# Community Health Commission

**Thursday, July 23, 2026, 6:30 – 9:00pm**

**Meeting Location:**
Judge Henry Ramsey Jr. South Berkeley Senior Center
2939 Ellis Street, Berkeley, CA 94703
Phone: 510-981-5170

**Community Health Commission**
**Andy Katz, Chair**
**Susan Reese, Vice Chair**
**Kellie Knox, Staff Secretary**

## AGENDA

**Preliminary Matters**

1. Call to Order by Chair
2. Roll Call by Secretary
3. Land Acknowledgement (Attachment 5)
4. Announcements & Introductions
5. Public Comment – The public may comment about any item **not** on the agenda. Public comments are limited to two minutes per speaker.

**Discussion and Action Items**

Public comments regarding agenda items will be heard while the Commission is discussing the item. Public comments are limited to two minutes per speaker.

1. Staff Report from HHCS
2. CHC Chair's Report
3. Approval of Draft Minutes from 6/25/26 Regular Meeting – Action (Attachment 1)
4. Presentation – Dr. Amy Barden is the first Chief of Seattle's third public safety department, called CARE (Community Assisted Response & Engagement). She directs the work of Seattle 911 and the CARE community crisis responders, behavioral health specialists responding to appropriate 911 calls. Amy holds advanced degrees in ethical leadership, administration, and organizational learning, most recently completing a doctorate at Vanderbilt University where she honed skills in data science and behavioral research. She has spent twenty years in leadership at human service organizations in Washington, Oregon, Pennsylvania, and Ohio, consistently driving positive change to ensure more people are availed of services and interventions that work.
   Amy has been valued for her aptitude in community-driven design, cross-team collaboration across a wide range of stakeholder groups and demonstrated belief that every life has equal value. She is a member of the Seattle University Criminal Justice Advisory Council, the Georgetown Law Alternative Response Research Collective, the CSG Expanding First Response National Commission, the Meadows Caruth Police Institute Advisory Board, and sits on the Youth Care Board of Directors. (Attachment 6)
5. Community Health Improvement Plan Updates – Discussion
6. CHC FY 26-27 Work Plan Review - Discussion (Attachment 2)
7. Commission Workgroups- Action

**Future Agenda Items:**

- PH Program Presentations
- Briefing on Housing funding by Homeless Services Panel of Experts or Housing Advisory Commission

- Environmental Justice/Safety Elements Presentation Plan –September
- Proposal to Resume Operations of BEAR Program
- Environmental Health Restaurant Inspection Audit Update – October
- Hybrid Commission meetings - September

**Adjournment**

**Attachments**

1. Draft minutes from 06/25/2026 CHC Regular meeting
2. CHC 2025-2026 Work Plan
3. CHC Meeting Calendar 2026
4. City Council and Community Health Commission Timeline 2026
5. Land Acknowledgement
6. Discussion Questions for Presentation

The *next meeting* of the Community Health Commission is scheduled to be held on Thursday, September 24, 2026 with a *deadline of Tuesday, September 15,2026 for the public's submission of agenda items and materials for the agenda packet.* **Dates are subject to change.** Please contact the Commission Secretary to confirm.

Any writing or documents provided to a majority of the commission regarding any item on this agenda will be made available for public inspection at Health, Housing & Community Services Department located at 2180 Milvia Street, 2nd floor, Berkeley, CA 94704 during regular business hours. The Commission Agenda and Minutes may be viewed on the City of Berkeley website: Boards & Commissions | City of Berkeley (berkeleyca.gov) (SB 343)

**CONFLICT OF INTEREST INFORMATION:** City commissioners, pursuant to Government Code section 1090, are responsible for recusing themselves from all commission discussions and actions in which they may have a conflict of interest. If your affiliation, paid or unpaid, with other agencies has changed since the last meeting of this commission, your ability to participate in commission activities may have changed. Individual guidance is available from the City Attorney's Office (CAO). Commissioners are encouraged to consult with the CAO if they have questions, concerns, or would like clarification about matters related to potential conflicts of interest.

**The CAO may be reached at:**
Email: attorney@cityofberkeley.info
TEL: (510) 981-6950 TDD: (510) 981-6347, FAX: (510) 981-6960
2180 Milvia Street 4th Floor, Berkeley, CA 94704 - Office Hours: Mon-Fri, 8am-5pm

**COMMUNITY ACCESS INFORMATION**: This meeting is being held in a wheelchair accessible location. To request disability-related accommodation(s) to participate in the meeting, including auxiliary aids or services, please contact the **Disability Services Specialist at 981-6418 (V) or 981-6347 (TDD)** at least three business days before the meeting date. Please refrain from wearing scented products to this meeting.
Communications to Berkeley boards, commissions or committees are public records and will become part of the City's electronic records, which are accessible through the City's website. Please note: e-mail addresses, names, addresses, and other contact information are not required, but if included in any communication to a City board, commission or committee, will become part of the public record. If you do not want your e-mail address or any other contact information to be made public, you may deliver communications via U.S. Postal Service or in person to the secretary of the relevant board, commission or committee. If you do not want your contact information included in the public record, please do not include that information in your communication. Please contact the commission secretary for further information.

**Secretary:**
Kellie Knox
Health, Housing & Community Services Department
2180 Milvia Street, 2nd Floor, Berkeley, CA 94704 510-981-5301 kknox@berkeleyca.gov

**Community Health Commission**
**Andy Katz, Chair**
**Susan Reese, Vice Chair**
**Kellie Knox, Staff Secretary**

# Community Health Commission

## DRAFT MINUTES

## Regular Meeting, Thursday, June 25, 2026

The meeting convened at 6:35 p.m. with Commissioner Katz presiding.

**ROLL CALL**

**Present:** Commissioners Charney, Herzer-Baptiste, Kappagoda, Katz, Marasovic, and Reese.

**Absent:** None.

**Excused:** Commissioners Breckwich Vasquez and Bacon.

**Staff present:** Kellie Knox

**Community Members:** None

**COMMENTS FROM THE PUBLIC:** None.

**ACTION ITEM**

3. M/S/C (Reese/Kappagoda): Motion to approve the draft minutes from meeting on May 28, 2026.

**Ayes:** Commissioners Charney, Herzer-Baptiste, Kappagoda, Katz, Marasovic, and Reese.

**Noes:** None.

**Abstain:** None

**Absent from Vote:** Commissioners Breckwich Vasquez and Bacon.

**Excused:** None.

**Motion Passed**.

**Discussion and Action Items**

1. HHCS Director Report – Director not present. Staff answered questions.
2. CHC Chair's Report -Discussion
3. Approval of Draft Minutes from 5/28/26 Regular Meeting – Action
4. City Manager's FYI 2027 & 2027 Proposed Budget Balancing Plan - Discussion
5. Community Health Improvement Plan - Working Group Updates - Discussion
6. CHC FY 26-27 Work Plan Review - Discussion
7. Commission Workgroups -Not discussed.

**Future Agenda Items:**

- PH Program Presentations
- MIH/CP pilot and CARE/Health One presentation
- Briefing on Housing funding by Homeless Panel of Experts or Housing Advisory Commission
- Environmental Justice/Safety Elements Presentation Plan –September
- Proposal to Resume Operations of BEAR Program
- Environmental Health Restaurant Inspection Audit Update – October
- Hybrid Commission meetings

This meeting adjourned at 9:11 p.m.

Minutes will be reviewed and approved on Thursday, July 23, 2026.

Respectfully submitted,
Kellie Knox, Commission Secretary _____

# Community Health Commission 2025-26 Work Plan

*Guiding Philosophy*: To look at health through an equity lens in order to address, ameliorate, and abolish health inequities in Berkeley while addressing and supporting public health efforts in collaboration with the City of Berkeley City Council, City of Berkeley Public Health staff, and community members.

## I. Mission/Purpose:

A. Collaborate with the community, the City of Berkeley Health Officer Unit, Public Health Division, and Berkeley City Council to eliminate health inequity by:Advocating to the City Council for policies that have the potential to improve the health of Berkeley residents and that can be implemented, monitored and evaluated.
   1. Representing the diversity of the community through the diversity of this commission's membership.
   2. Increasing public education and engagement to develop greater understanding and awareness of public health issues.
   3. Advocating with the residents of Berkeley most affected by institutional, social, and organizational inequities and disparities.
   4. Providing a public forum for all community members to share their public- health related concerns and ideas

B. Achieve progress in attaining general good health for all Berkeley residents by being responsive to community needs and facilitating general health and safety.

### Overall issues to be addressed through a health equity lens.

a. Be responsive to recommendations that will help Berkeley residents, care providers, and clinics cope with spending cuts to local, state, and federal funding.
b. Continue to be a community advocate to City Council to address structural, institutional, and health inequities impacting all underserved populations, taking into account the social determinants of health.
c. Evaluate and act on health status data such as the 2018 Health Status Report, and data updated in the Community Health Assessment and other periodic reports.
d. Increase healthy food security, particularly preparing for SNAP/CalFresh changes, including advocating for the necessary support for the Berkeley Food Network / Pantry, and access to fresh groceries.
e. Support expansion of affordable housing as a part of addressing root causes of health disparities.
f. Work to support policies and initiatives that advance Universal Health Care such as Medicare for All.

g. Advise the City Council as HHCS and Public Health Division develop the strategic plan and Results-Based Accountability framework, Community Health Assessment, and Community Health Improvement Plan.

# II. General steps and actions needed to meet priorities:

A. Conduct outreach to encourage Berkeley community members to engage with the CHC, inclusive of diverse communities.
B. Collaborate with other commissions to share resources and support recommendations.
C. Form focused/specialized work groups, as needed.

## 1. Basic Needs Security

a. Focus on healthy food security and affordable/accessible housing.
b. Advocate for affordability and accessibility of healthy foods by supporting programs in Berkeley that address these issues.
c. Advocate for affordable housing and rent protections for Berkeley residents.
d. Connect with community-based organizations and appropriate City of Berkeley departments to acquire information about available resources for Berkeley residents.

## 2. Chronic Disease Prevention

a. Recommend interventions to address diabetes, obesity, heart diseases, and other chronic conditions highlighted by the updates to Berkeley health status report and Community Health Assessment.
b. Engage with Public Health Division staff development of Results-Based Accountability framework and evaluation of public health programs.

## 3. Health Equity

Engage with Public Health staff and community members to advocate for the implementation of strategies that will reduce health inequities, detailed in the Health Status Report:

a. Monitor the utilization and support outreach for the West Berkeley Family Wellness Center.
b. Continue to support the development of the African American Holistic Resource Center.
c. Investigate and implement efforts to improve immigrant access to health care.

## 4. Health Facilities

a. Address the planned closure and replacement of Alta Bates Hospital to maintain acute care services for Berkeley residents, including evaluation and advocacy of the adequacy of the number of replacement beds in the successor acute care hospital facility, and the inclusion of critical care services such as Labor and Delivery, Cardiac Catheterization, and Burn Units.

b. Continue to engage with and monitor city council actions related to implementation of the Commission's recommendation and council referral on ombudsperson funding and safe staffing at long-term care facilities.

## 5. Environmental Health

a. Monitor and engage with city council actions responding to the City Auditor's audit of restaurant health and safety.
b. Monitor environmental health division programs regarding vector control and other programs to protect environmental health and safety.
c. Engage with the Planning Division to provide input to the City of Berkeley General Plan Environmental Justice element.

# 2026 Commission Meeting Schedule

Att-03

Please complete this form and email it to the commission@berkeleyca.gov by: **Wednesday, January 7, 2026**

Name of Commission: Community Health

Commission Secretary: Kellie Knox

***Example***

| Month | Meeting Day | Meeting Date | Time |
|---|---|---|---|
| February 2026 | Wednesday | 2/11/2026 | 7:00 pm |
| | | | |

| Month | Meeting Day | Meeting Date | Time |
|---|---|---|---|
| January 2026 | Thursday | 1/22/2026 | 6:30 pm |
| | | | |
| February 2026 | Thursday | 2/26/2026 | 6:30 pm |
| | | | |
| March 2026 | Thursday | 3/26/2026 | 6:30 pm |
| | | | |
| April 2026 | Thursday | 4/23/2026 | 6:30 pm |
| | | | |
| May 2026 | Thursday | 5/28/2026 | 6:30 pm |
| | | | |
| June 2026 | Thursday | 6/25/2026 | 6:30 pm |
| | | | |
| July 2026 | Thursday | 7/23/2026 | 6:30 pm |
| | | | |
| August 2026 | Thursday | No Meeting | |
| | | | |
| September 2026 | Thursday | 9/24/2026 | 6:30 pm |
| | | | |
| October 2026 | Thursday | 10/22/2026 | 6:30 pm |
| | | | |
| November 2026 | Thursday | No Meeting | |
| | | | |
| December 2026 | Thursday | 12/03/2026 | 6:30 pm |
| | | | |

# HHCS DEPARTMENT
# 2026 COUNCIL MEETING TIMELINE

Att-04

| COUNCIL MEETING | THURSDAY 5:00 PM<br>Reports Due to Director | THURSDAY 12:00 PM<br>- Day 33 -<br>DEPT. REPORTS DUE TO CLERK | THURSDAY 12:00 PM<br>- Day 19 -<br>AGENDA COMMITTEE PACKET TO PRINT | MONDAY 2:30 PM<br>- Day 15 -<br>AGENDA COMMITTEE MEETING | WEDNESDAY 11:00 AM<br>- Day 13 -<br>FINAL AGENDA MEETING (PRINT AGENDA ON WED.) | THURSDAY By 5:00 PM<br>- Day 12 -<br>COUNCIL AGENDA DELIVERY |
|---|---|---|---|---|---|---|
| Winter Recess [December 3, 2025 through January 19, 2026] | | | | | | |
| Jan 20 | 12/4 | 12/18 | 1/2 (Fri) | 1/5 | 1/7 | 1/8 |
| Jan 27 | 12/11 | 12/26 (Fri) | 1/8 | 1/12 | 1/14 | 1/15 |
| Feb 10 | 12/26 | 1/8 | 1/22 | 1/26 | 1/28 | 1/29 |
| Feb 24 | 1/8 | 1/22 | 2/5 | 2/9 | 2/11 | 2/11 (Wed) |
| Mar 10 | 1/22 | 2/5 | 2/19 | 2/23 | 2/25 | 2/26 |
| Mar 24 | 2/5 | 2/19 | 3/5 | 3/9 | 3/11 | 3/12 |
| Spring Recess [March 25 through April 13, 2026] | | | | | | |
| Apr 14 | 2/26 | 3/12 | 3/26 | 3/31 (Tue) | 4/1 | 4/2 |
| Apr 21 | 3/5 | 3/19 | 4/2 | 4/6 | 4/8 | 4/9 |
| Apr 28 | 3/12 | 3/26 | 4/9 | 4/13 | 4/15 | 4/16 |
| May 12 | 3/26 | 4/9 | 4/23 | 4/27 | 4/29 | 4/30 |
| May 19 | 4/2 | 4/16 | 4/30 | 5/4 | 5/6 | 5/7 |
| Jun 9 | 4/23 | 5/7 | 5/21 | 5/28 (Thur) | 5/28 (Thur) | 5/29 (Fri) |
| Jun 16 | 4/30 | 5/14 | 5/28 | 6/1 | 6/3 | 6/4 |
| Jun 30 | 5/14 | 5/28 | 6/11 | 6/15 | 6/17 | 6/18 |
| Jul 7 | 5/21 | 6/4 | 6/18 | 6/22 | 6/24 | 6/25 |
| Jul 14 | 5/28 | 6/11 | 6/25 | 6/29 | 7/1 | 7/2 |
| Jul 28 | 6/11 | 6/25 | 7/9 | 7/13 | 7/15 | 7/16 |
| Summer Recess [July 29 through September 14, 2026] | | | | | | |
| Sep 15 | 7/30 | 8/13 | 8/27 | 8/31 | 9/2 | 9/3 |
| Sep 29 | 8/13 | 8/27 | 9/10 | 9/14 | 9/16 | 9/17 |
| Oct 13 | 8/27 | 9/10 | 9/24 | 9/28 | 9/30 | 10/1 |
| Oct 27 | 9/10 | 9/24 | 10/8 | 10/13 (Tue) | 10/14 | 10/15 |
| Nov 17 | 10/1 | 10/15 | 10/29 | 11/2 | 11/4 | 11/5 |
| Dec 1 | 10/15 | 10/29 | 11/12 | 11/16 | 11/18 | 11/19 |
| Dec 15 | 10/29 | 11/12 | 11/25 (Wed) | 11/30 | 12/2 | 12/3 |
| Winter Recess [December 16, 2026 through January 18, 2027] | | | | | | |

| VTO Affected Dates | Holiday Affected Dates | Religious Holiday Affected Date |
|---|---|---|

*Updated 10/22/25*

***Reports not submitted by the deadlines listed will not be included on the agenda.***

# HHCS COMMISSIONS
# 2026 COUNCIL MEETING TIMELINE

| COUNCIL MEETING | Thursday<br><br>Commission needs to take action by | THURSDAY<br>5:00 PM<br><br>Reports Due to Director | THURSDAY<br>12:00 PM<br>- Day 33 -<br><br>DEPT. REPORTS DUE TO CLERK | THURSDAY<br>12:00 PM<br>- Day 19 -<br><br>AGENDA COMMITTEE PACKET TO PRINT | MONDAY<br>2:30 PM<br>- Day 15 -<br><br>AGENDA COMMITTEE MEETING | WEDNESDAY<br>11:00 AM<br>- Day 13 -<br><br>FINAL AGENDA MEETING (PRINT AGENDA ON WED.) | THURSDAY<br>By 5:00 PM<br>- Day 12 -<br><br>COUNCIL AGENDA DELIVERY |
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| Jan 20 | 11/27 | 12/4 | 12/18 | 1/2 (Fri) | 1/5 | 1/7 | 1/8 |
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| Feb 24 | 1/1 | 1/8 | 1/22 | 2/5 | 2/9 | 2/11 | 2/11 (Wed) |
| Mar 10 | 1/15 | 1/22 | 2/5 | 2/19 | 2/23 | 2/25 | 2/26 |
| Mar 24 | 1/29 | 2/5 | 2/19 | 3/5 | 3/9 | 3/11 | 3/12 |
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| Apr 14 | 2/19 | 2/26 | 3/12 | 3/26 | 3/31 (Tue) | 4/1 | 4/2 |
| Apr 21 | 2/26 | 3/5 | 3/19 | 4/2 | 4/6 | 4/8 | 4/9 |
| Apr 28 | 3/5 | 3/12 | 3/26 | 4/9 | 4/13 | 4/15 | 4/16 |
| May 12 | 3/19 | 3/26 | 4/9 | 4/23 | 4/27 | 4/29 | 4/30 |
| May 19 | 3/26 | 4/2 | 4/16 | 4/30 | 5/4 | 5/6 | 5/7 |
| Jun 9 | 4/16 | 4/23 | 5/7 | 5/21 | 5/28 (Thur) | 5/28 (Thur) | 5/29 (Fri) |
| Jun 16 | 4/23 | 4/30 | 5/14 | 5/28 | 6/1 | 6/3 | 6/4 |
| Jun 30 | 5/7 | 5/14 | 5/28 | 6/11 | 6/15 | 6/17 | 6/18 |
| Jul 7 | 5/14 | 5/21 | 6/4 | 6/18 | 6/22 | 6/24 | 6/25 |
| Jul 14 | 5/21 | 5/28 | 6/11 | 6/25 | 6/29 | 7/1 | 7/2 |
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| Oct 13 | 8/20 | 8/27 | 9/10 | 9/24 | 9/28 | 9/30 | 10/1 |
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| Nov 17 | 9/24 | 10/1 | 10/15 | 10/29 | 11/2 | 11/4 | 11/5 |
| Dec 1 | 10/8 | 10/15 | 10/29 | 11/12 | 11/16 | 11/18 | 11/19 |
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| VTO Affected Dates | Holiday Affected Dates | Religious Holiday Affected Date |
|---|---|---|

*Updated 10/22/25*

***Reports not submitted by the deadlines listed will not be included on the agenda.***

Att-05

# Land Acknowledgement Statement

**The City of Berkeley recognizes that the community we live in was built on the territory of xučyun (Huchiun (Hooch-yoon)), the ancestral and unceded land of the Chochenyo (Cho-chen-yo)-speaking Ohlone (Oh-low-nee) people, the ancestors and descendants of the sovereign Verona Band of Alameda County.**

**This land was and continues to be of great importance to all of the Ohlone Tribes and descendants of the Verona Band.**

**As we begin our meeting tonight, we acknowledge and honor the original inhabitants of Berkeley, the documented 5,000-year history of a vibrant community at the West Berkeley Shellmound, and the Ohlone people who continue to reside in the East Bay.**

**We recognize that Berkeley's residents have and continue to benefit from the use and occupation of this unceded stolen land since the City of Berkeley's incorporation in 1878.**

**As stewards of the laws regulating the City of Berkeley, it is not only vital that we recognize the history of this land, but also recognize that the Ohlone people are present members of Berkeley and other East Bay communities today.**

**Opening / grounding**

1. Seattle chose to build CARE as a standalone third department rather than a program inside fire or police. What problem was that structural choice solving, and what would you have lost housing it elsewhere?

2. Walk us through what happens today when a 911 call comes in that's a candidate for a CARE response — who decides, on what criteria, and how fast?

**Dispatch and 911 governance**

3. CARE is unusual in that the crisis response team and the 911 center live under the same civilian roof. How much of your program's viability depends on owning dispatch — and what would you say to a city whose emergency communications center sits under police command?
4. What call-triage or emergency dispatch protocols did you need in place before diversion could work at all, and what did building that capacity cost in time and staffing?

**Labor and interagency dynamics**

5. The SPOG contract restricted where responders can be deployed — no private property, encampments, or suspected drug use — even as the department added significant staff. What do you wish had been negotiated, or bargained differently, before the team ever launched?
6. What has actually built trust with rank-and-file police and fire — and what hasn't? Spokesman-Review

**Funding and sustainability**

7. Seattle's 2026 budget uses $9.5 million from a new state-authorized sales tax bump to double the workforce. For a city funding alternative response on grants or one-time money, what's your advice on building a durable revenue base — and did Seattle explore Medicaid or claims-based reimbursement?
8. If you had to run CARE at one-tenth the scale — a city of 120,000 rather than 750,000 — what would you keep, and what would you cut first? Capitol Hill Seattle

**Measuring success**

9. What metrics moved council and community opinion, and which ones turned out to be noise?
10. You've pointed to Albuquerque and Durham as cities that scaled to 24/7 quickly with full government and law-enforcement support. What conditions made that possible there that Seattle lacked? Capitol Hill Seattle

**Closing / Berkeley applications**

11. Berkeley has both a behavioral-health-focused Specialized Care Unit and a paused low-acuity medical alternative response program. From your seat, what's the argument for treating those as one integrated system versus parallel tracks?
12. If a commission like ours could get one thing right in year one — governance, dispatch, labor agreements, funding — which would you tell us to prioritize, and what's the mistake you'd tell us we're most likely to make?

**Dispatch triage notes for alternative response**

Denver STAR, the only quasi-experimental causal study in this space: the pilot directed targeted 911 calls to health care responders instead of police and reduced reports of less serious crimes like trespassing and public disorder by 34%, with no detectable effect on more serious crimes. Direct costs were four times lower than police-only responses, and across 748 incidents the program prevented nearly 1,400 criminal offenses. Critically, STAR worked *because dispatchers were the routing mechanism* — for calls involving public intoxication, welfare checks, trespassing, and public disorder, dispatchers sent a mental health specialist and a paramedic instead of police. Science + 3

- The Vera Institute's nine-city 911 analysis: an average of 19 percent of calls for service could be answered by unarmed crisis responders, and no more than 7 percent of calls involve violent crime — in most cities studied, fewer than 3 percent. Vera InstituteVera Institute

- The skeptic's counterweight (worth raising so the discussion is honest): Lum and colleagues analyzed 4.3 million calls across nine agencies and found mental health incidents made up only 1.3% of calls, leading Lum to argue that shifting those calls moves only a small amount of police resources. The gap between Vera's 19% and Lum's 1.3% is almost entirely a *dispatch coding* question — how call-takers classify what they hear. Time

- CAHOOTS shows the same measurement problem: program claims of handling roughly 19 percent of Eugene police calls versus the Eugene Crime Analysis Unit's estimate that CAHOOTS diverts 5–8 percent of calls that would otherwise have gone to police. And the integration detail that matters most: Eugene's communications center dispatches police, fire, and CAHOOTS from one roof, with dispatchers empowered to use the non-police alternative, working from response criteria the police department and CAHOOTS developed collaboratively. CSG Justice Center + 2

**Questions**

*Dispatch as the gatekeeper*

1. Denver's STAR pilot produced a 34% drop in low-level crime, and the entire intervention was a dispatch decision — nothing about the street response changed except who got sent. Do you read that study the way I do: that alternative response is fundamentally a *dispatch reform*, with the van as the downstream artifact?

2. In Seattle, a police sergeant decides in the moment whether calls can be dispatched to CARE — effectively putting police in charge of a separate public safety department. What would call-taker-level triage authority look like instead, and what protocol, training, and liability framework would a 911 center need before civilian call-takers could own that decision? PubliCola
3. Eugene's dispatchers route CAHOOTS from criteria co-developed with police, used as a guide rather than a rule. Seattle's constraints are hard-coded through a labor contract. What's the evidence on which approach — dispatcher discretion versus rigid eligibility rules — produces more diversion without safety failures?

*The data problem*

4. Vera says roughly 19% of calls could go to unarmed responders; Cynthia Lum's team, looking at 4.3 million calls, says the truly divertible share may be far smaller. Both are analyzing the same kind of CAD data. From inside a 911 center, which estimate is closer to what you actually see — and how much of the disagreement comes down to how call-takers code calls in the first seconds?
5. CAHOOTS' diversion rate is cited as anywhere from 5% to 19% depending on who's counting. If Berkeley wanted to measure a pilot honestly from day one, what should we require our ECC to capture — call natures, disposition codes, time stamps — so we never end up arguing about our own denominator?
6. Eugene's own analysis found backup rates stayed around 2% for classic CAHOOTS call types but hit 76% for criminal trespass responses. How should dispatch protocols use that kind of call-type-level data to set eligibility, rather than the categorical bans Seattle got? Eugene

*Protocols and infrastructure*

7. Berkeley recently moved to adopt structured emergency dispatch protocols (ProQA/MPDS). From your experience, is determinant-level call coding a genuine prerequisite for alternative response routing, or can a program launch on dispatcher judgment while protocols mature?
8. Your own chief of staff has said Seattle's 911 center suffers from outdated technology that underperforms with or without staffing concerns. When a city has limited dollars, how do you sequence investment between dispatch technology, dispatcher staffing, and field responders? Capitol Hill Seattle
9. You've floated training 911 operators to divert crisis calls to 988, which would hand dispatch of mental health teams to a system outside the police contract. What does the interface between 911 and 988 need to look like for that to be safe, and where are transfers failing today? The Urbanist

*Staffing and the human layer*

10. Dispatcher vacancy rates are a national crisis, and every diversion protocol adds seconds of decision burden to a call-taker who's already underwater. How did you

protect call-processing times while layering CARE triage onto your 911 workflow — and what staffing level made it viable?

11. What does the research and your operational experience say about *who* should make the diversion decision: the call-taker who hears the caller, or a dispatcher/supervisor watching the queue?

*Closing*

12. If a city's emergency communications center sits organizationally inside its police department — as Berkeley's does — what's realistically achievable on call diversion within that structure, and at what point does governance itself become the binding constraint?

**SOURCES:**


https://www.cascadepbs.org/politics/2024/07/chief-amy-smiths-plans-seattles-care-department/

https://seattle.legistar.com/View.ashx?M=F&ID=13162080&GUID=14A0CE73-E528-4DF0-A3E1-7FEC69F41FB9&ref=cascadepbs.org

https://komonews.com/news/local/state-leaders-assess-care-crisis-response-systems-in-washington-consider-911-integration-public-safety-mental-health-drug-addiction-homeless-houseless-seattle-king-county

https://ericacbarnett.substack.com/p/two-years-in-care-chief-amy-barden

https://www.theurbanist.org/seattle-civilian-responder-team-chafes-under-police-guild-contract-restrictions/

https://www.seattle.gov/police/information-and-data/data/crisis-contacts/crisis-contact-dashboard