees through a separate process.

The MRG team conducted meetings and focus groups with employees, department heads, and bargaining units from all departments to identify Employer of Choice issues and strategies. Interviews and focus groups were confidential. Participants were assured that no specific quotes would be assigned to any one individual; rather, input would be integrated into general themes and recommendations.

After review of the Roadmap, the City Manager is recommending a Phase 1 focused workplan to address key 90-day deliverables in three defined areas. These recommendations are in alignment with the priority areas recommended by MRG.

Focus area	Resources Needed	Cost
Invest in HR and fill vacancies	Hire two Associate HR Analysts	\$131,312 (FY 23) \$448,468 (beginning in FY 24)
Invest in HR and fill vacancies	Hire one Assistant HR analyst	\$53,515 (FY 23) \$182,762 (beginning in FY 24)
Invest in HR and fill vacancies	Contract with a branding/marketing consultant to assist HR in attracting and recruiting top talent through effective outreach methods	\$250,000 (one-time funding)

Launch updated communication efforts	Enhance communications and social media content planning and strategy including support for departmental communications	\$200,000 (one-time funding)
Elevate and update internal systems and administrative services	Initial 90-day plan will be absorbed within the Office of Special Projects	No financial support requested at this time.

The attached report identifies three focus areas for the City to address immediately. They are 1) invest in HR and fill vacancies, 2) launch updated communications efforts and 3) elevate and update internal systems.

The Human Resources Department is requesting investment in two areas. The first is to build internal capacity with more staff with the addition of two Associate HR Analysts and one Assistant HR Analyst to be more agile in responding to the hiring demands of the organization. Increased capacity will be essential to hiring above attrition for several successive years in order to bridge the vacancy gaps hampering operations across City departments. The addition of analysts will increase the number of exams administered, will shorten the time required to establish eligible lists, will speed up hiring and onboarding processes, and will furnish adequate support to new employees through orientation, training, and benefits.

In order to expand the applicant pool and attract top talent, the Human Resources Department needs a communications consultant to support branding, marketing and recruitment presence on digital platforms, including social media. A full-service agency will be integral to developing recruitment campaign themes and visuals (including promotional videos) and launching them on digital platforms through strategic ads.

To update communication efforts and determine how best to open access to the website and social media use for departmental ease in community engagement, the plan also includes additional consulting resources to work with the City Manager’s Office.

To elevate and update internal systems, the City Manager’s Special Projects Division will work with the Organization to determine business processes and develop a plan using strike teams and/or business process teams to revamp internal and administrative systems for greater efficiency and effectiveness.

The second deliverable is a hybrid workplace best practices guide. This guide is in development incorporating the information from focus groups, what local and other government organizations are doing, and outlining evolving practices. The report will be delivered directly to Human Resources upon completion.

BACKGROUND

There are a number of national issues facing government sector workplaces with an unusually high vacancy rate. The Great Resignation is a term used to describe a recently developed and ongoing trend of employees voluntarily leaving their places of employment. There is a need for defining new norms in the COVID realignment and remote work assessment process, which reflects the demand for more flexible workplace and hybrid options, and the demand for work/life balance and employers being more focused on employee wellbeing.

Traditional means of recruiting, retaining, and engaging employees are proving insufficient to address this trend. Jurisdictions around the country, including the City of Berkeley, need to understand these trends and associated changes, identify and tailor methods of retaining, recruiting and engaging employees for future workforce development. Employers that are not responding to this trend by quickly adapting may be in danger of losing excellent employees and being unable to compete for top talent.

In September 2022, the City engaged MRG to provide a Roadmap to help the City become an Employer of Choice. A team of three MRG consultants was selected for this project based on their broad experience managing public organizations at the executive level. (See Attachment 2 of the Roadmap for information on MRG.) The goal of the project was to assess the organization's needs and craft an actionable plan titled the "Employer of Choice Roadmap" to retain and attract employees. This Roadmap creates six thematic areas of focus with a total of forty-eight (48) initiative areas.

The City Manager provided a presentation to Council on October 11, 2022 that highlighted why this work was important to address our needs and provided a workplan with timelines to research best practices, engage in employee focus groups, including time set aside to engage management and labor. The City Manager also provided a "Workforce Analysis" presentation to the City Council on December 13, 2022 highlighting the current status of recruitment challenges and resulting organizational impacts. With launch of the Employer of Choice report, the City Manager committed to return to the Council with a presentation in February 2023.

The City Manager, MRG and the Senior Executive Team met to review the Roadmap recommendations in late January. The consensus for immediate action and effort were: (1) invest in Human Resources with the goal of filling vacant positions and improving the City's branding and recruitment outreach, (2) enhance communication internally with employees and externally with the public including providing more department access and agility with use of social media and website information; and (3) improve internal and administrative business processes and practices to improve efficiency, effectiveness and customer service. Based on this, the City Manager is recommending the following initial investment to jump start these efforts:

1) Hire two Associate HR Analysts and one Assistant HR Analyst;

2) Contract with a branding and marketing agency in an amount not to exceed \$250,000 to help attract, outreach and recruit talent for the City workforce in support of the Human Resources Department; and

3) Enhance communications and social media content planning and strategy including support for department communications in a combined amount not to exceed \$200,000.

ENVIRONMENTAL SUSTAINABILITY AND CLIMATE IMPACTS

Several of the recommendations focus on streamlining business processes, creating efficiencies, and greater adoption of technological solutions which will reduce paper and other waste associated with less-than-optimally efficient business practices.

RATIONALE FOR RECOMMENDATION

The City of Berkeley is at a crucial point in its need to both retain our valued staff and attract the best candidates for positions within the organization. To this end, we must transform our processes and implement new tools to be an Employer of Choice. It is imperative that we move with speed and agility to implement key activities defined within the proposed Roadmap. These actions are the key establishing a strong and stable Berkeley workforce to meet the demands and growth of the community. The City of Berkeley has been a leader in many initiatives, and we are looking to become a leader in workforce development.

ALTERNATIVE ACTIONS CONSIDERED

The City moved swiftly to gather this pertinent information to develop the action plan. It was clear that a third-party was needed to conduct the assessment. No other action was considered.

CONTACT PERSON

Dee Williams-Ridley, City Manager, City Manager's Office, 510-981-7000

Attachments:

1. Resolution
2. Employer of Choice Roadmap Report from Municipal Resource Group

RESOLUTION NO. ##,###-N.S.

THE EMPLOYER OF CHOICE INITIATIVE

WHEREAS, it is critical for the City of Berkeley to implement an initiative to respond to the major changes in employee attraction, retention and engagement due to COVID-19 and the resulting Great Resignation; and

WHEREAS, The Great Resignation is a term used to describe a recently developed and ongoing trend of employees voluntarily leaving their places of employment; and

WHEREAS, Municipal Resource Group (MRG) is an independent consultant firm specializing in providing cities, counties and government agencies with professional strategic services.

NOW THEREFORE, BE IT RESOLVED by the Council of the City of Berkeley to adopt a resolution to support and endorse the City Manager's workplan to implement the Employer of Choice initiative, which will establish and make actionable the recommendations provided in the Roadmap by Municipal Resource Group (MRG), an independent consultant firm specializing in providing cities, counties and government agencies with professional strategic services.

BE IT FURTHER RESOLVED that the Council of the City of Berkeley authorizes the City Manager to proceed with the following actions in the first phase of implementation of the Employer of Choice initiative: 1) hire two Associate HR Analysts and one Assistant HR Analyst, 2) contract with a branding and marketing agency in an amount not to exceed \$250,000 to help attract, outreach and recruit talent for the City workforce in support of the Human Resources Department; and 3) enhance communications and social media content planning and strategy including support for department communications in a combined amount not to exceed \$200,000.

CITY OF BERKELEY

Employer of Choice Roadmap

February 15, 2023

Prepared by MRG

The City of Berkeley wishes to establish itself as an "Employer of Choice" -- to attract and retain high quality employees and foster an organization committed to health and long-term success of the city organization and its workforce.

The goal of this ROADMAP is to strengthen the culture of the organization in a way that improves the work environment and increases job satisfaction -- making Berkeley an exciting and supportive place to work and thrive.



Project Overview

In September 2022, the City of Berkeley (“City”) engaged Municipal Resource Group (“MRG”) to provide a Roadmap to help the City become an **Employer of Choice** to support the City’s Strategic Plan goal to attract and retain a talented and diverse City government workforce. The COVID-19 pandemic continues to have myriad impacts on our community and the world—including the phenomenon known as the Great Resignation. The Great Resignation is a term used to describe a recently developed and ongoing trend of employees voluntarily leaving their places of employment.

Today, Berkeley is facing significant vacancies across the organization and is experiencing challenges recruiting and retaining employees. Jurisdictions around the country, including the City of Berkeley, need to identify and tailor new methods of recruiting, retaining and engaging employees, and to plan for future workforce development. Employers that are not adapting and advancing their organizations are at danger of losing excellent employees and being unable to retain or compete for top talent.

A team of three MRG consultants were selected for this project based on their broad experience managing public organizations at the executive level. See Appendix B for information on MRG. The goal of the project was to assess the organization’s needs and craft an actionable plan to retain and attract employees titled the “Employer of Choice Roadmap”. This Roadmap creates six thematic areas of focus with a total of forty-eight (48) initiative areas. MRG was also asked to prepare a Hybrid Best Practices Guide which will be shared with Human Resources, labor and employees through a separate process.

The City of Berkeley provides a portfolio of services to the community that is unparalleled in California for a city of its size. The quality of this broad array of services to residents, business, students and visitors is directly impacted by the ability of the City to retain and recruit talented and committed staff. Ensuring budgeted positions are filled with motivated employees is key. Fully staffing an organization that functions efficiently helps limit turnover, retain institutional knowledge and effectively implements the City’s programs and policy initiatives.

“Berkeley is in a staffing emergency! All the great work that the Council and community is used to seeing accomplished is being profoundly impacted. The level of work is not going to be as great and the Berkeley performance will be reduced until we can stabilize and rebuild the organization.”

-Berkeley Employee Voice

WHAT SUCCESS LOOKS LIKE ...

Once the City of Berkeley implements the Roadmap and is established as an “Employer of Choice”, the organization will:

- ✓ *Attract and retain high performing employees, who demonstrate a commitment to the long-term success of the city organization;*
- ✓ *Secure engaged employees that feel valued and see the purpose and impact of their work;*
- ✓ *Communicate regularly within the organization to build culture and employee engagement and to the public to build awareness and*
- ✓ *Enhance investment in training, career development, safety and health of staff; and*
- ✓ *Deliver efficient administrative service functions that support employees and enhanced delivery of programs to Berkeley residents.*



HOW WAS THE ROADMAP DEVELOPED?

MRG believes that most good ideas regarding improving customer service and organizational performance come from within the organization. The MRG team conducted meetings and focus groups with employees and department heads labor groups from all departments in addition to labor groups to identify Employer of Choice issues and strategies. Interviews and focus groups were confidential. Participants were assured that no specific quotes would be assigned to any one individual; rather, input would be integrated into general themes and recommendations. These meetings were very productive with active engagement from all participants. The City Council and community should be proud of its workforce and its employees’ commitment to improve the organization.

WHAT ARE EMPLOYEE RECRUITMENT AND RETENTION TRENDS?

Hiring and retaining high performing public agency employees in 2023 is extremely challenging especially in the hyper-competitive Bay Area job market. The “Great Resignation” of the pandemic was actually a “great re-evaluation” of work which has forever changed how we work and how we think about our careers and life. The Pulse of the American Worker Survey [Fact Sheet](#) from March 2022 states that nearly a quarter of workers (22%) have switched employers since the start of the pandemic – up from 13% in April 2021. In addition, half of workers are actively searching or are considering looking for a new job. Demographic trends, the changing dynamic of in-person vs. remote work, retirements and an increased competition from the private sector in many job classifications are key drivers. Faced with this, many public employers are struggling to retain and hire key staff for important positions. The City of Berkeley is no exception. The most comprehensive data on the challenges facing the public sector’s hiring is NEOGOV’s recent [report](#), “*The Quiet Crisis in the Public Sector*”. By utilizing its GovernmentJobs.com site and its expertise as the provider of HR management solutions for the public sector, NEOGOV offers the following findings.

- ✓ **Key Drivers** -- Based on insights from public sector HR professionals, the biggest drivers for the increase in recent job openings are shown below with voluntary turnover (83%) as the largest contributor.
- ✓ **Lack of Qualified Candidates** – 79% of agencies cannot currently find qualified candidates for open positions.

Candidates want higher pay, flexible work options, and more meaningful work, and they aren’t afraid to leave for better opportunities elsewhere.

Candidates also want clear and concise recruitment process, active communication and timeliness.

-NEOGOVS, The Quiet Crisis in the Public Sector

- ✓ **Lower Number of Applicants** -- The number of applicants is dramatically declining in the public sector while at the same time there are more job openings/vacancies.

Chart #1 – NEOGOV Drivers of Job Openings

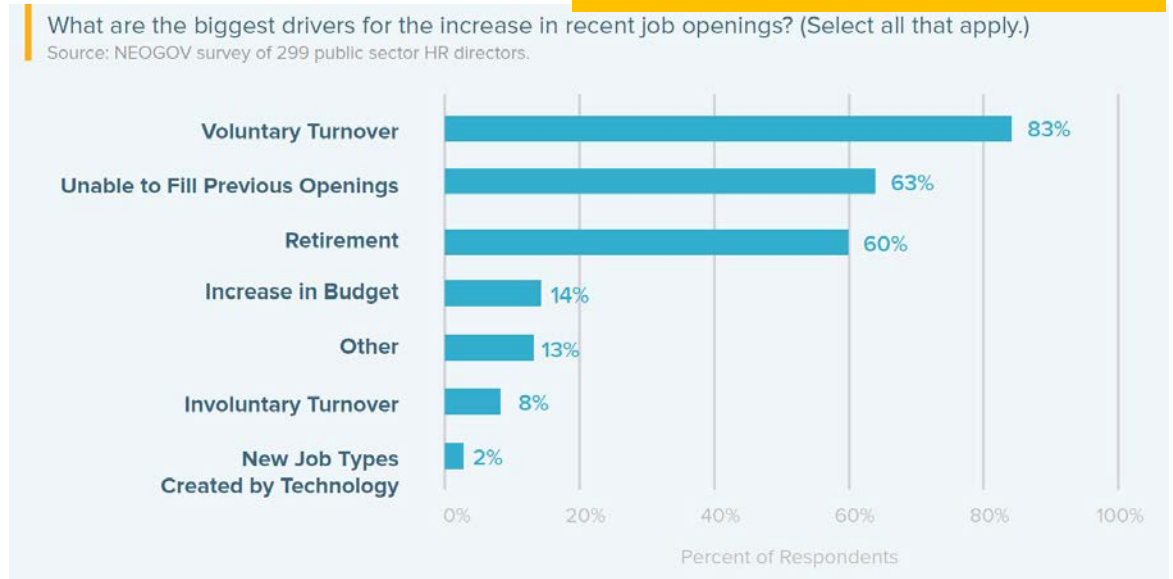
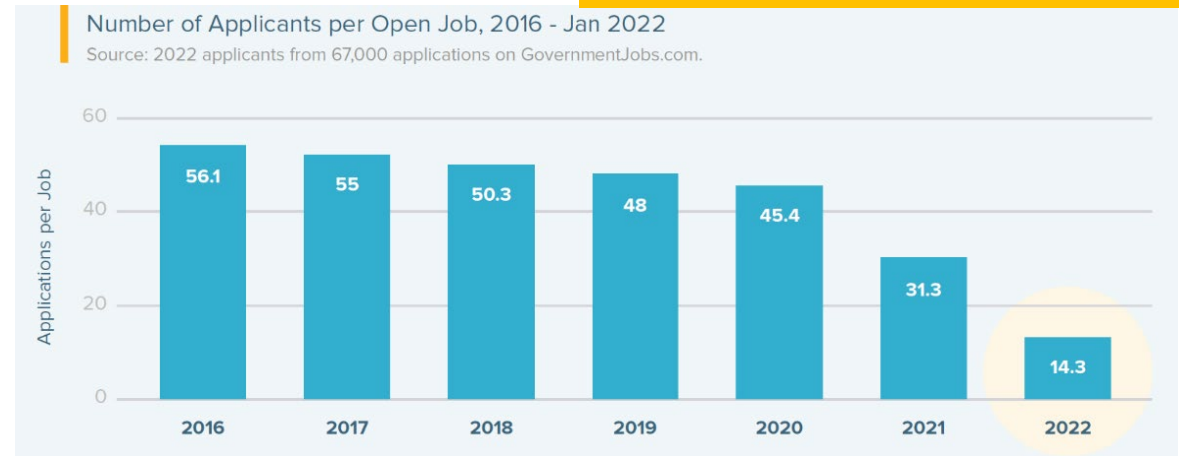


Chart #2 – NEOGOV # of Applicants

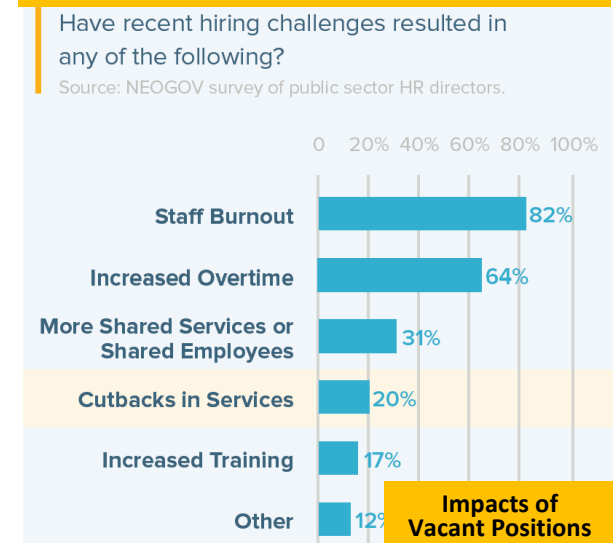


- Since 2021, there has been a 45% increase in public sector job openings. At the same time, there was a 56% decrease in applicants per job. Another way to think about this is that 50% of jobs are getting fewer than 10 applicants – which doesn’t take into account that the applicants may not meet basic requirements of the job.
- This change becomes even more alarming when this trend is reviewed over the past six years. NEOGOV found that applicants per job in the public sector have decreased by 74%.

✓ **Impact of Unfilled Recruitments** – The impact of not filling positions dramatically affects the remaining workforce and public services. Chart #3 from the NEOGOV report illustrates the challenges of not being able to hire. Locally, the Berkeley City Manager presented a [Workforce Analysis](#) overview to the City Council on December 13, 2022 which outlined key causes for the national labor shortage, recruitment and workforce challenges, and impacts of vacancies on services in a number of departments. Similar to national issues, Berkeley is facing these impacts:

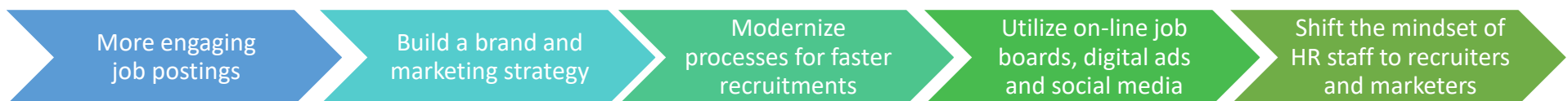
- Reduction in services and programs-- Increase in caseloads, reduction in service hours, reduction in programs, reduction in service quality, delays in service delivery.
- Temporary closure of facilities on certain days or during certain shifts.
- Prioritization of violent crimes over lower-priority property crimes and diminished ability for extra patrols.
- Decreased capacity to manage existing programs and projects.
- Reduction in maintenance standards and services for community amenities, parks and streets.
- Challenges meeting grant requirements and deliverables.
- Backlog of service requests, maintenance, infrastructure projects.
- Staff burnout, increased stress and frustrations; forced overtime; denial of time-off requests.

Chart #3 – NEOGOV Hiring Challenges



NEOGOV Recommendations:

To improve public sector recruitments, NEOGOV recommends the following actions:



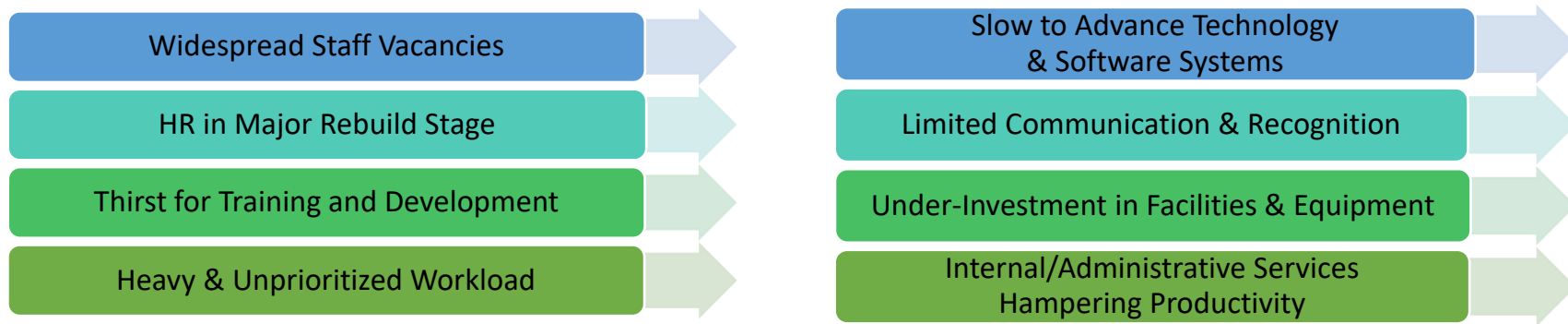
From MRG’s research and best practices, it is important to recognize that employee retention has multiple layers. Key components for employee retention include the following.

- ✓ Competitive compensation and benefits.
- ✓ Purpose and meaning in the work being performed by employees.
- ✓ Flexibility and a desire for life balance which is requiring employers to embrace alternative work schedules and remote work.
- ✓ High desire to work for organizations that are committed to growth, training, and career development in their employees – which is especially true for Millennials.
- ✓ Recognition and appreciation for work efforts and accomplishments with an overall positive organizational culture.
- ✓ Competent and capable supervisors and managers committed to good communication, teamwork and active employee engagement.
- ✓ Organizations that invest in tools, technology, and business systems that let employees complete their work with ease and effectiveness.
- ✓ Comprehensive onboarding process that helps new employees find their footing, launch into their new role, and delivers a clear vision of the organization’s values, culture and expectations.
- ✓ Prioritized and organized work that allows thorough and strategic work delivery.

When these conditions are met together as a package, the organization’s culture and organizational operations all improve and move toward optimal. The Roadmap evaluates these layers and creates a work plan for the City to retain and attract a strong, talented and agile workforce.

KEY FINDINGS

Below are the key findings that are impacting the City’s ability to attract and retain employees. The impact of these issues results in City employees feeling tired, overworked, frustrated and underappreciated. The number one priority expressed by staff was to fill vacant positions first in order to improve customer service, reduce overtime, increase capacity, and reduce the level of work for current employees.



The City Council’s leadership is a key ingredient in the success of the Employer of Choice Roadmap. Initially, MRG sees three important roles for the City Council.

1. **Financial Support and Resources** – As outlined later in the report, the Roadmap will require one-time and ongoing financial resources for staff, tools, technology and equipment. Without secured financial support and investment, the Roadmap will not be successful. MRG recommends that the City Manager bring forward an initial list of resources for the first 90 Day Action Plan to then be supplemented with a more comprehensive multi-year budget.
2. **Compensation & Benefits** – While the Roadmap does not make specific recommendations regarding salary and benefits, compensation is critical in the recruitment and retention of employees. Appenix A outlines organization feedback that MRG received regarding compensation and benefits. A strategic assessment of the City’s compensation system ahead of labor negotiations is important.
3. **Priority Setting and Workload** -- The City’s latest Strategic Plan was created in 2017/2018 for work in FY 2018-2019 and has nine (9) long term goals. New initiatives creating workload enter the City various ways including State/Federal requirements, annual budget process, staff recommendations, and the City’s legislative and agnda process. The City of Berkeley legislative process accepts proposals from the Mayor, City Councilmembers, the Auditor, Commissions, and the City Manager. This process of direct legislation results in a high volume of agenda items, usually in the range of 850 – 950 total items annually. For legislative proposals from the Mayor and Council, there are multiple avenues through the legislative process. Items submitted for the agenda process may go directly to the full Council, or they may be referred to a policy subcommittee for review and amendment before being considered by the full Council. (There are additional City Council work items that are not captured in Chart #5 below.) As of January 2023, there are 351 Long Term Referrals and 149 Short Term Referrals.

City staff appreciates the City Council’s ideas for creative and entrepreneurial projects and initiatives to improve and serve the community, yet the volume of referrals impacts the delivery of core services to the community. New Council initiatives are regularly added and become staff’s priority. This results in City staff shifting resources to new initiatives and consequently, some prior projects are left partially completed or stalled. The high workload and shifting of priorities are impacting employee retention and project completion.

Chart #5 – CURRENT CITY COUNCIL REFERRALS (as of Jan. 2023)				
REFERRALS	Long Term	Short Term	Total	Total (%)
Not Active	162	13	175	35%
Completed	100	129	229	46%
In Process	89	7	96	19%
Sub-Total	351	149	500	100%
Rescinded	51			
TOTAL	402			

It is a best practice in cities to create an annual City Council approved work plan built on multi-year strategic goals with periodic opportunities for additions throughout the year. For each organization, it is a balancing act to find a process that retains the ability for individual City Council Members to bring forward ideas and initiatives, while at the same time having a procedure where the full Council defines the priorities and work of the organization. MRG understands that Agenda & Rules Policy Committee is beginning a discussion on enhancements to the City’s legislative process, including referrals. MRG supports this review of the legislative process and recommends developing a more integrated system for goal and priority setting to establish an achievable work plan for the organization.

Organization of Recommendations

Becoming an Employer of Choice requires culture change and organizational development. The Employer of Choice Road Map in this document provides specific recommendations in the following themed areas (lanes) as shown in this diagram.



IMPLEMENTATION

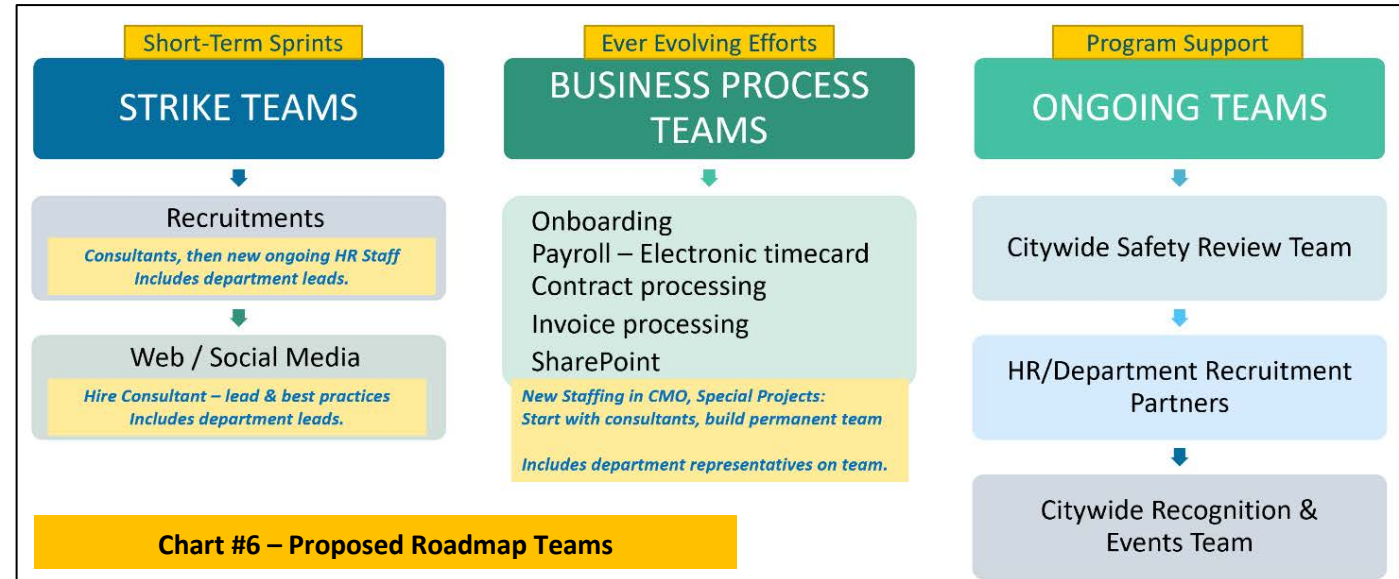
The Need to Move Quickly

The City should implement certain changes quickly to move towards becoming an Employer of Choice. While a complete implementation of the Roadmap is estimated to take three years, immediate action and resolve is required. Quick action will demonstrate to staff and the community that the City is committed to retaining and attracting employees and enhancing community services. The following implementation methodologies are recommended:

1. **Executive Leadership & Project Champion** – This initiative crosses all departments and is foundational for how the organization will operate in the future. Committed executive leadership is required to ensure organizational change occurs and the Roadmap is implemented.
2. **Seasoned Project Manager** – The Employer of Choice Roadmap will require a seasoned manager to lead these interdepartmental efforts with the full support of the executive champion.
3. **Department Commitment** – Each Department Head needs to be committed to the Roadmap including supporting their staff to work on various project teams.
4. **1X & Ongoing Financial Resources** – New investments in the organization for staff, consultants, technology, equipment, supplies, etc. are all required to implement the Roadmap. The funding needs should be identified and set aside for upcoming three years to ensure this organizational effort has the resources to complete its projected outcomes.
5. **Rolling 90-Day Action Plans** – Large organizational initiatives like this often get stalled over time by the size of the recommendations and overall projected work. From the time the Roadmap is accepted by the City Council, it will take the City staff a few months to organize the implementation of the full Roadmap. By taking strategic and targeted 90-day Action Plans, Berkeley can weave this project in with other city priorities and ensure solutions move forward with proactive results. After a relatively short start-up period (no more than 60 days), the first 90-Day Action Plan should be created, launched and communicated to the organization.

6. **Transparency & Reporting Out** – Communication, reports, and current dashboards should be created. Celebrations of successes and recognition internally and externally is critical for maintaining momentum and honoring the work.
7. **Empowered Teams** – Many of the recommendations in the Roadmap require City staff from different departments or work units to collaborate, analyze, and execute phases of implementation. New ways of working and an investment in “strike teams” and “business process teams” will require new staffing and some consultant assistance. MRG recommends three different types of “teams” as shown in Chart #6.







8. **Prioritization** – There are 48 individual recommendations outlined in the Roadmap. While all are important, there are three key areas for initial focus and priority investment.



- **Invest in HR / Fill Vacancies** – Invest in staffing and consultant support to bring immediate additional resources to HR, streamline processes, work with line departments as business partners, leverage software and technology, and activate social media tools in recruitments.
- **Launch Communication** – Jump start internal communication from the City Manager’s Office and departments to employees, including open access to the website and social media for active use by departments in their community information and engagement efforts.
- **Elevate & Update Internal Systems** – Create Strike Teams and Business Process Teams to review and revamp internal and administrative systems for greater efficiency and effectiveness.

Implementation of these recommendations will require City Council support, executive leadership, staff resolve and significant changed behaviors. There is a lot to do. The City has the talent and resources to do it!

CITY OF BERKELEY -- Employer of Choice Roadmap

					
1 Recruiting for Talent	2 Retaining Our Employees	3 Culture, Communication & Employee Engagement	4 Training & Professional Development	5 Health, Safety & Wellness	6 Elevate Internal Processes
<p>Staffing & HR Role</p> <ul style="list-style-type: none"> 1.1 Invest in Human Resources Department (HR) Staffing Levels 1.2 Streamline Recruitment Process – Strike Team 1.3 Act as Business Partners with Departments <p>Marketing & Branding</p> <ul style="list-style-type: none"> 1.4 Create Recruitment Brand & Marketing Strategy 1.5 Upgrade Jobs/Career Web Presence 1.6 Utilize Social Media 1.7 Hire Graphic Design & Social Media Expertise 1.8 Referral Bonus for Current Employees <p>HR Systems & Data</p> <ul style="list-style-type: none"> 1.9 Resources & Tools on Day 1 1.10 HR Performance Metrics & Reporting 1.11 Workforce Analysis Report 1.12 Training & User Guides For ERMA & NEOGOV 1.13 Update Key Job Classifications 	<p>HR Systems</p> <ul style="list-style-type: none"> 2.1 Overhaul Onboarding Program 2.2 Reform Eligibility List Process 2.3 Continue to Improve HR Communications (<i>Berkeley Matters</i>) 2.4 Performance Evaluation and Feedback 2.5 Upgrade Exit Interview Process <p>Recognition & Appreciation</p> <ul style="list-style-type: none"> 2.6 Create a Comprehensive City Recognition Program 2.7 Restart Longevity Awards Program <p>Organizational Priority Setting & Workload</p> <ul style="list-style-type: none"> 2.8 Focus Priorities & Initiatives by City Council 	<p>Communication</p> <ul style="list-style-type: none"> 3.1 Invest in Internal Communication 3.2 Foster Cross Department Collaboration 3.3 Open Department Access to Website and Social Media Use <p>Team Building & Culture</p> <ul style="list-style-type: none"> 3.4 Invest in Cross Department Relationship Building 3.5 Link to new DEI Program 	<p>Training Strategy & Program</p> <ul style="list-style-type: none"> 4.1 Develop Training Strategy & Plan for Learning Culture 4.2 Invest in Learning Academies & Specialized Training 4.3 Invest in Coaching 4.4 Invest in Learning Management Software 4.5 Invest in Technology Training 4.6 Develop Hybrid Management Training <p>Systems & Financial Support</p> <ul style="list-style-type: none"> 4.7 Use Credit Cards to Ease Training Procurement 4.8 Upgrade Financial Support for Training & Education 	<p>Employee Health</p> <ul style="list-style-type: none"> 5.1 Clear & Consistent COVID Safety Protocols & Practices 5.2 Invest in Mental & Physical Health Services for Employees <p>Employee Safety</p> <ul style="list-style-type: none"> 5.3 Create a Citywide Safety Team 5.4 De-escalation and High Conflict Training <p>Work Schedules & Flexibility</p> <ul style="list-style-type: none"> 5.5 Explore Expanding Alternative Work Schedules 5.6 Formalize Hybrid Work Program <p>Facilities & Equipment</p> <ul style="list-style-type: none"> 5.7 Adequately Fund Capital Improvement Program & Replacement Reserves 5.8 Prioritize Investments in Buildings, Vehicles & Equipment 	<p>Structure & Programs</p> <ul style="list-style-type: none"> 6.1 Restructure Reporting of Administrative Services (HR, IT, Finance, Contracts) to One Deputy City Manager 6.2 Elevate Importance of Service-Oriented Administrative Services & Customer Connectivity 6.3 Create an Innovation Program <p>Business Improvements</p> <ul style="list-style-type: none"> 6.4 Empower Strike Teams / Interdepartmental Work Groups 6.5 Provide Training on Common Administrative Practices & Procedures 6.6 Maximize Intranet as an Employee Resource 6.7 Implement Business Practice Improvements in Finance, Information Technology, Payroll, HR and Contracts

1.0 - RECRUITING FOR TALENT

Recruiting for employees requires proactive marketing/branding and the development of a talent pipeline. Strong recruitment operations regularly build their employer’s brand, treat candidates as customers/future employees throughout the process, and have streamlined systems that work in partnership with line departments. At this time, for Berkeley, **the single most important action is to fill vacant positions** throughout the organization. Filling budgeted, vacant positions will demonstrate a commitment to existing employees resulting in rebalanced workloads and reduction in stress over time. Community services will be enhanced by a more fully staffed organization able to attract the highest quality talent possible.

Enhanced HR staffing and full utilization of modernized recruitment tools are critical to improve recruitments. By actively deploying social media sites in the recruitment process and creating a hiring campaign, an overall intentional and aligned marketing program can be launched. The first day and first few months of an employee’s time as an employee set the stage for their overall satisfaction and retention.

Staffing & HR Role

1.1	Invest In Human Resources Department (HR) Staffing Levels	<p>Immediately expand authorized HR staffing in key functions:</p> <ul style="list-style-type: none"> ▪ Recruitment operations (initially 3 additional FTE) ▪ Labor Relations & Training (initially up to 3 additional FTE) <p>Continue to use consultant resources on a short-term basis as needed to augment staff resources until additional HR staff can be hired.</p> <p>Direct City Manager and HR Director to bring forward recommendations for right sized staffing of Human Resources Department in AAO and FY 2023/24 Proposed Budget.</p>
1.2	Streamline Recruitment Process – Strike Team	<p>Create a small and agile Recruitment Strike Team comprised of HR, labor representatives and department staff that meets for four months. Issues to solve:</p> <ul style="list-style-type: none"> ▪ Use department ideas on how to improve recruitment process and practices; Establish responsibility checklist - Department and HR roles in new recruitments; and ▪ Authorize initiation of recruitments ahead of actual vacancies.
1.3	Act as Business Partners with Departments	<p>Reposition HR recruitment staff as business partners with departments. Reinstigate assignment of individual HR staff to work with each department’s designated point of contact. Two-person team should discuss and agree on responsibilities for:</p> <ul style="list-style-type: none"> ▪ Outreach plan for each recruitment including overall timeline and assigned responsibilities; ▪ Review of minimum qualifications; and, ▪ Interview and examination process.

Marketing & Branding

1.4	Create Recruitment Brand & Marketing Strategy	<p>Develop a clear brand for the City of Berkeley’s recruitment efforts. “Recruitment Brand” should communicate Berkeley’s values, work culture, opportunities, and strengths as an organization. Create clear and consistent messages in all recruitments to denote Berkeley as an Employer of Choice including:</p> <ul style="list-style-type: none"> ▪ Color, information, style, graphics;
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		<ul style="list-style-type: none"> ▪ Modern design and formatting for consistent look and feel for recruitment brochures and flyers; ▪ Compelling description of Berkeley as world class City including descriptions of the organization and departments; ▪ Clear, compelling and articulated description of the role of the position being recruited including key upcoming opportunities and projects (this is not just language from the job description). ▪ Create a marketing program to highlight Berkeley’s hiring efforts (e.g., add branded hiring tag lines to employee’s email signatures, purchase advertising on buses, banners and other visual, high impact locations).
1.5	Upgrade Jobs/Career Web Presence	<p>Upgrade the current Human Resources web site with a consistent “Recruitment Brand” Job Opportunities launch page. Create a launch page with more information and context regarding working for the City of Berkeley and then direct candidates to the NEOGOV site. The following agencies can be used as examples:</p> <ul style="list-style-type: none"> ▪ City of Roseville – Strong primary “Job Opportunities” page with visuals, video, employee profile, approachable and culture themed message from the City Manager, helpful tips for applying. [Link] ▪ City of Palo Alto – First job page links to “Careers with the City of Palo Alto” with information about the community, city team, benefits, leave, remote and flexible work, commuter programs, wellness & counseling services. [Link] <p>Support departments to create their own dedicated recruitment and career web pages or website within the parameters of the City’s “Recruitment Brand”. Particularly important for police and fire where this is a standard approach among agencies competing for talent.</p>
1.6	Utilize Social Media	<p>Modernize, expand and decentralize the City’s approach to social media.</p> <p>Create LinkedIn, Instagram and Facebook pages and use City’s Twitter account for recruitment marketing.</p> <p>Allow departments to create and deploy targeted recruitment outreach and marketing efforts. Ensure department efforts align with City “Recruitment Brand”, but provide more specialized department information. Department program initiatives, accomplishments, videos, employee profiles and operational updates should be marketed via social media.</p> <p>Additional information and recommendations for outreach and social media include:</p> <ul style="list-style-type: none"> ▪ Leverage NEOGOV -- NEOGOV offers external advertising on other internet sites from selected partners, which can be purchased via Insight as needed by utilizing the “Advertise Job” link on the Insight Dashboard. Target use of Recruitics, Glassdoor and other sites depending on specific position. ▪ CareersinGovernment.com – With a nominal annual agreement, the City can publish all recruitments listings on CareersinGovernment.com which then pushes the recruitment through to their social media partners (LinkedIn, Instagram, Facebook and Twitter). ▪ Use #Hashtags – Include hashtags on the job posting. Web crawlers will find the hashtag, so an agencies’ job posting will appear in searches initiated by job seekers. Example hashtag inserted at the bottom of a recent job announcement: #Engineer, #PublicWorks, #Transportation.
1.7	Hire Graphic Design & Social Media Expertise	<p>Add funding for graphic artist and social media expertise in HR budget. Funding would be used to enhance:</p> <ul style="list-style-type: none"> ▪ Marketing (Presentation of City to prospective applicants). ▪ Advertising (Targeted outreach for individual job openings).

1.8	Referral Bonus for Current Employees	<p>Develop an employee referral bonus program.</p> <p>Provide \$1,000 referral bonus for current employees who help attract a new employee.</p> <p>Examples of other agencies with employee referral bonus programs include: UC Berkeley, San Mateo County, City of Torrance.</p>
1.9	Local Outreach & Targeted Programs	<p>Develop additional Community Technical Education (CTE) pathway programs in collaboration with the Berkeley Unified School District (BUSD) that begin to expose students and prepare them for good paying, benefited careers within the City. Support CTE pathways with a variety of volunteer and paid internships, explorer programs and other opportunities to develop these potential future employees of the City.</p> <p>Develop robust internship program with UC Berkeley to bring on students into a variety of local government positions. Create a program that results in an annual “graduating” class of 10-15 interns across the organization who can be streamlined into the application process.</p>
HR Systems & Data		
1.9	Resources & Tools Ready on Day 1	<p>Provide new employees with the tools, equipment, and workspace ready for them to begin work on their first day of employment. Create on-line checklist for workspace readiness with department responsibilities outlined.</p> <p>Document roles of HR and Information Technology Department to ensure new employees have computer, login access, phone and any other necessary equipment ready to go on Day 1.</p> <p>Document roles of Public Works maintenance staff and the hiring Department to ensure a clean fully equipped workspace is available upon arrival.</p> <p>Deliver welcome letter from City Manager/Department Head and/or scheduling meet and greet on new employees first day of work.</p>
1.10	HR Performance Metrics & Reporting	<p>Once HR staffing is stabilized, update and further develop department performance metrics, procedures for accurate data collections, and a high-level dashboard for monthly reporting to City Manager and Department Heads.</p> <p>Information to include the following minimum data:</p> <ul style="list-style-type: none"> ▪ Current vacancies by department, ▪ Resignations by month by department including reasons for employee’s departure, ▪ Number of active recruitments in process, ▪ Time to hire from department request for recruitment to hiring, ▪ Number of candidates for positions sorted by meeting MQs and not meeting MQs, and ▪ Number and why candidates decline Berkeley job offer. <p>Once Recruitment Backlog is Eliminated – Establish the following performance metrics for time it takes to fill positions:</p> <ul style="list-style-type: none"> ▪ From budget authority/vacancy to job posting (30 days). ▪ Filling positions from Day 0 (the time from budget authority/vacancy) to Day 45 (Job posting) to Day 100 (First day of work for new employee). Different metrics will be required for specialty recruitments (i.e. Police Officers). ▪ Target vacancy rate of 5% of all budgeted positions in the organization.

		Produce a vacancy report card with recruitment, hiring and current vacancy information and post on-line every three months beginning on 7/1/23.
	Workforce Analysis Report - Annual	Build data and systems in order to create an annual Workforce Analysis Report for annual reporting to departments and the City Council. It will take a number of years before HR is positioned to prepare this document as they building capacity, systems and data. See example from San Mateo County Link .
1.11	Training & User Guides for ERMA & NEOGOV	Enhance training and user guides for ERMA, City’s financial and HRIS system, and NEOGOV, the City’s recruitment and applicant tracking software. Provide target deployment dates for full deployment of system capabilities to increase efficiencies and reduce staff workload.
1.12	Update Key Job Classifications	Create and maintain (in collaboration with department reps and labor) targeted list of key job classifications to be reviewed and updated with target timeframes. Prioritize hard to fill positions (e.g. Information Technology classifications) that provide essential internal administrative services.

2.0 - RETAINING OUR EMPLOYEES

The impact of employee turnover is high – for the organization, community and employee – those that leave and more so for those that remain. There are eight key benefits to having programs and a clear strategy to retain employees: (1) reduced costs, (2) improved morale, (3) retained experienced employees, (4) efficacy in recruitment and training, (5) increased productivity, (6) elevated customer experience, (7) improved culture, and (8) improved employee satisfaction. It is more efficient to retain a quality employee than to recruit, train and orient a replacement employee of the same quality.

A comprehensive employee retention program can play a vital role in both attracting and retaining key employees, as well as in reducing turnover and its related costs. Retaining employees starts during the onboarding and socialization process to the organization. Recognition, appreciation, and employee engagement are central to building culture and having employees feel seen, heard, and valued. Employees also want to feel productive and see that their work is valued and impactful. A balanced workload with clear priorities allows employees to complete initiatives/tasks with pride and to align their accomplishments with the organization’s overall strategic priorities.

From MRG’s interviews and focus groups, there is significant work necessary by the City in this area.

HR Systems

<p>2.1</p>	<p>Overhaul Onboarding Program</p>	<p>Recreate HR Onboarding Program for new employees to include the following elements:</p> <ul style="list-style-type: none"> ▪ Brand the Onboarding Program with a unique title and tag line. [Example – BERKELEY ONBOARD, “Welcome to Our Team”] ▪ Overview and training on City internal services processes and software (e.g. agenda, timesheets, travel reimbursements, communication, NEOGOV, ERMA, Microsoft Teams, contracts, invoices, etc.). ▪ Meet the City Manager and respective Department Head for welcome, expectations and culture briefing. ▪ Tour City facilities to connect the new employee to the broader organization’s efforts and locations. ▪ Schedule mandatory training requirements needed during the first 6 months of employment. ▪ Create separate orientation for first line supervisors and management in terms of their role, resources and processes for supervision and management duties. ▪ Invest in personal touches such as welcome cards, coffee mug or other small treats to help welcome the new employee. ▪ Assign a peer employee “buddy” within the hiring department to each new hire. This staffer is available to answer questions, explain culture and practices that may not be in rules and serve as a mentor for the first 3-6 months of employment. <p>Use NEOGOV module to maximize use of on-line information for HR program.</p> <p>Gather feedback via a survey to all new employees after the 6-month orientation to gain feedback on how to continue to improve the Onboarding Program.</p> <p>Develop template for all Departments to create their own Department Onboarding Program, modeled off successful department programs currently in place.</p> <p>See sample Onboarding site [Link].</p>
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2.2	Reform Eligibility List Process	Establish a Labor / HR working group to develop modifications to the Eligibility List process by 9/1/23.
2.3	Continue to Improve HR Communications (<i>Berkeley Matters</i>)	<p>Major improvements to <i>Berkeley Matters</i> (HR’s E-Newsletter and Job Opportunities Internal Promotion Listings) were completed in December 2022 with streamlining of relevant information, enhanced graphics, and weekly publishing of recruitment/promotional lists.</p> <p>Continue to refocus and upgrade <i>Berkeley Matters</i> and develop other HR communications to all employees.</p> <p>Ensure easy access for all employees whether office or field staff.</p>
2.4	Performance Evaluation and Feedback	<p>Implement comprehensive review and update for the City’s performance management system including all evaluation forms. Review length of documents, timing, and inclusion of career development and training plans as a component. Ensure that all employees receive regular feedback and accountability.</p> <p>Support regular communication and coaching by management with increased training and support.</p> <p>Develop and implement a standard “stay interview” processes with current employees to ascertain specific needs and desires to maintain their employment with the City.</p> <p>Explore a 360-evaluation system for supervisors and managers to receive feedback from employees.</p> <p>Use Gallup employee survey tool as a means to gain feedback from employees regarding the performance of supervisors and managers.</p>
2.5	Upgrade Exit Interview Process	<p>Develop clear and robust exit interview process with confidential survey and 1x1 phone/in-person interview.</p> <p>Produce annual citywide and department report with summary information regarding reasons for employee departures.</p>
Recognition & Appreciation		
2.6	Create a Comprehensive City Recognition Program	<p>Create an inter-departmental team to enhance the City’s Recognition Program. Consider the following ideas:</p> <ul style="list-style-type: none"> ▪ Annual employee recognition event. ▪ Employee award programs are important tools to show appreciation and celebrate excellence and the way employees demonstrate the organization’s values. There are many samples of general employee award programs. Some organizations have an “Employee of the Quarter” program to recognize high performing employees that embody the values of the City’s and demonstrate their good work and talents. ▪ Flexible and immediate recognition program where managers can recognize employee’s efforts with cards, notes and gift cards. ▪ Program where employees can also show appreciation to their colleagues. ▪ Ways to award extra hard work or key accomplishments of staff such as performance bonuses.
2.7	Restart Longevity Awards Program	<p>Reinstitute and revitalize a recognition program to honor employees at key benchmarks (every 5 years of service) for their length of service. Consider the following components:</p> <ul style="list-style-type: none"> ▪ Include employee’s names and years of service at 5-year benchmarks in a report to the City Council that is distributed to all employees.

		<ul style="list-style-type: none"> ▪ Hold quarterly recognition event sponsored by the City Manager’s Office with attendance by Department Heads. Employees would receive a certificate or other form of recognition and their supervisor/Department Head would talk about the employee’s work and accomplishments. ▪ Review and upgrade recognition gifts for employees. Employees with 20, 25 and more years of service should receive special recognition. ▪ Provide 5-year pins for employees to add to their lanyards or display in other ways. ▪ Explore opportunity for leave cash-out at key service increments as a way to provide additional monetary compensation.
Organization Priority Setting and Workload		
2.8	Focus Priorities & Initiatives by City Council	Review and redesign the legislative process to ensure Council priorities are accomplished while balancing the capacity of the organization. An updated legislative process needs to ensure Council initiatives are accomplished within a framework of enhanced planning and priority setting to allow the organization to better budget, deploy resources and align implementation.

3.0 - CULTURE, COMMUNICATION & EMPLOYEE ENGAGEMENT

Authentic communication is the connectivity fuel needed to build trust, culture, and relationships. An organization requires strong relationships and people that know and respect each other to deliver excellence with efficiency and effectiveness. With good communication, managers can gain understanding and commitment from employees, achieve organizational goals and develop rapport with the people on their team. High performing organizations have various ways that employees can voice their ideas and concerns while being engaged in helping improve the organization.

Communication externally is also critical to building relationships and trust with the community. City departments need to be able to communicate with greater agility and timeliness with the public. While transactional information is important to the public, the City also needs to tell its own story of its work – to communicate the “why” and the “what”. In today’s world, the public is used to watching videos, reading blogs, and watching podcasts. A City’s external communication tools need to allow for creativity and voices by departments.

Communication

3.1	Invest in Internal Communication	<p>The following actions are recommended:</p> <ul style="list-style-type: none"> ▪ <u>City Manager Monthly E-Newsletter</u> -- Develop and deliver a monthly newsletter to all employees from the City Manager with updates on key City projects, highlights of key accomplishments, recognition of employees, and other items. A focus would include building the City’s culture around values and mission. Ensure newsletter is delivered in a timely manner to staff without regular access to computers or email in the course of their daily work. This initial work can likely be absorbed initially within the City Manager’s Office, but over time will require additional staffing resources focused on employee engagement and support. ▪ <u>Department Communication</u> – Provide email update and other communication to all department employees at least monthly. Department heads should also conduct in person meetings with each division no less than two times per year and hold an in person all department meeting no less than two times per year. Build in time for information sharing, department strategic updates and relationship building in these meetings. ▪ <u>Management Team Meetings</u> – Facilitate mid-managers half day in person meeting with Senior Executive Team (SET) + division managers three times per year. Purpose is strategic planning, training, special initiatives, and cross-department relationship building.
3.2	Foster Cross Department Collaboration	<p>Facilitate events in which staff from different departments interact and understand other dept. priorities (e.g., three times per year Senior Executive Team + mid-manager meeting).</p> <p>Utilize cross-department task forces to gain employee input on ideas and projects.</p>
3.3	Open Department Access to Website & Social Media Use	<p>Create parameters for outgoing content and authorize designated contacts in City Departments to communicate via social media and email.</p> <p>Allow designated department staff to add content to their department web pages and issue press releases.</p>

		Hire an expert public agency public information consultant to quickly develop a game plan and work with departments and Public Information to allow more access and flexibility with the City’s website and social media within standards that can be operationalized.
Team Building & Culture		
3.4	Invest in Cross Department Relationship Building	<p>Create a team of staff from different levels and different departments to create events, fun and activities. Ideas:</p> <ul style="list-style-type: none"> ▪ <u>Reimagine Department Open Houses</u> -- Create rotating Open House where each department would host a gathering time and sharing about their department with the rest of the City staff. ▪ <u>Potlucks, Coffees & Ice Cream Socials</u> – Hold monthly or quarterly coffees, potlucks or ice cream socials to bring people together with some fun activities both within departments and across departments. Provide some city funding for these activities. ▪ <u>“Volunteering” for Community Improvement Projects</u> – Support staff to volunteers to join teams (department and inter-departmental) on important community activities such as cleaning a community garden, working on a Habitat for Humanity project, or doing a project for a local school or non-profit. Employees would be paid for the time and allowed to use 1-2 works days per year for these community activities. This type of program connects employees together and also connects employees to the community in ways that they may not be able to in their day-to-day public service.
3.5	Link to New DEI Program	<p>The City is hiring a dedicated DEI Coordinator. For the first 90 days, the newly appointed DEI Coordinator will be to reviewing Berkeley’s current status and needs with an eye towards best practices to create a DEI Work Plan.</p> <p>While many DEI efforts may be focused around hiring and promotion, consider investments in how the City organization can be culturally inclusive including training, communication, learning and collaboration.</p>

4.0 - TRAINING & PROFESSIONAL DEVELOPMENT

New and future employees are looking for organizations that will invest and support their growth and career development. Employees were clear in their desire for more growth and development opportunities – formally and informally. Providing various forms of professional development will build loyalty to the organization and develop employee’s individual talents to support internal advancement. A well-trained workforce supports innovation and a higher level of customer service to the community, plus employees have the opportunity to grow and progress within the organization as they promote.

Training Strategy & Programs

4.1	Develop Training Strategy & Plan for Learning Culture	<p>Invest in a learning culture and professional development for all employees as a key driver for employee retention. Review training program and determine which training should be done in-house and what to outsource or send employees to external training. Develop an initial Training and Professional Development Strategy for the City. Consider the following elements:</p> <ul style="list-style-type: none"> ▪ Utilize NEOGOV for monitoring and mandatory training. ▪ Provide training opportunities for all level of employees. ▪ Develop and deploy an annual survey for employees to gain ideas for the types of training and areas of interest. ▪ Incorporate training discussion into regular 1:1 supervisor/employee meetings and annual performance reviews. ▪ Include and track required department training on shared tracking department file (e.g., SharePoint) in common format across organization. <p>Establish standards for training (e.g. # hours per employee per year).</p> <p>Ensure sufficient department training budgets are developed and discussed with the City Manager's Office in the preparation of the City's annual budget and line item allocations are included in proposed budgets.</p>
4.2	Invest In Learning Academies & Specialized Training	<p>Employees and management across the organization see the need for modern, effective and strategic investments in training and professional development.</p> <p><u>Employee Academies</u> -- Implement the following Employee Academies robust learning programs:</p> <ul style="list-style-type: none"> ▪ Academy for Managers ▪ Supervisory Academy for First Line supervisors ▪ Seasoned Supervisors Academy for supervisors who want or need a refresher course in managing employees and/or updates and new information that needs to be communicated to sitting supervisors. ▪ Skilled Worker Academy -- The City has just launched its first Skilled Worker Academy. After its beta year, a thorough evaluation should occur for continued refinement. ▪ Administrative Assistant Academy ▪ Analytical & Project Management Academy <p><u>Employee Relations Training</u> – The City is a member of an Employer Relations Consortium comprised of a number of local public agencies in the Bay Area. The Consortium and services are provided by Liebert Cassidy Whitmore. To fully take advantage of this resource:</p> <ul style="list-style-type: none"> ▪ Create a curriculum of courses to be taken by a First-time Supervisors and Managers over 2-3 years.

		<ul style="list-style-type: none"> Require all supervisors and managers to take a minimum of two courses per year. Recognize this learning and investment with the City’s own certificate programs using LCW curriculum.
4.3	Invest in Coaching	Develop internal (trained HR staff) and/or external (consultant) resources with management coaching experience and make coaches available to managers. Coaching can be done individually or in groups. Provide specialized training for public safety supervisors.
4.4	Invest in Learning Management Software	Implement learning management system software (e.g. NEOGOV Learn) for the administration, documentation, tracking, reporting, automation, and delivery of educational courses, training programs, materials or learning and development programs across the organization.
4.5	Invest In Technology Training	Specialized training in the areas of software and technology is needed throughout the organization including Microsoft Office and other software systems. Encourage departments to authorize on site, off site or on-line training to maximize staff proficiency in relevant technology. Utilize assessment tools to help employees understand their current competency and which technology classes to take to learn and grow.
4.6	Develop Hybrid Management Training	Develop specialized training for supervisors and managers to augment skills and approaches for managing in a hybrid work environment.
Systems & Financial Support		
4.7	Use Credit Cards to Ease Training Procurement	Assign credit cards to management employees and supervisors for various expenditures including signing up for training and any associated travel costs. This will expedite current 4-8 week turnaround on check requests for training.
4.8	Upgrade Financial Support for Training & Education	<p>Implement the following programs to support enhanced staff skills and customer service:</p> <ul style="list-style-type: none"> <u>Tuition Reimbursement</u> -- Review existing protocols for tuition reimbursement for greater flexibility and ease of approval. Explore creating financial consistency across all labor groups. <u>Professional Association Memberships</u> – Authorize and create consistency across the organization for City payment of membership in professional associations to take advantage of training and best practices resources. Municipal professional associations include organizations such as American Planning Association, Municipal Management Assistants of Northern California, California Code Enforcement Association, etc. Develop list of authorized City sponsored memberships that are affiliated with position duties and include funding for memberships in department budgets. <u>Conferences</u> – Support attendance at professional conferences. Many professional associations hold annual conferences with extensive training and learning opportunities. <p>Broaden the organization’s philosophy regarding the City’s sponsorship (financial and time) of employee professional development to support general training and educational advancement even if the subject is not directly related to current work or classification. Align with individual professional goals and career advancement.</p>

5.0 - HEALTH, SAFETY & WELLNESS

In today’s world, employers need to ensure their workforce is – and feels – safe. Employers need to strengthen their safety cultures like never before plus include a broader view of health and wellness. COVID has stretched organizations to breaking points as we learned and adjusted to a worldwide pandemic. Increasing violence and reductions in civility put employees in difficult circumstances. Without proper investment and maintenance, our facilities are tired and lacking in many features. Wellness today includes physical and mental health, plus opportunities for flexibility and life balance including hybrid and alternative work schedules. Investing in and caring for the health, safety and wellness of employees is a critical element for employee retention.

Employee Health

5.1	Clear & Consistent COVID Safety Protocols & Practices	<p>Clarify vaccination and masking requirements across organization and communicate current policy to all employees.</p> <p>Send monthly updates regarding the policy, even if it has not changed since the previous month.</p> <p>Ensure safety requirements across the organization and within departments are clear, up to date and reviewed with all employees on a regular basis. Include current status on COVID safety protocols and practices on enhanced Intranet site or post in locations visible to field employees.</p>
5.2	Invest in Mental & Physical Health Services for Employees	<p>Explore current and potential mental and physical health services for employees. Review internal programs for areas to expand and mirror (Berkeley Fire has a strong peer counseling internal program; Berkeley Police has a strong fitness program). Research best practices of other public agencies regarding strong mental and physical health programs and services.</p> <p>Review resources available with all employees on a regular basis.</p> <p>Develop programs and activities to support physical health (e.g. ergonomic, lunch walk programs, gym membership partial reimbursements).</p> <p>Explore fun ways to incorporate healthy activities into training, culture and internal community-building events and activities.</p>

Employee Safety

5.3	Create a Citywide Safety Team	<p>Create a multi-disciplinary, multi-department Citywide Safety Review Team:</p> <ul style="list-style-type: none"> ▪ Assess and review workplace safety or potentially threatening situations that employees might be facing. ▪ Bring forward recommendations for training, building changes, and other suggestions to improve the safety of staff and customers. Create system for employee input and feedback. ▪ Review accidents and provide recommendations to implement additional safety measures as needed.
5.4	De-Escalation And High Conflict Training	<p>Provide training and tools to prioritize employee safety and deescalate work with high conflict individuals in order to improve safety for employees and the public.</p>

Work Schedules & Flexibility

5.5	Explore Expanding Alternative Work Schedules	<p>Review and update the City’s policies and practices regarding alternative work schedules as a means to providing more employee work flexibility while ensuring service delivery to customers. Consider 9/80 and 4/10 schedules if customer service can be maintained.</p>
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		Alternative Work Schedules provide employees with flexibility and additional time for life balance. While a Hybrid Work Schedule may not be possible for field staff or direct customer serving staff, an Alternative Work Schedule can be provided to these employees and provide them with some of the same benefits.
5.6	Formalize Hybrid Work Program	<p>Hybrid work is a critical tool to attract and retain employees. Support the use of Hybrid Work Schedules on a permanent basis throughout the organization while balancing flexibility for the employee and customer service / organizational connectivity for the departments.</p> <p>Provide clear guidelines to support departments in implementing Hybrid Work.</p> <p>Provide training to management to learn to manage in this new environment.</p>
Facilities & Equipment		
5.7	Adequately Fund Capital Improvement Program & Replacement Reserves	<p>Ensure Capital Improvement Program prioritizes deficiencies in City facilities with annual budget allocation.</p> <p>Establish budgeted replacement reserves for building and equipment replacement.</p> <p>Contract out more maintenance as needed to address current critical deficiencies.</p>
5.8	Prioritize Investments in Buildings, Vehicles, & Equipment	<p>Ensure health and safety of staff and customers is prioritized within City facilities. Ensure functional, safe and clean systems:</p> <ul style="list-style-type: none"> ▪ HVAC with appropriate filters; ▪ Windows; ▪ Carpeting / flooring; and, ▪ Physical security of sites. <p>Provide security for staff and customers as needed.</p> <p>Ensure public safety and public works facilities are regularly maintained and replaced to professional standards.</p> <p>Ensure Equipment & Vehicle Safety is prioritized to ensure safety of employees and the public.</p> <p>Use outside resources (e.g. Fire Department equipment) if needed to ensure proper maintenance and repair.</p>

6.0 - ELEVATE INTERNAL PROCESSES

Elevating the importance and effectiveness of the City’s administrative functions is necessary if the City of Berkeley is to become an Employer of Choice. Berkeley is known for its community innovation and willingness to try new approaches to community problems. The same innovation should be encouraged and rewarded for internal process improvements. Innovation applied to internal processes will support organizational effectiveness, relationship building, and efficiency. By reducing inefficiencies and improving processes and use of technology, employees can reduce their frustration and focus their time and expertise on customer service and public improvements.

Structure & Programs

6.1	Restructure Reporting of Administrative Services (HR, IT, Finance, Contracts) to One Deputy City Manager	<p>Realign the management reporting structure so that the Human Resources, Information Technology, Finance and Contracts report to the same executive (Deputy City Manager).</p> <p>Encourage collaboration and coordination among the three departments to problem solve, share staff resources and innovate.</p>
6.2	Elevate Importance of Service-Oriented Administrative Services & Customer Connectivity	<p>Ensure administrative services departments deliver elevated level of customer service to departments and function as true business partners with line departments.</p> <p>Schedule regular bi-monthly meetings with Finance and IT department representatives to provide feedback, ideas, advise and help improve systems for each function. These meetings will facilitate to provide input on the most critical short- and long-term internal service needs of the departments.</p> <p>Develop service level metrics and provide regular reports on status of work orders and key initiatives.</p>
6.3	Create An Innovation Program	<p>Create an Innovation Program that reviews and rewards employees for creative and innovative ideas that save the organization time and money. Explore other ideas such as Innovation Labs, etc.</p>

Business Improvements

6.4	Empower Strike Teams / Interdepartmental Work Groups	<p>Create a Strike Team Model to accelerate implementation of improvements to internal processes across the organization. Empower the Strike Team with the authority to review systems, processes and technology and make improvements.</p> <p>Hire a Business Process Team (under Special Projects in CMO) to lead Strike Teams, document and realign key business processes (e.g., payroll, onboarding, staff report writing, technology acquisition) to affect efficiency and effectiveness of technology and practices/systems. Provide and coordinate staff training on processes.</p>
6.5	Provide Training on Common Administrative Practices & Procedures	<p>Employees and managers need to know how to process a contract, pay an invoice, start a recruitment, utilize an eligibility list, or prepare an evaluation.</p> <p>Create user guides, screen shots, and training manuals to help staff navigate the processes and procedures that are required for HR, IT, Contracts and Finance. Videos and training sessions should also be explored.</p>
6.6	Maximize Intranet as an Employee Resource	<p>Review and revamp as necessary, the City’s Intranet (i.e. SharePoint and Microsoft Suite of services), to create a vibrant, well organized, and content rich system for employees and managers to access and utilize.</p>

		<p>Identify an owner of these systems and complete buildout and deployment. Provide departments access to update within guidelines and naming conventions. Examples of content include training videos, communication templates, access to employee benefit resources, documentation of common processes.</p>
<p>6.7</p>	<p>Implement Business Practice Improvements in Finance, Information Technology, Payroll, HR and Contracts</p>	<p>Prioritize implementation of these services to support efficient operations across the organization:</p> <p><u>Finance / Payroll</u> -- Establish implementation deadlines for:</p> <ol style="list-style-type: none"> 1. On-line electronic timesheets for Payroll integrated with the City’s financial management system. 2. ERMA modules implementation <p><u>Information Technology</u> -- Prioritize implementation of basic services to support efficient operations across the organization:</p> <ol style="list-style-type: none"> 1. File sharing - Consistency software and retention conventions across the organization. 2. TEAMs - Deployment of full capabilities with access when working on-site or remotely. 3. Cell phones - Consider change in cell phone policy that allows for reimbursement v. City issued cell phones. 4. Work Order System – Enhance transparency to provide departments with estimated time of service delivery and status on IT service requests. <p><u>Contracts</u> -- Enhance common processes with modern templates and software.</p> <ol style="list-style-type: none"> 1. Request for Proposals / Purchasing solicitations – Deploy standard templates for various types of RFPs and solicitations. Ensure vendor quality and performance is integrated into consistent purchasing solicitation processes throughout organization. 2. Vendor performance standards – Establish basic standards to ensure satisfactory service from City vendors. <p><u>Signature Authority</u> – Update levels of signing authority for City Manager and City Attorney to levels similar to other organizations of Berkeley’s complexity. Allows for greater efficiency and effectiveness in business processing. A quarterly report can be provided to Council to ensure transparency.</p> <ol style="list-style-type: none"> 1. <u>City Manager Signing Authority</u> -- Increase City Manager’s signature authority from \$50,000 to a minimum for \$100,000. Conduct a study of other similar size municipalities to learn about the practices of other agencies in this authority for additional increase. 2. <u>City Attorney Settlement Authority</u> – Increase City Attorney’s signature Authority from \$15,000 for an individual liability claim to \$50,000. Conduct a study of other similar size municipalities to learn about the practices of other agencies in this authority for additional increase.

COMPENSATION & BENEFITS – ORGANIZATIONAL FEEDBACK

Compensation and benefits are key ingredients in the attraction and retention of employees. There was a range of feedback provided to MRG regarding Berkeley's competitive position in the marketplace and compensation. Many employees and managers participating in interviews and focus groups raised concerns about aspects of the City's compensation portfolio. During MRG's interviews and focus groups, comments and suggestions were collected, and themes developed regarding compensation and benefits.

These items are subject to bargaining with labor unions and require negotiations and/or a meet and confer process. In addition, many compensation concerns require additional research and analysis before recommendations could be developed which was beyond the scope of this study. For these reasons, MRG did not include compensation and benefits recommendations within the formal Roadmap. However, these items should be reviewed by the City and labor as negotiations are initiated.

The City does not have a formal compensation policy or philosophy for the City as a whole that supports benefit structure and continuity across all labor groups. Many non-salary benefits have been negotiated over time by each individual labor group creating inconsistencies among labor groups. These different levels create perceptions of unfairness. In addition, these individual differences create added administrative complexity for the Human Resources Department, Auditor's Office and Finance Departments. It takes time to align core benefits across all labor groups, but the gains are worth the work for the employee and the organization. Below are comments and themes provided to MRG during interviews and focus groups.

SALARY

- Many concerns from employees, labor groups, and management regarding base salary levels for all levels of employees and compaction issues. Very difficult to recruit and retain specialized technical positions such as engineers, information technology staff, public safety, and electricians. MRG was told of numerous instances where prospective candidates chose to not accept employment offers from Berkeley based on the salary and benefits offered.
- Employees that worked in the office during COVID versus remotely feel that there should be some financial appreciation for their work.
- Explore mechanisms to allow an employee to be moved to a higher step based on equity, retention, or performance. Review longevity pay or retention differentials as tools to retain employees at key intervals.

BENEFITS

Benefits – Comprehensive Review

- Consider a comprehensive review of benefits looking forward to what employees value now versus when the current benefit system was developed decades ago. Employees are generally seeking more value now versus the value for a future retirement (which will be less for PEPRA employees).
- Consider making benefit levels that same for all employees for as many basic health and wellbeing benefits as possible. This would simplify benefit administration and remove equity concerns.

Retirement – PERS

- Concerns remain regarding the ramp down and equalization of Classic and PEPRA for existing and prospective employees.

Health Related Benefits

- Medical Benefits – Deep appreciation for the rich health benefit with limited co-pays.
- Vision -- No vision plan offered by City except to IBEW Local 1245. Relatively inexpensive benefit. High interest from employees.

Leave Benefits

- Vacation Leave – Various ideas offered for vacation leave.
 - Leave Accrual Rates – Concerns about the rate of accruals at various years of service.
 - Lateral Hires -- Interest in being able to offer seasoned public employees coming from other agencies with higher level of vacation leave as a starting point. Want to attract seasoned lateral talent without starting over with only 2 weeks of vacation leave. Explore way to provide years of service credit from other public agencies into Berkeley’s leave accrual rates. (Ability to hire lateral police and fire personnel is critical.)
 - Desire for vacation cash out with management of leave caps.
- Administrative Leave – Administrative Leave is low (50 hours/year) compared to other agencies. Most Bay Area agencies provide higher hours of Administrative Leave to recognize the additional hours of work provided by management and professional staff including commission, committees and other night meetings while being exempt from overtime.
- Family / Elder Care Leave – No City paid Family Leave and Elder Care leave in place. Current practice allows for 1 year of leave with no pay and City provided medical benefits.

Commuter Subsidy and Employee Parking Benefits

- Transit / Parking Benefits -- Extensive frustration and comments regarding the Commuter Subsidy and employee parking. A review and update of parking and transit programs and benefits would be well received by employees.
 - While the City wants to encourage public transit for environmental sustainability, it’s not convenient nor usable by many employees based on where they live.
 - Parking is cumbersome and costly for employees working downtown. Many employees park many blocks away from City Hall to ensure free parking. When it is dark outside, staff doesn’t always feel safe walking to and from their vehicle. Employees stated that the convenient City Center lot frequently has capacity that is underutilized, but the cost is too high for employees without some City subsidy.
 - Enhancements to the parking and transit benefits can be seen as a way to recognize the efforts of employees who are coming into the office every day and have extra costs associated with their work for the City of Berkeley.

Miscellaneous Benefits

- Gym / Health Membership – The City pays for YMCA membership located in Berkeley. Consider providing benefit to employees using gyms outside of Berkeley.
- Employee Assistance Program – Provide additional mental health visits under base contract.

Management Benefits

- Interest in exploring car allowance, performance bonus, additional Administrative or Management Leave, enhanced wellness program, a sabbatical after determined term of service.

JOB CLASSIFICATION

- Many job classifications are outdated in terms of titles, requirements and descriptions of duties with affects on recruitment and promotional opportunities. Specifically, MRG heard concerns raised regarding Information Technology and Public Health.

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Project Team:



MARY EGAN

Managing Partner/CEO

- Executive Coaching, Workplace Investigation, & Crisis Navigation
- Delivering truth to governing boards/leaders to solve complex problems



CATHY CAPRIOLA

Project Manager

- 30 years – local government
- Retired City Manager
- Organization Development, Leadership & Team Coaching
- Developer of people & organizations to the next tier



CRAIG WHITTON

Consultant

- 31 years - local government
- Retired DH & Assistant City Manager
- Driver of actionable service delivery improvements



MARCIE SCOTT

Consultant

- 20 years as HR Director & Manager in cities
- Seasoned guide for personnel management & employee relations

