PROCLAMATION
CALLING A SPECIAL MEETING OF THE
BERKELEY CITY COUNCIL

In accordance with the authority in me vested, I do hereby call the Berkeley City Council in special session as follows:

Thursday, April 21, 2022
6:00 PM

JESSE ARREGUIN, MAYOR

Councilmembers:

DISTRICT 1 – RASHI KESARWANI
DISTRICT 2 – TERRY TAPLIN
DISTRICT 3 – BEN BARTLETT
DISTRICT 4 – KATE HARRISON

DISTRICT 5 – SOPHIE HAHN
DISTRICT 6 – SUSAN WENGRAF
DISTRICT 7 – RIGEL ROBINSON
DISTRICT 8 – LORI DROSTE

PUBLIC ADVISORY: THIS MEETING WILL BE CONDUCTED EXCLUSIVELY THROUGH VIDEOCONFERENCE AND TELECONFERENCE

Pursuant to Government Code Section 54953(e) and the state declared emergency, this meeting of the City Council will be conducted exclusively through teleconference and Zoom videoconference. The COVID-19 state of emergency continues to directly impact the ability of the members to meet safely in person and presents imminent risks to the health of attendees. Therefore, no physical meeting location will be available.

Live captioned broadcasts of Council Meetings are available on Cable B-TV (Channel 33) and via internet accessible video stream at http://www.cityofberkeley.info/CalendarEventWebcastMain.aspx.

To access the meeting remotely: Join from a PC, Mac, iPad, iPhone, or Android device: Please use this URL https://us02web.zoom.us/j/84434084458. If you do not wish for your name to appear on the screen, then use the drop down menu and click on "rename" to rename yourself to be anonymous. To request to speak, use the "raise hand" icon by rolling over the bottom of the screen.

*To join by phone: Dial **1-669-900-9128 or 1-877-853-5257 (Toll Free)** and enter Meeting ID: **844 3408 4458**. If you wish to comment during the public comment portion of the agenda, Press *9 and wait to be recognized by the Chair.*

Please be mindful that the teleconference will be recorded as any Council meeting is recorded, and all other rules of procedure and decorum will apply for Council meetings conducted by teleconference or videoconference.

To submit a written communication for the City Council's consideration and inclusion in the public record, email council@cityofberkeley.info.

This meeting will be conducted in accordance with the Brown Act, Government Code Section 54953. Any member of the public may attend this meeting. Questions regarding this matter may be addressed to Mark Numainville, City Clerk, (510) 981-6900. The City Council may take action related to any subject listed on the Agenda. Meetings will adjourn at 11:00 p.m. - any items outstanding at that time will be carried over to a date/time to be specified.

Preliminary Matters

Roll Call:

Action Calendar

The public may comment on each item listed on the agenda for action as the item is taken up. For items moved to the Action Calendar from the Consent Calendar or Information Calendar, persons who spoke on the item during the Consent Calendar public comment period may speak again at the time the matter is taken up during the Action Calendar.

The Presiding Officer will request that persons wishing to speak use the "raise hand" function to determine the number of persons interested in speaking at that time. Up to ten (10) speakers may speak for two minutes. If there are more than ten persons interested in speaking, the Presiding Officer may limit the public comment for all speakers to one minute per speaker. Speakers are permitted to yield their time to one other speaker, however no one speaker shall have more than four minutes. The Presiding Officer may, with the consent of persons representing both sides of an issue, allocate a block of time to each side to present their issue.

Action items may be reordered at the discretion of the Chair with the consent of Council.

Action Calendar – New Business

1. **City Manager Presentation and Response to the Reimaging Public Safety Task Force and National Institute for Criminal Justice Reform Recommendations**
    From: City Manager
    Recommendation: Accept the report from the City Manager with the goal of supporting council discussion and recommendations on a path forward to transforming public safety and policing in Berkeley.
    Financial Implications: See report
    Contact: Dee Williams-Ridley, City Manager, (510) 981-7000

Adjournment

I hereby request that the City Clerk of the City of Berkeley cause personal notice to be given to each member of the Berkeley City Council on the time and place of said meeting, forthwith.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the official seal of the City of Berkeley to be affixed on this 19th of April 2022.

Jesse Arreguin

Jesse Arreguin, Mayor

Public Notice – this Proclamation serves as the official agenda for this meeting.

ATTEST:

Mark Numainville

Date: April 19, 2022
Mark Numainville, City Clerk

Live captioned broadcasts of Council Meetings are available on Cable B-TV (Channel 33), via internet accessible video stream at http://www.cityofberkeley.info/CalendarEventWebcastMain.aspx.

Archived indexed video streams are available at http://www.cityofberkeley.info/citycouncil. Channel 33 rebroadcasts the following Wednesday at 9:00 a.m. and Sunday at 9:00 a.m.

Communications to the City Council are public record and will become part of the City's electronic records, which are accessible through the City's website. **Please note: e-mail addresses, names, addresses, and other contact information are not required, but if included in any communication to the City Council, will become part of the public record.** If you do not want your e-mail address or any other contact information to be made public, you may deliver communications via U.S. Postal Service to the City Clerk Department at 2180 Milvia Street. 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 City Clerk Department for further information.

Any writings or documents provided to a majority of the City Council regarding any item on this agenda will be posted on the City's website at http://www.cityofberkeley.info.

Agendas and agenda reports may be accessed via the Internet at http://www.cityofberkeley.info/citycouncil

COMMUNICATION ACCESS INFORMATION:
To request a disability-related accommodation(s) to participate in the meeting, including auxiliary aids or services, please contact the Disability Services specialist at (510) 981-6418 (V) or (510) 981-6347 (TDD) at least three business days before the meeting date.

Captioning services are provided at the meeting, on B-TV, and on the Internet.

Office of the City Manager

<u>ACTION CALENDAR</u>
April 21, 2022

To: Honorable Mayor and Members of the City Council

From: Dee Williams-Ridley, City Manager

Submitted by: LaTanya Bellow, Deputy City Manager

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

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

<u>CURRENT SITUATION AND ITS EFFECTS</u>
On July 14, 2020, in Resolution No. 69,501-N.S., City Council passed a package of items providing direction for the development of a new paradigm of public safety in Berkeley. As part of the items that were adopted, City Council adopted Item 18c ("Referral to City Manager to Re-imagine Policing Approaches to Public Safety Using a Process of Robust Community Engagement, to Develop a Path Forward to Transforming Public Safety and Policing in Berkeley") and Item18d ("Transform Community Safety and Initiate a Robust Community Engagement"), which directs the City Manager to engage a qualified firm(s) or individual(s) to lead a robust, inclusive, and transparent community engagement process with the goal of achieving a new and transformative model of positive, equitable and community-centered safety for Berkeley.

<u>BACKGROUND</u>
☐ The omnibus package consisted of numerous elements including, but not limited to the following:

o Having the City Auditor perform an analysis of City's emergency 9-1-1 calls-for-service and responses, as well as analysis of the Berkeley Police Department's (BPD) budget

o Analyzing and developing a pilot program to re-assign non-criminal police service calls to a Specialized Care Unit

o Creating plans and protocols for calls for service to be routed and assigned to alternative preferred responding entities and consider placing dispatch in the Fire Department or elsewhere outside the Police Department

o Analyzing litigation outcomes and exposure for city departments in order to guide the creation of City policy to reduce the impact of settlements on the General Fund

o Engaging a qualified firm(s) or individual(s) to lead a robust, inclusive, and transparent community engagement process with the goal of achieving a new and transformative model of positive, equitable and community-centered safety for Berkeley

o Pursuing the creation of a Berkeley Department of Transportation ("BerkDoT") to ensure a racial justice lens in traffic enforcement and the development of transportation policy, programs and infrastructure, and identify and implement approaches to reduce and/or eliminate the practice of pretextual stops based on minor traffic violations

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

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

National Institute of Criminal Justice Reform

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

Community Engagement

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

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[1] https://www.cityofberkeley.info/RIPST.aspx.

Reimagining Public Safety

<div align="right">
ACTION CALENDAR
April 21, 2022
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On January 19, 2021, the City Council adopted revisions to the enabling legislation for the Reimagining Public Safety Task Force

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

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

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

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

National Institute for Criminal Justice Reform
https://www.cityofberkeley.info/Clerk/City_Council/2022/03_Mar/Documents/2022-03-10_(Special)_Supp_2_Reports_Item_2_Rev_NICJR_pdf.aspx

ENVIRONMENTAL SUSTAINABILITY AND CLIMATE IMPACTS
There are no identifiable environmental effects or opportunities associated with the subject of this report.

CONTACT PERSON
LaTanya Bellow, Deputy City Manager, City Manager Office, (510)-981-7012
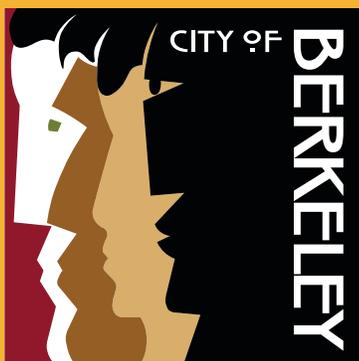
CITY OF **BERKELEY**

CITY MANAGER'S OFFICE

Reimagining Public Safety: A Reference Guide for City Council Discussion

April 21, 2022

MARTIN LUTHER KING JR
CIVIC CENTER

2180
Milvia Street

CITY OF BERKEL

Letter from the City Manager

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

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

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

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

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

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

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

Dee Williams-Ridley
City Manager
manager@cityofberkeley.info

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

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courtesty of Far Out City

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Executive Summary

City Leadership

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

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

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

The working group consists of the following:

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

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

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

Public Safety and Police Reimagining Community Engagement

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

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

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

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

Staff Participation

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

Community Engagement

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

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

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

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

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

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

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

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

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

Reimagining Public Safety Task Force

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

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

Task Force Coordination

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

Interdepartmental Coordination

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

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

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

City Auditor

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

National Institute for Criminal Justice Reform (NICJR)

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

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

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02

Background

Specialized Care Unit

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

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

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

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

Recommendations

These recommendations are organized in the following thematic areas:

The SCU Mobile Team

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

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1 https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/Berkeley-HHCSD_SCU_Crisis-Response-Models-Report FINAL.pdf

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

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

transport to a variety of locations.

6. Equip the SCU mobile team with supplies to meet the array of clients' needs.

7. Clearly distinguish the SCU from the Mobile Crisis Team.

Assessing the SCU Crisis Response: Dispatch & Alternative Phone Number

8. Participate in the Dispatch assessment and planning process to prepare for future integration.

9. Ensure the community has a 24/7 live phone line to access the SCU.

10. Plan for embedding a mental health or behavioral health clinician into Dispatch to support triage and SCU deployment.

Implement a Comprehensive 24/7 Mental Health Crisis Response Model

11. Fully staff a comprehensive model to ensure the success of the SCU mobile team, including supervisory and administrative support.

12. Operate one SCU mobile team per shift for three 10-hour shifts.

13. SCU staff and Dispatch personnel should travel to alternative crisis programs for in-person observation and training.

14. Prepare the SCU mobile team with training.

Administration and Evaluation

15. Contract the SCU model to a CBO.

16. Integrate the SCU into existing data systems.

17. Collect and publish mental health crisis response data publicly on Berkeley's Open Data Portal.

18. Implement care coordination case management meetings for crisis service providers.

19. Implement centralized coordination and leadership across city agencies to support the success of mental health crisis response.

20. Continue the existing SCU Steering Committee as an advisory body.

21. Solicit ongoing community input and feedback.

22. Adopt a rapid monitoring, assessment, and learning process.

23. Conduct a formal annual evaluation.

Promoting Public Awareness

24. Launch a public awareness campaign to promote community awareness and education about the SCU.

25. The SCU mobile team should conduct outreach and build relationships with potential service utilizers.

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

Priority Dispatch

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

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

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

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

BerkDOT

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

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

Findings

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

The review found:

- **Few cities of Berkeley's size have a stand-alone Division of Transportation (DOT).** Berkeley's existing Division of Transportation (BerkDOT) has more breadth of transportation functions assigned to it than comparable cities of its size.

- **Berkeley could choose to** begin a full, stand-alone Department of Transportation (BerkDOT), remake the existing Public Works Department into a Department of Transportation and Infrastructure (BerkDOTI), have Public Works' Division of Transportation become BerkDOT, or take a phased approach to a BerkDOTI or stand-alone BerkDOT.

- **Berkeley's Public Works Department and BerkDOT had been promoting racial justice and equity** within their programs and projects, **but more was needed.**

- **Creating a new Department of Transportation made the most sense** if the City's existing transportation plans and policies lacked the right vision.

- **While there were opportunities** with a new Department of Transportation, **there were also costs** of at least $750,000 per year, **risks** in implementation, and **logistical challenges**.

- **Shifting transportation functions** between Police and a Department (or Division) of Transportation ranged from straight forward (e.g., crossing guards) to difficult (e.g., parking enforcement officers).

- **Civilian traffic enforcement faced significant obstacles** from state law.

Public Survey and Listening Sessions

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

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

The survey found the following:

- Residents of Berkeley, regardless of identity or personal experience, are supportive of the idea of **shifting traffic enforcement**, including routine traffic stops, **away from police officers and to specially trained city employees**

- **Self-identified Black and Hispanic residents report both higher concern about police treatment and more negative experiences** than those who do not identify as Black or Hispanic

- **A majority of residents across gender, age, and racial lines acknowledge the role race can play in interactions with the police**, with Black residents particularly aware

- **Women are more likely than others to rate the safety of getting around Berkeley negatively**

- There is consensus across demographic subgroups that **allocating more transportation money to historically underfunded neighborhoods is desirable**

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

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

Listening Session Findings

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

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

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

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

These listening sessions found the following:

- Most participants from all three groups mentioned the **Berkeley Marina** and the **Rose Garden as their favorite places** to visit within the City.

- Most participants from all three groups mentioned **Telegraph, Berkeley High, and Downtown Berkeley as their least favorite places to visit** within the City, in part due to feeling uncomfortable and unwelcomed on crowded streets and/or because of the unhoused and encampments.

- **Most of the participants favorably viewed the existing transportation infrastructure** within the City, including the existing bike and pedestrian infrastructure, **with the exception of participants in the high school listening session.**

- **The overwhelming majority of the concerns around feeling unsafe and unwelcome in the City were shared by the female participants** in all three listening sessions, as compared to the male participants.

- **The overwhelming majority of participants thought it was a good idea for the City to consider moving traffic enforcement responsibilities away from police officers and instead assign these responsibilities to a specialized set of city employees** who would not carry weapons or have the power to detain or arrest people.

03

Recommendations & Implementation Plan

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

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

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

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

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

City of Berkeley Mission

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

REIMAGINE

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

IMPROVE

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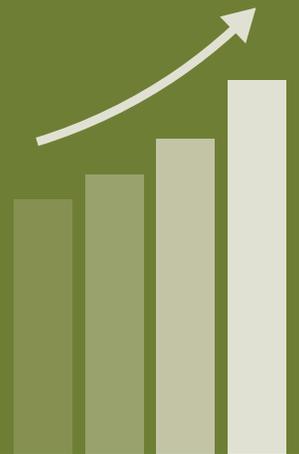
REINVEST

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

REIMAGINE

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

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

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

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

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

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

IMPROVE

Evaluate the Specialized Care Unit Pilot and use quantitative and qualitative data to make identified improvements[RPSTF #17]

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

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

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

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

Support expanding dispatch responsibility and expertise[RPSTF #29, 35]

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

REINVEST

Develop and implement a finance strategy for long-term sustainability of the SCU[RPSTF #17]

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

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

Implement formal BPD community engagement unit[RPSTF #21]

Support reimagining efforts of City Departments

BPD support and assistance implementing Vision Zero goals and BERKDOT process[RPSTF #14]

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

BPD collaborate with City Departments on redirecting enforcement responsibilities where appropriate[RPSTF #14]

Develop additional capabilities to address public safety goals with appropriate response level[NICJR #1]

Explore additional or alternate responses specifically related to traffic and bicycle safety[RPSTF #13]

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

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

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

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

Provide transparency through public facing data dashboards; and community engagement through increased information sharing[NICJR #6]

Build relationships with community groups to support best possible outcomes[RPSTF #45]

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

Strengthen investigation capabilities and victim support network

Expand problem-oriented teams to support community needs and address violent crime[RPSTF #42]

Promote traffic and pedestrian safety through data analysis, education and enforcement where appropriate[RPSTF #13, 14]

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

Reimagining Public Safety

REIMAGINE

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

RPSTF

12
MONTHS

28
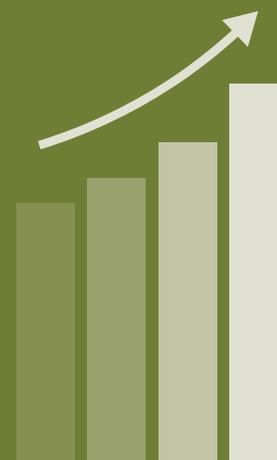
⬡ REIMAGINE

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

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

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

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

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

$450K

RPSTF

NICJR★

18-24
MONTHS

REIMAGINE

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

Implement formal BPD community engagement unit[1; RPSTF #21]

Support reimagining efforts of City Departments[2]

BPD support and assistance implementing Vision Zero goals and BERKDOT process

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

BPD collaborate with City Departments on redirecting enforcement responsibilities where appropriate

Develop additional capabilities to address public safety goals with appropriate response level[4; NICJR #1]

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

$3.1M

RPSTF

NICJR★

12-36
MONTHS

Resources:

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

30

⧉ REIMAGINE

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

$200K

RPSTF

NICJR★

12-72

MONTHS

Resources:

1. For consulting support

IMPROVE

Evaluate the Specialized Care Unit Pilot and use quantitative and qualitative data to make identified improvementsRPSTF #17

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

RPSTF

12-24
MONTHS

32

IMPROVE

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

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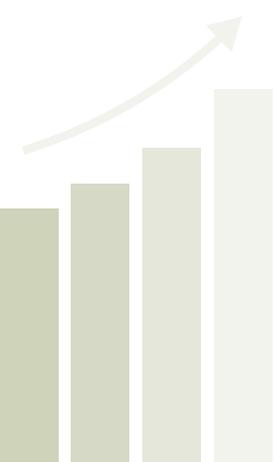
Resources:

1. (1) Associate Planner position

$ **$175K**

RPSTF

12-24
MONTHS

IMPROVE

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

Support expanding dispatch responsibility and expertise[1; RPSTF #29, 35]

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

Conduct ongoing training in support of Fair and Impartial Policing concepts[3; RPSTF #27, 36]

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

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

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

$3.8M

RPSTF

NICJR★

12-36
MONTHS

Resources:

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

34

IMPROVE

Provide transparency through public facing data dashboards; and community engagement through increased information sharing[NICJR #6]

Build relationships with community groups to support best possible outcomes[RPSTF #45]

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

Strengthen investigation capabilities and victim support network

Expand problem-oriented teams to support community needs and address violent crime[RPSTF #42]

Promote traffic and pedestrian safety through data analysis, education and enforcement where appropriate[RPSTF #13, 14]
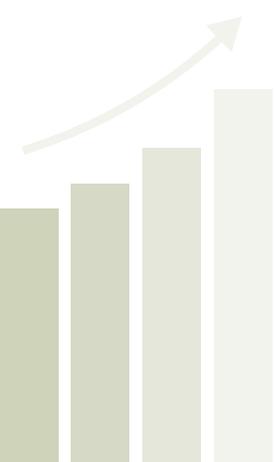
Resources:

1. Fourteen (14) Sworn Officer positions

$4.1M

RPSTF

NICJR★

6-36

MONTHS

IMPROVE

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

Support Reimagining efforts including grant writing services

$100K

RPSTF

NICJR

12-72

MONTHS

Resources:

1. For consulting support

36
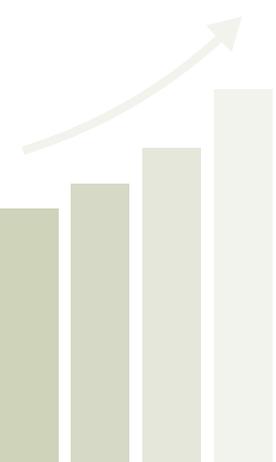
IMPROVE

Fair and Impartial Policing

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

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

IMPROVE

Fair and Impartial Policing, continued

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

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

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

12-24
MONTHS

IMPROVE

City Auditor

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

1_https://www.cit uditor/Level_3_-_General/Data Analysis of the City of Berkeley's Police Response.pdf

6

MONTHS

REINVEST

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

RPSTF

12-36
MONTHS

40

REINVEST

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

RPSTF

NICJR★

12-72
MONTHS

04

Budget

Reimagining Public Safety Fiscal Summary

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

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

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

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

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

Current Police Staffing

The Berkeley Police Department have 24 officers who have stated their intent to retire within the next two years. Recruiting Officers is a challenge for most municipalities with many offering hiring incentives, and it takes 18 months to full train and integrate a new officer into the community. This level of attrition would render the City in a very positive position for moving forward to funding the reimagining initiative. As a result we have been monitoring our staffing levels and have determined within the next 5 years approx.. 33% could retire as they are eligible. Eligible means employees who have satisfied the vesting rights for retirement.
•Berkeley Police Department Sworn Staff as of 4/5/22

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

Potential Funding

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

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

FY23-24 Reimagining Public Safety Budget Analysis[1]

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

IMPROVE	REQUESTED FUNDING
Consulting Services - BerkDoT, Grant Writer, PD Training, PD Wellness	$ 170,000
City Staffing/Additional Positions	$8,275,258
Associate Planner (1)	
Public Safety Dispatcher II positions (8)	
Supervising Public Safety Dispatcher (1)	
Sworn Officer positions (7) *deferred	($6,453,348)
Community Services Officer positions (1)	
Training	$ 250,000
Subtotal	**$ 8,695,258**
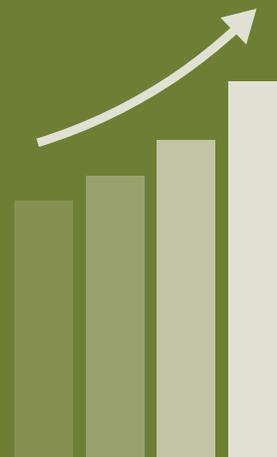
REINVEST	REQUESTED FUNDING
City Staffing/Additional Positions	($293,334)
Sworn Officer positions (1) *deferred	
Subtotal	**($293,334)**

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

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

1 See Appendix 11

Intended Purpose of Police Department Positions

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

Intended Purpose of Police Department Positions (cont.)

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

Intended Purpose of Police Department Positions (cont.)

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

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Closing Remarks

Closing Remarks

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

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

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

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

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

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

1. Analyze our dispatch system to make changes that will support a system with greater triage capabilities

2. Implement the Specialized Care Unit Pilot

3. Implement greater BPD community engagement to build relationships with community groups

4. Establish the Office of Race Equity and Diversity

5. Complete a police staffing assessment and Beat structure analysis

6. Continued funding supports of approximately 14.1M annually to Community Based Organizations to support programs that improve community well-being and collaboration

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

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

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

Thank you, From Your City Team

Dee Williams-Ridley
City Manager

Farimah Brown
City Attorney

David White
Deputy City Manager

LaTanya Bellow
Deputy City Manager

Jen Louis
Interim Police Chief

Abe Roman
Fire Chief

Dr. Lisa Warhuus
HHCS Director

Liam Garland
Public Works Director

Shamika Cole
Senior Management Analyst

06

Appendix

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APPENDIX 1: Referral to City Manager to Re-imagine Policing Approaches to Public Safety Using a Process of Robust Community Engagement, to Develop a Path Forward to Transforming Public Safety and Policing in Berkeley
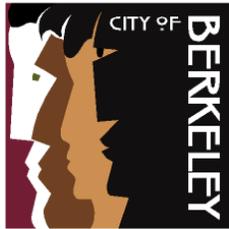
Susan Wengraf
Councilmember District 6

<u>CONSENT CALENDAR</u>
July 14, 2020

To: Honorable Mayor and Members of the City Council

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

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

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

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

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

<u>FINANCIAL IMPLICATIONS</u>
Staff time

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

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

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

ENVIRONMENTAL SUSTAINABILITY
None

CONTACT PERSON
Councilmember Wengraf   Council District 6   510-981-7160
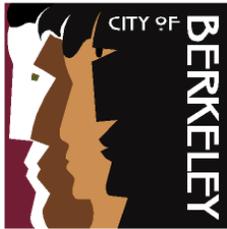
18d

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

Office of the Mayor
Jesse Arreguín

To: Honorable Members of the City Council

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

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

RECOMMENDATIONS

1. Adopt a Resolution expressing the City Council's commitment to:

    a. A transformative approach to community-centered safety and reducing the scope of policing,

    b. Equitable investment in the essential conditions of a safe and healthy community, especially for those who have been historically marginalized and have experienced disinvestment, and

    c. A broad, inclusive community process that will result in deep and lasting change to support safety and wellbeing for all Berkeley residents.

2. Direct the City Manager to track and report progress on actions to implement this initiative, and other actions that may be identified by the Coalition and referred by Council to the City Manager. Updates shall be provided by written and verbal reports to Council and posted on a regularly updated and dedicated page on the City website.

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

    a. Contract with independent subject matter experts to:

        i. Analyze the scope of work of, and community needs addressed by, the Berkeley Police Department, to identify a more limited role for law enforcement, and identify elements of police work that could be achieved through alternative programs, policies, systems, and community

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

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

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

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

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

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1. Building on the work of the City Council, the City Manager, the PRC and other City commissions and other working groups addressing community health and safety.

2. Research and engagement to define a holistic, anti-racist approach to community safety, including a review and analysis of emerging models, programs and practices that could be applied in Berkeley.

3. Recommend a new, community-centered safety paradigm as a foundation for deep and lasting change, grounded in the principles of *Reduce, Improve and Reinvest* as proposed by the National Institute for Criminal Justice Reform (Attachment 3*)*, considering, among other things:
   a. The social determinants of health and changes required to deliver a holistic approach to community-centered safety
   b. The appropriate response to community calls for help including size, scope of operation and powers and duties of a well-trained police force.
   c. Limiting militarized weaponry and equipment.
   d. Identifying alternatives to policing and enforcement to reduce conflict, harm, and institutionalization, introduce alternative and restorative justice models, and reduce or eliminate use of fines and incarceration.
   e. Options to reduce police contacts, stops, arrests, tickets, fines and incarceration and replace these, to the greatest extent possible, with educational, community serving, restorative and other positive programs, policies and systems.

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

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SUMMARY

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

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

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

BACKGROUND

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

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

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

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

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

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

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

CURRENT SITUATION AND ITS EFFECTS

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

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[1] https://lims.minneapolismn.gov/Download/File/3806/Transforming%20Community%20Safety%20Resolution.pdf
[2] https://sfmayor.org/article/mayor-london-breed-announces-roadmap-new-police-reforms

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

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

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

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

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

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

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RATIONALE FOR RECOMMENDATIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- Build upon the work of the City Council, City Manager, the Fair and Impartial Policing Working Group, the Use of Force subcommittee and other efforts of the Police Review and other City Commissions, and the work of other community agencies addressing community-centered health and safety

- Research and engagement to define a holistic, anti-racist approach to community safety, including a review and analysis of emerging models, programs and practices that could be applied in Berkeley. This research should explore and propose investments in restorative justice models, gun violence intervention programs, and substance abuse support, among other things.

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

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

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

FINANCIAL IMPLICATIONS

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

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

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

REVIEW OF EXISTING PLANS, PROGRAMS, POLICIES AND LAWS

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

ENVIRONMENTAL SUSTAINABILITY

No Environmental Impact.

CONTACT PERSON
Mayor Jesse Arreguín   510-981-7100
Vice-Mayor Sophie Hahn
Councilmember Ben Bartlett
Councilmember Kate Harrison

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

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Attachment 1

RESOLUTION

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

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

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

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

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

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

Whereas, Local government's most fundamental role is to provide for the health and safety of its residents. Cities around the country are acknowledging that they are falling behind in this basic function and are embarking on efforts to reimagine health and safety, and to consider reallocating resources towards a more holistic approach that shifts resources away from policing towards equitable health, education and social services that promote wellbeing up front;[6][7][8] and

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

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[6] Transforming Community Safety Resolution-Minneapolis
[7] San Francisco Mayor, Supervisor announce effort to redirect some police funding to African-American community
[8] The cities that are already defunding the police

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

That the City Council commits to the principles of reduce, improve and re-invest: reduce the scope and investment in policing, improve the response and accountability of public and community agencies, reinvest in racial equity and community-based intervention initiatives[9];

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

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

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

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

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

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

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

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[9] A Framework fo Transforming Police- NICJR

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

1. Direct the City Manager to track and report progress on actions to implement this initiative, and other actions that may be identified by the Coalition and referred by Council to the City Manager. Updates shall be provided by written and verbal reports to Council, and posted on a regularly updated and dedicated page on the City website.

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

   a. Contract with independent consultants/Change Management and subject matter experts to:

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

      ii. Identify immediate and longer term opportunities to shift policing resources to alternative, non-police responses and towards alternative and restorative justice models, to better meet community needs, that could be considered in the

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

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

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

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

4. Building on the work of the City Council, the City Manager, the PRC and other City commissions and other working groups addressing community health and safety.

5. Research and engagement to define a holistic, anti-racist approach to community safety, including a review and analysis of emerging models, programs and practices that could be applied in Berkeley.

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

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

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

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Councilmember Ben Bartlett
City of Berkeley, District 3

EMERGENCY ITEM AGENDA MATERIAL

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

Rationale:

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

This item meets the criteria for "immediate action" as follows:
1) The budget is being considered and there is public outcry for Council to take action.
2) Racism Is a Public Health Emergency.
3) Council is considering numerous police items right now.

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

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

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Councilmember Ben Bartlett
City of Berkeley, District 3

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

RECOMMENDATION:

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

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

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

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

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

With military-style techniques and structure, police officers are trained to combat crime in a manner that exerts violence through punishments, establishing a monopoly on force in communities. While law enforcement is supposed to protect our communities and keep us safe, crime waves from the 1970s and 1980s have transformed the police community into a body for crime control, maintaining such focus until modern-day despite declines in criminal activity[1]. With this focus on crime control, police officers lack the necessary training to adequately respond to noncriminal and nonviolent crimes. Non Criminal crimes refer to issues involving mental health, the unhoused community, school discipline, and neighborhood civil disputes[2]. Nonviolent crimes are categorized as property, drug, and public order offenses where injury or force is absent[3]. When police respond to these types of matters, they resort to violent means of arrest or problem escalation because they are ill-equipped and not trained to resolve the underlying issues.

According to the Vera Institute of Justice's report between 1980 and 2016, more than 10.5 million arrests are made every year; only 4.83 percent of those arrests were for violent offenses[4]. Eighty percent of these arrests were for low-level offenses, such as "disorderly conduct," non-traffic offenses, civil violations, and other offenses. This criminalization may be attributed to the arrest quotas for police productivity, which promotes punishment by rewarding the number of arrests for police funding instead of finding solutions to these issues[5]. This high percentage of low-level offenses resulted in

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[1] https://www.theatlantic.com/ideas/archive/2020/06/first-step-figuring-out-what-police-are/612793/
[2] https://www.latimes.com/california/story/2020-06-12/san-francisco-police-reforms-stop-response-noncriminal-calls
[3]
https://www.bjs.gov/content/pub/ascii/pnoesp.txt#:~:text=Nonviolent%20crimes%20are%20defined%20as,possession%2C%20burglary%2C%20and%20larceny.
[4]
https://arresttrends.vera.org/arrests?compare%5Boffense%5D%5Bpart1%5D=part1&compare%5Boffense%5D%5Bpart2%5D=part2#infographic
[5] https://theintercept.com/2019/01/31/arrests-policing-vera-institute-of-justice/

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

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

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

REDUCE:
I.   **Hire a consultant to conduct a data driven analysis of police calls and responses.**
     University of Denver Political Science Professor Laurel Eckhouse stated, "One method of reducing police presence… is to separate and reassign to other authorities various problems currently delegated to the police… such as the problems of people who don't have housing… mental health issues… and even things like traffic[6]." Community organizations, civilian workers trained in mental health situations, or neighborhood problem-solvers would better address these specific issues due to their experience, ensuring that the police are not the only force addressing these issues and promoting community vitality[7].

     Conducting a data driven analysis of police calls and responses would signify a report of the calls and responses that police receive and would inform the city where to better allocate resources to resolve specific issues. Noncriminal and nonviolent activities can thus be properly addressed by those who are equipped to handle these situations and would relieve law enforcement from these calls to then pursue more serious criminal situations. For example, the San Francisco Police Department receives approximately 40,000 calls per year about homeless people on the streets[8]. Social workers who can help unhoused citizens and those with mental health disorders are better equipped to help these citizens receive

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[6] https://www.stanforddaily.com/2020/06/04/police-abolition-looks-like-palo-alto/
[7] https://www.theatlantic.com/ideas/archive/2020/06/first-step-figuring-out-what-police-are/612793/
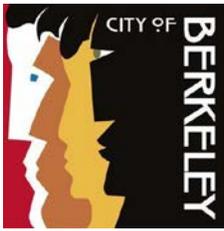[8] https://www.latimes.com/california/story/2020-06-12/san-francisco-police-reforms-stop-response-noncriminal-calls

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

One suggestion to reduce the costs of policing is to boost productivity by allocating a portion of the calls for service to community organizations who have the resources and training to handle such situations[9]. For example, in Mesa, Arizona from 2006 to 2008, a third of calls for service are handled by civilians; these calls are for incidents of "vehicle burglaries, unsecured buildings, accidents, loose dogs, stolen vehicles, traffic hazards, and residential burglaries[10]." Approximately half of calls for service in Mesa are handled by police officers, but among those, there are ways to reduce police authority. For example, 11 percent of those calls that police officers handled were in response to burglary alarms, where 99 percent were false. Six percent of those calls included "juveniles disturbing the peace." This situation in Mesa demonstrates the possibility of reduced police force in exchange for community based response teams who can better resolve these issues with their experience.

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

The third party consultant should create a report with the following information by analyzing and gathering the data from the police department, reporting their findings to the City every two years. We recommend the following data to be considered for analysis:
  a. Number of calls the police department receives per day, week, month, and year, which will be categorized into noncriminal, misdemeanor, nonviolent felony, and serious and violent felony calls.
  b. Demographics for these calls
  c. Characteristics of traffic stops
       i.   Quantity
       ii. Type/reason
       iii. Number of those resulting in searchings paired with the frequency at which illegal items were found
       iv. Police response (i.e. citation, arrest, use of force)
       v.   Demographics of the civilian in the traffic stop that is broken into type of stop and whether a search occurred
  d. Number of complaints against an officer
       i.   Enumerate the officers with a high number of complaints

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[9] https://www.ncjrs.gov/pdffiles1/nij/231096.pdf
[10] https://www.ncjrs.gov/pdffiles1/nij/231096.pdf

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      ii.   Reason behind the complaints.

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

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

According to the 2019 budget, the Berkeley Police Department's expenditures were approximately $69 million, which consists of 5.6 percent of the city's net expenditures. However, for the 2020 budget, the BPD is expected to have $74 million in expenditures, reflecting a $5 million increase from the previous year and approximately $8 million higher than 2017's expenditures[11]. Unfortunately, anecdotal evidence suggests that only 20 percent of police time is spent on solving crime and the majority is spent towards addressing those experiencing homelessness and mental health crises. The City should reallocate resources to a crisis worker entity who would be tasked with responding to noncriminal calls. We recommend that nonviolent calls also be addressed by this entity. This would give police officers more time to focus on crime, leading to better outcomes for public safety, community health, and a higher quality of life.

In Canada, Police Information and Statistics Committee police services Waterloo Police Regional Service and Ontario Provincial Police collaborated with Justice Canada and Public Safety to collect data on their calls for service and determine the costs of policing[12]. Their research reported that in 2013, bylaw complaints were listed as the most frequent call for service in Waterloo at 8,769 calls and non-crime policing activities were listed as the most frequent. In contrast, the only criminal activity listed in the top 10 generated calls were domestic dispute, theft under $5000, and major violent crime in property damage. Considering the most frequent of costly calls are noncriminal activities such as selective traffic enforcement programs ($22,212.45 in sum of total unit service time in hours) and vehicle stops ($206,668.13), the greatest cost in calls were for noncriminal activities. As noncriminal activities result in the greatest costs, it would be more efficient for community workers to handle these situations in order to reduce

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

[12] https://www.publicsafety.gc.ca/cnt/rsrcs/pblctns/2015-r018/index-en.aspx#c-1-i

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

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

REVIEW OF EXISTING PLANS, PROGRAMS, POLICIES, AND LAWS
The City Manager provides regular reports on crime in Berkeley and on the policies of the Berkeley Police Department[13]. The data on serious crime is collected annually by the Federal Bureau of Investigation (FBI), which consists of over 17,000 law enforcement agencies that represent over 90 percent of the United States population. The FBI's Uniform Crime Report (UCR) reports crime statistics on violent crimes (including murder, rape, robbery, and aggravated assault) and property crimes (including burglary, larceny, auto theft, and arson). This data allows the BPD to analyze national and local crime trends, determine effectiveness of response to crime, and plan for future policies and resource allocation. Additionally, the City of Berkeley implements the Daily Calls for Service Log that the community can access to see the volume and nature of police activity.

Currently, Utah requires agencies to report tactical deployment and forcible entries where such reports are summarized by the Utah Commission on Criminal and Juvenile Justice. Utah Law Enforcement Transparency reporting interface was added to Utah Criminal Justice Information System in 2014 through the use of federal grant funding. Law enforcement agencies are required to report incidents of forcible entry and the deployment of tactical groups, representing data collection of police use of force[14].

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

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[13] https://www.cityofberkeley.info/Police/Home/Annual_Crime_Reports.aspx
[14] https://justice.utah.gov/Documents/CCJJ/LETR/2018%20LET%20Annual%20Report.html

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

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

ACTIONS/ALTERNATIVES CONSIDERED
One possible alternative to the community response teams would be to implement better training procedures so that police officers are more equipped to handle nonviolent and noncriminal activities. For example, the state of Washington requires both violence de-escalation and mental health training for police officers[15]. Such reform may render the data analysis on the types of calls unnecessary because the police department would be trained to handle all services regardless of the type of call.

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

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

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

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

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

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

RATIONALE FOR RECOMMENDATION

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

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

FISCAL IMPACTS OF RECOMMENDATION

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

ENVIRONMENTAL SUSTAINABILITY

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

OUTCOMES AND EVALUATION

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

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

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SHRINK THE BEAST:

A Framework for Transforming Police

NICJR
National Institute for
Criminal Justice Reform

Reduce → **Improve** → **Reinvest**

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

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

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

Reduce

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

❯ **In Oakland, CA,** non-profit organizations employ street outreach workers and crisis response specialists who respond to shooting scenes, intervene in and mediate conflicts, and sit down with young adults who have been identified as being at very high risk of violence to inform them of their risk and offer them intensive services. These City-funded efforts have been credited with a 50 percent reduction in shootings and homicides in the city.

❯ **In Eugene, OR,** Crisis Assistance Helping Out on the Streets (CAHOOTS) responds to more than 22,000 requests for service annually with its Crisis Intervention Workers. This represents nearly 20 percent of the total public safety call volume for the metropolitan area.

❯ **In Austin, TX,** the Expanded Mobile Crisis Outreach Team is equipped to respond to 911 calls where callers indicate that a mental health response, not police, is needed.

❯ **In Albuquerque, NM,** where the police have been involved in numerous unjustified killings, the Mayor has proposed creating a new non-law enforcement public safety agency that will respond to non-violent calls.

Steps To Reduction

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

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

CERN Crisis Intervention Specialists would respond to all other calls.

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

Violence reduction teams should be created or remain intact:

Patrol and investigation units focused on reducing gun violence. Like all remaining police personnel, these units must be trained in and adhere to strict use of force and Procedural Justice policies.

Investigation Units should also remain intact.

Improve

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

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

Steps To Improvement

1. Increase hiring standards to screen out candidates with any signs of racial bias, interest in the warrior culture, or those who have been fired or forced to resign from previous law enforcement positions.

2. Prioritize hires of those who grew up in the city and/or live in the city.

3. Make deliberate efforts to have the police force representative of the community it serves.

4. Revise use of force policies to limit any use of deadly force as a last resort in situations where a suspect is clearly armed with a firearm and is using or threatening to use the firearm.

5. All other force must be absolutely necessary and proportional.

6. Provide thorough, high quality, and intensive training in subjects including:
   - New use of force policy
   - Verbal de-escalation
   - Bias-free policing
   - Procedural Justice

7. Transparency: Provide regular reports to the public on stops, arrests, complaints, and uses of force, including totals, demographics, and aggregate outcomes data.

8. Effectively use an early intervention system that tracks various data points to identify high risk officers and implement discipline, training, and dismissal where necessary.

9. Use aggressive, progressive discipline to root out bad officers.

10. Rescind state and local laws that provide undue protection to police unions and prohibit effective and efficient disciplinary action.

Reinvest

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

NICJR ★

National Institute for
Criminal Justice Reform

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

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SCHOOL DESEGREGATION IN BERKELEY--THE SCHOOL SUPERINTENDENT
REPORTS.
BY- SULLIVAN, NEIL V.

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

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

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SCHOOL DESEGREGATION IN BERKELEY:
THE SCHOOL SUPERINTENDENT REPORTS

Prepared by
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for the
National Conference on Equal Educational Opportunitv
in America's Cities
sponsored by the
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November 16-18, 1967

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

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

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

1

PRE-1964

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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vidual Board members continuing in office. The basic issue was the sur-

vival of a Board of Education which <u>voluntarily</u> took effective action

to desegregate schools -- not because of court order or other compulsion,

but simply because the Board believed desegregation was right. If

such a board of Education could not be sustained the lesson would not

be lost on boards of education in other cities facing the same problem.

Thus, it was extremely significant that in this election the Board was

vindicated by the Berkeley community.

SULLIVAN ADMINISTRATION

<u>The New Administration</u> - On September 1, 1964, five weeks prior

to the recall election, I took office as Berkeley's Superintendent of

Schools in the midst of a climate of change and uncertainty. Of the

five-member Board of Education which had unanimously invited me to come

to Berkeley, only two remained in office. One had resigned because his

business interests led him to move from the city. Another was trans-

ferred to become minister of one of the largest churches of his denomi-

nation in New York City, and a third was appointed by the Governor to

be a Superior Court judge. The two who remained were facing a recall

election.

There also was a sweeping change in the school administration.

Virtually every top ranking member of the central administration was

either new to the District or new in his position. Over one-third of

our schools had new principals.

<u>Making the New Plan Work</u> - The decision to desegregate the

junior high schools had been made before I arrived. The role of the

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new administration was to make it wo k.

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

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

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

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

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

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

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

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

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

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

A START TOWARD ELEMENTARY INTEGRATION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

COMMITMENT TO TOTAL INTEGRATION

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

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

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

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

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

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

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

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

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

Meanwhile both local and national endorsements were pouring in.
The Berkeley City Council passed a resolution commending the Board on its
commitment to integration. Other local organizatior.3 and individuals did
the same.

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

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

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

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

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LESSONS LEARNED

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

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

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

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

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

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

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

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

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

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

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

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

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

CONCLUSION

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

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

Office of the Mayor

To: Members of the City Council

From: Mayor Jesse Arreguín

Subject: Revisions to Enabling Legislation for Reimagining Public Safety Task Force

RECOMMENDATION:
Adopt a Resolution:

1.   Rescinding Resolution No. 69,673-N.S.; and

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

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

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

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

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

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

    a. Active Members of Berkeley Community (Required of All)*[3]
    b. Representation from Impacted Communities
- Formerly incarcerated individuals
- Victims/family members of violent crime
- Immigrant community
- Communities impacted by high crime, over-policing and police violence
- Individuals experiencing homelessness
- Historically marginalized populations

    c. Faith-Based Community Leaders
    d. Expertise/Leadership in Violence Prevention, Youth Services, Crisis Intervention, and Restorative or Transformative Justice
    e. Health/ Public Health Expertise
    f. City of Berkeley labor/union representation
    g. Law Enforcement Operation Knowledge
    h. City Budget Operations/Knowledge
    i. Committed to the Goals and Success of The Taskforce (Required of All)

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

1) Building on the work of the City Council, the City Manager, Berkeley Police Department (BPD), the Police Review Commission and other City commissions and other working groups addressing community health and safety.

2) Research and engagement to define a holistic, anti-racist approach to community safety, including a review and analysis of emerging models, programs and practices that could be applied in Berkeley.

3) Recommend a new, community-centered safety paradigm as a foundation for deep and lasting change, grounded in the principles of *Reduce, Improve and Reinvest* as proposed by the National Institute for Criminal Justice Reform considering,[5] among other things:

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system. Together, we will identify what safety looks like for everyone.", Item 18d, Transform Community Safety, July 14, 2020, Berkeley City Council Agenda,

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

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

[5] Transforming Police, NICJR

A. The social determinants of health and changes required to deliver a holistic approach to community-centered safety.

B. The appropriate response to community calls for help including size, scope of operation and power and duties of a well-trained police force.

C. Limiting militarized weaponry and equipment.

D. Identifying alternatives to policing and enforcement to reduce conflict, harm, and institutionalization, introduce alternative and restorative justice models, and reduce or eliminate use of fines and incarceration.

E. Options to reduce police contacts, stops, arrests, tickets, fines and incarceration and replace these, to the greatest extent possible, with educational, community serving, restorative and other positive programs, policies and systems.

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

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

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

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

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

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[6] October 28, 2020 Off-Agenda Memo: Update on Re-Imagining Public Safety
[7] The final report and implementation plan are referenced in the contract approved by the City Council with the NICJR Consultant team on December 15, 2020.

that item did not specify the structure, exact qualifications or process of appointing this steering committee. This item follows the spirit of the original referral, and provides direction on structure, desired qualifications and appointment process.
To avoid confusion with the community organization that has independently formed since the passage of that referral, this steering committee is now being referred to as the Reimagining Public Safety Task Force.

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

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

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

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

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[8] Ibid

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

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

The proposed Task Force structure and process draws most directly on the processes underway in Oakland and in Austin, Texas.[11][12] In July, Oakland voted to establish a Reimagining Public Safety Task Force with 17 members, including appointees from all councilmembers and the Mayor, three appointees from their public safety boards, two appointees to represent youth and two at-large appointees selected by their council co-chairs[13]. The model proposed for Berkeley draws heavily from the Oakland approach. A key difference is that, unlike Oakland, this proposed structure does not recommend developing additional community advisory boards. Instead, it is recommended that Berkeley leverage our commissions and community organizations to provide additional input and research to inform the Task Force's work rather than establish additional community advisory boards.

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

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

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

CONTACT PERSON
Jesse Arreguín, Mayor, (510) 981-7100

Attachments:

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[10] California Endowment Building Healthy Communities Initiative.
[11] Austin, Texas Reimagining Public Safety Task Force
[12] Reimagining Public Safety, Oakland website
[13] Oakland Reimagining Public Safety Task Force Framework

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

RESOLUTION NO.

ESTABLISHING THE REIMAGINING PUBLIC SAFETY TASK FORCE

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

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

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

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

- Working with the City Auditor on the assessment of emergency and non-emergency calls for service.

- Developing a summary and presentation of new and emerging models of community safety and policing.

- Developing and implementing a communications strategy to ensure that the community is well informed, a robust community engagement process, and managing the Task Force to be established by the City Council.

- Identifying the programs and/or services that are currently provided by the Berkeley Police Department that can be provided by other City departments and / or organizations.

- Developing a final report and implementation plan that will be used to guide future decision making.

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

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

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

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

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

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

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

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

- Individuals experiencing homelessness
- Historically marginalized populations

   c. Faith-Based Community Leaders
   d. Expertise/Leadership in Violence Prevention, Youth Services, Crisis Intervention, and Restorative or Transformative Justice
   e. Health/ Public Health Expertise
   f. City of Berkeley labor/union representation
   g. Law Enforcement Operation Knowledge
   h. City Budget Operations/Knowledge
   i. Committed to the Goals and Success of The Taskforce (Required of All)

3. At Large Appointees are not required to be Berkeley Residents, as long as they are active, committed Berkeley stakeholders and work in the City of Berkeley.

4. As outlined in the July 14, 2020, City Council Omnibus Action,[17] City Council provided direction for the development of a new paradigm of public safety that should include, but is not limited to:

   1) Building on the work of the City Council, the City Manager, Berkeley Police Department, the Police Review Commission and other City commissions and other working groups addressing community health and safety.

   2) Research and engagement to define a holistic, anti-racist approach to community safety, including a review and analysis of emerging models, programs and practices that could be applied in Berkeley.

   3) Recommend a new, community-centered safety paradigm as a foundation for deep and lasting change, grounded in the principles of *Reduce, Improve and Reinvest* as proposed by the National Institute for Criminal Justice Reform (NICJR)considering,[18] among other things:

      A. The social determinants of health and changes required to deliver a holistic approach to community-centered safety.

      B. The appropriate response to community calls for help including size, scope of operation and power and duties of a well-trained police force.

      C. Limiting militarized weaponry and equipment.

      D. Identifying alternatives to policing and enforcement to reduce conflict, harm, and institutionalization, introduce alternative and restorative justice models, and reduce or eliminate use of fines and incarceration.

      E. Options to reduce police contacts, stops, arrests, tickets, fines and incarceration and replace these, to the greatest extent possible, with

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

[18] Transforming Police, NICJR

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

RESOLUTION NO. 69,673-N.S.

ESTABLISHING THE REIMAGINING PUBLIC SAFETY TASK FORCE

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

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

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

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

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

1. The membership shall be comprised of: One (1) representative appointed by each member of the City Council and Mayor, one (1) representative appointed by the Mental Health, Police Review and Youth Commissions, one (1) representative appointed by the Associated Students of the University of California (ASUC), one (1) representative appointed by the Berkeley Community Safety Coalition (BCSC), and three (3) additional members to be appointed "At Large" by the Task Force, all subject to confirmation by the City Council. The Task Force will be guided by a professional consultant, and will include the participation of City Staff from the City Manager's Office, Human Resources, Health, Housing and Community Services, Berkeley Fire Department, Berkeley Police Department, and Public Works Department. For visual, see Attachment 2.

2. Appointments to the Task Force should be made by January 31, 2021,[1] and reflect a diverse range of experiences, knowledge, expertise and representation. To maintain the Council's July 14, 2020,[2] commitment to centering the voices of those most

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

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

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

    a. Active Members of Berkeley Community (Required of All)*[3]
    b. Representation from Impacted Communities
- Formerly incarcerated individuals
- Victims/family members of violent crime
- Immigrant community
- Communities impacted by high crime, over-policing and police violence
- Individuals experiencing homelessness
- Historically marginalized populations

    c. Faith-Based Community Leaders
    d. Expertise/Leadership in Violence Prevention, Youth Services, Crisis Intervention, and Restorative or Transformative Justice
    e. Health/ Public Health Expertise
    f. City of Berkeley labor/union representation
    g. Law Enforcement Operation Knowledge
    h. City Budget Operations/Knowledge
    i. Committed to the Goals and Success of The Taskforce (Required of All)

3. The charge of the Task Force is as outlined in the July 14, 2020, City Council Omnibus Action,[4] and should include but is not limited to:

    1) Building on the work of the City Council, the City Manager, BPD, the PRC and other City commissions and other working groups addressing community health and safety.

    2) Research and engagement to define a holistic, anti-racist approach to community safety, including a review and analysis of emerging models, programs and practices that could be applied in Berkeley.

    3) Recommend a new, community-centered safety paradigm as a foundation for deep and lasting change, grounded in the principles of *Reduce, Improve and Reinvest* as proposed by the National Institute for Criminal Justice Reform considering,[5] among other things:

        A. The social determinants of health and changes required to deliver a holistic approach to community-centered safety.

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

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

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

[5] Transforming Police, NICJR

B. The appropriate response to community calls for help including size, scope of operation and power and duties of a well-trained police force.

C. Limiting militarized weaponry and equipment.

D. Identifying alternatives to policing and enforcement to reduce conflict, harm, and institutionalization, introduce alternative and restorative justice models, and reduce or eliminate use of fines and incarceration.

E. Options to reduce police contacts, stops, arrests, tickets, fines and incarceration and replace these, to the greatest extent possible, with educational, community serving, restorative and other positive programs, policies and systems.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Noes: None.

Absent: None.
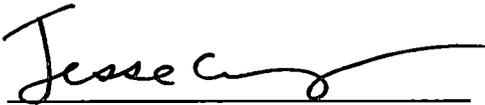
_Jesse C_____

Jesse Arreguin, Mayor

Attest: _____

Mark Numainville, City Clerk

Resolution No. 69,673-N.S.   Page 4 of 4
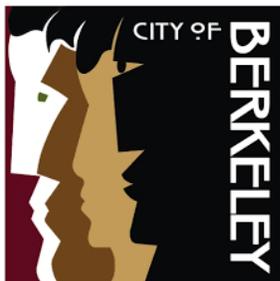
Reimagining Public Safety Task Force

Task Force Purpose & Goals

As Defined by July 14th Council Action

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

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

1. Building on the work of the City Council, the City Manager, BPD, the PRC and other City commissions and other working groups addressing community health and safety.

2. Research and engagement to define a holistic, anti-racist approach to community safety, including a review and analysis of emerging models, programs and practices that could be applied in Berkeley.

Task Force Purpose & Goals

Continued…

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

a) The social determinants of health and changes required to deliver a holistic approach to community-centered safety

b) The appropriate response to community calls for help including size, scope of operation and power and duties of a well-trained police force.

c) Limiting militarized weaponry and equipment.

d) Identifying alternatives to policing and enforcement to reduce conflict, harm, and institutionalization, introduce alternative and restorative justice models, and reduce or eliminate use of fines and incarceration.

e) Options to reduce police contacts, stops, arrests, tickets, fines and incarceration and replace these, to the greatest extent possible, with educational, community serving, restorative and other positive programs, policies and systems.

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

Proposed Task Force Structure

Selected by Councilmembers, Mayor & Key Commissions and Community Stakeholders

City Staff
Legal, HR, HHCS, PW, BFD, BPD, CMO

All Positions Appointed except at large, which will be selected by the committee from an application pool

Consultant team/facilitators

Key Partnerships:
1. Alameda County
2. Berkeley Unified School District
3. Neighboring Jurisdictions
4. UC Berkeley

BCSC ASUC YC MHC PRC 1 2 3 4 5 6 7 8 9 Council Appointed At Large

Parallel Community Engagement

Virtual Town Halls

Surveys

Workshops & Focus groups

More, TBD
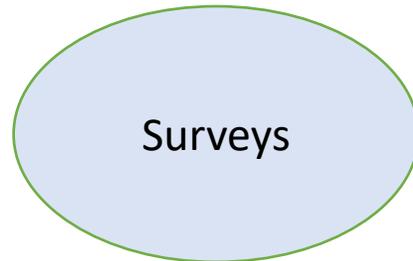
Task Force Membership

Knowledge, Expertise, & Experience Needed

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

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

Task Force Responsibilities
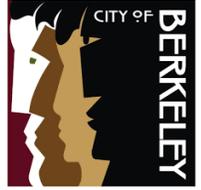
Active membership & Participation Required of Selected members

- Work collaboratively to achieve the purpose and goals established

- Thorough preparation for and active participation in all taskforce meetings (1-2 meetings per month)

- Participate in and support various community engagement efforts

- Other responsibilities – to be determined

18d

Office of the Mayor
Jesse Arreguín

To: Honorable Members of the City Council

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

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

RECOMMENDATIONS

1. Adopt a Resolution expressing the City Council's commitment to:

   a. A transformative approach to community-centered safety and reducing the scope of policing,

   b. Equitable investment in the essential conditions of a safe and healthy community, especially for those who have been historically marginalized and have experienced disinvestment, and

   c. A broad, inclusive community process that will result in deep and lasting change to support safety and wellbeing for all Berkeley residents.

2. Direct the City Manager to track and report progress on actions to implement this initiative, and other actions that may be identified by the Coalition and referred by Council to the City Manager. Updates shall be provided by written and verbal reports to Council and posted on a regularly updated and dedicated page on the City website.

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

   a. Contract with independent subject matter experts to:

      i. Analyze the scope of work of, and community needs addressed by, the Berkeley Police Department, to identify a more limited role for law enforcement, and identify elements of police work that could be achieved through alternative programs, policies, systems, and community

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

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

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

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

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

2

1. Building on the work of the City Council, the City Manager, the PRC and other City commissions and other working groups addressing community health and safety.

2. Research and engagement to define a holistic, anti-racist approach to community safety, including a review and analysis of emerging models, programs and practices that could be applied in Berkeley.
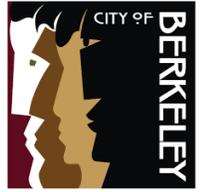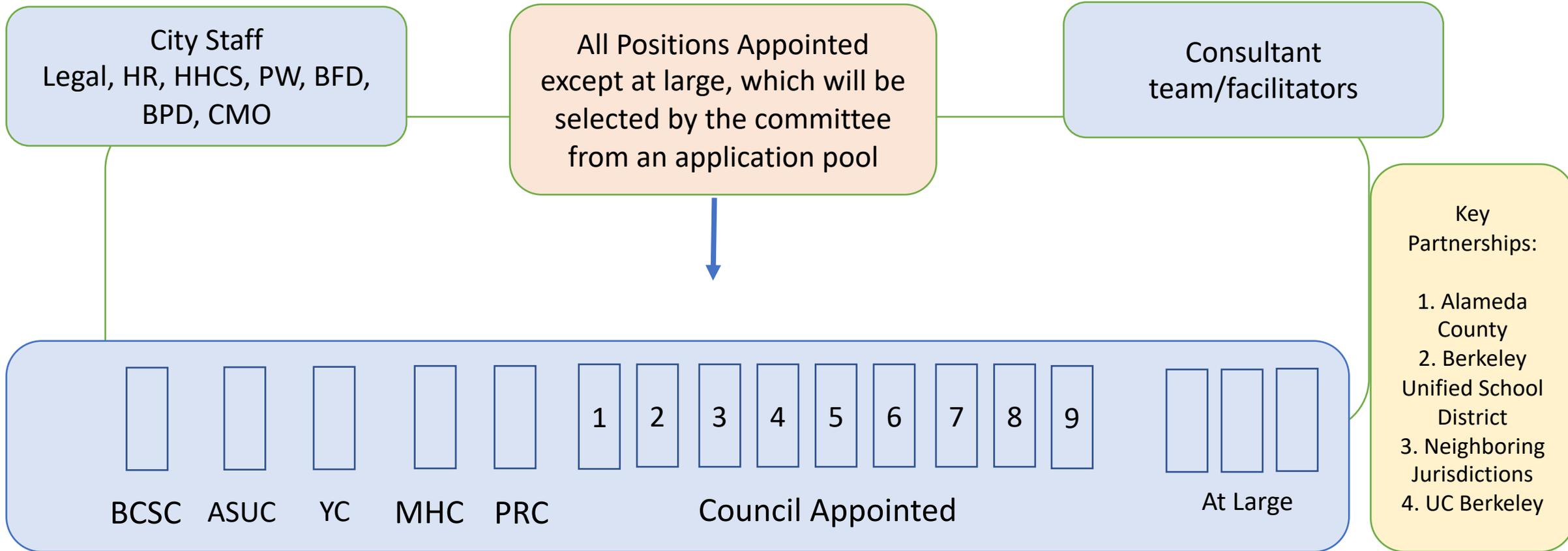
3. Recommend a new, community-centered safety paradigm as a foundation for deep and lasting change, grounded in the principles of *Reduce, Improve and Reinvest* as proposed by the National Institute for Criminal Justice Reform (Attachment 3*)*, considering, among other things:
   a. The social determinants of health and changes required to deliver a holistic approach to community-centered safety
   b. The appropriate response to community calls for help including size, scope of operation and powers and duties of a well-trained police force.
   c. Limiting militarized weaponry and equipment.
   d. Identifying alternatives to policing and enforcement to reduce conflict, harm, and institutionalization, introduce alternative and restorative justice models, and reduce or eliminate use of fines and incarceration.
   e. Options to reduce police contacts, stops, arrests, tickets, fines and incarceration and replace these, to the greatest extent possible, with educational, community serving, restorative and other positive programs, policies and systems.

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

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SUMMARY

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

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

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

BACKGROUND

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

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

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

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

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

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

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

CURRENT SITUATION AND ITS EFFECTS

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

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[1] https://lims.minneapolismn.gov/Download/File/3806/Transforming%20Community%20Safety%20Resolution.pdf
[2] https://sfmayor.org/article/mayor-london-breed-announces-roadmap-new-police-reforms

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

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

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

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

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

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

RATIONALE FOR RECOMMENDATIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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[4]https://www.cityofberkeley.info/uploadedFiles/Clerk/Update_Budget%20Request%20to%20Hire%20a%20Consultant%20to%20Perform%20Police%20Call%20and%20Re.._.pdf
[5] New York Times- How Do the Police Actually Spend Their Time?

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

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

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

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

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

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

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

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

- Build upon the work of the City Council, City Manager, the Fair and Impartial Policing Working Group, the Use of Force subcommittee and other efforts of the Police Review and other City Commissions, and the work of other community agencies addressing community-centered health and safety

- Research and engagement to define a holistic, anti-racist approach to community safety, including a review and analysis of emerging models, programs and practices that could be applied in Berkeley. This research should explore and propose investments in restorative justice models, gun violence intervention programs, and substance abuse support, among other things.

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

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

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

FINANCIAL IMPLICATIONS

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

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

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

REVIEW OF EXISTING PLANS, PROGRAMS, POLICIES AND LAWS

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

ENVIRONMENTAL SUSTAINABILITY

No Environmental Impact.

CONTACT PERSON
Mayor Jesse Arreguín   510-981-7100
Vice-Mayor Sophie Hahn
Councilmember Ben Bartlett
Councilmember Kate Harrison

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

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RESOLUTION

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

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

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

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

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

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

Whereas, Local government's most fundamental role is to provide for the health and safety of its residents. Cities around the country are acknowledging that they are falling behind in this basic function and are embarking on efforts to reimagine health and safety, and to consider reallocating resources towards a more holistic approach that shifts resources away from policing towards equitable health, education and social services that promote wellbeing up front;[6][7][8] and

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

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[6] Transforming Community Safety Resolution-Minneapolis

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

[8] The cities that are already defunding the police

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

That the City Council commits to the principles of reduce, improve and re-invest: reduce the scope and investment in policing, improve the response and accountability of public and community agencies, reinvest in racial equity and community-based intervention initiatives[9];

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

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

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

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

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

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

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

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[9] A Framework fo Transforming Police- NICJR

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

1. Direct the City Manager to track and report progress on actions to implement this initiative, and other actions that may be identified by the Coalition and referred by Council to the City Manager. Updates shall be provided by written and verbal reports to Council, and posted on a regularly updated and dedicated page on the City website.

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

    a. Contract with independent consultants/Change Management and subject matter experts to:

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

        ii. Identify immediate and longer term opportunities to shift policing resources to alternative, non-police responses and towards alternative and restorative justice models, to better meet community needs, that could be considered in the

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

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

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

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

4. Building on the work of the City Council, the City Manager, the PRC and other City commissions and other working groups addressing community health and safety.

5. Research and engagement to define a holistic, anti-racist approach to community safety, including a review and analysis of emerging models, programs and practices that could be applied in Berkeley.

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

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

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

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Councilmember Ben Bartlett
City of Berkeley, District 3

EMERGENCY ITEM AGENDA MATERIAL

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

Rationale:

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

This item meets the criteria for "immediate action" as follows:
1) The budget is being considered and there is public outcry for Council to take action.
2) Racism Is a Public Health Emergency.
3) Council is considering numerous police items right now.

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

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

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CITY OF BERKELEY

Councilmember Ben Bartlett
City of Berkeley, District 3

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

RECOMMENDATION:

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

CURRENT SITUATION

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

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

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

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

With military-style techniques and structure, police officers are trained to combat crime in a manner that exerts violence through punishments, establishing a monopoly on force in communities. While law enforcement is supposed to protect our communities and keep us safe, crime waves from the 1970s and 1980s have transformed the police community into a body for crime control, maintaining such focus until modern-day despite declines in criminal activity[1]. With this focus on crime control, police officers lack the necessary training to adequately respond to noncriminal and nonviolent crimes. Non Criminal crimes refer to issues involving mental health, the unhoused community, school discipline, and neighborhood civil disputes[2]. Nonviolent crimes are categorized as property, drug, and public order offenses where injury or force is absent[3]. When police respond to these types of matters, they resort to violent means of arrest or problem escalation because they are ill-equipped and not trained to resolve the underlying issues.

According to the Vera Institute of Justice's report between 1980 and 2016, more than 10.5 million arrests are made every year; only 4.83 percent of those arrests were for violent offenses[4]. Eighty percent of these arrests were for low-level offenses, such as "disorderly conduct," non-traffic offenses, civil violations, and other offenses. This criminalization may be attributed to the arrest quotas for police productivity, which promotes punishment by rewarding the number of arrests for police funding instead of finding solutions to these issues[5]. This high percentage of low-level offenses resulted in

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[1] https://www.theatlantic.com/ideas/archive/2020/06/first-step-figuring-out-what-police-are/612793/
[2] https://www.latimes.com/california/story/2020-06-12/san-francisco-police-reforms-stop-response-noncriminal-calls
[3] https://www.bjs.gov/content/pub/ascii/pnoesp.txt#:~:text=Nonviolent%20crimes%20are%20defined%20as,possession%2C%20burglary%2C%20and%20larceny.
[4] https://arresttrends.vera.org/arrests?compare%5Boffense%5D%5Bpart1%5D=part1&compare%5Boffense%5D%5Bpart2%5D=part2#infographic
[5] https://theintercept.com/2019/01/31/arrests-policing-vera-institute-of-justice/

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

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

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

REDUCE:
   I. **Hire a consultant to conduct a data driven analysis of police calls and responses.**
       University of Denver Political Science Professor Laurel Eckhouse stated, "One method of reducing police presence… is to separate and reassign to other authorities various problems currently delegated to the police… such as the problems of people who don't have housing… mental health issues… and even things like traffic[6]." Community organizations, civilian workers trained in mental health situations, or neighborhood problem-solvers would better address these specific issues due to their experience, ensuring that the police are not the only force addressing these issues and promoting community vitality[7].

       Conducting a data driven analysis of police calls and responses would signify a report of the calls and responses that police receive and would inform the city where to better allocate resources to resolve specific issues. Noncriminal and nonviolent activities can thus be properly addressed by those who are equipped to handle these situations and would relieve law enforcement from these calls to then pursue more serious criminal situations. For example, the San Francisco Police Department receives approximately 40,000 calls per year about homeless people on the streets[8]. Social workers who can help unhoused citizens and those with mental health disorders are better equipped to help these citizens receive

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[6] https://www.stanforddaily.com/2020/06/04/police-abolition-looks-like-palo-alto/
[7] https://www.theatlantic.com/ideas/archive/2020/06/first-step-figuring-out-what-police-are/612793/
[8] https://www.latimes.com/california/story/2020-06-12/san-francisco-police-reforms-stop-response-noncriminal-calls

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

One suggestion to reduce the costs of policing is to boost productivity by
allocating a portion of the calls for service to community organizations who have
the resources and training to handle such situations[9]. For example, in Mesa,
Arizona from 2006 to 2008, a third of calls for service are handled by civilians;
these calls are for incidents of "vehicle burglaries, unsecured buildings,
accidents, loose dogs, stolen vehicles, traffic hazards, and residential
burglaries[10]." Approximately half of calls for service in Mesa are handled by
police officers, but among those, there are ways to reduce police authority. For
example, 11 percent of those calls that police officers handled were in response
to burglary alarms, where 99 percent were false. Six percent of those calls
included "juveniles disturbing the peace." This situation in Mesa demonstrates
the possibility of reduced police force in exchange for community based
response teams who can better resolve these issues with their experience.

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

The third party consultant should create a report with the following information by
analyzing and gathering the data from the police department, reporting their
findings to the City every two years. We recommend the following data to be
considered for analysis:
   a. Number of calls the police department receives per day, week, month, and
      year, which will be categorized into noncriminal, misdemeanor, nonviolent
      felony, and serious and violent felony calls.
   b. Demographics for these calls
   c. Characteristics of traffic stops
      i. Quantity
      ii. Type/reason
      iii. Number of those resulting in searchings paired with the frequency
           at which illegal items were found
      iv. Police response (i.e. citation, arrest, use of force)
      v. Demographics of the civilian in the traffic stop that is broken into
         type of stop and whether a search occurred
   d. Number of complaints against an officer
      i. Enumerate the officers with a high number of complaints

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[9] https://www.ncjrs.gov/pdffiles1/nij/231096.pdf
[10] https://www.ncjrs.gov/pdffiles1/nij/231096.pdf

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ii.   Reason behind the complaints.

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

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

According to the 2019 budget, the Berkeley Police Department's expenditures were approximately $69 million, which consists of 5.6 percent of the city's net expenditures. However, for the 2020 budget, the BPD is expected to have $74 million in expenditures, reflecting a $5 million increase from the previous year and approximately $8 million higher than 2017's expenditures[11]. Unfortunately, anecdotal evidence suggests that only 20 percent of police time is spent on solving crime and the majority is spent towards addressing those experiencing homelessness and mental health crises. The City should reallocate resources to a crisis worker entity who would be tasked with responding to noncriminal calls. We recommend that nonviolent calls also be addressed by this entity. This would give police officers more time to focus on crime, leading to better outcomes for public safety, community health, and a higher quality of life.

In Canada, Police Information and Statistics Committee police services Waterloo Police Regional Service and Ontario Provincial Police collaborated with Justice Canada and Public Safety to collect data on their calls for service and determine the costs of policing[12]. Their research reported that in 2013, bylaw complaints were listed as the most frequent call for service in Waterloo at 8,769 calls and non-crime policing activities were listed as the most frequent. In contrast, the only criminal activity listed in the top 10 generated calls were domestic dispute, theft under $5000, and major violent crime in property damage. Considering the most frequent of costly calls are noncriminal activities such as selective traffic enforcement programs ($22,212.45 in sum of total unit service time in hours) and vehicle stops ($206,668.13), the greatest cost in calls were for noncriminal activities. As noncriminal activities result in the greatest costs, it would be more efficient for community workers to handle these situations in order to reduce

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[11] https://www.cityofberkeley.info/uploadedFiles/Manager/Budget/FY-2020-2021-Adopted-Budget-Book.pdf
[12] https://www.publicsafety.gc.ca/cnt/rsrcs/pblctns/2015-r018/index-en.aspx#c-1-i

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

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

REVIEW OF EXISTING PLANS, PROGRAMS, POLICIES, AND LAWS

The City Manager provides regular reports on crime in Berkeley and on the policies of the Berkeley Police Department[13]. The data on serious crime is collected annually by the Federal Bureau of Investigation (FBI), which consists of over 17,000 law enforcement agencies that represent over 90 percent of the United States population. The FBI's Uniform Crime Report (UCR) reports crime statistics on violent crimes (including murder, rape, robbery, and aggravated assault) and property crimes (including burglary, larceny, auto theft, and arson). This data allows the BPD to analyze national and local crime trends, determine effectiveness of response to crime, and plan for future policies and resource allocation. Additionally, the City of Berkeley implements the Daily Calls for Service Log that the community can access to see the volume and nature of police activity.

Currently, Utah requires agencies to report tactical deployment and forcible entries where such reports are summarized by the Utah Commission on Criminal and Juvenile Justice. Utah Law Enforcement Transparency reporting interface was added to Utah Criminal Justice Information System in 2014 through the use of federal grant funding. Law enforcement agencies are required to report incidents of forcible entry and the deployment of tactical groups, representing data collection of police use of force[14].

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

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[13] https://www.cityofberkeley.info/Police/Home/Annual_Crime_Reports.aspx
[14] https://justice.utah.gov/Documents/CCJJ/LETR/2018%20LET%20Annual%20Report.html

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

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

ACTIONS/ALTERNATIVES CONSIDERED
One possible alternative to the community response teams would be to implement better training procedures so that police officers are more equipped to handle nonviolent and noncriminal activities. For example, the state of Washington requires both violence de-escalation and mental health training for police officers[15]. Such reform may render the data analysis on the types of calls unnecessary because the police department would be trained to handle all services regardless of the type of call.

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

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

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

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

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

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

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

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

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

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

OUTCOMES AND EVALUATION

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

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

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SHRINK THE BEAST:

A Framework for Transforming Police

NICJR
National Institute for
Criminal Justice Reform

Reduce → **Improve** → **Reinvest**

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

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

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

Reduce

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

❱ **In Oakland, CA,** non-profit organizations employ street outreach workers and crisis response specialists who respond to shooting scenes, intervene in and mediate conflicts, and sit down with young adults who have been identified as being at very high risk of violence to inform them of their risk and offer them intensive services. These City-funded efforts have been credited with a 50 percent reduction in shootings and homicides in the city.

❱ **In Eugene, OR,** Crisis Assistance Helping Out on the Streets (CAHOOTS) responds to more than 22,000 requests for service annually with its Crisis Intervention Workers. This represents nearly 20 percent of the total public safety call volume for the metropolitan area.

❱ **In Austin, TX,** the Expanded Mobile Crisis Outreach Team is equipped to respond to 911 calls where callers indicate that a mental health response, not police, is needed.

❱ **In Albuquerque, NM,** where the police have been involved in numerous unjustified killings, the Mayor has proposed creating a new non-law enforcement public safety agency that will respond to non-violent calls.

Steps To Reduction

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

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

CERN Crisis Intervention Specialists would respond to all other calls.

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

Violence reduction teams should be created or remain intact:

Patrol and investigation units focused on reducing gun violence. Like all remaining police personnel, these units must be trained in and adhere to strict use of force and Procedural Justice policies.

Investigation Units should also remain intact.

Improve

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

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

Steps To Improvement

1. Increase hiring standards to screen out candidates with any signs of racial bias, interest in the warrior culture, or those who have been fired or forced to resign from previous law enforcement positions.

2. Prioritize hires of those who grew up in the city and/or live in the city.

3. Make deliberate efforts to have the police force representative of the community it serves.

4. Revise use of force policies to limit any use of deadly force as a last resort in situations where a suspect is clearly armed with a firearm and is using or threatening to use the firearm.

5. All other force must be absolutely necessary and proportional.

6. Provide thorough, high quality, and intensive training in subjects including:
   - New use of force policy
   - Verbal de-escalation
   - Bias-free policing
   - Procedural Justice

7. Transparency: Provide regular reports to the public on stops, arrests, complaints, and uses of force, including totals, demographics, and aggregate outcomes data.

8. Effectively use an early intervention system that tracks various data points to identify high risk officers and implement discipline, training, and dismissal where necessary.

9. Use aggressive, progressive discipline to root out bad officers.

10. Rescind state and local laws that provide undue protection to police unions and prohibit effective and efficient disciplinary action.

Reinvest

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

NICJR ★

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SCHOOL DESEGREGATION IN BERKELEY--THE SCHOOL SUPERINTENDENT
REPORTS.
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DESCRIPTORS- *SCHOOL INTEGRATION, *BOARD OF EDUCATION POLICY,
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COMMUNITY COOPERATION, BUS TRANSPORTATION, STAFF ROLE,
ELECTIONS, INTEGRATION PLANS, BERKELEY, CALIFORNIA

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

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

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

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

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

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PRE-1964

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SULLIVAN ADMINISTRATION

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

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

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

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new administration was to make it wo k.

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

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

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

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

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

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

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

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

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

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

A START TOWARD ELEMENTARY INTEGRATION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

COMMITMENT TO TOTAL INTEGRATION

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

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

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

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

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

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

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

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

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<u>Developing the Plan</u> - We went to work immediately. The Admin-
istration compiled inf·:.nation on enrollment and racial makeup of each
school, school capacities and financial data. This information was dis-
tributed to each faculty. We then called a meeting of all elementary
school teachers; I relayed our charge from the Board and asked each
faculty tn meet separately and develop suggestions. We also sent in-
formation packets to over sixty community groups and invited them to
contribute their ideas. By the end of June we had received many sugges-
tions, both from staff members and lay citizens.

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

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

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

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

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

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LESSONS LEARNED

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

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

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

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

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

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

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

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

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

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

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

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

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

CONCLUSION

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

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Office of the Mayor

SUPPLEMENTAL
AGENDA MATERIAL

Meeting Date: **July 14, 2020**

Item Number: **#18a-e**

Supplemental/Revision Submitted By: Mayor Arreguin

"Good of the City" Analysis:

The analysis below must demonstrate how accepting this supplement/revision is for the "good of the City" and outweighs the lack of time for citizen review or evaluation by the Council.

The City Council has before it tonight five different proposals to initiate a robust community process to reimagine policing, and also specific proposals to conduct analyses and initiate new approaches to public safety.

The Mayor is proposing an omnibus motion that adopts elements of every one of the five proposals with some modifications.

Given that the Council is discussing various proposals relating to public safety tonight, and there is strong community interest in Berkeley initiating reforms in light of the murder of George Floyd and the nationwide movement for racial justice, the Good of the City outweighs the lack of time for prior citizen review or evaluation by the Council.

Consideration of supplemental or revised agenda material is subject to approval by a two-thirds vote of the City Council. (BMC 2.06.070)

A minimum of **42 copies** must be submitted to the City Clerk for distribution at the Council meeting. This completed cover page must accompany every copy.

Copies of the supplemental/revised agenda material may be delivered to the City Clerk Department by 12:00 p.m. the day of the meeting. Copies that are ready after 12:00 p.m. must be delivered directly to the City Clerk at Council Chambers prior to the start of the meeting.

Supplements or Revisions submitted pursuant to BMC § 2.06.070 may only be revisions of the original report included in the Agenda Packet.

![City of Berkeley logo]

Office of the Mayor

Proposed Omnibus Motion on Public Safety Items (Items 18a-e)
July 14, 2020

RECOMMENDATION
That the Berkeley City Council adopts the following motion:

1.   To APPROVE item 18a "George Floyd Community Safety Act - Budget Request to Hire a Consultant to Perform Police Call and Response Data Analysis" (Bartlett) as revised in Supplemental Packet 1 and further amended below:

- Reaffirming the Council's prior action adopting Recommendation # 1 through its allocation of $160,000 for an Auditor I position in the FY 2021 Budget to conduct a data-driven study that includes analysis of police calls and responses, as well as analysis of the Berkeley Police Department (BPD) budget and expenditures by call type, including FTE (full-time equivalent position), cost per FTE, overtime and special pay expenditures and supervisory structure. Recommended data points/areas of focus are included in pages 4-7 of the Bartlett item. The Auditor is encouraged to consult subject matter experts in developing the scope of work for this study and to consult with the community-based organization selected for community outreach (Item 18d) throughout her work.

- Approving Recommendation # 2 as revised below:

  Refer to the City Manager and the public safety reimagining process in item 18d to evaluate initiatives and reforms that reduce the footprint of the Police Department and limit the Police's scope of work primarily to violent and criminal matters.

- Allocate $100,000 from the FY 2021 Unallocated General Fund Balance (of $141,518 unallocated in the FY 2021 Adopted Budget) to analyze and develop a pilot program to re-assign non-criminal police service calls to a Specialized Care Unit. This Specialized Care Unit (SCU) consisting of trained crisis-response workers would respond to 911 calls that the operator evaluated as non-criminal and that posed no imminent threat to the safety of first responders. The program would be designed by staff based on existing successful models and likely employ a combination of mental health professionals as well as EMTs and/or nurses, who would be unarmed. The program should be designed to reduce costs while enhancing outcomes in public safety, community health, mental health, social services, civil rights, and overall quality of life. Based on pilot results, a proposal to adjust and/or expand and continue the program, and related reductions in policing services, should be presented to the City Council for consideration in time for

inclusion in the FY 2022 budget. *(Council previously approved a study of the creation of a Specialized Care Unit pilot on June 16, 2020)*

2.   To APPROVE the following recommendations based on Councilmember Davila's item 18b "Support Redistribution of City Resources and Operations from the Berkeley Police":

● As previously recommended in other areas of this motion by other Councilmembers, refer as part of the public safety reimagining process to evaluate functions currently served by Berkeley Police personnel which could be better served by trained non-sworn city staff or community partners and how those positions/responsibilities could be transferred out of the police department as soon as practicable. (Davila Recommendation 1 modified)

● Refer to the public safety reimagining process the goal of reducing the Berkeley Police Department budget by 50%, to be based on the results of requested studies and analysis and achieved through programs such as the Specialized Care Unit. Functions to consider shifting away from the Police Department include non-emergency calls that are evaluated to pose no danger to the safety of responders, such as calls related to enforcement of COVID-19 Shelter in Place orders, mental health calls (including wellness checks), calls related to quality of life crimes, calls related to homelessness, and any other calls that can be safely served by another new or existing city or community partner resource (Davila Recommendation 2 and 3 modified)

● Engage in a full and complete operational analysis, undertake meaningful community consultation and develop a transition plan. This reduction will enable a reallocation of public safety resources so that Police are focused on violent and criminal matters, and consider how to shift resources to, among others, non-sworn mental health, homeless outreach, and parking and traffic enforcement professionals. This will also enable the reallocation of existing police dollars for community programs and priorities to support communities of color, promote violence prevention and restorative justice and improve community health and safety. (Davila Recommendation 3 modified)

● Reducing the Berkeley Police Department budget will allow funding to be considered for these and other similar priorities: youth programs, or community groups and programs, violence prevention and restorative justice programs, domestic violence prevention, housing and homeless services, food security, mental health services including a specialized care unit, healthcare, new city jobs, expanded partnerships with community organizations, public health services, and the creation of a new Department of Transportation to administer parking regulations and traffic laws. (Davila Recommendation 4 modified)

● Refer to the City Manager and the public safety re-imagining process to identify the expertise needed for non-police responses to calls, taking into account comparable

approaches including CAHOOTS and other existing programs that might be expanded such as the Berkeley Free Clinic, Building Opportunities for Self Sustainability (BOSS), and the Women's Daytime Drop-in Center, Consider the Homeless and others. (Davila recommendation 6 modified)

- Create plans and protocols for emergency/911 dispatch to send calls to the preferred responding entity and consider placing dispatch in the Fire Department or elsewhere outside the Police Department. (Davila recommendation 7 modified)

- Request that the Berkeley Unified School District end programs that place police officers in schools. (Davila recommendation 8 modified)

  (Councilmember Davila's suggested language encouraging BUSD to adopt policies to safeguard information from ICE is already adopted district policy. BUSD was one of the first districts in the country to adopt a sanctuary schools policy and should be commended for its forward-thinking leadership.)

- Refer to the City Manager and public safety reimagining process to explore the creation of a city policy to prohibit the expenditure of Police Department settlements from the General Fund. In the interim, it is recommended that the projected cost of settlements be included in the Police Department budget and the Department be responsible for requesting additional funding as needed. (Davila recommendation 9 modified)

3.   To APPROVE the report and resolution in item 18d "Transform Community Safety and Initiate a Robust Community Engagement Process" (Mayor/Hahn/Bartlett/Harrison) with the following revisions below:

- Amend recommendation 3 to clarify that the City Manager would "collaborate with the Mayor and **all** Councilmembers to complete the work, to inform investments and reallocations to be incorporated into future Budget processes."

- Amend recommendation 3 to refer all of the recommendations from the Berkeley United for Community Safety coalition (see attached) to the City Manager and public safety reimagining process.

- Amend recommendations 3(a) (ii) to clarify that the analysis and initial recommendations on shifting police resources to alternate, non-police responses and toward alternative and restorative justice models will coincide with the November 2020 AAO#1 process and the **June 2021 budget process**.

- Amend recommendation 3(b) to add the following language proposed by Councilmember Wengraf in item 18c:

This work should include public, transparent community forums to listen, learn and receive people's ideas about how policing should be re-imagined and transformed so that communities of color can be safer within their neighborhoods, the City of Berkeley, and trust in the Berkeley Police Department can begin to be rebuilt.

- Amend recommendation 3(b)(1) to read:
  Building on the work of the City Council, the Council Public Safety Policy Committee, the City Manager, the PRC, other City commissions and working groups (e.g. the Mayor's Fair and Impartial Policing Working Group) addressing community health and safety, the Community Safety Coalition and community process will engage relevant city commissions in this work on an ongoing basis.

4.   To APPROVE Item 18e "BerkDOT: Reimagining Transportation for a Racially Just Future" (Robinson) as revised in Supplemental Packet 1:

Refer to the City Manager, the FY 2021-22 budget process, and the proposed community engagement process to reimagine public safety to:

(1) Pursue the creation of a Berkeley Department of Transportation (*BerkDOT*) to ensure a racial justice lens in traffic enforcement and the development of transportation policy, programs, & infrastructure, and

(2) Identify & implement approaches to reduce and/or eliminate the practice of pretextual stops based on minor traffic violations.

Berkeley United for Community Safety

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Berkeley United for Community Safety

June 27, 2020 / Event Recommendations (Partial List)

- Adopt best practices, one example Alameda County Connect: access screening, resources, mobile crisis team.

- Look for models that provide services that keep the community healthy and safe. Research the Oakland Model and the Oakland Power Project.

- We need an all new well-resourced, holistic and intersectional first responder team that responds to mental health, addiction issues, sexual harm, and homeless camp response. One that does not involve the police.

- We need more licensed and trained mental health professionals; culturally competent, compassionate, and aware. Diverse therapists also needed to relate to clients.

- We need to train professionals; "mental health clinicians" in both substance abuse and mental health issues. Outreach workers are needed who can de escalate and properly assist fellow community members in crisis.

- Fund a program with Community Care Workers on the street with proper training and resources to assist - leaving police to work on investigating and arresting criminals.

- Consider whether Berkeley Free Clinic can assist with developing a group of Community Care volunteers who assist in responding to crisis in homes and on the street that exhibit mental health, substance abuse when no crime is being committed.

- Create a City Department that focuses on Social Equity and Racial Justice.

- Make the city budget process MORE TRANSPARENT. Invest in Budget Town Halls that break down how the document works.

- Protect funding for youth programming including schools, Anticipated cuts to BUSD (2-6 million) due to COVID-19. Black and Brown Youth disproportionately affected by these cuts (fund and fast track African American Holistic Health Center)

- Divest funds from BPD into restorative justice programming run by the city or contracted to a community organization.

- Bolster nutrition programs that are at risk of being cut.

- Offer officer trainings that align with annual goals for the department. Professional development opportunities are to be made available only when these trainings support achievement of the annual goals for the department.

Berkeley United for Community Safety

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- BPD should not accept, request or seek to acquire military grade weapons or materials.

- BPD should receive a revised mission statement as a result of community discussions that redefines what is wanted from a "police force".

- Grant the community the ability to be autonomous.

- Have a specific public security priority to consolidate funding for all the communities' security efforts and needs. This will help create a system that will help further accountability in the police department.

- Create a stronger police accountability board.

- Ban rubber bullets as tear gas has been banned. Use less lethal tools.

- Council members need to fight for accountability and for what the community needs.

City of Berkeley

Crisis Response Models Report

City of Berkeley
Specialized Care Unit Model Recommendations
Crisis Response Models Report

Caroline de Bie

Sarah Ferrell

Sasha Gayle-Schneider

Jamie Dorsey

Nicole Gamache-Kocol

Kevin Wu

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Introduction

In response to the killing of George Floyd by Minneapolis police in May 2020 and the ensuing protests across the nation for this and many other similar tragedies, a national conversation emerged about how policing can be done differently in local communities. The Berkeley City Council initiated a broad reaching process to reimagine policing in the City of Berkeley. As part of that process, in July 2020, the Berkeley City Council directed the City Manager to pursue reforms to limit the Berkeley Police Department's scope of work to "primarily violent and criminal matters." These reforms included, in part, the development of a Specialized Care Unit (SCU) pilot to respond to mental health crises without the involvement of law enforcement.

In order to inform the development of an SCU, the City of Berkeley contracted with Resource Development Associates (RDA) to conduct a feasibility study that includes community-informed program design recommendations, a phased implementation plan, and funding considerations. As part of this feasibility study, RDA reviewed the components of nearly 40 crisis response programs in the United States and internationally, including virtually meeting with 10 programs between June and July 2021. This report provides a synthesized summary of RDA's findings, including common themes that emerged from across the programs, how they were implemented, considerations and rationale for design components, and overall key lessons learned. Please see the table below for a list of the programs that RDA reviewed. For the first nine programs listed (in bold and italics), RDA conducted phone interviews with representatives to obtain a further understanding of their program models; these programs are cited more often in this report because RDA had more details about them. For the remaining programs listed, RDA reviewed information that was available online. For a tabular summary of the key components of each crisis response program that RDA reviewed, please see Appendix C at the end of this report.

Additionally, SAMHSA's summary of its National Guidelines for Behavioral Health Crisis Care (released in 2020) is included in Appendix A of this report.

Program Name	Location
B-HEARD (the Behavioral Health Emergency Assistance Response Division)	*New York, NY*
Crisis Assistance Helping Out On The Streets (CAHOOTS)	*Eugene, OR*
Crisis Response Pilot	*Chicago, IL*
Expanded Mobile Crisis Outreach Team (EMCOT)	*Austin, TX*
Mental Health First / Anti-Police Terror Project	*Sacramento and Oakland, CA*
Portland Street Response	*Portland, OR*

Program Name	Location
REACH 24/7 Crisis Diversion	*Edmonton, Alberta, Canada*
Support Team Assisted Response (STAR)	*Denver, CO*
Street Crisis Response Team (SCRT)	*San Francisco, CA*
Albuquerque Community Safety Department	Albuquerque, NM
Boston Police Department's Co-Responder Program	Boston, MA
Community Assessment & Transport Team (CATT)	Alameda County, CA
Community Paramedicine	California (statewide)
Crisis Call Diversion Program (CCD)	Houston, TX
Crisis Now	National model (via SAMHSA)
Crisis Response Unit	Olympia, WA
Cuyahoga County Mobile Crisis Team	Cuyahoga County, Ohio
Department of Community Response	Sacramento, CA
Department of Community Solutions and Public Safety	Ithaca, NY
Downtown Emergency Service Center (DESC) Mobile Crisis Team	King County, WA
Georgia Crisis & Access Line (GCAL)	Georgia (statewide)
Los Angeles County Department of Mental Health – ACCESS Center	Los Angeles County, CA
Los Angeles County Department of Mental Health – Co-Response Program	Los Angeles County, CA
Los Angeles County Department of Mental Health – Psychiatric Mobile Response Teams (PMRT)	Los Angeles County, CA
Mobile Assistance Community Responders of Oakland (MACRO)	Oakland, CA
Mental Health Acute Assessment Team (MHAAT)	Sydney, Australia
Mental Health Mobile Crisis Team (MHMCT)	Nova Scotia, Canada
Mobile Crisis Assistance Team (MCAT)	Indianapolis, IN
Mobile Crisis Rapid Response Team (MCRRT)	Hamilton, Ontario, Canada
Mobile Emergency Response Team for Youth (MERTY)	Santa Cruz, CA
Mobile Evaluation Team (MET)	East Oakland, CA
Psykiatrisk Akut Mobilitet (PAM) Unit, the Psychiatric Emergency Response Team	Stockholm, Sweden

Program Name	Location
Police and Clinician Emergency Response (PACER)	Australia (several locations)
Seattle Crisis Response Team	Seattle, WA
Street Triage	England (several locations)
Therapeutic Transportation Pilot Program/Alternative Crisis Response	Los Angeles City and County, CA
Toronto Crisis Response	Toronto, Ontario, Canada

Crisis Response Models: An Overview

Of the crisis response program models reviewed, almost all specify that they respond to mental health and behavioral health concerns in their communities. Some models additionally specify that they respond to non-emergency calls, crises or disturbances related to substance use, homelessness, physical assault and sexual assault, family crises, and/or youth-specific concerns, as well as conduct welfare checks.

In California, Alameda County has the highest rate of 5150 psychiatric holds in the entire state.[1] Of those Alameda County individuals placed on a 5150 psychiatric hold that were transferred to a psychiatric emergency services unit, 75-85% of the cases did not meet medically necessary criteria to be placed in inpatient acute psychiatric services. This demonstrates an overuse of emergency psychiatric services in Alameda County, which creates challenges in local communities such as having lengthy wait times for ambulance services when these ambulances are tied up transporting and waiting to discharge individuals on 5150 holds at psychiatric emergency service units.

Mental health crises are varied - they affect individuals across their lifespans, manifest in a variety of behaviors, and exist on a spectrum of

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[1] INN Plan – Alameda County: Community Assessment and Transport Team (CATT) – October 25, 2018. (2018, October 25). *California Mental Health Services Oversight and Accountability Commission*. **http://www.mhsoac.ca.gov/document/inn-plan-alameda-county-community-assessment-and-transport-team-catt-october-25-2018** & **https://mhsoac.ca.gov/sites/default/files/documents/2018-10/Alameda_INN%20Project%20Plan_Community%20Assessment%20and%20Transport%20Team_8.6.2018_Final.pdf**

severity and risk. A crisis response system ultimately seeks to provide care to individuals in the midst of a mental health crisis, keeping the individual and their surrounding community safe and healthy, and preventing the escalation of the crisis or exacerbating strains to mental and emotional well-being. As such, there are many considerations for the design of a mental health crisis response system that addresses the current shortcoming or flaws in existing models around the country and internationally.

Traditionally, the U.S. crisis response system has been under the purview of local police departments, typically with the support of local fire departments and emergency medical services (EMS), and activated by the local 911 emergency phone line. Over time, communities have responded to the need for a response system that better meets the mental health needs of community members by activating medical or therapeutic personnel in crisis response instead of traditional first responders (i.e., police, fire, EMS).

Term	Definition
Traditional Crisis Response Model	For the purposes of this report, we assume a traditional crisis response model includes having all crises routed through a 911 center that then dispatches the local law enforcement agency (as well as fire department and/or EMS, if necessary) to respond to the crisis.
Co-Responder Model	Co-responder models vary in practice, but they generally involve law enforcement officers and behavioral health clinicians working together to respond to calls for service involving an individual experiencing a behavioral health crisis.
911 Diversion Programs	Programs with processes whereby police, fire, and EMS dispatchers divert eligible non-emergency, mental health-related calls to behavioral health specialists, who then manage crisis by telephone and offer referrals to needed services.
Alternate Model	Emerging and innovative behavioral health crisis response models that minimize law enforcement involvement and emphasize community-based provider teams and solutions for responding to individuals experiencing behavioral health crises.

Like a physical health crisis that requires treatment from medical professionals, a mental health crisis requires responses from mental health professionals. Tragically, police are 16 times more likely to kill someone

with a mental health illness compared to others without a mental illness.[2]
A November 2016 study published in the American Journal of Preventative
Medicine estimated that 20% to 50% of fatal encounters with law
enforcement involved an individual with a mental illness.[3] As a result,
communities have begun to consider the urgent need for crisis response
models that include mental health professionals rather than police.

In the current national discussion about appropriate crisis response
strategies for individuals experiencing mental health crises, the prominent
concerns voiced have typically focused on the safety of crisis responders
and community members, the funding of such programs, and balancing
a sense of urgency to implement new models quickly with the need for
intentional planning and preparation. In order to understand the current
models that exist, RDA reviewed nearly 40 national and international crisis
response programs and specifically interviewed staff from 9 programs
about their:

- Program planning efforts, including community engagement
  strategies, coordinating across city agencies and partner
  organizations, and program planning, implementation, and
  evaluation activities;
- Models' key elements, including dispatch, staffing, transport
  capabilities, follow-up care, and more;
- Program financing;
- Other considerations that were factored into their program
  planning; and
- Key lessons learned or advice for the City of Berkeley's
  implementation of its SCU.

Components of Crisis Response Models

While each crisis response program was designed to meet the needs of its
local community, there are several overarching components that were
common across the programs that RDA explored. The majority of crisis
response programs use their community's existing 911 infrastructure for
dispatch. Most programs respond to mental health and behavioral health
calls where they engage in de-escalation, assessment, referral, and

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[2] Szabo, L. (2015, December 10). People with mental illness 16 times more
likely to be killed by police. *USA Today*.
https://www.usatoday.com/story/news/2015/12/10/people-mental-illness-16-times-more-likely-killed-police/77059710/
[3] DeGue, S., Fowler, K.A., & Calkins, C. (2016). Deaths Due to Use of Lethal
Force by Law Enforcement. *American Journal of Preventive Medicine, 51*
(5), S173-S187. **https://www.ajpmonline.org/article/S0749-3797(16)30384-1/fulltext**

transport. Nearly all programs recognize the need to operate 24/7. Staffing structure varies by the needs of the community, but many response team units are staffed by teams of two to three individuals and can include a combination of mental health professionals, physical health professionals, and peers with lived experience. Many teams arrive in plainclothes or T-shirts with logos in a vehicle equipped with medical and engagement items. Teams typically receive skills-based training in de-escalation, crisis intervention, situational awareness, and communication. Crisis teams will either transport clients themselves or call a third party to transport, depending on the legal requirements and staffing structure of the crisis response team. Programs varied in their inclusion and provision of follow-up care.

Underneath the high-level similarities of the crisis response models that RDA researched are the tailored nuances that each program adapted to its local needs, capacities, and priorities. Below are additional details, considerations, and examples from existing models to further inform the City of Berkeley's development and implementation of its SCU.

Accessing the Call Center

Of the reviewed crisis response programs, the majority use the existing local 911 infrastructure, including its call receiving and dispatch technology and staff. There are several advantages to this approach. The general public is typically familiar with the number and process for calling 911, which can reduce the barrier for accessing services. Also, because 911 call centers already have a triage protocol for behavioral health calls, there can be a more seamless transfer of these types of calls to the local crisis response program. Additionally, some calls might not be reported as a mental health emergency but can be identified as such by trained 911 dispatch staff.

Generally, the administration of 911 varies across the nation. In some locales, 911 is operated by the police department, while in other locales it is administered centrally across all emergency services. Some programs have mental health staff situated in the 911 call center to: a) directly answer calls; b) support calls answered by 911 staff; and/or c) provide services over the phone as a part of the 911 call center's response. In Chicago, in addition to diverting more calls to the crisis response program, the staff of Chicago's Crisis Response Pilot anticipates that having mental health clinicians embedded in their call center to do triage and telemedicine will help them lay the foundation for a smooth transition to 988.

988 is the three-digit phone call for the National Suicide Prevention Lifeline. By July 16, 2022, phone service providers across the country will direct all calls to 988 to the National Suicide Prevention Lifeline, so that Americans in crisis can connect with suicide prevention and mental health crisis

counselors.[4] In California, AB 988 was passed in the State Assembly on June 2, 2021(and is currently waiting on passage by the State Senate) – AB 988 seeks to allocate $50 million for the implementation of 988 centers that have trained counselors receiving calls, as well as a number of other system-level changes.[5] In RDA's research of crisis response models, some programs are actively planning for the upcoming 988 implementation when exploring the functionalities of their local 911 infrastructure and responsibilities; other programs were not differentiating 988 from 911 in the communities. For the purposes of this report, moving forward, we will not differentiate 911 from 988, and will refer to all emergency calls for service as going to 911.

Other programs use an alternative phone number in addition to or instead of 911. These numbers can be an existing non-emergency number (like 211) or a new phone number that goes directly to the crisis response program. Oftentimes a program will utilize an alternative phone number when they believe that people, particularly those disproportionately impacted by police violence, do not feel safe calling 911 because they fear a law enforcement response. Portland's Street Response team & Denver's STAR team use both a non-emergency number and 911, routed to the same call center. This supports community members that are hesitant to use 911 while also ensuring that calls that do come through 911 are still routed to Portland's Street Response team. Overall, designing a system in Portland with both options was intended to increase community members' access to mental health crisis services. Given that Portland's program began on February 16, 2021, not enough time has elapsed for findings to be generated regarding the success of this model. But a current challenge that Portland shared with RDA is that some calls to their non-emergency number have wait times upwards of an hour because their call center needs to prioritize 911 calls.

In other program models, an alternate phone number may have been used in the community for years and, therefore, is a well-known resource. For example, in Canada's REACH Edmonton program, the 211 line is well-used for non-emergency situations, so it is used as the main connection point for its crisis diversion team.

Triage & Dispatch

Once a call is received, dispatch or call center staff will assess whether services could be delivered over the phone or whether the call requires an in-person response, and whether the response should be led by the crisis response team or another entity. Several programs utilize existing

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[4] Federal Communications Commission. (2021). *Suicide Prevention Hotline*. **https://www.fcc.gov/suicide-prevention-hotline** & **https://www.fcc.gov/sites/default/files/988-fact-sheet.pdf**

[5] Open States. (n.d.). *California Assembly Bill 988*. Retrieved September 2, 2021, from **https://openstates.org/ca/bills/20212022/AB988/**

well-used triage tools and/or made modifications to those triage tools based on a renewed emphasis of having non-police responses for mental health crises. Please see Appendix B for sample outlines of types of scenarios for crisis response teams that were shared with RDA. A dispatch's assessment of mental health related calls is dependent on the services provided by the local mental health crisis response team, an assessment of the situation and the caller's needs, who the caller has identified as the preferred response team, and any other safety concerns.

Some programs prioritize staff assignment based on call volume and need, such as programs that have chosen to pilot non-police crisis response teams in specific geographic locations within their jurisdiction. In these programs, the call center must, therefore, determine the location of the requested response when dispatching a crisis response team. For example, Chicago's Crisis Response Pilot has four teams that are assigned to different areas of the city based on their local ties and expertise of community needs; each team, therefore, only responds to calls that come from their assigned area. When programs are able to scale their services and hire more staff, many pilot programs plan to expand their geographical footprints.

Many crisis response teams are dispatched via radio or a computer-aided dispatch (CAD) system, and some have the ability to listen in on police radio and activate their own response if not dispatched. Of the nine programs that RDA interviewed, the Eugene CAHOOTS program allows its team to be self-dispatched, the Denver STAR program allows its team to directly see what calls are in the queue so they can be more proactive in taking and responding to calls, and the San Francisco SCRT program allows its team to respond to incidences that they witness while being out in the streets. Regarding the ability to self-dispatch, San Francisco's SCRT program is currently figuring out the regulatory requirements that might prohibit self-dispatching paramedics because they must be dispatched through a dispatch center.

Having multiple opportunities to engage the crisis response team is important to ensure community members have the most robust access to the service. For example, in Denver, their police, fire, and EMS can call their Support Team Assisted Response (STAR) team directly. Across all incidents that the Denver STAR team responded to in the first six months of its pilot implementation, it was activated by 911 dispatch in 42% of incidents, by police/fire/EMS in 35% of incidents, and self-activated in 23% of incidents.[6] These data from the Denver STAR team demonstrate how, especially in the early stages of a new program's implementation, new processes and relationships are continually being developed, learned, refined, and implemented. For this reason, it is beneficial to have safeguards in place in triage and dispatch processes so that the crisis

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[6] Denver STAR Program. (2021, January 8). *STAR Program Evaluation*. **https://www.denverperfect10.com/wp-content/uploads/2021/01/STAR_Pilot_6_Month_Evaluation_FINAL-REPORT.pdf**

response team can be flexible in responding to the various ways in which crisis response calls originate.

Assessing for Safety

The presence of weapons or violence are the most common reasons why a crisis response team would not be sent into the field. Some of the reviewed programs only respond to calls in public settings and do not go to private residences as an effort to protect crisis team staff, though this was the case in a few of the 40 reviewed programs. Calls that are deemed unsafe or not appropriate for a crisis response team will often be responded to by police, co-responder teams, police officers trained in Critical Intervention Team (CIT) techniques, or other units within the police department. Many alternative models have demonstrated that the need for a police response is rare for calls that are routed to non-law enforcement involved crisis response teams. For instance, in 2019, Eugene's Crisis Assistance Helping Out On The Streets (CAHOOTS) team only requested police backup 150 times out of 24,000 calls, or in fewer than one percent of all calls received by the crisis team;[7] this demonstrates that effective triage assessments and protocols do work in crisis response models.

Several of the programs interviewed by RDA mentioned that they are currently evaluating options for their non-police crisis response teams to respond to situations that may involve weapons or violence. These are situations that would otherwise be scenarios that default to a police response. These programs are aware of the risks of police responses to potentially escalate situations that could otherwise be deescalated with non-police involved responses and are trying to find ways to reduce those types of risks.

The types of harm and concerns for safety that should be assessed are not only for crisis response team staff, but also for the individual(s) in crisis and surrounding bystanders or community members. SAMHSA's best practices on behavioral health crisis response underscores that effective crisis care is rooted in ensuring safety for all staff and consumers, including timely crisis intervention, risk management, and overall minimizing need for physical intervention and re-traumatization of the person in crisis.[8] When call center staff deem a call safe and appropriate for the crisis response team, they will assign the call to the crisis response team. There may be multiple calls and situations happening concurrently, in which case the call center staff

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[7] White Bird Clinic. (n.d.). *What is CAHOOTS?*. Retrieved August 29, 2021, from **https://whitebirdclinic.org/what-is-cahoots/**

[8] Substance Abuse and Mental Health Services Administration (SAMHSA). (2020). *Crisis Services – Meeting Needs, Saving Lives*. **https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-08-01-001%20PDF.pdf** (page 32)

prioritize the calls based on pre-established criteria, such as acuity and risk of harm.

Crisis Response Teams Increase Community Safety

New York City's Behavioral Health Emergency Assistance Response Division (B-HEARD) program is being piloted in a region that receives the city's highest number of mental health emergency calls.[9] In the first month of implementation, the program demonstrated:

- Increased rates of people accepting care from the B-HEARD team compared to traditional 911 response teams.
- The proportion of people transported by the crisis response team to the hospital for more care was far smaller than the proportion transported with their traditional 911 response.
- An anticipated increase of 911 operators routing mental health emergency calls to the B-HEARD team.

"A smarter approach to public health and public safety. A smarter use of resources. And the evidence — from Denver to New York — shows that responding with care works."

- U.S. Representative Jamaal Bowman, D-NY

Hours of Operation

Because a mental health crisis can happen at any time, many programs have adopted a 24-hour model that supports the community seven days a week; of the 40 programs that RDA reviewed, 12 have adopted a 24/7 model. Some programs that are in their early phases of implementation have launched with initially limited hours but have plans to expand to 24/7 coverage once they are able to hire more staff for crisis response teams. If a program uses 911 as a point of access for the crisis response team, then there may be a community perception or expectation that the crisis response team also operates 24/7 the same way that 911 operates 24/7.

Other programs with more restricted resources often have limited hours; some offer services during business hours (9am to 5pm, Monday through Friday) while others offer services after-hours. Using historical data to prioritize coverage during times with highest call volumes can help a program adapt to local needs. For example, Mental Health First Oakland currently responds to calls Friday through Sunday from 7pm to 7am

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[9] Shivaram, D. (2021, July 23). Mental Health Response Teams Yield Better Outcomes Than Police In NYC, Data Shows. *National Public Radio (NPR)*. **https://www.npr.org/2021/07/23/1019704823/police-mental-health-crisis-calls-new-york-city#:~:text=Hourly%20News-,New%20York%20City%20Mental%20Health%20Response%20%20Teams%20Show%20Better%20Results,were%20admitted%20to%20the%20hospital**.

because they have found that those times are when mental health services are unavailable but need is high.

Types of Calls

Some crisis response programs only respond to specific call types, such as calls pertaining to mental health, behavioral health, domestic violence, substance use, or homelessness. A fraction of programs only respond to acute mental health situations, such as suicidal behavior, or conversely only non-acute mental health calls, such as welfare checks. And, some crisis response programs respond to any non-emergency, non-violent calls, which may or may not include mental health calls. Every program is unique in the calls that they are currently responding to as well as how agencies coordinate for different types of calls. Additionally, given that many programs are actively learning and adapting their models, what and how they respond to calls is evolving.

The most common types of calls that programs are responding to are calls regarding trespassing, welfare checks, suicidal ideation, mental health distress, and social disorder. Several programs mentioned that their main call type - trespassing - is to move an unwanted person, usually someone that is unsheltered and sitting outside the caller's home or business. While programs provide this service, many advocate for increased public education around interacting with unhoused residents and neighbors without the need to call for a third-party response.

The programs in New York City, Chicago, and Portland shared with RDA that they are keeping their scopes of services small for their current pilot implementations. At a later time, they will learn from the types of calls receive and determinations made in order to determine how they will expand their program to respond to more situations (e.g., including serving more types of crises, more types of spaces like private residences, etc.).

In order to demonstrate the variety of incidents that different programs respond to, below are highlights regarding the types of calls that some of the programs that RDA interviewed respond to:

- New York City's B-HEARD program is currently responding to calls regarding suicidal ideation with no weapons, mental health crisis, and calls signaling a combination of physical health and mental health issues. For calls where weapons are involved or are related to a crime, NYPD is the initial responder. The B-HEARD program provides transport and linkage to shelters, where the shelters then provide follow-up services.
- Chicago's Crisis Response Pilot is determining how they will address "low-level crimes" and crimes related to homelessness, especially if the root cause of the crime is an unmet behavioral health and/or housing need. The program does not have an official protocol or decision tree yet for determining which calls it will respond to. But,

its emphasis is on responding to mental health crisis and mental health needs.

- The Portland Street Response program is currently only responding to calls regarding crises that are happening outdoors or public settings (e.g., storefronts), not in private residences. The majority of their calls are related to substance use issues, co-occurring mental health and substance use issues, and welfare checks. The program cannot respond to suicide calls because of a Department of Justice (DOJ) contract that the City of Portland has that would require the Portland Street Response Program to appear before a judge and renegotiate that contract that the city currently has; this process would take at least two years to happen.
- Denver's STAR program currently responds primarily to calls where individuals have schizophrenia, bipolar disorder, major depression, and/or express suicidal thoughts but have no immediate plans to act upon them. The STAR program also conducts many Welfare checks. The program is currently primarily dealing with issues related to homelessness because its pilot rolled out in Denver's downtown corridor where there is a high number of unsheltered individuals.

Services Provided Before, During, and After a Crisis

The reviewed programs offer a variety of services before, during, and after a mental health crisis. Regarding services provided before crises occur, some programs view their role as supporting individuals prior to crisis, including proactive outreach and building relationships in the community with individuals. Portland's Street Response team contracts with street ambassadors with lived experience (via a separate contract with a local CBO) that do direct outreach to communities; street ambassadors work to explain the team's services and ultimately increase trust. Portland's Street Response team also works with nursing students who provide outreach and medical services to nearby encampments. Mental Health First has a strong cohort of repeat callers who request accompaniment through issues they are facing that the team will go into the field to provide – these services can help them avoid escalating into a crisis. Denver's STAR program initiates outreach with local homeless populations to ensure they have medicines and supplies. These proactive efforts are examples of crisis response teams supporting potential individuals before they are in crisis, and thus also promoting their overall health and well-being.

During a crisis response, most programs offer various crisis stabilization services, including de-escalation, welfare checks, conflict resolution and mediation, counseling, short-term case management, safety planning, assessment, transport (to hospitals, sobering sites, solution centers, etc.), and 5150 evaluations. To engage the individual in crisis, staff will provide supplies to help meet basic needs with items such as snacks, water, and clothing. If there is a medical professional on the team, they can provide

medical services including medical assessments, first aid, wound care, substance use treatment (i.e., medicated-assisted treatment), medication assistance and administration, and medical clearance for transport to a crisis stabilization unit (CSU).

After a crisis, the teams may provide linkage to follow-up care. Some crisis response teams do short-term case management themselves, but most refer (and sometimes transport) individuals to other providers for long-term care. Referrals can be a commonly provided service of a crisis response program. For example, 41% of Denver STAR's services are for information and referrals.[10] Many programs have relationships with local community-based organizations for providing referrals and linkages, while some programs have a specific protocol for referring individuals to a peer navigation program or centralized care coordination services.

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[10] Alvarez, Alayna. (2021, July 21). Denver's pilot from police is gaining popularity nationwide. *Axios*. **https://www.yahoo.com/now/denver-pivot-police-gaining-popularity-122044701.html**

Term	Definition
Transport	Placing an individual in a vehicle and driving them to or from a designated mental health service or any other place.
5150	5150 is the number of the section of the Welfare and Institutions Code which allows an adult who is experiencing a mental health crisis to be involuntarily detained for a 72-hour psychiatric hospitalization when evaluated to be a danger to others, or to himself or herself, or gravely disabled.
Peer Worker	A mental health peer worker utilizes learning from their own recovery experiences to support other people to navigate their recovery journeys.
Medication-Assisted Treatment (MAT)	MAT is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of SUDs.
Narcan	Narcan (Naloxone) is a nasal spray used for the treatment of known or suspected opioid overdose emergencies.
Crisis Stabilization Unit	A mental health voluntary facility that provides a short-term stay for individuals needing additional stabilization services following a behavioral health crisis.
Sobering Center	A facility that provides a safe, supportive environment for publicly intoxicated individuals to become sober.

Staffing Crisis Teams

Most teams include a combination of a medical professional (e.g., an EMT or nurse), a mental health clinician (e.g., a psychologist or social worker), and a peer. Having a variety of staff on a team allows the program to respond to a diverse array of calls, meet most needs that a client might have, and gives the client the ability to engage with whomever they feel most comfortable.

The reviewed programs staffed their crisis teams with a variety of medical professionals. There was consensus among interviewed programs that crisis response team EMTs, paramedics, nurse practitioners, or psychiatric nurse practitioner clinicians should have at least three to five years of experience in similar settings, as well as having comprehensive de-escalation and trauma-informed care training and skills. Austin's Extended Mobile Crisis Outreach Team (EMCOT) program cited that a paramedic's ability to address a client's more acute physical health and substance use

needs is a beneficial diversion away from an EMS or police response.[11] However, in many cities, the skills and expertise of paramedics are not heavily utilized, as many mental and behavioral health calls do not require a high level of medical care. However, a medical professional can be an important addition to the team, especially for services like providing first aid, wound care, the administration of single-dose medication, medication-assisted treatment (MAT) for substance use issues, and 5150 transports. Considerations for which medical professionals should be staffed on a crisis team depends on the types of services the model intends to provide, the historical data on the types of calls or service needs, the local rules for which services can be provided by specific professions, and the overall program budget.

All programs had a mental health provider on their crisis response teams. There is variability in the level of formal education, training, and licensure of the type of mental health provider in each program. Some programs have licensed, masters-level therapists and clinicians (e.g., ASW, LCSW), while other programs utilize unlicensed mental health providers. Considering if a program wants or needs to be able to bill Medicaid or other insurance payors, the ability to place a 5150 hold, as well as the direct costs of providers with differing levels of education and training are examples of considerations and decision points that programs have when determining what type of professional they want to provide mental health services.

Across the programs reviewed and interviewed by RDA, there is variability in the current presence of peer support specialists on teams. By definition, peer workers are "those who have been successful in the recovery process who help others experiencing similar situations."[12] Studies demonstrate that by helping others engage with the recovery process through understanding, respect and mutual empowerment, peers increase the likelihood of a successful recovery. While they do not replace the role of therapists and clinicians, evidence from the literature and testimonials given to RDA leave no doubt about their value added on a crisis response team. Peer support specialists are able to connect with clients in crisis in ways that are potentially very different from how mental health clinicians and medical providers are trained to provide their specific types of services.

Although 21 of the 40 reviewed programs were classified as alternative models for mental health crisis response, it is important to note that co-responder programs, which were 11 of the 40 reviewed programs, include a police officer on the response team. A co-responder program will often

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[11] *Expanded Mobile Crisis Outreach Team*. (n.d.). Integral Care Crisis Services. Retrieved August 29, 2021, from **https://www.austintexas.gov/edims/document.cfm?id=302634**

[12] *Who Are Peer Workers?*. (2020, April 16). Substance Abuse and Mental Health Services Administration (SAMHSA) Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS). **https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers**

be used for higher acuity calls that involve the risk of violence by the person in crisis or the risk that the person in crisis has a weapon. As co-responders, police may arrive on site before the rest of the crisis team does. Other models treat the police officer as a back-up personnel, allowing the crisis team to evaluate the level of risk or danger of the situation and then, if de-escalation tactics are unsuccessful, call the police for support.

Team structures vary depending on funding, local salary structures for different types of providers, program design, and program administration. For example, 24-hour programs require more teams and staffing while programs with limited hours will likely have fewer shift rotations and therefore fewer teams. San Francisco's Street Crisis Response Team has six teams with three members per team; shifts are 12 hours long with two teams assigned to each shift. Overlap between the shifts has improved coordination between the teams. Programs with unionized staff (e.g., EMTs, paramedics) require regimented 8-, 10-, or 12-hour shifts, which also influences a team's capacity and scheduling.

Training

Training requirements vary based on the staffing structure and services provided by a crisis response program as well as the specific needs of the local community. Across the board, programs train their staff in crisis intervention topics such as de-escalation, mental health intervention, substance use management, and situational awareness. Many teams are trained together as a cohort to build relationships and trust between staff. Most teams are trained for around 40 hours in the classroom and then supervised in the field. In co-responder teams, police officers often receive 40 hours of Crisis Intervention Team (CIT) Training.

Specialized staff also receive specific training relevant to their role. Dispatch staff typically receive separate training focused on risk assessment and triage. In programs with clinicians embedded within the call center, the clinicians often provide training to other dispatch staff on mental health topics. Interviewed programs also recommended the crisis response team's dispatch team learn to assess call risk level by building an intake/eligibility tool, as well as through risk assessment and motivational interviewing. For both Denver's STAR and Portland's Street Response programs, dispatch staff were trained by and then shadowed Eugene's CAHOOTS dispatch team, leveraging the decades of experience of CAHOOTS' established alternative crisis response model.

Specific de-escalation and crisis intervention training in which programs participate include key strategies to mitigate risk in the field, learning effective radio communication, and motivational interviewing skills. Some interviewed programs shared that substance use training should be attended by all crisis response staff, not just clinicians; for example, Narcan administration, tourniquet application, and harm reduction training are critical training skills for all team members when supporting a client during a substance use emergency.

Training on implicit bias was also regarded as essential among interviewed programs. Many interviewed programs agreed that receiving training in team-building and communication strategies, trauma-informed care, cultural competency, and racial equity advances the intention and principles of their alternate response program.

Equipment: Uniforms, Vehicles, and Supplies

Most teams arrive either in plain clothes or a T-shirt with a logo. Interviewed programs attested that casual clothing helps crisis response teams appear approachable and creates a sense of comfort for the person in crisis. In contrast, programs worried that formalizing their uniforms could trigger negative past experiences that community members have had with institutions (e.g., police, psychiatric hospitals, prisons) and, therefore, escalate someone in crisis. However, EMTs or police in a co-responder team do wear their usual uniform so that they are easily identifiable as first responders.

The types of vehicles and equipment needed for each model vary based on the scope of services provided, types of calls to which the team responds, and the team's staffing structure. The majority of programs have a van or fleet of vans with the program logo on it and are stocked with necessary supplies. Some programs use their vehicles for on-site service delivery, while others use them only for transporting a client to an alternate location. Programs situated within fire departments often have EMTs or paramedics on-staff, so those teams ride in ambulances or vans with transport capabilities. Co-responder programs often use police vehicles, either marked or unmarked.

There are several considerations for how the design of the vehicle increases accessibility and safety for clients, as well as supports the security of providers. Vans should be accessible to wheelchairs so that crisis response teams can provide services within the interior of the van (to ensure client privacy) and in the event of a needed transport. Also, vans equipped with lights allow them to park on sidewalks and increase traffic safety. Several interviewed programs mentioned using Eugene's CAHOOTS program's van specifications. One component of this design is a plexiglass barrier between the van's front and back seats, which protects both the driver and anyone riding in the back in the case of an accident; additionally, the barrier keeps clients in the back of the vehicle and protects the driver from any disruption that could decrease safety during the transport. However, some cities are moving away from including the plexiglass barrier between the front and back seats in their vans due to the stigma and lack of trust it communicates to the client.

Many vehicles and teams are equipped with various technologies, including radios with connection to dispatch, cell phones, and data-enabled tablets for mobile data entry. Denver's STAR program has access to the local 911 dispatch queue to understand what calls are being

assessed and which could potentially use the program's response. The STAR program teams also have direct access to an electronic health record (EHR) system where they can look-up an individual's health history or communicate directly with a client's psychiatrist or case manager and thus provide tailored, high quality of care in real-time.

If crisis response teams provide medical services, they often carry items such as personal protective equipment, wound care supplies, a stethoscope, blood pressure armband, oxygen, and intravenous bags. Teams also often carry engagement items to initiate client interactions and meet basic needs, such as food, water, clothing, socks, cigarettes, "mercy beers," tampons, condoms, and hygiene packs. When it is able to go into the field again, the Mental Health First model intends to use an RV instead of a van, so they can invite clients into the RV for more privacy and then supply them with a variety of supplies for their basic needs (e.g., clothing).

Overall, when deciding the types of uniforms, vehicles, and equipment to obtain, programs considered what would be recognizable, establish expertise, support the service delivery, build trust with those whom they serve, and not trigger or further harm individuals in crisis.

Transport

The ways that programs transport clients to a subsequent location varies in many ways, including when the transport is allowed, who is doing the transport, where clients are transported, and who is affected by the transport decision.

While some programs have the capability to transport clients themselves, others call a third party to do the transport. This depends on whether staff are licensed to do involuntary transports, whether the vehicle is able to transport clients, and whether it is deemed safe to provide transport at that time. Oftentimes, programs will only conduct voluntary transports, and they may pre-establish specific locations or allow the client's location of choice. If clients do not want to be transported to another location, some programs will end the interaction. Because Denver's STAR team does not use an ambulance, they can refuse someone's requested transport to a hospital if a lower level of care is appropriate, such as a sobering center. Some programs conduct involuntary holds, either done by program staff or by calling for police backup. Waiting for police can undermine the level of care provided, a delay which poses a threat to the client's safety and well-being. Portland's Street Response program experiences delays of up to an hour when requesting police for involuntary holds; for this reason, the team hopes to have the ability to do 5150 transports themselves, and in a trauma-informed way that gives individuals a sense of control over the situation. Whether a crisis response team can transport clients, initiate involuntary holds, and/or call police for back-up in these situations are all considerations which implicate the continued involvement of law enforcement in crisis response.

In the transport process, clients may be transported to short- or long-term service providers as well as the client's location of choice. Some short-term programs include a crisis stabilization facility, detox center, sobering center, homeless shelter, primary care provider, psychiatric facilities, diversion and connection center, hospital, and urgent care. Long-term programs include residential rehabilitation and direct admission to inpatient units of psychiatric emergency departments. Building relationships at these destinations and with providers is key to successful warm handoffs and ensuring clients in crisis receive the appropriate care. For example, challenges can arise when bringing someone to an emergency room if the hospital is not fully aware of what the crisis response program is, which makes it more difficult to advocate for the client to receive services.

There are many things to consider about client and provider safety when transporting a client. Some programs do not give rides home and only transport the person to a public place. Others have restrictions on when they will transport a client to a private residence. For example, Denver's STAR team will not take a person home if they are intoxicated and if someone else is in the home because they do not want to put the other person in potential harm. Instead, when responding to an intoxicated individual, the STAR team transports them to a sobering center, detox facility, or similar location of choice. In Portland, first responders and crisis response providers use a risk assessment tool that helps them determine if ambulance transport needs to be arranged. Portland's risk assessment tool asks providers to determine if the individual has received sedation medication in the last six hours, had a Code Gray in the last 6 hours, had a history of violence and/or aggression, had a history of AWOL, or are showing resistance to hospitalization; if the answer is yes to any of these five questions, then they will arrange for ambulance transport for the individual in crisis.

Follow-up Care & Service Linkage

Follow-up care and linkage to services are handled in a variety of ways. Some programs include referrals to internal, non-crisis response program staff as a service provided directly by the crisis response team. When community health workers and peer support specialists are staffed on crisis response teams, they often lead the referral and navigation support role. After responding to a crisis, Portland's Street Response team (an LCSW and paramedic) call a community health worker if the client wants linkages or additional follow-up supports. While referrals and linkages are important to client outcomes and prevention, this kind of follow-up care can be challenging for many programs to do because it can be difficult to find individuals in the community, particularly if they are not stably housed or do not have a working phone. Portland's Street Response team often goes to encampments to provide follow-up care, which is a program element that is also effective as proactive outreach into local communities.

Other programs refer individuals to other external teams or organizations not affiliated with the crisis response team whose primary role is to provide follow-up care to individuals who served by the crisis response team. Olympia's Crisis Response Unit specifically identifies repeat clients for a referral to a peer navigation program for linkage to care. Additionally, many programs have relationships with community-based organizations and refer clients there for follow-up services. Newer programs that have yet to fully launch stated this was a focus of their program design, as well. For example, San Francisco's Street Crisis Response Team partners with a centralized Office of Care Coordination within the San Francisco Department of Public Health that provides clients with linkages to other services; the Street Crisis Response Team essentially embeds this handoff in their own processes.

And, there are some programs that do not include follow-up care within the scope of their services. For example, Eugene's CAHOOTS program has a narrower focus on crisis stabilization and short-term care; they do not provide referrals or linkage to longer-term services for their clients.

Program Administration

Across the crisis response models that RDA researched and interviewed, there was variability in how they are each administered. As each program is constructed around their local agency structures, resources, needs, and challenges, how their programs are administered are also just as adaptive.

Administrative Structure

The administrative structure and placement of crisis response programs varies significantly. Some programs are administered and delivered by the city/county government, some programs are run in collaboration between a city/county government and community-based organizations (CBO), while others are entirely operated by CBOs.

The administration and structure of a crisis response program may be affected by the geographic and/or population size of the local region and what stage of implementation the program is in. For instance, consistent and guaranteed funding helps sustain programs for the long-term, so developing a program within the local municipal structure may be an advantage over contracting the crisis response program to a CBO. Some programs found that staff retention was higher for government positions, due to their generally higher wages and increased benefits compared to what CBOs generally offer. Additionally, the use of the existing 911 and dispatch infrastructure may be streamlined for crisis response programs administered by city/county governments because they can be situated within existing emergency response agencies and use existing interagency data sharing and communication processes

more easily. Finally, programs that are situated within a local health system -- such as Departments of Public Health, Behavioral Health, or public hospitals -- may have existing protocols and processes with which to collaborate with CBOs for referral assistance, case management, resourcing, and follow-up service provision.

On the other hand, programs that are primarily administered and staffed through CBOs reported a sense of flexibility and spontaneity in their program design, expansion, and evolution, especially for early-stage pilots that intend to change and grow over time. These programs shared that they experienced reduced bureaucratic barriers that were conducive to community engagement and program redesign. Additionally, most programs that included peer support specialists in their crisis response program had these roles sourced by CBOs – these peer support specialists were either fully integrated into crisis response teams or were referred to by crisis response teams to provide linkage and follow-up services.

Though there is variety in what entity administers crisis response programs, who sources or contracts the crisis responders, and where funds are generated, all programs require cross-system coordination for designing the program and implementing the dispatch, training, funding, and program evaluation/monitoring activities.

Staffing and sourcing a crisis response program entirely by volunteers can also be helpful in reducing barriers for potential providers to enter this professional field, elevating lived experience of staff, addressing community distrust of the police-involved response system, and building a mental health workforce. However, currently, all-volunteer models face challenges in having consistent and full staffing coverage, which limits a program's overall service provision and hours of operation.

Financing

Aside from the health benefits of increasing mental health and medical resources in crisis responses, there are financial benefits, too. For example, in Eugene, the CAHOOTS program's annual budget is $2.1 million. In contrast, the City of Eugene estimates it would cost the Eugene Police Department $8.5 million to serve the volume and type of calls that are directed to CAHOOTS.[13]

Several cities are funding crisis response systems through the city's general fund, which offers a potentially sustainable funding source for the long-term because it demonstrates that city officials are committed to investing in these services with public funds. To generate these funds, Denver added a sales and use tax in 2019 (one-quarter of a percent) to cover mental health services, a portion of which funds the STAR program.

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[13] White Bird Clinic. (n.d.). *What is CAHOOTS?*. Retrieved August 29, 2021, from **https://whitebirdclinic.org/what-is-cahoots/**

Some cities have funded crisis response programs by reallocating other city funds. Chicago's Police Department currently pays the salary of the CIT-officer in Chicago's crisis response pilot program. Chicago's crisis response pilot also receives additional funding from Chicago's Department of Public Health. Austin's EMCOT program is funded by $11 million reallocated from the Police Department. And Eugene's CAHOOTS program is fully funded through a contract by the Eugene Police Department.

Federal or state dollars have also been used for some crisis response programs. Alameda County's Community Assessment and Transport Team (CATT) is funding by California's Mental Health Services Act (MHSA) Innovation funds. Chicago's current crisis response pilot uses Centers for Disease Control and Prevention (CDC) funding. New York City and Los Angeles both plan to bill Medicaid as a funding source for their emerging crisis response programs. The national Crisis Now program bills per service and per diem for mobile crisis and crisis stabilization services, which is reimbursed by Medicaid.

Some programs are able to leverage private funds to support their services. In addition to the allocation of city funds, Chicago receives funding from foundations and corporations to fund its crisis response program. The Mental Health First program is entirely supported by donations, grants, and volunteer time.

These financing mechanisms provide varying levels of sustainability and predictability, which may affect the longevity of a program and, therefore, its overall impacts. Ensuring that programs can be continuously funded ensures resources go into direct service provision and program administration, rather than on development, fundraising, or grant management. Staff recruitment and retention is also more successful when there is long-term reliability of positions.

Program Evaluation

Many crisis response programs use data to monitor their ongoing progress and successes, modify and expand program pilots, and measure outcomes and impact. Standardizing data collection practices (i.e., data collection tools, measures, values for measures, aligned electronic sources for data entry, etc.) across participating teams and agencies within and across cities/locales, especially for regional plans, supports effective program evaluation and reporting. Addressing this consideration is best done early in program planning because it affects the protocols developed for triage and dispatch, the equipment that crisis response teams use to record service delivery notes or accessing clients' EHR records, the way referrals and hand-offs are conducted, whether or how Medicaid billing/financing will be leveraged, and more. Several cities noted that they incorporated data sharing and access into MOUs that outlined the scope of work. The providers in most programs have access to an electronic health record (EHR) system that they are able to enter

their contact notes into – having access to a centralized data collection portal like this can greatly aid a program's evaluation efforts.

> ### Pilot Program Evaluation Highlight: Denver's Support Team Assisted Response (STAR) Program
>
> Denver planned to evaluate the STAR program after an initial six-month pilot phase. For the evaluation, data was collected from both the 911 CAD database and the Mental Health Center of Denver. Data was kept in separate systems to protect health-related information from the law enforcement database. The program evaluation provided data on incident locations, response time, response dispatch source (i.e., 911, police unit, or STAR-initiated), social demographics of consumers served, services provided, location of client transport/drop-off, and more. The use of two data systems also allowed the program to evaluate what the STAR team identified as the primary issue of concern compared to clinical diagnoses from the health data.[14]
>
> As a result of analyzing these data, Denver identified its program successes and impacts and is committed to expanding the funding and scope of the program. This expansion includes purchasing more vans, staffing more teams, expanding the hours of operation, expanding the service area across the City, hiring a supervisor, and investing in program leadership. Additional plans for future evaluation include building a better understanding of populations served and more rigorous data capture, a longitudinal study to understand consumer long-term outcomes, and a cost-benefit analysis to understand the economic impacts of the program.

Once data is collected, a process for analyzing, visualizing, and reviewing data supports the overall effectiveness of program monitoring, thus contributing to changes to a pilot and the overall outcomes achieved by the program. Some programs have developed internal data dashboards to compile and organize their data in real-time, thus allowing them to review their program data on a weekly basis. And, some programs are also planning for an external evaluation to assist them in developing a broader understanding of their program's impacts for their clients and in the larger community.

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[14] Denver STAR Program. (2021, January 8). *STAR Program Evaluation*. **https://www.denverperfect10.com/wp-content/uploads/2021/01/STAR_Pilot_6_Month_Evaluation_FINAL-REPORT.pdf**

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Examples of Metrics that Cities Collect, Review, and Publish Data On

- *Call volume*
- *Time of calls received*
- *Service areas*
- *Response times*
- *Speed of deployment*
- *Determinations and dispositions of dispatch (including specific coding for violence/weapons/emergency)*
- *Which teams are deployed across all emergency response*
- *Actual level of service needed compared to the initial determination at the point of dispatch*
- *Number of involuntary holds that are placed*
- *Number of transports that are conducted*
- *Type of referrals made*
- *Priority needs of clients served (housing, mental health)*
- *Frequency of police involvement*

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Making data about crisis response programs publicly available is also important for community transparency and public research. For example, New York City is planning to publish B-HEARD program data on a monthly basis. And, Portland has a public data dashboard for its crisis response program that is updated at least once per week.[15] Such data transparency allows local constituents and stakeholders to check on the progress of their local crisis response program and whether it is making a difference. Such transparency can also contribute to public research and dissemination efforts about emerging alternate crisis response models.

Coordinating the Crisis Response System

Given the complexity of a crisis response system -- from its administrative structure and financing, the technical integration of dispatch with responders, the coordination of referrals and linkages, to client case management -- coordination is an essential, ongoing element of any program. This coordination requires investing in staff time and skills to participate in coordination efforts, focusing on de-siloing all components of crisis response, and effective leadership and vision. Coordination affects financing decisions and contributes directly to client outcomes; therefore, coordination implicates every aspect of program planning, implementation, and evaluation. Overall, program administration benefits

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[15] *Portland Street Response Data Dashboard*. (n.d.). City of Portland, Oregon. Retrieved August 29, 2021, from **https://www.portland.gov/streetresponse/data-dashboard**

from having coordination done at a high level, ensuring there is a person(s) responsible for holding the program at a birds-eye view.

Coordinating services between the crisis response team and community partners includes ensuring there are open communication channels between various entities at a structural level down to a client case management level. At a structural level, it requires investing in staff time, technology, and protocol development, not just at the initial program launch but on an ongoing basis. Based on the program evaluation and data collection design, system-level coordination can support ongoing data review and inform future decisions made about a program.

For example, the managers of San Francisco's Street Crisis Response Team participate in interagency meetings to ensure strategic coordination of service delivery across San Francisco's Department of Public Health, Fire Department, and Office of Care Coordination. Additionally, when Austin's EMCOT program's call center staff integrated the call center technology and co-located their crisis response services within the city's 911 dispatch, the crisis response program had reduced dropped calls, increased communication around safety and risk assessment during triage, more effective handoffs to mental health clinicians for telehealth, and increased deployment of the crisis response team by dispatch.

System-level coordination also has important downstream effects, such as ensuring that first responders (i.e., police, fire, EMS) can call the crisis response team to respond to a situation if they are dispatched first. At a client level, system coordination can support case management, referrals and linkages, and improved client outcomes. For example, Canada's REACH Edmonton program provides governance support and coordination to a network of CBO providers, including facilitating a bimonthly meeting for frontline workers to discuss shared clients. The program shared that for its most complex cases, this coordination significantly increased positive client outcomes. The program also found that they were able to better leverage the expertise of peer support specialists by having a specified coordinator leading these meetings and ensuring their voice and participation was valued. Service providers within this network all utilize the same EHR for documenting and sharing client notes, though the program has encountered challenges in data sharing. Overall, the REACH Edmonton program shared that system-level coordination must be tightly managed but that most program staff and frontline workers do not have the capacity to do so, so having a centralized governance and coordinating body is essential.

Program Planning Process

Planning the large and small details of a crisis response program is an essential part of a successful launch. Although each city will have a different planning process and timeline based on the local community's needs and administrative designs, some common themes emerged across the crisis response models that RDA reviewed.

Planning across city departments typically includes active involvement from emergency medical services, fire, and police as well as leaders from local public health and mental/behavioral health agencies and CBOs. Many cities stated that having emergency responders involved in the collaborative brainstorming and discussions from the earliest planning stages was essential in garnering buy-in from other city or county departments, including identifying the best resource(s) when responding to mental health needs and crises. Planning also requires engaging other entities; for instance, Portland has to negotiate with the local police union for all services provided by Portland's Street Response program. Some cities shared that they are aware of beliefs of local police departments and unions about potentially losing funding for police services when new crisis response services are added to the local infrastructure. But, cities found that when they focused the conversation about shared objectives between the crisis response program and the police, police began to see the program as a resource to them as mental health professionals could often better handle mental health crises because of their training and backgrounds. This alignment on shared goals and values underpins the reason that the Eugene Police Department funds the city's non-police crisis response program, CAHOOTS. Developing a collective and shared narrative around community health and well-being while reducing harm, trauma, and unnecessary use of force, is essential in promoting any crisis response program.

Program planning allows cities to identify elements to include in the pilot that will be investigated throughout the pilot stages. For instance, the planning process may include heat mapping the highest call-volume areas of the city or discussing preliminary milestones to support scaling or expansion of a pilot program. As an example, New York City's B-HEARD model is currently focused on deploying the B-HEARD team using the existing 911 determination process for identifying mental health emergencies; but, in the future, the program will also assess how those determinations are made to improve the determination and dispatch processes. Their sequencing of planning priorities allowed the program to be launched on a shorter timeline while preparing for an iterative evaluation and design process.

In the future, many learnings can be extrapolated from the ways that crisis response programs are being implemented across the United States and internationally. At this point in time, given that many implementations began within the past two years and are still actively evolving and changing, it is premature to pinpoint common themes in how similar and different jurisdictions and communities (e.g., population size, population density, geography, etc.) are unfolding their emerging crisis response programs.

Planning Timeline

While some cities operated co-responder models for years before moving to a non-police model, other cities are launching non-police models for the first time. Some cities engaged in extensive community engagement

processes while others launched programs quickly and plan to collect feedback for future iterations of their program.

For instance, Denver had a co-responder model from 2016-2020 and launched the STAR program in 2020 for an initial six-month pilot. The program was launched very quickly in 2020, and then it held community forums to hear from community members for input on the expansion. In Chicago, planning began in the summer of 2019 and the mental health advisory commission developed recommendations in October 2019, then planning and funding continued throughout the summer of 2020, with the program launched in the summer of 2021 (two years after initial program planning began).

New York City's B-HEARD program was originally announced in November 2020 with an initial launch target of February 2021, though the launch was delayed until June 2021 (eight months later). San Francisco's Street Crisis Response Team began planning in July 2020 and launched with one team in November 2020 (five months later); the program added a second team and additional hours in January 2021, added four more teams in March 2021, and integrated the local Office of Coordinated Care team for follow-up and linkages in April 2021 (all over a span of four months); the City of San Francisco wanted to move quickly due to its budgeting timeline so it did not conduct much initial community engagement, but rather expected the program design to be an iterative process with future opportunities for community input and evaluation. Additionally, for many pilot crisis response programs, when they are able to scale their services and hire more staff, then they plan to expand their geographical footprints.

Community Engagement

Community engagement is an invaluable element of program design and evaluation that leverages the expertise of the local community members directly impacted by these services. Community engagement activities are conducted to include the perspectives of potential service recipients, existing consumers of the behavioral health and crisis systems, existing coalitions, and/or local community-based service providers in the development and implementation of crisis response programs.

Cities may face barriers in hearing from community members that are the most structurally marginalized, so engaging existing coalitions and networks can support more equitable and targeted outreach. For instance, in Chicago, Sacramento, and Oakland, program planners worked with credible messengers that were connected to networks that the cities were not connected to, such as a teen health council, street outreach teams, homeless advocacy organizations, and disability rights collectives. There was a focus especially on working with mutual aid collectives and other underground groups that do not receive city funding, including voices that may otherwise be neglected in government spaces. This level of outreach and intentionality is essential because, historically, government institutions and other structures have prevented

the full and meaningful engagement of people of color, working class and cash-poor people, immigrants and undocumented people, people with disabilities, people who are cognitively diverse, LGBTQ+ people, and other structurally marginalized people. Engaging community members that are most directly impacted by crisis response programs, such as unsheltered people, will lead to feedback that is informed by direct lived experiences with the prior and existing programs in a given community. Additionally, prioritizing the engagement, participation, and recommendations of community members that are most harmed by existing institutions - such as the disproportionate rates of police violence against people of color[16] - will ensure that systems of inequity are not reproduced by a crisis response program. Instead, intentional community engagement can support the program to address existing structural inequities.

Community engagement can inform program planning, program implementation, and program evaluation in unique ways. When planning for a crisis response program, community engagement can be used to survey existing needs, collect input on priorities, and engage hard-to-reach consumers. To hear directly from community members, Chicago interviewed 100 people across the city to ask about their service needs and how to implement a co-responder or alternative crisis response model. Denver targeted specific community stakeholder groups when collecting feedback for its program design, including perspectives from residents with lived experience, community activists for reimagining policing, a Latinx clinic, and a needle exchange program.

When implementing a crisis response program, engaging the community can identify opportunities for program improvement in real-time and promote community education about the program's services and partners. To collect feedback on key components of its model, Portland worked with a local university to send a questionnaire to service recipients. Denver prioritized community education by working with Business Improvement Districts (BIDs) to educate them on appropriate and inappropriate times to call 911 and how to more effectively and compassionately engage with unsheltered neighbors. Denver also worked to build trust with local CBOs to increase their engagement of the STAR crisis response team. Such community engagement can improve program implementation by increasing community awareness of the program, clarifying existing barriers for community members, and modifying service provision processes and priorities on an ongoing basis.

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[16] Edwards, F., Lee, H., & Esposito, M. (2019). Risk of being killed by police use of force in the United States by age, race-ethnicity, and sex. *Proceedings of the National Academy of Sciences of the United States of America (PNAS), 116*(34), 16793-16798.
https://www.pnas.org/content/116/34/16793

Lessons Learned

As cities have begun planning, launching, and iterating on a variety of crisis response program models, they shared key lessons learned and recommendations for new cities considering implementing non-police crisis response programs.

Community members are essential sources of knowledge: Co-creating a crisis response model with community members that have directly experienced the crisis system will make the program more accessible and utilized.

Community engagement requires time: Build the engagement and planning time into the overall program development approach and timeline.

Use a pilot approach: Test, modify, and expand specific aspects of each crisis response model based on program successes, challenges, and consumer feedback.

Build trust across the network: Cities must build trust across city agencies and local CBOs to successfully launch and implement a crisis response program.

The 911 dispatch system is complex: Successful implementation of a crisis response program requires sufficient planning, time/resources investment, and buy-in for revising 911 call determination and dispatch processes.

Look to the future: While alternative models are currently focused on crisis response, future models could also support a population's holistic health outcomes and redefine what "safety" means in a community.

Community members are essential sources of knowledge.

Program representatives that spoke with RDA emphasized the many considerations that programs must make to ensure a program is utilized and accessible to community members. The interviewed programs emphasized the importance of co-creating programs with community members because community members have experienced the existing crisis response options, know where the gaps exist, and may have already implemented or witnessed community-based short-term solutions that should directly inform program design. Cities explained that creating a program or model that does not appeal to the consumer, especially in terms of the involvement and presence of law enforcement, will decrease

the reach and impact of the program. Community members must trust the program if they are going to call and engage in services. For example, because they understood that a significant barrier was that the general public was not confident that they could call 911 to engage a non-police response to a mental health or related crisis, the San Francisco's Street Crisis Response Teams have done significant outreach at community events and presentations at CBOs to build relationships and trust.

Community engagement requires time.

Learning from the community requires time, so plans for community engagement should be part of any new program's overall timeline and approach. For example, after their initial implementation began, Denver's STAR teams learned that there is a need to expand their program with multilingual teams, which they have since been effective in making progress towards achieving this. It has been a part of the STAR program's process to prioritize program needs as they arise while planning for expansion.

Use a pilot approach.

Cities also recommended using a pilot approach so that the model can evolve and expand over time. For example, Chicago piloted two crisis response teams with a CIT-officer and piloted two teams without a CIT-officer to determine the role and efficacy of the CIT-officer in a crisis response. New York City designed their pilot to focus on one zone (a geographic subsection of a borough) before broadening the pilot to more of the city. A pilot approach allows a city to learn from implementation successes and challenges, hear from service recipients, and generate buy-in from potentially hesitant stakeholders.

Build trust across the network.

Cities elevated that building trust across city departments and with CBOs was an essential component of their processes. Cities recognize the different cultures and priorities across city departments and agencies as well as CBOs and volunteers. Within a local government, framing this work as a health response helps to align all partners on their shared values. Moreover, emphasizing to the local police departments that taking a responsibility off their plate is a benefit to them, which may help them to see the crisis response teams as assets and resources to them. Additionally, while bringing onboard internal (i.e., city departments and agencies) stakeholders to the table, it is important to ensure that they each have the appropriate degree of weight in decision making for the program. For example, New York City emphasized that law enforcement should not have an imbalance in controlling the conversation or

decisions. Programs also shared examples of opportunities to build trust across staff members: San Francisco's Street Crisis Response Team used all-team debriefs to strengthen communication and establish processes; and Canada's REACH Edmonton used data on their program and outcomes to promote accountability between providers. Ultimately, building and sustaining trust across a network of crisis response teams, first responders, and law enforcement agencies is a type of role that the central coordinating governance structure of a crisis response system should aim to lead and support.

The 911 dispatch system is complex.

The 911 dispatch component of a crisis response model is complex and requires effective collaboration for successful implementation. New York City felt that the dispatch and deployment components of its B-HEARD program took the most time to design well (e.g., diagramming calls, finding existing data), even though the 911 data infrastructure already existed. Similarly, Los Angeles' Department of Mental Health found the call diversion process and decision-making to be the most challenging aspect to align across departments. By being aware of this hurdle from the beginning, a new program can allocate sufficient time and resources as well as identify strategic personnel to support the development of this important component of any crisis response program.

Look to the future.

Finally, cities offered that they are only in their first steps of a longer process of designing alternative models of care in their communities. Planning for a program's next steps can make the initial pilots even more successful and support the transition to future iterations. For instance, Portland's Street Response program is primarily focused on low-acuity crises, though there is a need for a non-police response that can respond to higher acuity calls, including incidences with weapons, in order to achieve Portland's aim of reducing police violence. Mental Health First emphasized that an armed officer does not necessarily provide security and safety to bystanders, providers, or consumers, and so alternative crisis response models are countering a larger system of socialization around notions of safety and the role of 911 in a community. Additionally, these models are operating within larger mental health response systems that must work together to ensure fewer community members are going into crisis in the first place. Programs should always be considering how alternative models of care can support individuals from entering into crises, too. Denver's STAR program shared that they have numerous opportunities for prevention efforts, such as proactive response after encampment sweeps, checking in with consumers in high visibility areas even if there is not a call there, and proactively connecting people to services. By keeping an open mind for what a more holistic crisis response system could look like in their future, cities can plan for their present day,

early-stage pilot programs to be a part of their evolving and innovative models of care.

Appendices

Appendix A. SAMHSA's National Guidelines for Behavioral Health Crisis Care - Best Practice Toolkit Executive Summary[17]

The *National Guidelines for Crisis Care – A Best Practice Toolkit* advances national guidelines in crisis care within a toolkit that supports program design, development, implementation and continuous quality improvement efforts. It is intended to help mental health authorities, agency administrators, service providers, state and local leaders think through and develop the structure of crisis systems. The toolkit includes distinct sections for:

- ✓ Defining national guidelines in crisis care;
- ✓ Implementing care that aligns with national guidelines; *and*
- ✓ Evaluating alignment of systems to national guidelines.

Given the ever-expanding inclusion of the term "crisis" by entities describing service offerings that do not truly function as no-wrong-door safety net services, we start by defining what crisis services are and what they are not. Crisis services are for **anyone, anywhere and anytime.** Crisis services include (1) crisis lines accepting all calls and dispatching support based on the assessed need of the caller, (2) mobile crisis teams dispatched to wherever the need is in the community (not hospital emergency departments) and (3) crisis receiving and stabilization facilities that serve everyone that comes through their doors from all referral sources. These services are for **anyone, anywhere and anytime.**

With non-existent or inadequate crisis care, costs escalate due to an overdependence on restrictive, longer-term hospital stays, hospital readmissions, overuse of law enforcement and human tragedies that result from a lack of access to care. Extremely valuable psychiatric inpatient assets are over-burdened with referrals that might be best-supported with less intrusive, less expensive services and supports. In too many communities, the "crisis system" has been unofficially handed over to law enforcement; sometimes with devastating outcomes. The current approach to crisis care is patchwork and

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[17] Substance Abuse and Mental Health Services Administration (SAMHSA). (2020). *National Guidelines for Behavioral Health Crisis Care – Best Practice Toolkit Executive Summary*. **https://www.samhsa.gov/find-help/implementing-behavioral-health-crisis-care** & **https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf**

delivers minimal treatment for some people while others, often those who have not been engaged in care, fall through the cracks; resulting in multiple hospital readmissions, life in the criminal justice system, homelessness, early death and even suicide.

A comprehensive and integrated crisis network is the first line of defense in preventing tragedies of public and patient safety, civil rights, extraordinary and unacceptable loss of lives, and the waste of resources. There is a better way. Effective crisis care that saves lives and dollars requires a systemic approach. This toolkit will delineate how to estimate the crisis system resource needs of a community, the number of individuals who can be served within the system, the cost of crisis services, the workforce demands of implementing crisis care and the community-changing impact that can be seen when services are delivered in a manner that aligns with this Best Practice Toolkit. Readers will also learn how this approach harnesses data and technology, draws on the expertise of those with lived experience, and incorporates evidence-based suicide prevention practices.

Core Services and Best Practices

The following represent the *National Guidelines for Crisis Care* essential elements within a **no- wrong-door** integrated crisis system:

1. **Regional Crisis Call Center**: Regional 24/7 clinically staffed hub/crisis call center that provides crisis intervention capabilities (telephonic, text and chat). Such a service should meet National Suicide Prevention Lifeline (NSPL) standards for risk assessment and engagement of individuals at imminent risk of suicide and offer quality coordination of crisis care in real-time;

2. *Crisis Mobile Team Response*: Mobile crisis teams available to reach any person in the service area in his or her home, workplace, or any other community-based location of the individual in crisis in a timely manner; *and*

3. **Crisis Receiving and Stabilization Facilities**: Crisis stabilization facilities providing short-term (under 24 hours) observation and crisis stabilization services to all referrals in a home-like, non-hospital environment.

In addition to the essential structural or programmatic elements of a crisis system, the following list of essential qualities must be "baked into" comprehensive crisis systems:

1. Addressing recovery needs, significant use of peers, and trauma-informed care;
2. "Suicide safer" care;
3. Safety and security for staff and those in crisis; *and*

4. Law enforcement and emergency medical services collaboration.

Regional Crisis Call Hub Services – *Someone To Talk To*

Regional, 24/7, clinically staffed call hub/crisis call centers provide telephonic crisis intervention services to all callers, meet National Suicide Prevention Lifeline (NSPL) operational standards regarding suicide risk assessment and engagement and offer quality coordination of crisis care in real-time. Ideally, these programs will also offer text and chat options to better engage entire communities in care. Mental health, substance use and suicide prevention lines must be equipped to take all calls with expertise in delivering telephonic intervention services, triaging the call to assess for additional needs and coordinating connections to additional support based on the assessment of the team and the preferences of the caller.

Minimum Expectations to Operate a Regional Crisis Call Service

1. Operate every moment of every day (24/7/365);
2. Be staffed with clinicians overseeing clinical triage and other trained team members to respond to all calls received;
3. Answer every call or coordinate overflow coverage with a resource that also meets all of the minimum crisis call center expectations defined in this toolkit;
4. Assess risk of suicide in a manner that meets NSPL standards and danger to others within each call;
5. Coordinate connections to crisis mobile team services in the region; *and*
6. Connect individuals to facility-based care through warm hand-offs and coordination of transportation as needed.

Best Practices to Operate Regional Crisis Call Center

To fully align with best practice guidelines, centers must meet the minimum expectations and:

1. Incorporate Caller ID functioning;
2. Implement GPS-enabled technology in collaboration with partner crisis mobile teams to more efficiently dispatch care to those in need;
3. Utilize real-time regional bed registry technology to support efficient connection to needed resources; *and*
4. Schedule outpatient follow-up appointments in a manner synonymous with a warm handoff to support connection to ongoing care following a crisis episode.

To align with National Suicide Prevention Lifeline (NSPL) operational standards, centers must:

1. Practice **active engagement** with callers and make efforts to establish sufficient rapport so as to promote the caller's collaboration in securing his/her own safety;

2. Use the **least invasive intervention** and consider involuntary emergency interventions as a last resort, except for in circumstances as described below;

3. Initiate life-saving services for attempts in progress – in accordance with guidelines that do not require the individual's consent to initiate medically necessary rescue services;

4. Initiate active rescue to secure the immediate safety of the individual at risk if the caller remains unwilling and/or unable to take action to prevent his/her suicide and remains at imminent risk;

5. Practice active engagement with persons calling on behalf of someone else ("third-party callers") towards determining the least invasive, most collaborative actions to best ensure the safety of the person at risk;

6. Have supervisory staff available during all hours of operations for timely consultation in determining the most appropriate intervention for any individual who may be at imminent risk of suicide; *and*

7. Maintain caller ID or other method of identifying the caller's location that is readily accessible to staff.

True regional crisis call center hub services that offer air traffic control-type functioning are essential to the success of a crisis system. Cracks within a system of care widen when individuals experience interminable delays in access to services which are often based on an absence of:

1. Real-time coordination of crisis and outgoing services; *and*
2. Linked, flexible services specific to crisis response; namely mobile crisis teams and crisis stabilization facilities.

Mobile Crisis Team Services – *Someone To Respond*

Mobile crisis team services offering community-based intervention to individuals in need wherever they are; including at home, work, or anywhere else in the community where the person is experiencing a crisis. For safety and optimal engagement, two person teams should be put in place to support emergency department and justice system diversion. EMS services should be aware and partner as warranted.

Minimum Expectations to Operate a Mobile Crisis Team Services
1. Include a licensed and/or credentialed clinician capable to assessing the needs of individuals within the region of operation;
2. Respond where the person is (home, work, park, etc.) and not restrict services to select locations within the region or particular days/times; *and*
3. Connect to facility-based care as needed through warm hand-offs and coordinating transportation when and only if situations warrants transition to other locations.

Best Practices to Operate Mobile Crisis Team Services
To fully align with best practice guidelines, teams must meet the minimum expectations and:

1. Incorporate peers within the mobile crisis team;
2. Respond without law enforcement accompaniment unless special circumstances warrant inclusion in order to support true justice system diversion;
3. *Implement real-time GPS technology in partnership with the region's crisis call center hub to support efficient connection to needed resources and tracking of engagement; and*
4. Schedule outpatient follow-up appointments in a manner synonymous with a warm handoff in order to support connection to ongoing care.

Essential functions of mobile crisis services include:

- Triage/screening, including explicit screening for suicidality;
- Assessment;
- De-escalation/resolution;
- Peer support;
- Coordination with medical and behavioral health services; *and*
- Crisis planning and follow-up.

Crisis Receiving and Stabilization Services – *A Place to Go*

Crisis receiving and stabilization services offer the community a no-wrong-door access to mental health and substance use care; operating much like a hospital emergency department that accepts all walk-ins, ambulance, fire and police drop-offs. The need to say yes to mental health crisis referrals, including working with persons of varying ages (as allowed by facility license) and clinical conditions (such as serious emotional disturbance, serious mental illness, intellectual and developmental disabilities), regardless of acuity, informs program staffing, physical space, structure and use of chairs or recliners in lieu of beds that offer far less capacity or flexibility within a given space. It is important to fund these facility-based programs so they can deliver on the commitment of never rejecting a first responder or walk-in referral in order to realize actual emergency department and justice system diversion. If an individual's condition is assessed to require medical attention in a hospital or referral to a dedicated withdrawal management (i.e., referred to more commonly and historically as detoxification) program, it is the responsibility of the crisis receiving and stabilization facility to make those arrangements and not shift that responsibility to the initial referral source (family, first responder or mobile team). Law enforcement is not expected to do the triage or assessment for the crisis system and it is important that those lines never become blurred.

Minimum Expectations to Operate a Crisis Receiving and Stabilization Service
1. Accept all referrals;
2. Not require medical clearance prior to admission but rather assessment and support for medical stability while in the program;
3. Design their services to address mental health and substance use crisis issues;
4. Employ the capacity to assess physical health needs and deliver care for most minor physical health challenges with an identified pathway in

order to transfer the individual to more medically staffed services if needed;

5. Be staffed at all times (24/7/365) with a multidisciplinary team capable of meeting the needs of individuals experiencing all levels of crisis in the community; including:
   a. Psychiatrists or psychiatric nurse practitioners (telehealth may be used)
   b. Nurses
   c. Licensed and/or credentialed clinicians capable of completing assessments in the region; *and*
   d. Peers with lived experience similar to the experience of the population served.
6. Offer walk-in and first responder drop-off options;
7. Be structured in a manner that offers capacity to accept all referrals, understanding that facility capacity limitations may result in occasional exceptions when full, with a no rejection policy for first responders;
8. Screen for suicide risk and complete comprehensive suicide risk assessments and planning when clinically indicated; *and*

9. Screen for violence risk and complete more comprehensive violence risk assessments and planning when clinically indicated.

<u>Best Practices to Operate Crisis Receiving and Stabilization Services</u>

To fully align with best practice guidelines, centers must meet the minimum expectations and:

1. Function as a 24 hour or less crisis receiving and stabilization facility;
2. Offer a dedicated first responder drop-off area;
3. Incorporate some form of intensive support beds into a partner program (could be within the services' own program or within another provider) to support flow for individuals who need additional support;
4. Include beds within the real-time regional bed registry system operated by the crisis call center hub to support efficient connection to needed resources; *and*
5. Coordinate connection to ongoing care.

The Role of the Psychiatrist/Psychiatric Nurse Practitioner

Psychiatrists and Psychiatric Nurse Practitioners serve as clinical leaders of the multi-disciplinary crisis team. Essential functions include ensuring clinical soundness of crisis services through evaluation of need, continued monitoring of care and crisis service discharge planning.

Essential Principles for Modern Crisis Care Systems

Best practice crisis care incorporates a set of core principles that must be systematically "baked in" to excellent crisis systems in addition to the core structural elements that are defined as essential for modern crisis systems. These essential principles and practices are:

1. Addressing Recovery Needs,

2. Significant Role for Peers,
3. Trauma-Informed Care,
4. *Zero Suicide*/Suicide Safer Care,
5. Safety/Security for Staff and People in Crisis *and*
6. Crisis Response Partnerships with Law Enforcement, Dispatch, and Emergency Medical Services.

Addressing Recovery Needs

Crisis providers must address the recovery needs of individuals and families to move beyond their mental health and substance use challenges to lead happy, productive and connected lives each and every day.

Implementation Guidance

1. *Commit to a no-force-first approach to quality improvement in care that is characterized by engagement and collaboration.*
2. *Create engaging and supportive environments that are as free of barriers as possible. This should include eliminating Plexiglas from crisis stabilization units and minimal barriers between team members and those being served to support stronger connections.*
3. *Ensure team members engage individuals in the care process during a crisis. Communicate clearly regarding all options clearly and offer materials regarding the process in writing in the individual's preferred language whenever possible.*
4. *Ask the individual served about their preferences and do what can be done to align actions to those preferences.*
5. *Help ensure natural supports and personal attendants are also part of the planning team, such as with youth and persons with intellectual and developmental disabilities.*
6. *Work to convert those with an involuntary commitment to voluntary so they are invested in their own recovery.*

Significant Role for Peers

A transformative element of recovery-oriented care is to fully engage the experience, capabilities and compassion of people who have experienced mental health crises. Including individuals with lived mental health and substance use disorder experience (peers) as core members of a crisis team supports engagement efforts through the unique power of bonding over common experiences while adding the benefits of the peer modeling that recovery is possible.

Implementation Guidance

1. *Hire credentialed peers with lived experience that reflect the characteristics of the community served as much as possible. Peers should be hired with attention to common characteristics such as gender, race, primary language, ethnicity, religion, veteran status, lived experiences and age.*

2.   *Develop support and supervision that aligns with the needs of your program's team members.*
3.   *Emphasize engagement as a fundamental pillar of care that includes peers as a vital part of a crisis program's service delivery system. This should include (1) integrating peers within available crisis line operations, (2) having peers serve as one of two mobile team members and (3) ensuring a peer is one of the first individuals to greet an individual admitted to a crisis stabilization facility.*

Trauma-Informed Care

The great majority of individuals served in mental health and substance use services have experienced significant interpersonal trauma. Mental health crises and suicidality often are rooted in trauma. These crises are compounded when crisis care involves loss of freedom, noisy and crowded environments and/or the use of force. These situations can actually re-traumatize individuals at the worst possible time, leading to worsened symptoms and a genuine reluctance to seek help in the future.

On the other hand, environments and treatment approaches that are safe and calm can facilitate healing. Thus, we find that trauma-informed care is an essential element of crisis treatment. In 2014, SAMHSA set the following guiding principles for trauma-informed care:

1.   Safety;
2.   Trustworthiness and transparency;
3.   Peer support and mutual self-help;
4.   Collaboration and mutuality;
5.   Empowerment, voice and choice; *and*
6.   Ensuring cultural, historical and gender considerations inform the care provided.

Trauma-informed systems of care ensure these practices are integrated into service delivery. Developing and maintaining a healthy environment of care also requires support for staff, who may have experienced trauma themselves.

Implementation Guidance

1.   *Incorporate trauma-informed care training into each team member's new employee orientation with refreshers delivered as needed.*
2.   *Apply assessment tools that evaluate the level of trauma experienced by the individuals served by the crisis program and create action steps based on those assessments.*

Zero Suicide/Suicide Safer Care

Two transformational commitments must be made by every crisis provider in the nation: (1) adoption of suicide prevention as a core responsibility, and (2) commitment to dramatic reductions in suicide among people under care. These changes were adopted and advanced in the revised *National Strategy for Suicide*

Prevention (2012), specifically via a new Goal 8: "Promote suicide prevention as a core component of health care services" (p. 51).

The following key elements of Zero Suicide or Suicide Safer Care are all applicable to crisis care:

1. Leadership-driven, safety-oriented culture committed to dramatically reducing suicide among people under care, that includes survivors of suicide attempts and suicide loss in leadership and planning roles;
2. Developing a competent, confident, and caring workforce;
3. Systematically identifying and assessing suicide risk among people receiving care;
4. Ensuring every individual has a pathway to care that is both timely and adequate to meet his or her needs and includes collaborative safety planning and a reduction in access to lethal means;
5. Using effective, evidence-based treatments that directly target suicidal thoughts and behaviors;
6. Providing continuous contact and support; especially after acute care; *and*
7. Applying a data-driven quality improvement approach to inform system changes that will lead to improved patient outcomes and better care for those at risk.

Safety/Security for Staff and People in Crisis

Safety for both individuals served and staff is a foundational element for all crisis service settings. Crisis settings are also on the front lines of assessing and managing suicidality and possibly violent thoughts or aggressive behaviors, issues with life and death consequences. While ensuring safety for people using crisis services is paramount, the safety for staff cannot be compromised. Keys to safety and security in crisis delivery settings include:

- Evidence-based and trauma-informed crisis training for all staff;
- Role-specific staff training and appropriate staffing ratios to number of clients being served;
- A non-institutional and welcoming physical space and environment for persons in crisis, rather than Plexiglas "fishbowl" observation rooms and keypad-locked doors. This space must also be anti-ligature sensitive and contain safe rooms for people for whom violence may be imminent;
- Established policies and procedures emphasizing "no force first" prior to implementation of safe physical restraint or seclusion procedures;
- Pre-established criteria for crisis system entry;
- Strong relationships with law enforcement and first responders; *and*
- Policies that include the roles of clinical staff (and law enforcement if needed) for management of incidents of behavior that places others at risk.

Providers must establish environments that are safe for those they serve as well as their own team members who are charged with delivering high quality crisis care that aligns with best practice guidelines. The keys to safety and security for

home visits by mental health staff include:

- No mental health crisis outreach worker will be required to conduct home visits alone.
- Employers will equip mental health workers who engage in home visits with a communication device.
- Mental health workers dispatched on crisis outreach visits will have prompt access to any information available on history of dangerousness or potential dangerousness of the client they are visiting.

Implementation Guidance

1. *Commit to a no-force-first approach to care.*
2. *Monitor, report and review all incidents of seclusion and restraint with the goal of minimizing the use of these interventions.*
3. *Remember that barriers do not equal safety. The key to safety is engagement and empowerment of the individual served while in crisis.*
4. *Offer enough space in the physical environment to meet the needs of the population served. A lack of space can elevate anxiety for all.*
5. *Incorporate quiet spaces into your crisis facility for those who would benefit from time away from the milieu of the main stabilization area.*
6. *Engage your team members and those you serve in discussions regarding how to enhance safety within the crisis program.*

Law Enforcement and Crisis Response—An Essential Partnership

Law enforcement agencies have reported a significant increase in police contacts with people with mental illness in recent years. Some involvement with mental health crises is inevitable for police. Police officers may (1) provide support in potentially dangerous situations when the need is assessed or (2) make warm hand-offs into crisis care if they happen to be first to engage.

In many communities across the United States, the absence of sufficient and well-integrated mental health crisis care has made local law enforcement the *de facto* mental health mobile crisis system. This is unacceptable and unsafe. The role of local law enforcement in addressing emergent public safety risk is essential and important. With good mental health crisis care in place, the care team can collaborate with law enforcement in a fashion that will improve both public safety and mental health outcomes. Unfortunately, well-intentioned law enforcement responders to a crisis call can escalate the situation solely based on the presence of police vehicles and armed officers that generate anxiety for far too many individuals in a crisis.

Implementation Guidance

1. *Have local crisis providers actively participate in Crisis Intervention Team training or related mental health crisis management training sessions.*

2. *Incorporate regular meetings between law enforcement and crisis providers, including EMS and dispatch, into the schedule so these partners can work to continuously improve their practices.*
3. *Include training on crisis provider and law enforcement partnerships in the training for both partner groups.*
4. *Share aggregate outcomes data such as numbers served, percentage stabilized and returned to the community and connections to ongoing care.*

Psychiatric Advance Directives

A psychiatric or mental health advance directive (PAD) is a legal tool that allows a person with mental illness to state their preferences for treatment in advance of a crisis. They can serve as a way to protect a person's autonomy and ability to self-direct care. Crisis providers are expected to always seek to understand and implement any existing PAD that has been developed by the individual during the evaluation phase and work to ensure the individual discharges from crisis care with an updated and accurate psychiatric advance directive whenever possible. PAD creates a path to express treatment preferences and identify a representative who is trusted and legally empowered to make healthcare decisions on medications, preferred facilities, and listings of visitors.

Funding Crisis Care

The full *Crisis Services Best Practice Toolkit* document contains specific strategies on how a community can fund each of the core crisis system elements in single and multiple-payer environments. Additionally, recommendations on service coding already being reimbursed by Medicaid in multiple states are made available; including the use of *HCPCS code H2011 Crisis Intervention Service per 15 Minutes* for mobile crisis services and *S9484 Crisis Intervention Mental Health Services per Hour* or *S9485 Crisis Intervention Mental Health Services per Diem* for crisis receiving and stabilization facility services.

Training and Supervision

Many members of the crisis services delivery team are licensed mental health and substance use professionals operating within the scope of their license and training with supervision delivered in a manner consistent with professional expectations of the licensing board. Licensed professionals are expected to strengthen their skills and knowledge through ongoing CEU and CME professional advancement opportunities focused on improving team members' ability to deliver crisis care.

Providers also incorporate non-licensed individuals within the service delivery

team; creating the need for additional training and supervision to ensure services are delivered in a manner that advances positive outcomes for those engaged in care. Verification of skills and knowledge of non-professional staff is essential to maintaining service delivery standards within a crisis program; including the incorporation of ongoing supervision with licensed professionals available on site at all times. Supervision and the verification of skills and knowledge shall include, but is not limited to, active engagement strategies, trauma-informed care, addressing recovery needs, suicide-safer care, community resources, psychiatric advance directives and role-specific tasks.

Conclusion

Crisis services must be designed to serve **anyone, anywhere and anytime**. Communities that commit to this approach and dedicate resources to address the community need decrease psychiatric boarding in emergency departments and reduce the demands on the justice system. These two benefits translate into better care, better health outcomes and lower costs to the community. The *National Guidelines for Crisis Care – A Best Practice Toolkit* delivers a roadmap that can be used to truly make a positive impact to communities across the country.

Appendix B. Sample Outlines of Types of Scenarios for Crisis Response Teams

Appendix B-1. County and City of San Francisco's Crisis Response


```
Emergency, identified by self or concerned bystander
        │
        ▼
Dept of Emergency Management
        9-1-1 call triage
   │         │         │
   ▼         ▼         ▼
Non-behavioral   Behavioral health   Behavioral health incident
health issue     incident, violent   in public setting,
                 (e.g., weapon       nonviolent — adults only
                 involved)
   │              │                    │
   ▼              ▼                    ▼
SFPD or SF Fire   SFPD/Crisis         Street Crisis Response Team
Dept/EMS          Intervention Team
                                       │              │
                                       ▼              ▼
                              Resolve crisis    Linkage to crisis
                              in the community  facility or social
                                                service
                                       │              │
                                       ▼              ▼
                                  Follow up support to link
                                          to care
```

Appendix B-2. County of Los Angeles' Behavioral Health Crisis Triage

COUNTY OF LOS ANGELES · BEHAVIORAL HEALTH CRISIS TRIAGE

PEER INVOLVEMENT IN TRAINING

HIGHER RISK

4

IMMEDIATE THREAT TO PUBLIC SAFETY • CRIME

ANYONE IN IMMEDIATE DANGER BESIDES LONE SUICIDAL SUBJECT
SUBJECT THREATENING OTHERS' PERSONAL SAFETY/PROPERTY
OBSERVED WITH OR KNOWN ACCESS TO DANGEROUS WEAPON
REPORTED CRIME REQUIRES SOME LEVEL OF INVESTIGATION
—————————————————————————————
PATROL (B&W) UNIT(S) DISPATCHED OR ON SCENE
SMART / MET CO-RESPONSE TEAM [DISPATCH VIA TRIAGE DESK]
[FUTURE 988 LINKAGE TO 911 SYSTEM FOR TRANSFER IF NEEDED]

DIRECT PEER INVOLVEMENT (INDIVIDUALS WITH LIVED EXPERIENCE)

MODERATE RISK

3

CALLER NEEDS HELP IN PERSON

PUBLIC NOT IN IMMEDIATE DANGER
FIELD RESPONSE IS NECESSARY
MAY BE DANGER TO SELF, OTHERS, GRAVELY DISABLED
DMH ACCESS CALL CENTER—DISPATCHES NON-LE TEAM
[FUTURE LINKAGE TO 988 & 911 SYSTEM FOR TRANSFER IF NEEDED]
—————————————————————————————
FIELD RESPONSE BY DMH PSYCHIATRIC MOBILE RESPONSE TEAM
(PMRT) OR DMH VAN OR OTHER PSYCH EVALUATION TEAM (PET)

IMMEDIATE REMOTE

2

CALLER NEEDS HELP VIA CALL / TEXT / CHAT

IN CRISIS NOW • CAN / WILL ACCEPT IMMEDIATE REMOTE HELP
INCLUDES SUICIDAL SUBJECT THAT'S NOT AN IMMEDIATE THREAT TO OTHERS
"LIVE TRANSFER" TO DIDI HIRSCH SUICIDE PREVENTION CENTER
[FUTURE 988 WITH LINKAGE TO 911 FOR TRANSFER IF NEEDED]
—————————————————————————————-
NO FIELD RESPONSE UNLESS CALL ASSESSMENT LEVEL CHANGES
CALLER MAY REMAIN ENGAGED FOR HELP DURING LEVEL 3+ FIELD RESPONSE

NO CRISIS / RESOLVED

1

CALLER NEEDS SUPPORT/SERVICES • NOT IMMEDIATE RISK

SUBJECT OR CARE TAKER NEEDS SUPPORTIVE SERVICES
"LIVE TRANSFER" TO DMH ACCESS CALL CENTER—PRIORITY LINE
MAY TRIGGER PEER ACCESS NETWORK REFERRAL TO MAKE CONTACT
MAY RESULT IN APPOINTMENT FOR A TREATMENT PROVIDER
—————————————————————————————-
MAY REQUEST PEER-RESPONSE ORG TO ASSIST INCLUDING "NAVIGATOR" ROLE

CALLS AND RESPONSE CAN BE FLUID AND OVERLAP

MEDICAL AID • EMS / FIRE DEPT

M

ANYONE NEED MEDICAL ATTENTION? INJURY?
ALSO FOR INTEGRATED MEDICAL INTERVENTION PLAN

Appendix C. Crisis Response Programs Researched by RDA – Summary of Key Components

Program	Dispatch	Types of calls	Hours of operation	Crisis team staff	Vehicles	Follow-up process
Albuquerque Community Safety Department – *Albuquerque, NM*	911	Mental health, inebriation, homelessness, addiction	TBD	Clinicians or peers	TBD	TBD
B-HEARD (the Behavioral Health Emergency Assistance Response Division) – *New York, NY*	911 dispatch	Mental health	Daily 16 hours per day	2 EMTs or paramedics + social worker	Non-transport vehicles	Connect with services if transported; heat team does follow-up (clinician and peer for follow-up connection to services)
Boston Police Department's Co-Responder Program – *Boston, MA*	911 dispatch	Mental health crisis	Unknown	Co-responder (police + clinician)	Police car	Unknown
Crisis Assistance Helping Out On The Streets (CAHOOTS) – *Eugene, OR*	911 calls dispatched on radio	Non-emergency calls	24/7	Unlicensed crisis worker and EMT or paramedic	3 vans with logo	Not currently part of services
Crisis Assessment & Transport Team (CATT) – *Alameda County, CA*	911 dispatch	Mental health	Daily 7am-12am	Licensed clinician + EMT, co-responding with police	Unmarked vehicles, barrier, custom locks and windows, locked storage cabinets	Unknown
Community Paramedicine – *California (statewide)*	911 dispatch	Non-emergency health and mental health calls	Unknown	Paramedics	Unknown	Unknown
Crisis Call Diversion Program (CCD) – *Houston, TX*	911 dispatch	Non-emergency mental and behavioral health calls	Daily, morning and evening shifts	Mental health professional tele-counselors at 911 call center	N/A	Unknown

Program	Dispatch	Types of calls	Hours of operation	Crisis team staff	Vehicles	Follow-up process
Crisis Now – *National model (via SAMHSA)*	Regional crisis call hub	Mental health	24/7	Licensed clinician + behavioral health specialist	Unmarked van	Program staff follows up to ensure connection to a resource
Crisis Response Pilot – *Chicago, IL*	911 dispatch	Mental health	M-F 9:30-5:30	Paramedic, crisis counselor, CIT officer, peer recovery coach	2 vans	Unknown
Crisis Response Unit – *Olympia, WA*	911 or alternate number	Mental health, homelessness	Daily 7am-9pm	Nurse + behavioral health specialist	Van owned by the City	Repeat clients get referred to peer navigation program (Familiar Faces)
Cuyahoga County Mobile Crisis Team – *Cuyahoga County, Ohio*	National Suicide Prevention Hotline	Mental health	24/7	Licensed clinicians	Unknown	Unknown
Department of Community Response – *Sacramento, CA*	911 or alternate number	Mental health, homelessness, youth and family crisis, substance use	24/7	Social workers	6 vans	CBO partner will provide connection to longer term care and follow up services
Department of Community Solutions and Public Safety – *Ithaca, NY*	TBD	Non-violent calls	TBD	Unarmed first responders	TBD	TBD
Downtown Emergency Service Center (DESC) Mobile Crisis Team – *King County, WA*	911 dispatch	Mental health, substance use	24/7	Mental health professional	Unknown	Unknown

Program	Dispatch	Types of calls	Hours of operation	Crisis team staff	Vehicles	Follow-up process
Expanded Mobile Crisis Outreach Team (EMCOT) – *Austin, TX*	911 or alternate number	Mental health	24/7	Field staff: two person teams of clinicians Call center staff: mental health professionals	Unmarked vehicles	Post-crisis services available for up to 3 months after initial contact
Georgia Crisis & Access Line (GCAL) – *Georgia (statewide)*	Alternate number, app	Non-emergency mental health, substance use	24/7	Mental health professionals	Unknown	Unknown
Los Angeles County Department of Mental Health - ACCESS Center – *Los Angeles County, CA*	Alternate number	Mental health	24/7	Unknown	Unknown	Unknown
Los Angeles County Department of Mental Health - Co-Response Program – *Los Angeles County, CA*	911 dispatch	Emergency mental health	Unknown	Co-responder (police + clinician)	Police car	Unknown
Los Angeles County Department of Mental Health - Psychiatric Mobile Response Team (PMRT) – *Los Angeles County, CA*	Alternate number	Mental health crises	Unknown	Psychiatric mobile response team	Unknown	Unknown
Mobile Assistance Community Responders of Oakland (MACRO) – *Oakland, CA*	911 dispatch	Non-emergency calls	24/7	Unlicensed community member + EMT	Vehicle with radios, mobile data terminal, cell phones	Community Resource Specialist to connect to resources
Mental Health Acute Assessment Team (MHAAT) – *Sydney, Australia*	Ambulance Control Center	Acute mental health crises	Unknown	Paramedic + mental health nurse	Ambulance	Contacted within 3 days, follow up with referral facility
Mental Health First / Anti-Police Terror Project – *Sacramento and Oakland, CA*	Alternate number, social media	Mental health, domestic violence, substance use	Fri-Sun 7pm-7am	Peer first responders	Use personal vehicles and meet at the scene; have an RV with supplies	Have relationship with CBOs, staff work to get folks into longer term services
Mental Health Mobile Crisis Team (MHMCT) – *Nova Scotia, Canada*	911 dispatch	Mental health	24/7	Co-responder (police + clinician) and telephone clinician support	Unknown	Unknown

Program	Dispatch	Types of calls	Hours of operation	Crisis team staff	Vehicles	Follow-up process
Mobile Crisis Assistance Team (MCAT) – *Indianapolis, IN*	911 dispatch	Mental health, substance use	M-F, not after hours or overnight	Co-responder (police + clinician + paramedics)	Unknown	Conduct follow up visits to encourage connection to care
Mobile Crisis Rapid Response Team (MCRRT) – *Hamilton, Ontario, Canada*	911 dispatch	Mental health	Unknown	Co-responder (CIT-trained police + clinician)	Police car	Unknown
Mobile Emergency Response Team for Youth (MERTY) – *Santa Cruz, CA*	Alternate number	Mental health calls for youth	M-F 8am-5pm	Clinician + family specialist	Van with wheelchair lift, comfortable chairs, TV, snacks	Continue to provide services until patient connected with long-term services
Mobile Evaluation Team (MET) – *East Oakland, CA*	911 or alternate number	Mental health	Mon-Thurs 8am-3:30pm	Co-responder (1-2 mental health clinicians + police officer)	Unmarked police car	Unknown
Psykiatrisk Akut Mobilitet (PAM) Unit, the Psychiatric Emergency Response Team – *Stockholm, Sweden*	Alarm center	Acute risk of suicidal behavior	Daily 2pm-2am	2 psychiatric nurses and ambulance driver	Ambulance	Unknown
Police and Clinician Emergency Response (PACER) – *Australia (several locations)*	Dispatched by police	Mental health	Varies	Co-responder (police + clinician)	Unknown	Unknown
Portland Street Response – *Portland, OR*	911 or alternate number	Low-acuity mental health, substance use, welfare checks	M-F 10am-6pm	EMT and LCSW dispatched to scene; 2 CHWs called in for follow-up	Van with logo	CHWs connect to services; partnerships with CBOs for outreach in encampments
REACH 24/7 Crisis Diversion – *Edmonton, Alberta, Canada*	Alternate number (211)	Non-violent, non-emergency calls	24/7	2 crisis diversion workers	Have van to transport	Connector role for connection to long-term services

Program	Dispatch	Types of calls	Hours of operation	Crisis team staff	Vehicles	Follow-up process
Seattle Crisis Response Team – *Seattle, WA*	911 dispatch	Mental health, assault/threat/harassment, suspicious circumstance, disturbance	Unknown	Co-responder (CIT + clinician)	Unknown	Clinicians can follow up with clients
Supported Team Assisted Response (STAR) – *Denver, CO*	911 dispatch	Mental health, homelessness, substance use	M-F 10am-6pm	Mental health clinician (SW) + paramedic	Civilian van with amber lights, bucket seats on each side with standard front seat	Can hand off to case managers
Street Crisis Response Team (SCRT) – *San Francisco, CA*	911 calls dispatched on radio	Non-emergency mental health	Daily, 12 hours a day	Social worker/psychologist + paramedic + peer	Van with lights and sirens, currently using old fire department vehicles	Office of Care Coordination provides linkages to other services
Street Triage – *England (several locations)*	Emergency dispatch	Mental health	Varies	Mental health nurse	Unknown	Unknown
Therapeutic Transportation Pilot Program/Alternative Crisis Response – *Los Angeles City and County, CA*	911 dispatch	Mental health crisis	24/7	Mental health experts co-respond or take the lead on MH calls	Plan to have van for transports	Level 1 calls will be referred to non-crisis follow up services, folks can step down from crisis receiving to residential program
Toronto Crisis Response – *Toronto, Ontario, Canada*	TBD	Non-violent, non-emergency calls	TBD	Mental health professionals	TBD	TBD

City of Berkeley

Mental Health Crisis Response Services and Stakeholder Perspectives Report

City of Berkeley
Specialized Care Unit Model Recommendations

City of Berkeley Mental Health Crisis Response and Stakeholder Perspectives Report

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Executive Summary

The City of Berkeley contracted with Resource Development Associates (RDA) to conduct a feasibility study to inform the development of Specialized Care Unit (SCU) pilot to respond to mental health crises without the involvement of law enforcement. RDA's feasibility study includes community-informed program design recommendations, a phased implementation plan, and funding considerations. RDA's first report from this feasibility study was a synthesis of crisis response programs in the United States and internationally. This second report details RDA's synthesized findings from speaking with and collecting data from a myriad of City of Berkeley and Alameda County agencies, community-based organizations (CBOs), local stakeholders and community leaders, and utilizers of Berkeley's crisis response services.

This report has two focus areas: 1) describing the City of Berkeley's current mental health crisis response system, including the roles and responsibilities of the various agencies involved and basic quantitative data about the volume of mental health crisis calls received; and 2) sharing key themes from RDA's qualitative data collection efforts across the Berkeley community.

Presently, callers experiencing a mental health crisis typically call 911, Mobile Crisis Team (MCT) phone line, or the Alameda County Crisis Support Services phone line. Depending on the assessment of the call, phone or in-person services are deployed. All these points of access could result in a police response.

In Berkeley, while there are a variety of programs and service provided by Berkeley Mental Health, Berkeley Police, Berkeley Fire, and an array of community-based organizations, there is an overall insufficient level of resources to meet the volume and types of mental health crisis needs across the city. Stakeholder participants urged that the concept and definition of a mental health crisis and crisis services be expanded to include the full spectrum of a mental health crisis, including prevention, diversion, intervention, and follow-up. Through this lens, stakeholders identified strengths and challenges of the existing crisis response system, described personal experiences, and shared ideas for a reimagined mental health crisis response system.

Key Themes from Stakeholder Feedback

Perceptions of the urgent need for a non-police mental health crisis response in Berkeley

Perceptions of varied availability, accessibility, and quality of crisis response services

Perceptions of insufficient crisis services for substance use emergencies

Perceptions of a need for a variety of crisis transport options

Perceptions of a lack of sites for non-emergency care

Perceptions around supporting the full spectrum of mental health crisis needs

Perceptions of a need for post-crisis follow-up care

Perceptions of barriers to successful partnerships and referrals across the mental health service network

Perceptions of needs to integrate data systems and data sharing to improve services

Perceptions of a need for increased community education and public awareness of crisis response options

Participants were asked to share their ideas for alternative approaches to mental health and substance use crises as well as to share community needs for a safe, effective mental health and substance use crisis response. Such perspectives illuminate the perceived gaps in the current system that could be filled by a future SCU. These perspectives are summarized as guiding aspirations for reimagining public safety and designing a response system that promotes the safety, health, and well-being of all Berkeley residents.

Community Aspirations

Stakeholder-identified opportunities to address the root causes that contribute to mental health, homelessness, and substance use crises

Stakeholder-identified opportunities for centering BIPOC communities in crisis response

Stakeholder-identified opportunities for community oversight to ensure equitable and transformative crisis care

Introduction

In response to the killing of George Floyd by Minneapolis police in May 2020 and the ensuing protests across the nation for this and many other similar tragedies, a national conversation emerged about how policing can be done differently in local communities. The Berkeley City Council initiated a broad-reaching process to reimagine policing in the City of Berkeley. As part of that process, in July 2020, the Berkeley City Council directed the City Manager to pursue reforms to limit the Berkeley Police Department's scope of work to "primarily violent and criminal matters." These reforms included, in part, the development of a Specialized Care Unit (SCU) pilot to respond to mental health crises without the involvement of law enforcement.

To inform the development of an SCU, the City of Berkeley contracted with Resource Development Associates (RDA) to conduct a feasibility study that includes community-informed program design recommendations, a phased implementation plan, and funding considerations. RDA's first report from this feasibility study was a synthesized summary of its review of the components of nearly 40 crisis response programs in the United States and internationally. This second report details RDA's synthesized findings from speaking with and collecting data from a myriad of City of Berkeley and Alameda County agencies, community-based organizations (CBOs), local stakeholders and community leaders, and utilizers of Berkeley's crisis response services.

With the guidance and support of an SCU Steering Committee (led by the Director of City of Berkeley's Health, Housing and Community Services Department), RDA conducted a large volume of community and agency outreach and qualitative data collection activities between June-July 2021. The goal of this immense undertaking was to understand the variety of perspectives in the local community regarding how mental health crises are currently being responded to as well as the community's desires for a different crisis response system that would better serve its populations and needs. The City of Berkeley will be implementing an SCU that consists of a team of providers – that does not include law enforcement representation – who will respond to mental health crisis situations in Berkeley. Given that this is happening, RDA's data collection focused on obtaining perspectives that could inform the development of Berkeley's SCU; in contrast, RDA's data collection was not targeted at understanding the validity or utility of having a SCU in Berkeley.

RDA's outreach and data collection efforts yielded a large volume of information. In order to ensure this report is accessible to a wide audience - in both the length and breadth of findings - RDA's analysis of all the information it collected was led by a clear goal of identifying common themes across its many data sources. Additionally, RDA sought to distill all findings into manageable pieces that could be succinctly written about in this report.

This report has two focus areas: 1) describing the City of Berkeley's current mental health crisis response system, including the roles and responsibilities

of the various agencies involved and basic quantitative data about the volume of services provided; and 2) sharing the common themes from RDA's qualitative data collection efforts across the Berkeley community. It is important to note upfront that given the limited quantitative data available about Berkeley's historical mental health crisis response calls – as documented and described in much depth by the Berkeley City Auditor's study (released in April 2021) entitled "Data Analysis of City of Berkeley's Police Response"[1] – this report is focused on qualitative data. That data allows for a better understanding of what this set of stakeholders feels about the current crisis system and their hopes for an improved system. After sharing information about Berkeley's current mental health crisis response services, this report shares information from RDA's qualitative data collection activities with local agencies, CBOs, stakeholders, and utilizers of crisis response services.

Communitywide Data Collection

In order to fully understand the current state of the mental health crisis system in the City of Berkeley, RDA engaged a variety of stakeholders in gathering both quantitative and qualitative data. As this is a community-driven process, much of the data collection was through engaging members of the Berkeley community. These methods will be described below.

*Note: Please refer to the following section, **What is the current mental health crisis call volume in Berkeley?** for a description of the project's quantitative methods.*

Community Engagement Planning Process

To bring resident and other stakeholder voices into community planning efforts, RDA worked closely with the SCU Steering Committee[2] to develop a comprehensive, inclusive, and accessible outreach and engagement plan. The goal of this plan was not to reach a group that was "representative" of all Berkeley residents, but rather to hear from those that receive crisis response services, those that call or initiate crisis

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[1] https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf

[2] Berkeley Specialized Care Unit Steering Committee members: Colin Arnold, Paul Kealoha Blake, Jeff Buell, Caroline de Bie, Margaret Fine, Maria Moore, Andrea Pritchett, David Sprague, David McPartland, Marc Staton, Lisa Warhuus, and Jamie Works-Wright.

response, and those whose voices are commonly omitted from city planning efforts. The plan focused on those who are most marginalized by the current system and are most at risk of harm. These groups include, but are not limited to the following:

- Individuals who are frequently targeted by policing, including:
  - Black and African Americans
  - Native Americans
  - Pacific Islander Americans
  - Latinx Americans
  - Asian Americans
  - SWANA (Southwest Asia and North Africa)
- People who have experienced a mental health crisis
- People experiencing or at risk of homelessness
- People who use substances
- Gay, Lesbian, Bisexual, Queer, Transgender and Non-Binary people
- Seniors and older adults
- Transition age youth (TAY)
- People with disabilities
- Survivors of domestic violence and/or intimate partner violence
- People returning to the community from prison or jail
- Veterans
- Immigrants and undocumented residents

RDA and the steering committee also reached out to a wide range of advocates, service providers, and CBOs. In addition to wanting to understand the current state of crisis services from a provider perspective, one of the objectives for reaching out to these advocacy and community organizations was to leverage their community and client connections to reach the target populations.

Once the target groups were identified, RDA and the SCU Steering Committee developed a specific outreach plan and interview guides for each group. The outreach strategy was designed to maximize accessibility by providing multiple opportunities for engagement. Interview guides[3] were customized to each group but followed the same set of four core questions:

1. People's experiences with, and perceptions of, the current mental health and substance use related crisis response options;
2. Challenges and strengths of current mental health and substance use related crisis response options;
3. Ideas for an alternative approach to mental health and substance use related crises; and
4. Needs identified by the community for a safe, effective mental health and substance use related crisis response.

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[3] For an example interview guide, see **Appendix A**.

This set of four questions was also used to create a survey distributed to providers unable to attend focus groups, their clients, other service utilizers, and the broader Berkeley community.

It is important to note that mental health crisis affects everyone. RDA purposefully focused engagement efforts on groups that are most often marginalized and at risk of harm from the current crisis system, but in so doing, was an approach that may not have brought in all voices impacted by mental health crisis. The key themes brought out by stakeholders, therefore, may not be fully representative of the broader Berkeley community. Instead, the key themes reflect the perspective of those most impacted by the current system.

Data Sources

All outreach activities occurred between June and July 2021. RDA engaged the community in a variety of in-person and virtual mediums including interviews, focus groups, shadowing, and surveys. In total, RDA conducted 18 focus groups, 51 individual interviews, 1 full day of shadowing dispatch at BPD, and administered 1 online survey.

The CBOs and community members that were targeted for outreach skewed towards either agencies serving unhoused populations in Berkeley or individuals who were unhoused. This was an intentional strategy to reach a population that is generally underrepresented in community-wide data collection efforts. But, as mentioned above, mental health crises can affect anyone, not just those who are unhoused.

Below is a list of groups that were engaged in interviews or focus groups as part of this process.

Type of Group	Organizations/Departments (# individuals)
City of Berkeley & Alameda County	1. Berkeley Fire Department 2. Berkeley Fire Department – Mobile Integrated Paramedic (MIP) 3. Berkeley Mental Health 4. Berkeley Mental Health - Mobile Crisis Team 5. Berkeley Mental Health – Crisis, Assessment, and Triage (CAT) 6. Berkeley Mental Health - Homeless Full Service Partnership 7. Berkeley Mental Health – Transitional Outreach Team (TOT) 8. Berkeley Police Department - Key Informants 9. Berkeley Police Department – Dispatch 10. Berkeley Police Department - Community Services Bureau 11. Berkeley Police Department - Public Safety Officers 12. City of Berkeley - Aging Services 13. Alameda County Behavioral Health Care Services 14. Alameda County Crisis Support Services

Type of Group	Organizations/Departments (# individuals)
Community-Based Organizations	1. Alameda County Network of Mental Health Clients 2. Alameda County Psychological Association 3. Anti Police-Terror Project 4. BACS - Amber House 5. Berkeley Free Clinic 6. Dorothy Day House 7. Harm Reduction Therapy Center 8. LifeLong Medical Care - Ashby Health Center, Behavioral Health 9. LifeLong Medical Care - Street Medicine 10. Needle Exchange Emergency Distribution (NEED) 11. Pacific Center 12. UC Berkeley School of Social Welfare 13. Women's Daytime Drop-In Center
Service Utilizers	1. People's Park 2. Seabreeze encampment 3. Planting Justice

Demographics of Participants of RDA's Data Collection Efforts

RDA was able to reach a large demographic of providers, service utilizers, and community members across these engagement efforts. These data collection efforts were not focused on providers of mental health care, substance use disorder care, or insurance companies like Kaiser Permanente or the Alameda Alliance. This was a purposeful decision to gain the insight of those who are outside of the current system of care. Demographic information was not gathered for City of Berkeley or Alameda County staff.

Overall, RDA received information from more people in the 30-44 range than any other age range. As compared to Berkeley's overall population, service utilizers and providers who identified as Black or African American were overrepresented in RDA's data collection efforts. There were far more cisgender participants than transgender participants overall, though a higher proportion of service utilizer respondents were transgender compared to survey respondents and provider respondents. RDA collected feedback from more than double the number of female-identifying participants than male identifying participants. Overall, there were very few genderqueer or nonbinary participants. The most common zip codes of participants were 94710, 94702, 94703, and 94704. For more a more detailed description of participant demographics, see **Appendix B**.

Impacts of COVID-19 Pandemic on Data Collection

The COVID-19 pandemic made it challenging for this project to engage with participants for data collection. The rise of the Delta variant in August 2021 further complicated matters. Many non-medical social service providers in Berkeley had suspended or limited their in-person services with clients due to the pandemic, so RDA was unable to connect with clients in-person. Invitations were sent to case managers and group/individual counselors to forward to their clients in hopes of interviewing clients, but this did not prove to be effective. Aside from being unable to connect with participants in-person, many providers were overwhelmed with ongoing COVID-19 emergency response and unable to participate in focus groups or the survey. Eleven agencies were in conversation with RDA but were unable to attend any focus groups or submit a survey, and 34 agencies did not respond to attempts to connect. Despite these challenges, RDA found considerable themes and patterns in the data that was collected for this project and feel strongly that the data and perspectives presented here represent the scope of the issues pertinent to mental health crisis response in the City of Berkeley.

Overview of Berkeley Crisis Response

What is the current mental health crisis response system in Berkeley?

To understand where the gaps are in the mental health crisis response system in Berkeley, it is important to understand each component and the surrounding landscape of providers and services. The following section describes the process of a mental health call, key city and county entities involved in the crisis system, and other community-based organizations who provide crisis services. This information was gathered during key informant interviews with city and county staff, CBO provider focus groups, and consulting online materials.

Process of Response to a Mental Health Call[4]
When someone makes a call for a mental health crisis, they will typically call 911, the Mental Health Division's Mobile Crisis Team (MCT) phone line,

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[4] See **Appendix C** for a flowchart of this process.

or Crisis Support Services of Alameda County. The caller is often a family member, friend, or bystander.

If the call goes to 911, the staff member at Berkeley dispatch receives the call. They use the Emergency Medical Dispatch (EMD) protocols to assess whom to deploy to the scene: fire, police, or an ambulance. When assessing a call for the presence mental health issues, they consider many factors including the possibility of violence against the caller or others, certainty or uncertainty of violence, whether the person is using substances and what type of substance, the coherence of the person's thoughts or behaviors, and background noises. Callers can specifically request MCT, in which case dispatchers may call MCT on the radio and request an MCT call-back for the caller.

If they determine that services can be delivered over the phone, they can transfer the call to Alameda County Crisis Support Services (CSS). If CSS cannot resolve the crisis, they will send the call back to dispatch for an in-person response. If an in-person response is required, they will transfer the call to the appropriate dispatcher staff. Calls with a potential for violence or criminal activity are transferred to police dispatch. Police can call the Berkeley Mobile Crisis Team (MCT) for backup if it is clear that there is a mental health component to the situation. Calls that involve mental health are sent to police dispatch. Police will then alert the MCT that they are needed on-scene. The police will arrive first to secure the scene, then mobile crisis will provide mental health crisis services while police are still on-scene. If the individual needs to be transported to a secondary location, the police will call for an ambulance. Calls that involve a medical or fire issue are transferred to fire dispatch. If fire staff need to place an involuntary hold on the person, they can call police to place the hold.

If the caller decides to call MCT directly, their call will be sent to a confidential voicemail. An MCT staff member will listen to the voicemail, call the person back, and provide services over the phone. If no further services are required, the call is resolved. If an in-person response is required, MCT will call police dispatch to have police secure the scene. After MCT calls dispatch, they will travel to the scene of the incident. Once the scene is secured, MCT provides services and may call an ambulance through dispatch if transport is needed.

If the caller decides to call CSS directly, staff will first attempt to resolve the crisis over the phone. If they are able to de-escalate the crisis over the phone, they will provide referral services to additional resources or, on rare occasions, contact Berkeley Mental Health for follow-up care. If they are unable to resolve the crisis, they will send the call to 911 dispatch.

After the incident, the Berkeley Transitional Outreach Team (TOT) will follow-up with the client to ensure that options for longer term care have been offered. TOT can provide referrals and linkage to long-term services, bridging the gap between a moment of crisis and ongoing mental health care.

City and County Teams that Respond During a Crisis

There are several teams within the City of Berkeley and Alameda County that provide services to someone experiencing a mental health crisis. These include programs within Berkeley Mental Health, Berkeley Police Department, Berkeley Fire Department, and Alameda County Behavioral Health Care Services. Although, as mentioned later in this report, the community does not see these services as sufficient or linked.

Berkeley Mental Health Crisis Programs:

The City of Berkeley is contracted by Alameda County to deliver mental health services to Berkeley residents. In general, Berkeley Mental Health programs are funded to serve individuals with severe mental health needs who have major impairments in their functioning and are covered by Medi-Cal. However, Crisis Services teams (not including Homeless FSP) can serve any Berkeley resident, regardless of diagnosis or insurance status. It should be noted that residents covered by private insurance are eligible for services through their insurer and are not eligible for most Berkeley Mental Health programs.

The *Crisis, Assessment, and Triage (CAT)* program is a key access point for a wide range of Berkeley residents to get connected to mental health services. They are a team of clinical staff—licensed clinicians, paraprofessionals, peers, and/or family members—that conduct mental health screenings and assessments, mental health planning/consultation, and linkages to county or community-based care. They are also the official entry point for Berkeley Mental Health's Homeless Full Service Partnership (HFSP), Adult Full Service Partnership (AFSP), and Comprehensive Community Treatment (CCT) programs. As previously noted, these programs have strict eligibility requirements driven by their funding. Most callers are referred to non-city resources. They offer both remote as well as in-person, walk-in assessments, and linkages to appropriate care. If someone is in crisis, they can suggest or facilitate linkage to 911, MCT, Amber House, or other crisis resources. CAT can also provide limited outreach and transportation services to people experiencing homelessness or people with disabilities who also want to engage in mental health services.

The *Mobile Crisis Team (MCT)* is a team of licensed clinicians that provide crisis intervention services to people in crisis within the Berkeley city limits. These services include de-escalation and stabilization for individuals in crisis, consultation to hospital emergency personnel, consultation to police and fire departments, hostage negotiation, and disaster and trauma-related mental health services. When fully staffed, MCT can operate 7 days a week from 11:30am-10pm. Due to persistent staff shortages, MCT is currently unable to operate on Tuesdays or Saturdays. They primarily receive referrals from Berkeley Police Department, Berkeley Fire Department, hospital emergency rooms, and directly from residents. Most calls for MCT are received on the police radio directly from BPD for 5150 evaluations. Calls can also come directly through the MCT voicemail.

The *Transitional Outreach Team (TOT)* follows up with individuals after an interaction with MCT. The TOT team consists of one licensed clinician and

one unlicensed peer team member. The function of the TOT team is to offer linkages to appropriate resources and help navigating the system of care after someone has experienced a crisis. TOT assesses the individual's eligibility for services, including insurance status, before making referrals to care. During the pandemic, their services have been mostly limited to phone calls. Pre-pandemic, they regularly connected with service utilizers after they were discharged from the hospital. Most often, TOT connects people with homeless service provider agencies, the CAT team for connection to BMH programs, case management services at other clinics, or any other community provider that would meet the client's needs. Due to a recent division restructuring, TOT and CAT have been combined into one unit to allow more community members to access information and referrals provided by TOT.

The *Homeless Full Service Partnership (HFSP)* is Berkeley Mental Health's newest program. They are a team of two behavioral health clinicians, two social service specialists, one mental health nurse, one part-time psychiatrist (0.5 FTE), and one clinical supervisor. HFSP serves adults who are homeless or at risk of homelessness and have major functional impairments related to a mental health diagnosis. They provide a wide array of services based on the client's needs including support applying for benefits, connection to short-term and long-term housing, harm reduction for substance use, and support with physical health needs.

Berkeley Police Department: The Berkeley Police Department (BPD) is made up of patrol teams, Communications Center (i.e., dispatch) staff, other sworn officers, and non-sworn professional personnel. In total, the 2020 budget included 181 sworn officers and 104.2 professional staff.[1] BPD patrol team duties include responding to emergency and non-emergency calls for service or criminal activity, enforcing the law, responding to community needs, and directing traffic. The role of BPD patrol teams in mental health crises is to assess the situation to determine if there is a threat of public safety, assess how volatile the situation is, and secure the scene. Oftentimes, police officers will then provide crisis intervention services themselves, either because MCT is unavailable or the officer believes they can adequately respond with their experience and skillset. Otherwise, they will bring in another service team, such as MCT or Fire/ambulance to provide additional mental health or medical services. Officers may on-view incidents, but primarily receive assignments from the Communications Center. Officers may also coordinate with the other City Departments on some cases. All officers also receive a minimum of eight hours of advanced officer training in de-escalation and crisis intervention per year; and many officers are trained in a full week CIT-training course. The Department continues to assign

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[1] Berkeley City Auditor. (2021, July 2). *Data Analysis of the City of Berkeley's Police Response*. https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf

officers to this full week training as staffing allows and course space is available.

BPD's Communications Center is staffed by dispatchers who handle the following: community calls, records checks, fire dispatching, and police dispatching.[2] Call takers receive non-emergency and 911 calls, assess the call (including using the emergency medical dispatch (EMD) protocol, enter data into the computer aided dispatch (CAD) system to be dispatched to either police or fire personnel where appropriate. Other calls may be directed to other City Departments or BPD work units. The dispatchers deploy the appropriate response to the scene and maintain radio contact until personnel arrive at the scene.

Other sworn officers in BPD include area coordinators, a bike unit, detectives and traffic enforcement unit, and other sworn non-patrol officers. Area coordinators are situated within the Community Services Bureau and work with patrol officers in their area and seek to address community needs. Officers on the bike unit are assigned to patrol specific areas, where they address public safety issues and other community safety concerns. Detectives follow up on criminal investigations, conduct search warrants and work with the District Attorney's Office on charging. The traffic enforcement unit responds to traffic related complaints, investigates serious injury and fatal collisions, and analyzes and provides state mandated reporting on collision data. Other sworn, non-patrol officers include special assignments in personnel and training, policy, and police technology.

The remaining staff are non-sworn, professional personnel including community service officers, crime scene technicians, and parking enforcement officers. Community service officers work in jail and as crime scene technicians who collect and document evidence from crime scenes. Parking enforcement officers enforce parking violations and support traffic safety related matters. Many of these functions are also supported by Police Aides and Reserve Police Officers.

Berkeley Fire Department: The Berkeley Fire Department (BFD) is comprised of 7 fire stations, 130 sworn fire suppression personnel and paramedic firefighters.[5] BFD provides 24/7 response to emergencies including fires, medical emergencies, and disasters. The department operates 4 24/7 Advanced Life Support ambulances that are primarily responsible for all emergency medical transport within the City of Berkeley to local emergency departments.

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[2] Berkeley City Auditor. (2019, April 25). *911 Dispatchers: Understaffing Leads to Excessive Overtime and Low Morale*.
https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Dispatch%20Workload_Fiscal%20Year%202018.pdf
[5] City of Berkeley Fire Department. (n.d.). *History of the Berkeley Fire Department*. Retrieved October 5, 2021, from
https://www.cityofberkeley.info/Fire/Home/Department_History.aspx

BFD also participates in care coordination for high utilizers of services as part of the Community Accessing Resources Effectively (CARE) Team. This team is a multidisciplinary group of practitioners made up of both staff from community organizations as well as City of Berkeley staff. The group is facilitated by the EMS division of the department and aims to connect residents using high amounts of emergency services to more appropriate and/or long-term care options.

During the COVID-19 pandemic, BFD operated a Mobile Integrated Paramedic (MIP) unit for a six-week pilot. The MIP unit provided community paramedicine as a diversion from hospitals during the early days of the pandemic. This team did proactive street outreach in the community to help meet basic needs and provide referrals to community organizations, based primarily on 9-1-1 callers who ended up not seeking care at an Emergency Department.

For people experiencing a mental health crisis, the City of Berkeley contracts with Falck Ambulance, which is also the private provider for emergency medical transport for Alameda County. Falck provides treatment, stabilization, and transports to hospitals, including voluntary and involuntary psychiatric hospitalizations. BFD firefighters can call Falck directly when an individual needs to be transported for mental health issues, although most transport requests are through requests from Mobile Crisis. The current collaboration with Falck began July, 1 2019, and the contract is overseen by BFD.

Alameda County Behavioral Health Care Services Crisis Programs:
Alameda County Behavioral Health Care Services (AC BHCS) operates both crisis and long-term mental health service programs.[6] Some key crisis programs include Crisis Support Services, Acute Crisis Care and Evaluation for Systemwide Services, Mobile Crisis Team, Mobile Evaluation Team, and the Community Assessment and Transport Team.

The Alameda County Mobile Crisis Team, Mobile Evaluation Team, and the Community Assessment and Transport Team do not serve the geographic area of the City of Berkeley; despite this, we include brief information about them below to describe the types of mobile crisis services available to the other cities in Alameda County.

Crisis Services Eligible to Berkeley Residents

Crisis Support Services (CSS) is a county contracted program that provides several services for individuals experiencing a mental health crisis, including a 24-hour crisis phone line, text messaging, therapy groups, therapy services for older adults, school-based counseling, grief therapy,

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[6] Alameda County Behavioral Health Care Services. (n.d.). *Acute & Integrated Health Care – Acute & Crisis Services*. Retrieved October 5, 2021, from **http://www.acbhcs.org/acute-integrated-health-care/acute-crisis-services/**

and community education.[7] CSS coordinates closely with mobile crisis teams in Oakland and Alameda County and often refer clients to mobile crisis. They are staffed by trained crisis counselors, both licensed and unlicensed. Most often calls to CSS are direct from someone experiencing a crisis. Berkeley dispatch can transfer calls to CSS for phone support if they deem an in-person response is not required. CSS fields over 40,000 calls annually and spends an average of 25-30 minutes per call.

Acute Crisis Care and Evaluation for Systemwide Services (ACCESS) is the main entry point for Alameda County residents to get connected to acute and longer-term mental health and substance use services.[8] The phone line is staffed by licensed mental health clinicians and administrators who screen and assess the client's needs, provide information about available options, and refer to an appropriate service. Clinicians also screen clients to see if they meet medical necessity criteria for Specialty Mental Health Services (SMHS). Calls that come in after 5pm or on weekends are routed to CSS.

<u>Crisis Services Not Eligible to Berkeley Residents</u>

The Alameda County *Mobile Crisis Team* responds to mental health crisis calls either in-person or over the phone.[9] They are staffed by two licensed clinicians. Calls can come directly to the mobile crisis team, or they can be dispatched by 911 or CSS. The Alameda County Mobile Crisis Team responds in a police co-responder model.

The *Mobile Evaluation Team (MET)* is a co-responder program; one Oakland police officer and one licensed clinician respond to calls in an unmarked police car. They respond to mental health calls that come through 911 dispatch.

The *Community Assessment and Transport Team (CATT)* provides community-based crisis intervention, medical clearance, and transport services. Administered through Bonita House, a licensed clinician and an EMT will be dispatched to a scene where the individual needs to be transported to a higher level of care. CATT currently utilizes a police co-responder model.

Other Service Providers in the Mental Health Crisis Response System: In addition to services provided by the City of Berkeley and Alameda County, there is an array of community-based services and other providers within the mental health crisis response system in Alameda

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[7] Crisis Support Services of Alameda County. (n.d.). *24-Hour Crisis Line*. Retrieved October 5, 2021, from Alameda County Behavioral Health Care Services. (n.d.). *Acute & Integrated Health Care – Acute & Crisis Services*. Retrieved October 5, 2021, from **http://www.acbhcs.org/acute-integrated-health-care/acute-crisis-services/**
[8] Alameda County Behavioral Health Care Services. (n.d.). *ACCESS program*. Retrieved October 5, 2021, from **http://www.acbhcs.org/providers/Access/access.htm**
[9] In this report, the acronym "MCT" is only used in reference to the City of Berkeley's Mobile Crisis Team, not Alameda County's Mobile Crisis Team.

County. These generally fall into four categories: crisis response providers, crisis stabilization units, drop-in centers, and medical service providers.

The agencies listed below are not meant to be a comprehensive list, rather these were the organizations that were mentioned most frequently by focus group participants, interviewees, and survey respondents. There are many organizations and individuals who contribute to crisis prevention and stabilization by addressing other needs such as housing, substance use, ongoing mental health support, or domestic violence. Though not enumerated in this report, the ecosystem of services in Berkeley and surrounding areas help prevent community members from escalating into crisis.

Crisis Response Providers: Crisis response providers accompany individuals while they are experiencing a crisis, work with the client to de-escalate, and connect them to resources to meet their needs. It should be noted that ongoing mental health service providers, such as therapists or clinical case managers, de-escalate and divert mental health crises every day. In this report, we are focusing on providers who respond to acute crisis situations that are outside of long-term supports. The two key crisis response providers mentioned most often by the community are Mental Health First and UC Berkeley.

Mental Health First is a project of the Anti Police-Terror Project (APTP). Based in Oakland, this volunteer-run crisis line provides crisis support, de-escalation, mediation, and connection to resources to anyone who calls. They are available on Friday and Saturday nights, 8pm to 8am, when other crisis services are unavailable. Community members can access services via phone, text, or social media. About half of callers are calling for themselves, while the other half are calls from friends or family members concerned about a loved one. Mental Health First can help people navigate the complicated mental health system and get them connected to services.

When a student is experiencing a mental health crisis on the UC Berkeley campus, _UC Police Department (UCPD)_ are often the ones who arrive on scene. UCPD employs a mix of sworn and non-sworn personnel including 49 police officers, 10 dispatch and records staff, 31 security patrol officers, and 12 professional staff.[10] UCPD police officers are currently the ones who respond during a mental health crisis. However, the University has publicly stated plans to phase out involvement of police during a crisis and shift to having its Tang Center counselors respond to mental health

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[10] Berkeley UCPD. (n.d.). _Department Demographics_. Retrieved October 5, 2021, from **https://ucpd.berkeley.edu/department-demographics**

calls.[11] They are currently in the process of planning and developing a new mental health response team.[12]

The *UC Berkeley Tang Center* offers health, mental health, and crisis services to all UC Berkeley students, regardless of insurance. Their staff, which include licensed psychologists, psychiatrists, and psychiatric nurses, respond to urgent mental health concerns.[13] They also provide services after a sexual assault or incident of domestic violence and respond to campus crises (e.g., when a student passes away).[14] As of the Fall 2021 semester, students can access these services by calling the Tang Center's urgent phone or after-hours support lines. But as previously mentioned, UC Berkeley is currently redesigning their crisis response model so students can more easily get connected with Tang Center staff during a crisis.

Crisis Stabilization Units and Psychiatric Facilities

Crisis Stabilization Units and psychiatric facilities provide a safe location for people to de-escalate from crisis, receive psychological support, and get connected with mental health services. There are no crisis stabilization units within the City of Berkeley, so Berkeley residents in crisis are often transported or referred to the facilities noted below.

John George Psychiatric Hospital (JGPH, or John George) is a locked facility where patients can receive short-term psychiatric care from doctors, psychiatrists, and counselors. Once a patient receives medical clearance (i.e., they do not have any acute medical needs), they can be transported to JGPH. John George is the main facility that individuals are transported to when they are under an involuntary hold. Many patients are referred and/or transported by emergency services and mobile crisis teams across the County.

Willow Rock Center operates both a 12-16 bed crisis stabilization unit as well as an inpatient unit for adolescents ages 12-17.[15] A team of psychiatrists, nurses, group and individual therapists and counselors provides assessment, counseling, medication administration, group,

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[11] Public Affairs. (2021, August 18). UC Berkeley to shift comes campus services away from UCPD. *Berkeley News*. **https://news.berkeley.edu/2021/08/18/uc-berkeley-to-shift-some-campus-services-away-from-ucpd/**.

[12] Berkeley Business Process Management Office. (n.d.). *Mental Health Response*. Retrieved October 5, 2021, from **https://bpm.berkeley.edu/projects/active-projects/reimagining-uc-berkeley-campus-and-community-safety-program/mental-health**

[13] University Health Services. (n.d.). *Meet the CAPS Staff*. Retrieved October 5, 2021, from **https://uhs.berkeley.edu/mental-health/counseling-and-psychological-services-caps/about-caps/meet-caps-staff**

[14] University Health Services. (n.d.). *Crisis Counseling for Urgent Concerns*. Retrieved October 5, 2021, from **https://uhs.berkeley.edu/counseling/urgent**

[15] Telecare. (n.d.). *Willow Rock Center*. Retrieved October 5, 2021, from **https://www.telecarecorp.com/willow-rock-center**

family, individual therapy, and connections to resources. The locked, inpatient unit is the main transport facility for adolescents under an involuntary hold. Their patients are often referred from Kaiser Permanente, schools, and emergency services. They also accept walk-ins for voluntary services.

Cherry Hill Detoxification Services Program provides services for adults needing to detox from substances.[16] Their sobering unit has 50 beds for patients to stay 23 hours or less. The detox unit has 32 beds for patients to stay 4-6 days. Trained staff screen patients, provide medical services and psychological support, and link patients to services to meet their needs before discharge. Both units often get referrals from emergency services but also can accept self-referrals.

Amber House, operated by Bay Area Community Services (BACS), is a 23-hour mental health crisis stabilization unit (CSU) that provides a quiet environment for clients to receive short-term psychological support and have their basic needs met. The team is a clinician, a nurse, a supervisor, and an on-call psychiatrist, who provide voluntary services for people experiencing an acute mental health crisis. Many of their clients are transported or referred by mobile crisis teams, Oakland's CATT program, and occasionally police. Before a client is discharged, a staff member will provide referrals for long-term mental health care and other resources to meet their needs. Amber House also operates a crisis residential treatment (CRT) program in the same facility (which is Alameda County's only combined CSU and CRT), providing clients the option for a longer stay.

Drop-In Centers

The City of Berkeley has three drop-in centers for residents: the Berkeley Drop-In Center, Berkeley Wellness Center, and the Women's Daytime Drop-In Center. While not all sites have specific services for individuals in crisis, they can be an entry point for mental health services.

The *Berkeley Drop-In Center* is a peer-run, walk-in community center that provides drop-in time, service advocacy, and housing advocacy.[17] Clients can have their basic needs met, find a place to socialize, get connected to benefits, receive a referral for subsidized housing, and get linked to mental health services.

The *Berkeley Wellness Center*, operated by Bonita House, provides art classes, employment services, connection to benefits, primary care, counseling, case management, and evidence-based support groups for

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[16] Horizon Services. (n.d.). *Cherry Hill Detoxification Program Services*. Retrieved October 5, 2021, from **https://www.horizonservices.org/cherry-hill-detoxification**

[17] City of Berkeley. (n.d.). *Berkeley Drop-In Center*. Retrieved October 5, 2021, from **https://berkeleycity.networkofcare.org/mh/services/agency.aspx?pid=BerkeleyDropInCenter_670_2_0**

adults with mental health and co-occurring disorders.[18] The Berkeley Wellness Center serves as an entry point to recovery and supportive services for people with a broad range of mental health needs and co-occurring conditions.

The *Women's Daytime Drop-In Center (WDDC)* provides similar services for homeless women and their children.[19] A small team of case managers, managers, and volunteers provide various services including case management, food, groceries, and hygiene kits. Clients can also receive referrals to additional services that are beyond the scope of WDDC.

Medical Service Providers
Because a mental health crisis and substance use crisis can co-occur, medical service providers play an important role in crisis stabilization and prevention. The two medical outreach teams mentioned by the community were Lifelong Street Medicine and Berkeley Free Clinic's Street Medicine team.

LifeLong Street Medicine is a program contracted by Alameda County Health Care for the Homeless Street Health.[20] Multidisciplinary teams provide street psychiatry and substance use recovery services for people experiencing homelessness in Berkeley. They can also provide connections to primary care, social services, housing, and other resources.

Berkeley Free Clinic's Street Medicine team is a volunteer-run collective where volunteers are trained as medics and provide services in the community.[21] Their services include HIV and STI testing and treatment, first aid, vaccinations, hygiene kit distribution, and substance use supplies and training. The teams regularly do proactive outreach to connect to new clients.

What is the current mental health crisis call volume in Berkeley?

In addition to its deep community engagement process, RDA also reviewed quantitative data on the volume of calls related to mental health issues and who is making those calls. As noted previously, quantitative data from City of Berkeley agencies conducting crisis response (i.e., Mobile Crisis Team, Berkeley Police Department, and Berkeley Fire Department) currently have a variety of limitations. Because

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[18] Bonita House Inc. (n.d.). *Berkeley Wellness Center*. Retrieved October 5, 2021, from **https://bonitahouse.org/berkeley-creative-wellness-center-cwc/**
[19] Women's Daytime Drop-In Center. (n.d.). *Women's Daytime Drop-In Center*. Retrieved October 5, 2021, from **https://www.womensdropin.org/**
[20] Alameda County Health Care for the Homeless. (n.d.). *Street Health*. Retrieved October 5, 2021, from **https://www.achch.org/street-health.html**
[21] Berkeley Free Clinic. (n.d.). *Street Medicine Team*. Retrieved October 5, 2021, from **https://www.berkeleyfreeclinic.org/street-medicine-team**

of these limitations, RDA suspects that the available data is generally an underrepresentation of the true volume of mental health related calls in Berkeley. Given these limitations, RDA explored the available data for trends that can support the community in building its understanding of who is currently utilizing Berkeley's crisis services.

It is important to note that the City of Berkeley has contracted with the National Institute of Criminal Justice Reform (NICJR) to lead the City's current Reimagining Public Safety work. As a part of its current engagement, NICJR collaborated with Bright Research Group (BRG) on a large community engagement effort to better understand the local community's perspectives across a variety of issues pertaining to public safety in Berkeley. NICJR and BRG shared their findings on July 29, 2021 at Berkeley's Reimagining Public Safety Task Force (RPSTF) meeting; the slide deck presentation of key findings can be found online.[22] The overarching findings from this presentation align with RDA's community-wide data collection efforts.

Key Mental Health Call Volume Trends

- MCT has responded to a declining number of 5150s since 2015, in part due to staff vacancies and the pandemic.
- The most frequent incident types of all 5150 calls to BPD were disturbance, welfare check, mentally ill, and suicide.
- Around 40% of BPD's welfare check calls included a mental health related facet to the response, followed by around 20% of disturbance calls, and around 10% of calls regarding suspicious circumstances.
- Falck has been contracted to conduct the large majority of 5150 transports in Berkeley, most often taking service utilizers to Alta Bates Medical Center and John George Psychiatric Emergency Services.
- BFD conducted fewer 5150 transports in Berkeley and only took service utilizers to Alta Bates, Oakland Children's Hospital, and Kaiser Hospital.
- The time required for a 5150 is, in part, determined by geography and the destination of transport.
- Calls for 5150s are most frequent from 10:00am to midnight and least frequent from 2:00am to 8:00am. There are no notable differences in the frequency of calls by day of the week.

For a deeper description of call volume and data, demographics of calls, and methods please see **Appendix D**.

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[22] City of Berkeley's Reimagining Public Safety Task Force. (2021, July 29). *Berkeley Reimagining Public Safety – Community Engagement Report*. **https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/CE-presentation-Final.pdf**

Stakeholder Feedback

Mental health crises vary in severity along a spectrum. A crisis can present as someone in immediate danger to themselves or others, someone that needs regular support to address their basic needs, or someone that is generally able to manage their needs but needs occasional support to prevent a future crisis. Many stakeholders expressed that in order to effectively address the challenges of the current system, solutions and changes must engage with the nuance and spectrum of mental health crises.

Many stakeholders shared that by broadening our concept or definition of a mental health crisis, we can better design the mental health crisis response system and related services. Stakeholders provided several examples of the nuance and spectrum of mental health crises:

- ❖ Some forms of crisis are readily visible (such as people presenting to hospitals or experiencing a crisis while in public) while others may be unseen (such as a homeless-but-sheltered individual recovering from intimate partner violence).

- ❖ Some forms of mental illness or neurodivergence are reported by a bystander as a crisis, but there is not an acute crisis situation and should not result in a forced transport just because of a bystander's concern.

- ❖ Some forms of crisis are a result of community members not knowing where to access services even if they are able to identify their needs.

- ❖ Some forms of emergency service utilization stem from an ongoing unmet need for basic goods and services, such as a high utilizer that regularly presents at the hospital emergency department because they need food.

Overall, there is wide consensus among interviewed stakeholders that the current mental health, substance use, and homelessness crisis systems in Berkeley are under-resourced and unable to meet both the volume of need and the various ways in which crisis presents.

Expectations for different types of crisis responders varied greatly by stakeholder. Stakeholders shared mixed experiences with BPD's ability to successfully de-escalate situations and respond empathetically to people in crisis, and often attributed the quality of interaction to the traits of an individual officer. Stakeholders often held low expectations for BPD to intervene non-violently and expressed positive perceptions when BPD "didn't do anything." On the other hand, stakeholders shared high expectations for other crisis service providers including MCT responders or county case managers. Negative feedback from stakeholders was often because providers were not meeting these high standards. As a result, understanding stakeholder praise and criticism of crisis responders – such as MCT, BPD, and other CBOs – requires understanding stakeholders' varied expectations.

In discussing their experiences as well as the strengths and challenges of existing crisis response system, interviewed participants and survey respondents also shared ideas for a reimagined mental health crisis response system. The following sections detail key themes that were elevated across stakeholder participants.

Illustrative quotes from survey respondents are included alongside key themes. Due to concerns with anonymity and limitations of data collection, quotes from interviews and focus groups were unable to be included.

Key Themes from Stakeholder Feedback

Perceptions of an urgent need for a non-police mental health crisis response in Berkeley

Perceptions of varied availability, accessibility, and quality of crisis response services

Perceptions of insufficient crisis services for substance use emergencies

Perceptions of a need for a variety of crisis transport options

Perceptions of a lack of sites for non-emergency care

Perceptions around supporting the full spectrum of mental health crisis needs

Perceptions of a need for post-crisis follow-up care

Perceptions of barriers to successful partnerships and referrals across the mental health service network

Perceptions of needs to integrate data systems and data sharing to improve services

Perceptions of a need for increased community education and public awareness of crisis response

Stakeholder perceptions of the urgent need for a non-police mental health crisis response in Berkeley.

"I think a carceral approach creates more trauma and fear. I have been traumatized by being in jail. I do not wish to be incarcerated when all I need is support."

- SCU Survey Respondent

"My perception is that mental health issues, substance use, and homelessness are *rampant* in Berkeley - now more than ever - and police are simply not the right people to deal with these issues."

- SCU Survey Respondent

Overall, there was a strong sense of urgency for a change in the response to mental health crises in Berkeley. Service providers indicated that they routinely use creative interventions and provide services for clients multiple times and consider calling the police a last resort. Service providers shared that if there were an SCU, they would prefer to use a non-police option for crisis response.

Service providers and crisis responders expressed a sense that the current system is "broken," that they see the same service utilizers on a frequent basis. Providers shared examples of clients unable to access existing services, not engaged in services they are enrolled in, or not willing to receive offered treatment for a variety of reasons. Stakeholders felt that most people need support accessing resources in addition to immediate crisis response or de-escalation. However, they believe the existing crisis response system often relies on police to respond to calls. This is not the specialty of the police, nor are they able to provide a full range of follow-up linkages and referrals to trauma-informed social services.

There is strong consensus across city staff, service providers, service utilizers, and survey respondents that police do not best serve the needs of those who are experiencing a mental health or substance use crisis. Stakeholders emphasized that a mental health crisis should not be equated with violence, though there is often the misconception that any display of mental illness is violent or a threat to public safety.

Stakeholders shared that there are scenarios in which the presence of police can increase the danger for service utilizers or bystanders. In the context of intimate-partner and domestic violence, there is often a fear of retaliatory violence if the police are called in to respond to the abused partner seeking help. Stakeholders shared examples police presence and visible weapons escalating a mental health crisis, causing an increase in erratic or unpredictable client behavior. Particularly for service utilizers with traumatic histories from interactions with police officers, they felt the presence of police can escalate a crisis or emergency. Service providers shared stories of clients that have suffered through immense psycho-social harm and/or medical complications before reaching out to 911 due to their fear of the police.

Survey respondents and service providers shared the perception that sometimes police think a weapon is present on an individual when it is not, and felt that police use unnecessary violence and force, which overall decreases their sense of safety. **Stakeholders felt that this context results in an environment in which they do not call for emergency help because of**

a fear of police, leaving community needs for crisis support unmet. Service providers also elevated that there are ways to disarm someone without using force or weapons which would improve the safety for both service utilizers and providers alike.

For these reasons, Crisis Support Services of Alameda County (CSS) crisis line providers shared that they prepare callers for interactions with the police by telling them what to expect when the police arrive and providing options to keep themselves safe (e.g., stepping outside, double checking that there are no weapons or illicit substances on their person, and closing their front door). However, they did mention that service utilizers using substances or experiencing a break with reality may not be able to follow close directions and are at increased risk of police violence due to the heightened probability of misunderstanding or miscommunication.

Stakeholders shared a few strengths of police involvement in the existing crisis response system. They shared that police may provide a useful resource for people who need documentation of a crime for future legal reference. A police report with these details can later be used in a court setting or provided as proof to an insurer. Additionally, many service providers indicated police presence can protect the safety of crisis responders and bystanders when weapons are present. Some stakeholders elevated that the presence of police can be supportive when community members or service providers are attempting to de-escalate a crisis.

The overwhelming importance and immediacy of changing the mental health crisis response system was emphasized in stakeholders' references to the violence committed against a woman killed by BPD during a mental health crisis in 2013 and a man shot by BPD during a mental health crisis in 2021. Stakeholders shared that providing a non-police mental health crisis response option could increase the acceptability and accessibility of crisis response by addressing this fear, thereby promoting the safety and well-being of community members and service utilizers.

There were differing perspectives of whether police should have any involvement in crisis response. The expressed perspectives included: there should be no police involvement; police should be called as back-up only if SCU de-escalation efforts were unsuccessful; police should be called as back-up only if the presence of weapons was confirmed; or police should be involved through a co-responder model like MCT.

Stakeholders offered important considerations for police involvement. Some stakeholders suggested that police should be dressed in plain clothes to avoid their presence further escalating a community member in crisis. Other stakeholders shared that if police are involved in the SCU model of crisis response, then they should be in uniform; they elevated that community members should understand who they are speaking to, given that a police officer can arrest, detain, and/or incarcerate them. Additionally, because community members expressed that they have the right to identify a police officer's badge number and last name -- which is particularly important if a community member needs to report any

"I desperately needed help for a friend who was experiencing a mental health crisis. She was adamant that I not call police because she is scared of them and feared that they would be violent with her. There were no alternatives available in Berkeley. I have watched police respond to people in crisis many times. Some cops are aware that their presence can escalate people. Some of the cops are oblivious of how they impact a situation and make it worse."

- SCU Survey Respondent

misconduct -- police should be in uniform. Furthermore, stakeholders elevated their fear of being targeted by certain police officers as someone that experiences mental health emergencies and/or someone who uses drugs; for this reason, stakeholders shared that it is important for police to remain in uniform to mitigate the criminalization of mental health crises and drug use and for public awareness.

Stakeholders shared considerations for protecting and enhancing the safety and well-being of crisis responders, service utilizers, and community bystanders alike. The presence of weapons is a primary safety consideration for many stakeholders. Stakeholders reported concerns about determining and dispatching the appropriate intervention team in order to prevent injury or assault to crisis responders, especially when there are weapons present. Many stakeholders also emphasized that the safety of the person in crisis must be protected too.

Stakeholders provided many ideas for how a non-police crisis response system could best support Berkeley residents. Community members and providers suggested a crisis response team include mental health practitioners such as peer workers, therapists, direct patient care specialists, social workers, medical providers and/or psychiatrists. They also suggested several trainings that would support crisis responders to better meet the needs of people in crisis, such as trainings on trauma-informed care, de-escalation, and crisis neutralization. Finally, given the types of crises service providers and service utilizers most often experience, stakeholders elevated specific technical knowledge that crisis responders should be prepared to employ, including basic first aid, domestic-violence crisis response training, and specific knowledge on DSM-5 mental health diagnoses, and co-occurring drug-induced states.

"I have had police response in an emergency crisis. It only made the crisis more terrifying and traumatic."

- SCU Survey Respondent

Additional Perspectives from the SCU Survey

"The police response here is among the most professional that I have seen in any jurisdiction in the nation - yet the bottom line is requiring police to respond to crisis situations in which they do not have the requisite training is a disservice to both the officers and those on the other side of the response."

"I don't feel unsafe in the community. My homeless neighbors are much more unsafe than I am because they are consistently interacting with people who hate them, with some bad cops including the campus cops."

"There is a huge crisis in our city of homelessness and mental health and the police only ever make things worse. Sweeps, seizures of possessions, harassment and intimidation of unhoused residents is all too common. The violent detention of mentally ill people seems to be a day to day reality. Heavy restraints and spit hoods being used in the place of de-escalation and care. The Berkeley police shot a man in crisis through the mouth this year and that is beyond unacceptable!!!"

"I need to know that if I, or someone I love, is experiencing a mental health crisis that there is a trained mental health professional that I can call who will come, without a gun, and that I will receive care, not a cop, and that I will not end up dead. Knowing I won't be shot dead by a cop for the "crime" of living with mental illness, for being poor, or for having a substance use disorder would help me to feel safe."

Stakeholder perceptions of varied availability, accessibility, and quality of crisis response services

Perceived Strengths

- MCT provides quality services
- Positive experiences with individual BPD officers
- BFD created a resource list to better provide referrals

Perceived Challenges

- Lack of 24/7 crisis services
- Requiring service utilizers to keep appointments
- Slow response times for MCT due to limited staffing
- Long waitlists for services
- Few options for de-escalation or non-emergency care
- Poorer quality of services provided to people of color and unsheltered people

Stakeholder Ideas

- Proactively communicate service availability & hours of operation
- Increase 24/7 service options
- Increase training on racial justice, cultural sensitivity, harm reduction, and de-escalation

"Berkeley MCT is only open on weekdays during certain hours. I have never had an incident where I needed help with a client coincide with their open hours."

- SCU Survey Respondent

Stakeholders identified a few strengths of the availability, accessibility, and quality of crisis services. Many reported that there is general knowledge of the existing crisis response options in Berkeley. Some providers reported positive experiences with police, and many reported positive experiences with MCT. Another strength shared by stakeholders is that BFD's ability to refer and link service utilizers to resources has increased since they created a list of CBOs and local programs.

A common challenge elevated by stakeholders is the lack of 24/7 response options. A mental health crisis can happen at any time, but many crisis programs operate during standard business hours. The limited hours of operation of MCT were elevated by stakeholders as a significant challenge that increased the risk of police interaction with service utilizers who call 911 when MCT is not staffed.

Stakeholders frequently mentioned limited MCT staffing as a major barrier to accessing quality crisis response services. For the last two years, two of four crisis staff positions have been vacant. Because MCT responds to calls in pairs, only one team is available to respond at a time. This can result in long wait times if the team is responding to another call. Additionally, if there is a high call volume, MCT will prioritize high acuity calls where someone is showing imminent signs of crisis or distress. The reduction in staffing also led to a reduction in hours. This has caused confusion among providers and service utilizers. Service providers elevated this as a source of uncertainty and distrust that can reduce the likelihood of someone accessing services in the future.

> *"Mobile Crisis folks are good. It's just that they always come with the cops, and sometimes they can't come for many hours because they're busy."*
>
> *- SCU Survey Respondent*

> *"It's a revolving door (with Santa Rita, John George, etc.) where crises are sometimes averted, but almost no one is truly healed and set on a good path of recovery or even stability."*
>
> *- SCU Survey Respondent*

Stakeholders believe these challenges and barriers to accessing services or ensuring the availability of services are ultimately challenges to the overall safety and well-being of potential service utilizers, community bystanders, and service providers.

A Berkeley City Auditor's report in 2019 elevated that the understaffing of the 911 Communications Center has led to staffing levels that cannot meet the call volume and increased call wait times.[23] Increased call wait times have negative implications for the safety and well-being of service utilizers and community members, as well as the service providers and crisis responders that are responding to a potentially more advanced state of crisis. Additionally, inadequate staffing levels have caused BPD to rely on overtime spending to fund the Communications Center, which increases the cost of the entity.

There was consensus among participants that many facets of the crisis response system feel understaffed, which can lead to decreased service availability and slower responses. Under-resourcing can create challenges to service availability across the providers and programs throughout Berkeley and Alameda County. Service utilizers and community members reported long waiting lists for permanent supportive housing units, a key stabilizing factor that could reduce the incidence of mental health crises overall. There was also a perception among stakeholders that service utilizers are faced with long waits to access healthcare, case managers, and temporary congregate shelters.

Some CBOs also identified a need for more multilingual services, especially Spanish-speaking providers. They also indicated that a fear of ICE or 911-corroboration with ICE is a barrier for undocumented community members to call 911, especially for undocumented residents that are unhoused. Service providers suggested that more culturally competent services would increase the likelihood of someone seeking services when they are experiencing a crisis.

Stakeholders believe that these challenges to availability and accessibility can reduce the quality of available services. When police must respond to a mental health crisis because it is outside MCT business hours, community members do not feel the response was adequate or of the highest quality. Crisis responders expressed that they frequently provide medical solutions when the service utilizers they encounter have mental health needs and are most affected by broader societal problems.

When MCT is not operating, CSS indicated that they do more de-escalation over the phone prior to calling for police support to prepare

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[23] Berkeley City Auditor. (2019, April 25). *911 Dispatchers: Understaffing Leads to Excessive Overtime and Low Morale*. **https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Dispatch%20Workload_Fiscal%20Year%202018.pdf**

the service utilizer and reduce their risk of harm; however, they shared that phone support may not always be sufficient for every mental health crisis.

Overall, there was consensus among stakeholders that there is a lack of successful linkages and connection to follow-up services beyond John George Psychiatric Hospital. Many participants felt that hospitalization may not be appropriate care for everyone experiencing a mental health crisis. Crisis responders and providers reported service utilizers requesting to not be sent to John George, but that as service providers they do not feel they have other options. For service utilizers, trauma histories can be re-triggered by congregate shelters, psychiatric care or hospitals, and police interactions. Stakeholders elevated a need for increased options for where people can be transported during a crisis.

Finally, there is a perception that the quality of the City's first responder crisis response services is inhibited by a lack of training that sufficiently addresses harm reduction, racial justice and cultural sensitivity training, and successful de-escalation. Service providers shared examples of clients' needs not being taken seriously, such as instances of individual EMTs not responding to unsheltered clients and/or clients of color. These examples demonstrate how stigma, dehumanization, and racism decrease quality of services.

Given the constraints of how the existing crisis system is funded and resourced currently, stakeholders elevated that any changes to program hours of operation, locations, staffing, phone numbers, and/or other logistical/programmatic decisions be shared regularly and distributed to the partnership network in order to improve availability, accessibility, and quality of service provision. They felt that the ideal alternative crisis response options would include 24/7 mental health crisis response and should address the desired competencies of harm reduction, racial justice and cultural sensitivity, and de-escalation to increase community safety and promote health and well-being.

"The resources we have are helpful, but we need more. We especially need affordable housing units. The mobile street medicine teams have been very helpful. Shelters are ok for some people, but often exclude people with disabilities who need assistance the most."

- SCU Survey Respondent

Additional Perspectives from the SCU Survey

"They tend to exist in ways that are the most convenient for the service providers, not for the person in need. Mental Health Services don't really happen outside of their offices. How can disordered, homeless people be expected to make and keep appointments at some unfamiliar address? The drug epidemic is complicating things and I have seen no evidence that this city wants to commit to rehab on demand which is what we need. We need to be able to offer help when it is needed- not when it is convenient."

"I've been doing outreach work for more than a year in Berkeley now and access to mental health crisis support is almost nonexistent. It is highly needed as many individuals are experiencing some level of mental health issues."

"… My experience with the police response has been that the City of Berkeley crisis team has been understaffed or not working the day that I phoned, or my report of the need for crisis support was minimized, and it was explained that the person "wasn't breaking any law." Crisis doesn't often intersect with law breaking, nor does an individual always meet the criteria for a 5150. There are trained individuals who can help with this, and police often offer heavy handed threats of arrest, or physical violence, in attempt to stop a behavior."

Stakeholder perceptions of insufficient crisis services for substance use emergencies

Perceived Strengths

- EMTs respond well to substance overdoses
- EMTs are well-trusted by many unsheltered communities and encampments

Perceived Challenges

- Not enough SUD training for clinicians providing complex mental illness care
- High rates of transport to emergency facilities for substance use emergencies
- Infrequent referrals to substance use management services
- Too few resources to meet high volume of substance use emergencies and management needs

Stakeholder Ideas

- Incorporate harm reduction framework into all crisis response
- Distribute NARCAN
- Distribute harm reduction supplies (e.g., sharps disposal, clean needles, etc.)

"Decriminalization is key to "illegal" drug use and harm reduction methods of dealing with addiction and drug use save lives and alleviate the stigma."

- SCU Survey Respondent

Stakeholders explained that mental health crises often include substance use emergencies, but they felt that variety and uniqueness of substance use emergencies is often overlooked and not adequately served in the existing crisis response. Stakeholders described many examples of physical and psychosocial health needs related to substance use that do not involve an overdose. Service providers shared that substance use emergencies and mental health crises are often co-occurring as substance use is common among people with histories of trauma and is used as a form of self-medicating.

Substances can alter someone's mental state and contribute to or exacerbate what is perceived as a mental illness. Stakeholders elevated that when a person is in distress, providers should assume that something is triggering that distress, be it an event or intoxication. **One of the most frequently and emphatically emphasized points by service providers was the need to address mental health and substance use in tandem.**

In the event of a substance overdose, stakeholders felt that Berkeley EMTs are well-trained, follow protocols, and administer effective treatment for users that have overdosed. Stakeholders reported that EMTs are well-trusted by marginalized substance-using communities, including homeless encampments. Seabreeze encampment residents shared that they avoid calling 911 for any emergencies except to specifically request an EMT during an overdose.

Stakeholders described many challenges to how the system currently addresses substance use emergencies. They felt that the physical health and mental health needs of a service user experiencing a substance use emergency are treated as separate needs. Service providers explained that whichever presents as more immediately pressing often dictates the classification for the call; they felt that this results in inadequate service provision during a crisis.

"The people with mental illness should get treatment. In crisis, they should be housed with treatment. those with substance abuse should have treatment available. Being homeless probably makes people mentally ill. I think I would be mentally ill if homeless."

- SCU Survey Respondent

Community-based providers elevated that when seeking care for clients with complex trauma or chronic mental illness, they are rarely put in contact with a provider that has SUD training. **Service providers expressed a need for an integrated approach to substance use emergencies, with providers working together to tend to both the psychological and physical health needs of their clients.**

Substance users reported frequent transport to hospitals and sobering centers when emergency providers respond to crises. Interviewed substance users shared that they were only informed of other substance use management options when other case managers shared those options (not emergency services personnel prior to transport).

Stakeholders suggested ways that the current crisis response system could better address the needs of substance use emergencies, including incorporating a Harm Reduction framework into first responder's approach to drug use, distributing Narcan, and distributing harm reduction supplies such as clean needles, pipes, and safe sharps disposal kits.

Additional Perspectives from the SCU Survey

"I am a Nurse Practitioner... Some camps in Berkeley have agreements internally not to call the police on each other. If someone does, there is retaliation, sometimes in the form of lighting the person's tent on fire. This means people do not call 9-11 when there is a mental health emergency. While I completely understand why the mobile crisis unit has police officers, it is not used as often as it could be because of that fact...Many unhoused folks we meet use meth in part to stay up all night so they will not get raped or robbed during the night. This is of course not the only reason folks use meth and other drugs--there are mental health issues, addiction, etc. But until people are housed, it is very, very hard for them to cut down or quit, because the risks can outweigh the benefits in their minds."

"...Offering safe use and drug checking sites, so we can reduce harm that comes from unsafe drug use. Creating accessible, affordable, and temporary housing for each phase of a person's recovery from crisis. Ensuring people have access to food, safe shelters, and access needs are met."

Stakeholder perceptions of a need for a variety of crisis transport options

Perceived Strengths

- Transport is provided to emergency sites during medical emergencies

Perceived Challenges

- High rates of involuntary transports (5150s) do not align with service needs
- Lack of options for transport to non-emergency sites
- Ambulances and emergency services can be cost-prohibitive for service utilizers

Stakeholder Ideas

- Provide voluntary transport to non-emergency sites
- Provide services and supplies during transport process

"With all the services available, as a firefighter, all we can really do is take someone to the ER, which is not definitive care for homelessness. Mobile support of homeless services would be a game changer, much the way mental health comes out into the field."

- SCU Survey Respondent

Crises can vary in levels of acuity, and not everyone calling in to report a mental health emergency needs transport to a psychiatric facility, hospital emergency department, or inpatient setting. Both EMTs and police shared that they provide free transport to a medical facility, which is important in the event of medical health emergencies. However, Alameda County has the highest rates of 5150s per capita in California.[24] Service providers described full emergency departments and service utilizers not being admitted upon arrival. There are also financial implications for being transported in an ambulance, which providers suggested may deter service utilizers from requesting emergency services. **Stakeholders felt that there are few to no options for service utilizers to request transport to a different, non-medical facility or location.** Stakeholders did provide some examples of CBOs and non-emergency programs that provide transportation to their clients, though they shared that these services are not for the general public and barriers to transportation persist.

Given the need for addressing a variety of transport needs, stakeholders elevated the importance of an SCU team to have the ability to provide voluntary transport services to any secondary location, such as a sobering center or a public location. Service providers and community members suggested that the transport vehicle should have available supplies to provide care during a transport, such as one-off doses of psychiatric medicines, food, and water. There was a shared sense that providing

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[24] California Department of Health Care Services. (2017, October). *California Involuntary Detentions Data Report; Fiscal Year (FY) 2015-2016.* **https://www.dhcs.ca.gov/services/MH/Documents/FMORB/FY15-16_Involuntary_Detentions_Report.pdf**

transport options that meet the mental health needs at varying levels of acuity has important implications for the safety and well-being of crisis responders and service utilizers.

Additional Perspectives from the SCU Survey

"...Another challenge is the lack of options for people in crisis either hospitalization or nothing which is very harmful. Another issue are people who feel terrible but are not exactly in crisis but because there are not enough mental health providers they are forgotten or left to their own devices."

"I need to know that if I call for help, a compassionate response will arrive and be able to take a person to a humane location, respite of some kind. Not forcing them into a hospital where they are stripped of agency, but giving them a place where they can stabilize without adding to their feeling of trauma and powerlessness."

Stakeholder perceptions of a lack of sites for non-emergency care

Perceived Strengths

- Drop-in centers, day centers, sobering sites, and respite centers provide essential non-emergency services

Perceived Challenges

- No drop-in site for mental health emergencies or crises in Berkeley
- Too few drop-in sites for non-emergencies to meet the volume of need
- Lack of support for people released from a psychiatric hold

Stakeholder Ideas

- Offering drop-in sites with counselors and Peer Specialists, a phone line, and no service/time limits
- Offering office hours and/or relationship-building opportunities between the SCU and service utilizers

Stakeholders shared examples of sites that can support non-emergency care and felt that they are effective for mitigating further crises. These examples include drop-in centers, day centers, sobering sites, and respite centers. Services providers believe that such spaces allow individuals to meet their basic needs – including access to restrooms, showers, clothing, food, and rest – as well as have a safe space for self-regulation and self-soothing. **Stakeholders, particularly service providers, feel that these types of resources are essential for harm reduction, crisis intervention, health promotion, and crisis prevention.** Stakeholders shared that these sites can be a safe and trusted source for someone to access so that a primary caregiver can have a break, such as a parent that provides an adult child behavioral health support and care. Participants mentioned other CBOs

that operate drop-in sites, such as the Women's Drop-In Center or Berkeley Drop-In Center, **but service providers indicated that there is still an unmet need for more sites that serve sub-acute needs**. Because there is not a drop-in center for emergencies, service utilizers and community service providers described relying on either 911 or the CSS 24/7 phone line. Similarly, stakeholders felt that the availability of non-emergency drop-in centers for individuals to have non-emergency, indoor downtime is too limited to meet the volume of need. CBO service providers as well as crisis responders described situations of individuals being released from psychiatric holds without adequate support upon their release. They felt that these individuals would greatly benefit from the availability of additional drop-in centers.

Service utilizers and community-based service providers emphasized that it would be useful for the SCU to have an office available for community members to develop relationships with the team, like Aging Services' Senior Centers. They suggested that a drop-in site could have a social worker or peer counselor to accept and direct phone calls, answer questions, and support those accessing the drop-in site.

Additional Perspectives from the SCU Survey

"…addressing the connection to community in the long term - spaces for people to gather publicly without needing to pay money, so we can get to know our neighbors."

"… We need wrap-around services, a halfway house or drop-in center for people being released from a psychiatric hold, to ease them back into their lives and connect them with ongoing services."

Stakeholder perceptions around supporting the full spectrum of mental health crisis needs

Perceived Strengths

- Relationship building is important in crisis response

Perceived Challenges

- Wages, retention, and union agreements may affect type of staff on crisis response team
- Crisis response lacking sufficient supplies and expertise for SUD treatment, de-escalation, and system navigation
- Crisis responders are not often representative of service utilizers

Stakeholder Ideas

- Incorporate clinicians, social workers, and peer counselors on crisis response team
- Increase compensation for Peer Specialists and non-clinical staff

"A response team targeted at de-escalation and risk reduction would be best; it would be best staffed by those who can actually connect people in need to resources rather turning a crisis into a criminal matter, such as police do."

- SCU Survey Respondent

Stakeholders shared many strengths of crisis responders across a spectrum of non-clinical and clinical background and expertise, emphasizing the importance of empathy and building trusting relationships. For instance, TOT staff received positive feedback across stakeholder groups for their follow-up work post-crisis, especially due to their diverse staff and rigorous training in preparation for field work. Service providers emphasized the importance of Peer Specialists to support service utilizers by reassuring them from their own background of lived experience, especially during transport or if the team applies physical restraints.

Crisis responders and service utilizers shared that the pre-existing relationships paramedics have with community members, particularly those that repeatedly need crisis response services, allows paramedics to deliver better care. Some CBOs have observed similar success when incorporating Nurse Practitioners on their street outreach teams. Overall, stakeholders believe that the ability for the same personnel to be providing crisis response services over an extended period can lead to positive outcomes of relationship building and knowing a client's background.

However, stakeholders raised some potential challenges that must be considered when deciding how to staff a crisis response team. Crisis responders explained that paramedics often have a higher salary than other crisis responders and their skills can be under-utilized during a mental health crisis. They felt that this could make staffing a crisis response

program with paramedics less financially efficient. On the other hand, they shared that other crisis responders, such as peer specialists, can be underpaid for their level of contribution, which they suggested might make retention a challenge. One additional consideration shared by crisis responders is that staff can have different union agreements that restrict the number of hours that can be worked per shift, which would affect the program's overall staffing model and schedule.

"I think professionals who are trained to resolve these crises non-violently is key. For example, social workers."

- SCU Survey Respondent

Stakeholders felt that some of the services most important for mental health are not always standard practice among current crisis response teams. The types of clinical services that stakeholders reported as most important for mental health crisis response include prescribing psychiatric medicines, administering single-dose psychiatric medicines, quick identification of a substance overdose and/or the need for Narcan intervention, as well as a nuanced understanding of drug-psychosomatic interactions. The types of non-clinical services that stakeholders reported as most important for mental health crisis response included de-escalation, resource linkages and handoffs, system navigation, providing perspective from providers with shared identities or experiences, building ongoing relationships with frequent utilizers, and overall building trust and rapport with the community.

Given the considerations around the types of needs that various specialties can address during crises, as well as the implications for financial feasibility, stakeholders elevated additional ideas for how to staff crisis response teams. Stakeholders expressed support for a crisis response team with a medical provider (e.g., advanced practice nurses, psychiatric mental health nurse practitioners, EMTs, or paramedics), social workers, and especially peer counselors. Stakeholders expressed that non-clinical staff are equally valuable to clinical staff in a crisis response team, a value which should be reflected in their salaries.

Additional Perspectives from the SCU Survey

"We need a crisis response team with trained social workers, case managers, and clinicians trained in de-escalation techniques. This team should be able to connect people in crisis with emergency shelter and other services."

"I do not believe that the police are trained to respond to the needs of an individual, homeless, or otherwise, experiencing a crisis. Mental health, substance use, and homelessness related crisis are best responded to by someone who has been trained to work with these issues, or a peer who, along with a trained professional, can provide support and most importantly, follow up."

Stakeholder perceptions of a need for post-crisis follow-up care.

Perceived Strengths

- Positive experiences with existing referral services (i.e., TOT and CAT)

Perceived Challenges

- Existing programs do not meet the volume of need
- Difficulty contacting service utilizers for follow-up care
- Lack of warm handoffs to follow-up providers
- Limited long-term service availability
- Strict missed appointment policies

Stakeholder Ideas

- SCU provides follow-up care
- SCU builds relationships to support before, during, and after a crisis
- Providers should be familiar with case history, triggers, etc.

"I think police officers already deal with so much, there's often an acute need they're responding to when in fact these individuals need long-term care."

- SCU Survey Respondent

For crisis services provided by the City of Berkeley, the Transitional Outreach Team (TOT) is the primary resource for post-crisis follow-up care. **Service utilizers and community-based service providers elevated many strengths about the TOT team**, including their ability to connect service utilizers to longer-term care options and social services when interested.

At the same time, stakeholders uplifted a need for additional follow-up care after a mental health emergency. TOT staff and Berkeley Mental Health leadership described many challenges TOT face in meeting the level of need across the crisis spectrum. The team is not adequately staffed to meet the current demand for their services. TOT is a team of only two staff with limited business hours for providing linkage to care. TOT staff also shared that the service provider that responds during a crisis (i.e., MCT) is not the same provider that makes follow-up connections (i.e., TOT), and that there are many potential providers to provide ongoing, long-term care (e.g., Berkeley Mental Health, Alameda County Behavioral Health, or private providers). They felt that this can create challenges for them to provide successful referrals and handoffs to post-crisis follow-up care, sharing background information on clients, and building trust and establishing rapport.

TOT staff also shared many challenges they face in reaching clients, particularly those leaving an inpatient or emergency facility, such as John George or Alta Bates Hospital. They explained that clients are sometimes discharged prior to their connection with TOT, often outside of TOT's hours of operation. They find it particularly difficult to connect with service utilizers that do not have a cell phone or a consistent residence, which they explain is common among high-utilizer community members, such as those with severe mental illness or those experiencing homelessness.

In general, many people that experience mental illness or mental health crises require or are recommended to long-term therapy or extended sessions**. However, it is the perception of stakeholders that services are primarily devoted to high-acuity and short-term and service utilizers are unable to access long-term therapy.** Stakeholders felt that the providers who do offer therapy or counseling are unable to meet the volume of weekly appointment needs of service utilizers due to budget and billing constraints. Therapy is not only a form of post-crisis care but also a pre-crisis prevention tool; service providers suggested brief intervention therapy in non-emergency settings (such as a service utilizer walking in during a crisis) to augment the existing crisis response system.

We need clean, safe shelters for people to spend the night if they're homeless and/or under threat. Kicking them out of shelters doesn't make the problem go away.

- SCU Survey Respondent

Outside of Berkeley Mental Health services, there are often strict policies around missing appointments, largely tied to insurance and billing requirements, that result in service disruption or termination for service utilizers. **Service providers and service utilizers feel that these strict missed appointment policies are inaccessible to many low-income service utilizers and often result in the discontinuation of services.** Stakeholders described some barriers that service utilizers may face in maintaining their appointments, including working more than one job (especially during standard business hours), having a reliable cell phone, having access to a calendar, and/or having a reliable mode of transportation.

The importance of follow-up care was elevated by all stakeholder groups as a priority for the SCU. Service providers argued that there may be benefits to having the same people providing care before, during, and after a mental health crisis, to build relationships, establish trust, and understand an individual service utilizer's care history, behaviors, triggers, and needs.

Additional Perspectives from the SCU Survey

"I would like for the police to be removed from crisis services and to have a rapid response available when I call...I would like for there to be more connection to services and follow up as part of the planning. There is often not a resource available for the person, and living on the streets is stressful, so repeated contact is essential. It can't be a one and done and often would mean an increase in FSP teams."

"Alternative trained individuals, such as social workers or mental health professionals as part of this time, increased community-based mental health care services, social and rehabilitative services that highlight social reintegration, such as Supported Housing, Supported Employment, and Supported Education."

Stakeholder perceptions of barriers to successful partnerships and referrals across the mental health service network

Perceived Strengths

- Providers know the referral options available for their clients

Perceived Challenges

- Limited coordination and information sharing between providers of shared clients
- BPD engages with many high utilizers but is not connected to the network of providers
- Lack of trust and understanding across service providers

Stakeholder Ideas

- Engage providers in discussions on system improvement
- Increase collaboration between cities, counties, and providers
- Address systemic factors of crises
- Increased outreach and care coordination of referrals

"A 24-hour crisis line/team or at least a team more available than currently. Police and that team should attend the regular city coordination meetings with the current teams that are doing outreach."

- SCU Survey Respondent

There was consensus among stakeholder groups that the existing mental health and crisis service network is complex, involves many providers, and can be a challenge for both clients and providers to navigate. Across these entities, establishing partnerships and referral pathways can be done informally (such as knowing which organization provides which types of services) or can be formalized (such as holding regular case management meetings for shared clients). Among community-based service providers, interviewees shared that they typically do know the scope of options available to their clients.

In general, stakeholders elevated a perceived lack of coordination between service entities in Berkeley. For example, a single client might receive emergency services from John George or Highland Hospital, but also have a primary care provider, have engaged frequently with the LifeLong Street Medicine Team, and have a case manager at the Women's Drop-In Center for wraparound services. Stakeholders shared that there is not active collaboration across all these entities or an established infrastructure to facilitate an understanding of all the touch points between providers and a service utilizer. **Ultimately, stakeholders feel that this obstructs the visibility of how a service utilizer moves through various points in the system.** Some providers explained that they may not share the full case history or behavior details of a client with other service providers initially because they fear the client will be rejected or denied service, particularly for violent behaviors. They feel that this prevents informed and well-placed referrals and service provision.

TOT staff shared that service coordination is lacking between hospitals and TOT for post-crisis follow-up care. To connect with an MCT service

utilizer at the hospital, TOT explained that they must rely on the discharging facility to contact them and coordinate the release of the shared client. TOT staff reported needing to spend time in hospitals to establish relationships with new case managers, front desk staff, nurses, and orderlies to facilitate this information sharing and warm handoff of clients; they described a lack of standardized protocol for such coordination.

BPD also reported feeling disconnected from the care continuum and lacking coordination with trusted CBOs and behavioral healthcare providers around shared clients. BPD routinely engages with frequent crisis service utilizers and sometimes carries supplies like food and clothing, though there is not an existing pathway for BPD to identify, contact, and coordinate with a case manager. **BPD elevated that these frequent utilizers would be better served by a case manager.**

Service providers also reported that BPD does not routinely bring service utilizers to their locations for support, and some questioned whether BPD know that their programs and services exist. Still, others felt that police presence at their sites is disruptive and may prevent potential service utilizers from coming if they witness police officers around the premises.

Stakeholders offered possibilities to enhance the referral pathways and partnerships across the crisis response network at both structural and provider levels. At a structural level, stakeholders suggested having a regular convening of local care providers to discuss opportunities to improve the mental health crisis system. Stakeholders also suggested having more inter-county and inter-city coordination on systemic issues related to housing and healthcare. Stakeholders suggested that the crisis response system should be expanded and augmented to include more non-mental health related service provision on the spot and not only connections or linkages to resources. Additionally, stakeholders expressed a desire for more outreach and partnerships with long-term care to enhance coordination and referrals across the service network.

At a provider level, stakeholders suggested having more coordination between providers and outreach teams. Service providers also expressed an interest in having regular meetings with the SCU to discuss shared clients, which could improve care coordination as well as client outcomes.

Additional Perspectives from the SCU Survey

"The challenge is, and has been, to have adequate staffing to provide services to those in crisis, with severe mental health diagnosis and/or dual diagnosis in the moment and following a crisis response. Successful efforts have been proven by street health teams to engage and provide treatment on the street, which often include de-escalation. The struggle lies on helping folks transition into care in the clinics, recovery programs, or a combination of both: with adequate staffing to provide long term services. So, challenges would fall under budget & funding to expand staffing and programming, including crisis residential, and Board and Care Homes...The City appears open and willing to try an approach that will better meet the needs of its citizens."

Stakeholder perceptions of needs to integrate data system and data sharing to improve services

Perceived Strengths

- Some medical clinics use the same EHR
- Some agencies use a shared Alameda County Community Health Record

Perceived Challenges

- Limited data integration across providers inhibits care coordination

Stakeholder Ideas

- Expand data integration across providers and provider access to case history
- Increase care coordination across providers
- Notify case managers after discharge from hospital

"I would also feel safe knowing that the City and County were working together to identify ways to increase funding for mental health services in conjunction with housing to meet the mental health/substance use recovery needs of the community."

- SCU Survey Respondent

Service providers feel that better system integration and data sharing across the service provider network can support providers in meeting the needs of service utilizers. Stakeholders feel that system integration and data sharing are strongly related to the successes and challenges of partnerships, referrals, and connectivity across the service network.

The numerous entities that span the mental health, substance use, and homelessness service network include CBOs and government agencies across the City of Berkeley, Alameda County, and other cities and counties. **Service utilizers also move across these regions, accessing services in multiple cities or counties. As a result, system integration could happen at many levels.**

Fortunately, subsets within the service network do have data integration and sharing capabilities. For instance, providers shared that all federally-qualified health centers (FQHCs) are on the same network as hospital Emergency Departments.

Some program directors also discussed a recent effort at the county level to integrate data into one Community Health Record for service utilizers.[25] This system integrates medical, mental health, housing, and social service data into one platform. There are currently over 30 organizations within

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[25] Alameda County Care Connect. (n.d.). *Why AC Care Connect? Why Now?* Retrieved October 11, 2021, from **https://accareconnect.org/care-connect/#faq-item-5**

Alameda County who are using the community health record, with a goal of every agency being onboarded onto the system.[26]

Until then, the current multitude of agency data systems are not yet fully integrated. Providers explain that they are unable to identify shared clients or high utilizers of multiple systems, track those service utilizers' touchpoints across the service network, or view patient history across those service touchpoints. Case managers share that they are not notified when a client is discharged from a medical facility or community provider of care. **Service providers feel that this lack of data integration affects collaboration, referrals, and, ultimately, client outcomes.** The limited visibility of a service utilizer's prior history was raised by service providers as a challenge to supporting safety when trauma histories, triggers, and recent mental health crises cannot be incorporated into care planning.

Additionally, except for diagnosis and treatment purposes, HIPAA privacy regulations require service utilizers to give consent and Release of Information (ROI) to providers for external case managers' names, information, and service documentation to be included in medical records. This limits the collaboration between case managers and other providers on a case-by-case basis.

Stakeholders elevated that it would be ideal to have all service providers, including an SCU, utilizing the same data platform. They also indicated that non-medical CBO providers and case managers should have contact with the client's health home (if established), especially for substance use management and medication management. Case managers could then be notified when a service utilizer is engaged or discharged from care. Service providers emphasized the importance of understanding someone's medical and social history to provide appropriate care and anticipate what could trigger or escalate them. Service providers also warned to not overburden the SCU with documentation requirements.

"…But we need more training in mental health, de-escalation and interagency training and coordination. We have a lot of great people working these issues, we just need a little more cross pollination of effort."

- SCU Survey Respondent

Additional Perspectives from the SCU Survey

"…Secondly, we need significantly greater inter-municipal and inter-county collaboration in order to tackle structural problems that homeless and mentally ill clients face…Increasingly, our clients are more mobile, have longer commutes, and with gentrification and sprawl, landscapes of poverty and wealth are shifting. We need to be able to be responsive to clients across municipalities and communities, as people who seek services in Berkeley, particularly homeless and low-income clients, often no longer have the means themselves to be able to live in Berkeley."

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[26] Raths, D. (2021, October 4). Alameda County's Social Health Information Exchange Expands. *Healthcare Innovation*. https://www.hcinnovationgroup.com/interoperability-hie/health-information-exchange-hie/article/21240807/alameda-countys-social-health-information-exchange-expands

Stakeholder perceptions of a need for increased community education and public awareness of crisis response options

Perceived Strengths

- 911 is well-known by the general public as a crisis response option

Perceived Challenges

- Lack of clarity that MCT responds with police, undermining trust
- Limited knowledge around services and availability
- Distrust of system can prevent people from calling 911
- Incidents of unnecessary use of 911

Stakeholder Ideas

- Launch a public awareness campaign for new SCU and clearly distinguish it from MCT
- Work with partners and service providers to advertise SCU
- Increase community education on use of 911 and techniques for conflict resolution

"In the past, I have witnessed unsafe situations or people who look like they could use support, but I am too afraid to call the police in those situations, for fear that they could show up and harm or kill the person."

- SCU Survey Respondent

A common perspective among stakeholders is that the general public is unclear around when police will or will not be involved in a response. Many service providers and service utilizers do not know the current options and availability of services in Berkeley to support during a mental health crisis. Overall, stakeholders share that there is a lack of understanding of what services are available and which entity provides those services. They feel that this undermines a sense of safety and contributes to distrust of the current mental health crisis response system.

One common challenge raised by many stakeholders has been the lack of understanding of MCT's co-responder model. Many providers shared that they have contacted the MCT line specifically to avoid calling 911 and were surprised when MCT was accompanied by police. Many providers, therefore, stopped calling MCT because of its collaboration with BPD. Similarly, service utilizers shared that there is a lack of trust that MCT can manage a crisis without police presence. Service utilizers are concerned that their safety is endangered in these instances and that they may experience retaliation or police surveillance after requesting service provision from MCT, especially when they request help during substance use emergencies.

Stakeholders spoke to the importance of promoting community education and public awareness to address these challenges. They feel that the success of an SCU would be contingent on community education and public awareness around whether there would be police involvement in an SCU response. Service providers shared that connecting with local CBOs, leveraging existing partnerships, and building trust will be essential for an SCU to have buy-in among service providers to call a new

> *"More trained & well-compensated and insured crisis response staff, especially at night, around the full moon, or public events, & other times of increased disturbances, & more info put out there about what they do to help."*
>
> *- SCU Survey Respondent*

service that they have not used before. **Service providers are interested in understanding more closely how services will be provided, the techniques that will be used for de-escalation and crisis intervention, and the SCU's relationship with the police.**

Stakeholders also shared challenges around the general public's use of 911 and ideas for how to increase responsible use of 911. Stakeholders shared many instances of inappropriate use of 911, such as during disputes among neighbors or because a housed person or business does not want an unhoused neighbor to be near them. For these reasons, stakeholders emphasized the importance of a community education campaign around appropriate uses of 911. Stakeholders suggested that such a campaign could include strategies and techniques for managing conflicts and disputes without calling for crisis responders as an additional form of promoting community safety through methods that do not require law enforcement.

Additional Perspectives from the SCU Survey

> *"Merchants in the shopping districts should not be able to call the cops like they're calling customer service when a homeless person is not breaking any laws. It would be great if crisis services were more friendly and less coercive (cops), if the mental health delivery system was more robust, if crisis teams could respond in a timely way, if clinicians didn't use police radios on mobile crisis calls, if actual risk assessments were done on calls where no one would ever need a cop (when the person is willingly ready to go to the hospital), if hospitals would actually keep and treat the most ill patients rather than turning them away after 24 hours in a waiting area, if there were more mental health respite beds run by people who aren't ready to call the police if someone is agitated."*

Community Aspirations

Throughout stakeholder engagement, participants were asked to share their ideas for alternative approaches to mental health and substance use crises as well as to share community needs for a safe, effective mental health and substance use crisis response. These perspectives help illuminate the gaps in the current system that could be filled by a future Specialized Care Unit.

The following perspectives provide guiding aspirations for reimagining public safety and designing a response system that promotes the safety, health, and well-being of all Berkeley residents.

Community Aspirations

Stakeholder-identified opportunities to address the root causes that contribute to mental health, homelessness, and substance use crises

Stakeholder-identified opportunities for centering BIPOC communities in crisis response

Stakeholder-identified opportunities for community oversight to ensure equitable and transformative crisis care

Stakeholder-identified opportunities to address the root causes that contribute to mental health, homelessness, and substance use crises

"Berkeley should decriminalize the use of all drugs, it needs to create housing for the chronically mentally disturbed, it needs to have very well-trained people responding to crises. Berkeley together with Alameda County, should be providing wraparound services for the mentally disturbed and substance abusers. It needs to stop criminalizing people who are homeless.

- SCU Survey Respondent

Stakeholders unanimously pointed to the context surrounding the conversation on mental health crises: there are intersecting, state-wide crises of homelessness due to the lack of affordable housing[27] and the opioid epidemic. When reflecting on alternative ideas and community needs, stakeholders expressed desires for addressing the root causes that manifest in the present-day rates of mental illness, homelessness, and substance misuse and abuse. **Stakeholders discussed possibilities for shifting funding away from the criminal system and policing to overall community infrastructure (such as jobs, housing, and education) and increasing preventative healthcare to address the root causes of mental health, homelessness, and substance use emergencies more adequately.**

Stakeholders also emphasized how stigma and criminalization of drug use and/or mental illness continue to exacerbate crises. Stigma and criminalization are barriers to accessing care and addressing these crises at both the individual and structural levels. At the individual-level, stakeholders identified that internalized stigma around mental illness, homelessness, or substance use, can prevent individuals from seeking care and that service providers can reinforce stigma through their actions and/or withhold care. They described instances of criminalization of mental illness, homelessness, and substance penalizing individuals who do seek care, preventing or terminating employment or housing, and consequently perpetuating a cycle of these experiences. At a structural level, stakeholders emphasized that stigma and criminalization shape the prioritization of funding and budget allocations away from quality healthcare, affordable housing, and evidence-based harm reduction approaches that promote community safety and health. **Stakeholders also identified that the gaps in the existing crisis response system are because the crisis response system was designed around the stigma and criminalization of these experiences rather than designed to provide care and promote well-being.**

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[27] In 2019, Berkeley passed a resolution calling on the Governor to declare homelessness a state of emergency. https://www.cityofberkeley.info/Clerk/City_Council/2019/02_Feb/Documents/2019-02-19_Item_10_Declaring_a_California_Homelessness.aspx

Additional Perspectives from the SCU Survey

"As with every other part of the United States, we too are dealing with a rather poorly run medical care delivery system. We are also dealing with the war on drugs which is a total failure and has criminalized for too many people for a drug related problem, which is a public health issue and should never have been a criminal justice issue."

"Honestly we need more than just mental health crisis teams. We need a holistic approach. One that considers not just the crisis but also everything before. We need to address the underlying cause - child abuse, domestic violence, individualism and lack of community."

"The system is overwhelmed. It has been extraordinarily difficult to link clients to shelter or mental health consistently in Berkeley. The problems that most clients suffering from mental illness in the region face are primarily systemic in nature, and there is an extreme lack of resources available in the way of permanent housing, shelter, or frontline community mental health services. Furthermore, for clients who are low-income, learning disabled or struggle with executive functioning, or homeless, engaging in the kind of time-intensive, linear, multi-step bureaucratic processes necessary to enter into the shelter and mental health systems is often all but impossible without intensive agency advocacy and persistency. Homeless clients in particular struggle with agency-based barriers to care, often move between counties and municipalities, lack targeted outreach, and experience outreach primarily as criminalization, a tragedy given that cost of living, region-wide housing shortages, and past failures of criminal justice policy are disproportionately responsible for endemic homelessness in the Bay Area."

"Firstly, funding priorities need to shift. We need to address the root causes of mental illness, substance use, and homelessness - trauma, often created or exacerbated by decades of failed criminal justice policy and lack of investment in community infrastructure and social services, criminalization of drug users as opposed to investment in substance use counseling and harm reduction programs, and the legacy of a suburbanized and disjointed approach to regional housing policy and governance. We need to shift funding priorities in Berkeley and the region towards funding social services, especially mental health and substance use rehabilitation, education, parks and transit infrastructure, and encourage policies that protect renters and the working poor, especially families. We need to not only shift towards social workers and mental health responders as the primary agents in engagement with clients suffering from mental illness, and not only increase homeless outreach - we also need to acknowledge the history of homeless-led political engagement in Berkeley and the region, and employ a model that politically values the voices of homeless clients themselves…"

Stakeholder-identified opportunities for centering BIPOC communities in crisis response

Stakeholders emphasized that people of color, particularly Black or African American people, are most often harmed by police. They also named that in Berkeley, the structures that put people at risk of homelessness disproportionately affect Black residents, which results in Black Berkeley residents disproportionately experiencing homelessness.[28]

Some service providers also shared incidences of racial bias and discrimination by BPD against their Black clients. For example, at a CBO provider of non-emergency services, case managers reported calling 911 because MCT was closed; the case managers reportedly gave specific instructions that a young White woman was threatening staff and refusing to leave the premises. Yet, upon arrival, BPD harassed and threatened to arrest a Black client.

Black service utilizers and service providers alike elevated their own experiences navigating systems with entrenched racism, including interactions with police and medical facilities. For example, one Black clinician shared the important and unique ways that Black personnel promote a sense of safety, security, and trust for Black service utilizers. The provider shared that the comfort and reassurance of a shared identity increases the opportunities to be more honest, especially during medical or mental health crises.

Stakeholders shared that reducing contact between police and Black residents, especially Black unsheltered residents, is important to public safety. Stakeholders also shared that Black residents and other community members of color should provide input and feedback as an SCU is designed and implemented in Berkeley.

Additional Perspectives from the SCU Survey

"less arrests and escalation by police, I worry because the homeless population is mostly African American."	*"…The proportion of folks who are Black among those homeless in Berkeley is much higher than the general population. We know that police interacting with POC is a dynamic that all too often leads to harm."*

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[28] City of Berkeley. (2019). *City of Berkeley Homeless Count & Survey – Comprehensive Report.* Retrieved October 11, 2021, from **https://everyonehome.org/wp-content/uploads/2019/09/2019HIRDReport_Berkeley_2019-Final.pdf**

Stakeholder-identified opportunities for community oversight to ensure equitable and transformative crisis care

Due to system distrust and the current climate around Berkeley's Reimagining Public Safety efforts, **stakeholders expressed a desire and need for ongoing community input and oversight of crisis response, especially by those most impacted by crisis services**.

Stakeholders suggested leveraging the Mental Health Commission, which they feel is currently underutilized. They also expressed the importance of ensuring that engagement and oversight opportunities are accessible for the most structurally marginalized residents and residents utilizing SCU and crisis response services.

Additional Perspectives from the SCU Survey

"Crisis response that reaches out to the community to ask what they want; particularly communities of color, and enlist this community in the creation of the programs…"

Thoughtful, constructive ways for integration and engagement of the challenged community with the community of Berkeley residents and workers."

Appendices

Appendix A. Sample Interview Guide

CBO Staff Focus Group Guide

Focus Group Details

Date	
Facilitator	
Community groups in attendance	

Overview

[Introduce facilitator and notetaker]

We are gathering information about mental health and substance use crisis response in the City of Berkeley, including by contacting (211, 911, BMH crisis triage line, etc.) and who responded (if at all): social workers, medics/EMT, fire and/or police in our city. We are interested in hearing specifically about your experiences, and/or your perceptions of, mental health and substance use crisis response in the City of Berkeley. We are gathering this information to inform the development of a Specialized Care Unit (SCU) for the City of Berkeley as a non-police crisis response to mental health and substance use calls.

At the end of the discussion, if you feel like you didn't get to share something, or you think of something else you want to share later, feel free to visit our website for additional ways to provide feedback. https://sites.google.com/rdaconsulting.com/city-of-berkeley-scu/

This focus group will last approximately 90 minutes. If possible, please leave your video on and keep yourself muted when you are not speaking. You may respond to our questions verbally or in the chat, whichever you prefer.

Our goal for today is to understand your experiences as providers and advocates and do not expect you to share private details of your clients' experiences. Your own responses will be kept confidential and will be de-identified in any report back to the City of Berkeley.

We understand that some experiences with the current crisis response may have been harmful to you and/or your clients; if you would like to take a break or leave the focus group, please do so at any time.

Does anyone have any questions before we begin?

Questions
Warm-up
To get us started, we would like to do some introductions.

1. Please introduce yourself to the group by sharing your name, group or organization you are representing, your role, how long you've been there, and a word or phrase that comes to mind when you think about "mental health and substance use crisis services".

Experience with and perceptions of mental health and substance use crisis response
Now I would like to ask you some questions about your experience with and perceptions of the mental health and substance use crisis response options in the City of Berkeley.

2. What do you know about the existing mental health and substance use crisis response options in the City of Berkeley?
   a. What kinds of crises do these services respond to?
   b. What is missing?
3. How do the services your organization or program provides intersect with mental health and substance use related crisis services?
4. Are individuals referred to your program after experiencing a mental health or substance use related crisis?
   a. If so, what services do you typically provide
   b. How are those clients connected to your program?
5. Where would your clients go/who would they call if they were experiencing a mental health or substance use related crisis?
   a. If, as a provider, a client was experiencing a mental health or substance use related crisis is there a program that you would call for support?
      i. If so, who would you call? How do you decide who to call?
      ii. How effective has the response been?
      iii. Please share an example of a situation where you needed to contact someone to support a mental health or substance use related crisis for a client.
         1. Do you feel that the service was helpful? If so, how?
         2. If not, what could have been done differently?
6. Do you feel comfortable/safe calling for support from the existing mental health or substance use related crisis service options? Why or why not?
   a. Do you feel that the existing mental health or substance use related crisis response options are helpful to clients? Why or why not?
7. Are there times that you have chosen not to call for mental health or substance use related crisis response services? Why or why not?
   a. What did you do instead?
   b. What might have made you feel more comfortable calling for support when a client was experiencing a mental health or substance use related crisis?
8. What do you feel that your clients typically need when they are experiencing a mental health or substance use related crisis?
   a. Where might you refer a client if your program or organization can't provide the help they need during a mental health or substance use related crisis?
9. Are there local organizations or groups that you collaborate with that are maybe not considered part of the "system"?
   a. If so, who are they and what kinds of support do they provide?
      i. Do you think they would want to talk with us? *[if yes, get contact info for follow up]*

Strengths and challenges of the current mental health or substance use related crisis response options

In this section we will be discussing what the system is doing well and what the system is not doing so well.

10. In your opinion, what are some of the strengths of the current mental health or substance use related crisis response options?
    a. If your clients have experienced a mental health or substance use related crisis, were they able to get help? How so?

11. In your opinion, what are some of the weaknesses of the current mental health or substance use related crisis response options?
    a. Why do you think things aren't working?
    b. Do you think mental health or substance use related crisis response services are difficult for your clients to access? How so?
    c. What are some of the gaps related to mental health or substance use related crisis response options?

12. Do you feel that some people are served better than others by the current crisis system?
    a. If so, who is left out?
    b. Are people treated differently based on their race, gender, culture, sexuality, or disability? If so, how?

Ideas for alternative model
In this section I'm now going to ask you for your ideas for an ideal response for someone experiencing a mental health or substance use related crisis.

13. What would an ideal mental health or substance use related crisis response look like for you and the people you serve?
    a. What kind of response would best meet the needs of your clients?
    b. What would make it more likely for you to reach out to a crisis team for support?
    c. What would make it less likely for you to reach out?
    d. Who should, and should not, be involved in a mental health or substance use related crisis response? (i.e., Police, EMT, clinicians, peers, social workers, others?)
    e. What do you consider to be essential features of an effective mental health or substance use related crisis response that is responsive to, and respectful of, the clients you serve?

14. What do you feel needs to be included in a new mental health or substance use related crisis response for you to feel safe calling for or providing those services?

Wrap up
We are hoping to talk to people one on one who are less likely to attend a focus group, but who have lived experience and would like to provide feedback on the development of a Specialized Care Unit. We are asking you to think about the people your program serves and consider if there are individuals who might want to share their experience with us in an interview either in person or over the phone.

15. What do you think are the best ways to engage your clients in this process?
    a. How can we make sure that everyone's voice is heard?
    b. Who is the best person to interview them?

      c.   Would they be comfortable talking with someone from RDA or is there another person who might be more suited to talk with them?

      d.   [Note contact information for follow up if applicable]

16. Is there anything else that you didn't get to share today that is important for us to know?

Closing

Thank you for your participation. We genuinely appreciate the time you took to speak with us today. We will be conducting interviews with other organizations and community members over the next few months and compiling a report based on the feedback, which will be shared with you and the community. If you would like to share any additional information with the City of Berkeley, feel free to visit https://sites.google.com/rda consulting.com/city-of-berkeley-scu/.

Appendix B. Demographics of Community Engagement Participants

As a reference point, it is important to understand the demographics of the Berkeley population. Table 1 below shows the demographics of Berkeley's overall city population (in July 2019) and the Medi-Cal recipient population (FY 2019-2020). Medi-Cal population demographics are included because the majority of City of Berkeley ongoing funded mental health services are restricted to this population, due to funding requirements. Relative to Berkeley's overall population, Black or African American residents are overrepresented in the City's Medi-Cal population, while Whites and Asians are underrepresented.

Table 1. Berkeley Population and Medi-Cal Recipient Demographics (2019)

	City Population (July 2019)[29]	Medi-Cal Recipients (FY 2019-2020)
Population Size	121,363	18,548
Race Ethnicity (%)		
White	53.3%	26%
Black/African American	7.9%	22%
Hispanic/Latino	11.4%	12%
Asian/Pacific Islander	21.5%	10%
American Indian/Alaska Native	0.5%	0%
Other (including 2+ races)	7.5%	33%
Gender (%)		
Female	50.5%	51%
Male	49.5%	49%

In the charts shown below, "provider participants" are those who were interviewed by RDA as part of CBO interviews and focus groups. "Service utilizer participants" are clients of CBOs or encampment residents who were interviewed by RDA. And "survey participants" are individuals who responded to RDA's online survey; these respondents could be a mix of providers, servicer utilizers, and/or other Berkeley residents or stakeholders.

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[29] United States Census Bureau. (2019). *QuickFacts – Berkeley city, California*. **https://www.census.gov/quickfacts/berkeleycitycalifornia**

Figure 1 below shows the age distribution of the individuals that participated in this process. Overall, RDA received information from more people in the 30-44 range (39%) than any other age range.

Figure 1. Participants by age (n = 122 individuals)
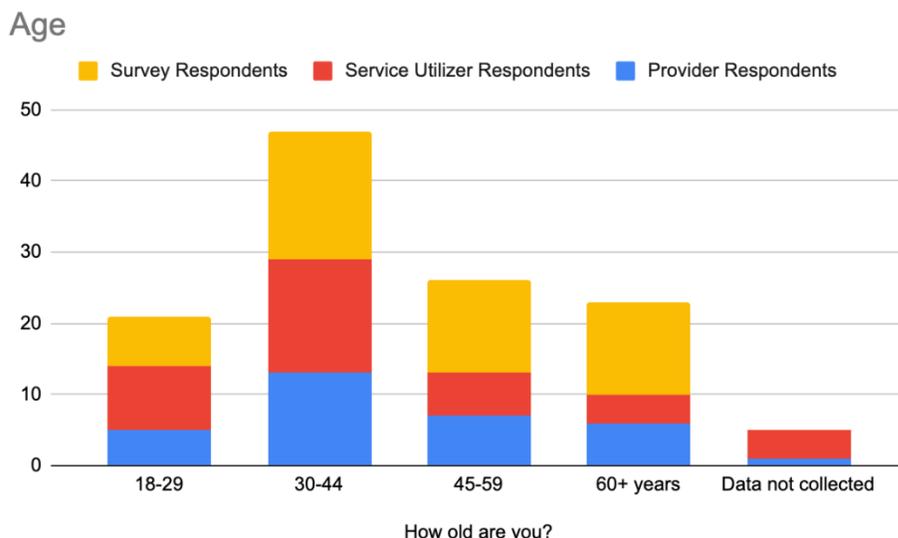
Figure 2 below shows the racial and ethnic distribution of participants in RDA's data collection.[30] Participants were asked to note all races/ethnicities that they identified with, so these are duplicated counts; for this reason, specific percentages should not be interpreted from this data. A large proportion of participants were white, especially among the survey respondents who participated. Most of the Black or African American participants contributed their perspectives via RDA's in-person focus groups or interviews. As compared to Berkeley's overall population, service utilizers and providers who identified as Black or African American were overrepresented in RDA's data collection efforts, (see Table 1).

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[30] 13 participants selected more than one racial or ethnic identity, so these numbers are duplicated. For example, if a participant selected White and Black or African American, they are counted in both the White and African American categories.

Figure 2. Participants by race/ethnicity (n = 122 individuals)
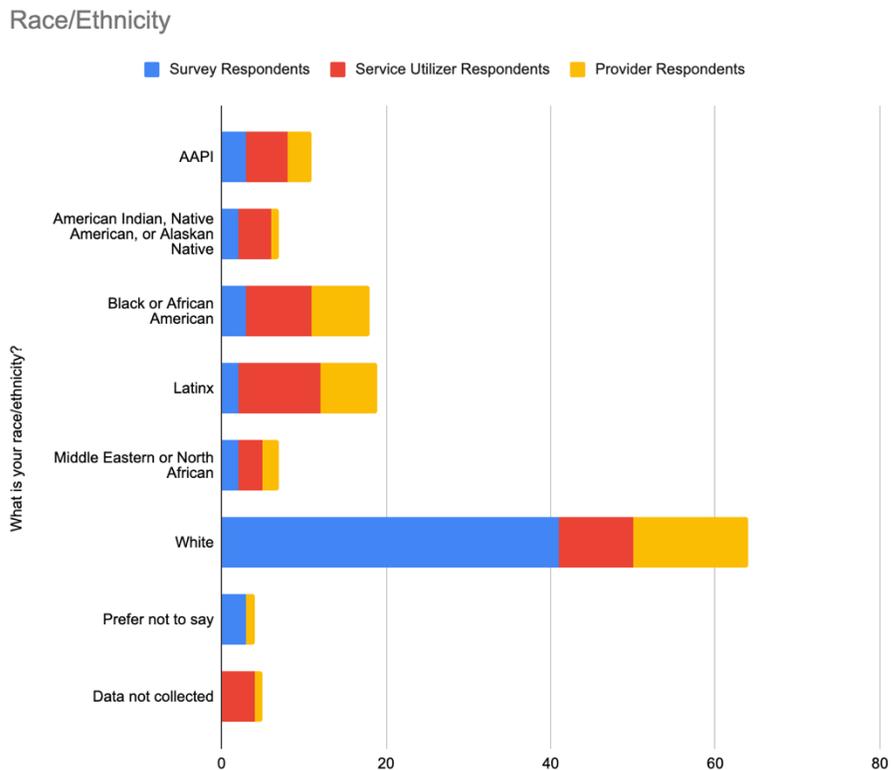
Figure 3 below shows the number of transgender and cisgender participants of RDA's data collection. Overall, there were far more cisgender participants than transgender participants. However, a higher proportion of service utilizer respondents (13%) were transgender, while less than 4% of survey respondents and 3% of provider respondents were transgender.

Figure 3. Participants by transgender/cisgender (n = 122 individuals)
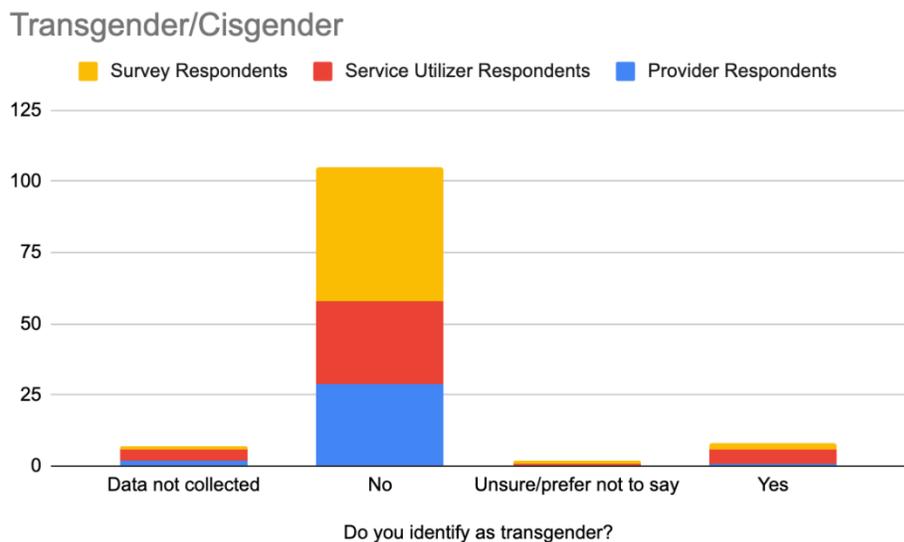
Figure 4 below shows the gender identity distribution of participants to RDA's data collection. RDA collected feedback from more than double the number of female-identifying participants (72) than male identifying participants (31). There was an even distribution among service utilizer respondents (41% female and 41% male) compared to survey respondents (67% female vs. 20% male) and provider respondents (69% female, 16% male). Overall, there were very few genderqueer or nonbinary participants (<1% and 6% respectively).

Figure 4. Participants by gender identity (n = 122 individuals)
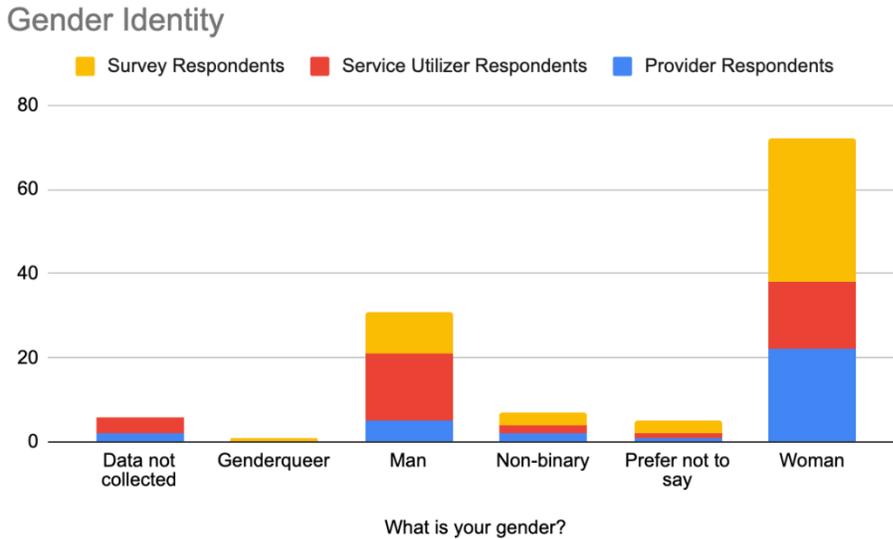
Figure 5 below shows the sexual orientation of participants of RDA's collection. Over one third (35%) of participants identified as heterosexual or straight, while over one fourth (28%) identified as LGBTQ+. The remaining participants did not share their sexual orientation or it was not asked of them. Over half of survey respondents (57%) identified as straight, while only 31% of provider respondents and 10% of service utilizer respondents identified as straight.

Figure 5. Participants by gender identity (n = 122 individuals)
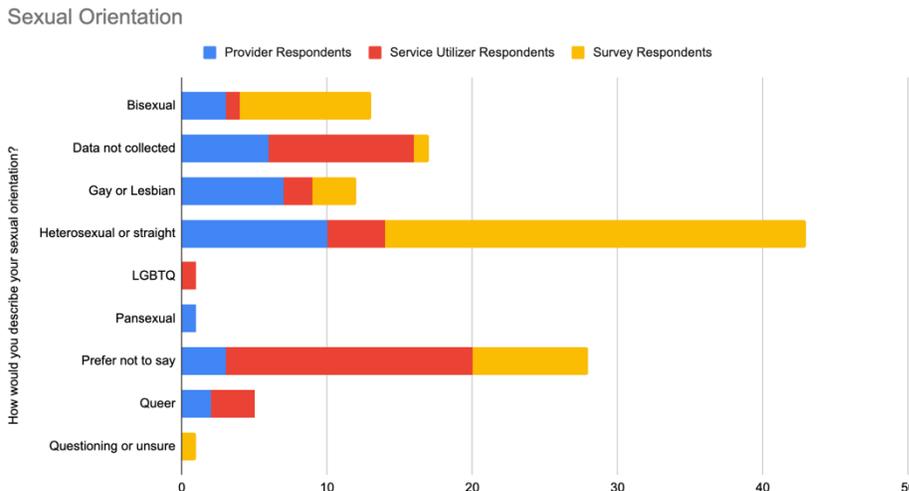
Figure 6 below shows the geographical distribution of participants of RDA's data collection. The most common zip code of participants was 94710 (25%), in large part due to the number of Seabreeze encampment residents that participated in this process. Closely following were the Berkeley ZIP codes of 94702, 94703, and 94704 with 11%, 12%, and 18% of participants, respectively.

Figure 6. Participants by ZIP code (n = 122 individuals)

What City of Berkeley zip code do you live or work in?
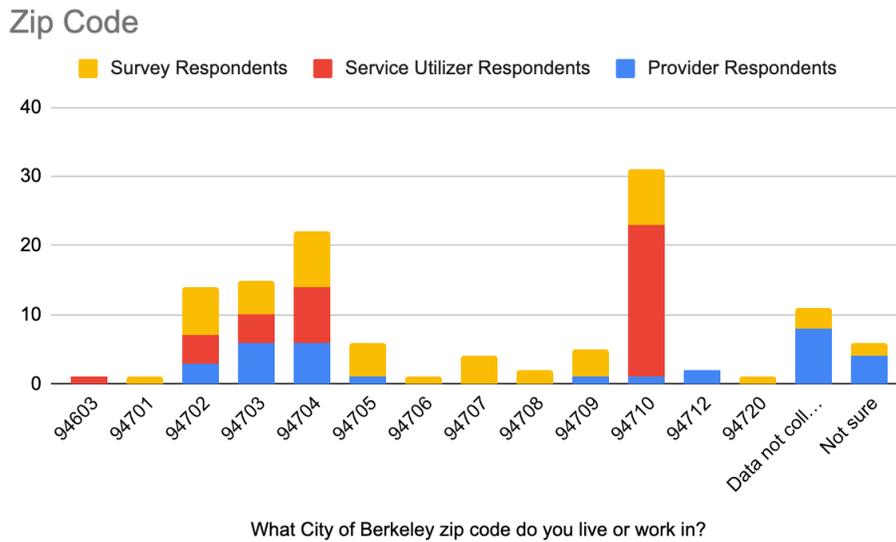
Appendix C. Process of a Mental Health Call
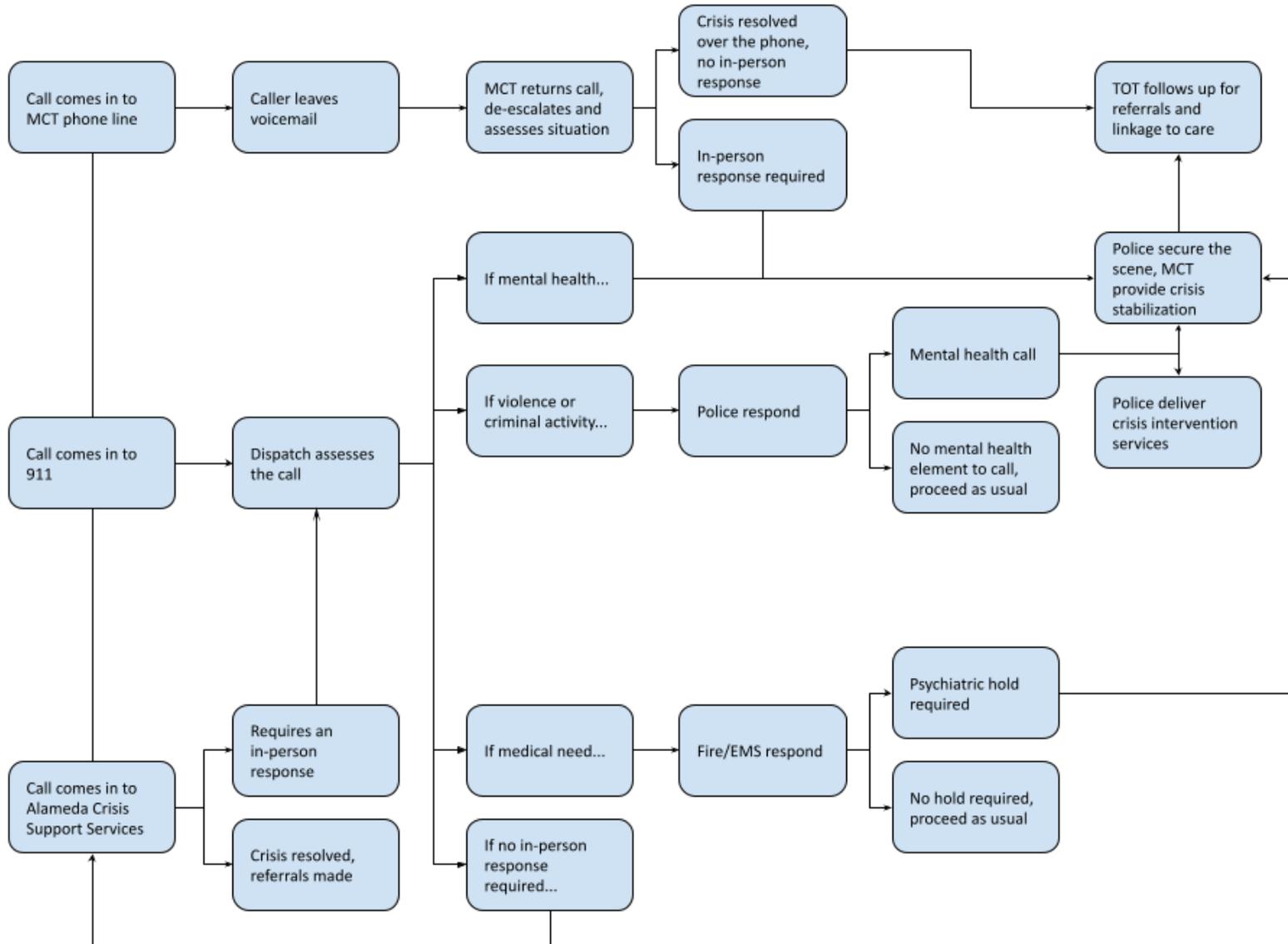
Appendix D. Mental Health Call Responses – Call Volume and Demographics

Data Collection Methods and Challenges

Early on in this project, RDA submitted requests to Berkeley Mental Health's Mobile Crisis Team (MCT) and the Berkeley Fire Department (BFD) to receive data on responses to all mental health related calls. MCT shared basic service-level data of their responses for FYs 2015-2020. BFD shared data from BFD and Falck (the city's contracted ambulance services provider for mental health crises) that was limited to responses to 5150 calls in Berkeley between calendar years 2019-2021.

RDA did not submit a data request to the Berkeley Police Department (BPD) for two reasons. First, from another evaluation project that RDA currently has with the Berkeley Mental Health Division, RDA already had basic service-level data from BPD regarding their responses to calls originating for 5150s, for the period of CYs 2014-2020. Second, in April 2021, the Berkeley City Auditor released a comprehensive report on its extremely in-depth data analysis of BPD's responses. For the purposes of RDA's project regarding the Specialized Care Unit (SCU), there was no need to replicate any of the work and findings that came from the Berkeley City Auditor. Please see the Berkeley City Auditor's report for a detailed description of its methods, findings, data limitations, and data recommendations for BPD.[31] The findings that are shared in this report from the Berkeley City Auditor's study are extrapolated directly from the data about BPD calls (from CYs 2015-2019) that was included in the Auditor's report.

In general, RDA's analysis of MCT, BFD, Falck, and BPD call data yielded high-level summary plots about subject/patient demographics and call volume. The general limitations of all available data prevented a more in-depth analysis of the data. More detailed tabular findings are not shared in this report for two reasons: 1) given that all of the quantitative data are under representations of the true volume of crisis responses and callers in Berkeley, only the trends about the volume of mental health related calls and caller demographics should be interpreted from this data, not the specific numbers; and 2) in order to protect the privacy of the few individuals who populated some of the specific categorizations of this data, RDA cannot disclose data which includes small sample sizes.

There were limitations to the quantitative datasets that RDA received. Of greatest impact is that the data entry practices across each agency were not consistent with each other, thus limiting which data could be pulled for analysis as well as which findings could be compared between agencies. For example, due to data limitations, RDA was unable to present a total call volume across agencies or the unmet need for mental health intervention during 5150 transport. Though estimates on call volume and unmet need are relevant to understanding crisis response options, inconsistent data collection and reporting across agencies would make this calculation inaccurate and misleading.

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[31] Berkeley City Auditor. (2021, July 2). *Data Analysis of the City of Berkeley's Police Response*. **https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf**

The data challenges that RDA encountered were very similar to those faced by the Berkeley City Auditor; please refer to the Berkeley City Auditor's report of its findings of Berkeley's Police Response for a thorough description of their data challenges.[32]

Mental Health Call Volume

Mobile Crisis Team: From the call data that MCT shared with RDA, findings are limited to only showing the total volume of calls that MCT responded to during 2015-2020. Due to missing data and data elements across the various years, there were not any consistent elements for which findings could be determined over the full five-year period. Figure 7 below shows the volume of MCT's total incidents and which of those incidents resulted in a 5150 for each year between 2015-2020.

Figure 7. Mobile Crisis Team (MCT) Incidents in 2015-2020 - Total

<u>**Total Incidents**</u>   <u>**5150s Only**</u>
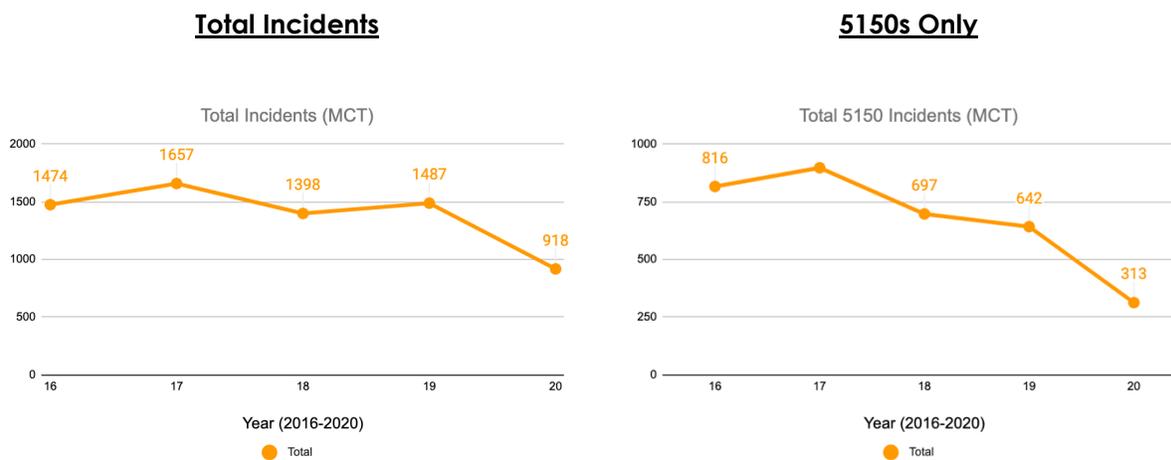
Since 2015, there has been a gradual decline in the number of total and 5150 incidents that MCT responded to in Berkeley due to staff vacancies as well as the COVID-19 pandemic.

Berkeley Police Department: For the period of 2014-2020, RDA received data from BPD that included all calls initially coded by BPD as needing a 5150 response. This was the only type of designation that could be queried in BPD's data for mental health related calls. From this dataset, RDA identified the variety of other types of incidents that were coded alongside "5150" for each call. Figure 8 below shows the top ten incident types for all the 5150 calls that BPD responded to in 2014-2020.

Figure 8. Top 10 Berkeley Police Department (BPD) 5150 Incident Call Types, 2014-2020

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[32] Berkeley City Auditor. (2021, July 2). *Data Analysis of the City of Berkeley's Police Response*. **https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf**

Top 10 BPD 5150 Incident Call Types (2014-2020)
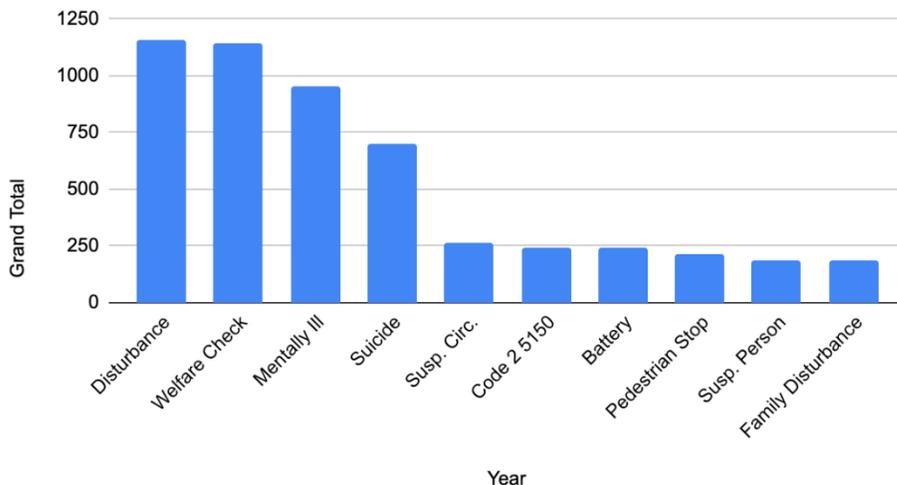
Disturbance, welfare check, mentally ill, and suicide were the most frequent incident types of all 5150 calls to BPD.

The Berkeley City Auditor conducted a qualitative analysis of its BPD call response data to explore the differences between calls that were or were not mental health related. Because BPD's data does not have an explicit variable that denotes whether each call is mental health related or not, the Berkeley City Auditor did a keyword search for mental health related terms in the open narrative fields of BPD's call entries. Figure 9 below shows the differences in mental health related and non-mental health related calls that BPD responded to between 2015-2019, stratified by call type.

Figure 9. Berkeley Police Department (BPD) Call Types, 2015-2019

Top Call Types with Mental Health Incidents (2015-2019)
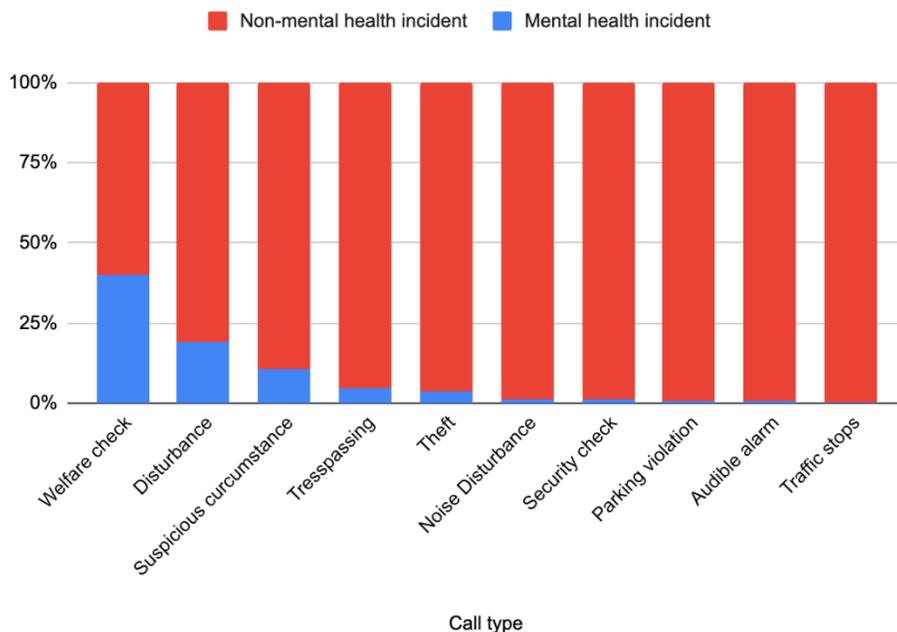
Around 40% of BPD's welfare check calls included a mental health related facet to the response, followed by around 20% of disturbance calls, and around 10% of calls regarding suspicious circumstances.

Berkeley Fire Department: The data that BFD shared with RDA (which included data from BFD and Falck) included information on the facilities that BFD and Falck transported 5150 cases to between 2019-2021. Falck conducted the large majority of 5150 transports in Berkeley. Most 5150 transports were to Alta Bates Medical Center and John George Psychiatric Emergency Services. BFD only transported 5150 cases to Alta Bates, Oakland Children's Hospital, and Kaiser. As contracted, Falck conducted 5150 transports to all the agencies noted below.

Figure 10. BFD and Falck 5150 Transports by Destination, 2019-2021

Transports by Facility (2019-2021)
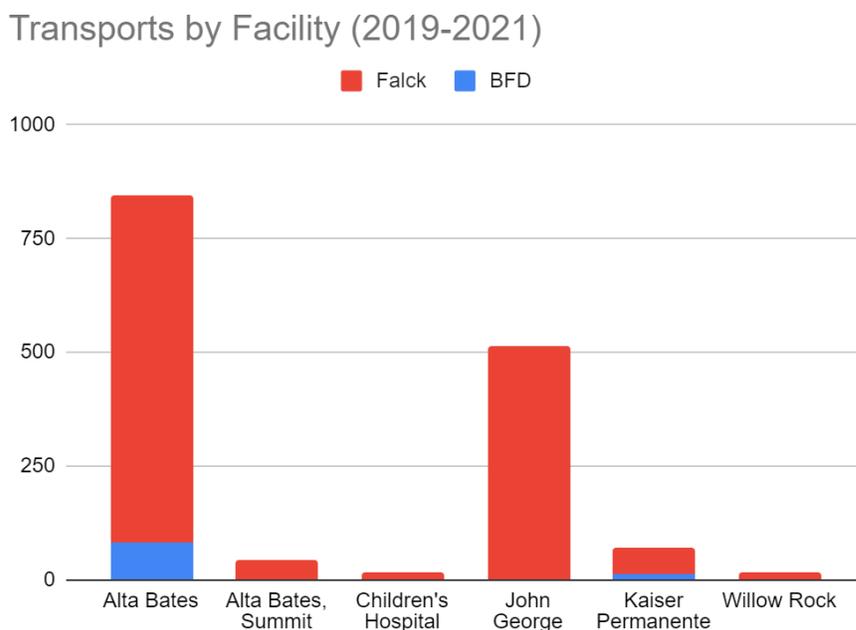
BFD also shared data regarding their and Falck's time on task for each 5150 response and transport. Time on task represents the time from which BFD or Falck arrive at the scene to the point in which they complete the transport of the patient to the destination. Of the 95 5150 transports that BFD conducted between 2019-2021, BFD's average time on task was 20 minutes. Of the 1,523 5150 transports that Falck conducted between 2019-2021, Falck's average time on task was 115 minutes. This is because Falck is the designated ambulance provider who is transporting 5150 cases around Alameda County. These calls can take more time and can be to farther locations. Figure 11 below shows the average time on tasks for BFD and Falck.

Figure 11. BFD and Falck Time on Task for 5150 Transports, 2019-2021

Average Time on Task, BFD (2019-2021)
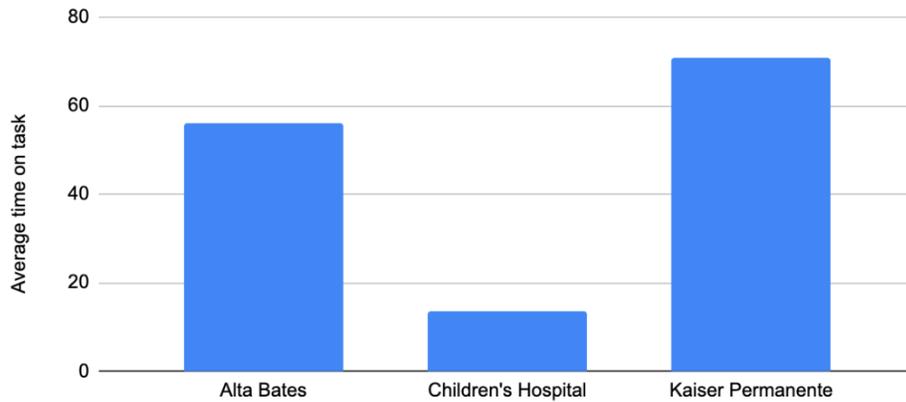
Average Time on Task, Falck (2019-2021)
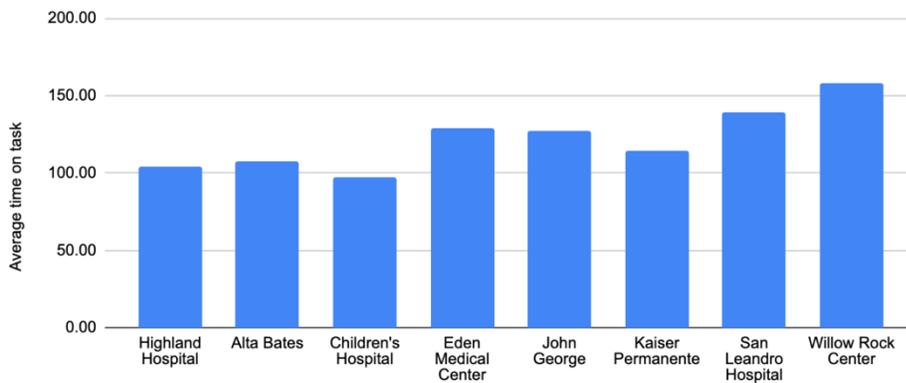
BFD, Paramedics Plus (or PPlus, the contracted ambulance provider prior to Falck), and Falck's data on their 5150 call responses also included information on the day of the week and time that each 5150 call was initiated. RDA analyzed this data to search for any notable trends regarding when 5150 calls originate. Figure 12 below shows when each agency's 5150 call responses occurred; this data spans the years 2018-2021. From this data, it appears that 5150s are least frequent during the very late-night and early-morning hours (2:00-8:00am), and the most frequent between 10:00am – midnight. There is no noticeable difference in the frequency of 5150s across the seven days of the week.

Figure 12. BFD, PPlus, Falck 5150 Transports by Time of Day and Day of Week, 2018-2021

Call Responses by Hour of Day (2018-2021)

Call responses by hour of day
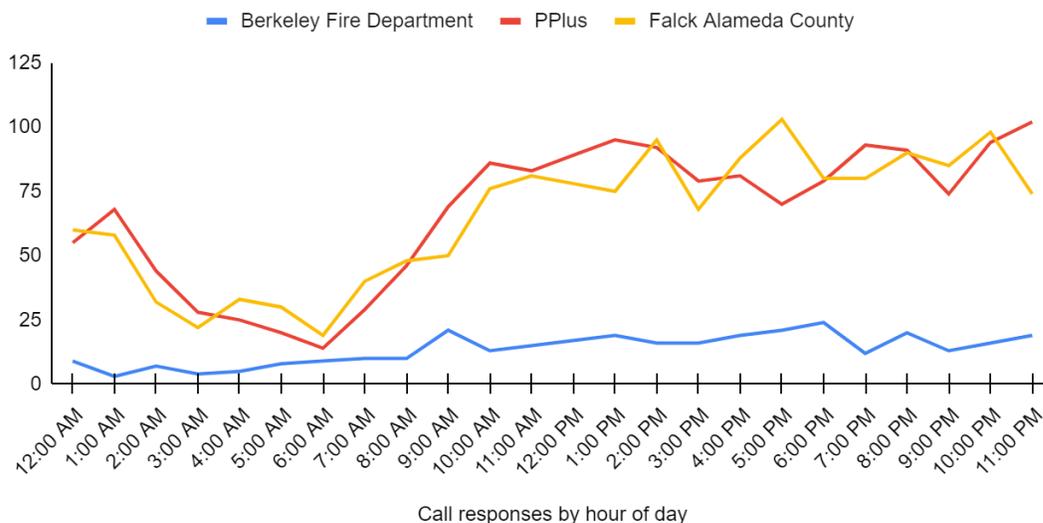
Call Responses by Day of the Week (2018-2021)
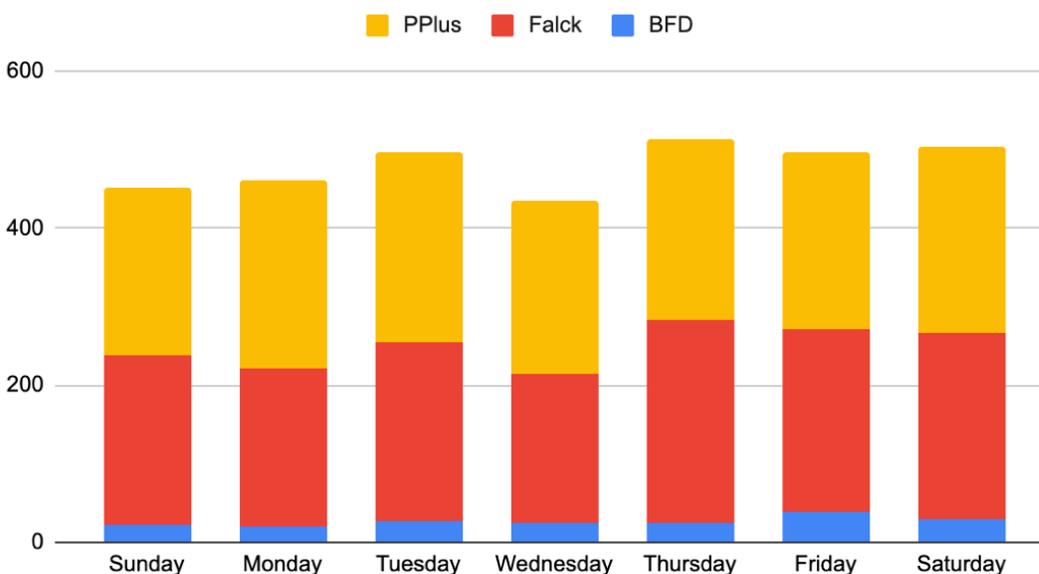
Demographics of Mental Health Call Responses

Mobile Crisis Team: For the five-year period of FY 15/16 through FY 19/20, the Berkeley Mental Health Division's Mobile Crisis Team (MCT) shared data about both their overall volume of responses as well as those pertaining specifically to 5150 calls. Figure 13 below includes four figures that show MCT's incidents by gender (first row), and then incidents by race/ethnicity (second row) by each fiscal year.

Figure 13. Mobile Crisis Team (MCT) Incidents in 2015-2020 - Gender, Race/Ethnicity

Total Incidents	5150s Only
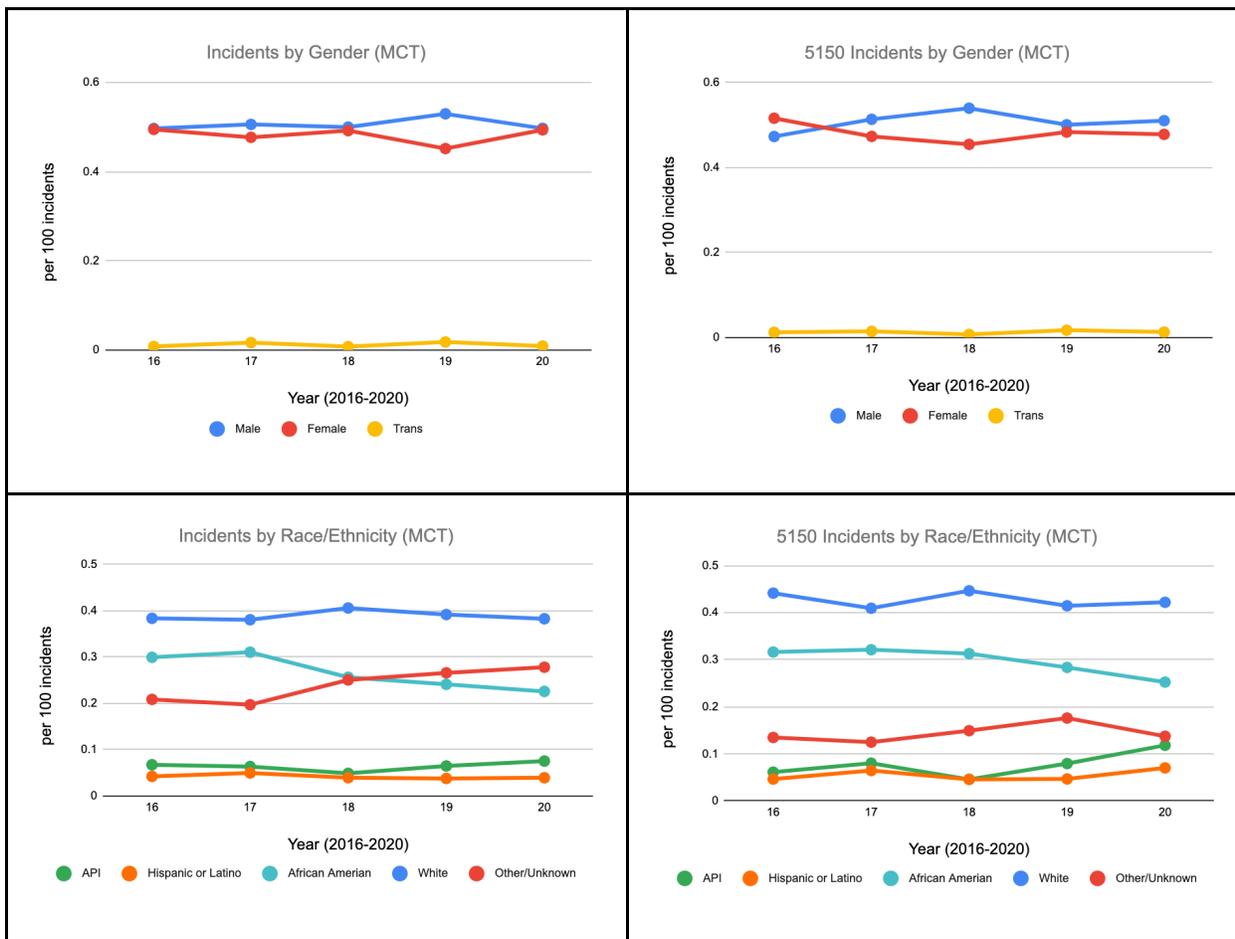
MCT incidents were with slightly more males than females, and very few trans individuals. And, regarding race/ethnicity, MCT cases were most often White, followed by African American, other/unknown, Asian Pacific Islander, and Hispanic or Latino. Given that African Americans comprise only 7.9% of Berkeley's population (see Table 1), they are very overrepresented in MCT's service utilizer population.

Berkeley Police Department: For the six-year period of CY 2014 through CY 2020, the Berkeley Police Department (BPD) shared data regarding demographics (age, race, and sex) for each of its calls that were originated as designated 5150 responses. Since 2019, the majority of 5150 responses were conducted by Falck - an ambulance services provider contracted by BFD - because Falck is the designated entity (between the two agencies) to conduct 5150 transports in Berkeley. Figure 14 below includes six figures that show: 1) the summative demographics of BFD's 5150 subjects, and 2) the incident types stratified by subject demographics.

Figure 14. Berkeley Police Department (BPD) 5150 Subjects in 2014-2020 - Demographics and Incident Types[33]

Subjects by Demographics	**Incident Types by Demographics**

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[33] Data noted as (blank) represent data points where data were missing.

Subject age (BPD) / Incident type by subject age (BPD)

Subject race (BPD) / Incident type by subject race (BPD)

Subject sex (BPD) / Incident type by subject sex (BPD)
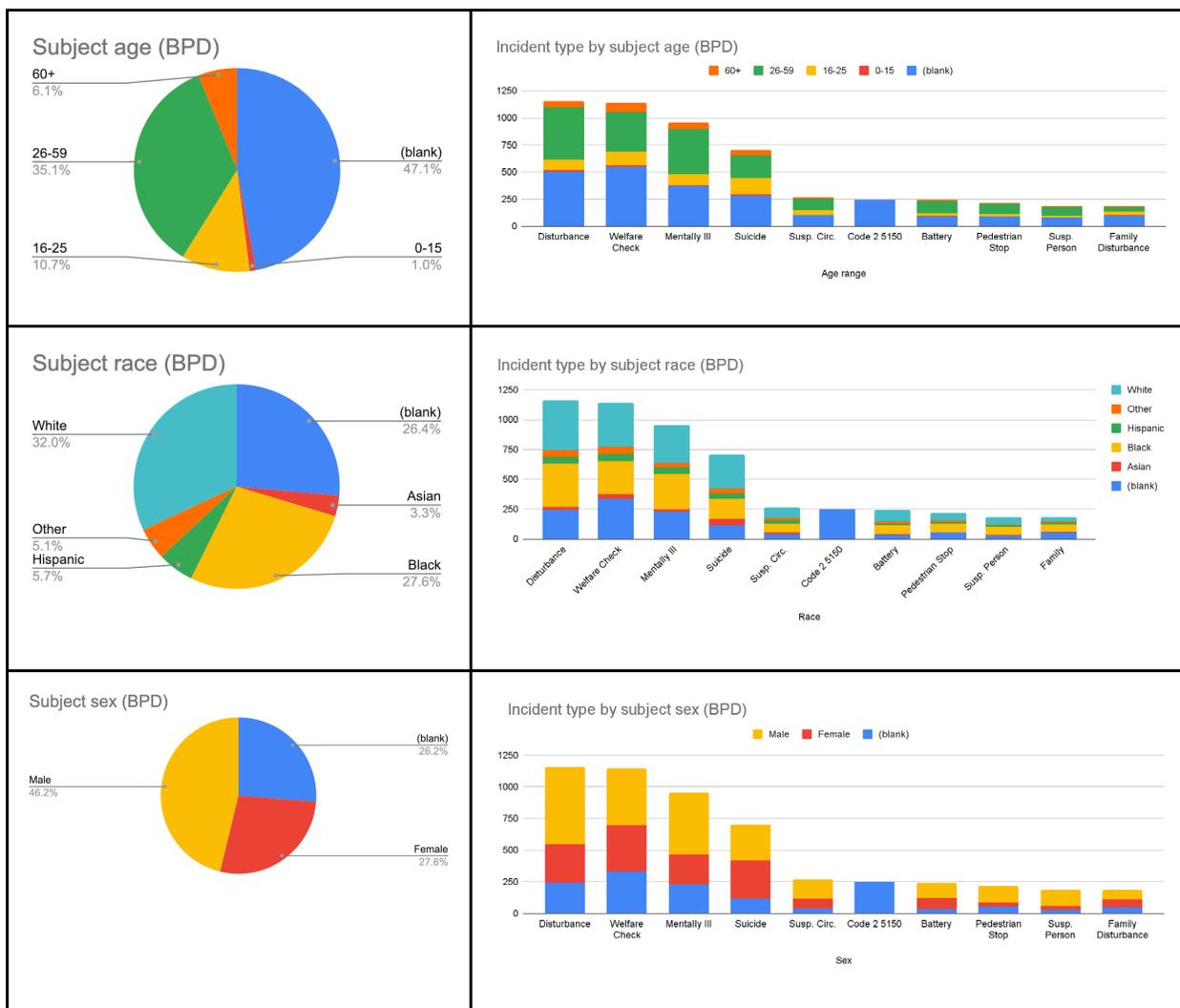
Of the BPD 5150 calls that had demographic variables coded, most responses were with individuals between ages 26-59, White, or male. Liked noted above with MCT's service utilizer population, given that African Americans comprise only 7.9% of Berkeley's population (see Table 1), they are also very overrepresented amongst BPD's 5150 population. Most BPD 5150 calls were also coded as disturbance calls, welfare checks, mentally ill individuals, and suicide. Each incident type is not mutually exclusive, so any particular incident could have one or multiple more incident type logged towards it in addition to being a 5150.

The Berkeley City Auditor's report (released in April 2021) on BPD call responses included a variety of tables with data on the demographics of the subjects of their officer-initiated stops by race and age; please refer to the Berkeley City Auditor's Report in Figure 19: Officer-Initiated Stops by Race and Age, 2015-2019.[34] RDA took the data shared in that figure to produce different visual representations of all subjects that BPD responded to between 2015-2019; this data includes responses to non-mental health related calls, as well.

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[34] Berkeley City Auditor. (2021, July 2). *Data Analysis of the City of Berkeley's Police Response*. **https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Data%20Analysis%20of%20the%20City%20of%20Berkeley's%20Police%20Response.pdf**

Figure 15. Berkeley Police Department (BPD) Officer-Initiated Calls in 2015-2020 - Race and Gender (via Berkeley City Auditor's Report on BPD Calls)
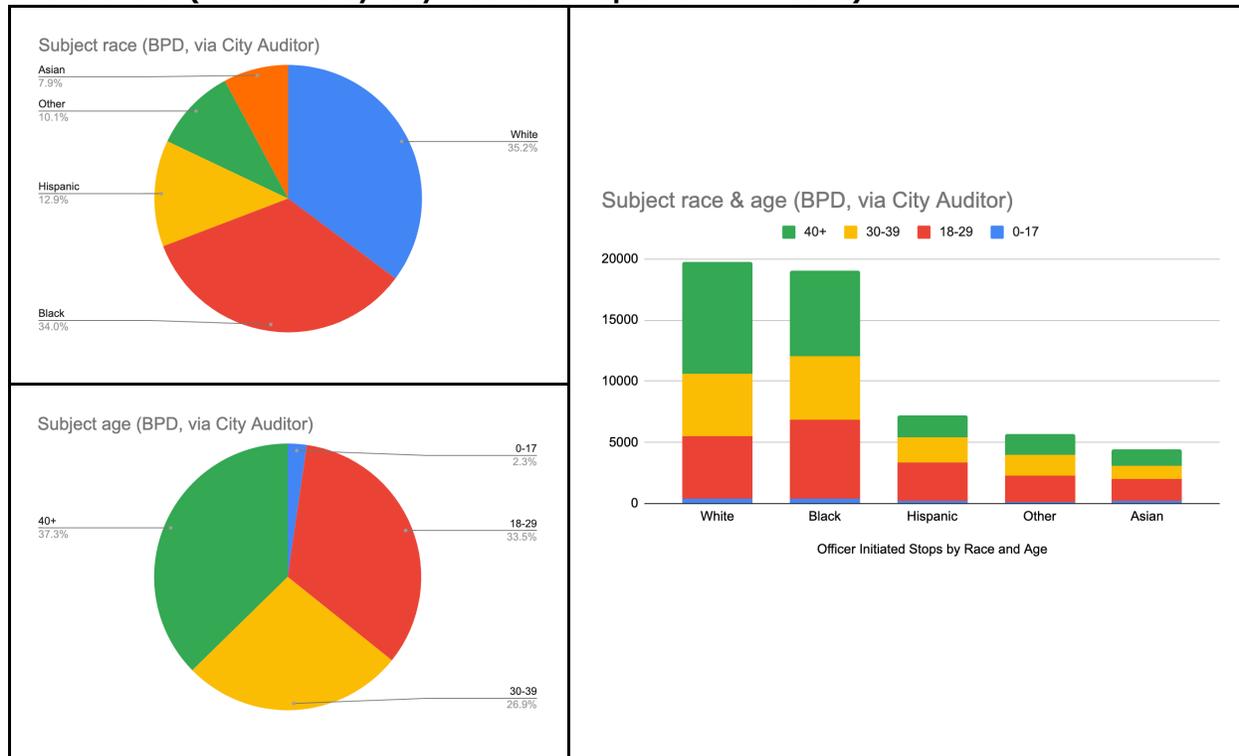
Berkeley Fire Department: For the three-year period of CY 2019 through CY 2021, the Berkeley Fire Department (BFD) shared data regarding demographics (age, race, and gender) and incident type for each of its calls that were originated as designated 5150 responses. Figure 16 below includes six figures that show: 1) the summative and combined demographics of BFD and Falck's 5150 patients, and 2) the differences in volume of BFD and Falck 5150 responses stratified by patient demographics. Figure 17 below shows the total combined 5150 responses by BFD and Falck, first grouped by gender by race, then by race by gender.

Figure 16. Berkeley Fire Department (BFD) and Falck 5150 Patients in 2019-2021 - Demographics
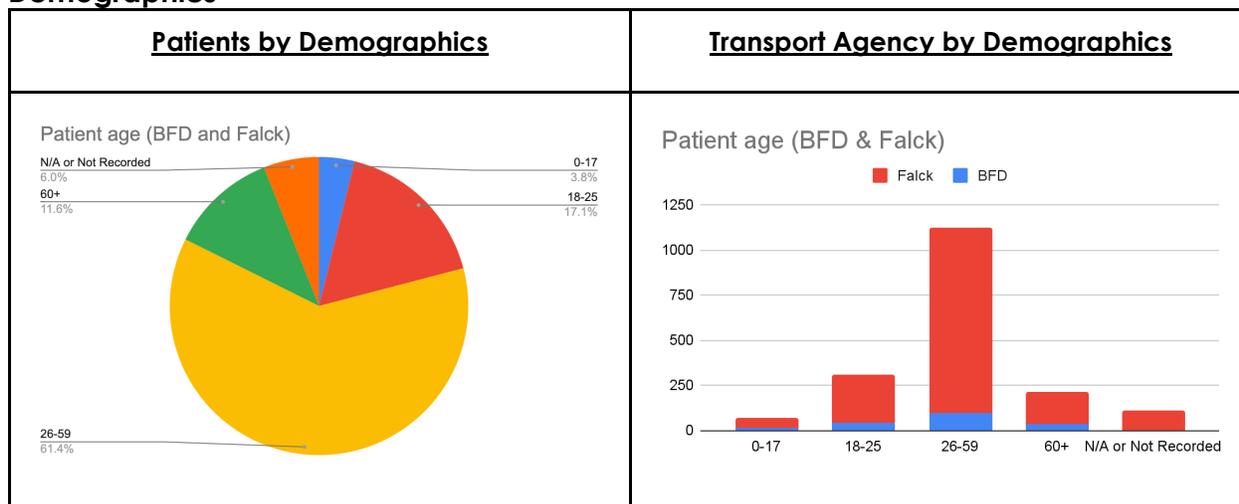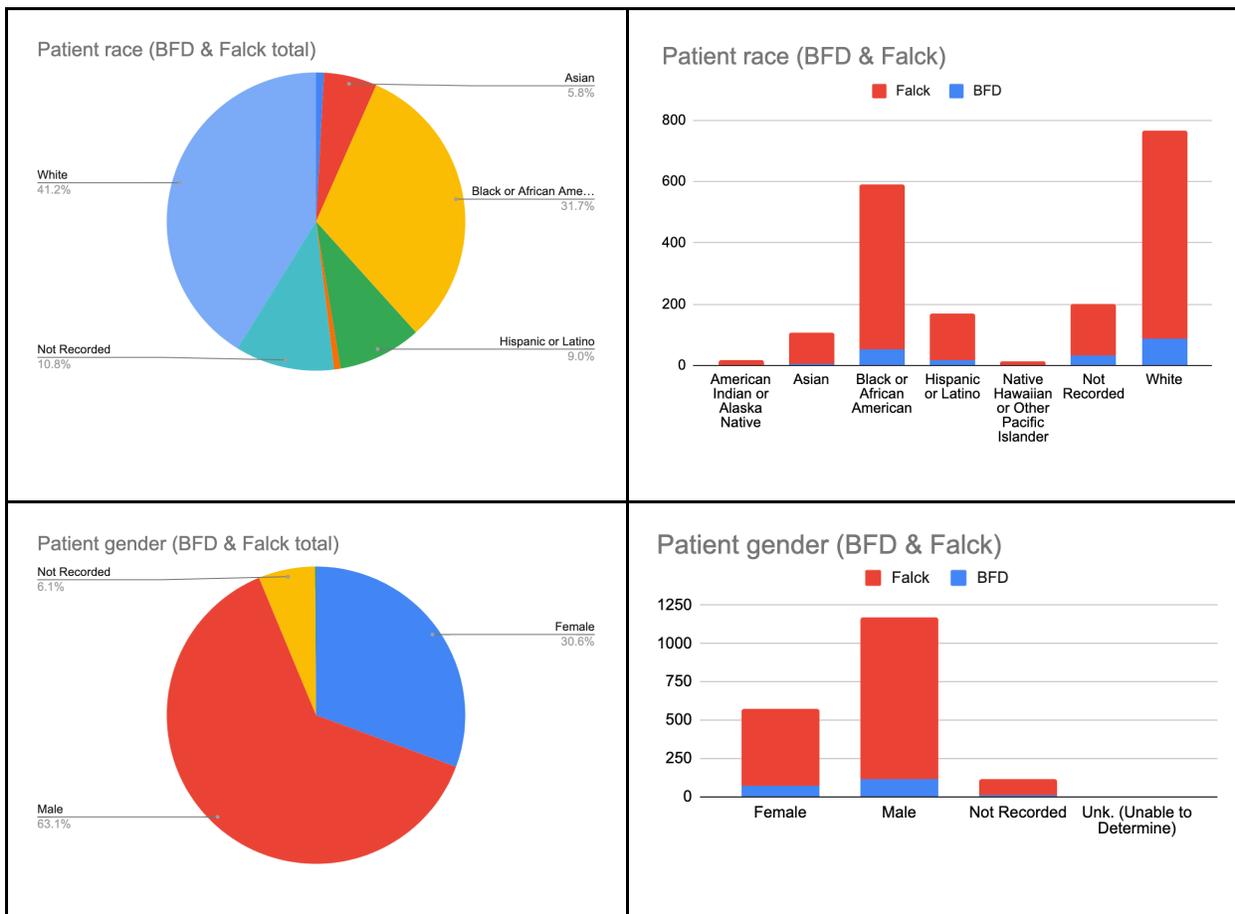
Figure 17. Berkeley Fire Department (BFD) and Falck 5150 Patients in 2019-2021 - By Gender and Race

Patient race by gender (BFD & Falck total)

■ Unk. (Unable to Determine)　■ Not Recorded　■ Male　■ Female
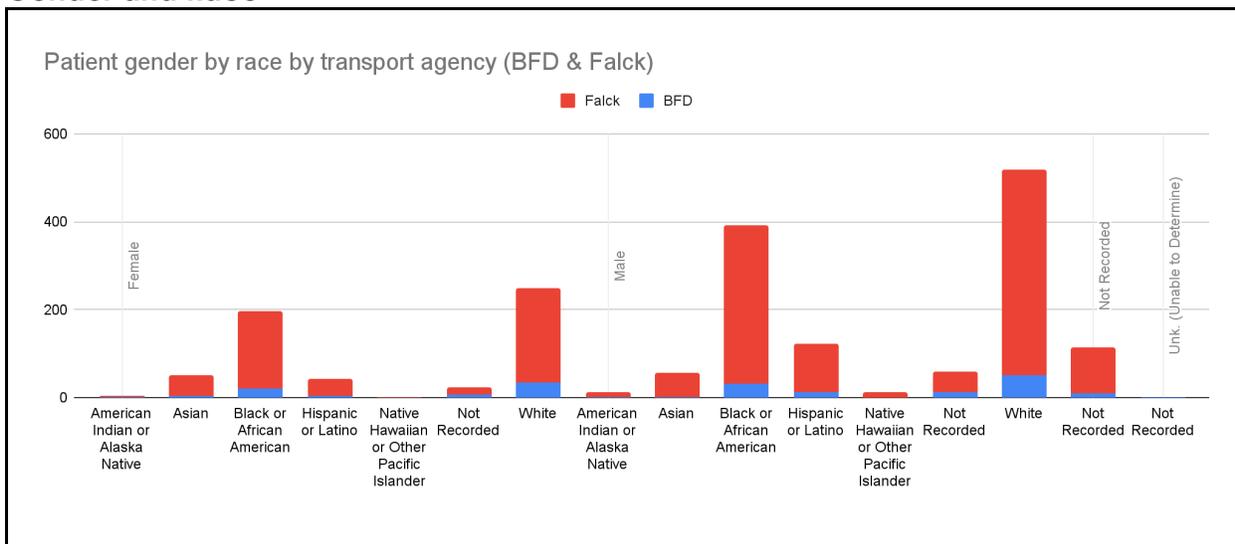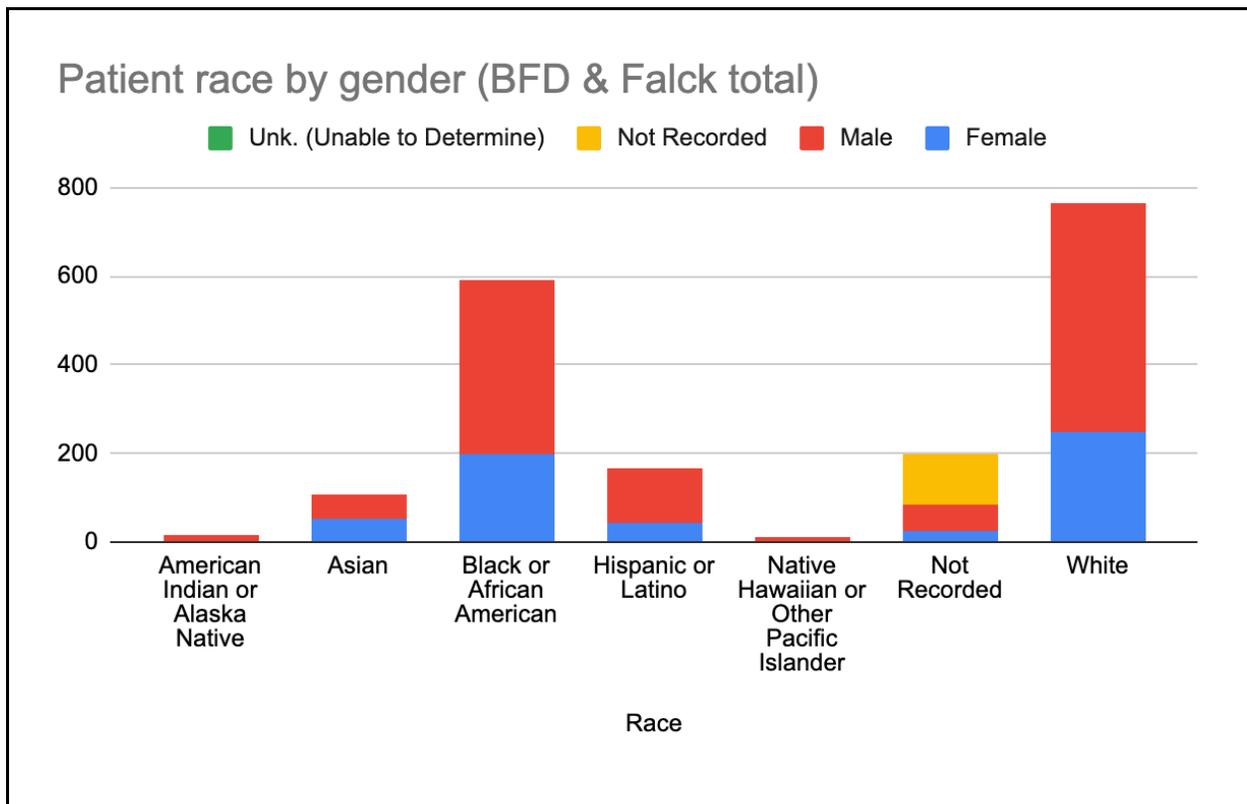
Similar to the incidents that MCT responded to, the 5150 patients that BFD and Falck responded to are mostly between ages 26-59, White, or male. Falck also conducted a large majority of the 5150 transports in Berkeley, as compared to BFD.

City of Berkeley

Specialized Care Unit

Crisis Response Recommendations

City of Berkeley

Specialized Care Unit (SCU) Crisis Response Recommendations

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Amalia Egri Freedman

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Jamie Dorsey

Kevin Wu

Table of Contents

Executive Summary

As part of the larger effort to Reimagine Public Safety, the City of Berkeley contracted with Resource Development Associates (RDA) to conduct a feasibility study for a Specialized Care Unit (SCU), an alternative mental health and substance use crisis response model that does not involve law enforcement.

This is the third of three distinct reports for this effort. The first report ("**Crisis Response Models Report**") presents a summary of crisis response programs in the United States and internationally. The second report ("**Mental Health Crisis Response Services and Stakeholder Perspectives Report**") is the result of engagement with stakeholders of the crisis system, including City of Berkeley and Alameda County agencies, local community-based organizations (CBOs), local community leaders, and utilizers of Berkeley's crisis response services, and presents a summary of key themes to inform the SCU model.

This third report is intended to guide implementation of the SCU model and includes:

- Core components and guiding aims of the SCU model;
- Stakeholder and best practice-driven design recommendations;
- Considerations for planning and implementation;
- A phased implementation approach;
- System-level recommendations; and
- Future design considerations.

Each recommendation put forth in this report is deeply rooted in the stakeholder feedback included in the two previous reports. This report presents RDA's recommendations based on this year-long project, which the City of Berkeley may adapt and adjust as necessary.

Key Recommendations

1. The SCU should respond to mental health crises and substance use emergencies without a police co-response.
2. The SCU should operate 24/7.
3. Staff a three-person SCU mobile team to respond to mental health and substance use emergencies.
4. Equip the SCU mobile team with vans.
5. The SCU mobile team should provide transport to a variety of locations.
6. Equip the SCU mobile team with supplies to meet the array of clients' needs.
7. Clearly distinguish the SCU from MCT.
8. Participate in the Dispatch assessment and planning process to prepare for future integration.
9. Ensure the community has a 24/7 live phone line to access the SCU.
10. Plan for embedding a mental health or behavioral health clinician into Dispatch to support triage and SCU deployment.
11. Fully staff a comprehensive model to ensure the success of the SCU mobile team, including supervisory and administrative support.
12. Operate one SCU mobile team per shift for three 10-hour shifts.
13. SCU staff and Dispatch personnel should travel to alternative crisis programs for in-person observation and training.
14. Prepare the SCU mobile team with training.
15. Contract the SCU model to a CBO.
16. Integrate the SCU into existing data systems.
17. Collect and publish mental health crisis response data publicly on Berkeley's Open Data Portal.
18. Implement care coordination case management meetings for crisis service providers.
19. Implement centralized coordination and leadership across city agencies to support the success of mental health crisis response.
20. Continue the existing SCU Steering Committee as an advisory body.
21. Solicit ongoing community input and feedback.
22. Adopt a rapid monitoring, assessment, and learning process.
23. Conduct a formal annual evaluation.
24. Launch a public awareness campaign to promote community awareness and education about the SCU.
25. The SCU mobile team should conduct outreach and build relationships with potential service utilizers.

Introduction

Project Background

In response to the killing of George Floyd by Minneapolis police in May 2020 and the ensuing protests across the nation for this and many other similar tragedies, a national conversation emerged about how policing can be done differently in local communities. The Berkeley City Council initiated a wide-reaching process to reimagine safety in the City of Berkeley. As part of that process, in July 2020, the Council directed the City Manager to pursue reforms to limit the Berkeley Police Department's (BPD) scope of work to "primarily violent and criminal matters." These reforms included, in part, the development of a Specialized Care Unit (SCU) to respond to mental health crises without the involvement of law enforcement.

In order to inform the development of an SCU, the City of Berkeley contracted with Resource Development Associates (RDA) to conduct a feasibility study that includes community-informed program design recommendations, a phased implementation plan, and funding considerations.

The Need for Specialized Mental Health Crisis Response

Just as a physical health crisis requires treatment from a medical professional, a mental health crisis requires response from a mental health professional. Unfortunately, across the country and in Berkeley, police are typically deployed to respond to mental health and substance use crises.

Without the proper infrastructure and resources in place, cities are unable to adequately meet the needs of people experiencing a mental health and/or substance use crisis. Relying on police officers to respond to the majority of mental health 911 calls endangers the safety and well-being of community members. Tragically, police are 16 times more likely to kill someone with a mental illness compared to those without a mental illness.[1] A November 2016 study published in the American Journal of Preventative Medicine estimated that 20% to 50% of fatal encounters with law enforcement involved an individual with a mental illness.[2] As a result, communities have begun to consider the urgent need for crisis response models that deploy mental health professionals rather than police. An analysis found that the 10 largest police departments in the U.S. paid out nearly 250 billion dollars in settlements in 2014, much of which were related to wrongful-

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[1] Szabo, L. (2015). People with mental illness 16 times more likely to be killed by police. *USA Today.* **https://www.usatoday.com/story/news/2015/12/10/people-mentalillness-16-times-more-likely-killed-police/77059710/**

[2] DeGue, S., Fowler, K.A., & Calkins, C. (2016). Deaths due to use of lethal force by law enforcement. *American Journal of Preventive Medicine*, 51(5), S173-S187. **https://www.ajpmonline.org/article/S0749-3797(16)30384-1/fulltext**

death lawsuits of people in a mental health crisis.[3] Law enforcement should not be the primary responders to mental health crises.

A 2012 Department of Justice report outlines that policing in the U.S. does not necessarily keep people safer but instead, militaristic policing causes more harm than good and disproportionately impacts communities of color. The report further assessed that over-policing requires more resources without producing benefits to public safety, draining resources that could otherwise be used for more effective public safety strategies.[4]

Nationally, the negative impacts of policing and police violence have been declared a public health issue.[5] Extensive data shows that aggressive policing is a threat to physical and mental health: inappropriate stops are associated with increased anxiety, depression, PTSD, or long-term health conditions like diabetes. In 2016, at least 76,440 nonfatal injuries due to law enforcement were reported and at least 1,091 deaths were reported. However, due to insufficient monitoring and surveillance of law enforcement violence, these statistics are underestimated.[6]

The impacts of policing disproportionately harm people of color, especially Black Americans, making policing an issue of racial justice. Police disproportionately stop, arrest, shoot, and kill Black Americans. Other marginalized populations, such as people with mental illness, people who identify as transgender, people experiencing homelessness, and people who use drugs, are also subjected to increased police stops, verbal and sexual harassment, and death.[7]

In California, Alameda County has the highest rate of 5150 psychiatric holds in the entire state,[8] which may indicate inadequate provision of mental health crisis services. Of those individuals placed on a 5150 psychiatric hold in Alameda County and transferred to a psychiatric emergency services unit, 75-85% of the cases did not meet medical necessity criteria to be placed in inpatient acute psychiatric care. This demonstrates an overuse of emergency psychiatric services in Alameda County. Such overuse creates challenges in local communities such as lengthy wait times for ambulance services which are busy

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[3] Elinson, Z. & Frosch, D. (2015). Cost of police-misconduct cases soars in big U.S. cities. *Wall Street Journal*. **https://www.wsj.com/articles/cost-of-police-misconduct-cases-soars-in-big-u-s-cities-1437013834**

[4] Ashton, P., Petteruti, A., & Walsh, N. (2012). Rethinking the blues: How we police in the U.S. and at what cost. *Justice Policy Institute, U.S. Department of Justice.* **https://www.ojp.gov/ncjrs/virtual-library/abstracts/rethinking-blues-how-we-police-us-and-what-cost**

[5] American Public Health Association. Addressing law enforcement violence as a public health issue. Policy number: 201811. 2018. **https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2019/01/29/law-enforcement-violence**.

[6] Ibid.

[7] Ibid.

[8] INN Plan – Alameda County: Community Assessment and Transport Team (CATT) (2018, October 25). *California Mental Health Services Oversight and Accountability Commission.* **https://mhsoac.ca.gov/sites/default/files/documents/2018-10/Alameda_INN%20Project%20Plan_Community%20Assessment%20and%20Transport%20Team_8.6.2018_Final.pdf**

transporting and discharging individuals on 5150 holds. The overuse of involuntary psychiatric holds can be traumatizing for people experiencing crisis, as well as for their friends and family.

The overuse of involuntary psychiatric holds is also an issue of racial justice. Police and ambulance workers have been found to bring Black patients with psychoses to psychiatric emergency service more frequently than non-Black patients with psychoses. [9] For example, in San Francisco, Black adults are overrepresented in psychiatric emergency services, relative to overall population size.[10]

Based on 911 call data from 2001 to 2003 in San Francisco, a study found that neighborhoods with higher proportions of Black residents generate relatively fewer mental health-related 911 calls. The authors suggest that underutilization of 911 by the Black community can result in delayed treatment, therefore increasing the risk posed to the health and safety of people in crisis and their communities. The study highlights the common distrust of law enforcement among communities of color. Such distrust and fear of law enforcement may mean that people of color do not trust that mental health-related calls will be handled appropriately if they seek support for a mental health crisis through 911. The study reinforced that "law enforcement officers' role in the disposition of calls makes them de facto gatekeepers to safety net services for persons with mental disorders."[11]

It is within this context that many Berkeley community members are calling for a more just, equitable, and health-focused crisis response system, in part due to the distrust of institutions of policing or those closely intertwined with police. A variety of stakeholder groups, including the Berkeley Mental Health Commission and the Berkeley Community Safety Coalition, have long advocated for a community-designed 24/7 crisis care model and to reduce the role of law enforcement in crisis response.

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[9] Kessell, E.R., Alvidrez, J., McConnell, W.A. & Shumway, M. (2009). Effect of racial and ethnic composition of neighborhoods in San Francisco on rates of mental health-related 911 calls. Psychiatric Services, 60(10), 1376-1378. **https://ps.psychiatryonline.org/doi/pdf/10.1176/ps.2009.60.10.1376**
[10] Ibid.
[11] Kessell, E.R., Alvidrez, J., McConnell, W.A. & Shumway, M. (2009). Effect of racial and ethnic composition of neighborhoods in San Francisco on rates of mental health-related 911 calls. Psychiatric Services, 60(10), 1376-1378. **https://ps.psychiatryonline.org/doi/pdf/10.1176/ps.2009.60.10.1376**

In a concurrent project for the City of Berkeley's Reimagining Public Safety initiative, the National Institute for Criminal Justice Reform found that among many Berkeley residents, there is a lack of trust in and satisfaction with the Berkeley Police Department. They found that:[12]

- Non-White respondents were more likely to indicate that the Berkeley Police Department is not effective at all compared to White respondents;
- 17.1% of Black respondents and 7.6% of Latinx respondents reported that police had harassed them personally in comparison to only 4.3% of White respondents;
- Respondents are less likely to call 911 during emergencies related to mental health or substance use crisis (57.9%) in comparison to an emergency not involving mental health or substance use (86.2%); and
- Substantially more Black respondents indicated extreme reluctance to call 911 as compared with other groups.

Additionally, the report shared that across all respondents, 65.9% indicated a preference for trained mental health providers to respond to mental health and substance use emergencies "with support from police when needed" and 14.9% indicated a preference "with no police involvement at all." In total, 80.8% of respondents indicated a preference for trained mental health providers to respond to calls related to mental health and substance use.[13]

Clearly, there is an urgent need for a more racially just, equitable, and health-focused mental health crisis response system. The SCU could be well poised to address these inequities by providing specialized mental health crisis intervention, de-escalation, and stabilization without the presence of law enforcement.

Inputs to the Recommendations

This report includes core components and guiding aims of the SCU model, considerations for planning and implementing the SCU model, a phased implementation approach, stakeholder-driven design recommendations, system-level recommendations, and next steps and future design considerations. Each recommendation that RDA puts forth in this report is deeply rooted in the following sources of input:

- Crisis Response Models Report (Report 1 of this series of 3)
- Mental Health Crisis Response Services and Stakeholder Perspectives Report (Report 2 of this series of 3)
- Ongoing engagement with the SCU Steering Committee and the City's Health, Housing & Community Services Department (HHCS)

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[12] National Institute for Criminal Justice Reform (2021). Reimagining public safety: Draft final report and implementation plan. **https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/Draft%20Final%20Report%20and%20Implementation%20Plan%20FNL%20DRFT%2010.30.21.pdf**

[13] Ibid.

- Learnings from the simultaneous Reimagining Public Safety initiative
- Best practices research

The recommendations presented in this report are directly informed from the strengths, challenges, gaps in services, and lessons learned from crisis response programs around the country. Those considerations, however, must be uniquely tailored to the Berkeley community based on the existing crisis response system and the needs and perspectives of Berkeley residents. Together, the recommendations and implementation approaches presented here are informed by findings from the robust community engagement and citywide processes of the past year.

Crisis Response Models Report

As part of this feasibility study, RDA reviewed the components of nearly 40 crisis response programs in the United States and internationally, including virtually meeting with 10 programs between June and July 2021. A synthesized summary of RDA's findings, including common themes that emerged across the programs, how they were implemented, considerations and rationale for design components, and overall key lessons learned can be found in the **Crisis Response Models Report**.

Mental Health Crisis Response Services and Stakeholder Perspectives Report

With the guidance and support of the SCU Steering Committee, facilitated by the Director of City of Berkeley's Health, Housing and Community Services Department (HHCS), RDA conducted a large volume of community and agency outreach and qualitative data collection activities in June and July 2021. Because BIPOC, LGBTQ+, unhoused, and other communities are disproportionately represented in public mental health and incarceration systems—particularly ones designed for punishment and sentencing to prisons—their input was sought to advance the goal of achieving health equity and community safety.

Crisis response service users described their routes through these systems, providing their perspectives about their experiences and how these experiences impact their lives in a way that other stakeholders are not able or qualified to do. The goal of the immense amount of outreach and qualitative data collection was to understand the variety of perspectives in the local community regarding how mental health crises are currently being responded to as well as the community's desire for a different crisis response system that would better serve its population and needs. Such perspectives are necessary to improve the quality of service delivery and, moreover, to inform structural changes across the crisis response system.

The synthesis of the City of Berkeley's current mental health crisis system and themes from qualitative data collection can be found in the **Mental Health Crisis Response Services and Stakeholder Perspectives Report**

The SCU Model: Planning & Implementation

Core Components

The recommendations presented in this report represent a model that is responsive to community needs, but as planning continues throughout 2021 and into 2022, new considerations and constraints may arise. As dynamics evolve and more information is obtained and assessed, the model must be flexible and adaptable. There are several components that should, however, remain core to the SCU model:

- The SCU responds to mental health and substance use crises.
- The SCU responds with providers specialized in mental health and substance use.
- The SCU model does not include police as a part of the crisis response.
- The SCU is not an adjunct to nor overseen by a policing entity (e.g., Police, Fire, or CERN[14]).

With these core components in mind, the SCU model and phased approach were designed to address the challenges, gaps in services, and community aspirations shared by numerous stakeholders throughout Berkeley. The SCU model seeks to:

- Address the urgent need for a non-police crisis response.
- Disrupt the processes of criminalization that harm Black residents and other residents of color, substance users, people experiencing homelessness, and others who experience structural marginalization.
- Increase the availability, accessibility, and quality of mental health crisis services.
- Provide quality harm reduction services for substance use emergencies.
- Strengthen collaboration and system integration across the crisis and wraparound service network.
- Be responsive to ongoing community feedback and experiences.
- Build and repair trust with community members and increase public awareness of newly available services.

A System-wide Change Initiative

The development of a mental health crisis response model as a component of the City of Berkeley's emergency services should be understood as a systemwide change initiative of great magnitude. Developing a shared narrative around community health and well-being while reducing harm, trauma, and unnecessary use of force may build collective support for the SCU model across City of Berkeley agencies and departments. Other cities implementing non-police crisis response models found that garnering buy-in from other

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[14] Community Emergency Response Network (CERN) is a model recommended by the National Institute for Criminal Justice Reform through the Reimagining Public Safety process.

city or county departments requires collaboration from the earliest planning stages. Cities shared that when they focused these conversations about shared objectives between the crisis response program and the police, police began to see the program as a resource to them, as mental health professionals could often better handle mental health crises because of their training and backgrounds. Alignment on shared goals and values may support leadership across the City of Berkeley to identify and advance the best resource(s) for responding to mental health needs and substance use crises. An effective systemwide change initiative will also require all involved leaders to communicate and champion the shared vision.

The SCU model requires not only collaboration, but also structural changes and integration across other entities. For one, the SCU's ability to respond to crises relies in large part on the 911 Communications Center ("Dispatch"). However, in 2019, a Berkeley City Auditor's report[15] elevated that the understaffing of Dispatch has led to staffing levels that cannot meet the call volume of residents and has increased call wait times. Increased wait times for 911 callers have negative implications for the safety and well-being of service utilizers and community members. Increased wait times also have negative implications for service providers and crisis responders that are responding to a potentially more advanced state of crisis. Additionally, inadequate staffing levels rely on overtime spending to fund Dispatch, which increases the cost of the entity.

The Auditor's report also recommended increased training for Dispatchers to manage and respond to mental and behavioral health crisis calls, including the management of suicidal callers and persons with mental illness. The well-being and stress of call takers are also of concern. In all, if they are not addressed, such resource shortages and unmet training needs could have a significant impact on the SCU's success.

Other entities that will be affected by the implementation of the SCU model include Berkeley Fire, who responds to crises through Dispatch, and the Mobile Crisis Team (MCT), who provide mental health crisis services in partnership with the Berkeley Police Department. These entities, in addition to Dispatch and the SCU, will have to establish new working relationships and protocols to effectively serve the community together.

Dispatch is an immensely complex system. Integrating the SCU into such a system, while addressing staff capacity and training needs, will take significant planning and coordination, as well as funding. For these reasons, the recommendations for the planning and implementation of the SCU model are laid out in a phased implementation approach to allow for sufficient preparation of Dispatch while providing urgently needed mental health crisis response to community members.

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[15] Berkeley City Auditor. (2019, April 25). 911 Dispatchers: Understaffing Leads to Excessive Overtime and Low Morale. **https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Dispatch%20Workload_Fiscal%20Year%202018.pdf**

Recommendations

Overview

This report presents recommendations that address what is required for SCU model. Figure 1, below, provides an overview of the specialized care unit's response. Figure 2 shows the many components required for a comprehensive 24/7 SCU model.

The Specialized Care Unit: Crisis Response

Figure 1: An overview of the SCU crisis response.
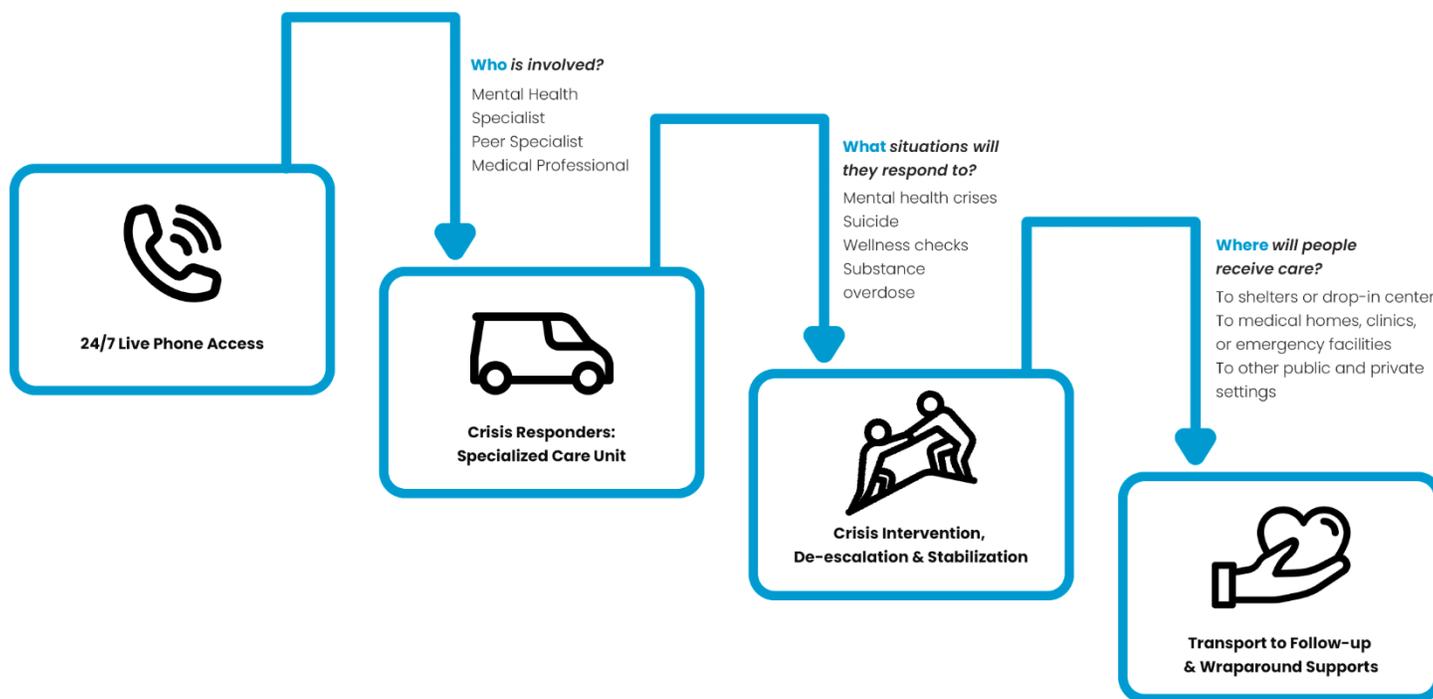
Community members experiencing or witnessing a mental health or substance use crisis will be able to call the SCU through a 24/7 live phone line, from which the SCU mobile team will be deployed to the crisis. The SCU mobile team will include specialists who support a person in crisis with intervention, de-escalation, and stabilization techniques. If necessary, the SCU will also be able to transport a person in crisis to locations that promote the person's safety and care.

The SCU Model: A Comprehensive 24/7 Crisis Response

Figure 2: An Overview of the comprehensive 24/7 SCU model.
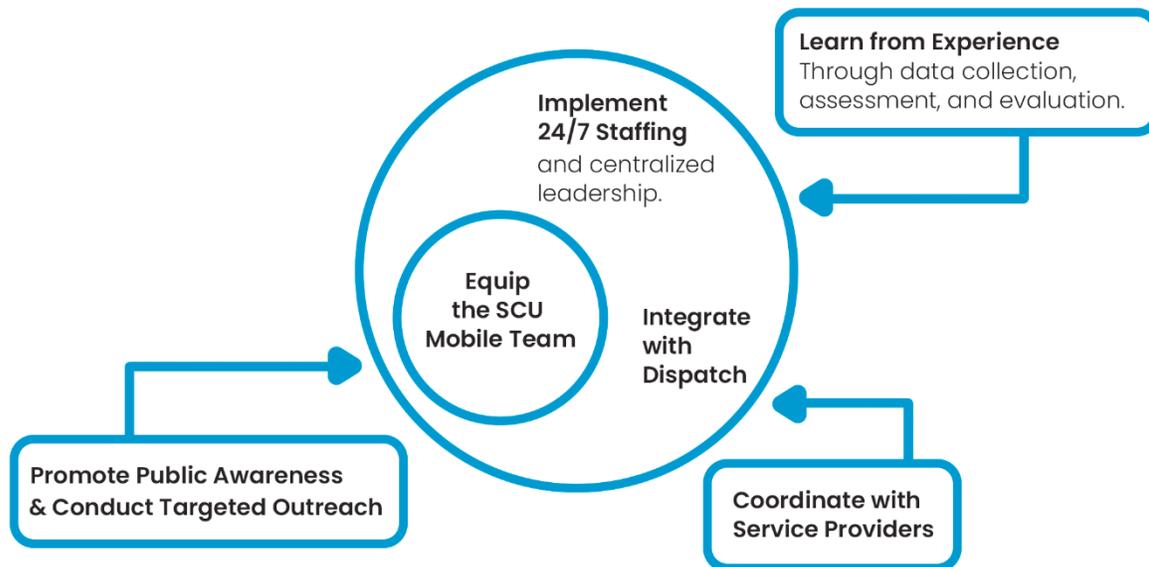
The SCU is not solely a mobile team that delivers specialized care during mental health and substance use crises, but rather requires a comprehensive model. This model includes clinical and administrative staff to ensure 24/7 live access to the phone line and SCU mobile team. The model also requires centralized leadership and system integration to realize systemwide changes. As this new model is implemented, it will require ongoing data collection, assessment, and iteration to ensure it is meeting the needs of the community. And, the model requires that community members know that they can call a non-police, specialized mental health and substance use crisis team.
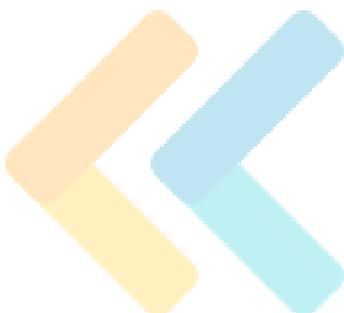
Phased Implementation

A phased approach will support a successful rollout of the SCU model while planning for integration across city agencies. These timelines may be ambitious given the magnitude of this systems-change initiative and the dependencies of the various model components. While the phased implementation approach represents an ideal timeline and is responsive to the urgent need for specialized mental health and substance use crisis response in Berkeley, it may need to be adjusted to realize the success of the SCU.

Refer to **Appendix A** for a complete phased implementation roadmap.

Figure 3: An overview of the phased implementation approach.

PHASE 0	PHASE 1		PHASE 2
Nov 2021 – Aug 2022	**Sept 2022 – Aug 2023**	**Sept 2023 – Feb 2024**	**Feb 2024+**
• Engage SCU Steering Committee & community stakeholders on RFP; launch RFP • SCU staff: Contracting, hiring, training • Dispatch: Planning & assessment • Establish preliminary triage criteria, workflows and protocols • Launch public awareness campaign	• SCU implements crisis response services • Dispatch implements integration or components based on Phase 0 planning • Conduct rapid assessment, monitoring, and iteration • Engage centralized leadership in coordination	• Review annual evaluation and rapid assessments • Prepare for Phase 2	• Implement changes based on evaluation and community need

SCU Mobile Team

The goal of the SCU is to provide specialized care during mental health crises and substance use emergencies, including crisis intervention, de-escalation, and stabilization. This specialized care does not require a police response but instead should be a three-person team of medical and behavioral health specialists. The SCU will need to be equipped to address the nuanced variety of crisis needs across mental health and substance use emergencies.

By providing 24/7 SCU services, the City of Berkeley asserts that mental health crisis response is of the same importance as other crisis services and limits the need to use the police to respond to such crises. Overall, the SCU model aims to disrupt the criminalization of substance use and mental illness and advance racial justice in the City of Berkeley. There are several considerations for how to most effectively promote the safety of crisis responders, persons in crisis, and general community members.

The following recommendations are aligned to best practices and emerging alternative models, while being rooted in community-driven recommendations. Each recommendation is tailored to the City of Berkeley and provides key considerations to support planning and implementation:

Key Recommendations

1. The SCU should respond to mental health crises and substance use emergencies without a police co-response.
2. The SCU should operate 24/7.
3. Staff a three-person SCU mobile team to respond to mental health and substance use emergencies.
4. Equip the SCU mobile team with vans.
5. The SCU mobile team should provide transport to a variety of locations.
6. Equip the SCU mobile team with supplies to meet the array of clients' needs.
7. Clearly distinguish the SCU from MCT.

The SCU should respond to mental health crises and substance use emergencies without a police co-response.

The goal of the SCU is to provide specialized care during mental health crises and substance use emergencies. Below are suggested guidelines of when the SCU should and should not respond to a call.

Types of calls SCU **should** respond to:

- Suicide
- Drug overdose
- Welfare check
- Suspicious circumstance
- Complaint of an intoxicated person
- Social disorder
- Indecent exposure
- Trespassing
- Disturbance

Location of calls SCU should respond to:

- Public settings (e.g., parks, sidewalks, vehicles)
- Commercial settings (e.g., pharmacies, restaurants)
- Private settings (e.g., homes)

Types of calls SCU should **not** respond to:

- Confirmed presence of firearm, knife, or other serious weapon
- Social monitoring and enforcement (e.g., of unsheltered residents in public spaces)
- Calls that Dispatch already deems do not need an in-person response (e.g., argument with a neighbor, minor noise violation)

Note: These guidelines and types of calls will need to be further explored to develop triage criteria that adequately reflect all the considerations for when the SCU will respond to crises.

Why isn't the SCU responding with police?
Stakeholders consistently emphasized the need to provide non-police mental health crisis response options, noting that police are primarily trained in issues of imminent public safety threats, not mental health care. Rather than duplicating the MCT's model, the SCU model provides a new option for those better served by a non-police response. A dedicated response unit for mental health, behavioral health, and substance use emergencies will also help to build community trust and increase the likelihood that someone will call for help when they are in a crisis.

Why is the SCU responding to calls at public and private locations? Is that safe?
A mental health crisis can happen anywhere, so the SCU must be able to respond to mental health and substance use crises in both public and private settings. Any variables around the safety of responding to a crisis in a private setting should be assessed before deploying the SCU team (e.g., the presence of a serious weapon).

How were the types of calls decided?

Research from alternative models in other cities, community stakeholders' perceptions of existing needs in Berkeley, and input from crisis responders in the City of Berkeley all indicate that these call types may be well suited for behavioral health and mental health specialists instead of police. The nuances within any of these call types will be further planned for throughout Phase 0.

Considerations for Implementation

Safety & Weapons:

- Not all weapons pose the same risk to crisis responders, so triage and deployment protocols should be aligned to best practices and standards of practice. The SCU may be able to respond to some calls where a weapon is present. The criteria for this safety precaution should be evaluated and planned for during Phase 0.
- If there is a mental health or substance use emergency where a weapon is present, then MCT-Police co-response should be deployed rather than the SCU.
- If the SCU mobile team is on scene but feels their safety is in imminent danger, they should have the ability to call in the MCT-Police co-response as backup support.

Coordinating with Other Entities

- Mobile Crisis Team: The types of calls, triage criteria, and workflows will need to be differentiated for deploying MCT versus SCU.
- Berkeley Police Department: When BPD is on scene and MCT is not available, BPD and SCU will need clear processes for whether police can bring the SCU to support. Similarly, BPD and SCU will need clear processes for when/how SCU leaves if they call the BPD to a scene.

Recommendation #2

The SCU should operate 24/7.

The SCU mobile team should be available to respond to a crisis in person 24 hours per day, 7 days per week. Not having services available 24/7 was the most common challenge expressed by stakeholders about the current mental health crisis response system. In contrast, other crisis services like Fire and Police are available 24/7. By operating the SCU 24/7, the City of Berkeley asserts that mental health crisis response is of the same importance as other crisis services and negates the need to use police to respond to such crises. The need for 24/7 service is supported by national trends, as although some cities have implemented alternative crisis models with limited hours, many of them shared that they plan to expand to 24/7 to meet community needs.

Why does the SCU need to be available 24/7? Why can't it operate only during peak hours?
A mental health or substance use crisis can happen at any time. Stakeholders stressed the importance of having mental health crisis response services available 24 hours per day and 7 days per week. If community members are to trust in the SCU as an ongoing and authentic alternative to police involvement, services need to be available whenever someone calls.

Considerations for Implementation
All other supporting elements described throughout this report will need to accommodate 24/7 availability, such as:

- Phone access to the SCU
- Certain personnel roles, like a Clinical Supervisor
- Staffing structure that allows redundancy of personnel to cover each shift
- Equipment and infrastructure including the number of vans for the mobile team

Staff a three-person SCU mobile team to respond to mental health and substance use emergencies.

The array of mental health, behavioral health, and substance use services offered by the SCU require staff with varying professional specialties. The following roles are necessary to adequately provide these services:

1. **A Mental Health Specialist**

   This role will be the primary provider of mental health services with the ability to conduct 5150 assessments, and therefore need to be licensed. They should have significant training in mental health and behavioral health conditions and disorders, crisis de-escalation, and counseling.

   - Recommended position: Licensed Behavioral Health Clinician
   - *Possible positions: Licensed Clinical Social Worker (LCSW), Associate Clinical Social Worker (ASW), SUD or AOD Counselor, psychologist*

2. **A Peer Specialist**

   This role should have lived experience with mental health crises and systems, substance use crises or addiction, and be equipped to support system navigation for a person in crisis.

   - Recommended position: Peer Specialist
   - *Other possible positions: Community Health Worker, Case Manager*

3. **A Medical Professional**

   This role should be able to identify physical health issues that may be contributing to or exacerbating a mental health crisis, including psychosomatic drug interactions. They should be able to administer single-dose psychiatric medicines and have training in harm reduction theory and approaches. They can also assess and triage for higher levels of medical care as needed.
   - Recommended position: Psychiatric Nurse Practitioner (Psych-NP)
   - *Other possible positions: Nurse Practitioner (NP), EMT, Paramedic*

Why a three-person team?

These three distinct roles create a team that can effectively provide the necessary range of specialized services and can engage in organic collaboration to address each crisis. Cities who have implemented similar models spoke to the advantage of team members taking different roles in each scenario based on each client's needs and preferences.

Why is the mental health specialist conducting 5150 assessments?

The SCU's aim is to reduce the overall number of involuntary holds through effective crisis intervention, de-escalation, and stabilization. However, ensuring the SCU has the ability to conduct 5150 assessments and involuntary holds rather than calling in the police to do the assessment can reduce interactions between people experiencing mental health crisis and police. Additionally, enabling the SCU to conduct the 5150

assessment is a more trauma-informed model because it eliminates the need for a person in crisis to interact with multiple teams and reduces the time it takes to respond to a crisis from start to finish.

Why is there a peer on the team?

The peer is a critical member of the crisis team. Other systems shared that a person in crisis may be most responsive to a peer who has gone through a similar experience and that, at times, peers' unique training and skills allow them to engage that person more effectively than other specialties. Berkeley stakeholder participants emphasized the invaluable contributions of peer specialists, noting that they may be best equipped to lead the de-escalation before the mental health specialist or medical professional steps in to administer care because a person in crisis may be most responsive to someone that has similar lived experience.

Why is there a medical professional on the team? Why a Psych-NP?

Mental health and physical health needs often co-present, with physical needs ranging from basic first aid (e.g., wound care, dehydration) to reactions to substances, such as overdoses or drug interactions. A medical professional, such as a Psych-NP, brings the clinical expertise to understand how physical ailments, chronic medical conditions, and psychiatric conditions affect a service utilizer (e.g., someone with hypertension and schizophrenia using methamphetamines). Other medical professionals, such as NPs, may also have sufficient training to meet the mental health and substance use needs of service utilizers. These situations do not require the expertise of a paramedic or doctor who are trained to respond to emergencies and deliver life-saving care.

Considerations for Implementation:

- The number of mobile teams required will be based on multiple variables including community needs, call volume, and budget (for a more in-depth description, *refer to recommendation #12*).
- There may be challenges in staffing the SCU mobile team with these specific roles, such as the Psych-NP. The SCU model may need to allow for a variety of specialists to fill each of the three main roles.
- Across these roles, the SCU mobile team should have the following competencies:
  - Lived experience of behavioral health or mental health needs, homelessness, addiction or substance use, and/or incarceration
  - Emphasis on dual diagnosis (mental health and substance use) training, psychosomatic interactions, substance use management, and harm reduction
  - Identities reflective of those most harmed by the current system of care and/or those who are most likely to use or benefit from the SCU services
  - Multilingual
- Across these roles, the SCU mobile team will need to be trained on a variety of topics (for a full list, *refer to recommendation #14*). These may be desirable prerequisite skills, such as:
  - Disarming without the use of weapon
  - Motivational interviewing
  - Naloxone administration
  - Harm reduction
  - Trauma-informed care

Equip the SCU mobile team with vans.

Based on the scope of services, the SCU mobile team will need a vehicle to arrive at each call, carry equipment and supplies, and transport clients to another location. A well-equipped van should be both welcoming and physically accessible to clients and easily maneuverable by staff.

SCU vans should include:

- Wheelchair accessible features
- Lights affixed to the top of the van, allowing for sidewalk parking
- Locked supply cabinets
- Rear tinted windows for client privacy
- Rear doors not operable from the inside
- Power ports to charge laptops, tablets, and phones
- Comfortable seating
- SCU logo on the side of the van so the community can easily identify the team

SCU vans should **not** include:

- Sirens
- A plexiglass barrier between the front and back seats

Why not use an ambulance?

There are a several reasons why an ambulance is not the appropriate vehicle for the SCU:

- Ambulances must transport to a receiving emergency department when transporting from the field (a call for service from a community member), which may not always be the most appropriate end point for the level of care required (*refer to recommendation #5*).
- Ambulances require a special license to drive and would require the inclusion of an EMT or paramedic on staff and would therefore increase the expense of the SCU.
- Ambulances are more expensive to purchase and maintain than a van.
- A van is potentially less stigmatizing and traumatizing for a person in crisis.

Why were these specific features chosen?

All van specifications are based on lessons learned from alternative crisis response programs in other cities and experiences and insight shared by the Berkeley Fire Department. Many van features, such as locked supply cabinets and locked rear doors, are designed to increase the safety of both crisis responders and a person in crisis. Other van features support the SCU mobile teams to provide a variety of services.

Why shouldn't the van have sirens or a plexiglass barrier?

Sirens can draw unnecessary public attention, thereby reducing privacy for a person in crisis, while both sirens and plexiglass barriers can exacerbate the stigmatization, traumatization, and criminalization of mental health and substance use crises.

Considerations for Implementation

The number of vans required will be based on the number of SCU mobile teams and shift structure/overlap (*refer to recommendation #12*).

The SCU mobile team should provide transport to a variety of locations.

The SCU should provide a level of care appropriate to each specific crisis with the aim of de-escalating crises, preventing emergencies, and promoting well-being. The SCU will transport service utilizers in the SCU van (*refer to recommendation #4*) unless there is a medical need that requires the SCU to request an ambulance for transport.

The SCU will transport service utilizers to:	Considerations when deciding transport location:
• Inpatient units of psychiatric emergency departments • Primary care providers, psychiatric facilities, or urgent care • Crisis stabilization units, detox centers, or sobering centers • Drop-in centers and other CBOs • Shelter or housing sites • Domestic violence service sites • Long-term programs including residential rehabilitation sites • Requested public locations (e.g., parks) • Requested private locations (e.g., home)	• Transport can be voluntary or involuntary, based on a 5150 assessment • The SCU should be able to deny the request of a person in crisis for transportation based on their assessment of the appropriate level of care • The SCU will need to assess safety or liability concerns for the service utilizer or other bystanders based on transport location (e.g., not transporting an intoxicated person home where another person is present at the home)

Why should the SCU transport service utilizers to so many different locations?

The SCU model aims to support diversion of people experiencing crises away from jails and hospitals and into the appropriate community-based care and resources. Some crises can be resolved on scene, while others will require transport to another location. Even if a crisis is de-escalated on scene, service utilizers may benefit from being transported to another location for additional care or resources. Throughout this project, stakeholder participants emphasized that the level of need outweighs the available resources and providers in Berkeley and Alameda County. Providing transport to a variety of locations and resources allows the SCU to provide the level of care appropriate to each specific crisis and increases the possibility of providing care in an overwhelmed service network. *Refer to Section V for long-term recommendations for addressing the needs of the service network.*

Considerations for Implementation

- Established, trust-based relationships with community partners and warm handoff procedures will improve overall quality of care and can reduce the amount of time required when dropping off a client.
- Staff at emergency facilities will need to be familiar with the SCU, including the van, logo, and uniforms, to be prepared to receive transported clients in a timely and responsive manner, reducing "wall time."
- Triage criteria and workflows should support the SCU in assessing where and how to transport a person in crisis.
- Triage criteria and workflows for transport should address the safety implications for both the person in crisis and other community members.

Recommendation #6

Equip the SCU mobile team with supplies to meet the array of clients' needs.

The SCU will be responding to a variety of calls, each with their own specific needs. The supplies needed will vary depending on the call. Below is a suggested list of supplies the SCU should carry, generated from the input of stakeholders and other alternative crisis response programs. These supplies will facilitate a harm reduction approach and directly contribute to the health and well-being of the person in crisis.

Medical supplies	- First aid kit - Personal protective equipment - Wound care supplies - Stethoscope - Blood pressure armband - Oxygen - Intravenous bags - Single-dose psychiatric medications
Client engagement items	- Food and water - Clothing, blankets, and socks - Transportation vouchers "Mercy beers" and cigarettes - Tampons and hygiene packs
Community health supplies	- Safe sex supplies and pregnancy tests - Naloxone - Clean needles and glassware - Sharps disposal supplies
Technology	- Cell phones - Data-enabled tablets - Computer Aided Dispatch (CAD) - Police radio
Uniforms	Casual dress: polo or sweatshirt with the SCU logo

Why does the SCU need to carry client engagement items?

These items can help initiate an interaction while also meeting the basic needs of clients while they are experiencing a crisis.

Why does the SCU need to carry community health supplies?

These supplies can help address an underlying physical health need or provide harm reduction for substance use crises.

Why does the SCU need technology and uniforms?

The team needs cell phones and data-enabled tablets for mobile data entry. The tablets should be preloaded with an electronic health record (EHR) application so staff can access client history to provide more effective, tailored care. Wearing a casual uniform can help the team appear more approachable to clients and be easily identifiable. Uniforms that look more like traditional emergency response uniforms can be triggering for clients who have had traumatic experiences with emergency responders.

Considerations for Implementation

- The need for basic provisions among service utilizers is often significant and therefore affects the model's budget. To effectively plan for the program budget, San Francisco's Street Crisis Response Team shared that they budgeted for $20 in supplies per client contact but quickly exceeded their $10,000 annual budget. Denver's STAR program noted that these supplies were in high demand and the budget was supplemented with donations.
- Staff should track which supplies are used most often and which supplies are requested by clients that the SCU does not carry.

SCU Crisis Response Recommendations | 22

Clearly distinguish the SCU from MCT.

Once the SCU model is implemented, there will be two teams responding to mental health crisis calls in the City of Berkeley: the Specialized Care Unit and the Mobile Crisis Team. It will be necessary to clearly distinguish the role of these two teams so that the proper response is deployed for each situation. The general public will also need to be informed regarding the two teams, how to access them, and why.

> Suggested scenarios when MCT and Police should be deployed instead of the SCU:
>
> - If there is a confirmed presence of a serious weapon during a mental health crisis, the police and MCT would be deployed.
> - If the police request mental health support during a crisis, MCT will be deployed as a co-response.
> - If the SCU is on a call and needs backup or cannot successfully intervene, they would call for an MCT-police co-response.

If there's an SCU, why should the MCT still exist?
When the police respond due to the presence of a weapon or other element outlined above, a joint response that includes clinical staff to support the intervention is a best practice and community asset, delivering a trauma-informed response focused on de-escalation. This is especially true for a person in crisis with past traumatic experiences with the police. The MCT remains an important resource that can reduce the negative impacts of police presence during situations where a mental health crisis intersects with issues of imminent public safety.

Why is it important to distinguish MCT from the SCU?
Trust & Acceptability of SCU: MCT responds to the majority of their calls with police backup. Because SCU is a non-police crisis response option, clearly distinguishing the two models will be essential in establishing and maintaining community trust to increase utilization of the SCU, particularly among groups most at risk of harm from police violence.

Logistics for Deploying the Right Team: Dispatch will need tools and training to clearly differentiate the teams' roles to effectively deploy the right team for each mental health crisis call.

Considerations for Implementation
- All triage criteria and workflows need to be reflective of the differentiation between SCU and MCT. This includes the triage criteria and workflows for Dispatch and/or the alternative phone line and Alameda County's Crisis Support Services (CSS) (*refer to recommendation #9*).
- The distinction between MCT and the SCU, particularly around availability and police involvement, should be emphasized in the public awareness campaign (*refer to recommendation #24*).
- Tracking the acuity levels of calls, as well as whether MCT and police were called in for backup, can help refine the Dispatch process and ensure that the right team is deployed.

Accessing the SCU Crisis Response: Dispatch & Alternative Phone Number

Implementing the SCU as a 24/7 mental health and substance use crisis model requires that community members have reliable and equitable access to the team. By integrating the SCU crisis response into 911 and Dispatch's processes, mental health crisis services will be elevated to the same level of importance as Fire and Police when calling for emergency services, thus promoting community access to specialized crisis care. To reach this goal, the SCU model, City of Berkeley leadership, and Dispatch will need to work together during assessment and planning processes.

The need to develop and implement the SCU model is urgent. Yet Dispatch is a complex, under-resourced, and overburdened system. To achieve structural change that ensures sustainability, significant planning and coordination is essential.

There are several possibilities for how to advance the SCU-911 integration aligned to the phased implementation approach. The following recommendations are aligned to best practices and emerging alternative models and responsive to the needs and concerns expressed by community stakeholder participants. Each recommendation should be further explored, assessed, and discussed across City of Berkeley leadership:

Key Recommendations

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

Participate in the Dispatch assessment and planning process to prepare for future integration.

Ultimately, the SCU should be integrated into 911 and Dispatch protocols. To reach this goal, the SCU model, City of Berkeley leadership, and Dispatch will need to work together during assessment and planning.

Dispatch, through the Berkeley Fire Department, has conducted a Request for Proposal process and selected a consulting firm to support enhancements to the deployment of Fire and EMS/Ambulance services. That assessment and planning process should integrate SCU implementation, preparing for the SCU to be a mental health emergency response on par with police and fire emergency calls.

If this is a non-police response model, why is Dispatch involved?

An effective mental health crisis response that increases community safety, well-being, and health outcomes relies on the SCU actually being deployed to community members in crisis. Dispatch has established infrastructure and technology that could effectively and safely deploy the SCU mobile team. Moreover, 911 is a well-known resource to the general public, which many people do seek during crises. In 2017, Dispatch received 256,000 calls.[16] For these reasons, integration of the SCU into 911 and Dispatch's processes is an important method for deploying the SCU team to people experiencing a mental health or substance use crisis.

Will another assessment and planning process delay the launch of the SCU?

Dispatch's expertise and experience are a critical asset to lead the assessment, planning, and implementation of revised 911 procedures that include the SCU. The Dispatch assessment and planning project is slated to begin in 2022; by incorporating assessment and planning for the SCU into an existing project, it will initiate the process several months sooner than if a separate and new project were to be initiated. Additionally, integrating both projects will ensure consistent and simultaneous efforts rather than disjointed efforts that require backtracking or undoing of work and decisions.

Considerations for Implementation

- A systems-change initiative of this magnitude will need identified shared aims and goals.
- A systems-change initiative of this magnitude will need Dispatch leadership to champion the effort and communicate early, often, and positively about the upcoming changes.
- By participating in Dispatch's assessment and planning processes, the SCU model can identify opportunities early on that support the integration, such as using aligned terminology and data collection processes.
- A Dispatch representative should join the SCU Steering Committee (*refer to recommendation #20*).
- Dispatch leadership should join the model's centralized coordinating body (*refer to recommendation #19*).

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[16] Berkeley City Auditor. (2019, April 25). 911 Dispatchers: Understaffing Leads to Excessive Overtime and Low Morale. **https://www.cityofberkeley.info/uploadedFiles/Auditor/Level_3_-_General/Dispatch%20Workload_Fiscal%20Year%202018.pdf**

Ensure the community has a 24/7 live phone line to access the SCU.

Implementing the SCU as a 24/7 mental health and substance use crisis model requires a 24/7 live phone line to ensure community members have reliable and equitable access to mental health crisis response. The 24/7 availability is essential for community members to feel confident in the availability of the mental health crisis response, as stakeholders reported that MCT's alternative phone number—which is not live and relies on voicemail and callbacks—does not feel like a reliable resource during crises.

The need to develop and implement the SCU model is urgent and at the same time must achieve structural change to ensure sustainability. Implementing a process for the short-term that must be undone would be an inefficient use of funds and may confuse the public and exacerbate distrust. For these reasons, the following three options should be further considered and assessed for how to most effectively ensure 24/7 live access to the SCU crisis response:

1. Option A: Use the existing 911 Communications Center ("Dispatch") to deploy the SCU.
2. Option B: Contract to a CBO that can staff and implement an alternative number phone line as part of the SCU model.
3. Option C: Use the 988 National Suicide Prevention Lifeline to receive, triage, and assess all mental health crisis calls.

Table 1 below highlights several factors to consider related to timeline and staff capacity, funding, safety, system integration, and public awareness. Based on these factors, it appears that Option A (using the existing 911 Communications Center to deploy the SCU) would be the best option for the City of Berkeley. However, these factors should be further discussed by City of Berkeley leadership across HHCS and Dispatch with careful consideration of the phased implementation approach and timeline.

Table 1: Options and factors to assess when planning for the community to have 24/7 live phone line access to the SCU.

	Option A *Recommended Option* Use 911 and existing Communications Center ("Dispatch") to deploy the SCU.	Option B Contract to a CBO that can staff and implement an alternative number phone line as part of the SCU model.	Option C Use the 988 national phone line to receive, triage, and assess all mental health crisis calls.[17]
Timeline & Staff Capacity	Assess Dispatch's ability to recruit, hire, and train new staff on a timeline aligned to the phased implementation approach. Consider the amount of resources and time required for Dispatch to train existing staff on new protocols. Consider Dispatch's capacity to support the SCU adoption and integration in addition to the current accreditation process.	Assess whether a CBO can realistically implement both the SCU model and an alternative phone number (i.e., call center), including recruiting, hiring, and training all new personnel.	Monitor the alignment of national, state, and county timelines for 988 implementation. Assess whether the 988 call center will be staffed appropriately for the additional call volume brought in by requests for SCU.
Funding	Estimate the additional funds required for Dispatch to recruit new personnel (i.e., a recruitment team) and manage the Human Resource capacity to support additional staff.	Estimate the cost to create and operate an independent 24/7 live alternative phone line.	Explore the amount of funding and resourcing available for 988 to assess whether the funds sufficiently support the 24/7 SCU.

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[17] Gold, J. (2021). How will California's new 988 mental health line actually work? *U.S. News.* https://www.usnews.com/news/health-news/articles/2021-10-12/how-will-californias-new-mental-health-hotline-actually-work

		Option A (Recommended)	Option B	Option C
Safety	Promotes Safety	Evaluate and compare each option's ability to establish protocols or infrastructure to support the safety of crisis responders and community members.		
		Dispatch already has established protocols and technology to track the crisis responder's location/position through CAD.	Assess the resources and timing required for a CBO to ensure sufficient training on the use of the CAD system and radio communication.	Assess the ability for existing Alameda CSS and 988 technology to integrate with Dispatch's CAD system and radio communication.
		Dispatch already has established protocols and technology to maintain radio communication between Dispatch and crisis responders, especially during rapid changes in a situation.	Assess workflows and processes that would affect the number of times a caller must repeat triage/assessment; estimate whether there will be an increase in dropped calls.	Evaluate the effectiveness of existing processes to transfer calls between Alameda CSS and Dispatch.
		Dispatch already has established protocols and technology to streamline the handling and transfer of calls so that a person in crisis does not have to repeat their story multiple times, thereby reducing the number of dropped calls.	Consider if a non-911 entity will more effectively reduce police-community interactions during mental health and substance use crises.	Consider if the 988 entity will more effectively reduce police-community interactions during mental health and substance use crises.
	Risks to Safety	Evaluate and compare the potential risks to the safety of crisis responders and community members across each option.		
		Consider whether Dispatch will be more likely to deploy the police than the SCU during initial model implementation.	Consider whether alternative phone line personnel will be more likely to deploy the SCU than transferring calls to 911.	Consider whether community members will be confused about 988 and may believe it is only for suicide prevention rather than the full spectrum of mental health and substance use crises, and therefore be less likely to call 988.
		Evaluate whether community members' fear of a police response, will reduce the utility, acceptability, and accessibility of the SCU.	Evaluate whether community members will be more likely to call an alternative phone number than 911 if they are experiencing a mental health or substance use crisis.	

	Option A (Recommended)	**Option B**	**Option C**
System Integration	N/A *(911 is already integrated with Berkeley Fire, Falck, and Alameda County CSS)*	Explore the process for a CBO to assess and prepare callers if they need to transfer the call to 911, such as if the presence of weapons is confirmed. Evaluate the effects, such as a slowed response time or increased risk of a dropped call. Consider whether the transfer of calls to 911 (i.e., calls ineligible for SCU) will undermine community trust in the alternative phone line. Determine the feasibility of integrating a CBO's technology to allow for the transfer of calls between Alameda CSS and Dispatch. Determine the feasibility of a CBO's technology to receive calls from Fire and Falck if they request the SCU.	Determine whether Alameda County will be able to deploy a Berkeley-specific team (the SCU) for only Berkeley residents as a component within the larger 988 model. Assess what will be required for a county system to deploy a model administered by a CBO, such as additional contracts, MOUs, or staff licensure requirements.
Public Awareness	Consider what will be required of a public awareness campaign to build community trust in 911 to deploy the SCU as a non-police response.	Consider what will be required of a public awareness campaign to inform Berkeley residents both about the SCU as a non-police crisis response and promote an alternative phone number to access the SCU.	Assess the public awareness and education planned for 988. Assess whether the Alameda County 988 public awareness campaign can be adjusted for Berkeley to communicate the availability of the SCU through 988.

Why consider different options for phone access to the SCU?

The numerous factors that should be assessed to determine the best option for phone access to the SCU will require a significant amount of collaboration and detailed planning across city leadership, which requires time throughout Phase 0. The general public is familiar with 911 as a crisis response resource. As a result, 911 could be an important method of ensuring mental health and substance use crises are routed to the SCU mobile team. However, stakeholders, especially residents of color and Black residents, consistently shared that the fear of physical violence, criminalization, or retaliation by police in response to mental health and substance use emergencies is a barrier to calling 911. Therefore, a non-911 option may support community members to feel confident in the SCU as a non-police mental health crisis response. Considering and assessing the full array of options will ensure the best approach for a reliable and equitable access to 24/7 mental health crisis response.

Why is Option A elevated as the recommended option?

Overall, Option A is recommended because it appears to be a better fit for the SCU model. It will most likely be the more cost-effective option, will allow for the SCU mobile team to be launched soonest, and will align to the phased implementation approach and the future integration of the SCU into 911.

By pursuing Option A, preparation with Dispatch can begin sooner than the other options, thus allowing for additional time to plan and prepare. This additional planning time can be used to address concerns regarding safety, community trust, and public awareness. Integrating the SCU into 911 from the initial phases of implementation may also support a streamlined and efficient integration. In contrast, Option B will likely require significantly more funding to create an entirely new call center, which may become obsolete once 988 is implemented, nationally. The feasibility and expense of standing up an entirely new call center (option B) may be prohibitive. Option C will require significant coordination with Alameda County and has many implications that are outside of the control of the City of Berkeley, which could cause delays or challenges to the implementation of the SCU model.

Additionally, 911 has established technology and infrastructure for receiving and triaging phone calls, deploying crisis responders, tracking the crisis response to promote responder safety, and collecting data that is essential for monitoring, evaluation, and follow-up. Moreover, for the public awareness campaign, it may be easier to communicate the SCU as a non-police response through 911 than it is to both communicate the SCU as a non-police response and to publicize an alternative phone number.

Why might the model implement an alternative phone number? (Option B or Option C)

First, due to existing community distrust of policing systems, it is important to establish the SCU response as a non-police response. By implementing the alternative phone number first, community members may be encouraged to utilize the SCU. Second, the existing Dispatch system is complex, overburdened, and underfunded. In order to have a successful integration of the SCU within 911, it may require more time for planning for a sustainable integration that ensures community safety. Third, lessons learned from other cities implementing alternative models may indicate this order would support SCU success. For example, the Portland Street Response team can be accessed through both 911 and a non-emergency phone number connected to Dispatch. However, they found that calls from 911 were prioritized rather than calls from the alternative line when deploying the team. Berkeley will need to establish clear prioritization and triage protocols so that the highest-acuity calls receive adequate responses, rather than the response being determined by the source of the call.

Do other cities use multiple phone numbers?

From the reviewed models, at least seven use two or more lines for emergency crisis calls:

- Olympia, WA: Crisis Response Unit
- Sacramento, CA: Department of Community Response
- Austin, TX: Expanded Mobile Crisis Outreach Team (EMCOT)
- Oakland, CA: Mobile Evaluation Team (MET)
- Portland, OR: Portland Street Response
- Eugene, OR: Crisis Assistance Helping Out on the Streets (CAHOOTS)
- Denver, CO: Supported Team Assisted Response (STAR)

If the model uses an alternative phone line, what happens if people still call 911 when they are having a mental health crisis?

Dispatch should have the option to forward calls to the SCU alternative phone line, where those staff can triage the call and deploy the SCU. Establishing these protocols will be part of the assessment and planning process. It is also important that a public awareness campaign promotes access to the SCU team (*refer to recommendation #24*).

Additional Considerations for Implementation:

- The phone line will require dedicated office space and equipment to process calls and deploy the SCU.
- The phone line will need technology and protocols to ensure data collection and integrity to support monitoring and evaluation (*refer to recommendations #22 and #23*).
- The phone line will require enough staff to maintain a 24/7 live response including staff to receive calls and supervisory staff. This team will need to be sufficiently staffed to account for shift overlap, sick leave, and vacation time.
- Additional data collection and planning will be required to determine the adequate number of call takers and fully implement the phone line.
- Option A may require that Dispatch makes more gradual changes to triage criteria, deploying the SCU to a more limited scope of call types with a gradual increase in SCU deployment through Phase 1 implementation.
- Either option B or option C would still require the phone line entity to collaborate with Dispatch to develop types of calls, triage criteria, and workflows to allow for future integration of SCU into Dispatch.
- The future structure of the 911 Communications Center within Berkeley Police Department should be evaluated (*refer to Section V*).

*Please note: Dispatch uses specific terminology that may not be accurately represented here. The language in these recommendations should be understood from a lay perspective rather than rigid technical language (e.g., call takers versus dispatchers, assessment versus triage versus decision-trees).

Recommendation #10

Plan for embedding a mental health or behavioral health clinician into Dispatch to support triage and SCU deployment.

Embedding a mental or behavioral health clinician within the Dispatch represents a new process for Berkeley's Dispatch and broadens Dispatch's lens from being solely a Police entity to an entity that includes clinical specialists. Dispatch must be involved in planning for this additional team member.

Why should Dispatch have a clinician in the call center?
Embedding a mental health clinician in emergency call centers is an emerging best practice, though only a few cities nationally report staffing their call centers with clinicians. The few cities that have included mental health clinicians in their call centers have found them to be a useful resource. Where implemented, clinicians provide specialized training for call takers to handle behavioral health crisis calls, receive transferred behavioral health crisis calls, and provide guidance.[18]

How does having a clinician in Dispatch promote community or crisis responder safety?
Berkeley Dispatch is deeply committed to the safety of crisis responders. In interviews for this project, Austin's EMCOT program[19] shared that embedding a clinician within their call center increased communication around safety and risk assessment during triage, including increased deployment of the crisis response team. They also shared that this integration improved handoffs for telehealth conducted by the clinician. Berkeley should plan for embedding a clinician in Dispatch to support with de-escalation and determinations because it could promote safety.

Why does the clinician need to be part of planning in Phase 0 if implementation is in Phase 1?
This change represents a structural shift for Dispatch, incorporates new roles for a specialized skillset, and changes several workflows. As a result, having a clinician participate in planning in Phase 0 will support successful implementation in future phases. Additionally, given the current significant understaffing and under-resourcing of Dispatch, the clinician can augment staff capacity without Dispatch having to acquire a new, specialized skillset.

Considerations for Implementation:
- Calls that do not require an in-person response should continue to be sent to Alameda County CSS for phone support.
- Staffing structures will need to be adapted, such as determining which roles supervise the clinician and which roles the clinician supervises.
- The clinician may be able to provide training and ongoing professional development to support call takers to identify and address mental health calls.
- There may be a need for multiple clinicians depending on their role and the call volume.
- This recommendation will need to be adapted based on how recommendations #8 and #9 are implemented.

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[18] Velazquez, T & Clark-Moorman, K. (2021). New research suggests 911 call centers lack resources to handle behavioral health crises. *ResearchGate.*
https://www.researchgate.net/publication/355684339_New_Research_Suggests_911_Call_Centers_Lack_Resources_to_Handle_Behavioral_Health_Crises
[19] Read more about the EMCOT program here: http://www.austintexas.gov/edims/pio/document.cfm?id=348966

Implement a Comprehensive 24/7 Mental Health Crisis Response Model

There are many considerations for realizing the full implementation of a 24/7 model including hiring personnel, establishing clear roles, and providing office space and required materials. Staffing a comprehensive model should seek to address the perceived challenges of existing crisis response systems throughout Berkeley, such as not having 24/7 availability or sufficient staff capacity.

The following recommendations are designed to leverage the lessons learned from other cities implementing non-police crisis response models and be responsive to the needs and concerns expressed by community stakeholder participants. Each recommendation should be further explored as launch and implementation progresses:

Key Recommendations

11. **Fully staff a comprehensive model to ensure the success of the SCU mobile team, including supervisory and administrative support.**

12. **Operate one SCU mobile team per shift for three 10-hour shifts.**

13. **SCU staff and Dispatch personnel travel to alternative crisis programs for in-person observation and training.**

14. **Prepare the SCU mobile team with training.**

Recommendation #11

Fully staff a comprehensive model to ensure the success of the SCU mobile team, including supervisory and administrative support.

In addition to the three-person SCU mobile team (*recommendation #3*), the 24/7 live phone line (*recommendation #9*), and the clinician in Dispatch (*recommendation #10*), the SCU will require supervisory and administrative support roles. These roles will support the day-to-day services and operations of the SCU mobile team. They also will participate in case management meetings (*recommendation #18*), rapid assessment and monitoring (*recommendation #22*), and model evaluation (*recommendation #23*).

Recommended Personnel Roles & Types of Responsibilities[20]:

Program Manager
- Review data from implementation, lead rapid assessment process, support changes and iteration to model
- Liaise with city, Dispatch, and central leadership around implementation, rapid assessment, and coordination
- Manage contract and budget
- Manage scheduling and shifts

Clinical Supervisors
- Oversee and support SCU mobile team, provide consultation for medical and mental health services
- Plan and lead training and professional development for SCU mobile team
- Collaborate with peer specialist supervisor on how to best support SCU mobile team
- Share client and staff feedback to program manager for rapid assessment and monitoring

Peer Specialist Supervisor
- Oversee and support peer specialists on SCU mobile team with an emphasis on emotional support for peers
- Plan and lead training and professional development for SCU mobile team, with an emphasis on utilizing peer specialists and other forms of team communication and support (e.g., advocacy, equal value, communication)
- Collaborate with clinical supervisor

Call Takers / Call Center *(pending implementation of recommendations #8-10)*
- Receive calls from the 24/7 live phone line; triage calls and deploy SCU mobile team, as required
- Receive calls from Dispatch
- Transfer calls that do not require in-person services to Alameda County CSS
- Participate in case management care coordination meetings, as relevant

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[20] Refer to **Appendix B** for the number of personnel, availability, shifts, and a sample shift structure

Considerations for Implementation

Availability or shift structure for roles:

- The program manager and peer specialist supervisor roles should be available during traditional business hours.
- The clinical supervisor role should be available 24/7 and will require redundancy in hiring.
- The call center will need to be staffed to ensure a 24/7 live phone line. If Option B is pursued (*refer to recommendation #9*), the call center should be situated within the SCU model rather than a separate CBO. This could promote morale and team identity and will increase the quality and efficiency of communication.

Office & Equipment Needs:

- The SCU model will need an office space that accommodates all personnel and their roles, such as daily huddles, desks, and equipment.[21]
- Stakeholders suggested that the SCU would benefit from developing relationships with service utilizers and their families. If these opportunities are pursued as part of the SCU's function, then office space could also accommodate service utilizer and family consultations and/or open "office hours" for relationship building.

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[21] Refer to **Appendix C** for the budget and additional office equipment needs, such as computers, phones, printers, etc.

Recommendation #12

Operate one SCU mobile team per shift for three 10-hour shifts.

In order to staff a crisis response model that operates 24/7, the SCU should staff one mobile team per shift for three 10-hour shifts. We estimate that the SCU would respond to three to six incidents per 10-hour shift, with each incident requiring 20 to 120 minutes for response and closure. This should generally be manageable by one SCU mobile team.[22]

Why 10-hour shifts?

Based on feedback from those operating similar models as well as from community stakeholders, 10-hour shifts are common in residential settings and tend to work well for clinical and mental health staff. There are often labor union protections for shifts longer than 10 hours. Three 10-hour shifts would provide 24/7 coverage while allowing for some overlap before and after each shift.

Why should shifts overlap?

The SCU mobile team shifts should overlap so that the team can conclude engagement with a person in crisis before their shift ends. The next shift would be able to respond to a crisis call that comes in towards the end of the preceding team's shift. The overlap also supports team huddles for care coordination. The shift structure and overlap should include time for the required paperwork at the end of the shift so that there is not an expectation that paperwork is completed during off hours.

Will one SCU mobile team be sufficient?

This estimate is comparable to the call and incident volume reported by Denver's STAR pilot, Portland's Street Response pilot, and Eugene's CAHOOTS program. Though the city population of Denver and Portland are 5.8 and 5.3 times larger than Berkeley's population, respectively, their pilots are restricted to smaller geographic units of the city; Denver and Portland both operate only 1 mobile crisis response team per shift. Eugene's city population is 1.4 times the population of Berkeley, and Eugene operates 1 crisis team per shift, with an additional team during peak hours of 10am-12pm and 5pm-10pm.[23]

Considerations for Implementation
- Staffing structure will require redundancy to allow for personnel to take vacation and sick days, and in anticipation of periodic vacancies.[24]
- Staffing structure may need to plan for on-call or floater shifts.

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[22] Estimates for SCU call volume are based on analysis of call and service volume by MCT from 2015 to 2019, the Auditor's Report and analysis of Berkeley Police Department's call and service volume from 2015 to 2019, and analysis of Berkeley Fire's and Falck's transport volume and time on task from 2019 to 2021. Please refer to **Appendix D** for more specific analysis and estimates.

[23] The City of Eugene (2019-03240). **https://www.eugene-or.gov/DocumentCenter/View/56579/2019-03240-White-Bird-CAHOOTS-Services---SIGNED**

[24] Refer to **Appendix B** for the number of personnel, availability, and a sample shift structure.

Recommendation #13

SCU staff and Dispatch personnel should travel to alternative crisis programs for in-person observation and training.

Although Berkeley's SCU model will be uniquely designed and tailored for the Berkeley community, there are many opportunities to learn from successes and challenges of other models that have implemented non-police mental health crisis response programs. For example, the Denver STAR team shared that their Dispatch team benefited greatly from traveling to Eugene, OR to observe and learn about the CAHOOTS model and plan their deployment protocols.

Options for city programs to visit:
- CAHOOTS: Eugene, OR
- STAR: Denver, CO
- EMCOT: Austin, TX

Recommended personnel to attend:
- Dispatch: Supervisor
- SCU: Clinical Supervisor and Program Manager
- Phone line staff, as relevant (refer to recommendation #9)

Potential program components to observe during site visit:
- Triage criteria and workflows
- Assessing for risk and safety
- Working with the mental health clinicians embedded in Dispatch
- Coordinating and prioritizing calls between 911 and an alternative phone number
- SCU mobile team services and team coordination
- Role clarification

Why should Dispatch and SCU staff travel to these sites together?

This training opportunity would support the collaboration between the SCU and Dispatch in planning for the phased integration. By traveling to the sites together, SCU and Dispatch will not only hear the same questions and answers but can ideate and collaborate on adaptations for the Berkeley SCU model. Finally, this is an important opportunity for relationship building between SCU staff and Dispatch, which is essential to this systems-change initiative.

Considerations for Implementation
- Travel costs will need to be included in the initial budget; estimates for consulting fees from the sites are already included.[25]

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[25] Refer to **Appendix C** for the estimated SCU model budget.

Recommendation #14

Prepare the SCU mobile team with training.

The SCU will require training in a set of specific skill areas to be best equipped to provide mental health crisis response. The personnel hired should already have demonstrated their specialized skill set in previous employment settings; training will therefore support the team to align on how to implement their skills. Training also supports teams to work together and with other entities effectively, such as Dispatch, which is essential in crisis response.

The SCU mobile team should be trained in the following topics:

- General de-escalation techniques
- Disarming without use of weapon
- Substance use management
- Naloxone administration
- Harm reduction theory and practice
- First aid
- Situational awareness and self-defense
- Radio communication
- Motivational interviewing
- Implicit bias, cultural competency, and racial equity
- Trauma-informed care
- Training on data collection protocols and data integrity (refer to recommendations #17 and #18)
- Compliance with confidentiality and HIPAA when interacting with Police and/or Dispatch

How long will it take to train staff?

Eugene's CAHOOTS program includes at least 40 hours of classroom training and 500 to 600 hours of field training for all new staff.[26] This equates to 12.5 to 15 weeks of training when calculated on a full-time basis.

What informed these suggested training topics?

These training topics were generated from a variety of alternative model program recommendations and input from Berkeley service providers and community stakeholders.

Considerations for Implementation:

- The phased approach timeline incorporates an estimate aligned to CAHOOTS' model, with room for adaptation.
- Training should be provided to all new SCU staff as they are added to the team, regardless of start date.
- Additional training topics may be identified by the SCU team.

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[26] Beck, J., Reuland, M., & Pope L. (2020). Case Study: CAHOOTS. *Vera.* **https://www.vera.org/behavioral-health-crisis-alternatives/cahoots**

Administration and Evaluation

There are many considerations for effectively administering and monitoring implementation of a new, 24/7 mental health crisis response model. Effective implementation includes ongoing collaboration and decision-making at both the structural and provider levels.

At a structural level, the SCU model will require cross-system coordination for implementing new processes and therefore will require leadership across the City of Berkeley and SCU to collaborate around ongoing program monitoring, data review and transparency, and system integration. At a provider level, the SCU model will require collaboration and communication to support care coordination and case management for people that have experienced crisis as well as to elevate emerging challenges and successes.

Moreover, the community can—and must—provide essential advisory capacities. The community should be actively engaged to provide input and feedback throughout the planning and implementation of the SCU, including through the SCU Steering Committee and ongoing opportunities for the general public.

The following recommendations were informed by the lessons learned from other cities implementing alternative crisis models and aim to be reflective of the perspectives shared by the project's stakeholder participants. Each recommendation should be a starting point to promote cross-sector collaboration, adjusting to accommodate the evolution of the SCU:

Key Recommendations

15. **Contract the SCU model to a CBO.**
16. **Integrate the SCU into existing data systems.**
17. **Collect and publish mental health crisis response data publicly on Berkeley's Open Data Portal.**
18. **Implement care coordination case management meetings for crisis service providers.**
19. **Implement centralized coordination and leadership across city agencies to support the success of mental health crisis response.**
20. **Continue the existing SCU Steering Committee as an advisory body.**
21. **Solicit ongoing community input and feedback.**
22. **Adopt a Rapid Monitoring, Assessment, and Learning process.**
23. **Conduct a formal annual evaluation.**

Recommendation #15

Contract the SCU model to a CBO.

The administrative structure of crisis response systems across the country varies significantly. Some are administered by government agencies, some are run in collaboration between a government agency and CBO, and some are entirely operated by CBOs. There are several reasons why the SCU model should be contracted to a CBO, at least through Phase 2 of the phased implementation approach.

The SCU crisis response model would benefit from being contracted to a CBO for several reasons:

- **Supports a quick launch:** CBOs are often able to move more nimbly than government agencies, especially as it relates to hiring; adequately staffing the SCU mobile crisis team is a critical element in timely implementation. Given the urgent need, the ability to launch the SCU quickly and provide non-police mental health crisis response services is critical.
- **Established relationships with community members:** Stakeholders made it clear that CBOs have developed strong relationships with service utilizers accessing mental health support, homelessness resources, street medicine, and system navigation and referrals. CBOs in Berkeley have expertise in the community that can be leveraged
to advance the SCU's crisis response efforts.
- **Referral networks and partnerships:** A CBO with established networks and partnerships would be well positioned to support service utilizers with referrals as well as transport to community-based resources. Additionally, these relationships can support warm handoffs at transport locations.

Considerations for Implementation

- To contract with a CBO, the City of Berkeley will have to issue a Request for Proposals (RFP). The RFP process will need to evaluate a CBO's capacity to develop and implement a model of this size on this timeline.
- The City should identify a backup plan if no qualified CBOs respond to the RFP.
- The CBO's practices should align to the values and principles of the SCU. The City may need to use contracts and MOU specifications to require:
  - Adequate and equitable wages for all SCU staff and crisis responders, especially peer specialists and peer specialist supervisors.
  - A representative and equitable hiring process that prioritizes staff who are reflective of those most marginalized and harmed by existing crisis response options and the criminal legal system.
  - Necessary data and metrics to collect and report as well as ensuring sufficient technological systems to meet these needs.
- CBOs may face challenges inherent in the contract structure, which should be evaluated and protected against as these challenges can undermine sustainability and longevity.
  - Short-term funding: only funding the SCU in one-year increments can reduce staff retention and inhibit investments in operations (*refer to Section V*).
  - Overhead costs: allocate enough funds for overhead costs (e.g., salary, training, and office equipment), which are critical to SCU success.
  - Contract monitoring: data collection, monitoring, and evaluation are essential to the success and iteration of the SCU but should not be prohibitive to the work.
- There may be additional needs or considerations around data and system integration (*refer to recommendation #16*) and the collaboration across administration and leadership if a CBO implements the SCU; these may need to be included in the contract.
- All recommendations are written with a contracted CBO in mind; additional implications may arise during planning and Phase 0.

Integrate the SCU into existing data systems.

Having access to patient data will support the SCU to provide tailored, informed, and equitable services for those experiencing mental health and substance use crises. Access to existing data systems, such as an EHR, will not only ensure that the SCU has access to relevant patient information, but also that other providers are aware when, how, and why their client might be interacting with crisis response. Finally, integrating the SCU into existing data systems will ensure aligned and consistent data collection, which is essential for the rapid assessment monitoring (*refer to recommendation #22*) and evaluation (*refer to recommendation #23*).

There are many factors outside of the purview of the SCU, HHCS, or even that City of Berkeley that affect whether data and system integration can be achieved. These factors include patient privacy and legal protections (i.e., HIPAA), technological capabilities, available funding, logistics across private and government entities, and more. As a result, this recommendation is included as an aspiration that should be planned for in future phases and may not be realized during Phase 1 of implementation.

- Bidirectional, live data feeds should be integrated between the SCU and other data sources, including but not limited to:
  - EHRs used by major medical systems and Federally Qualified Health Centers (FQHC)
  - Alameda County's Community Health Record (CHR)
  - Alameda County's YellowFin

Why does the SCU need to access service utilizers' records, such as EHRs?
Access to an EHR allows crisis responders to make informed decisions based on a service utilizer's health history. This access also enables crisis responders to communicate directly with a service utilizer's existing support team, such as psychiatrists or case managers, when providing crisis response or referring the service utilizer for follow-up care.

Is it common for crisis responders and clinicians to have access to service utilizer records?
Many other crisis response programs enable access to these sources of data. For example, the Alameda County Community Assessment and Transport Team (CATT) has access to the county's CHR. Providers at FQHCs, including programs like Lifelong's Street Medicine Team, have access to an integrated EHR. Berkeley Mental Health (BMH) is already integrated with the county's YellowFin reporting system. Other city models, such as Denver STAR, enable their crisis responders to access existing data systems.

Why should the data feeds be bidirectional?
Not only do crisis responders need to access service utilizer medical history, but the data they collect during a crisis response should be entered into the centralized data systems so that a service utilizer's existing support team has an updated and complete case history. The county's CHR has live data feeds from many providers and so the SCU's data should also have bidirectional capabilities when possible.

Considerations for Implementation

- The Berkeley City Attorney and IT have signed onto the county's CHR, and many CBOs and medical providers have also already signed onto the CHR, which could facilitate the SCU's integration into this system.
- The SCU will need access to EHRs and the CHR to participate in client case management meetings (*refer to recommendation #18*).
- SCU team members will need training and support to accurately enter data into these platforms, which is essential to data integrity.
- Legal protections for confidentiality and consent will have to be carefully assessed to determine the feasibility of this recommendation and implementation approach.
- Many health conditions can be criminalized and prosecuted. The SCU data must be separate from Dispatch and CAD data because Dispatch is situated within Berkeley Police Department. Presently, Dispatch does not have access to EHRs or the CHR, and in the future, this separation should continue.

Collect and publish mental health crisis response data publicly on Berkeley's Open Data Portal

Data collection is essential to monitoring and evaluation and spans across the SCU mobile team and supporting personnel, Dispatch and/or the alternative phone line, and central leadership. Given how many different personnel and agencies will be collecting and reviewing data, it is essential that data collection be planned for early in Phase 0 to ensure alignment, accuracy, and data integrity.

- Types of data that should be collected and published:
    - Call volume
    - Time of calls received
    - Service areas
    - Response times
    - Speed of deployment
    - Determinations and dispositions of Dispatch (including specific coding for violence, weapons, and emergency)
    - All determinations and deployed teams from Dispatch
    - Percentage of calls responded to by SCU of all calls sent to SCU
    - Type or level of service needed compared to the initial determination at the point of Dispatch
    - Service utilizer outcomes
    - Number of 5150 assessments conducted
    - Number of 5150s confirmed and involuntary holds placed
    - Number of transports conducted
    - Location of transport destinations
    - Type of referrals made
    - Priority needs of clients served (housing, mental health)
    - Number of requests for police involvement
    - Racial demographics of service utilizers
    - Other relevant characteristics of service utilizers, such as homelessness status or dementia

    Note: not an exhaustive list.

- Examples of public data dashboards from alternative crisis models:
    - [Portland's Street Response data dashboards](#)
    - [NYC's B-HEARD monthly data reports](#)

How does data collection promote community safety and health?

Nationally, many emergency call centers lack consistent data collection and internal sharing and review, suggesting city administrators and leaders are unable to effectively use data to understand the scope of behavioral crisis and response in their communities.[27] Collecting data in a way that can be used among program administrators will be essential in supporting the success of the SCU and positive outcomes for the community. Moreover, during this project, it was impossible for RDA to conduct an "apples-to-apples" analysis between data from any of the contributing agencies (Police, Fire and Falck, MCT, Dispatch/Auditor's Report) because the data entry practices across each agency are inconsistent. Specifically, the variables that each agency records for each call response are not the same. In instances where there were similarities in the types of variables used between agencies, the values that they each used to enter or code their data were not comparable.

Why does publishing data publicly matter?

Publishing data through Berkeley's Open Data Portal could promote transparency around crisis response services, address community stakeholders' distrust of the system, and keep the community informed about the SCU and the city's crisis response services.

Considerations for Implementation

- Multiple agencies are likely to engage in data collection that contributes to the SCU model. All data variables and definitions should be aligned to ensure system integration and data integrity, including:
    - CAD data
    - Additional 911 and Dispatch data (as applicable)
    - Alternative phone number data (as applicable)
    - SCU mobile team data
    - EHR data
    - CHR data
- Personnel will need ample training on data collection, including variable definitions and data entry processes, to ensure a high degree of data integrity.
- Staff will need adequate technology to collect and report on data (*refer to recommendation #6*).

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[27] Velazquez, T & Clark-Moorman, K. (2021). New research suggests 911 call centers lack resources to handle behavioral health crises. *ResearchGate.*
https://www.researchgate.net/publication/355684339_New_Research_Suggests_911_Call_Centers_Lack_Resources_to_Handle_Behavioral_Health_Crises

Recommendation #18

Implement care coordination case management meetings for crisis service providers.

Service utilizers often receive care across multiple agencies and individual service providers, but transparency and visibility of service utilizers that move in and out of these agencies is a challenge. Regular case management coordination meetings across organizations and providers could help to address the perceived lack of coordination across different services and to improve the care coordination for service utilizers, such as those discharged from inpatient facilities.

Who should participate:

- SCU mobile team
- Service providers and case managers identified through CHR and EHRs
- Partners and those receiving referrals at CBOs
- A designated meeting coordinator (e.g., SCU program manager, city staff)

What the meetings should achieve:

- Discuss care for shared service utilizers
- Discuss needs of high service utilizers, services provided
- Discuss successes or challenges with warm handoffs and referral pathways

How is care coordination relevant to crisis response?

Care coordination supports providers in making informed decisions about the services to provide and can prevent future crisis. Throughout the project's qualitative data collection, service providers in Berkeley commonly provided the idea of care coordination meetings between the SCU and providers; they expressed that if their clients access SCU crisis services, they would benefit from collaborating with the SCU. The REACH Edmonton program also shared that meetings for frontline workers to discuss shared clients increased positive client outcomes. Finally, Berkeley's Transitional Outreach Team (TOT) shared challenges they have encountered when providing follow-up care after MCT responds to an incident, especially communicating with the many external providers that interact with a single service utilizer.

Why is there a coordinator role in these meetings? Who is that?

Based on the lessons learned from other cities implementing alternative crisis response models, such as the REACH Edmonton and Denver STAR programs, care coordination meetings will require a centralized coordinator or leader from the SCU. Frontline workers do not have the capacity to manage these meetings, which includes scheduling, note taking, preparing data, following up on items as necessary, and other duties. The care coordinator may be an administrative staff member of the SCU, such as the program manager, or a staff member from the City of Berkeley who oversees many of the relevant contracted providers (beyond the SCU).

Considerations for Implementation:

- These meetings will require a clear owner to manage meeting topics, prepare data, identify non-urgent items for follow-up, and ensure equitable power and time talking, especially for peer specialists. The SCU program manager may be best poised for this role.
- Integrated data systems that allow for sharing data and reviewing case history across providers would enhance care coordination and case management (*refer to recommendation #16*).
- There may be a benefit to call takers joining these meetings if they identify and document who is in crisis.

Recommendation #19

Implement centralized coordination and leadership across city agencies to support the success of mental health crisis response.

Overall, programs benefit from ensuring there are one or more people responsible for coordinating the program at a birds-eye view. As a new mental health crisis response initiative, the SCU model will require cross-system coordination for implementing new processes, training, monitoring, and evaluation. Moreover, because these initiatives span across Dispatch and/or an alternative phone number, the SCU mobile team, and other referral entities like Fire, Police, MCT, TOT, and mental health and social service providers, a centralized coordinating body will be essential to the success of this far-reaching initiative.

Who should participate:
- Berkeley Dispatch
- Berkeley Department of Public Health
- Berkeley Mental Health (BMH)
- Berkeley Health, Housing & Community Services Department (HHCS)
- SCU Program Manager
- Berkeley Fire Department
- Berkeley Police Department
- Other relevant parties as the project evolves

What the meetings should achieve:
- Progress along the phases of implementation
- Lead the rapid assessment processes and regularly review data
- Review SCU Steering Committee feedback
- Review service utilizer and stakeholder feedback
- Prioritize issues
- Make decisions

Additional outcomes:
- Increase open communication across city agencies
- Build trust across crisis responders and city departments
- Align all partners on shared values for increasing community health and well-being

Why is the Berkeley Police Department involved in this leadership body if the SCU is a non-police response?
Because the police currently respond to all mental health calls received through 911, any decision about shifting specific call and service types from police to SCU will require BPD buy-in, communication, and planning. Moreover, Dispatch is currently situated within BPD, and therefore, BPD leadership will be required to assess and approve changes to Dispatch. For instance, to ensure that all SCU data is kept confidential and separate from police, BPD will need to support planning for CAD data to integrate with SCU in a compliant manner. Finally, police may be able to request SCU deployment, so these types of protocols will need BPD's input.

Considerations for Implementation:
- These meetings will need a clear owner to schedule meeting times, prioritize agenda topics, prepare data, identify non-urgent items for follow-up, and coordinate follow-up communication to relevant stakeholders.
- A data dashboard will support data review and rapid assessment processes.
- Some agencies may have strong bargaining presence or positional power, such as BPD. It is important that these meetings uphold equitable power and weight in making decisions.
- Throughout Phase 0 and Phase 1, this group may need to meet on a weekly basis.
- Additional stakeholders may need to be added to this group (permanently or ad hoc for specific topics), such as representatives from emergency departments, John George Psychiatric Hospital, or other city or county stakeholders.
- As the model progresses, this group may discuss opportunities to improve the mental health crisis system at a broader scale, beyond the scope of the SCU's crisis response, such as more inter-county and inter-city coordination on systemic issues related to housing.

Recommendation #20

Continue the existing SCU Steering Committee as an advisory body.

Presently, the SCU Steering Committee has representatives with ties to community groups and stakeholders. The SCU Steering Committee should continue as an advisory body to incorporate into decision-making spaces the perspectives that may otherwise be neglected in government spaces.

The SCU Steering Committee should continue to advocate for marginalized communities in the SCU model design and delivery by taking on an advisory role through Phase 0 and Phase 1 of implementation, at a minimum.

The current participants should remain, if they choose, including:	Additional participants should be added, including:
- Berkeley Community Safety Coalition - Representatives from the Mental Health Commission - HHCS staff - BMH staff - Berkeley Fire	- Relevant staff from the SCU or administrative CBO, such as the program manager or clinical supervisor - Dispatch personnel, particularly someone in a leadership position who can both promote change and holds expertise relevant to implementation

Considerations for Implementation

- HHCS staff should maintain the role of coordinating the SCU Steering Committee, even if a contracted CBO leads the SCU, because HHCS will lead other aspects of oversight including contract management.
- Additional participants may be added to the SCU Steering Committee at different times. For example, Dispatch personnel should join earlier in Phase 0 of implementation, while SCU personnel will join once that team is fully staffed in Phase 1.

Solicit ongoing community input and feedback.

Governments often face barriers in hearing from community members that are the most structurally marginalized. However, engaging existing coalitions and networks designed to represent marginalized service users' perspectives can support more equitable engagement. Intentional outreach for these opportunities is essential because, historically, government institutions and other structures have prevented the full and meaningful engagement of Black people, Indigenous people, people of color, working class and low-income people, immigrants and undocumented people, people with disabilities, unhoused people, people who use drugs, people who are neurodivergent, LGBTQ+ people, and other structurally marginalized people. Prioritizing the engagement, participation, and recommendations of the community members most harmed by existing institutions, including those most harmed by police violence, will ensure that systems of inequity are not reproduced by a crisis response model.

Instead, community engagement can support the SCU to address structural inequities. In addition to the SCU Steering Committee, ongoing opportunities for the community to provide input to decisions as well as feedback about their experiences will be valuable to the SCU model throughout Phase 1.

Suggested methods to receive community input and feedback:

- Focus groups
- Town halls or community forums
- On-site outreach
- Questionnaire
- Online feedback "box"

Encourage participation among:

- Service utilizers
- Community members with mental health and behavioral health needs who have not yet engaged with the SCU
- Service providers at CBOs, especially those receiving SCU transports and referrals

Modalities should ensure equitable access to participation:

- Online and in person
- Large groups, small groups, and one-on-one
- Anonymous
- Written and verbal
- Translation and interpretation

Address structural barriers to participation by:

- Using convenient, accessible, and geographically diverse locations
- Offering events at varying times to accommodate different schedules
- Providing financial compensation
- Providing childcare

Why is more community engagement needed if community input informed the model?

The robust community engagement that contributed significantly to the development of this model demonstrates the valuable perspective and knowledge held by community members about the types of services needed and how to make them more accessible and acceptable. Soliciting ongoing feedback once the SCU is launched will provide insight to how well the model is meeting community members' needs and where barriers to crisis care persist, servicing both quality improvement and evaluative needs.

Why should ongoing community engagement be conducted?

Community input and feedback should not be limited to the end of Phase 1 as part of a summative evaluation, but instead be ongoing to account for the changing landscape of SCU model implementation and the needs of both service utilizers and the broader community. It will also support ongoing iteration of the SCU throughout Phase 1, while planning for more complex modifications in Phase 2.

Considerations for Implementation

- The opportunities for community input and feedback should be held regularly, such as monthly, or quarterly.
- Frequent service utilizers, perhaps identified during the SCU's first three months of implementation, could be the primary recruitment base for feedback.
- Address barriers to equitable participation in feedback, such as by providing childcare, transportation vouchers, or financial compensation for time.
- Community feedback should be evaluated as essential data points that directly inform the rapid assessment processes (*refer to recommendation #22*).

Recommendation #22

Adopt a rapid monitoring, assessment, and learning process.

Many crisis response programs use data to monitor their ongoing progress and successes, modify and expand program pilots, and measure outcomes and impact to inform ongoing quality improvement efforts. Data collection, data system integration, centralized coordination across city leadership, the SCU Steering Committee, and ongoing input and feedback from community members and service utilizers (*recommendations #16, #17, #19, #20, and #21*) should all contribute to the monitoring that supports ongoing implementation, assessment, and iteration.

A rapid assessment process will likely need to:
- Develop a shared vision for the SCU model.
- Develop goals for the SCU model.
- Create assessment questions to guide the monitoring and learning process.*
- Define indicators or measures.
- Use a mixed-methods approach, including quantitative programmatic data and feedback from service utilizers, staff, and other stakeholders.

All model components will benefit from assessment, including:
- Availability of the team, accessibility of Dispatch and/or alternative phone line, response time
- Services provided, expertise of mobile team, training
- Equipment, vehicles, and supplies
- Transport, service linkages and handoffs, partnerships with CBOs
- Case management meetings and centralized leadership coordination
- Data collection, data integration, data integrity, and data transparency
- Public awareness campaign

Consider using the Results-Based Accountability (RBA) framework[28] to assess SCU performance aligned to:
- Quantity of SCU services
- Quality of SCU services
- The impact or outcome of SCU services

*From the shared vision, create assessment questions to use throughout the duration of Phase 1, such as:
- Is there a need to scale and increase services?
- Are resources being used efficiently in the pilot? Will they be used efficiently with an increase in services?
- How effective is the current approach? Will it be effective with an increase in services?
- Is the current approach appropriately tailored to the Berkeley community? Is it appropriate for the Berkeley community?

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[28] The City of Berkeley is using RBA for performance monitoring efforts and therefore may benefit from using RBA for the SCU model too.

Figure 4: Rapid Monitoring, Assessment, and Learning Process

Establish Advisory Group	→	Assessment Planning	→	Data Collection	→	Regular Monitoring Meeting	→	Update Model
		Goals, Questions, Measures				*Successes, Challenges, Lessons*		

A rapid monitoring, assessment, and learning process can happen in multiple venues. Some questions may be assessed on a quarterly basis, while others can happen on a monthly or weekly basis.

Considerations for Implementation:

- The rapid assessment process will need to establish clear roles for leading the meetings and decision-making, especially between the SCU program manager and central coordinating leadership.
- The rapid assessment process will benefit from clear timelines and processes for reviewing data, discussing changes and adaptations, and sharing findings across relevant stakeholders.
- The rapid assessment process may have multiple processes or venues based on specific data points or meeting frequencies. Clarify who should be attending, such as Dispatch, the alternative phone number (if applicable), the SCU mobile team, HHCS leadership, and others.

Recommendation #23

Conduct a formal annual evaluation.

Several components of the SCU - including the model's services, the SCU mobile team's training, the deployment determinations of Dispatch and/or the alternative phone line, and impacts and outcomes for service utilizers - offer potential for demonstrating the success of the model through formal evaluation. The evaluation should measure whether the SCU model is progressing towards the intended outcomes, as well as suggest opportunities for modifications and expansion. Design of a formal, annual evaluation is best done early in program planning.

Evaluation may define:
- A Theory of Change or Logic Model
- Short-term and medium-term goals

Evaluation could measure:
- Fiscal analysis, especially evaluation of progress towards the City's aim of reducing BPD's budget by 50%
- Systems change effectiveness, including evaluation of progress towards City's goal of reducing the footprint of BPD to criminal and imminent threats
- Program efficacy/effectiveness, quality of service
- Service utilizer outcomes
- Ongoing barriers and challenges that Phase 2 can address
- Effectiveness of public awareness campaign, whether community members know about it
- Impacts aligned to a Racial Equity Impact Assessment[29]

Evaluation should include:
- Qualitative and quantitative data
- Perspectives from SCU personnel
- Perspectives from service utilizers
- Perspectives from adjacent organizations, staff, and SCU Steering Committee

How is the proposed evaluation different than rapid monitoring?

Evaluation and rapid monitoring, or quality improvement, are complementary and should inform each other. Rapid monitoring is intended for more immediate quality improvement and occurs on more frequent cycles to guide iterative implementation of specific model elements. Evaluation asks broader questions from a greater degree of distance to guide adjustments to the model that will support ongoing effectiveness and sustainability. Staff are typically central to rapid monitoring to facilitate ongoing improvements, but an evaluation is generally conducted by an outside team that has some distance from day-to-day operations.

Considerations for Implementation
- If the City of Berkeley intends to contract out the evaluation, then the RFP and contracting process should be initiated early in Phase 0 to allow for adequate planning.

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[29] To learn more about Racial Equity Impact Assessments, visit:
https://www.raceforward.org/sites/default/files/RacialJusticeImpactAssessment_v5.pdf

Promoting Public Awareness

Promoting public awareness of the SCU and its aims will be essential to the SCU's success. Public education efforts should be advanced through a variety of methods, including a far-reaching campaign and targeted outreach. These efforts should emphasize that the SCU is a non-police crisis response service and promote how to access the SCU (i.e., which phone number to call). Overall, promoting public awareness is essential to building trust and addressing fears or reluctance that might inhibit people to call for support during a mental health or substance use crisis.

Promoting awareness and establishing relationships with other providers in the response network is also important, especially staff at emergency facilities who may interact with the SCU during the transport of a person who has experienced a mental health or substance use crisis. This type of relationship-building and education can streamline processes to promote positive outcomes for people in crisis.

The following recommendations should be adapted and implemented to advance public education and awareness about the SCU model:

Key Recommendations

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

Recommendation #24

Launch a public awareness campaign to promote community awareness and education about the SCU.

For the community to be able to call for an SCU response, they must know that it exists. Stakeholder input throughout this project has indicated that community members must trust that the SCU provides a crisis response without the use of law enforcement for the SCU to be a viable and sought-after crisis response option. For these reasons, promoting public awareness of the SCU and its aims will be essential to the SCU's success.

Aims of the campaign:
- Emphasize the SCU as a non-police mental health and crisis response option
- Distinguish the roles and responses of SCU, MCT, and police
- Promote how to access the SCU (i.e., through 911, an alternative number, or 988)
- Describe when SCU will not respond (e.g., social monitoring, weapons) and when it will (e.g., types of services).
- Emphasize the community engagement that informed the model
- Share the availability of Berkeley Open Data
- Promote opportunities for ongoing stakeholder input and feedback

Why is it important to launch a public awareness campaign?
To inform the community of this new resource and to distinguish the SCU as a non-police response. Stakeholder input throughout this project has indicated that community members must trust that the SCU provides a crisis response without the use of law enforcement for the SCU to be a viable and sought-after crisis response option.

How do other cities promote their crisis response model?
Other cities provided examples of promoting awareness outside of mass media. For example, Portland's Street Response team contracts with street ambassadors with lived experience (via a separate contract with a local CBO) who perform direct outreach to communities and work to explain the team's services and ultimately increase trust with potential service utilizers.

Considerations for Implementation
- The methods of the campaign may need to be tailored to the targeted stakeholder groups and may include:
  - Mass media, billboards, advertisements on public transportation, radio announcements, local newspaper announcements, updates to the city's social media and websites, updates to service providers' and CBOs' social media.
  - Business cards with contact information for potential service utilizers.
  - "Meet-and-greets" that the SCU mobile team hosts with service providers at CBOs and emergency facilities.
- The public awareness campaign may have multiple phases, such as first promoting awareness of the SCU and how to access it, and then promoting opportunities for stakeholder feedback.

Recommendation #25

The SCU mobile team should conduct outreach and build relationships with potential service utilizers.

In addition to a public awareness campaign that promotes the SCU as a community resource, shares how to access the SCU, and emphasizes the non-police design, many service utilizers may still be reluctant to engage with a new entity. As a result, to most equitably meet the needs of potential service utilizers and especially substance users, the SCU may need to conduct in-person outreach. This outreach should be targeted to specific groups who are most likely to call the SCU with the aim of establishing trusting relationships and sharing more about their harm reduction approaches.

Targeted sites for relationship building with potential service utilizers:
- Encampments
- Safe parking RV lots
- Drop-in centers
- Downtown Berkeley
- People's Park
- Emergency department waiting rooms

Why might service utilizers be reluctant to engage in services with the SCU?

Many community members have personally experienced the criminalization of substance use and mental health emergencies, whether through their own experiences or having witnessed the experiences of family, friends, or community members. Such carceral approaches include involuntary psychiatrist holds and unnecessary transport to hospitals. In particular, unsheltered residents and substance users may be more distrustful of a new team and be less likely to call during a crisis. In interviews, unsheltered residents shared that not all of their substance use management are being adequately addressed by current crisis responders and they experience high rates of transport to emergency departments. Many also shared that they fear police retaliation for their substance use. In general, there are several reasons why community members may be hesitant about engaging crisis responders, which could be addressed by individual, relational outreach.

Why would relationship building improve utilization of the SCU?

Despite many service utilizers reporting overall distrust of first responders, they also shared that EMTs have developed trusting relationships and strong rapport for handling overdoses. Because of this relationship, service utilizers are more willing to call for an EMT to respond to an overdose. Similarly, having strong relationships built on trust will be key to the success of the SCU.

Considerations for Implementation
- If there are periods of low call volume, the SCU may use those times as opportunities to build relationships in communities of potential service utilizers and proactively provide services.
- This outreach may also be implemented based on data and findings or in preparation for Phase 2 expansion and changes.

System-Level Recommendations

The development of a mental health crisis response model as a component of the City of Berkeley's emergency services should be understood as a systems-change initiative of great magnitude. There are several critical factors that must be attended to in order to realize the full implementation of the SCU and to progress towards its intended outcomes.

Addressing the Needs of Dispatch

There is an urgent need for a 24/7 mental health and substance use crisis response model that does not rely on law enforcement to provide specialized mental health care. To provide this service, crisis responders must be connected to those in crisis. Thus, the role of Dispatch is essential.

Dispatch needs a full assessment and planning process to address the complexity of the 911 response system. This assessment and planning, though urgent, cannot be done hastily. The SCU will benefit if Dispatch is able to:

- Address the understaffing, under-resourcing, and identified training needs of call takers.
- Plan for a sustainable integration.
- Plan for a variety of scenarios to ensure crisis responder and community safety.
- Participate in the SCU phased-implementation approach and ongoing collaboration with SCU leadership.
- Establish trusting relationships and rapport with the SCU so that call takers are confident in deploying the SCU for scenarios they previously would have deployed MCT or Police.

A Sufficient Investment of Resources

A lack of sufficient resources is not only a challenge for Dispatch, but is a common challenge expressed by service providers in Berkeley and in other locales. Within the City of Berkeley, both TOT and MCT have challenges meeting the needs of community members because their hours of operation are limited, and they do not have enough staffing and resources to provide 24/7 services. This results in the perception of slow or delayed response times and can decrease the likelihood that callers continue to seek that service. Efforts in other cities, such as the Mental Health First and MACRO initiatives in Oakland and the Street Crisis Response Team in San Francisco, have also had to restrict their hours of availability and services due to a lack of sufficient funding.

Mental health crisis response could be essential in promoting health equity in the City of Berkeley. However, if it is not sufficiently resourced to provide 24/7 crisis response without long wait times, it will not achieve trust, and will become utilized less often and will therefore not achieve the desired systems-change results. This resourcing includes not only the SCU mobile crisis team, but the entirety of the model and related infrastructure, from the call center to program manager. Sufficient resourcing also includes dedicated time by city leadership to support coordination, collaboration, and problem-solving.

The Role of Trust

Trust was one of the most discussed factors across stakeholder engagement and will be a critical ingredient to the success of this system-wide change initiative. The public awareness campaign and all Phase 0 planning processes must address the concerns and doubts that could undermine trust across community stakeholders, the service provider network, and city leadership.

Trust will shape whether community members utilize the SCU. Community members must trust that the SCU:

- Is a non-police crisis response.
- Is accessible and available 24/7.
- Is responsive to emerging needs and ongoing community input and feedback.
- Provides competent harm reduction and non-carceral approaches to mental health and substance use crisis intervention.

Trusting relationships affect the quality of referrals, warm handoffs, and service linkages across the service provider network. Service providers emphasized that trust plays a role in:

- Whether they will refer a client to another provider.
- The amount and type of information they disclose about a shared client.
- Whether systems will choose to share and integrate data.

- The quality of collaboration and communication during warm handoffs, care coordination, or at client discharge.

Trusting relationships are essential to centralized coordination and collaboration among city leadership. The SCU model will require a variety of agencies and departments to work together in new ways and toward new ends. Other cities implementing alternative crisis models shared that trust was enhanced across leadership by:

- Aligning on shared values and commitment to improving health outcomes for people in crisis.
- Recognizing and adapting to the varied cultures of city departments, agencies, and CBOs.
- Ensuring decision-making power is allocated in alignment with the aims of the crisis model, such as ensuring that law enforcement does not have an unaligned or inequitable of voice or power in making decisions.
- Reviewing data to promote accountability and celebrate successful outcomes.
- Planning for sufficient time to prepare and participate in collaboration.

Conclusion: Next Steps & Future Considerations

This report presents recommendations for a model that is responsive to community needs. Still, there were numerous questions, issues, needs, and considerations that surfaced that were beyond the scope of the project. Decisions around those factors could significantly shape the types of services the SCU provides as well as how it is coordinated and administered across agencies. Such considerations are pertinent to the future of the SCU, crisis response, and the mental health service system in Berkeley, and therefore should continue to be discussed by city leadership and those implementing the SCU.

Long-Term Sustainable Funding

The SCU model requires long-term sustainable funding. A sound fiscal strategy must recognize the robustness of costs associated with the SCU and plan for institutionalizing and sustaining those costs. There are a number of potential funding sources for the SCU model, including Medi-Cal reimbursement, Medi-Cal opportunities through CalAIM, and DHCS grants. However, these funding streams are unlikely to sustain a crisis response model on their own. Other funding and resources may need to be braided into the SCU to effectively implement this model.

While braiding allows for maximizing funding resources, it also requires clear and separate tracking of services based on funding sources and requirements. With multiple funding streams, the target populations, reporting requirements, eligibility criteria, and performance measures can vary greatly. A braided funding model, therefore, requires knowledgeable administrators as well as dedicated time to manage. This can be especially resource-intensive for a CBO implementing the SCU. The SCU model will need to be very clear about the funding requirements and develop an appropriate system for ongoing tracking and reporting.

Different financing mechanisms provide varying levels of sustainability and predictability, considerations which should inform the development of a fiscal strategy for the SCU model. Unfortunately, these recommendations may not be fully realized if there is not a long-term sustainable fiscal strategy. Modifications to the SCU model could negatively impact the quality of service delivery or lessen the population impact.

Across the country, some cities have used a sales tax to fund their alternative crisis response models while others have redirected funds away from police departments. Rather than identifying new or short-term grant awards, a primary consideration for the City of Berkeley should be to look to dollars that can be reinvested from the Berkeley Police Department, in alignment with the Reimagining Public Safety initiative, to develop a sustainable and comprehensive SCU model.

Continue Planning for 24/7 Live Phone Access to the SCU

Significant planning will be required to fully realize the 24/7 live phone access to the SCU (*refer to recommendations #8, 9, and 10*). Reaching out to existing call centers—such as Alameda County CSS—or to other cities implementing similar crisis models could support the development of the phone access to the SCU. Additional planning is needed to determine, at a minimum:

- Equipment and technology needs
- Staffing requirements for the estimated call volume
- Recruitment, hiring, and training
- Workflow and protocol development
- Cost and funding availability

The Location of 911 Dispatch Within the Berkeley Police Department

The 911 Communications Center is currently operated by the Berkeley Police Department. This structure affects how Dispatch is funded and who makes decisions. As the role of Dispatch is broadened to coordinate a greater variety of responses to emergencies, there may be advantages to moving Dispatch outside of the Berkeley Police Department, such as improved communication and coordination across relevant agencies. For instance, it has been expressed that Dispatch call takers are currently more comfortable deploying the police than other crisis responders given their long tenure and rapport with police officers, so call takers' ability to establish rapport with the SCU team is needed for them to be comfortable deploying the SCU. Structural changes like this may also align to several of the Reimagining Public Safety initiative's aims. This consideration can be explored as part of the assessment and planning processes of the phased implementation approach.

Preventing Social Monitoring: Clarifying the SCU's Guiding Principles

The SCU model is designed to ensure that mental health specialists respond to people experiencing mental health crises. However, there is significant and justified concern that the SCU could be co-opted to support the social monitoring and enforcement of unsheltered residents. Clarifying the SCU's guiding principles could support in reifying the intentions of the model to ensure that all practices are aligned with those principles.

There are several elements within the model design where data, ongoing conversation, and service utilizer feedback can ensure that the SCU lives out its intention. One such example is whether and how the SCU would be deployed with the police and/or how the SCU is distinguished from MCT. For example, if a caller reports an unsheltered neighbor is residing on their sidewalk or driveway, this may not qualify for an SCU response. However, if that call is deployed to the police, then the response effectively criminalizes unsheltered Berkeley residents. Such scenarios should be explored as the SCU model is implemented, refined, and expanded.

Address the Full Spectrum of Mental Health and Substance Use Crisis Needs

Mental health and substance use crises vary in severity along a spectrum. A crisis can present as someone in immediate danger to themselves or others, someone who needs regular support to address their basic needs, or someone who is generally able to manage their needs but needs occasional support to prevent a future crisis.

Throughout this project, many stakeholders expressed that in order to effectively address the challenges of the current system, solutions and changes must engage with the nuances and spectrum of mental health crises:

- Some forms of crisis are readily visible while others are not.
- Some forms of neurodivergence are reported as a mental illness or crisis, but they are not.
- Some forms of crisis occur because the person is unable to access services to meet their needs.
- Some forms of emergency service utilization stem from ongoing unmet basic needs such as food and affordable housing.

Stakeholder participants urged that the concept and definition of a mental health crisis and crisis services be expanded to not only support crisis intervention but also prevention, diversion, and follow-up. The following two considerations should be further explored because they may support the SCU model. Both considerations represent a form of

reimagined public safety and may be realized with additional resources, such as funds divested from Berkeley Police Department:

Expand the SCU Model to Include a Follow-up Care and Coordination Team

There will likely be a need for a team to receive referrals from the SCU mobile team and connect with service utilizers for follow-up care. Follow-up care could include referrals, system navigation, and case management support. This team may also need to conduct outreach to make contact with service utilizers and address barriers to care as needed. For example, some service utilizers may be unable to follow through with a referral if they do not have reliable access to transportation or experience challenges maintaining scheduled appointments. This team could potentially be funded by the 988 funding allocated to dedicated follow-up teams deployed from 988 crisis call centers.[30]

There are many lessons that should be learned from the existing Transitional Outreach Team (TOT), such as challenges they face with adequate staffing and funding or constraints and limitations with who they can serve. Any initiatives around follow-up care should augment rather than duplicate the TOT.

Increase the Number of Sites for Non-emergency Care for Berkeley Residents

Throughout this project, stakeholder participants emphasized the need for sites for non-emergency care, such as drop-in centers, day centers, sobering sites, and respite centers. These services are important for harm reduction and crisis prevention, and as such would support the outcomes of the SCU model. There may be opportunities in Phase 0 or Phase 1 to reserve beds at a shelter or similar care facility as a temporary measure, ensuring persons in crisis have access to these beds after engaging with the SCU. However, increasing the overall number of sites for non-emergency care would require a longer-term investment

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[30] Santos, M (2021). New suicide prevention hotline aims to divert callers from police. *Crosscut.* **https://crosscut.com/politics/2021/07/new-suicide-prevention-hotline-aims-divert-callers-police**

Appendix

Appendix A: Launch Timeline & Phased Implementation Approach

Phase 0 - Launch Timeline					
Nov 2021 - May 2022					
System-Level: Planning, Launch, Implementation		HHCS	Steering Committee	Dispatch	Contracted CBO
Dec	Engage community on feedback to SCU Model recommendations	x	x		
	Engage community on SCU RFP requirements	x			
	Dispatch leadership communicates and champions (internally) the SCU change-initiative			x	
	Plan for Dispatch assessment (e.g., determine if RFP needed)	x		x	
Jan	Make decisions about 24/7, live phone line to SCU (option A, B, C)	x	x	x	
Feb	Issue RFP for SCU	x			
	Issue RFP for SCU alternative phone line (TBD)	x			
Mar	RFP Deadline				
	Review all RFPs	x	x		
	Select awardee for SCU	x	x		
	Begin planning for site visits	x		x	x
Apr	Contract process for SCU	x			
May	Hire SCU personnel (mobile team, supportive and administrative roles, Dispatch/phone staff)				x
	Hire mental health clinician to support Dispatch assessment & planning	x		x	
	Build relationships across all new personnel	x	x	x	x
June - Aug	*Plan & Implement Recommendations: Refer to Phase 0 Implementation Approach*				

Phased Implementation Approach		Phase 0	Phase 1		Phase 2	Future, *Beyond Phase 2*
			Implementation	*Planning for Phase 2*		
		Nov 2021 – Aug 2022	Sept 2022 – Aug 2023	Sept 2023 – Feb 2024	Feb 2024+	
SCU Mobile Team Recommendations						
1	The SCU should respond to mental health crises and substance use emergencies without a police co-response	Clarify specific factors and codes for all suggested SCU call types Develop triage criteria and workflows across all SCU call-types and services. Coordinate with other entities (BPD, MCT, UCPD) for differentiation and/or collaboration.	*SCU mobile team goes live, providing services*		Consider additional types of calls for service that they can respond to where armed police officers are not needed or aligned to a reimagined definition of public safety, such as: - Completing documentation while providing crisis services where a traditional "police report" is needed, such as in cases of sexual assault, sexual harassment, and rape - Petty theft - Nonviolent conflicts, such as neighbor disputes or youth behavioral issues - Minor assaults, with no weapons present - Proactive support at events that may trigger a crisis (e.g., during an encampment sweep)	Integrate other SCU model elements (e.g., follow-up care team [Report Section V])
2	The SCU should operate 24/7					
3	Staff a 3-person SCU mobile team to respond to mental health and substance use emergencies					
4	Equip the SCU Mobile Team with vans	Procure vans				
5	The SCU Mobile Team should provide transport to a variety of locations	Introduce SCU to emergency facility staff at all transport destinations				
6	Equip the SCU mobile team with supplies to meet the array of clients' needs	Procure supplies				
7	Clearly distinguish the SCU from MCT	Develop clear roles and parameters for SCU and MCT teams by collaborating across Dispatch, the SCU Steering Committee, the current MCT team, and other relevant leadership *Note: These decisions are essential for developing triage criteria and workflows and for communicating to the general public in a public awareness campaign.*		Evaluate the role of MCT and the efficacy of having both teams. Make recommendations for Phase 2, such as changes to each team's scope or processes.	Communicate to general public and relevant service providers about changes relevant to the distinguished roles of MCT and SCU	

Phased Implementation Approach	Phase 0	Phase 1		Phase 2	Future, *Beyond Phase 2*
		Implementation	*Planning for Phase 2*		
	Nov 2021 – Aug 2022	Sept 2022 – Aug 2023	Sept 2023 – Feb 2024	Feb 2024+	
Accessing the SCU Crisis Response					
8 Participate in the Dispatch assessment and planning process to prepare for future integration	Decide the most effective method for 24/7, live phone access to the SCU (Option A, B, C) Dispatch makes investments in staffing and technologies, as needed SCU model discusses with Dispatch the necessary data (variables, definitions, timelines, privacy, etc.) to be collected during each Phase of implementation Dispatch begins planning for changes to CAD or other data systems	Dispatch makes investments in staffing and technologies, as needed *Dispatch implements Phase 1 protocols, as determined by Phase 0 planning (Option A, B, C)*	Implement new triage criteria and workflows		
9 Ensure the community has a 24/7 live phone line to access the SCU	Implement and adapt 24/7, live phone line access to SCU (Option A, B, C) Adapt protocols for other Berkeley crisis responders (Fire, EMS/Falck, MCT, Police) to request SCU support through the alternative phone number Dispatch and HHCS/SCU identify opportunities for Phase 1 implementation (based on Option A, B, C), such as: - Phase 1 call types for SCU deployment OR preliminary calls that Dispatch will transfer to the alternative phone line in early Phase 1 (e.g., welfare checks) - Dispatch supports alternative phone line to develop aligned triage criteria and workflows to support future integration	*If Option B or C:* *Plan for how calls will be triaged and prioritized from the two separate sources (alternative number and 911) in deploying the SCU mobile teams in Phase 2*	Determine if the SCU should respond to crises by sight ("proactive" deployment and intervention) Determine if the SCU should self-deploy by listening to the police radio (based on other models: Eugene's CAHOOTS, Denver's STAR, and San Francisco's Street Crisis Response Team)	*If Option B or C:* *Integrate SCU into 911*	
10 Plan for embedding a mental health or behavioral health clinician(s) into Dispatch to support triage and SCU deployment	Dispatch hires one clinician to support the Dispatch assessment process and to support triage criteria and workflow development for calls routed to SCU Clinician attends trainings and site observations with Dispatch and SCU Clinician(s) supports planning for triage criteria, call-types, etc. *(as relevant: Option A, B, C may affect timing of this)* *If Option A:* Dispatch prepares for fully embedding clinician(s), including clarifying their roles and supervision structure *If Option B or C: implement this in Phase 2*	Clinician(s) support Dispatch based on the assessment findings and next steps, such as: - supervises call-takers triaging mental health crisis calls - provides trainings to call-takers based on 2019 Auditor's Report and ongoing assessment			Assess whether clinician(s) can provide services beyond SCU deployment, including basic telemedicine and psychiatric screenings or psychiatric crisis assessment

Phased Implementation Approach	Phase 0	Phase 1		Phase 2	Future, *Beyond Phase 2*
		Implementation	*Planning for Phase 2*		
	Nov 2021 – Aug 2022	Sept 2022 – Aug 2023	Sept 2023 – Feb 2024	Feb 2024+	
Implement a Comprehensive, 24/7 Mental Health Crisis Response Model					
11 Fully staff a comprehensive model to ensure the success of the SCU mobile team, including supervisory and administrative support roles for SCU					
12 Operate one SCU mobile team per shift for three 10-hour shifts					
13 SCU staff and Dispatch personnel should travel to alternative crisis programs for in-person observation and training	Incorporate into RFP and hiring timelines to allow for these periods of travel and training. *Note: City of Berkeley and/or the contracted CBO may need to reach out to the other cities and programs to solidify travel and training plans prior to the hiring of any individual personnel.* Allot time after the site visit(s) for debriefing, reflecting on lessons learned, and discussing how to integrate key takeaways into the SCU model. Include in debrief and planning conversations personnel that traveled for site observations, HHCS staff, additional Dispatch leadership, and Steering Committee members, as needed.				
14 Prepare the SCU mobile team with training, informed by community needs	Plan the training schedule based on community needs, ongoing assessment and planning, and prerequisite skills and experiences of hired personnel				

Phased Implementation Approach	Phase 0 Nov 2021 – Aug 2022	Phase 1		Phase 2 Feb 2024+	Future, *Beyond Phase 2*
		Implementation Sept 2022 – Aug 2023	*Planning for Phase 2* Sept 2023 – Feb 2024		
Administration and Evaluation					
15 Contract the SCU Model to a CBO			*Extend contract and provide funding for Phase 2, as applicable*		Determine if the SCU can be administered through the City of Berkeley, elevating it to the status of Police and Fire as an essential citywide emergency service and ensuring long-term sustainability
16 Integrate SCU into existing data systems	Assess feasibility of data integration across various systems and sources: assess system capacity needs to realize integration, seek consultation on legal issues surrounding patient protections and sharing health data across providers Evaluate implications for Recommendation 18 (care coordination case management meetings) based on feasibility and adaptations from this recommendation (Recommendation 16) Maintain and strengthen data privacy before SCU is integrated with Dispatch (given that Dispatch is situated within Berkeley Police and that many health conditions can be criminalized and prosecuted)		*Continue: Assess feasibility of data integration across various systems and sources: assess system capacity needs to realize integration, seek consultation on legal issues surrounding patient protections and sharing health data across providers* Coordinate with Alameda County Care Connect to plan for bi-directional data feeds with the Community Health Record (CHR) Plan for access to EHRs and other relevant data systems		
17 Collect and publish mental health crisis response data publicly on Berkeley's Open Data Portal	Coordinate with City of Berkeley to add new data to Portal Plan for how regularly data will be refreshed/updated on Portal	*Publish data regularly*			
18 Implement care coordination case management meetings for crisis service providers	Involve all relevant agencies in planning to define, align, and adjust data definitions, variables, and collection practices. (e.g., 911-Dispatch, MCT, BPD, BFD, Falck, HHCS, SCU, etc.) Engage potential participates to plan for Phase 1 implementation of care coordination case management meetings (identify and confirm participants, confirm meeting intervals, set meeting times, etc.)	*Convene and implement care coordination meetings*			
19 Implement centralized coordination and leadership across city agencies to support the success of mental health crisis response	Engage potential participates to plan for Phase 1 implementation of centralized coordination and leadership meetings (identify and confirm participants, confirm meeting intervals, set meeting times, etc.)	*Convene and implement centralized coordination and leadership meetings*			

Phased Implementation Approach	Phase 0	Phase 1		Phase 2	Future, *Beyond Phase 2*
		Implementation	*Planning for Phase 2*		
	Nov 2021 – Aug 2022	Sept 2022 – Aug 2023	Sept 2023 – Feb 2024	Feb 2024+	
Administration and Evaluation (continued)					
20 Continue the existing SCU Steering Committee as an advisory body	Identify additional Steering Committee members Invite and engage new members Adapt processes, group norms and agreements, and/or meeting schedules, as relevant	*Hold regular meetings of SCU Steering Committee; incorporate decision-making processes across other Recommendations*			
21 Solicit ongoing community input and feedback	Decide on methods and intervals for collecting community input and feedback during Phase 1 Develop a plan to communicate the opportunities for community and feedback; incorporate into public awareness campaign	*Solicit ongoing community input and feedback; incorporate decision-making processes across other Recommendations*			
22 Adopt a rapid monitoring, assessment, and learning process					
23 Conduct a formal, annual evaluation	Plan for the evaluation and rapid assessment processes to use overlapping data and be mutually-supportive and streamlined Plan for all data definitions and collection processes to be aligned across rapid assessment and evaluation aims.	Ensure that the evaluation findings are available for the latter six-months of Phase 1 to support planning for Phase 2	Review evaluation findings Plan for Phase 2		
24 Launch a public awareness campaign to promote community awareness and education about the SCU	Plan for public awareness campaign, including targeted modalities, targeted audiences, and/or phased timing Launch public awareness campaign	*Continue public awareness campaign, as necessary*			
25 The SCU mobile team should conduct outreach and build relationships with potential service utilizers	Conduct targeted outreach and establish trusting relationships between SCU and community members, promoting utilization of SCU	*Continue targeted outreach and build relationships as necessary*			

Appendix B: Sample Shift Structure & Redundancy Needs

Model Component	Phase	Staffing Needs	Shift Type	M	T	W	Th	F	Sa	Su		No. of shifts (week 1)	No. of shifts (week 2)	No. of staff per unit	No. of units	No. of FTE needed	Notes
SCU	Phase 1	Shift 1	10-hour shift	mobile unit A	mobile unit A	mobile unit A	mobile unit B	mobile unit E	mobile unit E	mobile unit E	mobile unit a	3	4	3	6	18	Assumes one mobile unit per shift
		Shift 2	10-hour shift	mobile unit B	mobile unit B	mobile unit B	mobile unit C	mobile unit F	mobile unit F	mobile unit F	mobile unit b	4	3	3			Assumes a three-person mobile unit
		Shift 3	10-hour shift	mobile unit C	mobile unit C	mobile unit C	mobile unit D	mobile unit D	mobile unit D	mobile unit D	mobile unit c	4	3	3			Six clinicians, six peers, six therapists
											mobile unit d	4	3	3			
											mobile unit e	3	4	3			
											mobile unit f	3	4	3			
SCU	Phase 1	Shift 1	10-hour shift	clinical supervisor A	clinical supervisor A	clinical supervisor A	clinical supervisor B	clinical supervisor E	clinical supervisor E	clinical supervisor E	clinical supervisor A	3	4	1	6	6	
		Shift 2	10-hour shift	clinical supervisor B	clinical supervisor B	clinical supervisor B	clinical supervisor C	clinical supervisor F	clinical supervisor F	clinical supervisor F	clinical supervisor B	4	3	1			
		Shift 3	10-hour shift	clinical supervisor C	clinical supervisor C	clinical supervisor C	clinical supervisor D	clinical supervisor D	clinical supervisor D	clinical supervisor D	clinical supervisor C	4	3	1			
											clinical supervisor D	4	3	1			
											clinical supervisor E	3	4	1			
											clinical supervisor F	3	4	1			

SCU	Phase 1	shift business	8-hour shift	program manager	program manager	program manager	program manager	program manager	–	–	program manager	5	*n/a*	1	1	1	Assumes mobile unit peers are supervised by clinical supervisor during shift; this specialist is for other professional supports for Peer Specialists
		shift business	8-hour shift	peer supervisor	peer supervisor	peer supervisor	peer supervisor	peer supervisor	–	–	peer supervisor	5	*n/a*	1	1	1	
Alternative Phone Line	Phase 1	Shift 1	12-hour shift	call team A	call team A	call team A	call team B	call team D	call team D	call team D	call team a	3	*4*	2	4	8	Assumes two call receptionists per shift
		Shift 2	12-hour shift	call team B	call team B	call team B	call team C	call team C	call team C	call team C	call team b	4	*3*	2			
											call team c	4	*3*	2			
											call team d	3	*3*	2			
Dispatch	Phase 0	shift business	8-hour shift	BH/MH triage clinician	BH/MH triage clinician	BH/MH triage clinician	BH/MH triage clinician	BH/MH triage clinician	–	–	BH/MH triage clinician	5	*n/a*	1	1	1	
	Phase 1	Shift 1	12-hour shift	BH/MH triage clinician A	BH/MH triage clinician A	BH/MH triage clinician A	BH/MH triage clinician A	BH/MH triage clinician C	BH/MH triage clinician C	BH/MH triage clinician C	BH/MH triage clinician A	4	*3*	1	4		Assumes one clinician per dispatch shift

Shift 2	12-hour shift	BH/MH triage clinician B	BH/MH triage clinician B	BH/MH triage clinician B	BH/MH triage clinician B	BH/MH triage clinician D	BH/MH triage clinician D	BH/MH triage clinician D	BH/MH triage clinician B	4	*3*	1				
									BH/MH triage clinician C	3	*4*	1				
									BH/MH triage clinician D	3	*4*	1				

Appendix C: Budget

Salaries, wages, benefits	FTE	Salary	Cost/Year	Notes	Source
BH Licensed Clinician / Psych-NP	6	$ 178,000.00	$ 1,068,000.00	JobsEQ "Nurse Practitioner"	*JobsEQ Mean Annual Wages for San Francisco-Oakland-Bay Area*
Mental Health Peer Specialist	6	$ 77,500.00	$ 465,000.00	JobsEQ "Health Education Specialists"	*JobsEQ Mean Annual Wages for San Francisco-Oakland-Bay Area*
BH Licensed Therapist / LCSW	6	$ 85,800.00	$ 514,800.00	*JobsEQ "Mental Health and Substance Abuse Social Worker"*	*JobsEQ Mean Annual Wages for San Francisco-Oakland-Bay Area*
Clinical Supervisor	6	$ 178,000.00	$ 1,068,000.00	*JobsEQ "Nurse Practitioner"; unable to find accurate salaries for a supervisory position*	
Peer Specialist Supervisor	1	$ 85,800.00	$ 85,800.00	*unable to find accurate salary range; using LCSW range*	
Program Manager	1	$ 105,000.00	$ 105,000.00		
Phase 0 Dispatch MH/BH Clinician	1	$ 105,782.00	$ 105,782.00	*"SUPERV PUBLIC SFTY DISP"*	https://www.cityofberkeley.info/uploadedFiles/Human_Resources/Level_3_-__General/ClassificationAndSalaryListingByTitle.pdf
Subtotal			$ 3,412,382.00	*Total FTE Salary*	
Subtotal			$ 853,095.50	*Fringe Benefits, 25%*	
Total Salary + Benefits			**$ 4,265,477.50**		
Ongoing materials and services			**Cost/Year**	**Notes**	
Evaluation			$ 185,000.00	*Used cost of RDA feasibility study as estimate*	
Vehicle maintenance	4	$ 20,000.00	$ 80,000.00	*Estimate provided by Berkeley Fire*	
Advertisement & PR	12	$ 2,000.00	$ 24,000.00	*Includes community education workshops, advertising, outreach and engagement*	
Small equipment & supplies	1200	$ 20.00	$ 24,000.00	*Wound care, hygiene, harm reduction, meals, transportation vouchers,*	

				clothing, blankets, etc. *Based on SF SCRT data, assumes 100 contacts with clients per month, $20 per client contact; SF SCRT budgeted 10k and said they needed more*	
Office supplies and postage	12	$ 200.00	$ 2,400.00		
Communications	12	$ 600.00	$ 7,200.00		
Printing and copying	12	$ 100.00	$ 1,200.00		
Travel and transportation	12	$ 100.00	$ 1,200.00	*Local travel for care coordination & meetings*	
Training and meetings	12	$ 1,000.00	$ 12,000.00	*Equity, team dynamics, and other ongoing training*	
Licenses/fees/subscriptions	12	$ 50.00	$ 600.00		
Insurance			$ –		
Contract services			$ –		
Legal services			$ –		
Audit and consulting			$ –		
Utilities			$ –		
Facilities			$ –		
Subtotal			$ 337,600.00	*ongoing materials and services*	
Subtotal: Personnel and non-personnel recurring subtotal			$ 4,603,077.50		
Administrative overhead			$ 276,184.65	*6% for all recurring costs*	
Total recurring cost			**$ 4,879,262.15**		
One time cost			**Cost/Year**	**Notes**	
Vehicle	5	$ 60,000.00	$ 300,000.00	*Assume 60k per van with wheelchair capacity*	
Recruitment	27	$ 4,000.00	$ 108,000.00	*Median national average of recruiting new employee*	

Training (SCU staff and Dispatch)			$ 75,000.00	*Assume training for all Dispatch, BPD, Fire, MCT, & SCU staff; both program onboarding and emerging best practices related to crisis response*	
Technology (computers, phones, etc.)			$ 25,000.00	*Laptop/tablets, cell phones for all staff, MiFi, portable chargers*	
Rapid assessment			$ 40,000.00	*Evaluation planning meetings, data request development, community-input meetings*	
Community outreach and education (including materials development)			$ 25,000.00	*Curriculum development, materials, advertisement, outreach (SF SCRT hired consultant to do this work)*	
Subtotal			$ 573,000.00		
Administrative overhead			$ 34,380.00	*6% for all one-time costs*	
Total one-time cost			**$ 607,380.00**		
Recommendations			**Cost/Year**	**Notes**	
Signing bonus	7	$ 5,000.00	$ 35,000.00	*Signing bonus recommended for licensed clinical staff*	
Technical Assistance			$ 15,000.00	*Consultation from existing similar alternative models*	
Total additional recommendations			**$ 50,000.00**		
Total cost with recommendations			**$ 5,536,642.15**	*Estimated cost for program and recommendations*	

Appendix D: Anticipated Incident Volume

		Potential Daily Incidents for SCU (Average)	Potential Incidents per **shift** for SCU (Average)
Average daily BMH-Crisis incidents (FY15-19) *MCT, TOT, CAT*	10.73 incidents	19.82	6.61
Average daily BPD MH Incidents (FY14-20)	28.91 incidents		
Average time on task for transports BFD & Falck	101.48 minutes		

	Denver[31] 6 months, 1 team, not citywide, not 24/7	Portland[32] 6 months, 1 team, not citywide, not 24/7	CAHOOTS[33] Annual, 1-2 teams, 24/7
Average incidents per shift	5.75	3	(Per hour) 1.81
% incidents that resulted in a transport	14.30%	6.27%	23.38%
% transports that were to the hospital	16.82%	58.33%	
Average minutes on task	24.65	19.33	
Reduction of BPD calls	2.75%	4.60%	5-8%

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[31] STAR Program Evaluation (2021, January 08). **https://wp-denverite.s3.amazonaws.com/wp-content/uploads/sites/4/2021/02/STAR_Pilot_6_Month_Evaluation_FINAL-REPORT.pdf**

[32] City of Portland
Bureau of Fire and Rescue (2021, October). Portland street response: Six-month evaluation. **https://www.portland.gov/sites/default/files/2021/psu-portland-street-response-six-month-evaluation-final.pdf**

[33] Eugene Police Department Crim Analysis Unit (2020, August 21). CAHOOTS program analysis. **https://www.eugene-or.gov/DocumentCenter/View/56717/CAHOOTS-Program-Analysis**

Reimagining Public Safety Task Force

REIMAGINING PUBLIC SAFETY TASK FORCE
SPECIAL MEETING

Wednesday, May 19, 2021
6:00 PM

District 1 - Margaret Fine	Youth Commission - Nayo Polk
District 2 - Sarah Abigail Ejigu	Police Review Commission - Nathan Mizell
District 3 - boona cheema	Mental Health Commission - Edward Opton
District 4 - Paul Kealoha Blake	Berkeley Community Safety Coalition - Todd Walker
District 5 - Dan Lindheim	Associated Students of U. California - Alecia Harger
District 6 - La Dell Dangerfield	At-Large - Alex Diaz
District 7 - Barnali Ghosh	At-Large - Liza Lutzker
District 8 - Pamela Hyde	At-Large - Frances Ho
Mayor - Hector Malvido	

PUBLIC ADVISORY: THIS MEETING WILL BE CONDUCTED EXCLUSIVELY THROUGH VIDEOCONFERENCE AND TELECONFERENCE

Pursuant to Section 3 of Executive Order N-29-20, issued by Governor Newsom on March 17, 2020, this meeting of the Reimagining Public Safety Task Force will be conducted exclusively through teleconference and Zoom videoconference. Please be advised that pursuant to the Executive Order, and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, there will not be a physical meeting location available.

To access the meeting remotely using the internet: Join from a PC, Mac, iPad, iPhone, or Android device: Use URL https://us02web.zoom.us/j/83826470218. If you do not wish for your name to appear on the screen, then use the drop down menu and click on "rename" to rename yourself to be anonymous. To request to speak, use the "raise hand" icon on the screen.

To join by phone: Dial **(669) 900 9128** and Enter Meeting ID: **838 2647 0218.** If you wish to comment during the public comment portion of the agenda, press *9 and wait to be recognized by the Chair.

Please be mindful that all other rules of procedure and decorum will apply for Commission meetings conducted by teleconference or videoconference.

AGENDA

Preliminary Matters

1. Roll Call

2. Public Comment *(speakers will be limited to two minutes)*

3. Approval of Minutes
Draft minutes for the Commission's consideration and approval

- Meeting of May 13, 2021

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Discussion/Action Items

The public may comment on each item listed on the agenda for action as the item is taken up. Public comments are limited to two minutes per speaker.

- Election of Chairperson

- Fair and Impartial Policing Presentation – Fair and Impartial Policing Working Group

- Fair and Impartial Policing Implementation of Recommendations – Jennifer Louis,
  Interim Police Chief

- BerkDoT Overview – Liam Garland, Director of Public Works

- Subcommittee Discussion

Subcommittee Reports

Each report should be limited to 15 minutes.

- Policing, Budget & Alternatives to Policing – Members Opton, Ghosh, cheema, Dangerfield,
  Lindheim, Mizell, Harger, Hyde

- Community Engagement – Members Fine, Harger, Malvido, Lutzker, Ejigu, Blake

Items for Future Agenda

Adjournment

This meeting will be conducted in accordance with the Brown Act, Government Code Section 54953. Any member of the public may attend this meeting. Questions regarding this matter may be addressed to Mark Numainville, City Clerk, (510) 981-6900.

Any writings or documents provided to a majority of the Reimagining Public Safety Task Force regarding any item on this agenda are on file and available upon request by contacting the City Manager's Office attn: Reimagining Public Safety Task Force at rpstf@cityofberkeley.info, or may be viewed on the City of Berkeley website: http://www.cityofberkeley.info/commissions.

Written communications addressed to the Reimagining Public Safety Task Force and submitted to the City Manager's Office by 5:00 p.m. the Friday before the meeting will be distributed to members of the Task Force in advance of the meeting. Communications to the Reimagining Public Safety Task Force are public record and will become part of the City's electronic records, which are accessible through the City's website. Please note: e-mail addresses, names, addresses, and other contact information are not required, but if included in any communication to the Reimagining Public Safety Task Force, will become part of the public record. If you do not want your e-mail address or any other contact information to be made public, you may deliver communications via U.S. Postal Service to the secretary of the task force. If you do not want your contact information included in the public record, please do not include that information in your communication. Please contact the secretary for further information.

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COMMUNICATION ACCESS INFORMATION:
To request a disability-related accommodation(s) to participate in the meeting, including auxiliary aids or services, please contact the Disability Services Specialist at (510) 981-6418 (V) or (510) 981-6347(TDD) at least three business days before the meeting date.

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Reimagining Public Safety Task Force Contact Information:
David White and Shamika Cole
Co-Secretaries, Reimagining Public Safety Task Force
City of Berkeley
2180 Milvia Street, 5th Floor
Berkeley, CA 94704
rpstf@cityofberkeley.info (email)

ANNOTATED AGENDA
SPECIAL MEETING OF THE
BERKELEY CITY COUNCIL

Tuesday, February 23, 2021

4:00 P.M.

JESSE ARREGUIN, MAYOR

Councilmembers:

DISTRICT 1 – RASHI KESARWANI	DISTRICT 5 – SOPHIE HAHN
DISTRICT 2 – TERRY TAPLIN	DISTRICT 6 – SUSAN WENGRAF
DISTRICT 3 – BEN BARTLETT	DISTRICT 7 – RIGEL ROBINSON
DISTRICT 4 – KATE HARRISON	DISTRICT 8 – LORI DROSTE

PUBLIC ADVISORY: THIS MEETING WILL BE CONDUCTED EXCLUSIVELY THROUGH VIDEOCONFERENCE AND TELECONFERENCE

Pursuant to Section 3 of Executive Order N-29-20, issued by Governor Newsom on March 17, 2020, this meeting of the City Council will be conducted exclusively through teleconference and Zoom videoconference. Please be advised that pursuant to the Executive Order and the Shelter-in-Place Order, and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, there will not be a physical meeting location available.

Live audio is available on KPFB Radio 89.3. Live captioned broadcasts of Council Meetings are available on Cable B-TV (Channel 33) and via internet accessible video stream at http://www.cityofberkeley.info/CalendarEventWebcastMain.aspx.

To access the meeting remotely: Join from a PC, Mac, iPad, iPhone, or Android device: Please use this URL https://us02web.zoom.us/j/81676274736. If you do not wish for your name to appear on the screen, then use the drop down menu and click on "rename" to rename yourself to be anonymous. To request to speak, use the "raise hand" icon by rolling over the bottom of the screen.

To join by phone: Dial **1-669-900-9128 or 1-877-853-5257 (Toll Free)** *and enter Meeting ID:* **816 7627 4736**. *If you wish to comment during the public comment portion of the agenda, Press *9 and wait to be recognized by the Chair.*

To submit an e-mail comment during the meeting to be read aloud during public comment, email clerk@cityofberkeley.info with the Subject Line in this format: "PUBLIC COMMENT ITEM ##." Please observe a 150 word limit. Time limits on public comments will apply. Written comments will be entered into the public record.

Please be mindful that the teleconference will be recorded as any Council meeting is recorded, and all other rules of procedure and decorum will apply for Council meetings conducted by teleconference or videoconference.

This meeting will be conducted in accordance with the Brown Act, Government Code Section 54953. Any member of the public may attend this meeting. Questions regarding this matter may be addressed to Mark Numainville, City Clerk, (510) 981-6900. The City Council may take action related to any subject listed on the Agenda. Meetings will adjourn at 11:00 p.m. - any items outstanding at that time will be carried over to a date/time to be specified.

Preliminary Matters

Roll Call: 4:06 p.m.

Present: Taplin, Bartlett, Harrison, Hahn, Wengraf, Robinson, Droste, Arreguin

Absent: Kesarwani

Councilmember Kesarwani present at 4:13 p.m.

Action: M/S/C (Arreguin/Wengraf) to adopt a special rule for this meeting to limit public comment to one minute per speaker, with the option to yield time up to a total of four minutes.
Vote: Ayes – Taplin, Bartlett, Harrison, Hahn, Wengraf, Robinson, Droste, Arreguin; Noes – None; Abstain – None; Absent - Kesarwani

Action Calendar – New Business

1. **Report and Recommendations From Mayor's Fair and Impartial Policing Working Group**
   From: Mayor Arreguin (Author), Councilmember Harrison (Author)
   Recommendation:
   1. Accept and acknowledge the report from the Fair and Impartial Working Group (Attachment 1).
   2. Direct the City Manager to implement the following recommendations summarized below and detailed in full in Attachment 1, with at minimum, quarterly progress updates to the Police Accountability Board (PAB) and/or the Working Group.
   -Focus traffic stops on safety
   -Use a clear, evidence-based definition for stops of criminal suspects
   -Use race and ethnicity as determining factors in stops only when paired with clear, evidence-based criteria
   -Eliminate stops for low-level offenses
   -Implement an Early Intervention System (EIS) and a risk-management structure
   -Immediately release stop, arrest, calls for service and use of force data from 2012 to present to the Working Group
   -Limit warrantless searches of individuals on supervised release status such as Post Release Community Supervision (PRCS), probation, or parole
   -Require written consent for all consent searches
   -Address Profiling by Proxy (PAB Policy Development, Dispatcher Training)
   -Fire racist police officers identified through social media and other media screens
   -Address Profiling by Proxy (Council develop & pass CAREN policy)
   -Require regular analysis of BPD stop, search, and use of force data
   -Make resources on police-civilian encounters more publicly available such as RAHEEM.org
   -Adopt Compliance and Accountability Mechanisms; -Hire consultant to develop implementation plan
   -For any individual detained, BPD officers shall provide a business card with info on a website similar to RAHEEM and info on complaint process with PAB
   3. Refer the following recommendations summarized below and detailed in full in Attachment 1 to be included in the process to reimagine public safety:

Action Calendar – New Business

-Create a formalized feedback system to gauge community response to ongoing reforms and ensure this constructive input system is institutionalized with the Police Review Commission or its successor and includes a basic report card and quarterly neighborhood check-ins

-Conduct a baseline community survey

4. Refer the following recommendations summarized below and detailed in full in Attachment 1 to the Police Review Commission, to be taken up by the Police Accountability Board when it is established

-Include a scenario-based training component in the existing officer training required by California Penal Code 13519.4

-Require enhanced annual implicit bias training for police

-Accelerate Crisis Intervention Team (CIT) activity

5. Acknowledge and reaffirm the following recommendations summarized below and detailed in full in Attachment 1 that are already underway:

-Fund and implement a specialized care unit for mental health crises

-Conduct a Capacity Study of police calls and responses and use of officer time outside of case work

6. Refer $50,000 to the FY 2022 budget process for a consultant to develop an implementation plan as described in Attachment 1 and other minor costs the Department may confer

Financial Implications: See report

Contact: Jesse Arreguin, Mayor, (510) 981-7100

Action: 40 speakers. M/S/C (Arreguin/Harrison) to:

1. Accept and acknowledge the report from the Mayor's Fair and Impartial Policing Working Group;

2. Acknowledge and appreciate the work already completed or underway by the City Manager's Office and Police Department to implement policing reforms including:
   - Adoption and implementation of Policy 401, Fair and Impartial Policing
   - Public reporting of stop data on the BPD Open Data Portal
   - Initiation of the Center for Policing Equity study
   - Implementation of the Body Worn Camera Program
   - Early adoption of Racial and Identity Profiling Act (RIPA) data collection and reporting
   - Updates to the Use of Force Policy, Policy 300
   - Development and passage of Measure II to create a new Police Accountability Board
   - Launching of the Public Safety Reimagining process

3. Refer to the City Manager to implement the following recommendations summarized below, with quarterly progress updates to the City Council and Police Review Commission/Police Accountability Board (when established):
   Implement a new evidence-based Traffic Enforcement Model
   - Focusing the basis for traffic stops on safety and not low-level offenses;
   - Reaffirming and clarifying that the Berkeley Police Department will use a clear, evidence-based definition for stops of criminal suspects;
   - Reaffirming and clarifying that the Berkeley Police Department will use race and ethnicity as determining factors in stops only when paired with clear, evidence-based criteria
   - Minimize or de-emphasize as a lowest priority stops for low-level offenses.

Action Calendar – New Business

Implement Procedural Justice Reforms
- Refer amendments to existing BPD policy and the creation of an Early Intervention System (EIS) related to traffic, bike and pedestrian stops;
- Adopt a policy to require written consent for all vehicle and residence searches and update the consent search form in alignment with best practice and community feedback;
- Limit warrantless searches of individuals on supervised release status such as Post Release Community Supervision (PRCS), probation, or parole;
- Address Profiling by Proxy (PAB Policy Development, Dispatcher Training);
- Fire racist police officers identified through social media and other media screens;
- Require regular analysis of BPD stop, search, and use of force data;
- Make resources on police-civilian encounters publicly available such as through RAHEEM.org;
- For any individual detained, BPD officers shall provide a business card with info on the commendation and complaint process with PAB and Berkeley Police Department.

Request that the City Manager report back at a Council Work Session in three months with budget estimates for implementation (to be considered along with the FY 22 budget process), information on legal and operational considerations, and a short-term action plan of recommendations which can be implemented without the hiring of a consultant, and those that will require the assistance of a consultant and additional resources.

Compliance and Accountability Mechanisms
- The City Manager will create an implementation plan with the assistance of a consultant that includes a timeline to monitor, assess, and report on the implementation of the items outlined in the Working Group's policy proposal. Long-term monitoring and assessments will be the responsibility of the police oversight body (the PRC or its successor the Police Accountability Board).
- The implementation plan will be presented to the Berkeley City Council for approval. Once the plan is approved by the City Council, the consultant's work is finished. Long-term monitoring and assessment will be the responsibility of the police oversight body (the PRC or its successor the Police Accountability Board).

4. Refer the following recommendations summarized below to the Reimagine Public Safety process:
- Create a formalized feedback system to gauge community response to ongoing reforms and ensure this constructive input system is institutionalized with the Police Review Commission or its successor and includes a basic report card and quarterly neighborhood check-ins
- Conduct a baseline community survey.

5. Refer the following training recommendations summarized below to the Police Review Commission, to be taken up by the Police Accountability Board when it is established, and consider the resources required to implement this expanded training:
- Include a scenario-based training component in the existing officer training required by California Penal Code 13519.4
- Require enhanced annual implicit bias training for police
- Accelerate Crisis Intervention Team (CIT) activity

Action Calendar – New Business

- Refer to the PRC/PAB to consider a departmental policy on requiring written consent for person searches and report back in 6 months.
6. Acknowledge and reaffirm the following recommendations summarized below and detailed in full in Attachment 1 that are already underway and have been completed:
    - BPD released stop, arrest, calls for service and use of force data from 2012 to present to the Working Group;
    - Fund and implement a specialized care unit for mental health crises;
    - Conduct a Capacity Study of police calls and responses and use of officer time outside of case work.
7. Refer $50,000 to the FY 2022 budget process for a consultant to assist the City Manager/Police Department in the implementation of these recommendations and other minor costs the Department may confer; and also refer to the FY 2022 budget process a line item for police training for the new evidence-based stop program (costs to be determined by BPD).
    Vote: All Ayes.

Adjournment

Action: M/S/C (Robinson/Taplin) to adjourn the meeting.
Vote: All Ayes.

Adjourned at 7:07 p.m.

Communications

- None

Supplemental Communications and Reports 1

- None

Supplemental Communications and Reports 2

Item #1: Report and Recommendations From Mayor's Fair and Impartial Policing Working Group
1. Elizabeth Ferguson

Supplemental Communications and Reports 3

Item #1: Report and Recommendations From Mayor's Fair and Impartial Policing Working Group
2. Material, submitted by Mayor Arreguin
3. Presentation, submitted by the Police Department
4. Janice Schroeder
5. Thomas Luce
6. Ben Gerhardstein, on behalf of Walk Bike Berkeley
7. Diana Bohn
8. Sivan Orr
9. Ali Lafferty

10. Allegra Mayer
11. Chimey Lee
12. Moni Law
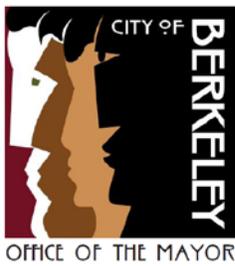
To: Members of the City Council

From: Mayor Jesse Arreguín and Councilmember Kate Harrison

Subject: Report and Recommendations From Mayor's Fair and Impartial Policing
             Working Group

RECOMMENDATIONS

1. Accept and acknowledge the report from the Fair and Impartial Working Group
   (Attachment 1)
2. Direct the City Manager to implement the following recommendations
   summarized below and detailed in full in Attachment 1, with at minimum,
   quarterly progress updates to the Police Accountability Board (PAB) and/or the
   Working Group
   ● Focus traffic stops on safety
   ● Use a clear, evidence-based definition for stops of criminal suspects
   ● Use race and ethnicity as determining factors in stops only when paired
     with clear, evidence-based criteria
   ● Eliminate stops for low-level offenses
   ● Implement an Early Intervention System (EIS) and a risk-management
     structure
   ● Immediately release stop, arrest, calls for service and use of force data
     from 2012 to present to the Working Group
   ● Limit warrantless searches of individuals on supervised release status
     such as Post Release Community Supervision (PRCS), probation, or
     parole
   ● Require written consent for all consent searches
   ● Address Profiling by Proxy (PAB Policy Development, Dispatcher
     Training)
   ● Fire racist police officers identified through social media and other media
     screens
   ● Address Profiling by Proxy (Council develop & pass CAREN policy)
   ● Require regular analysis of BPD stop, search, and use of force data
   ● Make resources on police-civilian encounters more publicly available such
     as RAHEEM.org

- Adopt Compliance and Accountability Mechanisms
  - Hire consultant to develop implementation plan
- For any individual detained, BPD officers shall provide a business card with info on a website similar to RAHEEM and info on complaint process with PAB

3. Refer the following recommendations summarized below and detailed in full in Attachment 1 to be included in the process to reimagine public safety:

- Create a formalized feedback system to gauge community response to ongoing reforms and ensure this constructive input system is institutionalized with the Police Review Commission or its successor and includes a basic report card and quarterly neighborhood check-ins
- Conduct a baseline community survey

4. Refer the following recommendations summarized below and detailed in full in Attachment 1 to the Police Review Commission, to be taken up by the Police Accountability Board when it is established

- Include a scenario-based training component in the existing officer training required by California Penal Code 13519.4
- Require enhanced annual implicit bias training for police
- Accelerate Crisis Intervention Team (CIT) activity

5. Acknowledge and reaffirm the following recommendations summarized below and detailed in full in Attachment 1 that are already underway:

- Fund and implement a specialized care unit for mental health crises
- Conduct a Capacity Study of police calls and responses and use of officer time outside of case work

6. Refer $50,000 to the FY 2022 budget process for a consultant to develop an implementation plan as described in Attachment 1 and other minor costs the Department may confer

RATIONALE FOR RECOMMENDATIONS

The working group organized its policy proposals into five council actions to ensure swift action on the measures directly related to reducing racial disparities, to avoid duplicating

efforts in parallel processes on public safety, and to ensure sufficient follow-up and oversight to build public trust.

Recommendation 2: Direct the City Manager to implement recommendations summarized above and detailed in full in Attachment 1, with at minimum, quarterly progress updates to the PAB and/or the Working Group (see list in recommendations above)

These recommendations received consensus support from the working group and were identified as top priorities for action. Many of these proposals are drawn from the best practices and recommendations provided by experts that spoke to the working group throughout their process. Additionally, the working group recommended quarterly progress updates on the implementation of these recommendations. These progress updates will be valuable for oversight and will allow for the department to share the efficacy of these efforts in reducing disparities, which will be easier to track and evaluate with the new RIPA data collection system.

Recommendation 3: Refer the recommendations summarized above and detailed in full in Attachment 1 to be included in the process to reimagine public safety

These proposals extend beyond the working group's focus on racial disparities in policing and are appropriate to consider in the process the City has initiated to reimagine public safety where there will be robust community engagement efforts.

Recommendation 4: Refer the following recommendations summarized above and detailed in full in Attachment 1 to the Police Review Commission, to be taken up by the Police Accountability Board when it is established

These recommendations, which relate to additional training for BPD are supported by the working group but require further consideration by the city's police oversight body. Additional training will require more resources to either coordinate with outside entities or to build internal capacity, which the Council will need to balance against other priorities.

Recommendation 5: Acknowledge and reaffirm the following recommendations summarized above and detailed in full in Attachment 1 that are already underway

The working group believes that these efforts can have an impact on reducing racial disparities. However, since the working group began formulating their recommendations, efforts to implement a specialized care unit and to conduct a

capacity study are already underway in the city. The working group supports and reaffirms these efforts.

Recommendation 6: Refer $50,000 to the budget process for a consultant to develop an implementation plan as described in Attachment 1

The working group was clear that efficient and effective implementation of these recommendations is critical to reducing disparities and meeting the City's goal of fair and impartial policing. The working group believes the process would be more effective if facilitated by a consultant at a cost of approximately $50,000. To that end, pages 8-9 in the The Mayor's Working Group on Fair and Impartial Policing Policy Proposals (Attachment 1) outlines a compliance and accountability mechanism that includes the hiring of an experienced consultant to draft an implementation plan. The plan should include a timeline to monitor, assess, and report on the implementation of the items outlined in the Working Group's policy proposal. Regardless of allocation, all of these recommendations have already been agreed to and can move forward without significant new resources. The working group acknowledges and expects that long-term monitoring and assessment will be the responsibility of the police oversight body.

BACKGROUND

The Mayor along with Councilmembers Harrison and Robinson convened the Fair and Impartial Policing Working Group on Thursday, November 14, 2019. The purpose of the Working Group was to analyze relevant information and develop a report and departmental action plan with short-term and long-term steps to address disparities in police stops, searches, use of force, and yield rate from stops, and to build a foundation for a subsequent community processes to build trust between Berkeley Police and the community. The working group met twice monthly from January through March 2020 when it suspended its work temporarily due to the COVID-19 pandemic. The working group resumed in May and continued meeting regularly via Zoom video conferencing through December when it finalized its recommendations via a consensus decision making process.

History of Council Action on Fair and Impartial Policing

The concept of "Fair and Impartial" policing has a long history in Berkeley, arising from anecdotal and statistical data regarding racially disparate policing outcomes.

In June 2014, the Council voted unanimously to approve a policy prohibting racial profiling,[1] and On December 31, 2014, BPD issued General Order B-4 prohibiting racial profiling by law enforcement officers, clarifying the circumstances in which officers can consider race, ethnicity and other demographics, and to reinforcing procedures that serve to assure the public that we are providing service and enforcing laws in an equitable way.[2] These new policies required officers to internally report demographic and other statistical data about vehicle and pedestrian stops.

In 2015, community advocates concerned with perceived disparities in policing, analyzed police stop data acquired through a Public Records Act request and found evidence for disparate policing outcomes in Berkeley.[3] BPD subsequently contracted with the Center for Policing Equity (CPE), an academic non-profit focused on providing police departments and communities with actionable stop data analysis, to better understand Berkeley's data. In June 2017, Council voted to release a draft version of the study, which BPD provided in July 2017 and detailed further statistical evidence of racially disparate outcomes across police use of force and vehicle and pedestrian stops.[4]

In response to the CPE report and community feedback, Council took various unanimous legislative actions to address disparities, including:
1. Direction to City Manager to overhaul BPD Use of Force Policy with various deadlines (10/31/17);[5]
2. Direction to City Manager to track and address racial disparities with various deadlines (11/14/17);[6]

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[1] Nico Correia, "Anti-racial profiling policy passes unanimously in Berkeley City Council," The Daily Californian, June 18, 2014, https://www.dailycal.org/2014/06/18/anti-racial-profiling-policy-passes-unanimously-berkeley-city-council/.

[2] "General Order B-4." *Berkeley Police Department General Order B-4*, December 31, 2014, https://www.cityofberkeley.info/uploadedFiles/Police/Level_3_-_General/GO%20B-04_12-31-14.pdf.

[3] Trevor Greenan, "Civil rights leaders say Berkeley police disproportionately stop, search underrepresented minorities" The Daily Californian, September 30, 2015, https://www.dailycal.org/2015/09/30/civil-rights-leaders-say-berkeley-police-disproportionately-stop-search-people-of-color/.

[4] Draft Interim Center for Policing Equity Report, July 14, 2017, https://www.cityofberkeley.info/uploadedFiles/Police/Level_3_-_General/CPE%20Draft%20Report%2007142017(2).pdf.

[5] Berkeley City Council Meeting Annotated Agenda, "Direct the City Manager and the Berkeley Police Department Regarding the Berkeley Police Department's Use of Force Policy" October 31, 2017, https://www.cityofberkeley.info/Clerk/City_Council/2017/10_Oct/Documents/10-31_Annotated.aspx.

[6] The Council voted unanimously to "[d]irect the City Manager to track yield, stop, citation, search and arrest rates by race, develop training programs to address any disparities found, and implement policy and practice reforms that reflect cooperation between the Berkeley Police Department ('BPD'), the Police Review Commission ('PRC') and the broader Berkeley community" and that the "City Manager will report findings in September 2018 and annually thereafter, using anonymized data." Council followed up with additional legislation including legislation to update the department's use of force policies. *See* Berkeley

3. Appropriation of $50,000 for BPD to hire a Data Analyst (12/5/17).[7]

In response to a lack of progress towards addressing referrals to the City Manager and a related Police Review Commission report entitled *To Achieve Fairness and Impartiality*, Council unanimously adopted legislation on April 24, 2018 requiring a written Departmental Action Plan to study and address disparate policing outcomes. Council also directed that the City Manager convene a task force/working group, including representatives of the BPD, Berkeley Police Association, PRC, interested community organizations (particularly of constituencies of color), and academic experts, to ensure that the final plan was "effective and broadly accepted."[8] Council stipulated that the working group and action plan process would convene upon the issuance of the final CPE report, be run by a professional mediator/facilitator, and that the group would report back with an action plan within one year's time.

Although the final CPE report was released in May 2018,[9] the City Manager neither convened the working group nor did the Department release an action plan. Councilmember Harrison also submitted a supplemental Council informational report on October 30, 2018 noting the absence of a City Manager report on racial disparities findings as required by November 14, 2017 Council motion.[10] The first report was to coincide with the 2018 Crime Report.

Ahead of the May deadline for the City Manager to present a Departmental Action Plan, the Police Chief on behalf of the City Manager submitted an April 30, 2019 referral

City Council Meeting Annotated Agenda, "Direct the City Manager to analyze and address disparate racial outcomes in policing and implement policy and practice reforms," November 14, 2017, https://www.cityofberkeley.info/Clerk/City_Council/2017/11_Nov/Documents/11-14_Annotated_Agenda.aspx.

[7] "Mayor's Recommendations for Allocation of Unassigned General Fund Excess Equity," December 5, 2017, https://www.cityofberkeley.info/Clerk/City_Council/2017/12_Dec/Documents/2017-12-05_Item_B2_Mayor%E2%80%99s_Recommendations_-_Supp.aspx.

[8] Berkeley City Council Meeting Annotated Agenda, "Accept and Acknowledge Report from the Berkeley Police Review Commission, 'To Achieve Fairness and Impartiality,' and Refer Key Recommendations to the City Manager for Policy Development and Consideration in September 2018 Report to City Council," April 24, 2018, https://www.cityofberkeley.info/Clerk/City_Council/2018/04_Apr/Documents/04-24_Annotated.aspx.

[9] Final Center for Policing Equity Report, May 20, 2019, https://www.cityofberkeley.info/uploadedFiles/Police_Review_Commission/Commissions/2018/Berkeley%20Report%20-%20May%202018.pdf

[10] "Informational Report about Absence of City Manager Report on Racial Disparities Findings as Required by November 14, 2017 Council Motion -2018 Mid-Year Crime Report," Councilmember Harrison, October 30, 2018, https://www.cityofberkeley.info/Clerk/City_Council/2018/10_Oct/Documents/2018-10-30_Supp_1_Reports_Item_29_Supp_Harrison_pdf.aspx.

response regarding the status of various Council disparate policing referrals.[11] The report briefly noted that the Department was still seeking a request for proposal to "support analysis of stop data, to create tools to facilitate data analysis, to foster community, and to create a community engagement strategy." This update was provided more than year and a half from the first Council referral to address racial disparities, and after various other missed deadlines.

Council referred the Chief's response to the Public Safety Committee, and on June 3, 2019 the Committee voted unanimously, in recognition of a lack of progress to date and the urgency of the matter at hand that the Mayor supplant the City Manager and convene the task force in "an expeditious manner" and as outlined in the April 2018 Council referral.[12]

Fair and Impartial Working Group Development and Process

At the July 23, 2019 Council Meeting, Mayor Arreguín announced that he would independently convene a task force through his office on an ad hoc basis with assistance from the offices of Councilmember Harrison and Robinson.[13] Building from the council referral, the Mayor convened a group with the following community representatives:Elliot Halpern (ACLU Northern California), Mansour Id-Deen (NAACP), Héctor Malvido (Latinxs Unidos de Berkeley), Izzy Ramsey and Kitty Calavita (Police Review Commission), Nathan Mizell (UC Berkeley ASUC and PRC), Perfecta Oxholm (PhD candidate at UC Berkeley[14], Moni Law (Berkeley Community Safety Coalition), and Jim Chanin (Civil Rights Attorney). The Mayor met multiple times with the City Manager and Chief Greenwood in developing a framework for the working group and discussing a work plan. Chief Greenwood and his Staff were invited to all meetings, and the group had consistent participation from Chief Greenwood, Captain Rolleri, Lieutenant Montgomery, Lieutenant Tate, and Officer Matt Yee. Goldman Public Policy

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[11] "Referral Response: Update on Various Referrals and Recommendations Regarding Stop Data Collection, Data Analysis and Community Engagement," Berkeley Police Department, April 30, 2019, https://www.cityofberkeley.info/Clerk/City_Council/2019/04_Apr/Documents/2019-04-30_Item_29_Referral_Response_Update_on_Various.aspx

[12] Berkeley City Council Public Safety Committee Meeting Annotated Agenda, "Referral Response: Update on Various Referrals and Recommendations Regarding Stop Data Collection, Data Analysis and Community Engagement," June 3, 2019, https://www.cityofberkeley.info/uploadedFiles/Clerk/2019-6-3%20Annotated%20Agenda%20-%20Public%20Safety.pdf

[13] Berkeley City Council Meeting Annotated Agenda, "Referral Response: Update on Various Referrals and Recommendations Regarding Stop Data Collection, Data Analysis and Community Engagement(Reviewed by the Public Safety Committee)," July 23, 2019, https://www.cityofberkeley.info/Clerk/City_Council/2019/07_Jul/Documents/07-23_Annotated_Agenda_pdf.aspx

[14] Perfecta Oxholm, PhD Student, https://gspp.berkeley.edu/directories/phd-students/perfecta-oxholm

student Arlo Malmberg was brought on to the BPD team to assist with data analysis. Leadership from the Berkeley Police Association were invited to all meetings but did not attend.

At its first meetings the working group chose Izzy Ramsey as the Chair, and developed a work plan. The working group organized their work into five phases and invited relevant subject matter experts locally and nationally to speak to the group to inform their research and recommendations. Key takeaways from the working group meetings and presentations for each phase are summarized below. For a more detailed meeting by meeting account, minutes, and in some cases full meeting recordings and presentations, are in the publicly accessible google drive.[15]

Phase 1: Establishing Process and Information Gathering

- The working group focused on building a common understanding of past work surrounding this issue and progress that has been made in this field.
- The group reviewed the open data portal to understand how data is currently collected and presented.
- The group provided feedback on draft RFP language for BPD to hire a professional facilitator. Ultimately, it was determined that there was not a sufficient need and the money was reallocated to support Arlo Malmberg's data analysis for the department.
- Councilmember Harrison presented an overview of outstanding referrals related to fair and impartial policing.[16]
- The group reviewed a spreadsheet of relevant council referrals and received a progress update on each item from BPD.[17]

Phase 2: Quantitative Analysis

- The group discussion included analysis of possible drivers of disparities, the disparity themself, appropriate metrics to analyze disparities, and policies that can be implemented to ensure fair and impartial policing.
- Jack Glaser, Professor at UC Berkeley, an expert in the field of bias, stereotyping, and racial profiling provided the group with an overview on the

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[15] Mayor's Fair and Impartial Working Group Google Drive, https://drive.google.com/drive/folders/19xsOXIJvYtXQzaeJZzmSg2Mk3pJT6JYq?usp=sharing
[16] Kate Harrison,"Key Council Referrals" January 22, 2020, https://drive.google.com/file/d/10EjYrd7EzExXlfmA2gVsX8-LtXrr2_-O/view?usp=sharing,
[17]Spreadsheet on Fair and Impartial Policing Items, January 24, 2020 https://drive.google.com/file/d/18ofsjsFAE7r3k-3REMvYU5nncQtCrZxL/view?usp=sharing

drivers of disparities in policing.[18] Key drivers of disparity include deployment patterns, crime category priorities, officer bias, complaint bias and the possibility of higher rates of offending among certain racial groups.

- Perfecta Oxholm, working group member, and PhD candidate at UC Berkeley working with Professor Glaser presented her analysis of stop data using the open data portal.[19] Her analysis reviewed all the available metrics from the time the CPE report was published to present day and found similar trends with the exception of 2018 when staffing levels were at a historic low.
- George Lippman presented his memo "Racial Disparities in Berkeley Policing" (Attachment 6).
- There was robust discussion about the challenges in using census data as a baseline measurement for analyzing disparities. Ultimately, the group acknowledged that using yield rates, the ratio between stops and arrests or contraband seized was among the key metrics to analyze disparities and bias until more refined data was available through the new RIPA system implemented in October 2020. The idea is that in the absence of discrimination or bias, officers should cite and arrest people of color at the same rates as white people.
- Arlo Malmberg and Officer Matt Yee presented BPD's a beta version of a fair and impartial policing data dashboard, which included analysis of yield rates, a "veil of darkness test," and a measurement of implicit bias in officer deployment. The presentation acknowledged that there are disparities according to yield rates, and there is evidence that officer decisions may be biased.[20]

Phase 3: Qualitative Analysis

- Originally, the working group hoped to conduct surveys and listening sessions to gather qualitative input on experience with the Berkeley Police Department. With limited staff resources to support this effort, a subcommittee of working group members formed in February to do outreach through community based organizations. These efforts were complicated and ultimately postponed due to COVID-19, however some of the recommendations speak to the continued desire to gather qualitative input on the relationship of community members and the BPD.

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[18]Jack Glaser, "Understanding Disparities in Police Stops" February 5, 2020, https://drive.google.com/file/d/1nJp1jIBKFVyHKtw633cwJQ5rjqWdjgOL/view?usp=sharing

[19] Perfecta Oxholm, "Hit Rate Analysis, Berkeley Police Department Data February 2015-July 2019" February 2020,https://drive.google.com/file/d/1xlg9uY7vGqAEnrjcHhzeC-wukCF6-DN9/view?usp=sharing

[20] Arlo Malmberg and Matt Yee, BPD Data Dashboard Screenshots, June 2020, https://drive.google.com/file/d/1AvUFZwLM0X6y1XksTJd0s1POCo5FPJ9R/view?usp=sharing

Phase 4: Formulating Recommendations

- The working group held several meetings in the summer of 2020 to listen to presentations on best practices to reduce disparities in stops and searches and improve police and community relations. Expert recommendations were incorporated into a list of high-level recommendations. A subcommittee of the civilian working group members developed these into a detailed report with rationales for each recommendation.
- BPD presented on piloting a new approach, called "Problem Oriented Policing" to address disparities with a data-driven focus.[21] The goal of this approach is to limit stops that provide low public safety value and enhance data-driven policing to deploy officers more appropriately.
- Dr. Frank Baumgartner, Professor of Political Science at University of North Carolina at Chapel Hill, author of the book *Suspect Citizen,* presented to the group. Dr. Baumgartner encouraged the group to consider whether current police policies generate enough public safety value to warrant the impact that a stop and search has on an individual and a community. He provided two concrete recommendations, which the group ultimately incorporated: (1) reduce the number of people pulled over for investigatory stops that are not safety-related, and (2) require people to sign a written consent form before officers search their vehicle.[22]
- Oakland Police Captain Chris Bolton gave a presentation to the group titled "Precision-Based Approaches to More Legitimate Policing." Captain Bolton's presentation provided an overview of how police under his command in North Oakland reduced stops of black people from 58% to 35% in two years without a corresponding increase in crime. He emphasized the importance of clear leadership, utilization of data, and a risk-management program to review trends in officer behavior and community crime. [23][24]
- Former Stockton Police Department Captain Scott Meadors, presented training on procedural justice, implicit bias and trust building, which he has been a leader in statewide. He emphasized teaching about the history of American policing, and that each trust-building workshop must be built on the unique community

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[21]Berkeley Police Department, "Addressing Racial Disparities in Enforcement Outcomes", July 1, 2020, https://drive.google.com/file/d/1x5NZzT9F6AZaArl_kEFyAYltB7q8Ka20/view?usp=sharing
[22] Frank Baumgartner, Suspect Citizens Ch. 9 "Reforms that Reduce Alienation and Enhance CommunitySafety",https://drive.google.com/file/d/17I0vaDd1GOOxqV3zEvUu4eXxeWkT24Tn/view?usp=sharing
[23] Captain Chris Bolton, "Precision Based Approaches to More Legitimate Policing" July 15, 2020, https://drive.google.com/file/d/1XuRt3Qo-_Ty5SLo6Gh9rWK3s8zmlZ5Xl/view?usp=sharing
[24] Fair and Impartial Working Group Meeting Recording, July 15, 2020 https://drive.google.com/file/d/1sbTwvY2EAMj9pFDythECFsXPTdnXZ0Ph/view?usp=sharing

circumstances. There is no one-size fits all approach. Mr. Meador's work has been featured in the New York Times, and Citylab.[25]

● Brandon Anderson presented to the group about his non-profit Raheem, an independent service for reporting police conduct in the United States. When people report to Raheem, they do three things: (a) file a complaint on their behalf, (b) connect them to local advocacy groups, and (c) connect them to free legal representation. Raheem has developed a widget to allow reporting from third-party websites to have true community-centered reporting.The working group ultimately recommended the City use Raheem or something similar, and also Anderson's suggestion of requiring police to provide a business card that includes information on how to file a complaint. [26][27]

Phase 5: Developing Final Report and Next Steps

● The subcommittee of the working group provided their draft recommendations to the whole group and requested written feedback by BPD. The working group spent several meetings discussing each recommendation in detail.
● After these discussions, the subcommittee developed a revised set of proposals and a full account (Appendix C) of how BPD feedback was incorporated into the recommendations. The working group meetings were extended and postponed several times to provide time for additional dialogue and feedback on revised recommendations.
● The working group finalized the report through a consensus process. They first identified the recommendations that had complete agreement. Then, they worked through the list of proposals and made revisions on the recommendation itself and/or the recommended Council action to achieve agreement.
● During this final phase, BPD implemented its new data collection system to comply with RIPA. The department provided the group a walkthrough on how the new custom data collection system will work and the group asked questions on the data categories and method of collection. [28][29]

[25]Michael Friedrich, "A Police Department's Difficult Assignment: Atonement" Citylab, October 23, 2019, https://www.citylab.com/equity/2019/10/police-violence-history-community-trust-reconciliation/600544/ Tina Rosenberg, "A Strategy to Build Police-Citizen Trust" New York Times Opinion, July 26, 2016, https://www.nytimes.com/2016/07/26/opinion/a-strategy-to-build-police-citizen-trust.html

[26] Fair and Impartial Working Group Meeting Minutes, August 5, 2020 https://docs.google.com/document/d/1Yg6x32rCaWa38z427608t9ttXB51oZBg9DUNEQ4U8Jo/edit
[27] About Raheem, https://www.raheem.ai/en/about
[28] Berkeley Police Department, "AB 953 Racial and Identity Profiling Act of 2015 (RIPA)", September 16, 2020 https://drive.google.com/file/d/1yZ-9n4qJZQyM80tK1yTN6o1BRexF5WLz/view?usp=sharing
[29]Berkeley Police Department, RIPA App Presentation Screenshots, September 16, 2020 https://drive.google.com/file/d/1PzwJrZjXAMJCNbQqB7-lIG2wOJtZal3G/view?usp=sharing

ENVIRONMENTAL IMPACT
There are no direct environmental impacts as a result of adopting the working group's recommendations.

FINANCIAL IMPLICATIONS

$50,000 to hire a consultant to develop an implementation plan. Additional costs include staff time to implement the recommendations and provide updates.

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Attachments:
1. The Mayor's Working Group on Fair and Impartial Policing Policy Proposals
2. Cover Letter, Members of Fair and Impartial Working Group, December 17 2020
3. ~~Dissent Letter~~ "Dissenting Opinion on the Accountability Mechanism" by Nathan Mizell, Perfecta Oxholm, Héctor Malvido, and Jim Chanin, December 23, 2020
4. Center for Policing Equity Report,
5. PRC Report
6. "Racial Disparities in Berkeley Policing, Explanation of Statistical Methodology", January 30, 2020 George Lippman
7. "Key Points - BPD Stop Data", December 6, 2019, George Lippman
8. "Racial Disparities in Berkeley Policing, Update on Pandemic Period, March 15 to June 12, 2020" George Lippman, June 19, 2020
9. "Berkeley Protest Curfew Resulted in More Racialized Policing, BPD Stop Disparities: May 31 through June 2, 2020" George Lippman, July 4, 2020
10. Spreadsheet of Outstanding Referrals, January 24, 2020
11. Berkeley Police Department Stop Data March 15- June 2020
12. Berkeley Police Department Stop Data March 15--June 12, Pt. 2

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The Mayor's Working Group on Fair and Impartial Policing Policy Proposals

Developing and implementing reforms that will effectively reduce existing racial disparities requires changes at several levels. The following recommendations include setting new policy, updating institutional structures, and mandating individual accountability. Their implementation and ongoing effectiveness require supportive leadership, transparency and police accountability.

Executive Summary. Mayor's Working Group on Fair and Impartial Policing (hereafter, "the working group") focused on reducing racial disparities in stops and searches and improving community relationships damaged by the racially disparate practices in stops and searches.

This report advances the following recommendations for BPD practices:
- Focus on public safety and eliminate stops for low-level offenses not directly impacting public safety.
- Use race and ethnicity as determining factors in stops only when paired with clear, evidence-based criteria.
- Institute annual implicit bias training and scenario-based training for California Penal Code 13519.4, prohibiting racial or identity profiling.
- Establish a truly effective Early Intervention System and risk management process to ensure department accountability and identify officers who are outliers in stops, searches, dispositions, and outcomes.
- Limit warrantless searches of individuals on supervised release status such as Post Release Community Supervision (PRCS), probation, or parole.
- Require written consent for consent searches.
- Include evaluations of cultural competence in hiring and promotion, and fire officers who have expressed racist attitudes and/or are identified as members of racist groups.

The report also advances these recommendations for the Berkeley City Council and/or the City of Berkeley:
- Hire a consultant to create a plan for monitoring and reporting on the implementation of these recommendations.
- Ensure the creation of a Specialized Care Unit with crisis-response field workers, as included in the recent contract for a community-process to establish an SCU.
- Ensure a robust community engagement process, including annual surveys and community forums
- Require quarterly analysis of stop, search, and use of force data by City Auditor and/or the PRC.
- Adopt and carry out the compliance and accountability system outlined in this document.

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Proposed Actions

Table 1 provides a proposed action for each recommendation in the body and appendices of this draft report.

Action	Recommendations
Direct the City Manager to implement key recommendations, with at minimum, quarterly progress reports to the PAB and/or the Working Group	• Focus traffic stops on safety • Use a clear, evidence-based definition for stops of criminal suspects • Use race and ethnicity as determining factors in stops only when paired with clear, evidence-based criteria • Eliminate stops for low-level offenses • Implement an Early Intervention System (EIS) and a risk-management structure • Immediately release stop, arrest, calls for service and use of force data from 2012 to present to the Working Group • Limit warrantless searches of individuals on supervised release status such as Post Release Community Supervision (PRCS), probation, or parole • Require written consent for all consent searches • Address Profiling by Proxy (PAB Policy Development, Dispatcher Training) • Fire racist police officers identified through social media and other media screens • Address Profiling by Proxy (Council develop & pass CAREN policy) • Require regular analysis of BPD stop, search, and use of force data • Make resources on police-civilian encounters more publicly available such as RAHEEM.org • Adopt Compliance and Accountability Mechanisms a. Hire consultant to develop implementation plan • For any individual detained, BPD officers shall provide a business card with info on a website similar to RAHEEM and info on complain process with PAB
Refer to be included in the process to reimagine public safety	• The City should create a formalized feedback system to gauge community response to ongoing reforms and ensure this constructive input system is institutionalized and includes a basic report card and quarterly neighborhood check-ins • Conduct a baseline community survey.
Refer to the Police Accountability Board	• Include a scenario-based training component in the existing officer training required by California Penal Code 13519.4 • Require enhanced annual implicit bias training for police • Accelerate Crisis Intervention Team (CIT) activity
Follow-up with PAB and/or Fair and Impartial Working Group	• Evaluate the impact of these proposals on racial disparities in stops and searches, using regular updates to stop and search data • Conduct a regular community survey and annual community forums on Police and Public Safety
Recommendations already underway	• Fund and implement a specialized care unit for mental health crises • Conduct a Capacity Study of police calls and responses and use of officer time outside of case work
Outstanding - No Action Recommended	• Include community member participation and feedback in the hiring process • Include the following for Performance Appraisal Reports

Reducing Disparities in Vehicle, Pedestrian, and Bicycle Stops & Searches:

1. **Focus traffic stops on safety**

   According to Dr. Frank Baumgartner's 2018 book, *Suspect Citizens*, "Safety stops are those aimed at enforcing the rules of the road to decrease the likelihood of an accident" (pg. 191). The types of stops falling into this traffic safety category may include:
   - Excessive speeding[1]
   - Running a stop sign or stop light
   - Unsafe movement
   - Driving while intoxicated

2. **Use a clear, evidence-based definition for stops of criminal suspects**

   Dr. Baumgartner's analysis[2] reveals that "investigatory stops" (stops that use a minor infraction as a pretext for investigating rather than to prevent or reduce dangerous behavior pgs. 53-55) allow for the most officer discretion and open the possibility of implicit bias or "reliance on cultural heuristics" (pg. 191). Based on analyses of more than 9 million stops, Baumgartner's team found that 47% were investigatory and that they added substantially to the racial disparity statistics. Thus, investigatory stops and stops of criminal suspects shall be restricted to those made because the person and/or vehicle fits a description in relation to a specific crime.[34]

   Since the Oakland Police Department (OPD) has implemented evidence-based methods, the number of African American civilians stopped by the OPD has declined Since Oakland Police Department has implemented evidence-based methods, the number of African American civilians stopped has declined from 19,185 in 2017 to 7,346 in 2019, a drop of 62% and a stop disparity rate reduction of almost 60%,[5] with no corresponding increase in crime (Captain Chris Bolton presentation, 7/15/2020).

3. **Use race and ethnicity as relevant factors when determining law enforcement action only when provided as part of a description of a crime and suspect that is credible and relevant to the locality and timeframe of the crime and only in combination with other specific descriptive and physical characteristics.[6,7]**

   Specific descriptive and physical characteristics may include, for example: the gender, age, height, weight, clothing, tattoos and piercings of the suspect, the make and model of the car, and the time and location of the crime. Simple race and ethnicity alone are not

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[1] https://www.idrivesafely.com/dmv/california/laws/traffic-tickets-and-violations/, https://www.martenslawfirm.com/blog/2015/november/what-is-excessive-speeding-/
[2] *Suspect Citizens*, pp. 190-192
[3] Eberhardt, J. L. (2016). *Strategies for change: Research initiatives and recommendations to improve police-community relations in Oakland, Calif.* Stanford University
[4] This definition was created by Dr. Jennifer Eberhardt in collaboration with the Oakland Police Department.
[5] This is the percentage of African American stops within all discretionary non-intel led stops made by Police Area 2 officers fell from 76% in September 2017 to 31% in September 2018
[6] Southern Poverty Law Center, 10 Best Practices for Writing Policies Against Racial Profiling
[7] CA Penal Code

satisfactory as bases for reasonable suspicion under the law, and amount to racial profiling.

4. **Eliminate stops for low-level offenses**

According to the presentation to the Working Group by Captain Bolton of the OPD, Oakland significantly reduced stops for these low-level, non-public safety related offenses, resulting in a reduction in the number of African Americans being stopped and a reduced stop-disparity rate, with no effect on crime rates (homicides and injury shootings went down during the same period). There is often overlap between "investigatory stops" and "stops for low-level offenses," as the latter may be used as a pretext for investigation. The types of stops falling into these categories may include:

- Equipment violations
- Not wearing a seat belt
- Improper use of high beams
- Violating a regulation (e.g. expired license tags)
- Stop purposes recorded as "other"

5. **Implement an Early Intervention System (EIS) and a risk-management structure**

These measures to ensure individual accountability have operated successfully in Oakland and many other localities for some time. They involve identifying officer outliers in stops, searches, and use of force and their outcomes and examining the reasons for racial disparities. Existing software programs to assist BPD in implementing an EIS could be utilized or BPD can build its own system.

These programs operate to identify officers who are a danger either to themselves or to the public. They are referred to as "risk management" systems because they help limit the financial liability of the City and hence its taxpayers. They may address a broad range of concerns, but in this document, we only consider their use with regard to racial disparities. Elements of this process include the following steps:

a. Evaluate and assess stop incidents for legality and enforcement yield.

b. Analyze data to determine whether racial disparities are generalized across the force or are concentrated in a smaller subset of outlier officers or squads/groups of officers. To the extent that the problem is generalized across the department, supervisors as well as line officers should be re-trained and monitored, and department recruitment, training, and structure should be reviewed. In addition, department policy should be examined for their impacts.

c. Where disparities are concentrated in an individual or a group of officers, with no race-neutral legitimate evidence for this behavior in specific cases, initiate an investigation to determine the cause for the disparity. Evaluate whether there are identifiable causes contributing to racially disparate stop rates and high or low rates of resulting enforcement actions exhibited by outlying officers. Determine and address any trends and patterns among officers with disparate stop rates. In the risk management process, the responsible personnel in the chain of

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command reviews and discusses the available information about the subject officer and the officer's current behavior.

d. Absent a satisfactory explanation for racially disparate behavior, monitor the officer.. Options for the supervisor in these cases include reviewing additional body-worn camera footage, supervisor ride-alongs, and other forms of monitoring. Further escalation to intervention, if necessary, may include a higher form of supervision, with even closer oversight. If performance fails to improve, command should consider other options including breaking up departmental units, transfer of officers to other responsibilities, etc. The goal of this process is to achieve trust and better community relations between the department as a whole and all the people in Berkeley. Formal discipline is always a last resort unless there are violations of Department General Orders, in which case this becomes an IAB matter.

e. Identify officers who may have problems affecting their ability to make appropriate judgments, and monitor and reduce time pressures, stress and fatigue on officers.

f. An outside observer from the PRC shall sit in on the risk management and/or EIS program. Reports from these meetings, or other accurate statistical summary, can be given to the commission without identifying any officers' names.

g. Report the results of this data analysis quarterly.

6. **Immediately release the following data to the Working Group**:
   a. All data given to the Center for Policing Equity (CPE) - This data includes:
      i. Calls for Service (January 1, 2012 - December 2016)
      ii. Use of Force Data (January 1, 2012 - December 31, 2016)
      iii. Crime Report Data (January 1, 2012 - December 31, 2016)
   b. STOP DATA - this data shall include information on "call type," similar to the data used by the Center for Policing Equity. The timeframe would be January 1, 2012 to present.
   c. USE OF FORCE DATA - This data was used in the analysis presented in the CPE report. Along with the CPE data, it would be helpful to have more recent Use of Force data. The timeframe would be January 1, 2012 to present.
   d. DEIDENTIFIED STOP & ARREST DATA - To determine if there are any problematic patterns among certain officers, or perhaps pairs of officers, data that we can be attached to anonymized individuals. The timeframe for this data would be January 1, 2012 to present.
   e. ADDITIONAL ARREST DATA - Currently, the Open Data Portal posts arrest data from January 1, 2015. The timeframe for this data would be January 1, 2012 to present day.
   f. ADDITIONAL CALLS FOR SERVICE - Currently, Calls for Service data are posted for the last 180 days. The timeframe for this data would be January 1, 2012 to present.

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7. **Limit warrantless searches of individuals on supervised release status, including probation, Post Release Community Supervision (PRCS), and parole, absent evidence of imminent danger**

    California is one of a handful of states that allow high-discretion, suspicionless searches of probationers and parolees. The following was passed by the Police Review Commission on 9/23/2020 and the Working Group endorses this approach:

    "*In accordance with California law, individuals on probation, parole, Post Release Community Supervision, or other supervised release status may be subject to warrantless search as a condition of their probation. Officers shall only conduct probation or parole searches to further a legitimate law enforcement purpose. Searches shall not be conducted in an arbitrary, capricious, or harassing fashion. However, under Berkeley policy, officers shall not detain and search a person on probation or parole solely because the officer is aware of that person's probation or parole status.*
    The decision to detain a person and conduct a probation or parole search, or otherwise enforce probation or parole conditions, should be made, at a minimum, in connection with articulable facts that create a reasonable suspicion that a person may have committed a crime, be committing a crime, or be about to commit a crime."

8. **Require written consent for all consent searches**

    Baumgartner (pp. 195-209) and his team found that in cities requiring written consent to perform a consent search, these searches declined by 75%. Since people of color are disproportionately the subjects of these searches, it makes sense that a significant reduction would lead to fewer consent searches for people of color.

    Examining three cities in North Carolina, Baumgartner found that in cities where there was resistance by leadership to the new written-consent policy, there was a substitution effect, such that as consent searches went down, probable cause searches went up. However, the substitution effect seemed to be directly correlated with leadership priorities. The chapter concludes, "We showed that a combination of leadership directives and simple initiatives can alter the relationship a department can have with their community" (pg. 213). *This speaks to the need for clear buy-in from BPD leadership.* The Working Group recommends that the BPD adopt the written consent form used in North Carolina, a copy of which can be found here.

9. **For any individual detained, BPD officers shall provide a business card with the following information on the back**

    a) A website similar to RAHEEM that collects information on police-civilian encounters.[8]
    b) Contact information for filing a complaint with the PRC or its successor, the Police Accountability Board.

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[8] https://www.raheem.ai/en/

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10. Address Profiling by Proxy[9]

Police should not be dispatched to calls that are motivated by caller bias or malintent, e.g., a claim that someone is suspicious with no corroborating reason.[10] These types of calls harm police-community relationships and undermine the authority of the police. To protect against profiling by proxy the police department shall:

    a. work with PRC and other appropriate agencies to formulate a policy that defines and remedies profiling by proxy.

    b. enhance Dispatcher training to evaluate calls and add implicit bias training for 911 Dispatch.

An article on profiling by proxy by the Vera Institute of Justice recommends including 911 Dispatch in implicit bias training as a method for reducing issues with profiling by proxy. Anti-bias training will also help Dispatchers become aware of their own biases. For example, when they receive calls about behavior the complainant may dislike but is not illegal—e.g., "too many" black teenagers in the public park.[11]

Hiring & Evaluation

The successful hiring and evaluation of police officers is an important part of creating a healthy and high-functioning police department. The types of people the department hires, and the effective evaluation of police officers are important in determining police department culture. Researchers on policing have repeatedly found that organizational culture is the single most important determinant of officer behavior.[12] Human Resource Management research supports including the evaluation for cultural competency as important in improving agencies. The key components for a high degree of cultural competency are: awareness, attitude, knowledge, skills.

11. Fire racist police officers identified through social media and other media screens

A third-party agency, hired by the City of Berkeley, or agency outside the police department should screen police officers and potential new hires' social media accounts for racist or violent comments, affiliations to racist groups whether public or private, including private groups expressing racist or violent rhetoric.

    a. BPD shall immediately fire all identified officers who have engaged in racist or violent actions or commentary online.

    b. A social media screen of officer online conduct shall be done annually.

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[9] Profiling by proxy may occur "when an individual calls the police and makes false or ill-informed claims of misconduct about persons they dislike or are biased against—e.g., ethnic and religious minorities, youth, homeless people" (retrieved from The Vera Institute of Justice).

[10] Captain Bolton of the Oakland Police Department made improvements on profiling by proxy using an approach that educated citizens on focusing on criminal behavior instead of suspicion when calling police.

[11] "Avoiding 'profiling by proxy',"Vera Institute of Justice, March 13, 2015, https://www.vera.org/blog/police-perspectives/avoiding-profiling-by-proxy

[12] Organizational Culture and Police Misconduct

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Recommendations for Council

Community Engagement and Feedback - When the City of Berkeley pledged to consider reducing funding for the police department by 50%, it also committed itself to shifting to new and alternative methods of community safety. To effectively understand and implement new and alternative safety practices and services, the City of Berkeley must look to its residents for ongoing insight and feedback. The City must collect and utilize regular community feedback to inform the city on community investment priorities including police department policies and practices and future direction. To that end:

12. Address Profiling by Proxy[13]

To protect against profiling by proxy City Council should:
   a. Introduce profiling by proxy legislation similar to CAREN Act in SF, which would hold residents accountable for using police in a biased manner.
   b. Issue a quarterly review of data from 911 Dispatch, for the PRC or City Auditor to help understand the extent of calls from community members presenting 'biased' suspicions."

13. Require regular analysis of BPD stop, search, and use of force data

The City Auditor and/or PRC shall update the analysis of BPD data completed by the Center for Policing Equity and the PRC and publish the results on the BPD website every quarter. This report shall include stop, search, and use of force analysis. —

Ensuring Timely and Effective Implementation:

Since the fall of 2017, the police department has received 37 separate policy or legislative directives to address the racially disparate treatment of City of Berkeley residents. Those directives are the result of extensive and on-going racial disparities in police department stops, searches, and use of force. As of the drafting of this report, at least 30 of those directives remain outstanding with **_no plan_** for implementation.

We respectfully recognize that the role of the Mayor's Working Group on Fair and Impartial Policing is to advise the Berkeley City Council and staff. We recognize that we are not in a position to make final decisions; rather, our role is to offer advice and recommendations to the Council. The Mayor's Working Group is committed to ensuring that the policy recommendations outlined in this proposal are not added to the long list of unaccomplished directives. Therefore, we have included an accountability system with our policy proposal. This accountability system

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[13] When an individual calls the police and makes false or ill-informed claims of misconduct about persons they dislike or are biased against—e.g., ethnic and religious minorities, youth, homeless people; retrieved from The Vera Institute of Justice

will ensure that the changes necessary to establish fair and impartial policing and rebuild public trust occur.

Compliance and Accountability Mechanisms:

A. Working in partnership with the Mayor's Working Group on Fair and Impartial Policing and within six months from approval of the proposal (extended for good cause), the City Manager hires an experienced consultant to help draft an implementation plan that includes a timeline to monitor, assess, and report on the implementation of the items outlined in the working group's policy proposal.
   i. If a consultant is not hired within six months from approval of the proposal, the Council should move to item "E" below.
   ii. If a consultant is not hired within six months (extended for good cause), the working group should remain formally organized by the Mayor until a consultant is hired and a plan is approved.
B. The Working Group, Police Chief, and the consultant will create an implementation plan that includes a timeline to monitor, assess, and report on the implementation of the items outlined in the Working Group's policy proposal. Long-term monitoring and assessments will be the responsibility of the police oversight body (the PRC or its successor the Police Accountability Board).
C. The implementation plan will be presented to the Berkeley City Council for approval. Once the plan is approved by the City Council, the consultant's work is finished. Long-term monitoring and assessment will be the responsibility of the police oversight body (the PRC or its successor the Police Accountability Board).
D. The City Manager and the Berkeley Police Chief should do everything within their power to implement the items outlined in the plan and timeline set forth and approved by City Council.
E. The City Council should set the implementation of this plan as a priority in the annual evaluation of the city manager.
F. If the City Manager does not ensure that the Police Department implements the plan in accordance with the timeline, the City Manager should be held accountable.
   i. In the event of a new Berkeley Police Department Chief: the Mayor's Working Group, on Fair and Impartial Policing, the new Police Chief and the City Manager shall meet and agree upon an updated timeline to monitor, assess, and report on the implementation of the items outlined in the plan approved by City Council.
   ii. In the event of a new City Manager: the Working Group, the Berkeley Police Chief, and the new City Manager shall meet and agree upon an updated timeline to monitor, assess, and report on the implementation of the items outlined in the plan approved by City Council.

If these recommendations are adopted and implemented promptly, we expect that the disparate stop data can show significant improvement in the near future. We expect the City Manager and the Police Chief to implement these programs with enthusiasm and dedication, as they reflect the constitutional imperative of equal protection under the law.

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Appendix A: Additional Recommendations

The following recommendations are also supported by the working group, which suggests referring them to the reimagining process and/or follow-up with the Police Accountability Board and the Fair and Impartial working group. See table 1 for recommended actions.

14. Include a scenario-based training component in the existing officer training required by California Penal Code 13519.4
   a. The training must include specific, relevant examples of prohibited actions and how to conduct law enforcement activities in an unbiased manner.[14]
   b. MILO and VIRTRA are two such scenario-based training programs[15]
   c. An independent observer shall review the training and report back to the PRC or its successor on the quality of the training.

15. Require enhanced annual implicit bias training for police
   There is scant scientific evidence that implicit bias training works to change implicit biases over the long-term. However, agency-wide, enhanced, and well-executed training that occurs on a regular basis could have a positive effect on the cultural environment of the police department and on expectations for behavior. Regular, required implicit bias training provides an expression of institutional support for fairness, which is important in improving relationships across groups[16]and improving agency culture.
   a. Officers should receive intensive anti-racism and implicit bias training as part of their core instruction in the first 90 days of employment, and an annual 'refresher' course.
   b. An independent observer shall attend the training and report back to the PRC on the quality of the training.

16. Accelerate Crisis Intervention Team (CIT) activity
   a) Require 40 hours of CIT training in the first year of employment.
   b) Collect data on CIT calls to allow BPD to make informed decisions about staffing and deployment so that a CIT officer is available for all shifts in all districts to respond to every CIT call.
   c) Develop a CIT reporting system so that each deployment of a CIT officer is well documented. CIT officers should submit narrative reports of their interactions with persons in crisis so the appropriateness of the response can be evaluated in an after-action analysis.
   d) Implement an assessment program to evaluate the efficacy of the CIT program as a whole and the performance of individual CIT officers. A portion of a CIT officer's performance review should address skill and effectiveness in CIT situations.

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[14] CA Penal Code
[15] MILO in an Oakland setting
[16] Allport, G. W., Clark, K., & Pettigrew, T. (1954). The nature of prejudice.

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17. The City of Berkeley should conduct annual community forums on Police and Public Safety:
  a. Identifying community-based leaders and impacted individuals for control of the envisioning process.
  b. Placing the process under the Office of the Mayor, not the City Manager. Upon establishment of the Police Accountability Board, place the process under the auspices of the Police Accountability Board.
  c. Including the creation of community-based measures of safety as part of the first round of the envisioning process.[17]
  d. Once community-based measures of safety are created, including these measures in the annual community survey (see item 17) and publishing the data as per item 17b.

18. The City of Berkeley should conduct an annual community survey.
    Sample surveys include the Milwaukee survey and the Dallas survey.
  a. Data collected should be shared publicly via the City of Berkeley website or an online community dashboard.

19. The City should create a formalized feedback system to gauge community response to ongoing reforms and ensure this constructive input system is institutionalized and includes:
  a. A basic "Report Card," in collaboration with the PRC or its successor the Police Accountability Board, based on community feedback for each reform. This will enable the Department to take the 'community's temperature' on how the implementation of the reforms are being perceived by the public.
  b. Quarterly neighborhood 'check ins' for relationship building .

20. Conduct a Capacity Study
  a. Release data including but not limited to 911 dispatch calls, BPD stops and interventions, written reports, and body-worn camera footage to the City Auditor and/or PRC for analysis.[18]
  b. Conduct an audit on officer down time to determine the percentage of police time spent outside of responding to calls for service and how police officers spend this time. Share this information with the City Auditor and/or PRC for analysis for use in the capacity study.
  c. Conduct an audit of police overtime to determine the factors that contribute to the use of overtime .

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[17] This process should follow or be modeled after the Everyday Peace Indicators process

[18] This study could be time-limited and would not have to be a comprehensive analysis of internal data; a random sample done correctly would suffice to determine how best to restructure the response to a variety of problematic situations.

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    d. Identify what percentage of calls for service require a unique police response and what percentage of calls could be better served by an alternative response with the goal to focus police response on issues that can best be responded to by police officers.

    e. These data can also assist in identifying calls suspected of profiling by proxy.

21. Fund and implement a specialized care unit for mental health crises

Fully fund and implement the specialized care unit as swiftly as possible in order to remove mental health and homeless encounters from the responsibility of BPD. Research has found that individuals with mental illness are at a higher risk of police stops, use of force,[19] and a fatal police encounter.[20] These disparities increase for Black and Latinx individuals. Specialized mental health crisis units are a safer option for those experiencing a mental health crisis than a police response and a more cost-effective use of public resources.[21] The Council's July 14, 2020 decision to create a Specialized Care Unit will better serve people in Berkeley experiencing a mental health crisis. The Working Group supports transitioning away from police as first responders to 911 calls related to mental health and towards trained, unarmed mental health first responders.

The Berkeley Community Safety Coalition in collaboration with Councilmember Bartlett are developing a proposal related to a pilot program transitioning away from sworn police as first responders to professional mental health first responders. The Working Group supports this effort.

22. Make resources on police-civilian encounters more publicly available, including:

    a. A website similar to RAHEEM that collects information on police-civilian encounters.[22]

    b. Contact information for filing a complaint with the PRC or its successor.

23. Evaluate the impact of these proposals on racial disparities in stops and searches, using regular updates to stop and search data

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[19] Mental Illness, Police Use of Force, and Citizen Injury

[20] Deaths of people with mental illness during interactions with law enforcement

[21] CAHOOTS Media Guide, 2020

[22] https://www.raheem.ai/en/

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Appendix B: No Action Recommended

The following recommendations were proposed and discussed at the working group but no action is recommended by the Council.

1. **Include community member participation and feedback in the hiring process**

   For all potential sworn officer hires interviewed by BPD, Berkeley residents should be included in the hiring process. For example, citizens of Berkeley should be allowed, in an equitable manner, to participate in Berkeley Police Department orals boards for prospective police officers or some comparable interview process.

2. **Include the following for Performance Appraisal Reports**

   As the current Performance Appraisal Reports General Order P-28 requires, objectives of the report are to provide for fair and impartial personnel decisions, and to provide an objective and fair method for the measurement and recognition of individual performance according to prescribed guidelines.[23]

   a. Officers should exhibit cultural competency and anti-racist conduct, and that should be included in their City of Berkeley Performance Appraisal Report (Police Sworn-Operations Division Personnel[24])

   b. Add to standards 1 and 2 of the Performance Appraisal Report as follows:

      i. Provides excellent customer service and represents the Department well as a culturally competent and anti-racist officer

      ii. Is respectful of both the people they serve and the people they serve with, in a culturally competent and anti-racist manner

      iii. All officers should aspire for an "Above Average" "Exceeds Expectations" or "Exemplary Performance" mark each year with "Meets Minimum Standards" as the basic floor (with expected increase in performance level in subsequent years)

3. **Include community and peer input into the annual review of sworn police officers.**

   For all BPD sworn officers, Berkeley residents should be included in the annual review process. For example, citizens of Berkeley should be allowed, in an equitable manner, to provide feedback into the annual review of Berkeley police officers.

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[23] Previous language "a. An amendment to General Order P-28 would add a reference to 'cultural competency' and reassurances by the community that the officers are evaluated on their conduct in relationship to a person's gender, race, ethnicity, religion or gender identity/orientation. B. Performance Evaluation, Section B, page 2; #1 and #2 include language of cultural competency "

[24] on p. 2 of 8 under Section "B" "Professionalism."

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Appendix C – Incorporation of BPD Feedback

Please note: quoted text in this section references written feedback on the working group draft proposal provided by Chief Greenwood of the Berkeley Police Department.

Focus traffic stops on safety.
The BPD are in agreement with this item. In July 2020, representatives from BPD (Officer Matthew Ye and Arlo Malmberg) presented a "problem-oriented policing" strategy to the working group. Further, Captain Bolton of the Oakland Police Department presented an intelligence-led policing strategy to the working group. According to Captain Bolton, OPD was able to significantly reduce stops for low-level and non-public safety related offenses using an intelligence-led policing strategy, resulting in a 70% reduction in the number of African Americans being stopped with no effect on crime rates. BPD stated they plan to "establish a formal strategy focusing officers' discretionary stops on intelligence-based and traffic safety stops."

Additional updates include: the sample list of stops falling into the category of unsafe driving behavior was updated based on BPD feedback; the working group deleted a reference made to "misdemeanor" stops as BPD pointed out that most traffic violations are "infractions" and not misdemeanors.

Use a clear, evidence-based definition for stops of criminal suspects.
BPD stated they plan to establish a formal strategy focusing officers' discretionary stops on intelligence-based stops. Chief Greenwood stated that an "intelligence based stop strategy aligns with [use of a clear, evidence-based definition for stops of criminal suspects]."

The BPD strategy as described focuses on general "intelligence" related to crime patterns. The BPD strategy does not respond to specific descriptions of perpetrators, nor is it clear what types of intelligence BPD would be using for stops of criminal suspects. An intelligence-based stop strategy can and should be implemented in concurrence with the items outlined in the working group's proposal. However, the working group is not convinced by Chief Greenwood's response that the BPD strategy will effectively address this item. The Working Group is recommending a shift in stop policy to address issues with racial disparities in stops. The BPD response as well as the strategy they have offered has not provided evidence there will be any shift from the status quo.

Use race and ethnicity as relevant factors when determining law enforcement action only when provided as part of a description of a crime and suspect that is credible and

relevant to the locality and timeframe of the crime and only in combination with other specific descriptive and physical characteristics.

BPD stated "overall agreement" with this recommendation. BPD did not directly address the specific recommendation that race and ethnicity be used *only* in combination with other descriptive features of the individual or alleged offense. BPD wrote "[d]epending on circumstances, simple race and sex in a description can be sufficient for a terry [sic] stop." It is the working group's understanding that, absent other factors, race is insufficient to constitute the reasonable suspicion required for a Terry stop (i.e. detaining an individual based on reasonable suspicion of illegal activity, including the ability to handcuff and search the outer clothing of the individual detained). Furthermore, BPD's feedback that "In a 1538 Motion to Suppress hearing, the court makes a determination if there [sic] factors associated with a detention are sufficient," is inappropriate in this context. While the statement is factually accurate, the purpose of this recommendation is to establish a stop policy based on the Constitution, not to place the burden on civilians to go to court for relief.

Eliminate stops for low-level offenses

In response, BPD stated the plan to establish a formal strategy focusing officers' discretionary stops on intelligence-based stops. Further, BPD stated, "We would support our Intelligence Based Stop Strategy through increasing our analysis capability, so that more information can be more efficiently provided to officers, Officers working in this manner would be more likely to have a higher yield even when making fewer stops, because of their focus on crime investigations." It remains unclear to the working group how BPD plans to increase their analysis capacity or how that would impact racial disparities in stops.

In responses to items throughout the draft working group policy proposal, BPD referenced an early transition to the data collection methods required by the California Racial and Identity Profiling Act (RIPA). BPD announced an early transition to data collection methods in line with RIPA requirements at an October 2020 working group meeting. As of the writing of this report, data collected according to RIPA standards (hereafter "RIPA data") has not been released on the BPD open data portal.

It is important to note: using the data currently available on the open data portal, a hit rate cannot be calculated. Hit rates are commonly used to measure the presence of racial bias in searches. A hit rate is calculated by dividing contraband found during a search (e.g. weapons, drugs, etc.) by the total numbers of searches, within racial categories (e.g. Black or white). The logic of the hit rate is straightforward: in the absence of discriminatory behavior, officers should find contraband on searched minorities at the same rate as on searched whites. A similar hit rate indicates a similar standard for searches is being used across different groups. If searches of racial minorities turn up contraband at lower rates than searches of whites, this suggests there is a double standard, where minorities are being stopped and searched on the basis of less evidence. BPD did not collect contraband information before the transition to RIPA. Therefore, there was no way to calculate a true hit rate during the period the working group met. Transitioning to RIPA will be helpful to determine racial bias in search decisions, but it does not

provide information on racial bias in stop decisions. Most importantly, the collection of RIPA data does not directly address or work to mitigate existing racial disparities.

In a previous draft, this item included a reference to BerkDOT, but we removed it after BPD pointed out that inclusion was an unnecessary addition.

We also deleted a recommendation that officers provide those they stop with a reason for the stop, since BPD feedback cited section 14 of the T-3 Traffic Enforcement policy which requires officers to provide "explanation of the circumstances giving rise to the enforcement contact."

Include a scenario-based training component in the existing officer training required by California Penal Code 13519.4.
BPD responded that it "conducts all mandated training." However, the working group item recommends including scenario-based training with relevant examples of what is prohibited, and includes an independent observer. This addition of specific scenario-based training is not currently mandated by the state, and it is this specific scenario-based training that the working group is recommending. This recommendation for specific scenario-based training comes from the Southern Poverty Law Center, "10 Best Practices for Writing Policies Against Racial Profiling."

Require enhanced annual implicit bias training for police.
BPD agrees with the importance of implicit bias training and stated officers currently get implicit bias training while in training academy. BPD also cited budget constraints would limit the department's ability to provide annual implicit bias training. The working group understands the constraints of budget cuts, but anticipates that some of the recommendations proposed here (e.g. eliminating stops for many low-level infractions) may free up resources for this important training that has the potential to trigger the kind of cultural shifts that are necessary.

This item also includes a policy recommendation that an independent observer attend the training and report back to the police oversight body (the PRC or its successor). Chief Greenwood stated he was open to the idea of an outside observer but had concerns that difficult conversations might be chilled by outside observers. The working group understands and appreciates these concerns.

Implement an Early Intervention System (EIS) and a risk-management structure.
Chief Greenwood's feedback expressed interest in this approach and in learning how the Oakland program works, stating "Open to learning about how Oakland does this work. Learning how the analysis works will help us understand the resources needed to do this work." In response, a member of the working group put Chief Greenwood in touch with the OPD official in charge of that program. To date he has not taken advantage of that opportunity.

Further, BPD feedback references RIPA data, stating "With the collection of RIPA data, we will have richer data to examine. This will help us focus on data on stops, searches, and yields." According to the National Police Foundation, in their report, *Best Practices in Early Intervention*

System Implementation and Use in Law Enforcement Agencies, an "early intervention system [EIS] is a personnel management tool designed to identify potential individual or group concerns at the earliest possible stage so that intervention and support can be offered in an effort to re-direct performance and behaviors toward organizational goals. The ideal purpose of an EIS is to provide officers with resources and tools in order to prevent disciplinary action, and to promote officer safety, satisfaction and wellness."

The collection and analysis of RIPA data could be helpful to identify *racial implications* related to identified individual or group red flag behavior. However, the collection of RIPA data does not meet two core components of an EIS system: 1) identify potential individual or group red flag behavior (as early as possible), and 2) intervene to redirect performance and behaviors toward organizational goals. In short, the collection of RIPA data does nothing to address this item.

The working group considers this recommendation for an EIS and risk management system to be among its top priorities.

Immediately release the following data to the Working Group:
> All data given to the Center for Policing Equity (CPE) - This data includes:
>> a. Calls for Service (January 1, 2012 - December 2016)
>> b. Use of Force Data (January 1, 2012 - December 31, 2016)
>> c. Crime Report Data (January 1, 2012 - December 31, 2016)
> STOP DATA - this data shall include information on "call type," similar to the data used by the Center for Policing Equity. The timeframe would be January 1, 2012 to present.
> USE OF FORCE DATA - This data was used in the analysis presented in the CPE report. Along with the CPE data, it would be helpful to have more recent Use of Force data. The timeframe would be January 1, 2012 to present.
> DEIDENTIFIED STOP & ARREST DATA - data that we can be attached to anonymized individuals. The timeframe for this data would be January 1, 2012 to present.
> ADDITIONAL ARREST DATA - Currently, the Open Data Portal posts arrest data from January 1, 2015. The timeframe for this data would be January 1, 2012 to present day.
> ADDITIONAL CALLS FOR SERVICE - Currently, Calls for Service data are posted for the last 180 days. The timeframe for this data would be January 1, 2012 to present.

The BPD responded by referring to RIPA data collection, stating "RIPA data and current BPD officers seems to be the best path forward." BPD also states, "Approximately 50 officers have been hired since late 2016," and, "BPD staff are working on a number of technical projects, and resources are limited, especially after recent budget deferrals."

Based on conversations related to this item which occurred in formal working group sessions, the working group believes the BPD comment related to the hiring of 50 officers was intended to communicate that the BPD department before 2016 (reflected in the CPE data), is different from the BPD today. The working group believes this may be true. The best way to determine if this

is true is to have access to the data we have requested so we can determine if there have been any measurable shifts in the racial disparities found by CPE.

It is important to note that a member of the working group used publicly available BPD stop data to redo a portion of the CPE analysis. This publicly available stop data was from 2015 to 2019. Therefore, this data included the two years of the CPE report (2015 - 2016) and two and a half years after the CPE report (2017-2019). This analysis was presented to the working group. This analysis found persistent racial disparities in stops and searches during this time. In other words, the pattern of racial disparities found in the CPE analysis persisted through 2019, over two years after the CPE report was released. It is also important to note that this analysis only includes stops and searches. It does not include an analysis of use of force. A complete CPE redo has not been possible because ***BPD has never released any data to the working group.***

The working group understands budgetary constraints are impacting BPD. Further, the working group understands that it is possible BPD does not have some of the data we request, e.g. de-identified stop and arrest data. When BPD has made it clear they do not have the data, we have updated our data requests. For example, an early draft of the working group's policy proposal included a request for weapons and contraband data. BPD has made clear they do not have weapons and contraband data, so the working group removed this data request from our final proposal.

For the remaining data requests, BPD has not provided a compelling reason for why they have not released this data. At the very least, BPD should be able to turn over all the data that was shared with CPE as this data has already been put into a format which allowed it to be shared. Moreover, BPD feedback that, "BPD staff are working on a number of technical projects," seems to indicate that BPD has staff capable of providing and perhaps already working on the data we request.

The Working Group agrees that RIPA data will be useful going forward. However, this item speaks to data from the past, beginning in 2012, and includes data given to the CPE as well as additional data. For the City Council to determine if and how the policy shifts implemented in this proposal have been effective in reducing racial disparities, it must have data from before the implementation of RIPA and this data must be more extensive than stop and search data. The data the working group has requested in this proposal would allow City Council to properly measure the impacts of the policy changes outlined in this proposal. RIPA data will help create a richer picture but in isolation it cannot tell us any information about changes to racial disparities that result from the policy changes outlined in this proposal.

Limit warrantless searches of individuals on supervised release status, including probation, Post Release Community Supervision (PRCS), and parole, absent evidence of imminent danger
BPD agrees with this recommendation which has passed the PRC with BPD collaboration.

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Require written consent for all consent searches

BPD agreed with this item and cited the collection of RIPA data. Chief Greenwood's feedback states, "BPD will make it a policy that the department's existing consent search form shall be used when consent to search is sought by an officer. Existing body worn camera policy already captures the consent request interaction. RIPA data will specifically address this issue: Data will indicate when a consent search was performed, and what the outcome (yield) is providing specific data for analysis. The data will support understanding of how often it occurs, the circumstances under which it occurs, and the outcomes."

In mid-December, the Working Group received a copy of the consent form used by the BPD; however, as noted above in #8, the Working Group recommendation is that the BPD adopt the written consent used in North Carolina.It is imperative that any consent form be used consistently and include the printed name and signature of the person consenting to the search as well as clear indications of what property the person consents to search, rather than blanket statements that the consent includes all aspects of the person and their property.

Additionally, while the written feedback did not make this distinction, conversations with Chief Greenwood at Working Group meetingsindicated that perhaps BPD focus for written consent was on car or traffic searches only. This policy item recommendation includes all searches-- traffic, pedestrian, bike, etc.

The Working Group acknowledges that body worn cameras may capture the consent process but does not support only the use of body worn cameras to capture this process. The intent of this item is to require written consent for any person, or their property, undergoing a consent search.

The Working Group agrees RIPA data collection will be helpful in determining if there are racial disparities in stops and searches. However, RIPA data collection is not a substitute for a written consent.

Accelerate Crisis Intervention Team (CIT) activity

BPD agrees with this response. However, Chief Greenwood states, "Class availability is limited. Budget and resource constraints may impact this as well, as overtime is restricted to backfill for officers' absence due to training." The working group considers that accelerating current CIT activity as critically important.

For any individual detained, BPD officers shall provide a business card that displays with the following information on the back:
   a. A website similar to RAHEEM that collects information on police-civilian encounters
   b. Contact information for filing a complaint with the PRC or its successor, the Police Accountability Board.

BPD feedback states, "Open to idea, but with balance: perhaps a link to an online survey, provide info on commendations as well as how to file complaints with PRC and IAB." The

working group supports the collection of both positive and negative feedback on police civilian contacts.

Address Profiling by Proxy
BPD supports this item.

Include community member participation and feedback in the hiring process
BPD provided no written feedback on this item. However, in a formal working group session Chief Greenwood expressed concerns about including community participation in the hiring process for all BPD staff. The proposal was updated to include community member participation only in the hiring process related to sworn officers.

Include the following for Performance Appraisal Reports
   a. Officers should exhibit cultural competency and anti-racist conduct, and that should be included in their City of Berkeley Performance Appraisal Report (Police Sworn-Operations Division Personnel), on p. 2 of 8 under Section "B" "Professionalism."
   b. Add to standards 1 and 2 of the Performance Appraisal Report as follows:
       i. Provides excellent customer service and represents the Department well as a culturally competent and anti-racist officer
       ii. Is respectful of both the people they serve and the people they serve with, in a culturally competent and anti-racist manner
       iii. *All officers should aspire for an "Above Average" "Exceeds Expectations" or "Exemplary Performance" mark each year with "Meets Minimum Standards" as the basic floor (with expected increase in performance level in subsequent years).*

BPD provided no written feedback to this item. This item was updated based on verbal feedback Chief Greenwood gave during a formal working group session.

Include community and peer input into the annual review of sworn police officers.
Based on BPD feedback, this item was updated. Previous language was as follows: Include a "360 Degree Review Form" completed by December 30th each year after an Annual Community Forum. The working group updated the item to account for the lack of familiarity at BPD with a 360 review process as well as to incorporate peer review into the annual review process.

Fire racist police officers identified through social media and other media screens.
   a. BPD shall immediately fire all identified officers who have engaged in racist or violent actions or commentary online.
   b. A social media screen of officer online conduct shall be done annually.

BPD agrees with this item. In response, BPD cited existing policies in place to discipline or terminate an employee. However, Chief Greenwood stated a need to check if or how these policies are related to racist behaviors. Further, Chief Greenwood pointed towards the existing

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screening process and background checks for hiring. Lastly, other members of BPD expressed concerns that social media screens might violate legal protections.

The working group has not received clarification on if or how existing disciplinary policies relate to racist behavior of officers. The working group would like clarity on this process. Further, if policies are in place to discipline an officer engaged in racist behavior this still does not address the issue of identifying officers engaged in racist behavior. This item is designed to identify if BPD officers are engaged in racist online activity and states clearly any officers so identified should be terminated. The working group does not recommend that Council accept any other action than termination for any officer found to have engaged or currently engage in racist behavior.

Additionally, this item is not requesting BPD violate privacy laws of potential or existing employees. Comments made on an electronic app, chat room, social media group, etc. are not protected by privacy laws or the constitution. A screen of social media platforms is routinely done by employers today. According to a 2018 CareerBuilder survey, "70% of employers use social media to screen candidates during the hiring process, and about 43% of employers use social media to check on current employees." Regular social media screens are a routine practice today. A third party that specialized in social media screens is well aware of legalities of the screening process, which is one reason why the FIP working group suggested a third party, not BPD, conduct the screening process.

Of Note:
The working group removed one item based on BPD feedback. The original item read: Officers shall prominently display identification. This item was updated with new language that read: Officers violating penal code (CA 830.10) shall be severely disciplined. Finally, the working group removed this item completed based on feedback from BPD.

Appendix D - Unfulfilled Council Mandates to BPD

Following on the publication by the CPE and the PRC of their respective reports on BPD stop, search, and use of force data, the Berkeley City Council gave specific policy direction to staff to address racial disparities apparent in that data.

At the onset of the Fair and Impartial Working Group in the fall of 2019, mayoral staff noted the following directions that had not been carried out by the City Manager or Chief of Police. Significantly, these directions remain unfulfilled as of August 2020:

I. Council referral from Nov. 14, 2017, to be completed by September 2018 and annually thereafter.

1. Direct the City Manager to track yield, stop, citation, search and arrest rates by race, develop training programs to address any disparities found, and implement policy and practice reforms that reflect cooperation between the Berkeley Police Department ("BPD"), the Police Review Commission ("PRC") and the broader Berkeley community. The City Manager will report findings in September 2018 and annually thereafter, using anonymized data. [NOTE: BPD responded that they are addressing this via RIPA work, but it has still not been done.]
2. Tracking Yield rates
   a. Analyze whether officer-initiated or in response to calls for service or warrants.
   b. Focus on reasons for disparate racial treatment and to identify any outliers.
   [NOTE: BPD responded that they are addressing this via RIPA work, but it has still not been done.]
3. Consider any other criteria that would contribute to a better understanding of stops, searches, citations and arrests and the reasons for such actions. [NOTE: BPD responded that they are addressing this via RIPA work, but it has still not been done.]
4. Consulting and cooperating with the broader Berkeley community, especially those communities most affected by observed racial disparities, to develop and implement policy and practice reforms that reflect these shared values. Work closely with the PRC, providing the commission all legally available information that may be helpful to designing reforms.
5. Once released, BPD should analyze the final Center for Policing Equity report and propose improvements as needed. [NOTE: CPE final report was released in May 2018.]

None of these items, which are now nearly three years old, were ever accomplished

II. Council referral from April 24, 2018

1. Create, Present and Execute a Departmental Action Plan **by April 30, 2019.**

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2. Officer Identification. Develop a policy requiring officers to identify themselves by their full name, rank and command and provide it writing (e.g. a business card) to individuals they have stopped, as in Oakland, New York, Providence, and San Jose.
3. Review and Update BPD Policy Surrounding Inquiries to Parole and Probation Status.
4. Enhance Search Consent Policies.
5. Collect Data on Terry Stops/Searches and Citations [NOTE: Remains undone. BPD responded that they are addressing this via RIPA work, but it has still not been done.]
6. BPD Data Dashboard.
7. Enhance Existing "Early Warning" Systems

None of these items, which are over two years old, were ever accomplished

III. CPE recommendations from early 2018

1. We recommend that BPD monitor search and disposition outcomes across race, and arrest and disposition outcomes associated with use of force. In particular, BPD should collect and share data with respect to contraband (distinguishing among drugs, guns, non-gun weapons, and stolen property) found during vehicle or pedestrian searches, and that it analyze data about charges filed resulting from vehicle and pedestrian stops. [NOTE: BPD responded 4/2019 that they are addressing this via RIPA work but it has still not been done.]
2. We recommend that BPD more clearly track, analyze, and share data with respect to whether law enforcement actions are officer-initiated, or responses to calls for service. [NOTE: BPD responded 4/2019 that they are addressing this via RIPA work but it has still not been done.]
3. We recommend that BPD continue to affirm that the egalitarian values of the department be reflected in the work its officers and employees do. [NOTE: Chief responded in 4/2019 message, saying they address in ongoing training, but their own heavily disparate stop and force data suggests that more needs to be done and that the ongoing training may be insufficient.]
4. We recommend that BPD consult and cooperate with the broader Berkeley community, especially those communities most affected by observed racial disparities, to develop and implement policy and practice reforms that reflect these shared values. [NOTE: See Council referrals above. Also referred to Working Group and to July 14 2020 community engagement process.]
5. We recommend BPD track yield rates (of contraband found at searches). [NOTE: BPD responded 4/2019 that they are addressing this via RIPA work but it has still not been done.]
6. We recommend that BPD monitor patrol deployments, using efficient and equitable deployment as a metric of supervisory success. One way to promote equitable contact rates is to monitor racial disparities (not attributable to non-police factors such as crime) and to adjust patrol deployments accordingly.
7. We recommend that BPD track crime trends with neighborhood demographics in order to ensure that response rates are proportional to crime rates.

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8. We recommend that BPD engage in scenario-based training on the importance of procedural justice and the psychological roots of disparate treatment in order to promote the adoption of procedural justice throughout the organization, and to protect officers from the negative consequences of concerns that they will appear racist. [NOTE: Chief responded in 4/2019 message to say the department completed procedural justice training, but their own heavily disparate stop and force data suggests that more needs to be done and that the procedural justice training may be insufficient.]

9. We recommend that values-based evaluations of supervisors be developed to curb the possible influence of social dominance orientation on the mission of the department. CPE research has found a significant relationship between social dominance orientation and negative policing outcomes in many police departments.

10. We recommend that BPD training include clear messaging that racial inequality and other invidious disparities are not consistent with the values of BPD. [NOTE Chief responded in 4/2019 message, said they address in ongoing training, but their own heavily disparate stop and force data suggests that more needs to be done and that the ongoing training may be insufficient.]

11. We recommend leveraging the Police Review Commission, as well as ensuring inclusion from all groups in the community, to help review relevant areas of the general orders manual and provide a more integrated set of policies with clear accountability and institutional resources. [NOTE: Chief responded in 4/2019 message, saying they address in ongoing PRC subcommittee work.]

The Fair and Impartial Policing Working Group has received three contemporaneous studies of the BPD's stops as published on the City's Open Data Portal. The following patterns emerge from this data as shown in these studies:

1. Berkeley's stop rate for African Americans is over three times greater than Oakland's. Annually, African Americans are stopped by police according to BPD records at a rate of 32.7% (3,083 stops of African Americans compared to 10,331 African American Berkeley residents). In Oakland, the corresponding stop rate is 10.4% (10,874 compared to a total of 104,310 African American Oakland residents).

2. During the first 13 weeks of the Covid-19 pandemic from March 15 to June 12, the disparity between stops of Black and White civilians in Berkeley skyrocketed.   African American stops were exactly 50% of total 608 stops at 304, with White stops were 143 for 23.52% of all stops. Taking into account the low number of African Americans residing in Berkeley, the disparities are even starker: African American stops are about 42.7 per 1,000 of their population, where White stops are about 2.9 per 1,000, a disparity of 14.5 to 1, twice the disparity in 2018.

3. The discriminatory stops exploded under the Black Lives Matter curfew at the end of May. In three days from May 31 to June 2, 92 African Americans and 18 Latinx people were pulled over by Berkeley police, compared to just 18 White people. This is a disparity in raw numbers of five to one. Based on stops per 1,000 of ethnic population,

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Black civilians were nearly 35 times more likely to be stopped than Whites during the curfew.

There has been no meaningful response from the BPD to either confirm and account for the disparities, convincingly explain why the critical analysis is incorrect, or give some alternative interpretation of the data. Instead the department has simply ignored the data and the evidence that it discriminates in its treatment of Black, Latinx, and White civilians. BPD representatives quibble over side issues such as whether the data is skewed by stops of Black people coming into Berkeley from outside, or a theory that police are being nice to Black people by issuing them only warnings whereas they ticket White civilians in similar circumstances. The recommendations made in this document will uncover the true cause of the stark racial disparities, and indicate a path to correct them.

The Fair and Impartial Working Group does not want its recommendations to go the way of prior recommendations and directives from the City Council, CPE, and PRC. As shown above, the City Manager and Chief of Police have failed to execute the policies set by the elected officials. The City Council must ensure that staff act promptly to bring Berkeley policing into compliance with constitutional principles, particularly equal protection under the law.

Public Works Commission

AGENDA
May 19, 2021

To: Reimagining Public Safety Task Force

From: Liam Garland, Public Works Director

Submitted by: Shamika Cole, Co-Secretary
                David White, Co-Secretary

Subject: Reimagining Public Safety/BerkDOT

INTRODUCTION

The July 14, 2020 omnibus package to reimagine public safety included a referral to the City Manager to:

a) pursue the creation of a Berkeley Department of Transportation (BerkDOT) to ensure a racial justice lens in traffic enforcement and the development of transportation policy, programs, and infrastructure, and

b) identify and implement approaches to reduce and/or eliminate the practice of pretextual stops based on minor traffic violations.

In addition to instilling a racial justice leans in transportation programs and services, the referral's stated purpose was "to separate traffic enforcement from the police," "reduce traffic enforcement as a tool for enhancing traffic safety," and to "shift traffic enforcement, parking enforcement, crossing guards, and collision response & reporting away from policed officers—reducing the need for police interaction with civilians…"

By this report, staff seeks the Reimagining Public Safety Task Force's input and advice on a) research and analysis conducted to date, b) input solicited from the Public Works Commission, Transportation Commission, and public speakers and incorporated herein, and c) a draft phased approach to explore possible next actions. This work raises important questions about how the current Public Works department and the City's transportation functions are—and should be—organized, and how a racial justice lens can be applied across transportation-related programs and projects.

The referral component to reduce and/or eliminate stops based on minor traffic violations is at the core of the original omnibus package approved by City Council. The Mayor's Fair and Impartial Policing Working Group submitted recommendations to City

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Council at a special meeting held on Tuesday, February 23, 2021.[1] The City Council unanimously adopted recommendations from the Fair and Impartial Policing Working Group that will result in a new, evidence-based traffic enforcement model that focuses traffic stops on safety, such as running a red light, rather than lower level offenses, such as minor equipment violations. The City Council also approved the implementation of procedural justice reforms including, but not limited to, the implementation of an early intervention system and requiring written consent for certain searches.[2] BPD is in the early stages of defining, developing, and implementing these measures.

This staff report complements the efforts of the Fair and Impartial Policing Working Group, lays out initial background and approaches to the creation of a BerkDOT, and explores opportunities to shift functions into this new department or division, as well as potential new positions or functions. In particular, staff seeks further input from the Task Force on the following questions:

- What near term actions should be prioritized?
- What areas of future research and/or due diligence should staff focus on?
- What is missing from the analysis and possible actions?
- Which of the three organizational approaches to a BerkDOT provided below align best with the City Council's referral and the City's adopted strategic and other plans (e.g., Berkeley Strategic Transportation Plan, Vision Zero, and recently-adopted Pedestrian Plan), both in the short and long term?

This staff report concludes with a list of proposed actions phased in over time. These actions support establishment of a BerkDOT that translates City Council's direction (and staff's intent) into racially just, equitable, sustainable, and accessible transportation policies, programs, services, and projects. The phased actions explored in this report are considered for inclusion in Annual Appropriation Ordinance #1 in December 2021, the two-year budget adopted by June 30, 2022, or future budget adoptions.

BACKGROUND

Public Safety Reimagining Process. On July 14, 2020, the Berkeley City Council made a historic commitment to reimagine the City's approach to public safety with the passage of an omnibus package of referrals, resolutions, and directions.[3]

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[1] https://www.cityofberkeley.info/Clerk/City_Council/2021/02_Feb/Documents/2021-02-23_Special_Item_01_Report_and_Recommendations_pdf.aspx.
[2] Please see the annotated agenda for the February 23, 2021 Special Meeting of the City Council, which can be found at the following -
https://www.cityofberkeley.info/Clerk/City_Council/City_Council__Agenda_Index.aspx.
[3] https://www.cityofberkeley.info/Clerk/City_Council/2020/07_Jul/Documents/07-14_Annotated_Agenda_pdf.aspx

On December 15, 2020, the City Council authorized the City Manager to enter into a contract with the National Institute of Criminal Justice Reform (NICJR) to conduct research, analysis, and use its expertise to develop reports and recommendations for community safety and police reform as well as plan, develop, and lead an inclusive and transparent community engagement process to help the City achieve a new and transformative model of positive, equitable and community-centered safety for Berkeley. NICJR's scope and contract documents are complete.[4]

On January 19, 2021, City Council amended the enabling legislation for the Reimagining Public Safety Task Force. Appointments have been made from the City Council, Mental Health Commission, Police Review Commission, and Youth Commission, and three "At-Large" appointments confirmed by City Council on March 9, 2021.[5]

The Task Force met on February 18, March 11, April 9, April 29, and May 13, and covered topics ranging from the consultants workplan; community survey; calls-for-service analysis and framework; and overviews of the Police Department, priority dispatch, new and emerging models of community safety, and specialized care unit.

Public Works and Police Departments. Today, Public Works includes 320 full time employees (FTEs) across seven divisions. The divisions of Transportation, Engineering, Zero Waste, and Administration report to the Public Works Director. The Facilities, Streets & Utilities, and Equipment Maintenance divisions report to an Operations Manager who, in turn, reports to the Director.

The Transportation Division has 43 FTEs and is responsible for the following functions: traffic engineering, planning and design of transportation-related capital improvement projects, off- and on-street parking management, and transportation planning, policies, and programs, e.g., Vision Zero. In January 2018, traffic maintenance and parking meter maintenance were shifted from the Streets and Utilities Division to the Transportation Division. This division's breadth of functions is well beyond that of transportation divisions in similarly sized cities.

Both the Transportation and Engineering Divisions currently sit on the 4th Floor of 1947 Center Street. The permanent repair of streets and sidewalks is planned and executed by the Engineering Division with 2.5 full time engineers. Smaller, temporary street and sidewalk repairs are made through our Streets and Utilities Division Operations by two separate units of 13 FTEs. These units work out of the City's Corporation Yard, as does our Facility Management Division and its nearly 7 FTEs handling streetlight maintenance and repair.

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[4] https://www.cityofberkeley.info/Clerk/City_Council/2020/12_Dec/Documents/2020-12-15_Supp_2_Reports_Item_7_Supp_CMO_pdf.aspx
[5] https://www.cityofberkeley.info/Clerk/City_Council/2021/01_Jan/Documents/2021-01-19_Item_18_Revisions_to_Enabling_Legislation_for_Reimagining.aspx

Today, all traffic enforcement functions are housed within the Traffic Bureau of the Police Department's Investigation Division. The Traffic Bureau includes all traffic enforcement functions, parking enforcement, traffic control, serious injury collision investigations and review, collision data functions, and crossing guards. The Traffic Bureau currently sits at 841 Folger and this substation will soon move to 125 University.

Current Plans and Programs for Racial Justice and Equity. The City of Berkeley set a goal in its strategic plan to "[c]hampion and demonstrate social and racial equity," which is an especially important goal for Public Works. The 2020 end of year workforce report showed the department was 63% African American and Latino (and 77% non-white), 92% of that year's new hires were non-white, and 78% of staff promoted were non-white. While racially diverse, that report also showed only 16% of the department was female and only 38% of management was non-white, suggesting more work was needed in our department's gender diversity and having management reflect the racial diversity of the department's staff.

In recent years, the Transportation Division sought to more explicitly incorporate racial justice into transportation policies, projects, and services. The Berkeley Strategic Transportation (BeST) Plan adopted in 2016 prioritized capital projects by whether those projects would increase transportation choices for disadvantaged communities. The Vision Zero Plan adopted in March 2020 documented racial disparities in severe and fatal traffic injuries, and it acknowledged racial and economic inequities associated with traffic enforcement. As a result, the Vision Zero Plan emphasized improvements to traffic safety through engineering solutions over enforcement, and it called for an equitable enforcement policy before making any Vision Zero-related enforcement changes.

The first set of Healthy Streets established during the COVID-19 pandemic were selected from bicycle boulevards in traditionally underserved neighborhoods. Most recently, the Pedestrian Plan adopted in January 2021 built on the work of Vision Zero to document that black pedestrians are twice as likely to be victims of traffic violence as white pedestrians. The Pedestrian Master Plan uses redlining maps to prioritize safety improvements in these historically underserved neighborhoods.

Other aspects of Public Works' services aid equity and racial justice in Berkeley, including:

- The Clean Cities Unit abates illegal dumping, trash, and debris, especially in and around encampments, and many of these locations are in historically underserved areas;
- An existing Disability Services Specialist helps ensure the accessibility of new improvements, existing infrastructure, and current Public Works services;
- Most repairs of the City's sewers, streets, streetlights, and sidewalk are completed without regard to the adjacent property owner's ability to pay; our

stormwater and sewer fees are eligible for relief under the City's Very Low Income Fund; and, in the proposed budget, Public Works has recommended extending relief from sewer charges for more low income families; and

- Public Works, Public Works Commission, and Facilities, Infrastructure, Transportation, Environment, and Sustainability Committee are proposing to City Council on June 1 revisions to the street rehabilitation policy that specifically address racial justice and equity through the creation of an Equity Zone where paving repairs are prioritized. If adopted, Public Works will explore broader applicability of this zone to our sidewalk, streetlight, and other maintenance and repair services.

The department is at an inflection point. A new director was hired in July 2020 and since that time, the department has adopted top goals and projects,[6] drafted performance measures,[7] and sought more open lines of communication with the department's Commissions. An all-staff survey has been completed, showing the department faces a significant staff morale challenge. One driver of the morale challenge is a persistent vacancy rate of 15%+. The high vacancy rate diminishes the department's ability to deliver programs, leads to delays in implementing projects, and leaves the remaining staff shouldering a larger work burden. The work burdens are only increasing. The department is leading up the effort to turn Vision 2050 into reality; accelerate conversion of our fleet and facilities to all-electric; construct a whole range of T1 and other capital projects; and develop comprehensive plans for our street lights, paving, green infrastructure, and storm drains. All while Public Works and IT are working together on the simultaneous replacement of three key internal asset management systems without which a modern Public Works or Transportation department cannot operate.

As a result of these significant opportunities and challenges, Public Works is initiating a process to adopt a strategic plan in the next fiscal year. The plan will help clarify the department's core mission, values, priorities over the next five years, including how the department's staffing, programs, and projects can advance racial justice and equity.

APPROACHES

To inform the approaches presented in this staff report, interviews were held with director-level staff of Transportation and Public Works departments in Los Angeles, Minneapolis, Oakland, Denver, Ft. Collins, and Cambridge. These cities were selected for their variety of organizational, political, and governance structures. These conversations revealed different ways to structure a department, and how some cities were applying a racial justice lens to their transportation (and other) work. The

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[6] https://www.cityofberkeley.info/uploadedFiles/Public_Works/Level_3_-_General/FY20-21%20Berkeley%20PWD%20Goals%20and%20Projects-Sep%202020.pdf
[7] https://www.cityofberkeley.info/uploadedFiles/Public_Works/Level_3_-_General/CoB%20Performance%20Measures%2004 1921.pdf

interviews showed there are many different ways to organize, and pros and cons associated with each method of organization.

At a high-level, there are three approaches to a new BerkDOT. Each of these presents an opportunity to refine the mission and overall organization of functions within the Transportation Division and the Public Works Department, and to carry out any new functions assigned by the City Council or reorganized within Public Works. The three approaches are:

A. **Establish the existing Public Works' Transportation Division as BerkDOT:**
This option would retain the existing Public Works department and structure, revamp the current *Division* of Transportation as BerkDOT, and create a new Deputy Director for Transportation reporting to the Public Works Director. Public Works' FY 21/22 budget request includes the adjustment of a current position to Deputy Director for Transportation. This would confirm the centrality of transportation in the department.

B. **Remake Public Works into the Department of Transportation & Infrastructure (BerkDOTI):**
This option would create a new BerkDOTI, subsume the existing Public Works Department into it, and the department's mission would focus on stewardship of the City's transportation system and public right-of-way, as well as the safety of the public in using streets and sidewalks. The functions of the remade department would include discrete lines for Transportation, Utilities, and Administration. Within these lines, a new Deputy Director for Transportation would be created, while infrastructure services such as storm water, sewer, and Zero Waste would remain in a newly configured Utilities division. This option still allows for intra-departmental coordination between planners and engineers by retaining an overall singular department under the oversight of a unified administrative structure. It elevates the new department's transportation programs and services to the whole of the public right-of-way, consistent with Vision 2050's positioning of the right of way as the *Public Commons*. An integrated BerkDOTI department would allow for ongoing coordination between functions affecting all aspects of transportation and non-transportation services in the public right-of-way, and a single point of contact for inter-departmental coordination.

C. **Create a new, stand-alone BerkDOT that subsumes the current Division of Transportation and leaves a separate, stand-alone Public Works Department:**
This would shift transportation functions out of Public Works into a standalone, new department oriented around a mission inclusive of transportation services and projects. Transportation operations, safety, and maintenance functions

would be transferred to this new stand-alone BerkDOT, while non-transportation capital project delivery and utilities such as storm, sewer, and Zero Waste would remain in the Public Works department. While duplicating back-office requirements, this structure may offer a more focused mission and vision, and resolution of items at the level of City Manager, not Department Director.

Mission and Vision. Each of these options presents an opportunity to sharpen the mission of our transportation work and deliver racially just, equitable, accessible, safe, and environmentally sustainable transportation programs, services, and projects. A stand-alone BerkDOT with a new Director reporting to the City Manager may provide the opportunity to start from scratch and create a whole new vision for transportation in this City. This also may provide the Public Works' department an opportunity to sharpen and improve its mission. On the other hand, the City's transportation and infrastructure visions are evident through the City Council's adoption of existing and recent plans, such as Vision 2050 (2020), BeST (2018 and update 2021), pedestrian plan (2021), and Vision Zero (2020). There may be conflict between Vision 2050's envisioning of the right of way as a public commons, and its implementation depending on two separate, stand-alone departments. It also may be the case that these adopted plans do not sufficiently capture Berkeley's transportation and infrastructure vision. If that is the case, then a new stand-alone BerkDOT may help chart whatever that new vision may be.

Prioritization and Coordination. A new stand-alone BerkDOT reporting to the City Manager or Deputy City Manager may elevate the transportation function's importance among many other competing priorities in the City. However, two separate departments will require staff currently sitting in the same department—with direct opportunities and incentives to collaborate—to be in stand-alone separate departments with more divergent priorities and more difficulty in coordination.

Transition Costs: Each of these organizational options would have different cost implications. Creating a wholly new stand-alone DOT alongside a stand-alone Public Works department is the highest cost option. Staff's initial estimate is $750,000, mostly based on Oakland's experience creating a new DOT from its Public Works Department. These are hard costs related to hiring a new Director; building the required HR, payroll, and finance functions; consultant support for the change effort; and ancillary costs related to the new department, such as updates to the website, municipal code, letterhead, and work clothing. The ongoing operating costs for future years are in the range of $500,000-$750,000 annually.

Standing up a new department will incur significant non-financial costs, especially in time and effort. Interviews with other DOTs suggest this is an intense two-year process to stand up the organization and another two to three years until it is a cohesive organization. It would involve significant need to bridge and manage the transition with staff, collaboratively build a new department culture, and reorganize career advancement pathways in the workplace. Logistics are important, too. Staff are not

aware of building space that may accommodate a new stand-alone BerkDOT. In addition, the necessary investments in time and effort may require tradeoffs that slow down or put at risk other high-priority projects, e.g., Vision 2050, Vision Zero, T1, November 2022 infrastructure-focused revenue measure, and implementation of the BeST, Bicycle, and Pedestrian Plans.

The BerkDOTI option of a remade Public Works department with transportation, utility, and administration lines is estimated to cost less than $150,000, mostly related to one position upgrade (Deputy Director, Transportation), hard costs related to the name change, and some support for the change efforts. Given the department's intention to undergo strategic planning next year, there may be an opportunity to leverage this process to support the BerkDOTI change effort. There would be limited ongoing additional operating costs for future years.

The option of creating BerkDOT out of the existing Transportation Division, and remaining within Public Works, is likely to involve similar cost as the BerkDOTI option as it includes similar actions, e.g. position upgrade, name change costs, and change efforts.

City Council could consider covering these costs through budget reductions to the Berkeley Police Department, reductions to other departments' budgets, or with additional General Fund resources. However, the source of funds does not change the fact that these three approaches have different cost impacts. Similarly, it is possible that as the number of sworn personnel in traffic enforcement is reduced, those savings are shifted into transportation programs and/or services. However, those savings may be speculative, as costs related to the civilian traffic enforcement unit and/or automated enforcement are very likely to rise.

Under any of these structures, there will be additional costs associated with implementing new policies or programs. This could include automated enforcement programs with staffing required for citation processing and review, a new specialist staffing for public engagement and racial justice programs, etc.

Implementation Risks. Many reorganizations fail or take much longer than planned. According to a 2016 Harvard Business Review study, more than 80% of reorganizations fail to deliver the hoped for value in the time planned, and 10% can cause real damage to the organization. The creation of a separate, stand-alone BerkDOT with a separate stand-alone Public Works Department entails the most risk of failure and/or delay. A BerkDOT subsuming Public Works entails low to moderate risk. Creating the BerkDOT out of the existing Transportation Division, and keeping it within Public Works, is low risk. To mitigate these risks, the changes might be made incrementally, allowing for smaller course corrections to address issues that may arise and preserving options moving forward.

City Size. Few cities of Berkeley's size have a stand-alone DOT. Nor do most cities of Berkeley's size have the breadth of transportation functions already assigned to the existing Transportation Division within Public Works.

Racial justice lens. Staff's view is that any of these organization approaches could apply an improved racial justice lens to transportation programs, and none of the approaches provide distinct benefit over the others in advancing racial justice and equity.

Shifting functions. Staff's view is that any of these organizational approaches could facilitate shifting of functions as explored later in this staff report, and none is uniquely configured for a particular shifting of functions.

SHIFTING FUNCTIONS

The BerkDOT referral incorporated into the City Council's omnibus package adopted on July 14, 2020 stated the following:

> A Department of Transportation in the City of Berkeley could shift traffic enforcement, parking enforcement, crossing guards, and collision response & reporting away from police officers—reducing the need for police interaction with civilians—and ensure a racial justice lens in the way we approach transportation policies, programs, and infrastructure. It would also ensure a focus on transportation that is separate and apart from public works issues, fitting for the importance of transportation as an issue of concern to Berkeley and as a key component of our greenhouse reduction goals.

There are a variety of transportation-related functions within the City of Berkley which are performed by:

1. Sworn, uniformed officers (e.g., police officers assigned either to Patrol Division or the Traffic Bureau);
2. Non-sworn, uniformed personnel (e.g., parking enforcement officers);
3. Civilian personnel (e.g., crossing guards); and
4. Civil engineers, transportation engineers, transportation planners, and operations and maintenance staff.

Below, each function is assessed for possible shift into any of the three BerkDOT approaches described above.

Traffic Enforcement
The original referral suggested shifting traffic enforcement to a new BerkDOT. However, California Vehicle Code section 21100 appears to delegate authority to localities to enforce traffic laws by means of "traffic officers," which are further defined by Penal Code Section 830, et seq., as sworn police officers. Thus, enforcement of traffic

BerkDOT

violations set forth by non-sworn personnel could violate existing state law. Until state law changes, such a shift in function outside of BPD may be preempted.

The City Council adopted a resolution on December 15, 2020, requesting the California legislature enact legislation to give cities greater flexibility in traffic enforcement. Staff has considered prioritizing near-term action to develop a plan for standing up a civilian traffic enforcement unit. However, given the content of the state law change is likely to be important for the particulars of how such a unit is structured and organized, staff suggests the civilian traffic enforcement unit be considered a longer term action, and that this action be triggered when there is a change in state law. In the meantime, the City could engage in discussion with state legislators about potential legislation on this topic. When such a state law change does occur, staff would evaluate the legislation and prepare a plan for City Council discussion with the aim that Berkeley thoroughly evaluate and engage the community and its employees over the potential to establish a civilian traffic enforcement unit.

Other state law changes might alter the nature of traffic enforcement, as well. Current state law prohibits automated enforcement of speeding violations. Assembly Bill (AB) 550 would permit several cities to initiate pilots of automated enforcement of speeding violations[8]. On May 11, 2021, the Council took formal action to support AB 550 and urge that the City of Berkeley be included as a pilot location. Similar to red light cameras, photo speed enforcement could reduce the need for traffic stops and the associated interactions between police officers and drivers, while providing effective enforcement against speeding, which is the traffic violation most likely to contribute to several or fatal traffic injuries especially among pedestrians. The degree to which automated speed enforcement could be administered by non-sworn staff would depend on the enabling legislation. AB 550 currently calls for violators to be subject to civil penalties and the availability of diversion programs.

Given the legal hurdles to a civilian traffic enforcement unit and automated enforcement, staff suggest prioritizing advocacy for state law changes in the near-term, and, over the longer term, develop practical plans and policies to implement state law changes when they occur. As suggested in Vision Zero, the City's adoption of a Vision Zero Enforcement Policy could help explain and further detail the City's approach to enforcement as a tool of last resort, provide guidance for the implementation of automated enforcement, and ensure the lens of racial justice and equity is incorporated into enforcement efforts.

Crossing Guards
Berkeley Function Today
Crossing guards are civilian personnel within the Police Department who help ensure safe routes to school and Vision Zero functions, which are important citywide priorities.

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[8] https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB550

There are currently 15 part-time crossing guards, equivalent to 3.7 FTEs, working during school arrival and departure times. Crossing guards do not enforce the law, rather they enhance safety by stopping traffic and escorting children across an intersection.

Other Cities' Experiences

Some cities, such as Los Angeles and Cambridge, MA, employ crossing guards through the Transportation and/or Public Works department; other cities that house crossing guards in the Police Department, such as the City of Oakland, are considering moving them to OakDOT in response to similar conversations around racial justice in traffic enforcement. Another model is schools overseeing the crossing guard functions with the City providing some portion of funding, which is the case in Fort Collins, CO.

Potential Options for Berkeley

Crossing guards could move into BerkDOT with minimal disruption. Shifting that staff to a new department will require a BerkDOT staff person to take on a new supervisorial role, which could require new training. Within BerkDOT, crossing guards could be assigned to school sites based on racial equity and Vision Zero priorities. Including crossing guards in BerkDOT could have the positive effect of bolstering local relationships between BerkDOT and local schools and communities.

There are some impacts to BPD's operations of moving crossing guards to BerkDOT. By removing this function, it means severing a visible tie between elementary school staff, local residents, and BPD. Otherwise, the impacts are not significant. This change could be accomplished in the budget proposed for adoption in June 2022.

Parking Enforcement
Berkeley Function Today

Parking Enforcement Officers are non-sworn, uniformed officers within the Police Department. These officers support the City's parking program, which is stewarded by Public Works and the officers are funded out of the Public Works' on-street parking fund. (Citation revenue goes to the General Fund.) There are currently 24 FTE parking enforcement officers, supervisors, and a manager within BPD's Traffic Bureau.

The City of Berkeley's current parking program offers a payment plan for low income persons, and a fee waiver for low-income citation recipients who request an appeal hearing.

Other Cities' Experiences

Other cities, both large and small, manage parking enforcement under the Transportation and Public Works departments: examples include Los Angeles, Fort Collins, CO, Cambridge, MA, and Orlando, FL. Some parking enforcement staff maintain inter-departmental connections and access to shared communication systems with Police Departments where there are concerns for staff safety. For example, the OrlandoDOT has a parking enforcement function, and parking enforcement staff share a

radio frequency with the Police Department. Some cities, such as Los Angeles, have qualified relief programs to address the burden of parking fines on low-income residents, such as the Community Assistance Parking Program.

Potential Options for Berkeley
The parking enforcement function could move into BerkDOT, which would be a major shift in terms of the number of employees and their day-to-day interface with the Police Department. Parking enforcement staff currently sit within PD offices, and their trainings and career development paths are through PD.

Shifting this function to a new BerkDOT would require investment and training in the newly transitioned staff on the BerkDOT mission and career advancement paths, and new management and supervisorial capacity within BerkDOT to absorb responsibility for the parking enforcement staff. Given that the Transportation Division is currently 43 FTEs, this shift would increase this organization's size by more than 50%. It poses some logistical challenges, too, as BPD Traffic Unit's staff and parking enforcement's staff currently sit with one another in the same location, and there is not an obvious solution for co-locating parking enforcement staff and existing transportation division staff given significant space constraints at the City's Corporation Yard.

Such a shift would have significant impacts on BPD and its 24 parking enforcement staff. BPD would lose important members of its team, and parking enforcement staff themselves would have a more difficult time keeping up communication with the Police Department for backup requests, which occur weekly. Nearly one-half of parking enforcement officers participated as public speakers when the Public Works Commission heard this BerkDOT item, and expressed a strong sentiment that affiliation with PD helped them feel safer in their work and strong opposition to any move outside of PD.

As suggested by several Public Works Commissioners, staff proposes further dialogue with the parking enforcement officers themselves. After that dialogue, staff would return to City Council for discussion on whether the parking enforcement function should sit within PD.

Paving
Berkeley Function Today
Public Works has 2.5 engineers who put together the paving plan, and then do the public procurement for the annual paving and sidewalk repair projects. Another engineer or inspector is involved in the construction management and inspection of the improvements. All of these staff are in the Engineering Division, and consult regularly with Transportation's planning unit to ensure coordination with the various transportation plans.

Other Cities' Experiences

Both OakDOT and Minneapolis include some paving functions. Both pothole repair and designing and bidding contracts for paving are held within OakDOT. However, the paving and capital project construction management function is still held within Oakland's separate Public Works department. In Los Angeles, the paving function is housed in Streets LA, a division of Public Works, not LADOT. Cambridge, MA also does not house paving functions in its Transportation, Parking, and Traffic Department; instead, the Community Development Department prepares the paving plan, and Public Works completes the paving.

Potential Options for Berkeley

The existing configuration results in collaboration on paving between engineers in Public Works' Engineering Division, and engineers and planners in the Transportation Division. Moving this function to the BerkDOT has the potential to realize more opportunities for Vision Zero, Bicycle Plan, and Pedestrian Plan improvements in the course of paving. However, the paving budget faces an annual funding shortfall of more than $10 million for basic pavement maintenance, not to mention the improvements suggested by the Vision Zero, Bicycle Plan, and Pedestrian Plan. Thus, these opportunities to use our paving program to further the goals of our transportation plans may be more vision than reality. In addition, even if this function moves to Transportation, significant coordination with the Engineering Division will be required to ensure consideration of sewer, green infrastructure, storm drain, and other utility projects occurring in the streets. Staff believes that the coordination between Transportation Planning and paving engineers has improved over the past several years, but agree more improvement and coordination is needed. What is less clear is whether improvement will come from an organizational decision—either moving the paving planning function from Engineering into Transportation's planning unit or moving transportation planners into Engineering's Pavement Unit—or bringing in new revenue into paving through a November 2022 infrastructure-focused revenue measure. The latter would be the most significant action the City Council could take to ensure our paving program advanced our BeST, Vision Zero, Pedestrian, and Bike Plan's goals. Staff could return to City Council as part of the budget adopted in June 2022 with a discussion of where the paving planning function might sit.

Collision Investigation

Berkeley Function Today

Today, BPD's Traffic Bureau sworn officers are responsible for traffic collision investigations. This includes forensic functions, determining why and how the crash occurred, data collection on victim information, and the state of existing street safety infrastructure. No Public Works or Transportation staff participate in that data collection. Collision investigation invariably requires sworn officers to collect witness statements and evidence, conduct analysis, and develop a report, all of which are governed by state vehicle code. In addition, collisions can happen at any time of day or night and police staff with assigned vehicles are on duty 24/7 in the field and enable rapid response.

BerkDOT

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TASK FORCE
May 19, 2021

</div>

Other Cities' Experiences

Collision investigation functions are conducted by police departments, and in many cities there is limited data sharing and collaboration in data collection, which can be a barrier to data-driven Vision Zero work. A few cities have built partnerships with police departments to share crash investigation functions as it pertains to transportation engineering. Director-level partnerships with the police department has allowed some cities, such as Fremont, CA, to share more Vision Zero-related traffic data.

Potential Options for Berkeley

Many of the forensic functions of crash investigation are important for the Police Department to carry out. Increased collaboration between BerkDOT and the Police Department through sharing of some collision investigation functions could improve traffic safety. Bringing BerkDOT planners and engineers into the process to assess site context and transportation infrastructure issues in the field during investigation is likely to lead to better understanding of why crashes occurred and may help identify opportunities to improve infrastructure to improve safety outcomes in the future. This also advances the City's Vision Zero focus, and encourages direct access to police reports and other disaggregated data for purposes of Vision Zero analysis and monitoring, which includes an assessment of racial disparities in traffic safety. Improved information sharing could occur within existing structures and progress is already being made. The most important near-term action to promote this information sharing and safety improvements would be the hire of a new staff member into BerkDOT to support the Vision Zero program and codify this interdepartmental coordination. A request for this FTE will be included in the budget proposed in June 2022.

Traffic Control

Berkeley Function Today

Both sworn officers and parking enforcement officers provide special traffic control during major planned events today, such as festivals, marches and protests, and other large-scale events, and also during emergencies, such as street flooding, large structure fires, and during high wildfire-risk periods. Public Works, BPD, and parking enforcement staff frequently coordinate on traffic controls, including temporary signage and barricades often planned by Traffic Engineers and deployed by Traffic Maintenance staff.

Other Cities' Experiences

In other cities, both sworn and non-sworn uniformed officers can carry out traffic control functions. In San Francisco, parking enforcement officers have traffic control functions as part of their regular duties, which includes directing traffic during both planned events and critical incidents. In Minneapolis, the Regulatory Services department provides uniformed personnel for traffic control functions, which include rush hour traffic management, emergency response to traffic control needs via 311, and support for special events.

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Potential Options for Berkeley

Event-related traffic control could be provided by non-sworn, uniformed personnel for planned events in Berkeley. Parking enforcement personnel provide this function today. Non-sworn, uniformed officers could also provide some or perhaps all emergency-related traffic control. Consideration would need to be given to time of day and week to ensure availability of appropriate staff, and ensuring proper training of non-sworn staff conducting planned and emergency related traffic control.

3. Racial Justice in Transportation Policies, Programs, and Infrastructure

Ensuring a racial justice lens in transportation policy, programs, and infrastructure would mean that all decisions, procedures, and guidelines that govern transportation in this City would affirmatively work to reduce the burdens of racial inequities and mitigate structural harm put on people of color, and create streets where people are safe, experience belonging, and can thrive.

From listening to the input received so far and considering other organizations approaches, staff see three important opportunities moving forward. First, establish a BerkDOT that uses racial and social justice and safety data to improve safe and equitable access to mobility and helps reduce traffic violence, economic violence, and risk of institutional violence experienced by the most vulnerable users of the public streets and sidewalks.

Second, embed the racial justice lens in BerkDOT through one of two potential organizational approaches:

A. Racial Justice and Equity Division within BerkDOT: The Racial Justice and Equity Division could be a separate division within any of the three BerkDOT approaches, at the same organizational level as project delivery, maintenance, or administration. The division may be staffed with one or two people, and those staff working across divisions, similar to how engineers and planners already work across divisions and functions today.

B. Deputy Director of Transportation, Racial Justice, and Equity: The racial justice function could move up a tier in the organizational chart to assign that function to a newly titled, Deputy Director of Transportation, Racial Justice, and Equity. This would elevate the transportation and racial justice functions and accountability in the organizational hierarchy. It might then mean that existing staff take on day-to-day responsibility for racial justice functions, with approval and strategy provided by the Deputy Director for Transportation, Racial Justice, and Equity. This position could still be supplemented with a Racial Justice Specialist position as an assistant to the Deputy Director.

The organizational structure of the racial justice function within BerkDOT might also consider the size of Berkeley's city government and BerkDOT itself. For example, the division itself might contain one FTE; however, regardless of the number of FTEs, creating a division within an organizational chart on equal footing with other departmental functions elevates its importance in the department's mission. Under either approach, it will be important to ensure that people of color, and especially African Americans, have clear and well-used career pathways.

Public Works' budget proposed for adoption in June 2021 includes an adjustment for a Deputy Director of Transportation, so Option B is readily achievable and does not preclude a change later to Option A.

Third, as suggested by various contributors in the public process to date, incorporating a racial justice lens into transportation work requires in-depth examination, discussion, training, and action. This work has an aspect that is inward-facing and focused on our staff and their experiences and career pathways. It also must focus on BerkDOT's services, programs, and projects delivered to the community. For that reason, staff propose using the assistance of an expert to lead the internal examination, discussion, training, and action that would culminate in the development of a *Racial Justice and Equity Action Plan, Part 1*. A budget request for Annual Appropriation Ordinance #1 in December 2021 would fund this third-party's work. *Part 2* would examine the department's services, programs, and projects, and identify the areas and actions where more progress is required. This work would be proposed for inclusion in the budget adopted June 2023.

INPUT RECEIVED FROM COMMISSIONS TO DATE

This report reflects input provided by the Transportation Commission, Public Works Commission, and public speakers at both commission meetings. Prior versions of this report incorporated this specific feedback from the Transportation Commission. More has been provided on the purpose and vision of the omnibus package and BerkDOT referral, and the report provides more focus on near-term actions to change transportation's mission, vision, programs, services, and projects and ensure they are imbued with a racial justice lens. There is more background and explanation on the civilian traffic enforcement unit, and City Council's direction to focus traffic stops on safety and eliminate stops for minor traffic violations. Greater detail has been provided on automated enforcement, inclusion of career pathways for people of color, and the cost implications of the three organizational approaches,.

Several Transportation Commissioners suggested crossing guards and parking enforcement were functions that should be moved to a BerkDOT sooner rather than later. Staff incorporated a suggestion to re-work the near-term and longer-term actions into a phased approach.

There was consensus at the Public Works Commission and its public speakers that the revised staff report responded to much of the Transportation Commission's feedback. There was a consensus that enforcement as a method of improving traffic safety should be a tool of last resort within the City's toolbox. There was not consensus on the organizational approach to BerkDOT or on which functions might be prioritized for shifting into BerkDOT. Some commissioners wanted to learn more about how BerkDOT might be informed by a strong, transparent public engagement process. On this latter point, staff are exploring on-the-street, intercept surveys and/or public opinion surveys to be conducted this summer in order to engage and learn from traditionally underrepresented and underserved members of the community.

PHASED APPROACH

The phased approach described below combines the direction set by Council in the original omnibus package, the input received to-date, and the constraints of our existing budget, commitments, laws, and bandwidth. The order and phasing of the approach is designed to preserve opportunities for the City to speed up or slow down along the way.

Phase 1: July 1, 2021-June 30, 2022

Ongoing	Coordinate with PD on implementation of precision policing and major v. minor stops. Monitor state legislative proposals and be prepared to engage and advocate for automated enforcement.
Jun 2021	Proposed budget includes Deputy Director of Transportation, Racial Justice, and Equity.
Jul	Opinion and/or intercept surveys to solicit input on BerkDOT.
Dec	Submit budget request in AAO#1 for expert support on *Racial Justice and Equity Action Plan, Part 1*, focused on staff and career pathways.
Jan 2022	Berkeley <u>Division</u> of Transportation stood up as BerkDOT with lead Deputy Director of Transportation, Racial Justice, and Equity.
Jun	Potential budget proposals implementing various aspects of BerkDOT and submit request for new Vision Zero staff member to coordinate with PD on data sharing and collision analysis.

Phase 2: July 1, 2022-June 30, 2023

Jul 2022	Report to City Council on results of legislative advocacy on civilian traffic enforcement and automated enforcement, and if automated enforcement on speeding enabled by change in state law, plan for implementing.
Dec	Council considers adoption of Vision Zero enforcement policy. Complete *Racial Justice and Equity Action Plan, Part 1.*

Jan 2023   City Council discusses possibility of creating civilian traffic unit. This discussion and deliverable is wholly dependent on state law changes permitting such action.

Jun   Report to Transportation Commission on equity of City's existing parking fines and rates, and possible revisions.

Phase 3: July 1, 2023-June 30, 2025

Dec 2023   Complete *Racial Justice and Equity Action Plan, Part 2*, focused on programs, services, and projects.

Jun 2024   Update to Council on progress to date and seeking direction on final BerkDOT organizational structure (enhanced division, BerkDOTI, or stand-alone BerkDOT), civilian traffic enforcement unit, and equity policies.

Jun 2025   Final report closing BerkDOT referral.

Attachment:
1: Budget and Position Inventory

Attachment 1: FTEs and Budget for Existing BerkDOT-related Functions

		Total potential FTEs	99.95	Total Costs	$	49,627,069

PW Engineering/Streets
Implementing capital projects to maintain 216 miles of street and 300 miles of sidewalk

	Associate Civil Engineer	1	$ 143,157.66			
	Assistant PW Engineer	1	$ 123,956.56			
	Supervising Civil Engineer	0.5	$ 81,070.50			
	Total	**2.5**	$ 348,184.72	$	660,534
			Nonpersonnel Costs	$	330,267
			Capital Costs	$	11,010,303
			Total	**$**	**12,001,104**

PW Transportation
Improve traffic safety, encourage transit use, bicycling and walking, and address transportation issues. Capital projects include parking facilities; street improvements; traffic calming measures; and bicycle and pedestrian infrastructure improvements.

Management	Transportation Manager	1	$ 177,577.71			
	Administrative Secretary	1	$ 88,553.50			
	Administrative Assistant	1	$ 88,293.71			
	Assistant Management Analyst	1	$ 89,820.02			
Parking (off and on-street)	Parking Services Manager	1	$ 130,562.85			
	Senior Planner	1	$ 126,667.01			
	Assistant Management Analyst	4	$ 359,280.08			
	Accounting Office Specialist II	1	$ 69,366.54			
	Parking Meter Maint & Collection Supv	1	$ 91,188.45			
	Parking Meter Maintenance Worker	6	$ 391,547.52			
	Parking Meter Mechanic	5	$ 369,082.50			
CIP Engineering	Associate Civil Engineer	2	$ 286,315.32			
Traffic Engineering	Supervising Traffic Engineer	1	$ 165,189.86			
	Assistant Traffic Engineer	2	$ 250,942.02			
	Associate Traffic Engineer	2	$ 286,315.32			
	Engineering Inspector	1	$ 106,362.46			
	Traffic Engineering Assistant	1	$ 86,079.55			
Planning	Principal Planner	1	$ 143,078.83			
	Senior Planner	1	$ 126,667.01			
	Associate Planner	2	$ 219,506.56			
	Assistant Planner	1	$ 90,424.05			
Traffic Maintenance	Traffic Maintenance Supervisor	1	$ 91,188.45			
	Traffic Maintenance Worker I	3	$ 202,701.42			
	Traffic Maintenance Worker II	2	$ 147,742.40			
	Total	**43**	$ 4,184,453.14	$	7,938,238
			Nonpersonnel Costs	$	4,175,377
			Capital Costs	$	12,500,000
			Total	**$**	**24,613,615**

PW Streets/Sidewalk Operations
Performs spot repairs on the City's maintain 216 miles of street and 300 miles of sidewalk

Management	Senior PW Supervisor	1	$ 111,161.44			
Streets / Asphalt	PW Supervisor	1	$ 96,565.46			
	Skilled laborer	2	$ 143,751.72			
	Construction Equipment Operator	1	$ 81,359.20			
	Laborer	2	$ 135,228.28			
Sidewalks / Concrete	PW Supervisor	1	$ 96,565.46			
	Concrete Finisher	2	$ 86,386.35			
	Skilled Laborer	1	$ 71,875.86			
	Laborer	2	$ 135,228.28			
	Total	**13**	$ 958,122.05	$	1,817,633
			Nonpersonnel Costs	$	300,000
			Total	**$**	**2,117,633**

PW Signals and Streetlighting
Maintains signals and traffic controls at 140 intersections and 8,000 LED streetlights.

	Electrician	4	$ 411,091.20			
	Lead Electrician	2	$ 219,648.00			
	Senior Electrical Supervisor	0.75	$ 97,022.18			
	Total	**6.75**	$ 727,761.38	$	1,360,914
			Streetlights	$	1,377,731

	Signals		$	896,755
	Capital Cost		$	1,050,000
	Total		**$**	**4,685,399**

PD-Investigations Division

The Traffic Unit's Motorcycle Officers focus on community safety through traffic law enforcement, investigation of serious injury/fatality traffic collisions; DUI enforcement, and coordinating grantfunded focused enforcement efforts. The Parking Unit's Parking Enforcement Officers enforce applicable State and Local codes which regulate parking and provide traffic control and support, e.g. Special Events or incident scene management.

Parking Enforcement	Parking Enforcement Manager	1	$	114,869.25	
	Parking Enforcement Officer	21	$	1,492,580.46	
	Parking Enforcement Supervisor	2	$	84,899.98	
	Total	**24**	**$**	**1,692,349.69**	**$ 1,692,350**
	Nonpersonnel Costs			$	1,638,945
Traffic Bureau	School Crossing Guard	3.7		145987.2	
	Lieutenant	1	$	178,231.87	
	Sergeant	1	$	148,483.71	
	Motor Officer	4	$	515,017.16	
	Assistant Management Analyst/OSII	1	$	89,820.02	
	Total	**10.7**	**$**	**1,077,539.96**	**$ 1,077,540**
	Nonpersonnel Costs			$	1,800,483
	Total			**$**	**6,209,318**

Total potential FTEs	**99.95**	**Total Costs**	**$ 49,627,069**

EMC research

Survey of Adult Residents
City of Berkeley, CA
Hybrid Email-to-Web/Live Telephone Survey
Conducted September 20-28, 2021
Citywide n=550; Margin of Error +4.2 percentage points
Targeted oversamples added among Latinx and Black residents
EMC Research #21-8226

All numbers in this document represent percentage (%) values, unless otherwise noted.
Please note that due to rounding, percentages may not add up to exactly 100%.

GREETING: Hello, my name is _____, may I speak with **(NAME ON LIST)**?
INTERVIEWER: NOL ONLY
INTRO: Hello, my name is _____, and I'm conducting a survey for _____ to find out how people feel about issues in Berkeley. We are not trying to sell anything and are collecting this information on a scientific and completely confidential basis.

1.	Do you live in the City of Berkeley?	
	Yes	100
	No → **TERMINATE**	-
	(Don't know/Refused) → **TERMINATE**	-
2.	What is your zip code?	
	94618	0
	94702	18
	94703	16
	94704	17
	94705	13
	94706	1
	94707	10
	94708	8
	94709	10
	94710	7
	94720	1
	(Refused)	-
3.	What is your gender?	
	Male	48
	Female	50
	Non-binary	1
	Another gender identity (please specify)	0
	(Refused)	0

EMCresearch.com

COLUMBUS, OH	IRVING, TX	OAKLAND, CA	PORTLAND, OR	SEATTLE, WA	WASHINGTON, D.C.
614-268-1660	972-717-7427	510-844-0680	503-444-6000	206-652-2454	202-686-8001

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EMC Research #21-8226   -2-

4.   What year were you born? **(YEARS CODED INTO CATEGORIES)**

18-29 (1992-2003)	32
30-39 (1982-1991)	13
40-49 (1972-1981)	14
50-64 (1957-1971)	19
65 or over (1956 or earlier)	22
(Refused)	0

5A.   Do you consider yourself to be of Hispanic or Latino descent?

Yes	13
No	86
(Refused)	1

5B.   Please select the race or ethnicity you consider yourself to be. You may select more than one if needed.

White	68
Chinese	8
Asian Indian	4
Native Hawaiian or Pacific Islander	1
Another Asian ethnicity (Please specify: _____)	7
Black or African American	9
American Indian or Alaska Native	2
Middle Eastern or Northern African	3
Something else (Please specify: _____)	4
(Refused)	5

6INT. Using the following scale, please rate each of the following.

SCALE:	Poor	Only fair	Good	Excellent	(No response)

(RANDOMIZE)

6.   The ease of getting around Berkeley

	Poor	Only fair	Good	Excellent	(No response)
	11	29	50	10	0

7.   The safety of getting around Berkeley

	Poor	Only fair	Good	Excellent	(No response)
	15	34	46	5	0

8.   The pedestrian infrastructure in Berkeley, such as sidewalks, crosswalks, and street lighting

	Poor	Only fair	Good	Excellent	(No response)
	13	31	47	9	0

9.   The streets and roads in Berkeley

	Poor	Only fair	Good	Excellent	(No response)
	29	40	28	3	0

EMC research

SCALE:	Poor	Only fair	Good	Excellent	(No response)

10. The bicycle infrastructure in Berkeley, such as bike lanes and paths, bike parking, bike signals, and bicycle boulevards

	12	29	43	13	4

11. The street traffic safety features in Berkeley, such as traffic signals, electronic speed signs, flashing pedestrian lights, and pedestrian signals

	12	28	49	10	0

12. The Healthy Streets program, where some streets have been temporarily altered to encourage walking and biking over driving

	13	26	39	15	6

(END RANDOMIZE)

13. What are the biggest challenges you and/or your family face in getting around Berkeley? **(OPEN ENDED, RESPONSES CODED INTO CATEGORIES)**

Traffic	13
Condition of roads/Potholes	9
Poor bus/BART transportation	8
Parking	8
Drivers/Pedestrians/Bikers don't follow laws/rules	8
Homeless/Drugs/Crime	7
Safety for Bikers/Pedestrians	7
Crosswalks/Intersections/Poor lighting and markings	7
Poor public transportation options	5
Construction/Blocked access	4
Poor infrastructure/Narrow roads/Dangerous left hand turns/More traffic lights	4
Poor bike lanes	4
Sidewalk condition	2
None/Nothing	7
Other	6
Not Sure/Don't Know/No Opinion	1
Refused/N/A	2

EMC research

14INT. How safe do you feel traveling around Berkeley using each of the following? Please do your best to answer even if you personally don't get around that way.

SCALE:	Very unsafe 1	2	3	4	5	6	Very safe 7	(Don't know/ Refused)	Mean
(RANDOMIZE)									
14. On foot or using a mobility device such as a walker or wheelchair									
	6	7	13	16	22	20	10	4	**4.49**
15. AC Transit									
	3	5	7	16	26	25	15	5	**5.01**
16. BART									
	5	4	10	17	25	22	15	2	**4.82**
17. Bicycle									
	7	9	13	20	27	14	5	6	**4.18**
18. Car, whether you are the driver or a passenger									
	1	1	6	10	25	28	28	1	**5.56**

(END RANDOMIZE)

19. Thinking about places you visit or travel to in Berkeley, are there particular locations, areas, or neighborhoods that you feel unsafe in? **(OPEN ENDED, RESPONSES CODED INTO CATEGORIES)**

Downtown	18
West Berkeley	10
South Berkeley	9
Southside	8
Gilman	2
UC Berkeley	2
Berkeley Hills	1
Busy streets	5
Night time	3
More than one place	3
Homeless encampments	3
None	31
Other	7
Don't know	1
Refused	0

20INT. Please indicate how much you agree with each of the following statement.

	Strongly disagree					Strongly agree		(Don't know/ Refused)	Mean
SCALE:	1	2	3	4	5	6	7		

(RANDOMIZE)

20. I feel like I am welcomed by other members of the community when I am out and about in Berkeley.

	1	2	3	4	5	6	7		Mean
	4	3	7	20	24	25	16	0	**4.98**

21. I worry about being harassed by other Berkeley community members when I'm out and about in Berkeley.

	1	2	3	4	5	6	7		Mean
	21	19	13	13	16	8	9	1	**3.44**

22. I worry about being physically or verbally assaulted by other Berkeley community members when I'm out and about in Berkeley.

	1	2	3	4	5	6	7		Mean
	18	21	15	13	14	9	10	0	**3.52**

23. People drive safely in my neighborhood.

	1	2	3	4	5	6	7		Mean
	13	11	16	16	19	14	9	1	**3.99**

24. There are enough bus shelters, benches, and other safe places to rest or wait for the bus in my neighborhood.

	1	2	3	4	5	6	7		Mean
	14	9	15	21	18	13	8	3	**3.88**

EMC research

	Strongly disagree						Strongly agree	(Don't know/ Refused)	
SCALE:	**1**	**2**	**3**	**4**	**5**	**6**	**7**		**Mean**

25. The City of Berkeley should allocate more money for transportation improvements to lower-income neighborhoods and communities of color that have historically been underfunded.

	6	4	3	10	12	14	50	1	**5.65**

(END RANDOMIZE)

26. I'm now going to read you a statement about the Berkeley Police Department.

   The Berkeley Police Department currently has a wide range of responsibilities, including enforcing traffic and parking laws, investigating traffic collisions, and handling property crimes. The City of Berkeley is considering moving **some** of those responsibilities to other City departments to be handled by unarmed public employees instead of police officers.

   Do you support or oppose the idea of moving **some** police responsibilities to other City departments?

1 – Strongly oppose	9
2	3
3	4
4	7
5	10
6	15
7 – Strongly support	51
(Don't Know/Refused)	1
Mean	**5.58**

EMC research

27INT. For each of the following activities, please indicate how important you feel it is that a police officer be responsible for handling it.

SCALE:	Not important at all					Very important		(Don't know/ Refused)	Mean
	1	2	3	4	5	6	7		

(RANDOMIZE)

27. Enforcing parking regulations and issuing parking tickets

	51	18	11	7	6	3	5	0	**2.25**

28. Enforcing routine moving vehicle violations and issuing traffic tickets

	24	12	15	13	14	10	12	0	**3.61**

29. Responding to and investigating traffic collisions with pedestrians, bicyclists, or other drivers

	12	7	10	8	17	18	28	0	**4.78**

30. Enforcing bicycle and pedestrian regulations and issuing tickets

	35	20	13	11	9	3	8	0	**2.81**

31. Responding to and investigating property crimes, including car theft and vandalism

	7	4	5	10	17	19	38	0	**5.36**

(END RANDOMIZE)

32. The City of Berkeley is considering moving traffic enforcement responsibilities away from police officers, instead assigning these responsibilities to a specialized set of city employees who would not carry weapons or have the power to detain or arrest people. These employees would be trained and uniformed, and would conduct activities like issuing parking tickets, investigating collisions, enforcing traffic regulations, and conducting routine traffic stops.

Do you think this is a good idea or a bad idea?

1 – Very bad idea	7
2	5
3	5
4	8
5	13
6	17
7 – Very good idea	45
(Don't Know/Refused)	0
Mean	**5.46**

33.   Why do you say that? **(OPEN ENDED, RESPONSES CODED INTO CATEGORIES)**

Cops Not Needed/Don't Require Being Armed/Decreases Chances Of Escalation	37
More Serious Crime/Police Needed Elsewhere/Priority	19
Safety Concerns/Potential To Escalate/Inherent Risk/Dangerous	9
Should Be Law Enforcement/Necessary Authority	9
Alternative Solutions/Different Qualifications	8
(Addresses Issues) Use Of Force /Abuse of Power/Mental Health	7
Deescalates Tensions With Community/Address Racial Disparity In Law Enforcement	6
Won't Be Armed/Ineffective/Taken Serious	5
Agree With Some Of The Responsibilities Being Removed/Still Need Police Presence In some Cases	5
It Would Work/I Agree With/Help Where Needed	4
Feel Less Safe/Miss Potential Criminal Arrest	3
Already Qualified/Trained/Experienced	2
Eliminates Deterrents/Criminals Will Take Advantage	2
Need More Info/Details/Don't Know How It Would Work	2
More Bureaucracy/Don't Trust Government	1
Waste of Money/Unnecessary/Cost	1
Other	6
Not Sure/Don't Know/No Opinion	2
None/Nothing	0
Refused/N/A	5

EMC research

-9-

34INT. Please indicate how much you agree with each of the following statements.

	Strongly disagree						Strongly agree	(Don't know/ Refused)	Mean
SCALE:	1	2	3	4	5	6	7		

(RANDOMIZE)

34. Police enforcement of traffic laws makes me feel safer as I get around Berkeley.

	17	15	11	18	16	9	14	1	**3.85**

35. Fear of being stopped by the police impacts how I get around Berkeley.

	54	18	7	6	6	4	4	0	**2.21**

36. I am afraid I could be treated unfairly based on my race if I were stopped by a police officer in Berkeley.

	48	14	9	8	8	4	9	1	**2.59**

37. I am afraid I could be physically harmed if I were stopped by a police officer in Berkeley.

	43	19	11	8	8	6	5	0	**2.58**

38. Automated traffic enforcement technology like red light or speeding cameras are better and less biased than police officers making traffic stops.

	10	3	5	14	18	16	31	2	**5.05**

39. Having police officers making traffic stops can lead to unsafe or violent encounters for people of color, particularly Black people.

	8	5	5	11	17	14	39	2	**5.25**

40. People of color, particularly Black people, are more likely than others to be stopped by police at traffic stops in Berkeley.

	6	3	6	11	17	17	37	4	**5.36**

(END RANDOMIZE)

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Finally, I'd like to ask you a few questions for statistical purposes only. Your answers will remain anonymous.

41INT. Have you, anyone in your family, or both you and a member of family ever…

SCALE:	Yes, myself	Yes, someone else in my family	Yes, both myself and someone else in my family	No	(Don't know/ Refused)
41. Interacted with a Berkeley police officer					
	42	5	30	22	1
42. Interacted with City of Berkeley staff other than a police officer					
	42	4	27	26	0
43. Received a parking ticket in Berkeley					
	37	9	28	26	0
44. Been stopped by a Berkeley police officer					
	23	9	9	58	1
45. Been a victim of crime in Berkeley					
	28	8	20	42	1
46. Been involved in a traffic collision in Berkeley as a pedestrian, cyclist, or driver					
	21	10	8	61	0
47. Been discriminated against, harassed by, or assaulted by a person in the Berkeley community					
	24	5	14	54	3
48. Been discriminated against, harassed by, or assaulted by a Berkeley police officer					
	6	4	1	88	1
49. Been discriminated against, harassed by, or assaulted by a City of Berkeley employee other than a police officer					
	3	1	1	93	2

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-11-

50INT. Please indicate how often you <u>currently</u> use each of the following ways to get around Berkeley. If you're not sure, please take your best guess.

SCALE:	6 or 7 days a week	4 or 5 days a week	1 to 3 days a week	At least once a month	At least once every six months	At least once a year	Less often or never	(Don't Know/ Refused)
50. Walk								
	48	19	24	6	0	0	3	0
51. Use a mobility device such as a walker, wheelchair, or mobility scooter								
	3	1	1	1	0	1	91	1
52. Ride AC Transit								
	2	5	13	13	10	12	45	0
53. Ride BART								
	1	4	17	29	18	11	21	1
54. Ride a bicycle								
	9	9	14	10	5	4	49	0
55. Drive a vehicle								
	34	22	21	5	2	1	14	0
56. Ride in a vehicle driven by someone you know, like a friend or family member								
	8	7	37	22	7	3	16	0
57. Ride in a Lyft, Uber, or taxi								
	0	1	9	23	21	14	31	0
58. Use East Bay Paratransit or the City of Berkeley's Senior or Disabled Van Service								
	1	1	1	1	1	0	95	1

59.   Which of the following do you have or have access to? **(SELECT ALL THAT APPLY)**

          A Clipper card   84
          A working vehicle   81
          A working bicycle   56
          A ride hail account, like Lyft or Uber   73
          A car share account, like Gig or ZipCar   16
          A bike share account, like BayWheels or GoBike   10

60.   Do you…

          Own or are buying the home where you live   44
          Rent or lease   46
          Live with family   7
          Have another housing arrangement   1
          Do not have stable housing   0
          (Refused)   1

61.   Are there any individuals under the age of 18 living in your household?

          Yes   25
          No   75
          (Refused)   1

62.   What is the last grade you completed in school?

          Some grade school   1
          Some high school   2
          Graduated high school   6
          Technical or Vocational school   1
          Some college, including a 2-year degree or a certificate   19
          Graduated college or 4-year degree (BA, Bachelor)   34
          Graduate or Professional Degree (MA, Master's, PhD, MBA,
          Doctorate)   36
          (Don't Know/Refused)   1

63.   What is your sexual orientation?

          Straight or Heterosexual   77
          Gay or lesbian   4
          Bisexual   5
          Queer   4
          Questioning or unsure   1
          Another orientation (please specify: ___)   1
          (Refused)   7

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64. Do you consider yourself to be transgender?

Yes	2
No	94
(Refused)	4

65. What was your total household income in 2020?

Less than $50,000	24
$50,000-84,999	19
$85,000-149,99	19
$150K+	30
(Refused)	9

THANK YOU!

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Survey of City of Berkeley Residents Reimagining Policing Project

Initial Review of Results – 10/15/21

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Methodology

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▸ Hybrid email-to-web/live telephone survey of adult City of Berkeley residents

▸ Survey conducted September 20-28, 2021

▸ 630 total respondents

▸ Oversamples among Black and Latinx residents to reach 100 respondents

▸ Weighted n = 550; overall margin of error ±4.2 percentage points

▸ Interviews were conducted in English and Spanish by trained, professional interviewers; landlines and mobile phones included

Please note that due to rounding, some percentages may not add up to exactly 100%.

Preliminary Summary of Findings

▸ A majority of Berkeley residents feel that getting around the City is easy, but many have concerns about safety, particularly outside of personal vehicles.

▸ Most feel positively about safety infrastructure for bikes and pedestrians in Berkeley, but they are less satisfied with streets and roads. There is an appetite for allocating more transportation money to historically underfunded neighborhoods.

▸ While most feel welcome in the Berkeley community, about one third worry about being harassed or assaulted by community members.

▸ A majority are open to the idea of moving some responsibilities out of the police department to other city departments, particularly parking enforcement, bike/ped enforcement, and traffic enforcement. Support is consistent across racial groupings, and particularly strong among LGBTQ populations.

▸ Many believe police making traffic stops can lead to unsafe encounters, and that people of color are more likely to be stopped than others. These perceptions are present across racial groups.

▸ One in five worry about being harmed or treated unfairly during a stop. People of color, especially Black people, are particularly concerned about potential harm by police due to their race.

▸ Nearly half have been impacted (themselves or their family) by mistreatment by someone in the community, but many fewer have been mistreated by police or other city employees.

Statistical Information on Subgroups

Subgroup	Weighted Frequency	Unweighted n	Margin of Error
Men	48%	293	±5.7 percentage points
Women	50%	326	±5.4 percentage points
White	68%	419	±4.8 percentage points
Hispanic		100	±9.8 percentage points
Black		100	±9.8 percentage points
Asian	18%	77	±11.2 percentage points
Other	9%	59	±12.8 percentage points
POC	34%	225	±6.5 percentage points
Non-POC	66%	405	±4.9 percentage points
LGBTQ	16%	92	±10.2 percentage points
Non-LGBTQ	84%	538	±4.2 percentage points

Transportation and Infrastructure Ratings

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	Excellent	Good	(Don't Know)	Only fair	Poor	Total Pos.	Total Neg.	Net Pos.
The Healthy Streets program, where some streets have been temporarily altered to encourage walking and biking over driving	15%	39%	6%	26%	13%	54%	39%	+15
The bicycle infrastructure in Berkeley, such as bike lanes and paths, bike parking, bike signals, and bicycle boulevards	13%	43%	4%	29%	12%	55%	41%	+14
The street traffic safety features in Berkeley, such as traffic signals, electronic speed signs, flashing pedestrian lights, and pedestrian signals	10%	49%		28%	12%	60%	40%	+20
The pedestrian infrastructure in Berkeley, such as sidewalks, crosswalks, and street lighting	9%	47%		31%	13%	56%	44%	+13
The streets and roads in Berkeley	3%	28%		40%	29%	31%	69%	-38

Q6-Q12. I'm going to read you a list about different aspects of transportation around Berkeley. After each one, please tell me whether you'd rate that aspect as poor, only fair, good, or excellent.

Transportation Ease and Safety Ratings

■ Excellent ■ Good ■ (Don't Know) ■ Only fair ■ Poor

	Total Pos.	Total Neg.	Net Pos.
The ease of getting around Berkeley — Excellent 10%, Good 50%, Only fair 29%, Poor 11%	60%	40%	+20
The safety of getting around Berkeley — Excellent 5%, Good 46%, Only fair 34%, Poor 15%	51%	49%	+2

Q6-Q12. I'm going to read you a list about different aspects of transportation around Berkeley. After each one, please tell me whether you'd rate that aspect as poor, only fair, good, or excellent.

21-8226 Berkeley Residents Survey DRAFT | 6

Ease of Transportation - Subgroups

How would you rate the ease of getting around Berkeley?

	Excellent/ Good	(Don't know/ Refused)	Only fair/ Poor	Net Pos.
Overall	60%		40%	+20
Men (48%)	65%		35%	+30
Women (50%)	55%		45%	+11
White (68%)	59%		40%	+19
Hispanic (13%)	66%		34%	+32
Black (9%)	58%		41%	+18
Asian (18%)	66%		34%	+32
Other (9%)	58%		42%	+17
POC (34%)	63%		37%	+27
Non-POC (66%)	58%		42%	+17
LGBTQ (16%)	64%		35%	+29
Non-LGBTQ (84%)	59%		41%	+18

Q6. How would you rate the ease of getting around Berkeley on a scale of poor, only fair, good, or excellent?

21-8226 Berkeley Residents Survey DRAFT | 7

Safety of Transportation - Subgroups

How would you rate the safety of getting around Berkeley?

	■ Excellent/ Good	■ (Don't know/ Refused)	■ Only fair/ Poor	**Net Pos.**
Overall	51%		49%	**+2**
Men (48%)	57%		43%	**+14**
Women (50%)	45%		55%	**-10**
White (68%)	53%		47%	**+6**
Hispanic (13%)	53%		47%	**+7**
Black (9%)	51%		48%	**+3**
Asian (18%)	42%		58%	**-16**
Other (9%)	48%		51%	**-3**
POC (34%)	46%		53%	**-6**
Non-POC/(Ref) (66%)	53%		47%	**+6**
LGBTQ (16%)	55%		45%	**+10**
Non-LGBTQ (84%)	50%		50%	**+0**

Q7. How would you rate the safety of getting around Berkeley on a scale of poor, only fair, good, or excellent?

21-8226 Berkeley Residents Survey **DRAFT** | 8

Transportation Challenges

Traffic — 13%
Condition of roads/Potholes — 9%
Poor bus/BART transportation — 8%
Parking — 8%
Drivers/Pedestrians/Bikers — 8%
Homeless/Drugs/Crime — 7%
Safety for Bikers/Pedestrians — 7%
Crosswalks/Intersections — 7%
Poor public transportation options — 5%
Construction/Blocked access — 4%
Poor infrastructure — 4%
Poor bike lanes — 4%
Sidewalk condition — 2%

None/Nothing — 7%
Other — 6%
Not Sure/Refused — 3%

Q13. What are the biggest challenges you and/or your family face in getting around Berkeley? (Open ended, multiple responses accepted)

Transportation Safety Perceptions

Legend: ■ 7 - Very safe ■ 5-6 ■ 4/(Don't Know) ■ 2-3 ■ 1 - Very unsafe **Mean**

Transportation method	7 - Very safe	5-6	4/(Don't Know)	2-3	1 - Very unsafe	Mean
In a car	28%	54%	10%	7%	1%	**5.56**
On AC Transit	15%	50%	21%	11%	3%	**5.01**
On BART	15%	47%	20%	14%	5%	**4.82**
On foot or using a mobility device such as a walker or wheelchair	10%	42%	20%	21%	6%	**4.49**
On a bicycle	5%	41%	25%	22%	7%	**4.18**
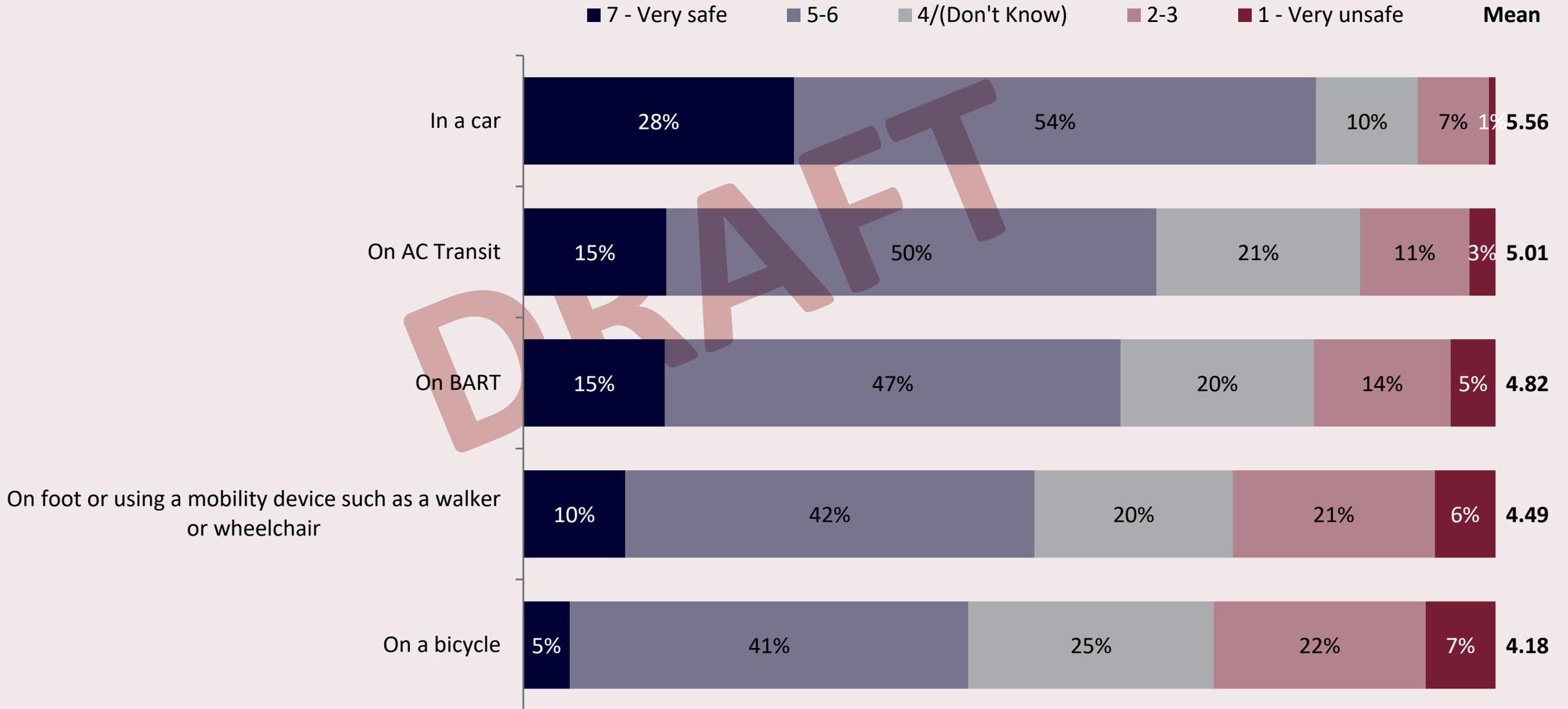
Q14-Q18. I'm going to read you a list of transportation methods to get around Berkeley. For each one, please rate how safe you feel traveling around Berkeley using that transportation method.

Areas Where You Feel Unsafe

Are there particular locations, areas, or neighborhoods that you feel unsafe in?	%
Downtown	18
West Berkeley	10
South Berkeley	9
Southside	8
Gilman	2
UC Berkeley	2
Berkeley H...	1
Busy stree...	5
Night time	3
More than one place	3
Homeless encampments	3
None	31
Other	7
Don't know	1

Q19. Thinking about places you visit or travel to in Berkeley, are there particular locations, areas, or neighborhoods that you feel unsafe in?
Note: this was an open-ended question.

Perceptions of Community Accessibility and Equity

Legend: 7 - Strongly agree | 5-6 | 4/(Don't Know) | 2-3 | 1 - Strongly disagree | **Mean**

Statement	7 - Strongly agree	5-6	4/(Don't Know)	2-3	1 - Strongly disagree	Mean
The City of Berkeley should allocate more money for transportation improvements to lower-income neighborhoods and communities of color that have historically been underfunded	50%	26%	11%	7%	6%	**5.65**
People drive safely in my neighborhood	9%	34%	17%	27%	13%	**3.99**
There are enough bus shelters, benches, and other safe places to rest or wait for the bus in my neighborhood	8%	30%	24%	24%	14%	**3.88**

Q20-Q25. I'm going to read you a list of statements. For each one, please tell me whether you agree or disagree.
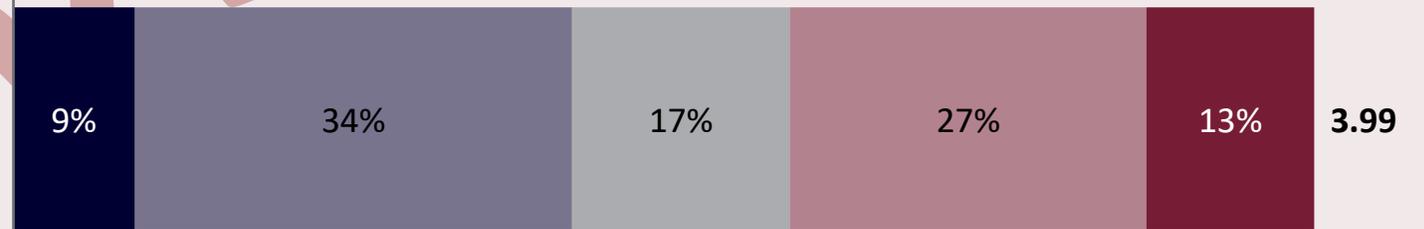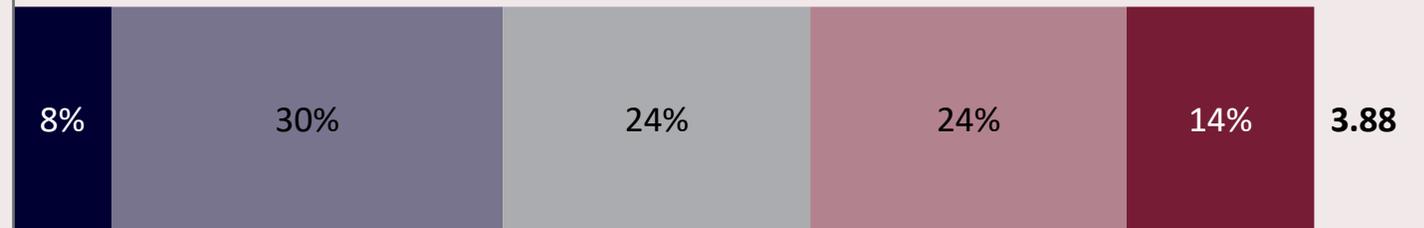
Transportation Allocation by Subgroups

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The City of Berkeley should allocate more money for transportation improvements to lower-income neighborhoods and communities of color that have historically been underfunded.

■ Agree (5-7)　　■ 4/(Don't Know)　　■ Disagree (1-3)　　　Mean

	Agree (5-7)	4/(Don't Know)	Disagree (1-3)	Mean
Overall	76%	11%	13%	**5.65**
Male (48%)	73%	13%	14%	**5.51**
Female (50%)	79%	10%	11%	**5.76**
White (68%)	76%	12%	12%	**5.66**
Hispanic (13%)	78%	13%	9%	**5.79**
Black (9%)	85%	7%	9%	**6.07**
Asian (18%)	80%	6%	14%	**5.69**
Other (9%)	80%	3%	17%	**5.70**
POC (34%)	80%	6%	14%	**5.78**
Not POC (66%)	74%	14%	12%	**5.59**
LGBTQ (16%)	86%	7%	7%	**6.20**
Not LGBTQ (84%)	74%	12%	14%	**5.54**

Q25. Using a scale from 1 to 7, do you agree or disagree with this statement?　　　　21-8226 Berkeley Residents Survey **DRAFT** | 13
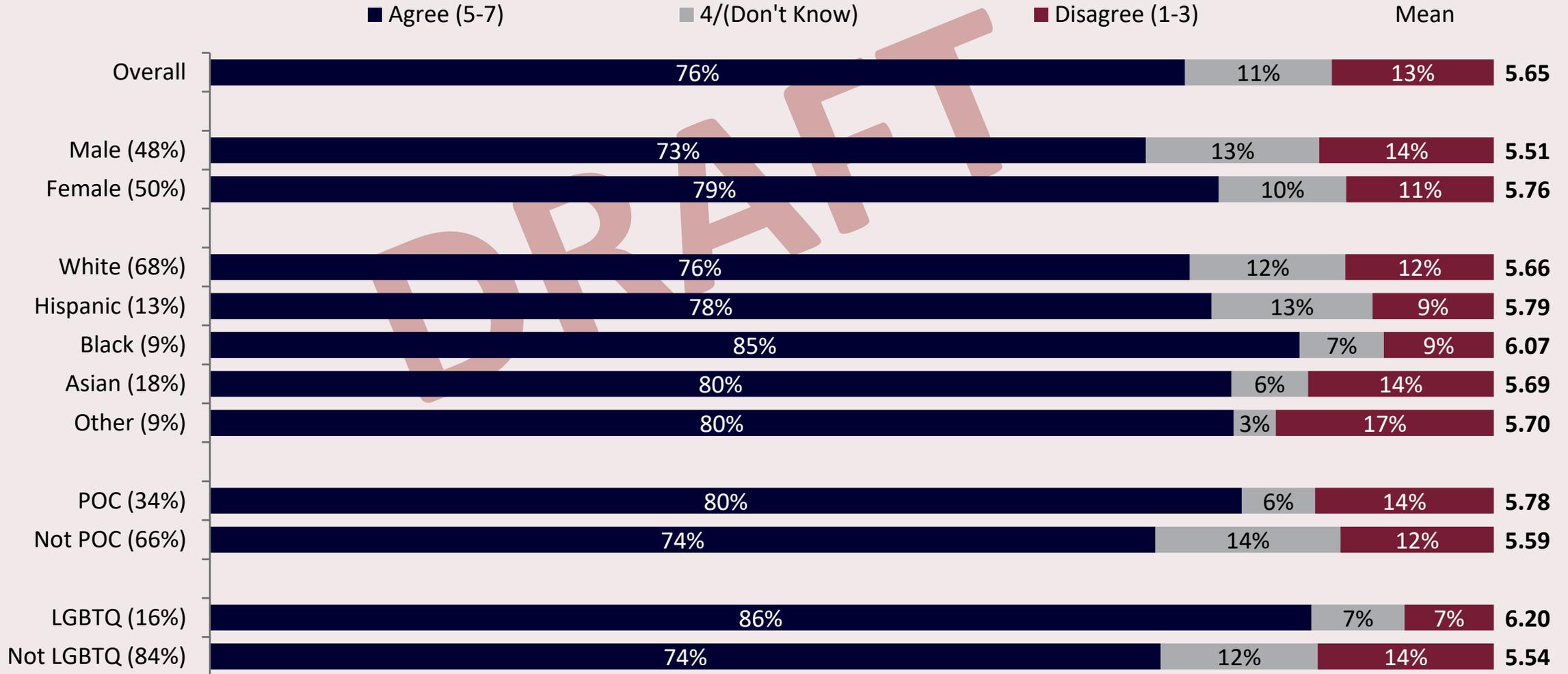
Perceptions of Community Interactions

Q20-Q25. I'm going to read you a list of statements. For each one, please tell me whether you agree or disagree.

Worry About Harassment by Community - Subgroups

I worry about being harassed by other Berkeley community members when I'm out and about in Berkeley.

Legend: ■ Agree (5-7)   ■ 4/(Don't Know)   ■ Disagree (1-3)   Mean

Subgroup	Agree (5-7)	4/(Don't Know)	Disagree (1-3)	Mean
Overall	33%	14%	53%	**3.44**
Male (48%)	27%	12%	62%	**3.10**
Female (50%)	40%	14%	46%	**3.76**
White (68%)	32%	12%	56%	**3.33**
Hispanic (13%)	39%	12%	50%	**3.70**
Black (9%)	35%	9%	56%	**3.39**
Asian (18%)	39%	20%	41%	**3.80**
Other (9%)	33%	15%	53%	**3.46**
POC (34%)	36%	17%	48%	**3.62**
Not POC (66%)	32%	12%	56%	**3.35**
LGBTQ (16%)	32%	20%	48%	**3.51**
Not LGBTQ (84%)	33%	12%	54%	**3.43**

DRAFT

Q21. Using a scale from 1 to 7, do you agree or disagree with this statement?

21-8226 Berkeley Residents Survey **DRAFT** | 15
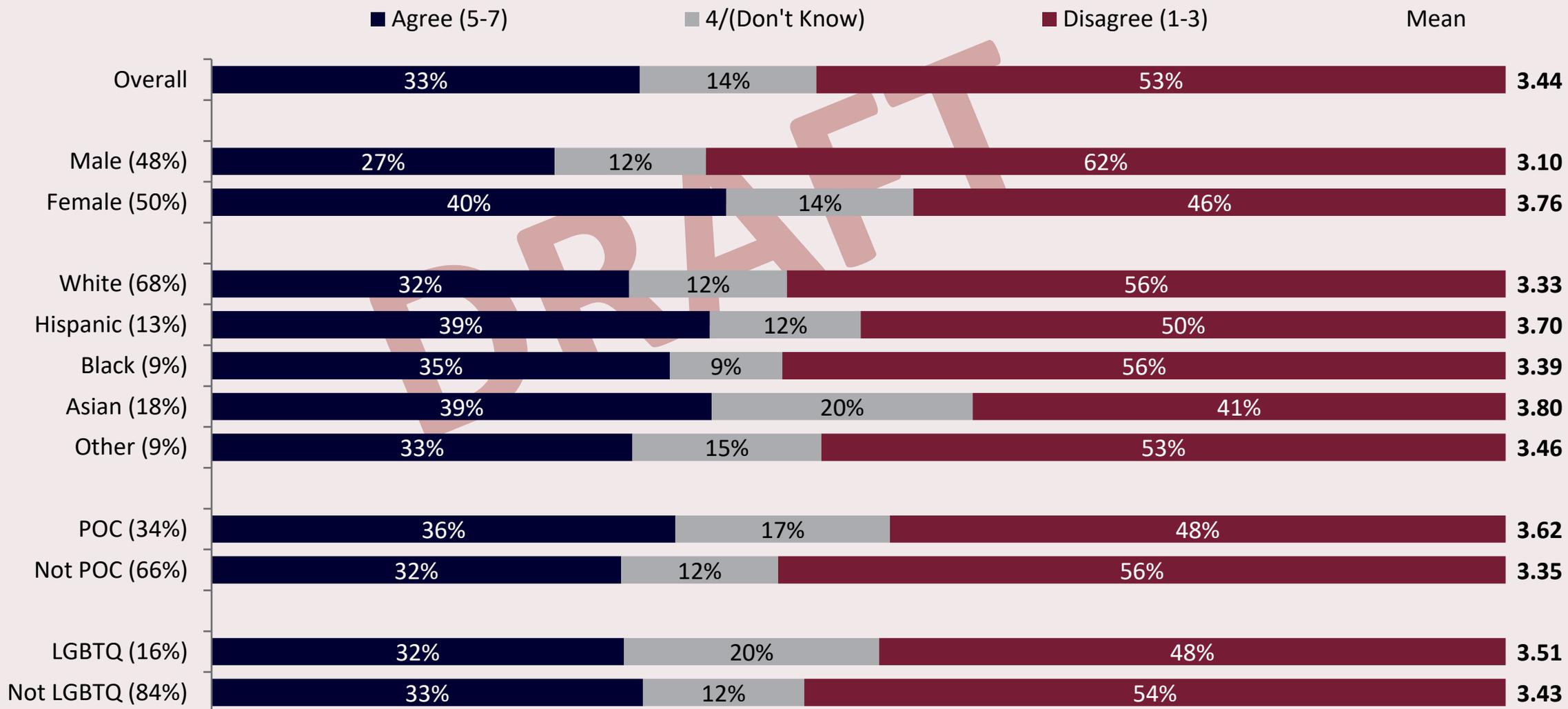
Worry About Assault by Community - Subgroups

I worry about being physically or verbally assaulted by other Berkeley community members when I'm out and about in Berkeley.

■ Agree (5-7) ■ 4/(Don't Know) ■ Disagree (1-3) Mean

Subgroup	Agree (5-7)	4/(Don't Know)	Disagree (1-3)	Mean
Overall	33%	13%	53%	3.52
Male (48%)	24%	14%	62%	3.20
Female (50%)	42%	12%	45%	3.81
White (68%)	30%	14%	56%	3.37
Hispanic (13%)	40%	6%	54%	3.53
Black (9%)	28%	11%	62%	3.25
Asian (18%)	42%	13%	45%	3.94
Other (9%)	37%	14%	49%	3.67
POC (34%)	37%	12%	50%	3.72
Not POC (66%)	31%	14%	55%	3.41
LGBTQ (16%)	31%	17%	52%	3.57
Not LGBTQ (84%)	34%	12%	54%	3.51

Q22. Using a scale from 1 to 7, do you agree or disagree with this statement?

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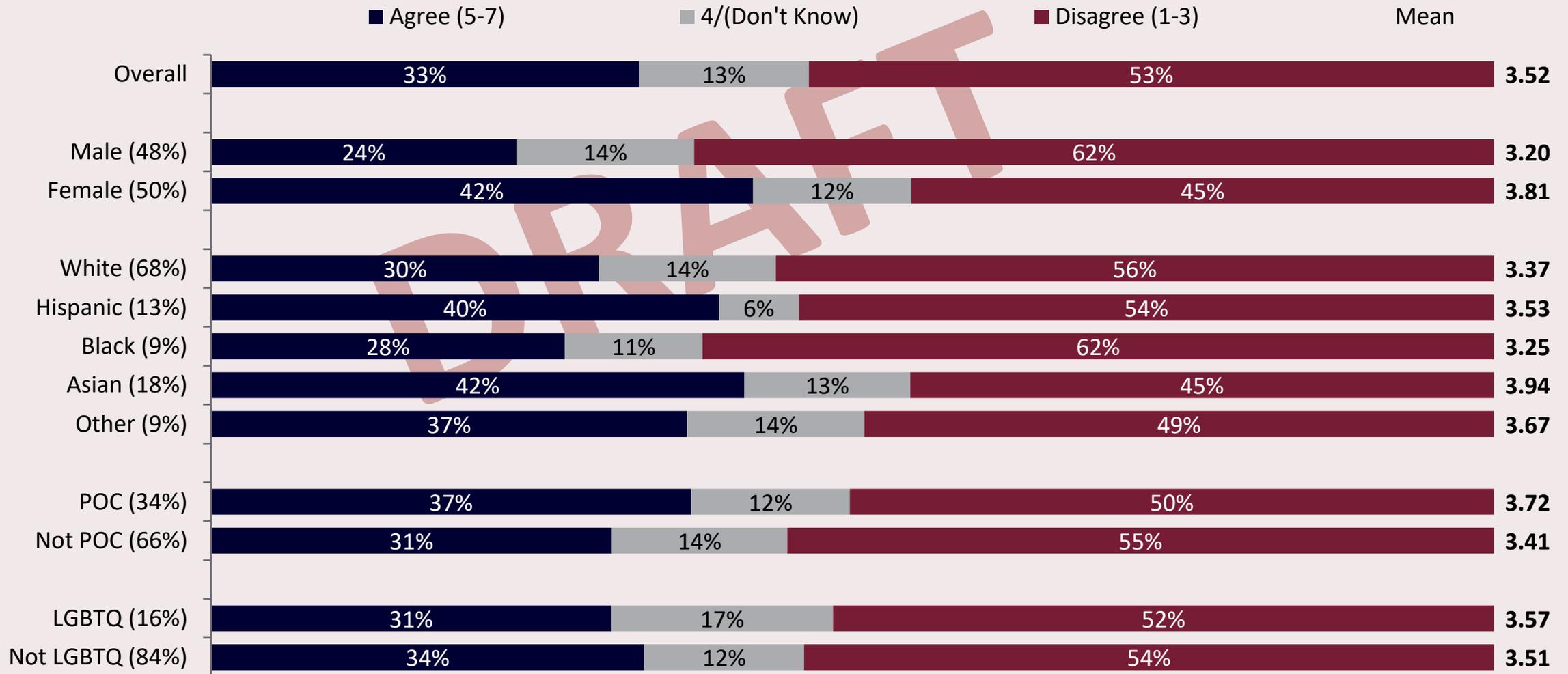
Support for Moving Police Responsibilities

The Berkeley Police Department currently has a wide range of responsibilities, including enforcing traffic and parking laws, investigating traffic collisions, and handling property crimes. The City of Berkeley is considering moving **some** of those responsibilities to other City departments to be handled by unarmed public employees instead of police officers.

■ 7 - Strongly support ■ 5-6 ■ 4/(Don't Know) ■ 2-3 ■ 1 - Strongly oppose **Mean**

	7 - Strongly support	5-6	4/(Don't Know)	2-3	1 - Strongly oppose	Mean
Overall	51%	25%	8%	7%	9%	**5.58**

Q26. I do you support or oppose the idea of moving some police responsibilities to other City departments?

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Support for Moving Police Responsibilities - Subgroups

	Support (5-7)	4/(Don't Know)	Oppose (1-3)	Mean
Overall	76%	8%	16%	5.58
Male (48%)	77%	7%	16%	5.65
Female (50%)	75%	9%	16%	5.53
White (68%)	78%	8%	15%	5.70
Hispanic (13%)	80%	5%	15%	5.68
Black (9%)	78%	10%	12%	5.67
Asian (18%)	78%	6%	16%	5.57
Other (9%)	70%	8%	22%	5.14
POC (34%)	75%	8%	17%	5.47
Not POC (66%)	76%	8%	15%	5.64
LGBTQ (16%)	88%	4%	9%	6.29
Not LGBTQ (84%)	74%	9%	17%	5.45

Q26. Do you support or oppose the idea of moving some police responsibilities to other City departments?
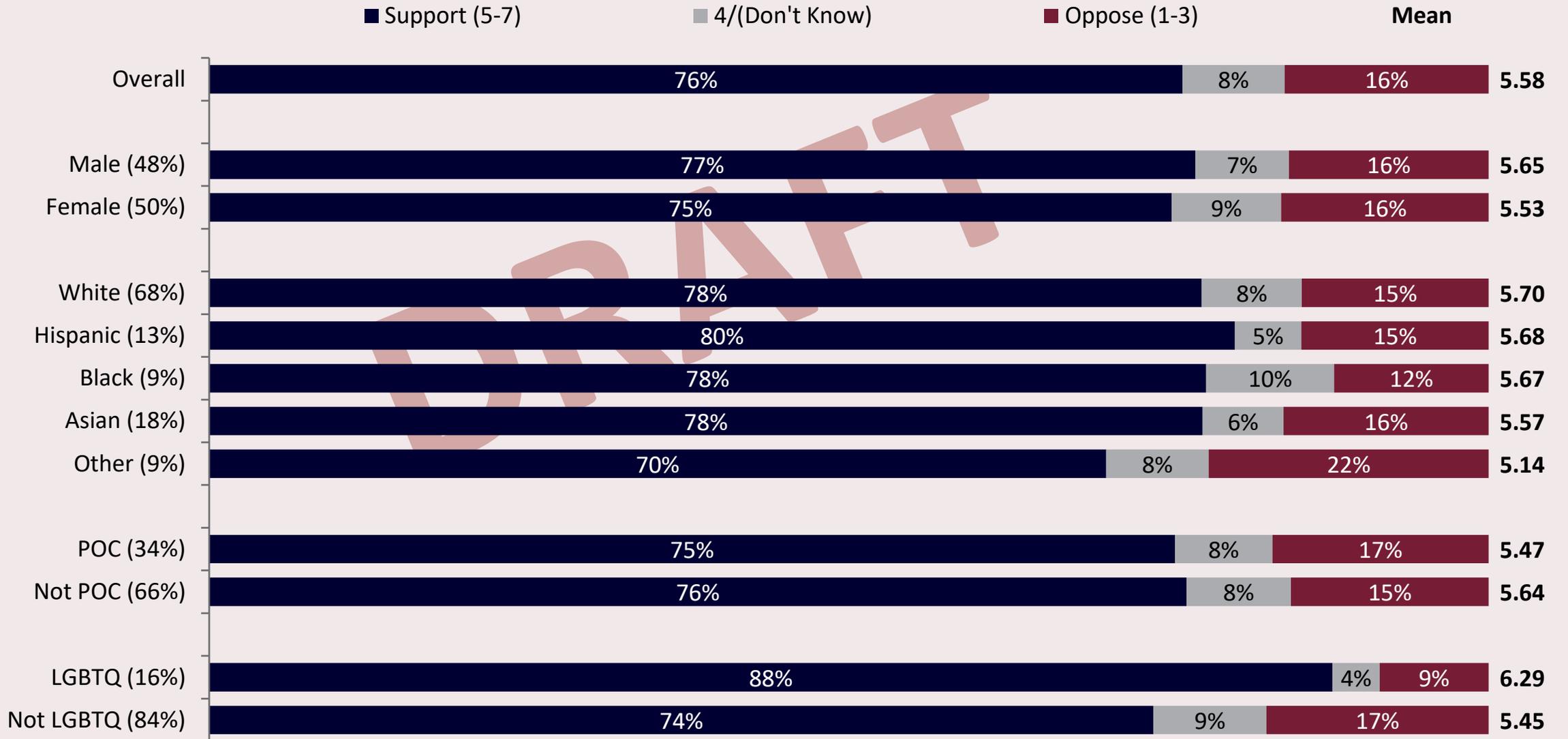
Importance of Police Handling

■ 7 - Very important   ■ 5-6   ■ 4/(Don't Know)   ■ 2-3   ■ 1 - Not important at all   **Mean**

Activity	7 - Very important	5-6	4/(Don't Know)	2-3	1 - Not important at all	Mean
Responding to and investigating property crimes, including car theft and vandalism	38%	37%	10%	9%	7%	**5.36**
Responding to and investigating traffic collisions with pedestrians, bicyclists, or other drivers	28%	35%	8%	17%	12%	**4.78**
Enforcing routine moving vehicle violations and issuing traffic tickets	12%	24%	13%	27%	24%	**3.61**
Enforcing bicycle and pedestrian regulations and issuing tickets	8%	13%	11%	33%	35%	**2.81**
Enforcing parking regulations and issuing parking tickets	5%	9%	7%	28%	51%	**2.25**

Q27-Q31. I'm going to read you a list of activities that a police officer could be responsible for handling. After each one, please tell me how important you think it is for a police officer to handle that situation.

Support for Moving Traffic Enforcement Away from Police

The City of Berkeley is considering moving traffic enforcement responsibilities away from police officers, instead assigning these responsibilities to a specialized set of city employees who would not carry weapons or have the power to detain or arrest people. These employees would be trained and uniformed, and would conduct activities like issuing parking tickets, investigating collisions, enforcing traffic regulations, and conducting routine traffic stops.

Legend: ■ 7 - Very good idea ■ 5-6 ■ 4/(Don't Know) ■ 2-3 ■ 1 - Very bad idea **Mean**

	7 - Very good idea	5-6	4/(Don't Know)	2-3	1 - Very bad idea	Mean
Overall	45%	30%	8%	9%	7%	**5.46**

Q32. Using a scale of 1 to 7, how would you rate this idea?
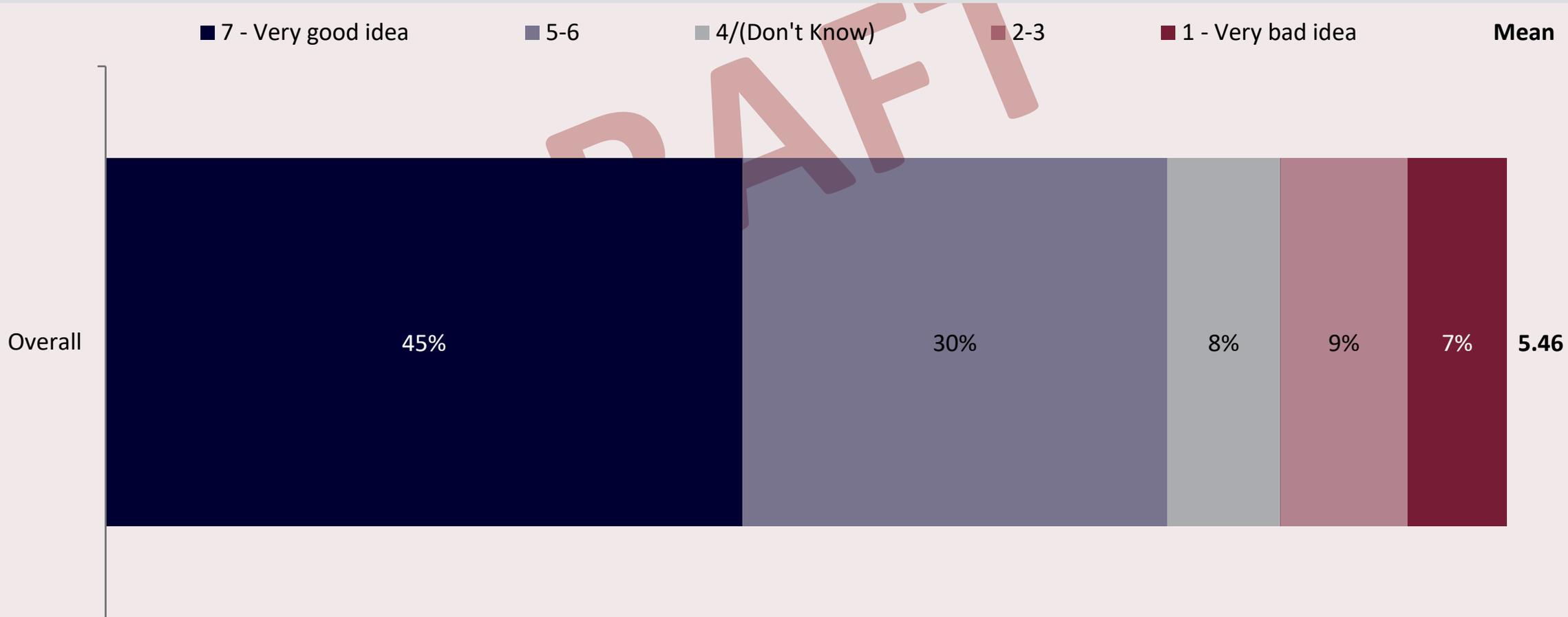
Support for Moving Traffic Enforcement Away from Police - Subgroups

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■ Good idea (5-7) ■ 4/(Don't Know) ■ Bad idea (1-3) **Mean**

Subgroup	Good idea (5-7)	4/(Don't Know)	Bad idea (1-3)	Mean
Overall	75%	8%	17%	**5.46**
Male (48%)	74%	9%	18%	**5.41**
Female (50%)	75%	8%	16%	**5.47**
White (68%)	77%	7%	16%	**5.52**
Hispanic (13%)	76%	5%	19%	**5.45**
Black (9%)	70%	9%	21%	**5.28**
Asian (18%)	74%	10%	16%	**5.50**
Other (9%)	70%	6%	24%	**5.07**
POC (34%)	71%	9%	19%	**5.33**
Not POC (66%)	77%	8%	16%	**5.53**
LGBTQ (16%)	92%	2%	7%	**6.35**
Not LGBTQ (84%)	72%	10%	19%	**5.29**

Q32. Using a scale of 1 to 7, how would you rate this idea?

Reasons for Support for Moving Traffic Enforcement Away from Police

Why do you feel moving traffic enforcement responsibilities away from police officers is a good or bad idea?	%
Cops Not Needed/Don't Require Being Armed/Decreases Chances Of Escalation	37%
More Serious Crime/Police Needed Elsewhere/Priority	19%
Safety Concerns/Potential To Escalate/Inherent Risk/Dangerous	9%
Should Be Law Enforcement/Necessary Authority	9%
Alternative Solutions/Different Qualifications	8%
(Addresses Issues) Use Of Force /Abuse of Power/Mental Health	7%
Deescalates Tensions With Community/Address Racial Disparity In Law Enforcement	6%
Won't Be Armed/Ineffective/Taken Serious	5%
Agree With Some Of The Responsibilities Being Removed/Still Need Police Presence In some Cases	5%
It Would Work/I Agree With/Help Where Needed	4%
Feel Less Safe/Miss Potential Criminal Arrest	3%
Already Qualified/Trained/Experienced	2%
Eliminates Deterrents/Criminals Will Take Advantage	2%
Need More Info/Details/Don't Know How It Would Work	2%
More Bureaucracy/Don't Trust Government	1%
Waste of Money/Unnecessary/Cost	1%
Other	6%
Not Sure/None/Refused	7%

Q33. The City of Berkeley is considering moving traffic enforcement responsibilities away from police officers... Why do you say this is a good idea or a bad idea? (Open ended)

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Perceptions of Policing

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CITY OF BERKELEY

■ 7 - Strongly agree ■ 5-6 ■ 4/(Don't Know) ■ 2-3 ■ 1 - Strongly disagree   **Mean**

Having police officers making traffic stops can lead to unsafe or violent encounters for people of color, particularly Black people
| 39% | 31% | 12% | 10% | 8% | **5.25** |

People of color, particularly Black people, are more likely than others to be stopped by police at traffic stops in Berkeley
| 37% | 34% | 15% | 9% | 6% | **5.36** |

Automated traffic enforcement technology like red light or speeding cameras are better and less biased than police officers making traffic stops
| 31% | 34% | 16% | 8% | 10% | **5.05** |

Q34-Q40. I'm going to read you another list of statements. For each one, please tell me whether you agree or disagree.

Perceptions of Policing, continued
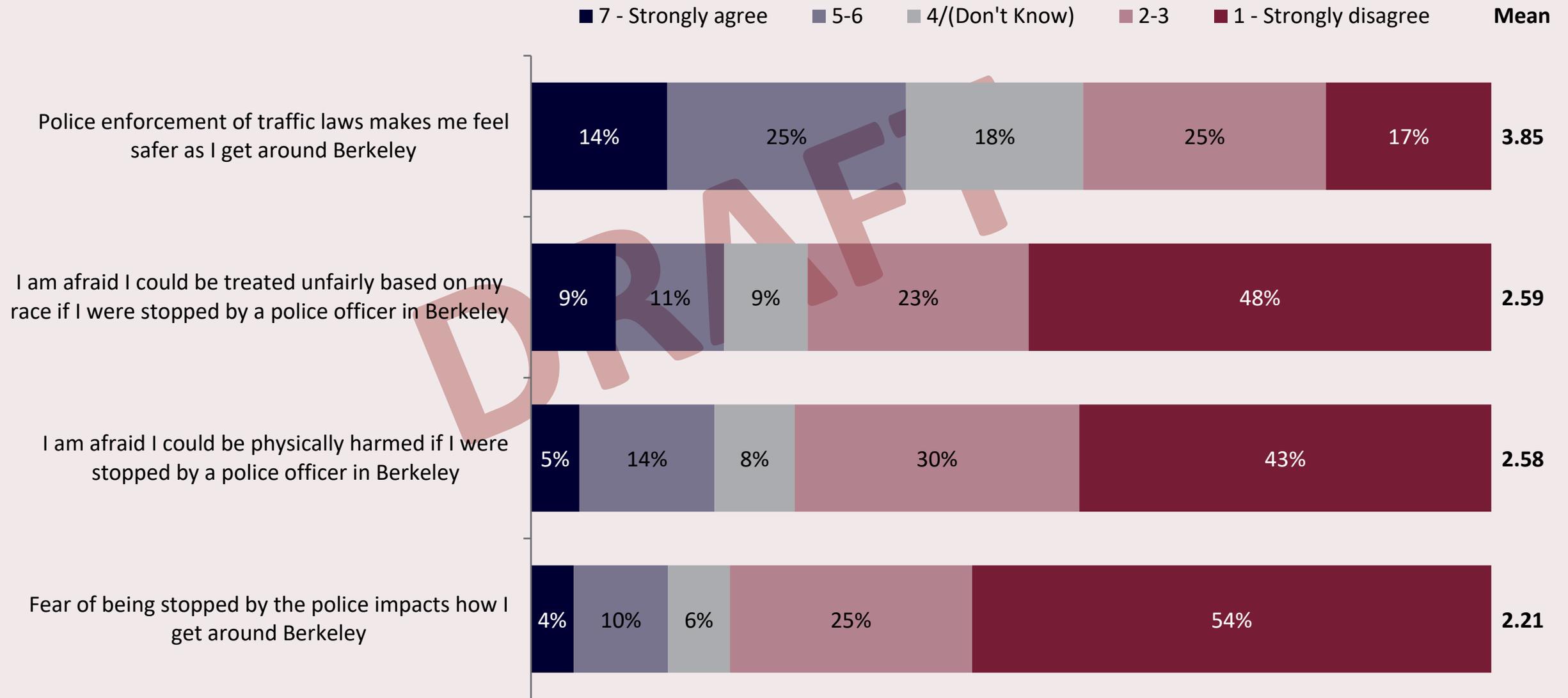
	7 - Strongly agree	5-6	4/(Don't Know)	2-3	1 - Strongly disagree	Mean
Police enforcement of traffic laws makes me feel safer as I get around Berkeley	14%	25%	18%	25%	17%	**3.85**
I am afraid I could be treated unfairly based on my race if I were stopped by a police officer in Berkeley	9%	11%	9%	23%	48%	**2.59**
I am afraid I could be physically harmed if I were stopped by a police officer in Berkeley	5%	14%	8%	30%	43%	**2.58**
Fear of being stopped by the police impacts how I get around Berkeley	4%	10%	6%	25%	54%	**2.21**

Q34-Q40. I'm going to read you another list of statements. For each one, please tell me whether you agree or disagree.

Police Making Traffic Stops Leads to Unsafe Encounters - Subgroups

Having police officers making traffic stops can lead to unsafe or violent encounters for people of color, particularly Black people.

■ Agree (5-7)　　■ 4/(Don't Know)　　■ Disagree (1-3)　　**Mean**

Subgroup	Agree (5-7)	4/(Don't Know)	Disagree (1-3)	Mean
Overall	69%	12%	18%	5.25
Male (48%)	68%	13%	19%	5.13
Female (50%)	70%	13%	17%	5.34
White (68%)	70%	12%	18%	5.26
Hispanic (13%)	66%	17%	17%	5.18
Black (9%)	71%	8%	21%	5.30
Asian (18%)	64%	16%	20%	5.13
Other (9%)	71%	14%	15%	5.26
POC (34%)	68%	14%	18%	5.23
Not POC (66%)	70%	12%	18%	5.26
LGBTQ (16%)	87%	10%	3%	6.34
Not LGBTQ (84%)	66%	13%	21%	5.03

Q39. Using a scale from 1 to 7, do you agree or disagree with this statement?　　21-8226 Berkeley Residents Survey **DRAFT** | 25
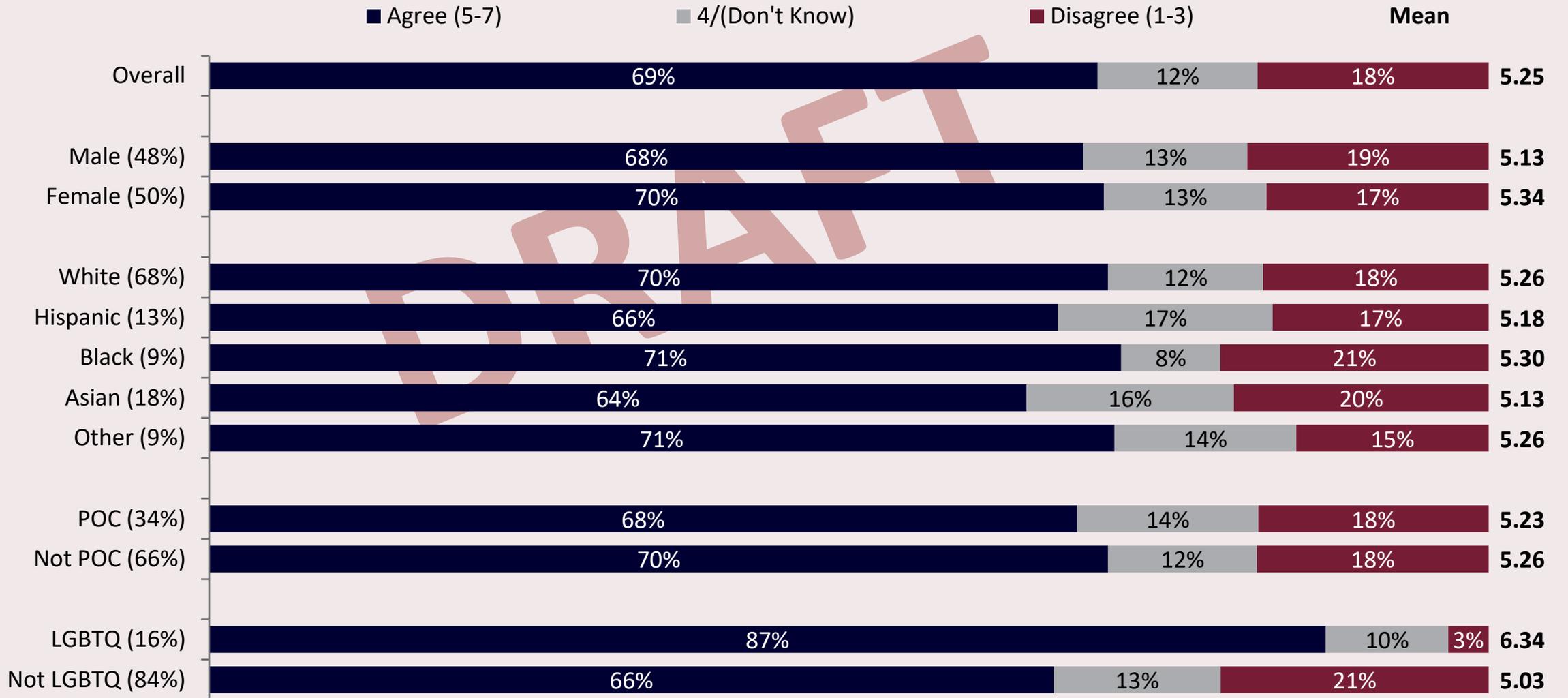
POC More Likely to Be Stopped - Subgroups

People of color, particularly Black people, are more likely than others to be stopped by police at traffic stops in Berkeley.

■ Agree (5-7)   ■ 4/(Don't Know)   ■ Disagree (1-3)   **Mean**

Subgroup	Agree (5-7)	4/(Don't Know)	Disagree (1-3)	Mean
Overall	71%	15%	15%	5.36
Male (48%)	68%	16%	16%	5.21
Female (50%)	74%	13%	13%	5.51
White (68%)	70%	14%	15%	5.38
Hispanic (13%)	75%	15%	10%	5.42
Black (9%)	84%	9%	7%	5.86
Asian (18%)	67%	18%	15%	5.17
Other (9%)	78%	10%	12%	5.49
POC (34%)	73%	14%	13%	5.40
Not POC (66%)	69%	15%	16%	5.34
LGBTQ (16%)	82%	13%	6%	6.11
Not LGBTQ (84%)	68%	15%	17%	5.21

Q40. Using a scale from 1 to 7, do you agree or disagree with this statement?

21-8226 Berkeley Residents Survey DRAFT | 26
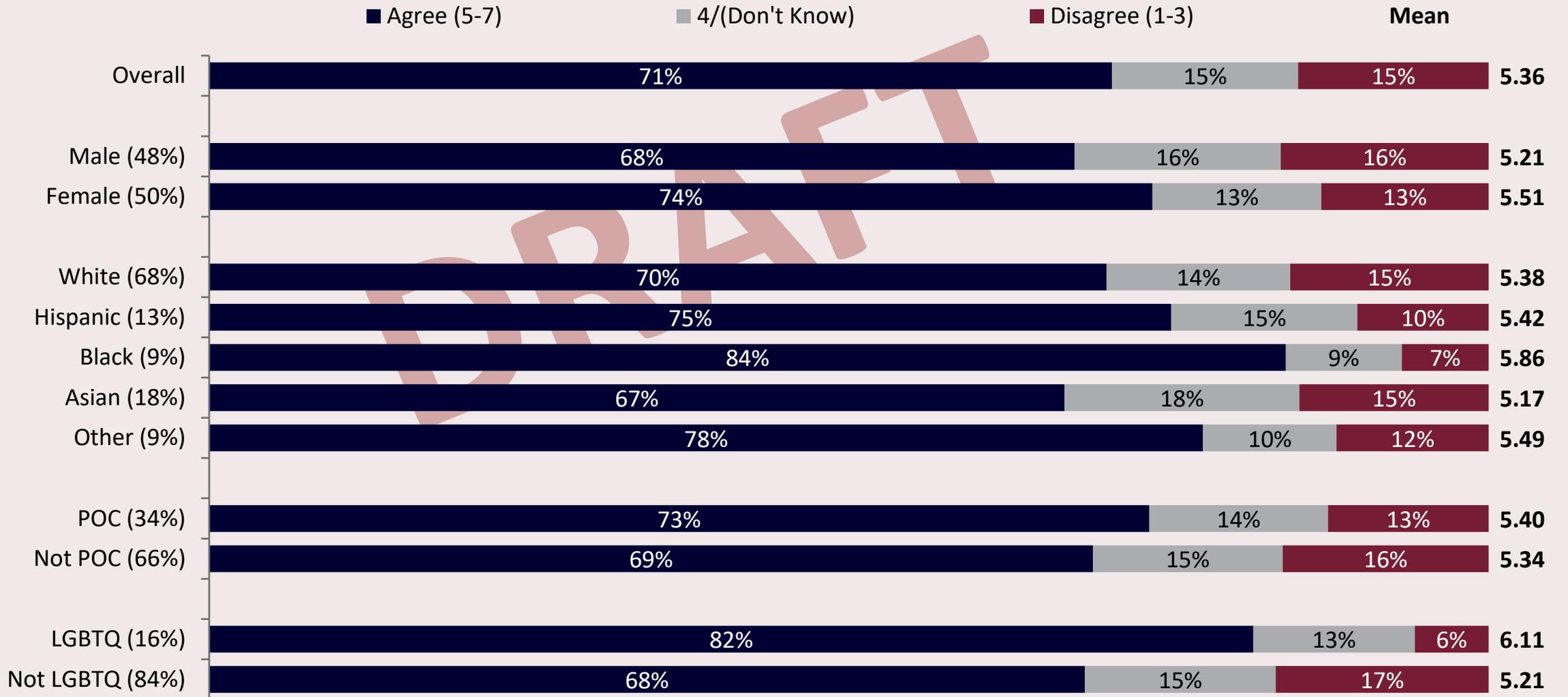
Fear of Unfair Treatment Based on Race - Subgroups

I am afraid I could be treated unfairly based on my race if I were stopped by a police officer in Berkeley.

■ Agree (5-7)　　■ 4/(Don't Know)　　■ Disagree (1-3)　　　　**Mean**

Subgroup	Agree	4/DK	Disagree	Mean
Overall	20%	9%	71%	**2.59**
Male (48%)	20%	8%	72%	**2.58**
Female (50%)	20%	10%	70%	**2.58**
White (68%)	12%	6%	82%	**2.07**
Hispanic (13%)	38%	16%	46%	**3.61**
Black (9%)	54%	5%	41%	**4.27**
Asian (18%)	28%	13%	60%	**3.24**
Other (9%)	38%	20%	42%	**3.75**
POC (34%)	36%	13%	51%	**3.58**
Not POC (66%)	12%	6%	82%	**2.07**
LGBTQ (16%)	25%	14%	61%	**2.98**
Not LGBTQ (84%)	19%	8%	73%	**2.51**

Q36. Using a scale from 1 to 7, do you agree or disagree with this statement?

21-8226 Berkeley Residents Survey DRAFT | 27
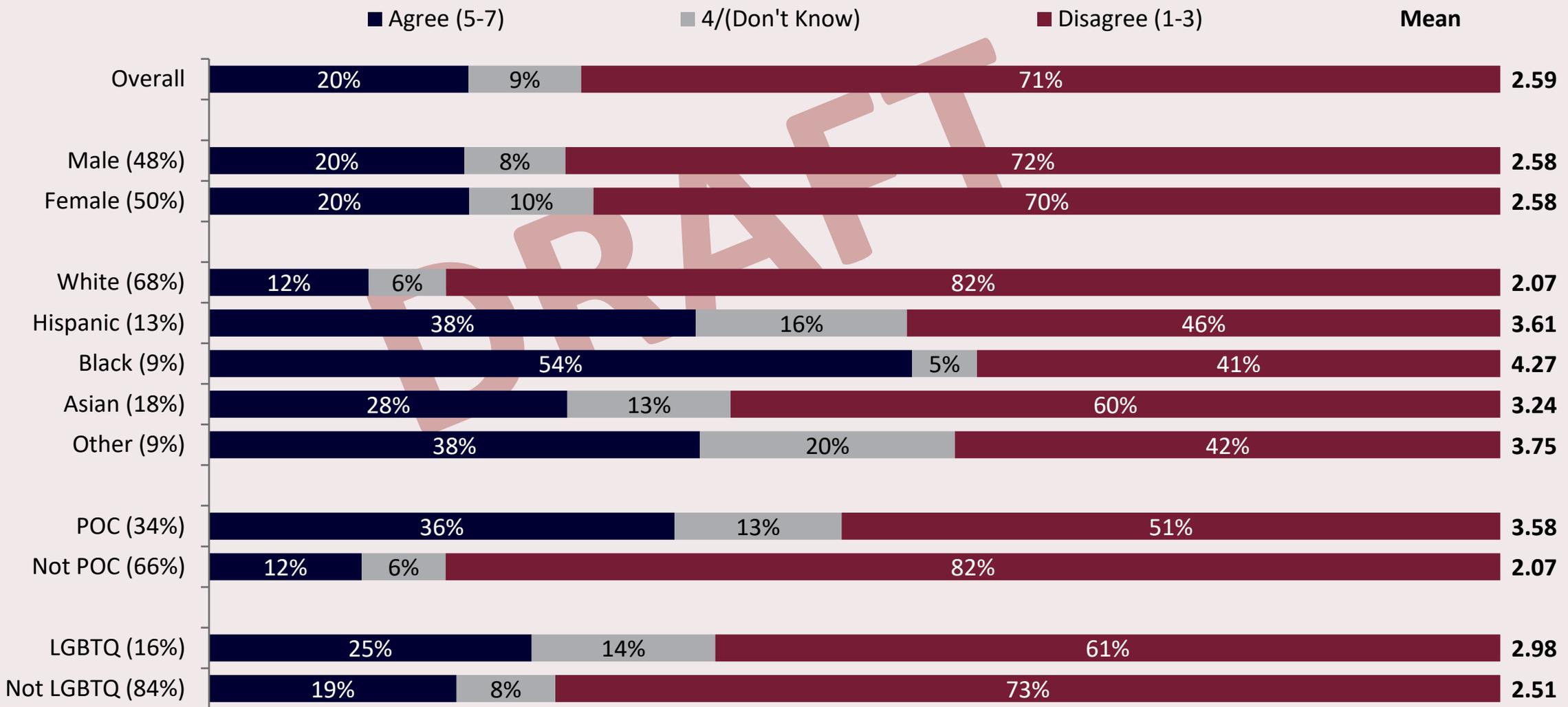
Fear of Physical Harm by Police - Subgroups

I am afraid I could be physically harmed if I were stopped by a police officer in Berkeley.

■ Agree (5-7)   ■ 4/(Don't Know)   ■ Disagree (1-3)   **Mean**

Subgroup	Agree (5-7)	4/(Don't Know)	Disagree (1-3)	Mean
Overall	19%	8%	73%	**2.58**
Male (48%)	21%	9%	70%	**2.70**
Female (50%)	17%	7%	76%	**2.41**
White (68%)	16%	8%	76%	**2.38**
Hispanic (13%)	29%	14%	57%	**3.14**
Black (9%)	36%	13%	51%	**3.45**
Asian (18%)	17%	9%	74%	**2.64**
Other (9%)	30%	11%	59%	**3.20**
POC (34%)	24%	10%	65%	**2.96**
Not POC (66%)	16%	7%	76%	**2.37**
LGBTQ (16%)	32%	17%	51%	**3.52**
Not LGBTQ (84%)	17%	7%	77%	**2.39**

Q37. Using a scale from 1 to 7, do you agree or disagree with this statement?

21-8226 Berkeley Residents Survey **DRAFT** | 28
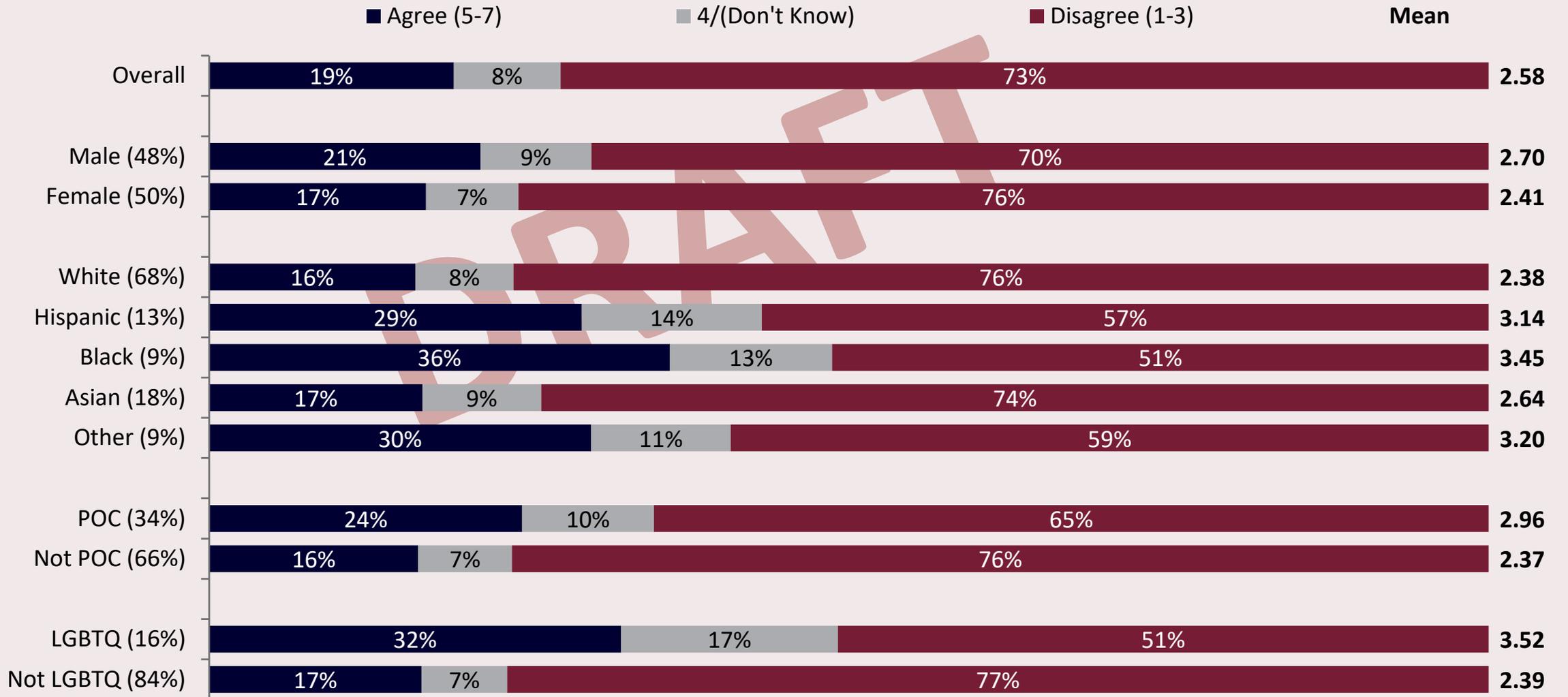
Police Enforcement of Traffic Laws - Subgroups

EMC research

Police enforcement of traffic laws makes me feel safer as I get around Berkeley.

■ Agree (5-7)   ■ 4/(Don't Know)   ■ Disagree (1-3)   **Mean**

Subgroup	Agree (5-7)	4/(Don't Know)	Disagree (1-3)	Mean
Overall	39%	18%	42%	3.85
Male (48%)	40%	16%	44%	3.85
Female (50%)	39%	21%	41%	3.88
White (68%)	35%	20%	45%	3.66
Hispanic (13%)	39%	20%	41%	3.98
Black (9%)	46%	16%	39%	4.11
Asian (18%)	51%	15%	34%	4.28
Other (9%)	46%	15%	39%	4.23
POC (34%)	49%	15%	37%	4.23
Not POC (66%)	34%	20%	46%	3.65
LGBTQ (16%)	21%	14%	65%	2.74
Not LGBTQ (84%)	43%	19%	38%	4.07

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Q34. Using a scale from 1 to 7, do you agree or disagree with this statement?

Fear of Police Impacts How I Get Around - Subgroups

Fear of being stopped by the police impacts how I get around Berkeley.

Agree (5-7) ■ **4/(Don't Know)** ■ **Disagree (1-3)**

	Agree (5-7)	4/(Don't Know)	Disagree (1-3)	Mean
Overall	14%	6%	79%	**2.21**
Male (48%)	16%	7%	76%	**2.40**
Female (50%)	12%	5%	83%	**1.99**
White (68%)	11%	6%	83%	**2.00**
Hispanic (13%)	25%	7%	68%	**2.82**
Black (9%)	30%	7%	63%	**3.03**
Asian (18%)	12%	7%	81%	**2.18**
Other (9%)	21%	8%	71%	**2.75**
POC (34%)	19%	7%	74%	**2.55**
Not POC (66%)	12%	6%	82%	**2.03**
LGBTQ (16%)	19%	9%	72%	**2.53**
Not LGBTQ (84%)	13%	6%	81%	**2.15**

Q35. Using a scale from 1 to 7, do you agree or disagree with this statement?

21-8226 Berkeley Residents Survey **DRAFT**| 30

Self-Reported Interactions

EMC research

Legend: ■ Yes, myself ■ Yes, someone else in my family ■ Yes, self and family member   **Total**

Interaction	Yes, myself	Yes, someone else in my family	Yes, self and family member	Total
Interacted with a Berkeley police officer	42%	5%	30%	**77%**
Interacted with City of Berkeley staff other than a police officer	42%	4%	27%	**73%**
Received a parking ticket in Berkeley	37%	9%	28%	**74%**
Been a victim of crime in Berkeley	28%	8%	20%	**57%**
Been discriminated against, harassed by, or assaulted by a person in the Berkeley community	24%	5%	14%	**44%**
Been stopped by a Berkeley police officer	23%	9%	9%	**41%**
Been involved in a traffic collision in Berkeley as a pedestrian, cyclist, or driver	21%	10%	8%	**38%**
Been discriminated against, harassed by, or assaulted by a Berkeley police officer	6%	4%	1%	**11%**
Been discriminated against, harassed by, or assaulted by a City of Berkeley employee other than a police officer	3%			**6%**

Q41-49. Please tell me whether or not this interaction has ever happened to you, anyone in your family, or both you and a member of family. 21-8226 Berkeley Residents Survey **DRAFT** | 31

Police Interactions

EMC research

CITY OF BERKELEY

Interacted with a Berkeley police officer

	■ Yes, myself	■ Yes, someone else in my family	■ Yes, self and family member	Total
Overall	42%	5%	30%	77%
Male (48%)	47%	4%	26%	78%
Female (50%)	38%	4%	34%	76%
White (68%)	43%	4%	32%	78%
Hispanic (13%)	37%	9%	32%	78%
Black (9%)	44%	7%	34%	85%
Asian (18%)	36%	6%	20%	62%
Other (9%)	42%	7%	28%	77%
POC (34%)	40%	6%	26%	72%
Not POC (66%)	43%	4%	33%	80%
LGBTQ (16%)	30%	6%	33%	69%
Not LGBTQ (84%)	44%	4%	30%	79%

DRAFT

Q41. Please tell me whether or not this interaction has ever happened to you, anyone in your family, or both you and a member of family.   21-8226 Berkeley Residents Survey DRAFT | 32

Police Stoppage

Been stopped by a Berkeley police officer

Legend: ■ Yes, myself ■ Yes, someone else in my family ■ Yes, self and family member   **Total**

Group	Yes, myself	Yes, someone else in my family	Yes, self and family member	Total
Overall	23%	9%	9%	**41%**
Male (48%)	23%	8%	8%	**39%**
Female (50%)	23%	9%	10%	**42%**
White (68%)	24%	9%	10%	**43%**
Hispanic (13%)	25%	12%	10%	**48%**
Black (9%)	27%	11%	17%	**55%**
Asian (18%)	14%	2%	2%	**18%**
Other (9%)	21%	21%	9%	**52%**
POC (34%)	19%	9%	8%	**35%**
Not POC (66%)	25%	9%	10%	**44%**
LGBTQ (16%)	19%	9%	8%	**36%**
Not LGBTQ (84%)	24%	9%	9%	**42%**

Q44. Please tell me whether or not this interaction has ever happened to you, anyone in your family, or both you and a member of family.   21-8226 Berkeley Residents Survey DRAFT | 33

Crime Victimhood

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Been a victim of crime in Berkeley

Legend: ■ Yes, myself   ■ Yes, someone else in my family   ■ Yes, self and family member

	Yes, myself	Yes, someone else in my family	Yes, self and family member	Total
Overall	28%	8%	20%	**57%**
Male (48%)	26%	8%	18%	**53%**
Female (50%)	29%	8%	22%	**60%**
White (68%)	29%	8%	22%	**59%**
Hispanic (13%)	25%	16%	15%	**57%**
Black (9%)	26%	6%	22%	**53%**
Asian (18%)	24%	10%	14%	**49%**
Other (9%)	25%	11%	8%	**45%**
POC (34%)	25%	9%	15%	**49%**
Not POC (66%)	29%	8%	23%	**60%**
LGBTQ (16%)	24%	14%	19%	**56%**
Not LGBTQ (84%)	29%	7%	21%	**57%**

DRAFT

Q45. Please tell me whether or not this interaction has ever happened to you, anyone in your family, or both you and a member of family. 21-8226 Berkeley Residents Survey **DRAFT** | 34

Discrimination/Assault by Community

Been discriminated against, harassed by, or assaulted by a person in the Berkeley community

■ Yes, myself   ■ Yes, someone else in my family   ■ Yes, self and family member   **Total**

Group	Yes, myself	Yes, someone else in my family	Yes, self and family member	Total
Overall	24%	5%	14%	**44%**
Male (48%)	21%	5%	11%	**37%**
Female (50%)	27%	6%	16%	**49%**
White (68%)	22%	6%	15%	**43%**
Hispanic (13%)	24%	6%	11%	**42%**
Black (9%)	22%	4%	15%	**41%**
Asian (18%)	28%	2%	12%	**43%**
Other (9%)	28%	6%	13%	**47%**
POC (34%)	27%	4%	13%	**43%**
Not POC (66%)	23%	6%	15%	**44%**
LGBTQ (16%)	32%	2%	25%	**59%**
Not LGBTQ (84%)	23%	6%	12%	**41%**

DRAFT

Q47. Please tell me whether or not this interaction has ever happened to you, anyone in your family, or both you and a member of family.   21-8226 Berkeley Residents Survey **DRAFT** | 35

Discrimination/Assault by Police

Been discriminated against, harassed by, or assaulted by a Berkeley police officer

Legend: ■ Yes, myself   ■ Yes, someone else in my family   ■ Yes, self and family member   Total

Group	Yes, myself	Yes, someone else in my family	Total
Overall	6%	4%	**11%**
Male (48%)	6%	2%	**10%**
Female (50%)	6%	5%	**12%**
White (68%)	5%	4%	**9%**
Hispanic (13%)	7%	5%	**14%**
Black (9%)	11%	8%	**22%**
Asian (18%)	4%	5%	**10%**
Other (9%)	8%	4%	**15%**
POC (34%)	6%	5%	**14%**
Not POC (66%)	5%	3%	**9%**
LGBTQ (16%)	9%	3%	**17%**
Not LGBTQ (84%)	5%	4%	**10%**

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Q48. Please tell me whether or not this interaction has ever happened to you, anyone in your family, or both you and a member of family.   21-8226 Berkeley Residents Survey **DRAFT** | 36

Discrimination/Assault by City of Berkeley Employee

Been discriminated against, harassed by, or assaulted by a City of Berkeley employee other than a police officer

■ Yes, myself　　■ Yes, someone else in my family　　■ Yes, self and family member　　**Total**

Group	Total
Overall	6%
Male (48%)	4%
Female (50%)	7%
White (68%)	6%
Hispanic (13%)	5%
Black (9%)	8%
Asian (18%)	3%
Other (9%)	8%
POC (34%)	5%
Not POC (66%)	6%
LGBTQ (16%)	5%
Not LGBTQ (84%)	6%

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Q49. Please tell me whether or not this interaction has ever happened to you, anyone in your family, or both you and a member of family.　　21-8226 Berkeley Residents Survey **DRAFT**| 37

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Audit Report
July 2, 2021

APPENDIX 10: Data analysis of the City of Berkeley's Police Response

Data Analysis of the City of Berkeley's Police Response

BERKELEY CITY AUDITOR

Promoting transparency and accountability in Berkeley government

Data Analysis of the City of Berkeley's Police Response

Report Highlights

🔍 Findings

- From 2015-2019, Berkeley police responded to an average of 70,160 events per year.

- Ten call types accounted for 54 percent of all events: traffic stops, disturbance, audible alarm, noise disturbance, security check, welfare check, suspicious circumstance, trespassing, theft, and wireless 911.

Top 10 Most Common Call Types of Events, 2015-2019

Recorded Events from 2015 to 2019

The top 10 call types are 54% of all events.

Call Types	Total Events
1. T - Traffic Stop*	44,795
2. 415 - Disturbance	35,696
3. 1033A - Audible Alarm	19,920
4. 415E - Noise Disturbance	15,773
5. SEC - Security Check	15,262
6. 1042 - Welfare Check	15,030
7. SUSCIR - Suspicious Circumstance	11,547
8. 602L - Trespassing	11,058
9. 484 - Theft	10,556
10. W911 - Wireless 911	9,899

*Includes non-officer-initiated
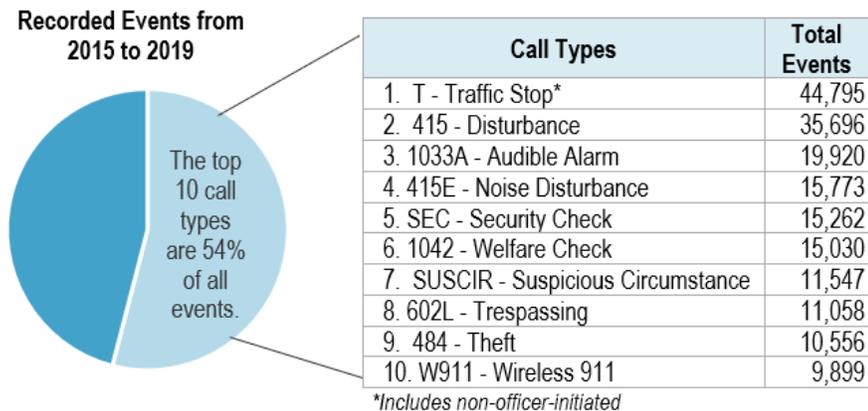
Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

- Officer-initiated responses were 26 percent of event responses, while 55 percent were the result of calls to the non-emergency line and 19 percent were from 911 calls.

- The majority, 78 percent, of officer-initiated stops were vehicle stops, and most of them occurred between 8:00pm and 1:00am. The majority of vehicle stops did not lead to a search, and most stops led to a warning.

- Events with a priority level of 1 to 2, which require personnel to be dispatched within 20 minutes of the call, made up nearly 40 percent of all events. Forty-three percent were lower priority events and required personnel to be dispatched within an hour to 90 minutes after the initial call.

Objectives

1. What are the characteristics of calls for service to which Berkeley Police respond?

2. What are the characteristics of officer-initiated stops by Berkeley Police?

3. How much time do officers spend responding to calls for service?

4. How many calls for service are related to mental health and homelessness?

5. Can the City improve the transparency of Police Department calls through the City of Berkeley's Open Data Portal?

Why This Audit Is Important

In response to the killing of George Floyd by Minneapolis police in May 2020 and subsequent protests across the nation, a national conversation ensued about policing. The Berkeley City Council initiated a robust community process to reimagine policing in Berkeley, and passed a proposal requesting analysis of Berkeley's police data. This report is intended to give decision makers and the public a broad overview of calls for service, officer-initiated stops, and police responses and to help inform the community engagement process around reimagining policing in Berkeley.

- Mirroring prior findings by Center for Policing Equity, which were based on data through 2016, data we reviewed showed that BPD stopped Black people at a significantly higher rate than their representation in the population (34 percent compared to 8 percent), while BPD was most likely to search Black and Hispanic people following a stop.

- On average, Berkeley Police Department dispatched 1.8 personnel per event. In 41 percent of personnel responses, the Communications Center dispatched three or more personnel, including officers and non-Berkeley Police Department personnel.

Number of Personnel Response per Event, 2015-2019
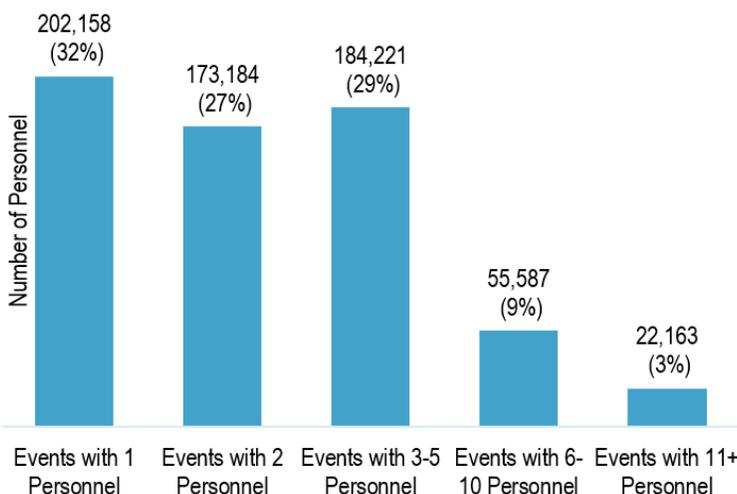
Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

- The number of events that involved homelessness or mental health and the amount of time police spent responding to these events are not quantifiable due to insufficient data.

- The City's Open Data Portal provides the public with limited information about events that Berkeley Police Department responds to. There are opportunities for Berkeley Police Department to improve transparency by increasing the type and scope of data available on the portal.

Recommendations

We recommend that the Berkeley Police Department identify all calls for service that have an apparent mental health and/or homelessness component in a manner that protects the privacy rights of individuals involved. We also recommend that the Berkeley Police Department expand the current calls for service data available on the City's Open Data Portal to include all call types and data fields for as many years as possible. City Management agreed with our recommendations.

The audit does not propose recommendations with regard to police activities or personnel allocations. There is a separate, ongoing community process for reimagining public safety and policing.

BERKELEY CITY AUDITOR

For the full report, visit:
http://www.cityofberkeley.info/auditor

Promoting transparency and accountability in Berkeley government

Table of Contents

I. Introduction

Following the killing of George Floyd by Minneapolis police in May 2020, a national conversation ensued about policing, race, and the proper level of resources cities should devote to law enforcement in relation to other services and approaches. The Berkeley City Council held several meetings throughout the spring and summer to discuss a variety of proposals related to policing, and hundreds of community members provided input through public comment, phone calls, and emails.

Among the items discussed was a proposal by Councilmember Ben Bartlett to analyze data on police activities in the City of Berkeley and initiate a public process to discuss various potential changes to policing in the City. The City Auditor offered to conduct analysis of police data requested as part of this proposal. Mayor Jesse Arreguín incorporated the call for this analysis into the Safety for All: The George Floyd Community Safety Act, a broader item on policing that City Council passed in July 2020.

In this audit, we present the results of our analysis. It is intended to give decision makers and the public a broad overview of calls for service, officer-initiated stops, and police responses and to help inform the community engagement process around reimagining policing in Berkeley, which is currently underway. It is also intended to provide information to the broader community around events that involve police personnel. This report is the first in a series of audits on policing. Analysis of the police budget is forthcoming.

Objectives, Scope, and Methodology

We answered the following audit objectives, the first three of which were requested in the Safety for All: The George Floyd Community Safety Act:

1. What are the characteristics of calls for service to which Berkeley Police respond?
2. What are the characteristics of officer-initiated stops by Berkeley Police?
3. How much time do officers spend responding to calls for service?
4. How many calls for service are related to mental health and homelessness?
5. Can the City improve the transparency of Police Department calls through the City of Berkeley's Open Data Portal?

We analyzed Berkeley Police Department Computer Aided Dispatch (CAD) data from 2015 to 2019. The full list of CAD data fields are in Appendix A. We explored various models for categorizing and characterizing data on police activities and consulted a range of stakeholders, including the Berkeley Police Department (BPD), the National Institute for Criminal Justice Reform hired by the City to lead the reimaging policing process, other City departments, community stakeholders, and subject matter experts to inform how we characterized the data. The purpose of this process was to ensure that we presented the data in a way that is as accurate, clear, and as easy to understand as possible.

The audit does not propose recommendations with regard to police activities or personnel allocations. There is a separate, ongoing community process for reimagining public safety and policing. Given the timing of that process and the scope of this report, we did not do an in-depth analysis of alternative policies or approaches to policing. However, we do make recommendations aimed at making data more transparent and available to the public.

The following describes the scope and limitations of data included in this report:

- **Focus on 2015 to 2019 time period.** Given the anomalies in patrol team staffing and other impacts of the COVID-19 pandemic, we analyzed data from January 01, 2015 to December 31, 2019.

- **Responses that include sworn BPD officers.** We analyzed data for responses that have at least one sworn BPD officer. Some responses also include other units in addition to sworn BPD officers, such as non-sworn BPD personnel, or non-police personnel from other City departments.

- **Emphasis on patrol officers.** The CAD data source primarily documents responses by patrol officers who are usually the first and primary responders to calls for service. As such, our analysis focuses on the patrol functions of the Berkeley Police Department. There are additional activities within BPD that are not captured in the CAD data and therefore were outside the scope of this audit.

- **Partial snapshot of response from other non-patrol units.** We show data about other units involved in calls, but only if they are documented in CAD. As such, we do not include all calls by these other units, such as the Mobile Crisis Team.

- **Call types are not proof of a crime.** In CAD, dispatchers assign calls for service to a call type based on the nature of the call. In many cases, the assigned call type may reference a certain type of crime. However, assigning calls to these call types does not constitute proof of a crime. Further, any type of call may result in a crime report from the primary BPD officer assigned to the event.

- **Geography not included.** We did not conduct a geographic analysis. Patrol officers are assigned to work in a specific geographical area, called a beat, typically with up to 10 or 11 officers and two sergeants on each patrol team. A deep dive geographic analysis would have required significant additional time and was beyond the scope of our audit.

- **Caller may be from any jurisdiction.** The callers and individuals involved in events may or may not be Berkeley residents.

- **Does not include number of calls received for each event.** This report does not include the number of calls that were made to the Communications Center for each individual event. Data about individual callers is excluded from the report because we did not receive this information in the data. However, we describe the type of call source, such as whether a call came from the emergency line or was initiated by the officer.

For more information on our methodology, see .

II. Background

Organizational Context

Berkeley's City Charter established the Berkeley Police Department (BPD) and its functions, which operate under the direction of the Chief of Police and the administrative direction of the City Manager. According to its website, BPD's mission is to safeguard Berkeley's diverse community through proactive law enforcement and problem solving, treating all people with dignity and respect.[1]

BPD's fiscal year 2020 budget includes 285.2 full-time equivalent positions including 181 who are sworn in as law enforcement officers (sworn officers) and another 104.2 professional employees, serving a city of over 120,000 people.

Figure 1. Berkeley Police Department Organization Chart
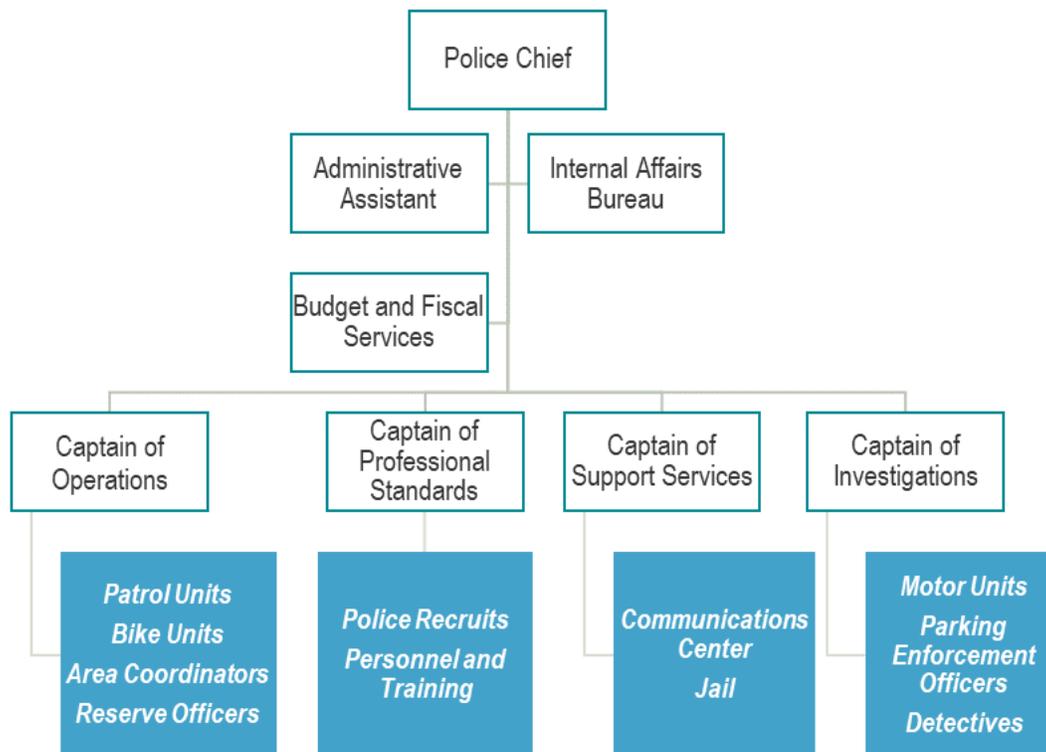
Source: Berkeley Police Department

BPD personnel that respond to calls for service may be sworn officers or professional personnel, and the latter are also referred to as "non-sworn" or "civilian." According to BPD Policy 102, sworn officers take or affirm an oath of office expressing commitment and intent to respect constitutional rights in discharging the duties of a law enforcement officer as specified in the California Constitution. The California penal code grants sworn officers the authority to wear a badge, carry firearms, and make arrests in performing their police duties as authorized and under the terms specified by their employing agencies.

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[1] Berkeley Police Department Mission, Vision, and Values: https://www.cityofberkeley.info/Police/Home/About_Our_Department.aspx

Event Response Personnel

BPD Patrol Teams. BPD patrol teams are the primary responders dispatched to events. They provide services 24 hours a day, seven days a week. BPD policy states that the function of patrol teams are to respond to calls for service and reports of criminal activity, act as deterrent to crime, enforce state and local laws, identify community needs, provide support and assistance to the community, and respond to emergencies. Patrol officers may also self-dispatch based on their geographic proximity or seriousness of the event depending on priority level.
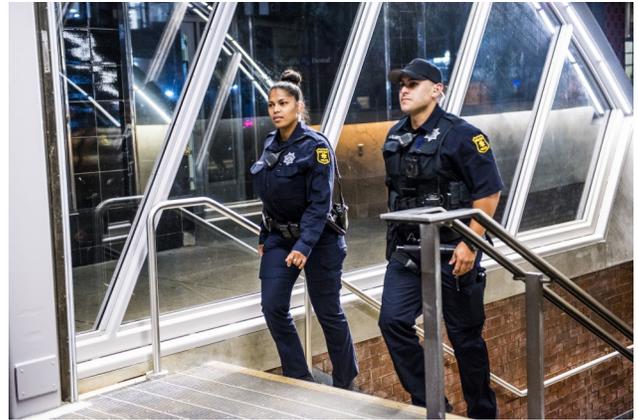
BPD Communications Center. The call takers and dispatchers working in the BPD Communications Center have the important role of answering emergency and non-emergency calls and dispatching police officers to events. Call takers accept and processes inbound 911 and administrative calls for police, fire, and medical services as well as other services such as animal control. They also input call information into the Computer Aided Dispatch (CAD) system and transfer the information to fire and police dispatcher staff. Dispatchers coordinate all police-related calls requiring a response from law enforcement and enter all officer-initiated incidents into CAD such as pedestrian and traffic stops. They also maintain radio contact with field staff.

Other Units. Other personnel may be dispatched as needed to support patrol officers responding to an event. Other units can include other BPD personnel such as Area Coordinators, Bike Unit Officers, Parking Enforcement Officers, and Crime Scene Technicians. Other personnel dispatched to support patrol teams may also include non-BPD personnel such as Animal Control, the Mobile Crisis Team, and University of California Officers.[2] As an example, if the Communications Center receives a call about a situation that involves a person experiencing a mental health crisis, they may dispatch BPD officers and also dispatch the Mobile Crisis Team of non-police mental health professionals from the City's Mental Health Division.

All other units are described in greater detail on .

Process for Responding to Calls

BPD's process for responding to events reflects the interactions between community members, the Communications Center, and the responding BPD officers. The response process heavily influences the integrity of the data that informs this report.[3] BPD uses a CAD software system to prioritize and record events, track the status and location of officers in the field, and effectively dispatch personnel.

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[2] While some calls may involve the Berkeley Fire Department, we do not have data on Fire personnel who responded to these BPD events.
[3] We conducted this analysis based on data pulled from CAD, but we did not verify the error rate of data in CAD. We did not attempt to match up the thousands of records in the system with other internal and external documents.

It is crucial to remember that the response process involves situations that are evolving and often require fast action before all the information about the situation is known. CAD is not optimized to give responders all the information they need before arriving at the scene. There are several roles responsible for entering data into CAD throughout the response process. We detail the police department's response process in Figure 2 below.

Figure 2. Berkeley Police Department's Response Process
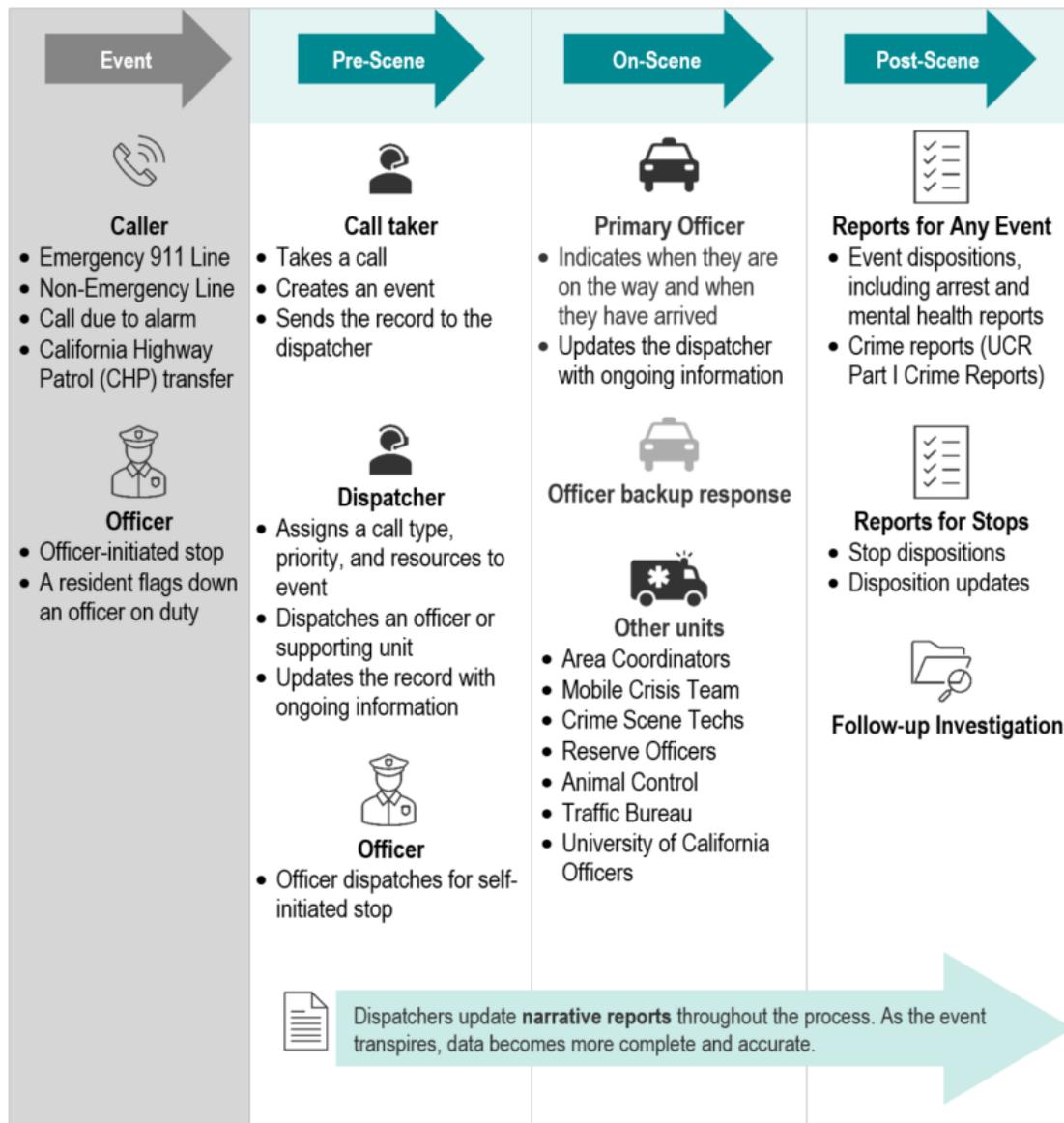
Note: We did not analyze responses by Berkeley Fire Department, Emergency Medical Services, or other such units that may provide support for BPD patrol officers that were not included in the dataset provided by BPD.

Source: Berkeley City Auditor

Event. In context of this report, "events" refer to situations that are entered in the CAD system that resulted in a response by at least one sworn officer. There are several ways an event is initiated. Community members initiate events by calling the 911 emergency or non-emergency lines, or by flagging down an on-duty officer. Police officers may initiate events on their own. Events are also initiated when an alarm goes off or when CHP transfers a call. It is possible to have multiple incoming calls for one event.

Pre-scene. When someone calls 911 or the non-emergency line, a dispatcher receives the call and collects specific information, such as the address of the event, the possible issue, if there is a weapon, and the people involved to begin dispatching the appropriate personnel to the scene. The initial call taker enters this information into the CAD database. Dispatchers assign a call type and priority, then dispatch officers accordingly. The dispatcher has the ability to enter narrative data at any time to provide ongoing information to the officer regarding the nature of the event.

Information entered into CAD at this stage may not always match the information entered later in the response process. By the time an officer arrives, a burglary may no longer be in progress, a noisy party may have dispersed, or, if the delay between call and response is long enough, the caller may have left the location.

On-scene. Police officers notify a dispatcher when they are on their way to the scene and when they arrive. Due to the changing nature of events, the police officer assigned as the primary unit also collects additional information on scene. The CAD event will be updated as information becomes available by either the officer or dispatcher, however, the call type is final once the officer arrives and a responding officer cannot change the call type in CAD. The evolving situation of a call may lead to a dispatcher assigning additional police or other units to the scene, or officers nearby may self-dispatch to provide backup.

Post-scene. Once the event is closed, the primary officer on scene completes an incident report if required by the severity of the event, and updates the CAD file with any new information. Those reports are submitted to the patrol shift supervisor and either approved or revised. Typical revisions include clarifying dates, police codes, or providing additional details. According to BPD, disposition codes are most often entered by an officer. However, an officer may also radio into the Communications Center about the event and a dispatcher will enter disposition information.

10

Quality control. Each day, a records clerk reviews the BPD Communications Center reports for clarity and completeness. This includes verifying call codes, addressing typos, confirming addresses using Global Positioning System (GPS), and identifying where there may be missing information. Once the record has met their quality control requirements, the call is uploaded into the separate Law Enforcement Records Management System (LERMS) where it is stored along with the raw CAD file from the call.

Assigned Call Types

Dispatchers at the BPD Communications Center assign each event a call type that describes important information about the events unless the event is officer-initiated. BPD uses many call types. Some describe a potential crime (e.g., robbery, assault, gambling), while others describe the location (e.g., fall on city property), people involved (e.g., missing juvenile), or a situation that may not be related to crime (e.g., welfare check, vehicle stop). In addition, the Communications Center uses call types in order to assign priorities and resources to the event, as discussed further in the section on priority levels. Call types for events are assigned prior to arrival of BPD staff, and they may differ from the actual event that took place after the event has concluded.

Call Type Classifications

According to the data, BPD used 137 unique call types. We consolidated these call types into nine descriptive categories for reporting purposes. Similar call type classifications have been used to organize call for service data for reporting purposes in similar jurisdictions such as Portland,[4] Austin,[5] and Oakland.[6] Building on these efforts, we organized BPD's call types into categories through input from external subject matter experts, the BPD Communications Center, and BPD officers with relevant experience (Table 1).

The City Auditor call type classifications are descriptive. They do not, by themselves, imply a recommended policy change. Further, assigned call types under the crime classifications may not necessarily mean a crime has taken place. Specific call types within each classification are listed at the end of the report under Appendix G. For more information on the methodology used to classify call types, see page 65.

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[4] City of Portland Police Bureau, "Introduction to Calls for Service," https://www.portlandoregon.gov/police/article/676725
[5] AH Datalytics, "Assessment of Austin Police Department Calls for Service," https://austinjustice.org/wp-content/uploads/2020/07/Analysis-of-Austin-Police-Department-Calls-for-Service-3.pdf
[6] Center for Public Safety Management. "Police Data Analysis Report," https://cao-94612.s3.amazonaws.com/documents/CPSM-Oakland-CFS-Report-Dec-2020.pdf

Table 1. Description of City Auditor Call Type Classifications

Classification	Description
Violent Crimes (FBI Part I Crimes)	Events that fall into the definition of Part I crimes by the Federal Bureau of Investigation (FBI) Uniform Crime Reporting (UCR) Program that are crimes against a person. The FBI UCR program defines these crimes as criminal homicide, rape, robbery, and aggravated assault. Only assaults specifically identified as aggravated are included as a Part I offense.
Property Crimes (FBI Part I Crimes)	Events that fall into the definition of Part I crimes by the FBI UCR Report that are property crimes. These include arson, burglary, motor vehicle theft, and larceny theft. This does not include theft by fraud, forgery, or embezzlement.
FBI Part II Crimes	FBI Part II crimes include all other crimes that are not included as Part I crimes. While some of these crimes are very serious, including kidnapping and child molestation, the majority of these crimes are crimes such as disturbing the peace and trespassing, which in some cases may be infractions and not actually criminal.
Community	Calls that assist the community in managing events that pose a potential threat to safety or public order. They are most often not initiated by an officer. These include but are not limited to: • Civil matters where police presence is requested to ensure the situation does not escalate (e.g., advice, extra surveillance, civil standby). • Calls related to disturbances or other problems that result in a police response to assess and resolve the situation. • Contacts with the community, such as aid to citizen.
Medical or Mental health	Events primarily related to medical assistance to the community. They may involve a dispatch from Emergency Medical Services (EMS) for added support.
Traffic	Events that typically involve enforcement of traffic and parking laws, and management of traffic flows. In addition, these calls may involve events pertaining to vehicles, such as collisions or road hazards. This classification also includes pedestrian, bike, suspicious vehicle, and vehicle stops.
Informational or Administrative	Calls that are non-investigative assistance or administrative in nature, such as property damage or information.
Investigative or Operational	Calls that require investigative or operational input, such as a wireless 911 call or outside agency assist.
Alarm	Calls initiated by the activation of an audible, silent, duress, and/or monitored alarm of a vehicle, residence, business, or other premise. Example alarms include audible alarm, GPS tracker alarm, silent alarm, Pronet (bank) alarm, or video alarm.

Note: These are the events classified by call types, not the final report or crime.

Source: Berkeley City Auditor

III. Characteristics of Events
Analysis of 350,800 events from 2015-2019

This section offers an overview of the events in the City of Berkeley that resulted in a police response from 2015 to 2019. In context of this report, "events" refer to situations that are entered into the CAD system that resulted in a response by at least one sworn officer. We present information about the characteristics of events in Berkeley, including the frequency of events over time, types of events, how events are initiated, priority level, outcomes, and events that result in crime reports. The figures in this section draw from a sample of 350,800 events within the CAD files we obtained from BPD.

The City has averaged 70,160 events per year, and more occurred during summer months and on Friday and Saturday evenings. This report classifies most of those events, 72 percent, as Traffic, Community, and FBI Part II Crimes and those events have consistently been the majority from 2015 to 2019. Community and FBI Part II Crime events were mostly initiated by calls to the non-emergency line, and the non-emergency line accounted for 55 percent of the initiated calls. These most frequent call types include traffic stop, disturbance, and audible alarms. The most frequent officer-initiated events include traffic stop, security check, and pedestrian stop. While only 6.7 percent of events resulted in a Part I UCR crime report linked to a CAD event, larceny theft was by far the most common Part I UCR crime reported to the FBI. Traffic stops were the call type that resulted in the most arrests.

The characteristics of events shape the priority and extent of BPD's response. For instance, the number of officers that are available to respond to the call varies depending on the location, time of day and day of the week. Events vary in complexity, and can include anything from a request for a security check to a report of a serious crime. Characteristics such as the severity of the situation and number of people involved also influence the priority level and the number of officers dispatched, along with their sense of urgency about the situation. Additionally, the assigned call type for the events in this report may not necessarily be the actual event outcome since call types are assigned prior to personnel arriving on scene.

We review the following components related to events:

1. Overall Event Frequency
2. Events by Time and Day of the Week
3. Events by Call Type Classification
4. Event Initiation Source
5. Assigned Call Type
6. Priority Levels
7. Events that Result in an Arrest
8. Events that Result in a UCR Part I Report

Overall Event Frequency

Figure 3 demonstrates the total number of events in the City on a monthly basis, from January 2015 to December of 2019, in order to show seasonal changes in the frequency of events over time.

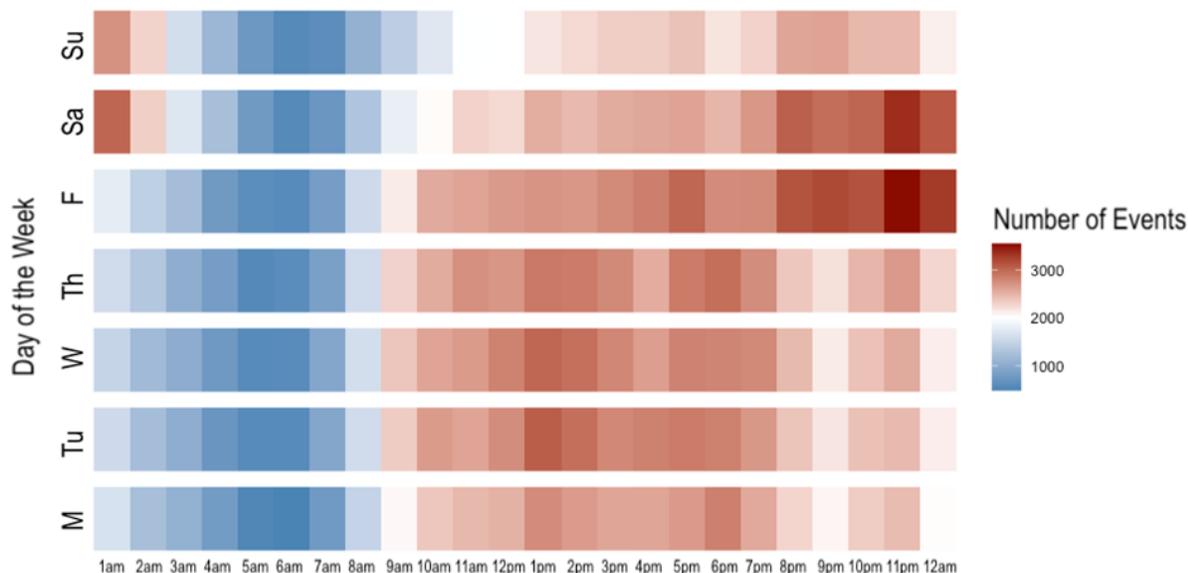Figure 3. Events Captured in CAD by Month, 2015-2019 (n = 350,800 events)

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

The number of events for the City of Berkeley has hovered around an average of 70,160 events per year. The trend line indicates that more events occur in the summer, while events decline during the winter. In addition, the data show a notable decline in events in 2018. This drop in events is reflected in other time series throughout this report. We did not investigate the reason for the drop in the calls as this extended beyond the scope of analysis for this audit.

Events by Time and Day of the Week

Figure 4 shows all of the events from 2015 to 2019 in which the Communications Center created a CAD event to demonstrate the frequency of events by the time of day and day of week. The chart is organized by the time of day on the bottom (x axis) and the day of the week on the left side (y axis). The blue color reflects fewer events, while a deeper red reflects more events. The largest number of events occur on Friday and Saturday evenings with a spike between the hours of 8:00 pm and 1:00 am. The majority of weekday events (Monday-Thursday) with a police response occur between the hours of 9:00 am and 9:00 pm.

Figure 4. Number of Events by Time and Day of Week, 2015-2019 (n = 350,800 events)

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Events by Call Type Classification

In this section, we present events grouped by classification. We describe call types related to mental health and homelessness in more depth in section VI. Appendix G provides the full list of call types and their corresponding classifications.

Figure 5 shows the frequency of events organized by classification as discussed on page 12. Note that while many crime call types fall within Part II crimes, the majority, or 60 percent, of the events are either disturbance or trespassing.

Figure 5. Events by City Auditor Classifications, 2015-2019 (n = 350,800 events)
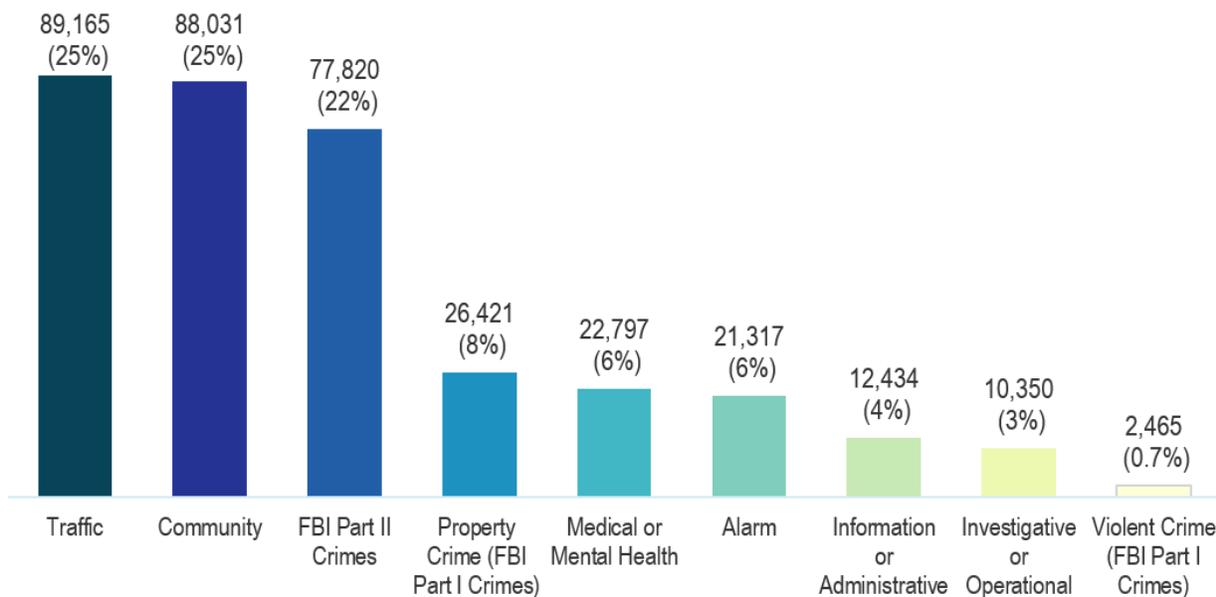
Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 6 shows the number of events that fall into each call type classification over the years. The figure demonstrates whether there have been changes in some of the call type classifications over the years. It is important to note that the BPD has the authority to add or eliminate call types. The removal or addition of call types can be a contributing factor in the increase or decrease of call types in the data. We did not assess the impacts of changing call types as this extended beyond the scope of analysis for this audit.

Figure 6. Events by City Auditor Classification and Year, 2015-2019 (n = 350,800 events)
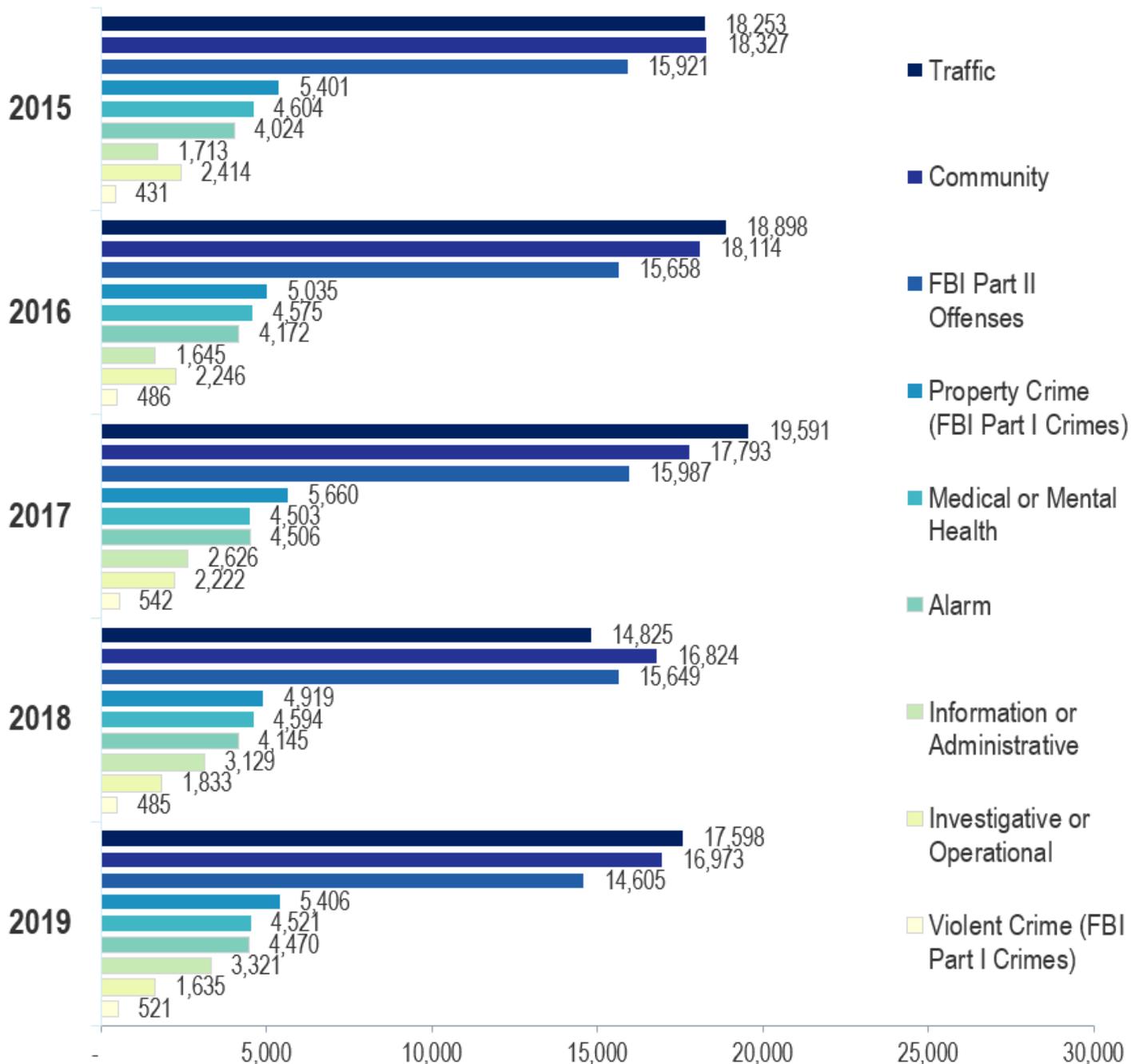
Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Event Initiation Source

As discussed in Section II, multiple callers may call in to the Communications Center to report an event. The data does not indicate the number of calls received by the Communications Center to report an event. However, according to BPD, dispatchers can add additional information from multiple callers to one CAD event record. If more than one CAD record is created for one event, the records will be merged into one record retaining all information. The CAD data we received does include the source of information that led to the event being created. Figure 7 breaks down the share of callers by three main categories: the emergency line, non-emergency line, officer- initiated, and other.

Figure 7. Initiation Source of Events, 2015-2019 (n = 350,800 events)
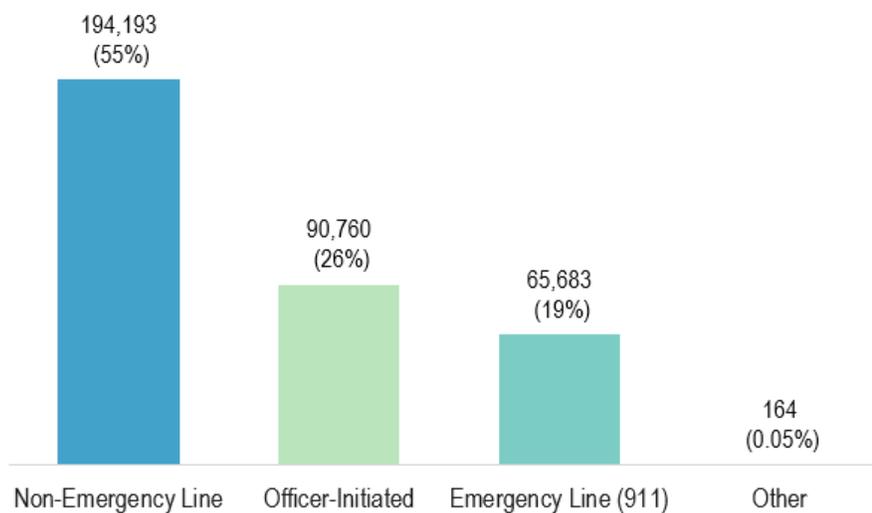
Note: "Other" includes: some alarm calls, some cell phones, California Highway Patrol, Counter, OnLine, and Voice Over Internet Protocol (VolP). Officer-initiated includes traffic stops.

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 8 shows the initiation source for each of the call type classifications. The majority of traffic stops are officer-initiated. The Traffic classification includes call types in addition to stops, such as parking violations and traffic hazards.

Figure 8. Initiation Source of Events by City Auditor Classifications, 2015-2019 (n = 350,800 events)
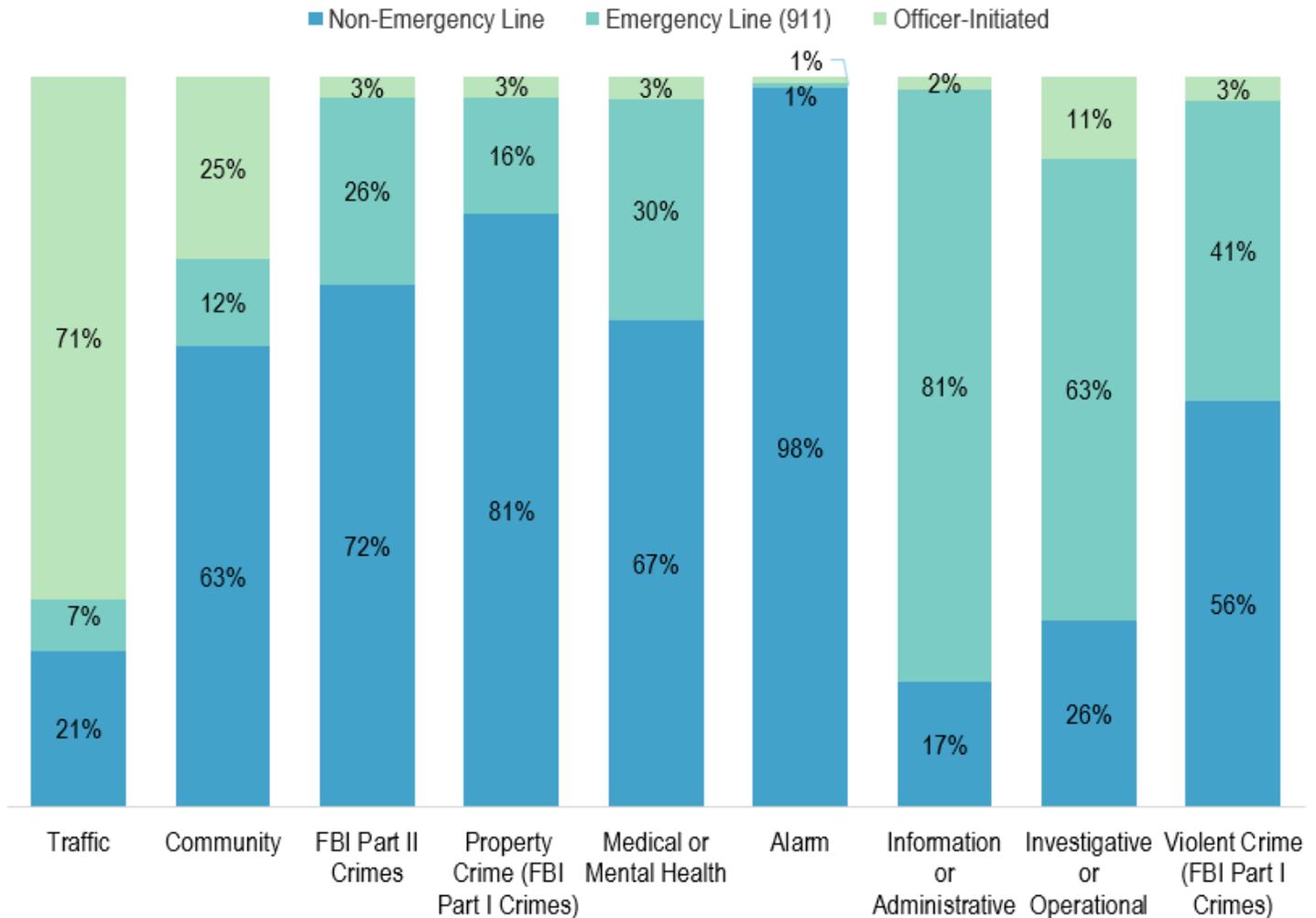

Note: Less than 1 percent of calls also come from an "other" source which includes: some alarm calls, some cell calls, California Highway Patrol, Counter, OnLine, Voice Over Internet Protocol (VolP), and Other. Officer-initiated includes On View and Traffic stops.

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 9 shows the initiation source for calls over a five year period. It reflects the consistent trend that the non-emergency line is by far the top initiation source, followed by officer-initiated, emergency line, and other.

Figure 9. Initiation Source of Events by Month, 2015-2019 (n = 350,800 events)
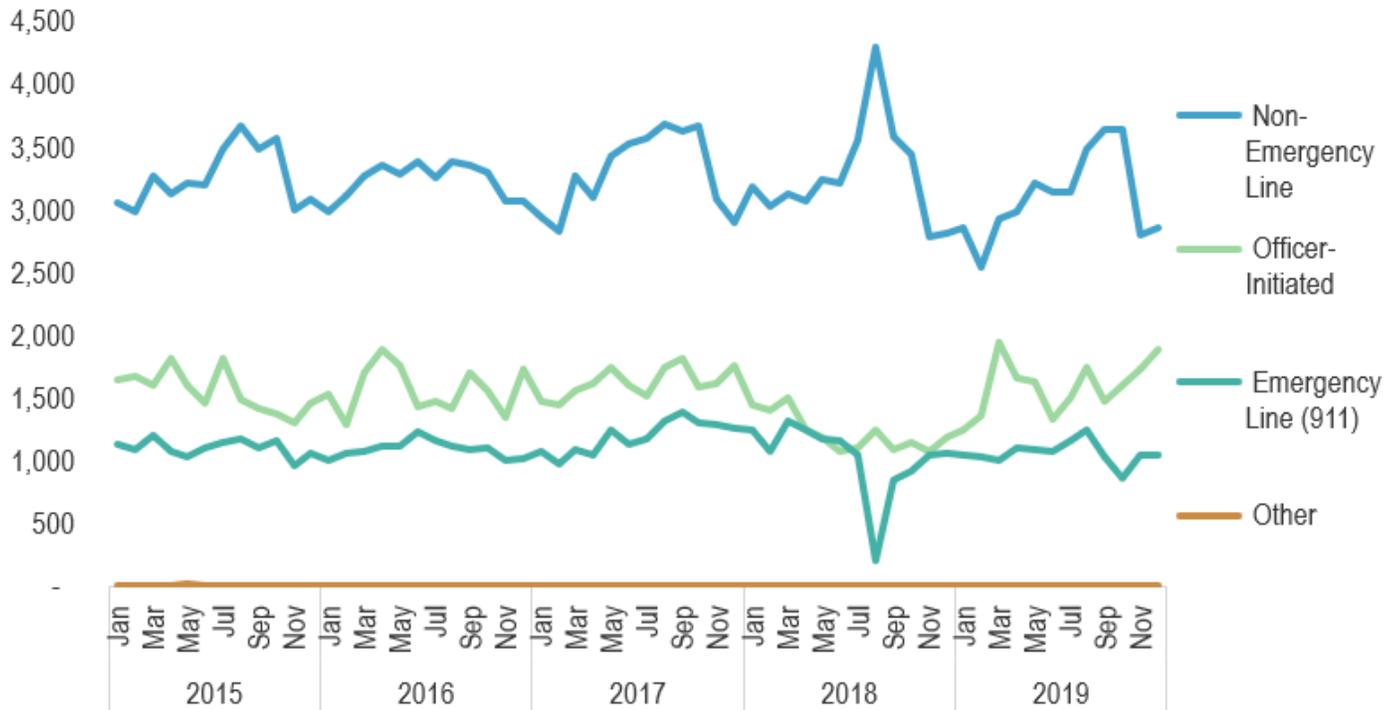
Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Assigned Call Types

Figure 10 shows the ten most common call types, which describe about 54 percent of all events. This table includes data for both events initiated by calls to the Communications Center and officer-initiated events.

Figure 10. Top 10 Most Common Call Types of Events, 2015-2019 (n = 189,536 out of 350,800 events)
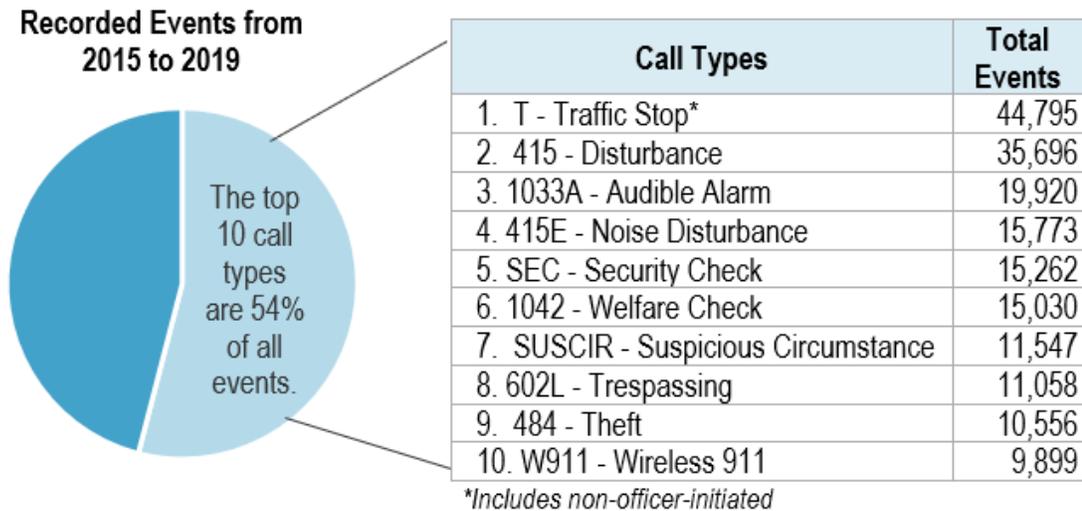
Recorded Events from 2015 to 2019

The top 10 call types are 54% of all events.

Call Types	Total Events
1. T - Traffic Stop*	44,795
2. 415 - Disturbance	35,696
3. 1033A - Audible Alarm	19,920
4. 415E - Noise Disturbance	15,773
5. SEC - Security Check	15,262
6. 1042 - Welfare Check	15,030
7. SUSCIR - Suspicious Circumstance	11,547
8. 602L - Trespassing	11,058
9. 484 - Theft	10,556
10. W911 - Wireless 911	9,899

Includes non-officer-initiated

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Table 2 breaks out the top calls by initiation source.

Table 2. Top 10 Call Types of Events for Officer-Initiated and Phone Lines, 2015-2019

Total Emergency and Non-Emergency Events		Total Officer-Initiated Events	
1. 415 - Disturbance	35,145	1. T - Traffic Stop	44,765
2. 1033A - Audible Alarm	19,812	2. SEC - Security Check	14,927
3. 415E - Noise Disturbance	15,699	3. 1194 - Pedestrian Stop	9,135
4. 1042 - Welfare Check	14,560	4. FLAG - Officer flagged down	5,181
5. SUSCIR - Suspicious Circumstance	11,380	5. 1196 - Suspicious Vehicle	4,347
6. 602L - Trespassing	10,926	6. 1194B - Bike Stop	2,782
7. 484 - Theft	10,277	7. PRKVIO - Parking Violation	994
8. W911 - Wireless 911	9,898	8. AID - Aid to Citizen	544
9. ADVICE - Advice	8.382	9. FOUND - Found Property	530
10. SUSPER - Suspicious Person	8,177	10. 415 - Disturbance	528

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Priority Levels

Dispatchers are responsible for collecting adequate information in order to determine the appropriate response action based on the nature and priority of the event, and the available resources. Dispatchers assign all events a priority level which aligns with guidelines for how soon the Communications Center should dispatch police personnel to the event based on the urgency or severity of the circumstances. For an event with a priority level 1, dispatchers are expected to dispatch officers within one minute, whereas they have up to 90 minutes from the time of the initial call to dispatch an officer to a priority level 4 event.

According to BPD, priority levels are one of several factors that inform the number of personnel that are dispatched to an event. Other factors include call types, officer's proximity to the event, and officer's discretion. BPD stated that dispatchers have the authority to dispatch officers to events, but they do not play a role in reducing or diverting officers from responding to an event.

Priority levels range in urgency from Priority 1 as the most urgent to Priority 9 as the least. Priority 0 is used when officers initiate a stop and they are already on scene. Priority levels 4 through 9 each have the same time frame of 90 minutes, but the additional levels allow dispatchers to prioritize resources among lower level calls. Table 3 lists all the priority levels and corresponding dispatch times.

Table 3. Priority Level Guidelines for Time Between Initial Call and Dispatching Units[7]

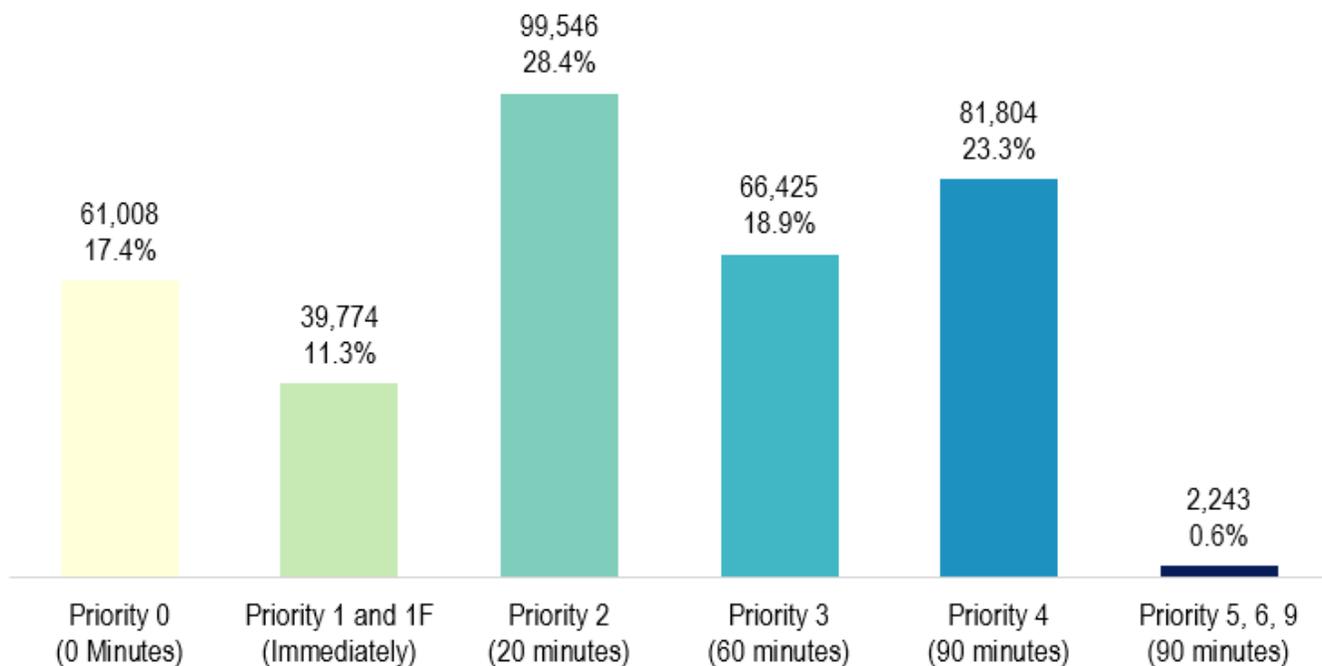| Priority Level	Time
0	0 Minutes
1, 1F	Immediately
2	Within 20 minutes
3	Within 60 minutes
4	Within 90 minutes
5	Within 90 minutes
6	Within 90 minutes
9	Within 90 minutes

Source: Berkeley Police Department

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[7] Priority level 1F indicates an event with a fire and that Berkeley Fire Department personnel were dispatched as well.

Priority level recommendations are coded into the CAD system based on call types, but a dispatcher can change the priority if there is reason to based on the information they have. For example, a dispatcher may assign a family disturbance event as a priority level 1 or 2 depending on the circumstances and their professional judgement. Additionally, dispatchers' assessment of priorities can diverge from the guidelines due to additional information gathered about the event. For instance, in their list of call types and priority codes, BPD lists disturbance with a typical assignment of priority 1 or priority 4. Nevertheless, disturbance is listed in the CAD data with call types ranging from 0, 1F, 1, 2, to 3. Appendix B provides a list of priorities for each call type as they appear in the data.

Figure 11 breaks down events by the assigned priority level.

Figure 11. Events by Priority Level, 2015-2019 (n = 350,800 events)

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 12 shows a breakdown of events by classification and priority level.

Figure 12. Events by Auditor Classifications and Priority Level, 2015-2019 (n = 350,800 events)
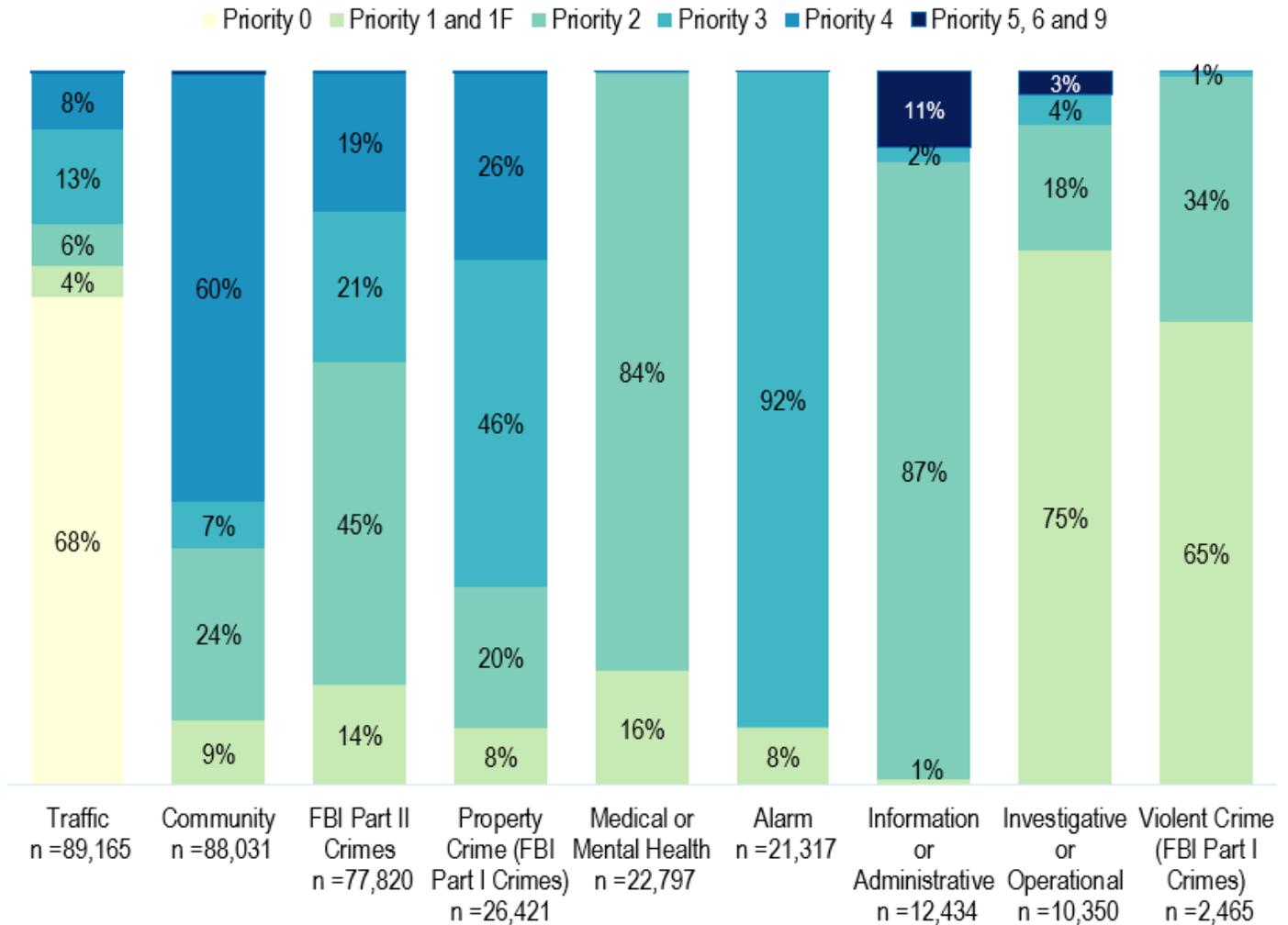
Note: Priorities that rounded to 0% of each category (0.4% or less) were excluded from the chart for readability.

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Events that Result in an Arrest

Table 4 shows the top ten call types and how many arrests were made for each of those call types from 2015 to 2019, but does not include all arrests BPD made during this time. CAD data only records arrests made during the event, but arrests can take place after dispatchers close the event. An event like a robbery, for example, could result in no arrest during the event, but lead to an arrest several days later. That arrest would be recorded in the Law Enforcement Records Management System, but is not included in the CAD data we received.

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Table 4. Top 10 Call Types of Events and Arrest Outcomes, 2015-2019 (n = 189,536 out of 350,800 events)

Call Types	Arrests	Total Events	Arrests (% of Total)
1. T - Traffic Stop	1,258	44,795	2.8%
2. 415 - Disturbance	528	35,696	1.5%
3. 1033A - Audible Alarm	19	19,920	0.1%
4. 415E - Noise Disturbance	12	15,773	0.1%
5. SEC - Security Check	211	15,262	1.4%
6. 1042 - Welfare Check	122	15,030	0.8%
7. SUSCIR - Suspicious Circumstance	152	11,547	1.3%
8. 602L - Trespassing	120	11,058	1.1%
9. 484 - Theft	101	10,556	1.0%
10. W911 - Wireless 911	6	9,899	0.1%

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Events that Result in a UCR Part I Report: Violent and Property Crimes

In this section, we present data on events that result in a report of certain violent or property crimes.

BPD officers are required to file a report when events involve certain violent and property crimes. BPD tracks a set of crimes, known as Part I crimes, through the Uniform Crime Reporting (UCR) Program, which is separate from the CAD system. The Federal Bureau of Investigation developed the UCR Program to standardize how law enforcement agencies categorize and count crimes, and report crime statistics. BPD analyzes the relevant crime data and provides statistical reports to the California Department of Justice to be included in state and national crime data.

We received data on some events that resulted in a Part I crime report. UCR orders Part I crimes from most severe to least severe, with criminal homicide being the highest in the hierarchy and arson being the lowest. Part I UCR crimes are listed below:

1. Criminal Homicide
2. Forcible Rape
3. Robbery
4. Aggravated Assault
5. Burglary
6. Larceny-theft (except motor vehicle theft)
7. Motor Vehicle Theft
8. Arson

Additionally, there were 38 events that resulted in the reporting of hate crimes between 2015 and 2019. UCR standards require participating law enforcement agencies to report hate crimes as separate from and additional to the crimes listed above. According to the UCR handbook, hate crimes are not distinct crimes, but are traditional crimes motivated, in whole or in part, by the offender's bias against a race, religion, disability, sexual orientation, or ethnic or national origin group. Consequently, BPD collects hate crime data by capturing additional information about crimes they already report to the UCR program.

The CAD data does not include all the Part I UCR crime reports BPD filed because not all instances of these crimes took place during an event or involved dispatching police personnel. Further, an event classified as a Part I crime in CAD does not necessarily mean that a crime was ultimately charged or committed. Altogether, from 2015 to 2019, a total of 6.7 percent of events in CAD with a police response resulted in a Part I UCR crime report. While there could be more than one UCR crime report per event, we used the hierarchy rule to identify each event by the most severe crime. As of this writing, we do not have detailed information on Part II crime reports as this information was not available to us.

Figure 13 shows the number of events in CAD that resulted in a Part I UCR crime report from 2015 to 2019.

Figure 13. CAD Events with a Part I UCR Crime Report, 2015-2019 (n = 23,587 out of 350,800 events)
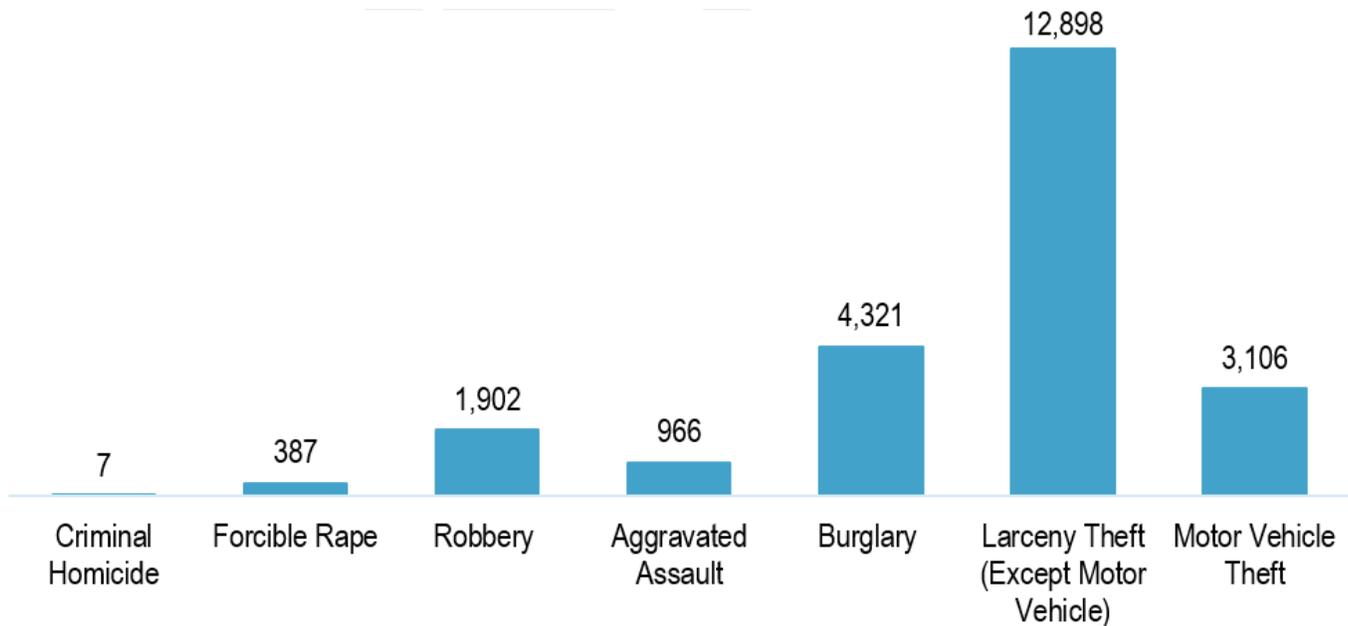
Note: There were no UCR reports of Arson in the data.

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Table 5 shows how events with Part I UCR crime reports from 2015 to 2019 are classified for the purposes of this report.

Table 5. Auditor Classification of Events that Resulted in a Part I UCR Crime Report, 2015-2019 (n = 350,800 events)

Auditor Classification	Events with UCR Reports Filed	Total Events	% of Total Events with UCR Reports
Property Crime (FBI Part I Crimes)	17,475	26,421	66.14%
Community	2,058	88,031	2.34%
Violent Crime (FBI Part I Crimes)	1,752	2,465	71.08%
FBI Part II Crimes	1,555	77,820	2.00%
Alarm	305	21,317	1.43%
Traffic	230	89,165	0.26%
Investigative or Operational	85	10,350	0.82%
Medical or Mental Health	64	12,434	0.51%
Information/ Administrative	63	22,797	0.28%

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Table 6 shows how many of the top ten call types in CAD resulted in a Part I UCR crime report, from 2015 to 2019.

Table 6. Top 10 Call Types of Events that Resulted in a Part I UCR Crime Report, 2015-2019 (n = 189,536 out of 350,800 events)

Call Type	Events with UCR Reports Filed	Total Events	% of Total Events with UCR Reports
1. T - Traffic Stop	49	44,795	0.11%
2. 415 - Disturbance	261	35,696	0.73%
3. 1033A - Audible Alarm	245	19,920	1.23%
4. 415E - Noise Disturbance	4	15,773	0.03%
5. SEC - Security Check	120	15,262	0.79%
6. 1042 - Welfare Check	40	15,030	0.27%
7. SUSCIR - Suspicious Circumstance	920	11,547	7.97%
8. 602L - Trespassing	32	11,058	0.29%
9. 484 - Theft	5,752	10,556	54.49%
10. W911 - Wireless 911	16	9,899	0.16%

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

IV. Characteristics of Officer-Initiated Stops

Analysis of 56,070 officer-initiated stops from 2015 to 2019

In this section, we provide an overview of the data we obtained on officer-initiated stops including the types of stops police make, stop trends over time, and stops that result in enforcement or searches.[8] We also breakdown some of this information by race and age. In the context of this report, the number of officer-initiated stops refers to the number of individuals detained by BPD. This means that there could be more than one individual stopped per CAD event. For example, if an officer initiates a vehicle stop and detains two individuals, this is counted as one event with two stops.

> We review the following components related to stops:
>
> 1. Officer-initiated stops by stop type
> 2. Time of day when stops occur
> 3. Dispositions, including:
>   a. Stops by race and age
>   b. Enforcement outcomes
>   c. Searches

State law authorizes Berkeley police officers to enforce state and local traffic laws to promote public safety. Officers enforce traffic laws by stopping drivers who may be violating traffic laws. Pedestrians and cyclists may also be stopped. Officers are required to record the results of all stops. In this report, we refer to these events as officer-initiated suspicious vehicle stops, vehicle stops, pedestrian stops, or bicycle stops.[9] All Berkeley police officers, whether assigned to the Traffic Bureau or not, are directed to participate in traffic enforcement and to be on the lookout for speeding, pedestrian safety concerns, and drivers under the influence.

Our stop analysis is the most recent effort to analyze police stop data in the City of Berkeley, but another organization also examined police stop data.[10] In 2015, BPD contracted with the Center for Policing Equity (CPE) to conduct an analysis of Berkeley's police stop data. Their analysis covered an observation period of 2012 through 2016.

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[8] The data analyzed in this section slightly differs from stop data on the City's Open Data Portal. This analysis only looks at officer initiated stops using a dataset pulled by the department, whereas the Open Data Portal provides disposition data for both officer-initiated and non-officer-initiated stops (e.g., emergency and non-emergency calls for service). The overall difference between the two is not significant.

[9] According to BPD, vehicle stops are different from suspicious vehicle stops. Vehicle stops can include stops for traffic violation enforcement or investigation of suspected criminal activity, and are initiated by officers. A suspicious vehicle stop is similar, but is typically dispatched by the Communications Center in response to a call for service.

[10] According to its website, the Center for Policing Equity is a nonprofit organization that "produces analyses identifying and reducing the causes of racial disparities in public safety and advocates for large-scale and meaningful change."

All of the charts in this section reflect officer-initiated stops for a total of 56,070 individuals from 2015 to 2019. A significant portion of information about stops draws from disposition reports submitted by officers and other traffic enforcement units. These disposition reports summarize information including race, sex, and age of the individuals involved in the event, the reason for the stop, the enforcement action, and whether or not BPD conducted a search. As such, this section does not include information for 4,961 stops that did not have accompanying disposition data. We did not determine the methods BPD typically uses to determine individuals' race, sex, or age as that was outside the scope of our audit.

While the time period we analyzed overlaps and extends beyond the time period examined by CPE, our analysis uncovered a number of the same general patterns in stops, searches, and dispositions.

We found that the majority, 78 percent, of officer-initiated stops were vehicle stops, and most of them occurred between 8:00pm and 1:00am. The majority of vehicle stops did not lead to a search, and most stops led to a warning.

With regard to race, our data mirrored data by CPE in that BPD stopped Black and Hispanic individuals at higher rates than their representation in the population, Black individuals significantly so. BPD stopped White and Asian individuals at lower rates. We did not conduct an analysis regarding how this data should be interpreted, but simply note that these patterns are consistent with what CPE found in the data they examined.

Figure 14. Race and Officer-Initiated Stops
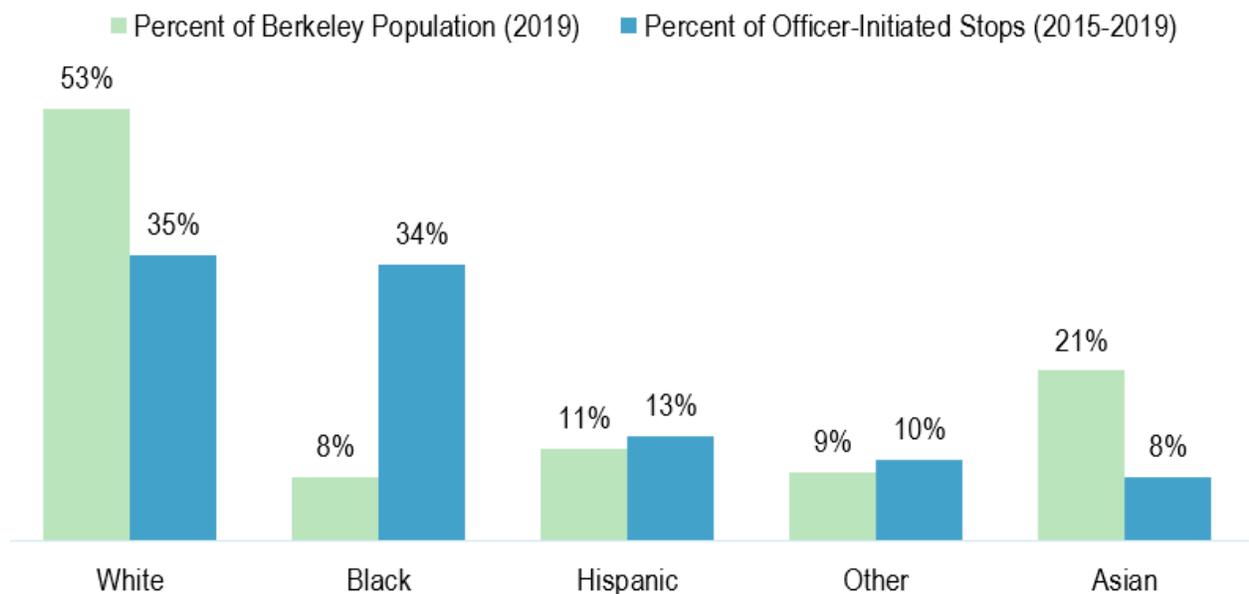
Note: For the purposes of this figure for Berkeley populations, the U.S. Census categories of American Indian and Alaska Native alone, Native Hawaiian and Other Pacific Islander alone, and Two or More Races are summed for Other; White is White alone, not Hispanic or Latino.
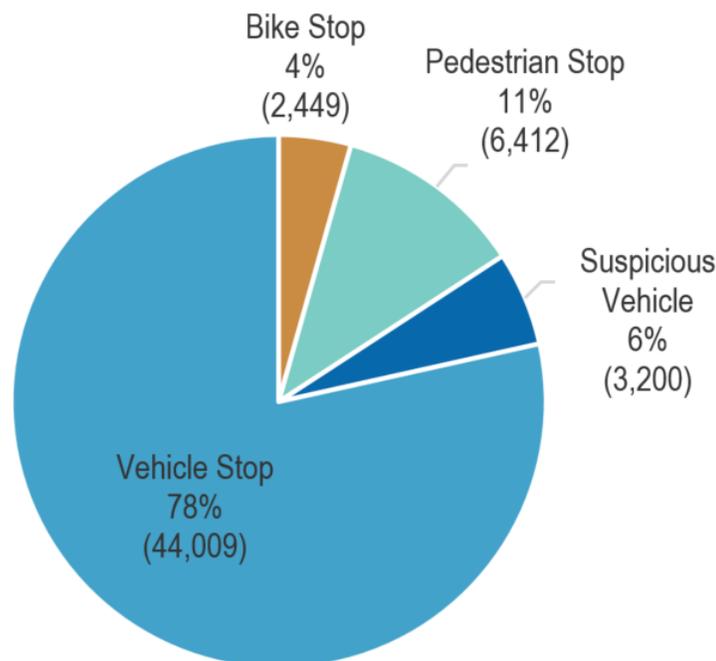
Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data and 2019 US Census data

Further, like CPE, we found that Black and Hispanic individuals are more likely to be searched after being stopped, yet searches of these groups are less likely to result in an arrest than searches of White and Asian individuals. However, we did not do a full comparative analysis between the data set that is the subject of this report and the data reviewed by CPE because it was outside the scope of this overview report. More data on stops and searches are included in the following sections and in Appendix C and D.

Overall Stops

Figure 15 shows the percentage of different types of officer-initiated stops from 2015 to 2019.[11]

Figure 15. Officer-Initiated Stops by Type of Stop, 2015-2019 (n = 56,070 individuals stopped)

Note: Figures 15 to 29 do not include information for 4,961 stops that did not have accompanying disposition data.

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

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[11] According to BPD, vehicle stops are different from suspicious vehicle stops. Vehicle stops can include stops for traffic violation enforcement or investigation of suspected criminal activity, and are initiated by officers. A suspicious vehicle stop is similar, but is typically dispatched by the Communications Center in response to a call for service.

Figure 16 shows the number of any type of officer-initiated stop from 2015 to 2019. Because officers initiate stops, the number of stops they make depends largely on their availability. If an officer is busy responding to a high number of community-initiated calls, they are less likely to proactively initiate stops.

Figure 16. Officer-Initiated Stops by Month, 2015-2019 (n = 56,070 individuals stopped)
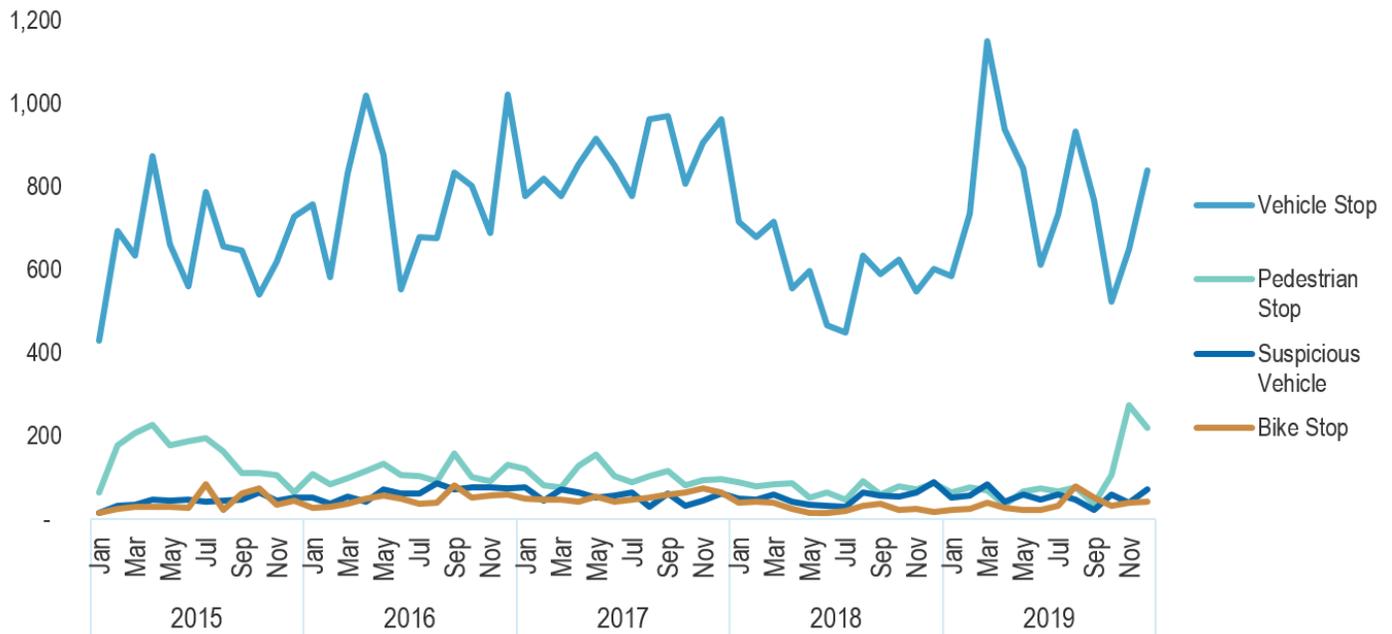
Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Stops by Time of Day

Figure 17 is a heat map that adds up all of the events from 2015 to 2019, based on the time in which an officer initiated a stop. The chart is organized by the time of day on the bottom (x axis) and the type of stop conducted on the left (y axis). The colors in each row represent the number of stops as a percentage of all stops for each category. The blue color reflects fewer events, while a deeper red reflects more events.

Figure 17. Officer-Initiated Stops by Time of Day as a Percentage of Each Stop Type, 2015-2019 (n = 56,070 individuals stopped)

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Stop Dispositions

BPD tracks information about stop dispositions. This information includes the officer reported race, sex, and age of the individuals involved in the event, the reason for the stop, the enforcement action, and whether or not BPD conducted a search. BPD's General Order B-4 required officers to provide stop disposition data after making any stop during the audit period of 2015 to 2019.

In 2015, the California legislature passed the Racial and Identity Profiling Act (RIPA) which supersedes General Order B-4. The goal of RIPA is to have more robust and reliable data to understand the demographics of those stopped by the police in California. RIPA requires law enforcement agencies to collect additional information about stop dispositions including contraband or evidence recovered during the stop, basis of a search if conducted, actions taken during the stop, and officer years of experience and assignment. While BPD stated that these requirements were mandated to start in 2022, BPD started collecting the data required by RIPA in October 2020. According to BPD and the City's Department of Information Technology, officers do not collect personally identifying information as part of meeting RIPA requirements.

All the stop disposition data presented in this report was reported under the guidelines of General Order B-4 and before BPD implemented RIPA.
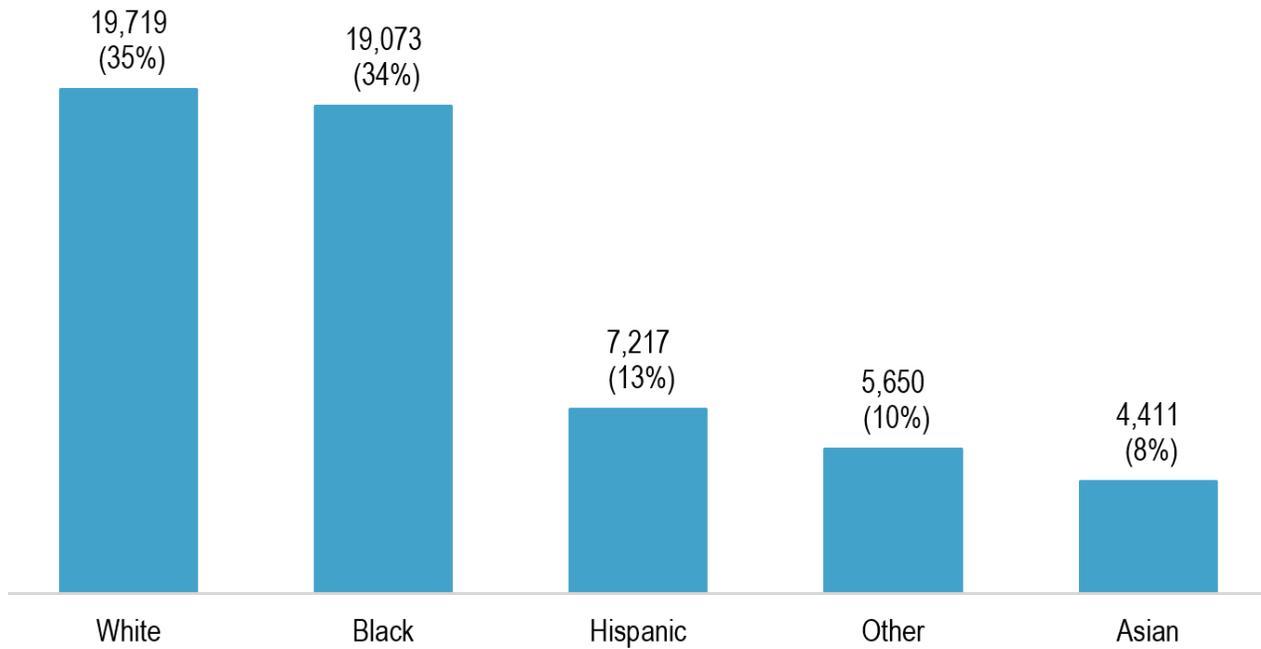
Stops by Race and Age

In this section, we present an overview of officer-initiated stops by race and age. BPD records demographic information for people stopped by the police, including their race, sex, and age. Until October 2020, officers used a six-digit disposition code to record information on the race, sex, and age of the person or people involved in stops, as well as the type of stop, the enforcement outcome, and if the officer performed a search. In October 2020, the BPD transitioned to collecting stop data in accordance with the RIPA using an app installed on each officer's City-issued smart phone.[12] Officers are now required to collect the same information as the disposition code used previously and additional information on the stop.

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[12] Memo to City Council, October 13, 2020, https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_General/RIPA%20data%20101320.pdf

Figure 18 shows the percentage and number of stops by race from 2015 to 2019. BPD uses five groups to document the race of people involved in stops: Asian, Black, Hispanic, White, and Other.
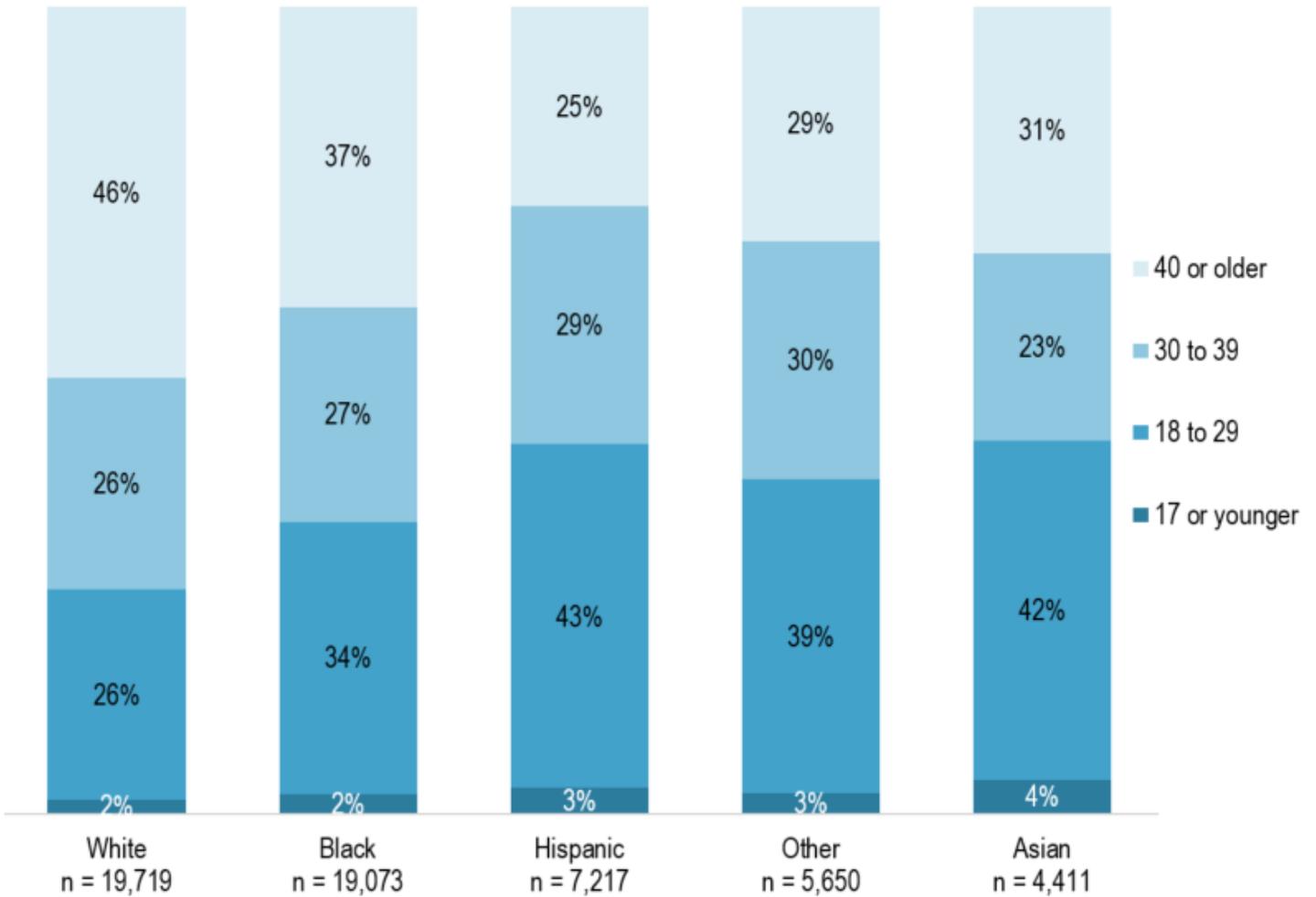
Figure 18. Officer-Initiated Stops by Race, 2015-2019 (n = 56,070 individuals stopped)

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

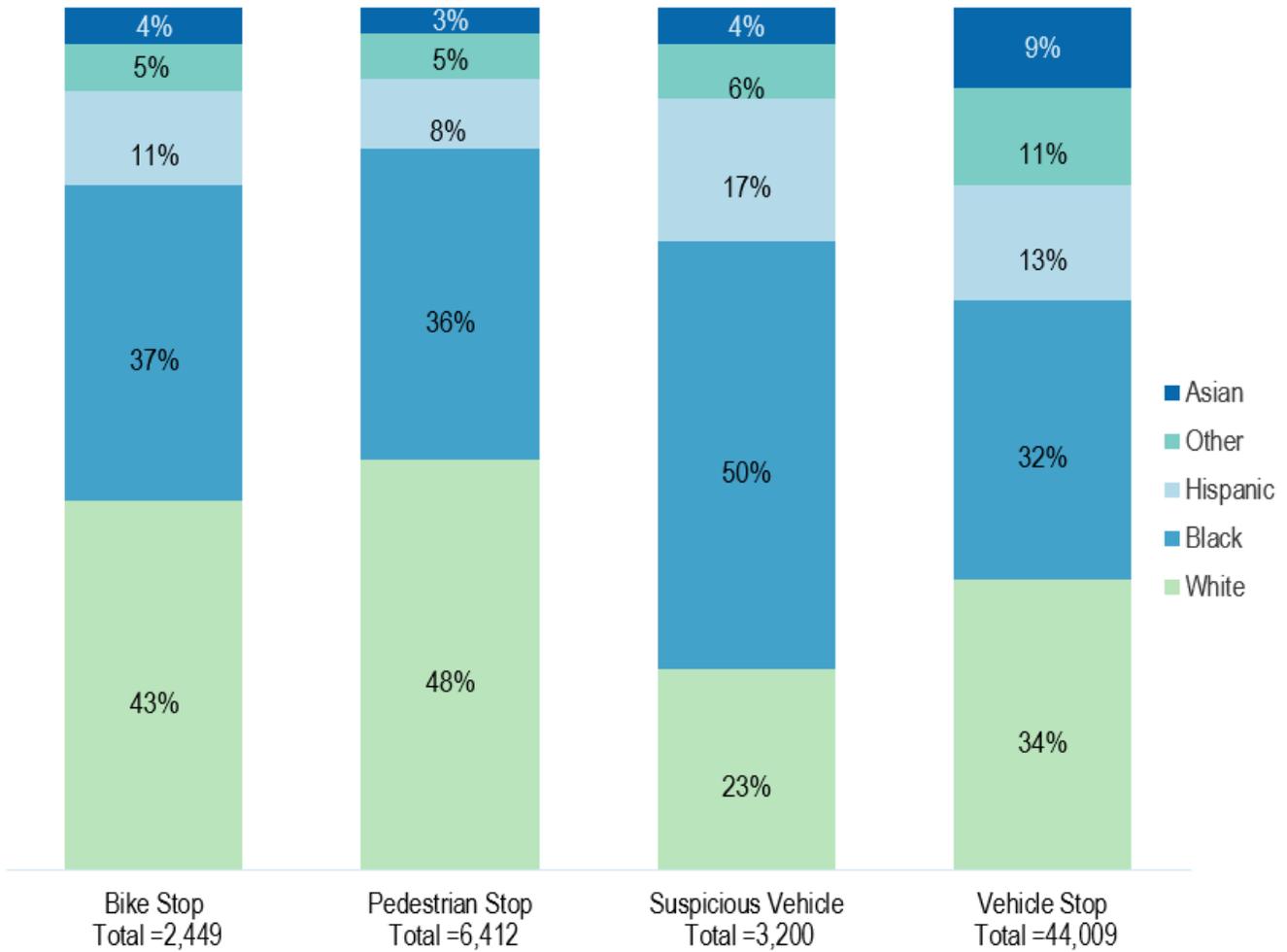Figure 19 shows stops by age and race from 2015 to 2019.

Figure 19. Officer-Initiated Stops by Race and Age, 2015-2019 (n = 56,070 individuals stopped)

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 20 shows the distribution by race within each type of stop from 2015 to 2019.
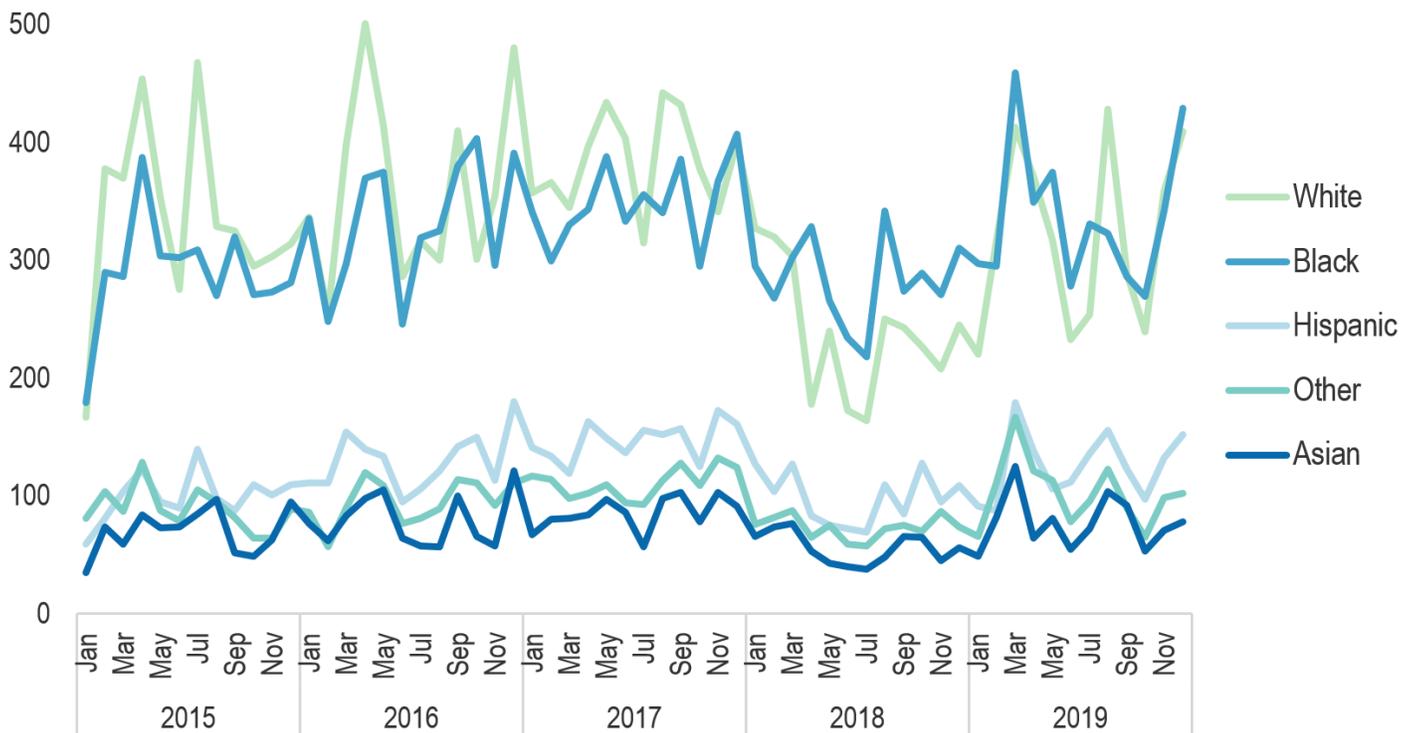
Figure 20. Type of Officer-Initiated Stops by Race, 2015-2019 (n = 56,070 individuals stopped)

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 21 shows the monthly distribution for all types of stops by race from 2015 to 2019.

Figure 21. Officer-Initiated Stops by Race and Month, 2015-2019 (n = 56,070 individuals stopped)
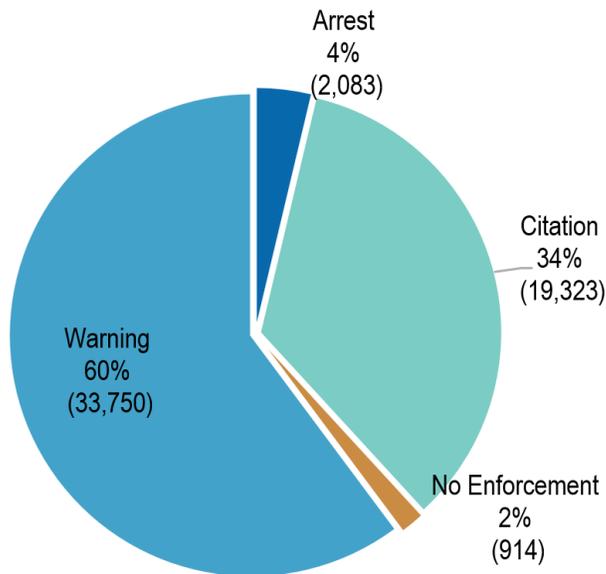

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Enforcement

Officer-initiated stops sometimes result in enforcement outcomes. The four possible enforcement actions are arrest, citation, warning, and no enforcement. BPD's General Order T-03 guides how officers are expected to use enforcement, including when to provide a verbal warning or a citation, in accordance with the California Vehicle Code. The general order directs officers to use their professional judgement in deciding whether to issue a warning instead of a citation. It also directs officers to issue a correctable citation for certain violations such as equipment or registration. Additionally, the general order directs officers to interact with the individuals and observe if there are signs of intoxication, visible guns, open alcohol containers or drugs, or other indicators of a crime.

Figure 22 shows the breakdown of types of enforcement actions of stops, including arrest, citation, warning, and no enforcement.
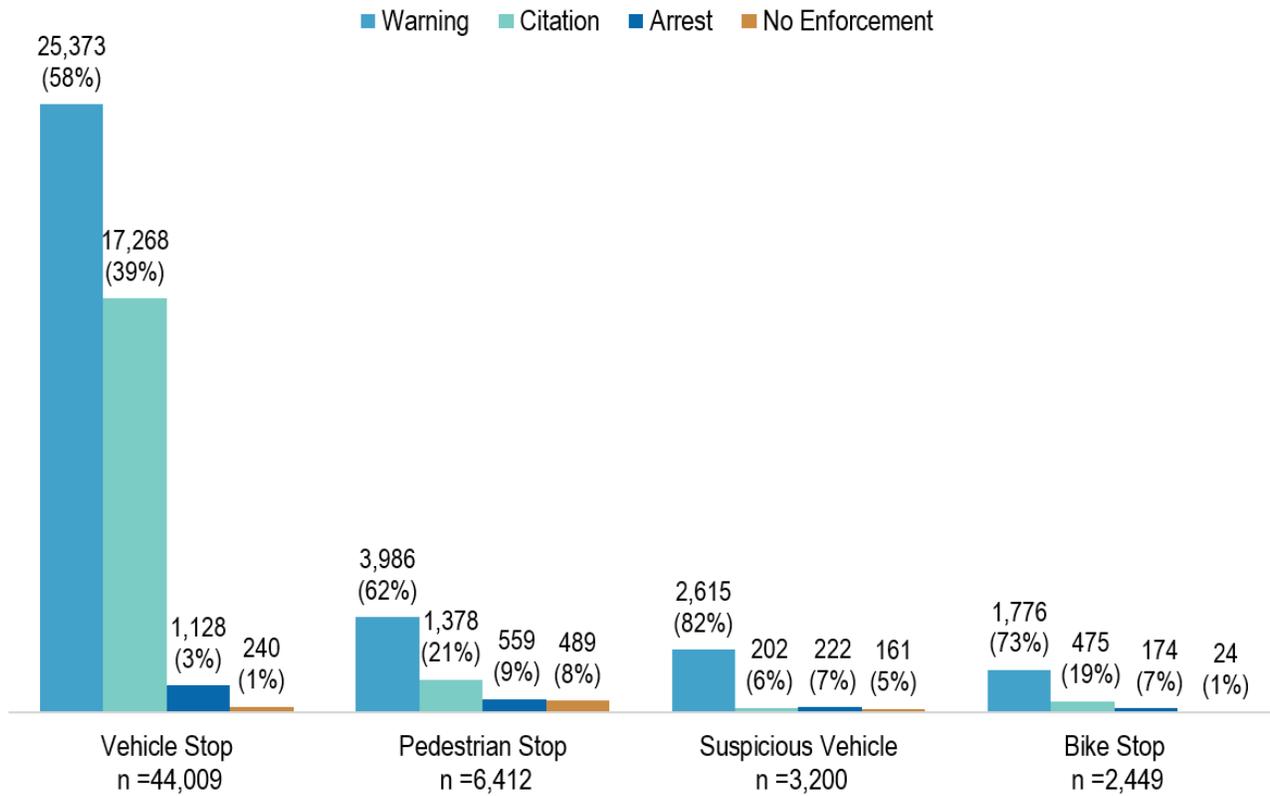
Figure 22. Enforcement Actions of Officer-Initiated Stops, 2015- 2019 (n = 56,070 individuals stopped)

Arrest
4%
(2,083)

Citation
34%
(19,323)

Warning
60%
(33,750)

No Enforcement
2%
(914)

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 23 shows the number of enforcement actions, broken down by type of enforcement and stop, from 2015 to 2019.
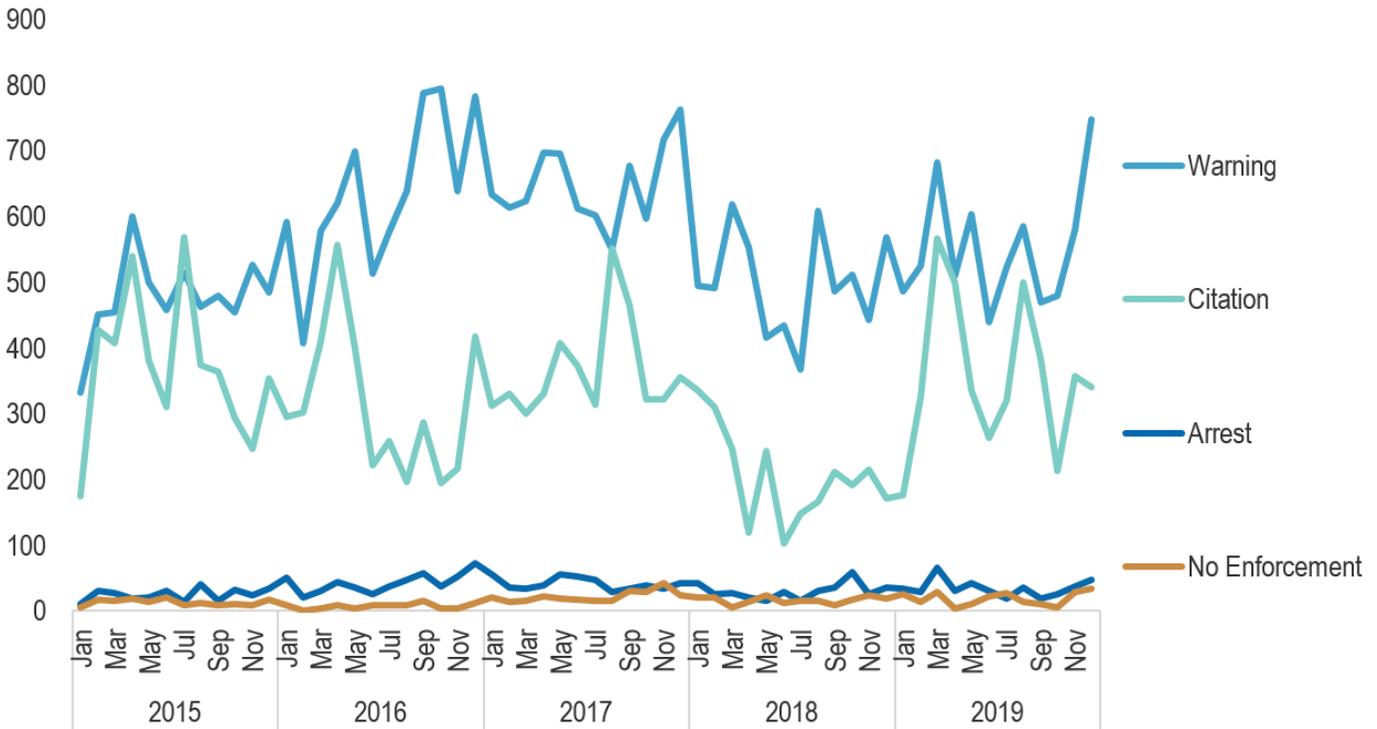
Figure 23. Enforcement Actions of Officer-Initiated Stops by Stop Type, 2015-2019 (n = 56,070 individuals stopped)

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 24 shows the number of stops by enforcement action and month from 2015 to 2019.

Figure 24. Enforcement Actions of Officer-Initiated Stops by Month, 2015-2019 (n= 56,070 individuals stopped)

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

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Figure 25 shows the stop enforcement actions by race from 2015 to 2019.

Figure 25. Enforcement Actions of Officer-Initiated Stops by Race, 2015-2019 (n = 56,070 individuals stopped)
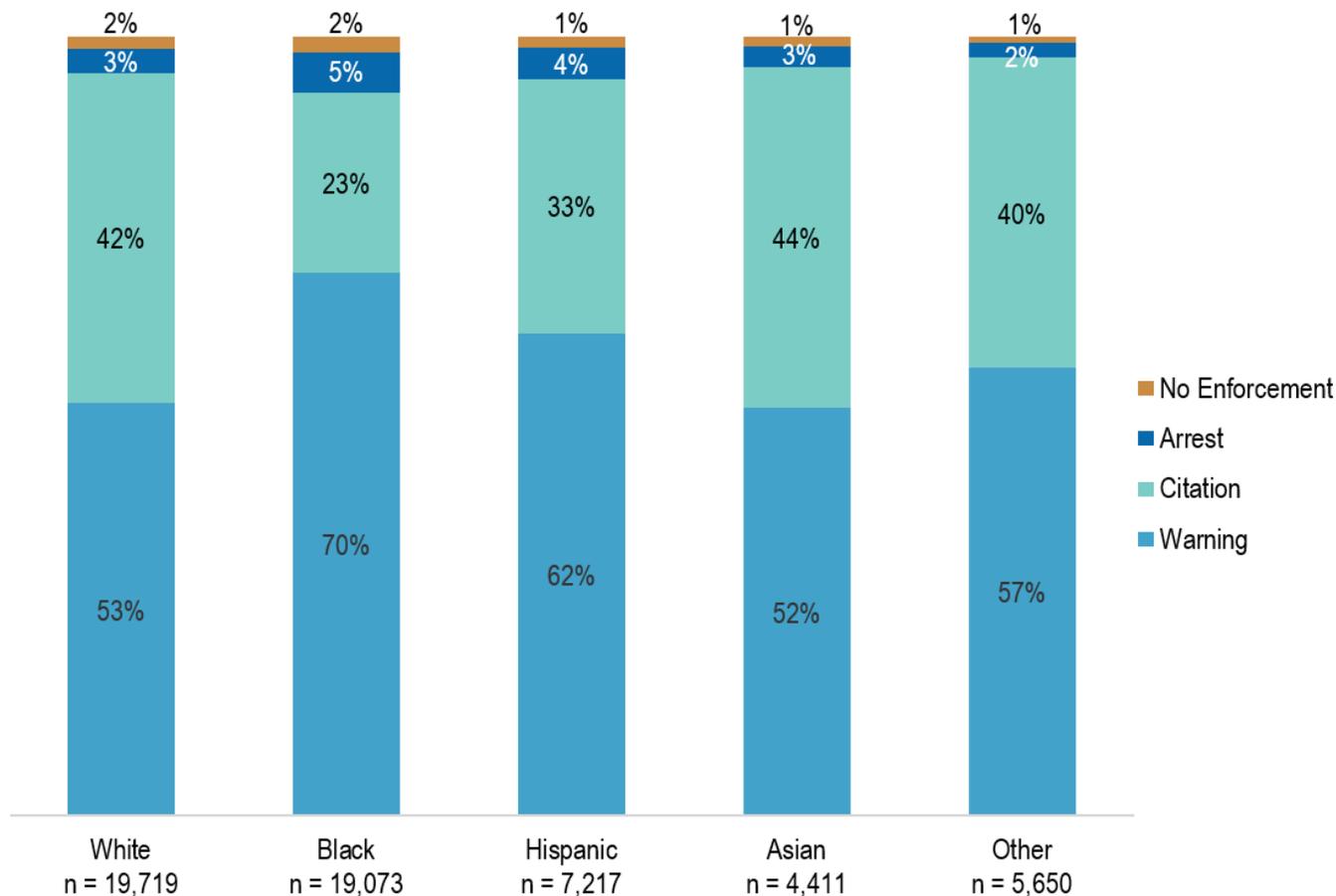
Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Searches

The following section provides information on whether BPD conducted a search during vehicle, bike, suspicious vehicle, or pedestrian stops. We break down all types of searches and resulting enforcement actions by race.

The stop disposition data during the 2015 to 2019 audit period did not include information on whether the officer asked for consent to search the person, and if so, whether the individual gave consent. The data also does not indicate the basis for the search, nor the type of contraband or evidence that was recovered, if any.

Figure 26 shows individuals stopped by type and search outcome from 2015 to 2019. Out of 56,070 stops, 8,965 (16 percent) result in a search.

Figure 26. Searches Resulting from Officer-Initiated Stops by Stop Type, 2015-2019 (n = 56,070 individuals stopped)

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 27 shows stops by search outcome by month from 2015-2019.

Figure 27. Searches Resulting from Officer-Initiated Stops by Month, 2015-2019 (n = 56,070 individuals stopped)

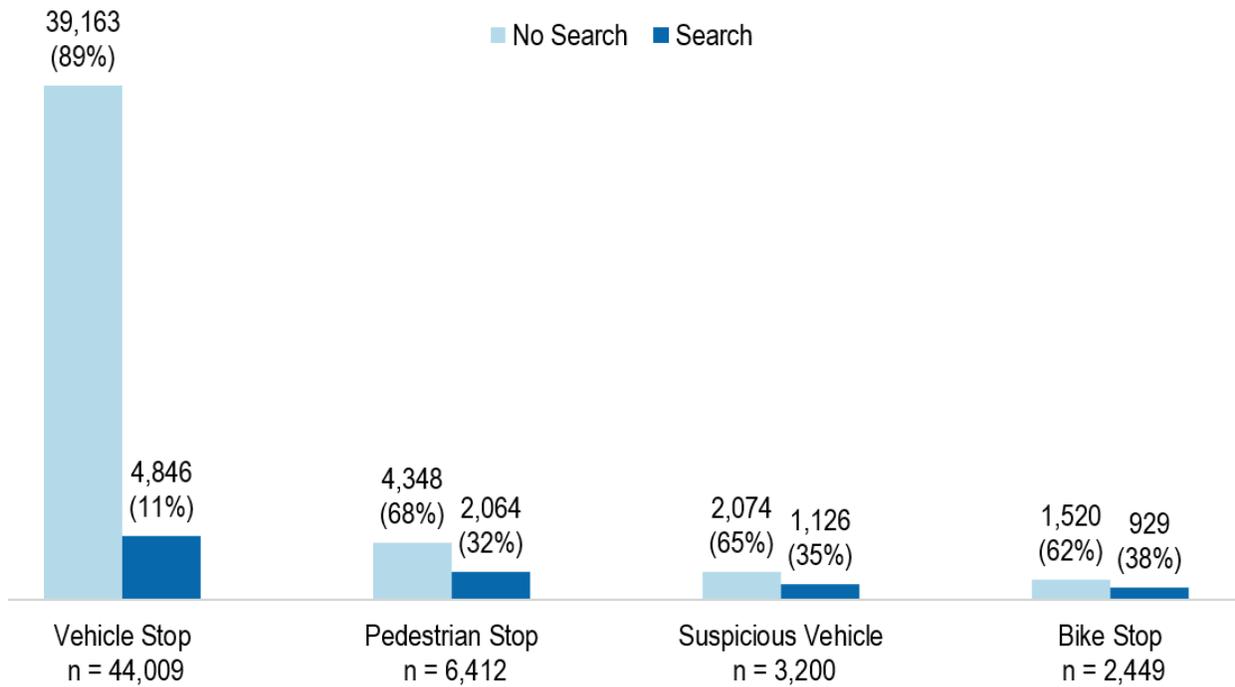Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 28 shows stops by search outcome and race from 2015 to 2019.

Figure 28. Searches Resulting from Officer-Initiated Stops by Race, 2015-2019 (n = 56,070 individuals stopped)

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 29 shows searches and resulting enforcement outcomes by race from 2015 to 2019.
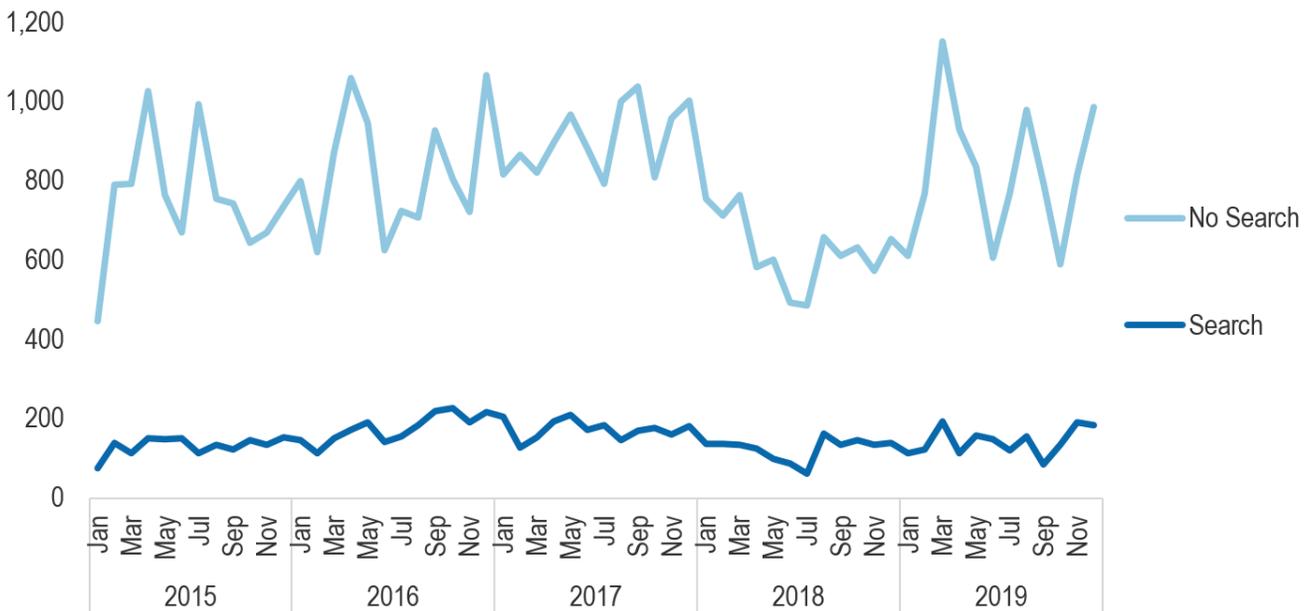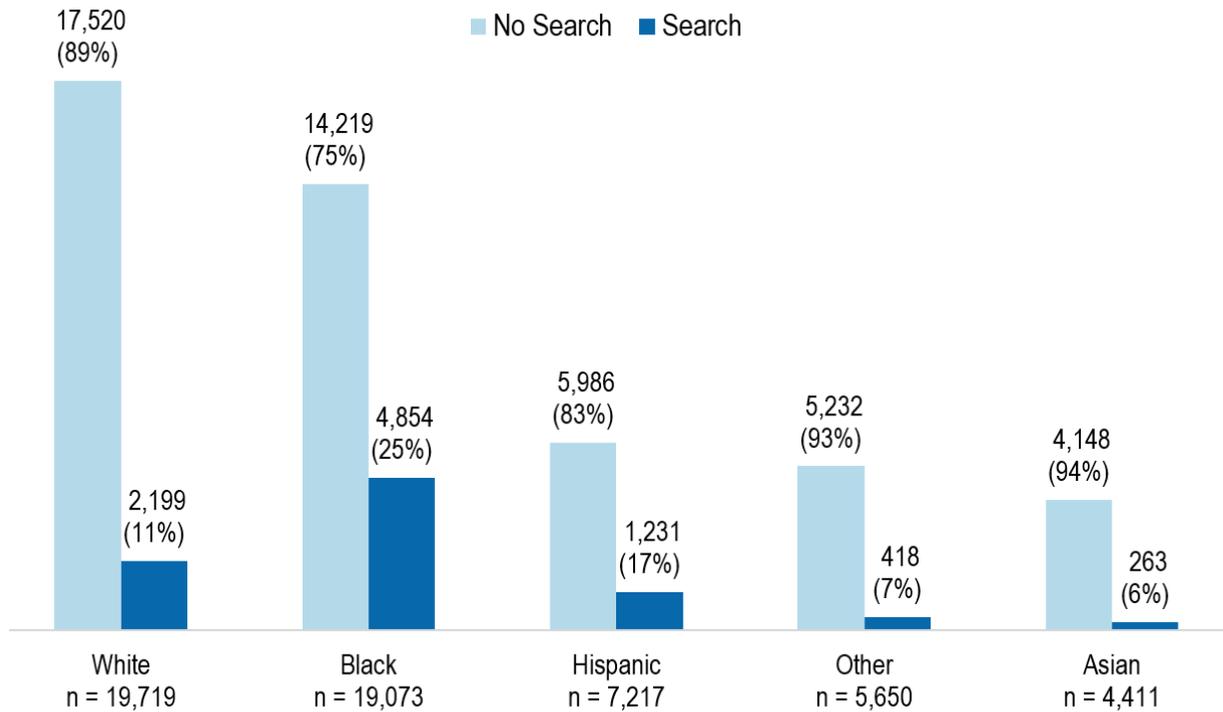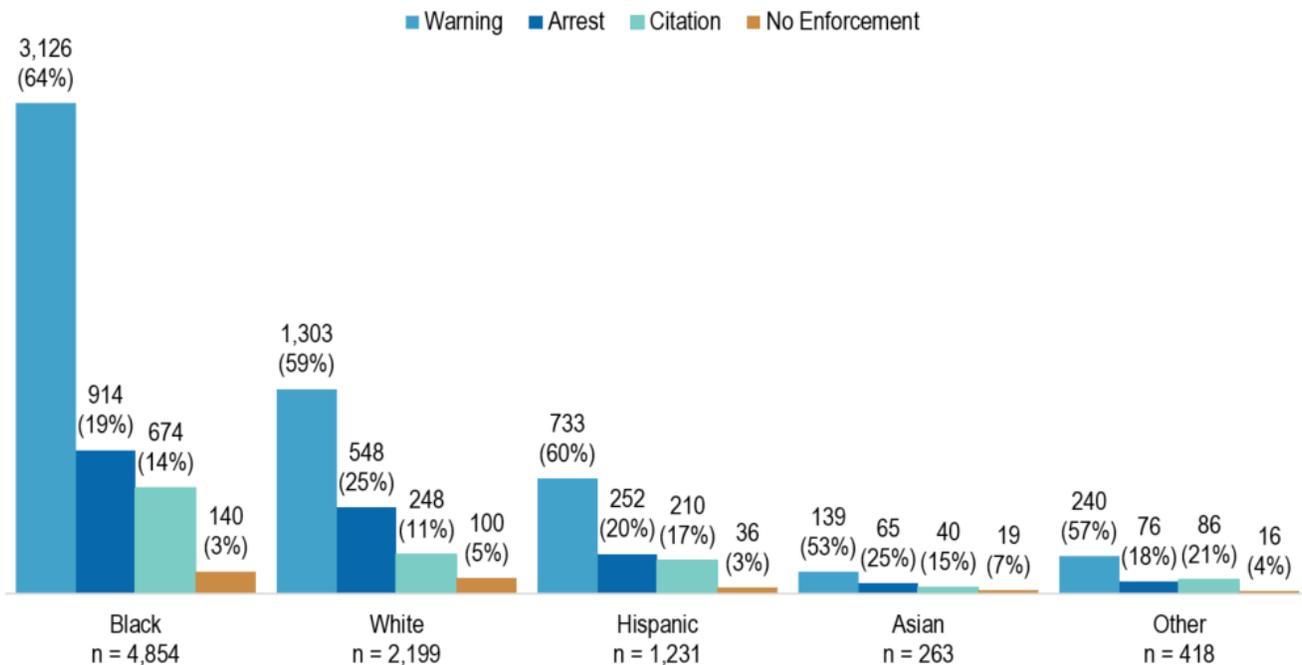
Figure 29. Enforcement Outcomes of Searches Resulting from Officer-Initiated Stops by Race, 2015-2019 (n = 56,070 individuals stopped)

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

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V. Characteristics of Police Response

Analysis of 637,313 responses from BPD sworn officers and other units

This section presents an overview of data about personnel that responded to events. Personnel dispatched to respond to events can include non-police personnel in addition to BPD personnel. All events in this CAD analysis include a response by at least one BPD sworn officer, though the Communications Center can also dispatch additional non-police personnel to certain events as needed. BPD Communications Center staff also play an important role in how BPD responds to events.

> We review the following components related to police response:
>
> 1. Response by personnel unit type
> 2. Number of personnel responding to events
> 3. Personnel time spent responding to events

Sworn officers represented 96 percent, or most of the personnel that responded to events, and personnel from other units accounted for 4 percent of total personnel that responded to events. Parking enforcement officers and bike units accounted for over half of the personnel responses from other units. On average, BPD dispatched 1.8 personnel per event. The majority of personnel time, 69 percent, is spent responding to events classified as Community, FBI Part II Crimes, and Traffic. The data, which includes the classification or call type assigned to the event prior to BPD arriving at the event, may not reflect the actual event that takes place.

Primary BPD Response Personnel

Our analysis primarily reflects work conducted by the Communications Center and patrol teams to respond to events in the Berkeley community, with some information about additional supportive units. We provide a summary of each of these units below.

Patrol Teams. The Berkeley Police Department provides patrol services 24 hours a day, seven days a week. These teams of sworn officers are usually the first and primary responders to calls for service. According to BPD's Policy 400, the function of a patrol team is to respond to calls for assistance and reports of criminal activity, act as deterrent to crime, enforce state and local laws, identify community needs, provide support and assistance to the community, and respond to emergencies. Their duties may also include directing traffic, providing mutual aid, and responding to calls for help. The police responses tracked in the CAD data are largely from patrol teams and their supervisors.[13]

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[13] Patrol teams may include reserve officers who serve in a part-time capacity, and supplement and assist regular sworn police officers in their duties. Reserve officers can be dispatched to similar assignments as full-time patrol officers with the exception of some felonies and more serious offenses and are required to get patrol sergeant approval when making arrests.

Communications Center. The Communications Center is part of the Support Services Division of the Berkeley Police Department, overseen by a sworn police captain. The Communications Center serves as Berkeley's 911 public safety answering point, receiving all emergency and non-emergency police, fire, and medical calls in the City, and dispatching public safety personnel to respond as appropriate. The Communications Center is staffed 24 hours a day, 365 days of the year by a team of dispatchers. Dispatchers are highly trained professionals, who gather essential information from callers and dispatch the appropriate response team to the scene. They take control of situations that may be chaotic, stressful, confusing, and traumatic. Dispatchers are often described as "first responders" as they make primary contact with the person reporting the emergency. As described in Section II, the Communications Center is integral in directing and characterizing these responses. For more information about the Communications Center, see 911 Dispatchers: Understaffing Leads to Excessive Overtime and Low Morale, which the City Auditor's office released in 2019.

Other personnel units. A small portion of the data involves BPD personnel in units other than patrol teams that responded to events, as well as personnel from other city departments outside of BPD. Our data set did not include personnel dispatched from the Berkeley Fire Department, which may respond to an event that includes a BPD personnel. Other units may include the personnel described in the following sections.

Figure 30. Percentage of Personnel Responses by Type of Unit, 2015-2019 (n = 637,313 responses)
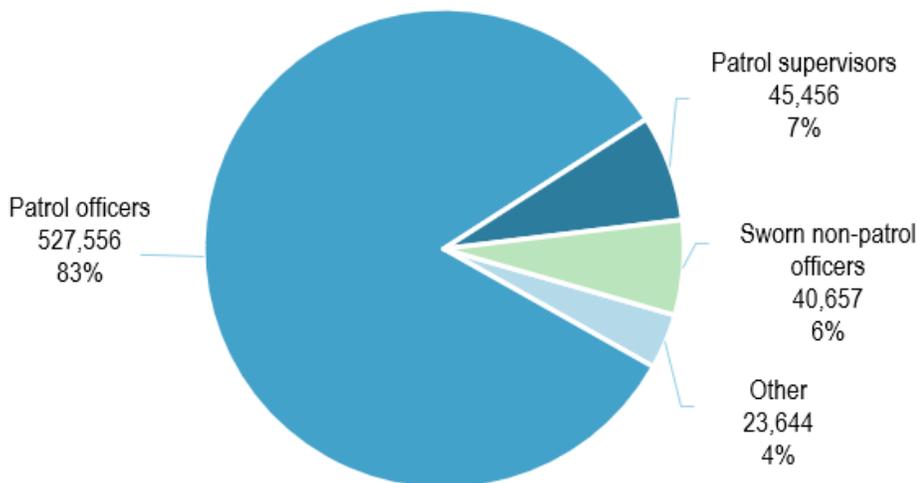
Note: The category with 527,556 patrol officer responses includes 3,105 reserve officer responses. Patrol supervisors include sergeants, lieutenants, and captains.

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Other BPD Response Personnel – Sworn Officers

In addition to patrol officers, BPD employs a core group of individuals who are sworn in as law enforcement officers. State law grants sworn officers the authority to enforce the law, including traffic law. According to BPD, no other personnel are granted the same authority at this time. The following sworn positions responded to events:

Area Coordinators. Area Coordinators are within the Community Services Bureau. These are officers on a special assignment in this unit. The Area Coordinators act as liaisons to the patrol officers in their assigned area and collaborate with other city departments or community organizations to solve long-term problems.

Bike Unit. Bike Unit personnel are officers on special assignment who travel by bike. They work in a focused geographical area and initiate stops related to their work, but they often self-dispatch to support patrol officers.

Special Enforcement. Special Enforcement officers are officers focused on detecting, apprehending, and prosecuting persons engaged in narcotics, vice, and organized crime. This Special Enforcement Unit was established in 2000 and most recently operated under investigations. BPD disbanded the drug taskforce within the Special Enforcement Unit in 2016.

Motor Unit. Motor unit officers operate within the Traffic Enforcement function of the Traffic Bureau. BPD staffs four motor officers who manage, investigate, and report on traffic-related events such as towed vehicles or collisions. The motor unit additionally supports the car seat education and installation program for the Berkeley Traffic Bureau.

Sworn, non-patrol officers. Some officers dispatched to events are sworn officers who are not assigned to patrol teams, such as when they are assigned to investigations or special assignments when they respond to a call.

Other BPD Response Personnel – Professional Personnel

In addition to patrol officers and other sworn personnel, BPD employs individuals who are non-sworn. The following non-sworn positions responded to events:

Community Service Officers. Community Service Officers (CSO) are specialized professionals performing a wide variety of technical support duties in the department. CSOs work most often in Berkeley City Jail, evidence, and investigations. According to BPD, while CSOs rarely appear in the CAD data, they may appear in cases when they need assistance from BPD officers in the jail.

Crime Scene Technician. Crime Scene Technicians are part of the Crime Scene Unit/Investigation, and are CSOs. The Crime Scene Supervisor oversees four Crime Scene Investigators who collect and document evidence at crime scenes. Crime Scene Technicians support patrol officers of all ranks and all detectives with searches for evidence but are ultimately responsible for managing evidence in major or complex crimes.

Parking Enforcement Officers. Parking Enforcement Officers operate within the Parking Enforcement Unit of the Traffic Bureau. Parking Enforcement Officers enforce local and state parking laws and regulations. Their functions include responding to parking issues as reported by the community, working traffic control posts during police incidents, and helping to manage traffic and parking at special events, such as the 4th of July, the Solano Stroll, and UC Football games. Berkeley Municipal Code authorizes non-sworn parking enforcement officers to issue citations for violations of state and local parking laws, but not traffic violations.

Non-BPD Response Personnel

University of California Officers. BPD dispatches these officers when they are partnered with a BPD officer as part of a special program in which BPD has the lead.

Animal Control. Animal Control are members of the City of Berkeley Animal Care Services. They are responsible for enforcement of city ordinances related to animals, removal of killed or injured animals, impoundment of stray pets, and investigation of animal-related neglect, cruelty, nuisance, and bite cases.

Mobile Crisis Team. The Mobile Crisis Team (Mobile Crisis) are staff in the City's Mental Health Division who may accompany BPD officers to calls related to individuals experiencing a mental health crisis. This team aims to reduce the impact of mental health emergencies through immediate response to crisis situations at the street-level and through coordination and consultation with local public safety organizations, hospitals, and other community groups.

Response to Events

BPD dispatched patrol officers to respond to events 527,556 times with multiple officers being dispatched to some events. Patrol officers include seven patrol teams and reserve officers. Supervisors include police sergeants, lieutenants, and captains. Other units include Animal Control, Area Coordinators, Bike Unit, Crime Scene Techs, Community Service Officers, Dispatchers, Mobile Crisis Team, Parking Enforcement Officers, Police Aides, Special Enforcement, Traffic Bureau, and University of California officers. Figure 31 shows the number of other personnel units that responded to events from 2015 to 2019.

Figure 31. Responses to Events by Other Units, 2015-2019 (n = 23,644 out of 637,313 personnel)
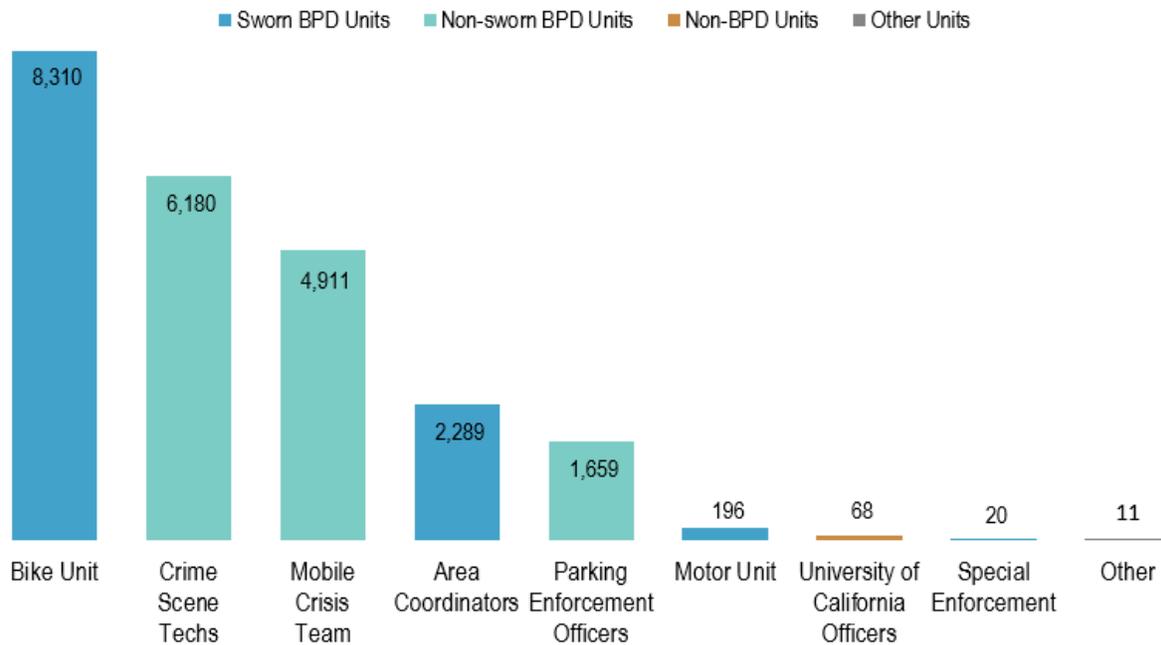
Note: Other includes: CSOs (non-sworn BPD unit), Police Aides (non-sworn BPD unit), and Animal Control (Non-BPD unit).

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

The number of personnel who respond to an event varies depending on the call type. Table 7 shows the average number of personnel who responded to an event by the most frequent call types. Appendix G provides the average personnel responses for all call types.

Table 7. Top Call Types by Personnel Response, 2015-2019 (n = 333,493 responses)

Call Type	Average Personnel Responses per Event	Total Number of Personnel Dispatched
415 - Disturbance	2.0	70,456
T - Traffic Stop	1.5	67,083
1033A - Audible Alarm	1.7	34,175
SUSCIR - Suspicious Circumstance	2.6	29,897
1042 - Welfare Check	1.9	29,266
SEC - Security Check	1.8	26,845
242 - Battery	3.1	21,672
SUSPER - Suspicious Person	2.3	18,654
415E - Noise Disturbance	1.1	18,009
484 - Theft	1.7	17,436

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

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Figure 32 shows a breakdown of events by the number of responding personnel from 2015 to 2019.

Figure 32. Number of Personnel Responses per Event, 2015-2019 (n = 637,313 responses)
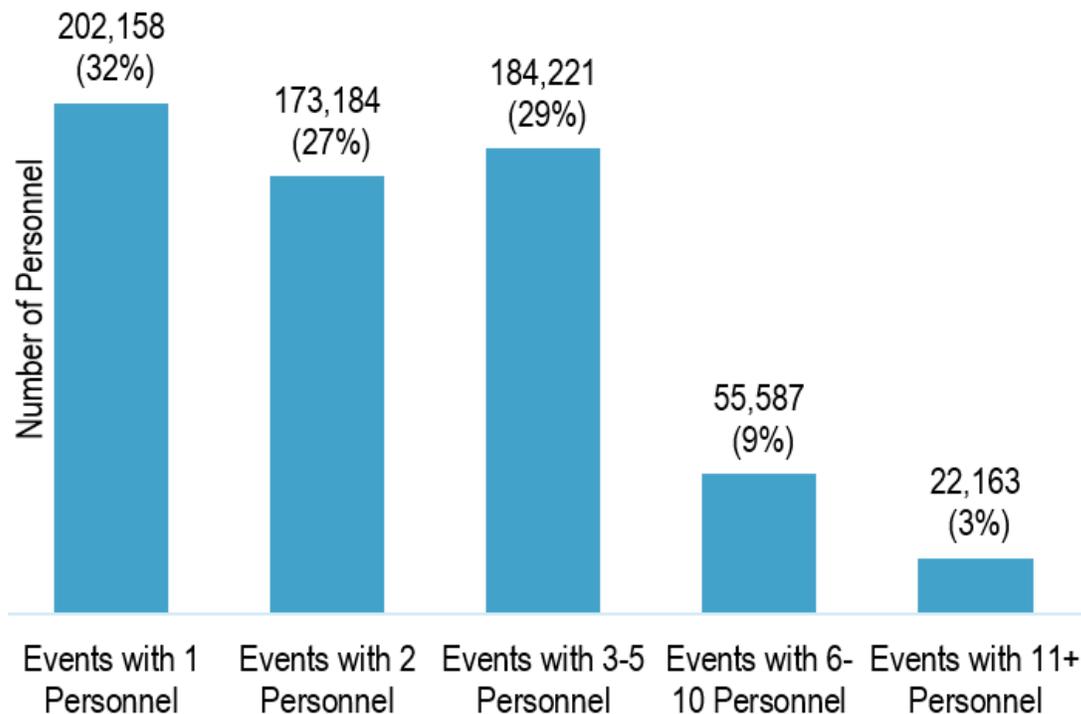
Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

BPD Patrol Teams

BPD has seven patrol teams, as shown in Figure 33. Each team is made up of 5 to 11 officers and two supervising sergeants. Four lieutenants oversee two patrol teams each. According to BPD, patrol teams often fall short of the number of assigned officers when officers are out due to sick leave, training, or injury, and officers do overtime to make the minimum staffing of 8-9 officers per team. The number of officers dispatched to an event will vary depending on the call type. On average, BPD dispatches 1.8 personnel per event. Appendix G includes the average personnel responses for each call type.

Figure 33. Example of Police Patrol Team Staffing

	Monday-Thursday				Friday-Saturday			
	Team 1	Team 2	Team 3	Team 4	Team 5	Team 6A	Team 6B	Team 7
Lieutenants	🕵		🕵		🕵		🕵	
Sergeants	👥👥	👥👥	👥👥	👥👥	👥👥	👥👥	👥👥	👥👥
Officers	👪 10-11	👪 10-11	👪 10-11	👪 10-11	👪 10-11	👪 5	👪 5	👪 10-11
Shift Time	6:00a – 4:00p	11:00a – 9:00p	3:30p – 1:30a	8:30p – 6:30a	6:00a – 6:30p	11:30a – 12:00a	2:00p – 2:30a	6:00p – 6:30a

Source: Berkeley Police Department

Figure 34 shows the dates when more than 50 personnel were dispatched to one event during the five-year period, including the call type that was assigned to each respective event.

Figure 34. Events with Responses from More than 50 Personnel, 2015-2019 (n = 1,074 out of 637,313 responses)

Year	Date	Event
2015	2/19	Search Warrant, 54
2016	7/4	Security Check, 63
2017	3/4	Demonstration, 104
	4/15	Demonstration, 114
	8/27	Security Check, 94
	9/14	Security Check, 71
	9/24	Demonstration, 108
	9/25	Demonstration, 86
	9/26	Demonstration, 97
	9/27	Demonstration, 76
2018	8/5	Security Check, 94
2019	7/4	Security Check, 58
	11/20	Demonstration, 115
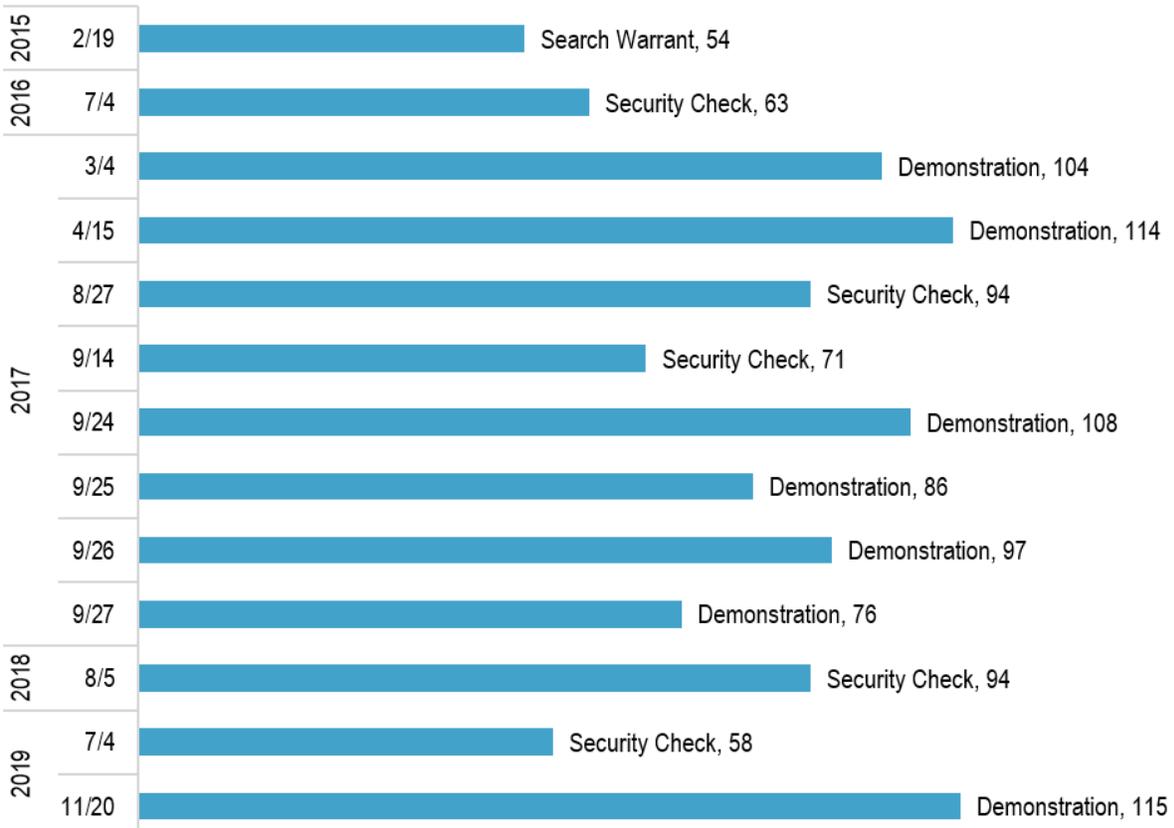
Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Time Spent Responding to Calls

In this section we present information about the time BPD spends recording, dispatching, and responding to calls. The CAD data includes time stamps that correspond with the steps that occur throughout the call and response process. These time stamps enable an understanding of the amount of time that is dedicated to different portions of responses to events. We use the time between when a call is dispatched and cleared to indicate the amount of time that an officer or other personnel spends responding to an event. We use the time between a call being created and an officer being dispatched to denote the time in which the Communications Center assesses resources and dispatches officers.

The CAD system only records the time of a police event, which is an approximation of the time that officers and other personnel spend responding to events. Therefore, the data does not include information about how they spend their time outside of responding to events. Typical police activities that are not recorded in the CAD system include training, proactive policing activities, and report writing.

The time that BPD officers and other personnel take to respond to events can be longer than expected for several reasons. It could be because dispatchers forget to close out a call. Officers may have moved to another call, or are working on a report. Officers may also close out a call and continue to work on a report, so that they can be dispatched if needed.

Figure 35 shows the total number of BPD officers and other personnel dispatched to events by event priority level from 2015 to 2019.

Figure 35. Number of Personnel Responses by Priority Level, 2015-2019 (n = 637,305 out of 637,313 responses)
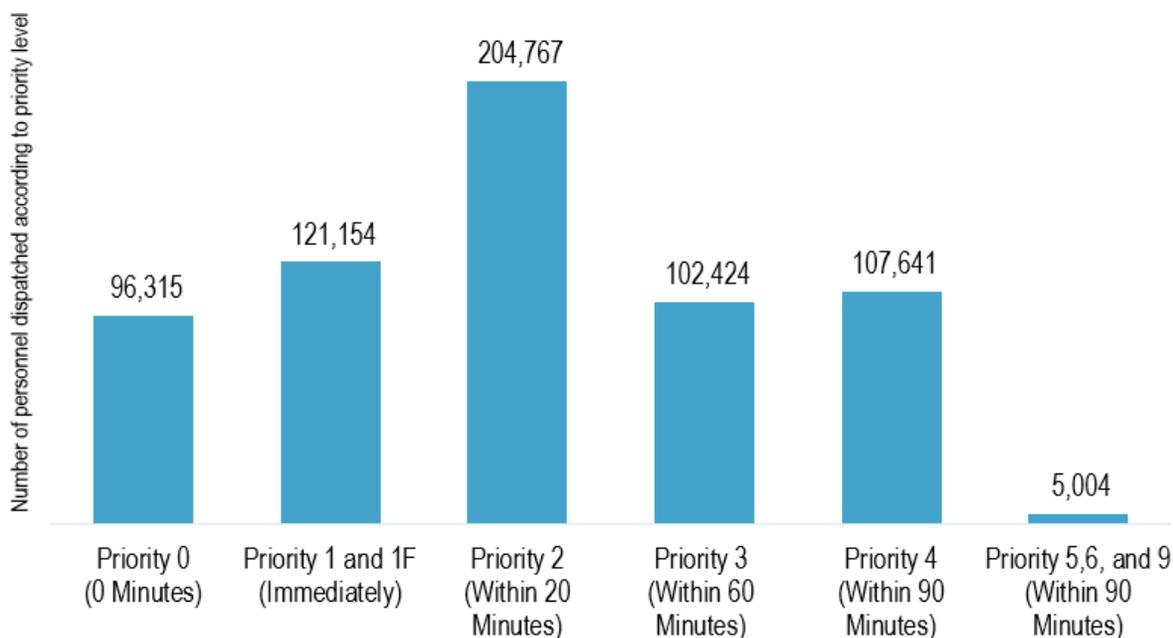
Note: Fire dispatch times are not included in this graphic.
Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

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Table 8 shows the median time personnel spent responding to the ten most frequent call types from 2015 to 2019. Time spent responding is defined as the time between when the Communications Center dispatches personnel and closes the event in CAD, indicating that personnel are no longer on scene.

Table 8. Median Time Spent on Event after Dispatch for Top 10 Call Types, 2015-2019 (n = 321,224 out of 637,313 responses)

Call Type	Median Time Spent on Event after Dispatch (Minutes and Seconds)	Total Number of Personnel Dispatched
1. T - Traffic Stop	7:00	67,083
2. 415 - Disturbance	14:00	70,456
3. 1033A - Audible Alarm	9:00	34,175
4. 415E - Noise Disturbance	9:00	18,009
5. SEC - Security Check	29:00	26,845
6. 1042 - Welfare Check	19:00	29,266
7. SUSCIR - Suspicious Circumstance	17:00	29,897
8. 602L - Trespassing	12:00	16,911
9. 484 - Theft	28:00	17,436
10. W911 – Wireless 911	7:00	11,146

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 36 shows an overview of the time BPD officers and other personnel spent responding to events for each call type classification. This is represented as percentages of the total time that all officers and other personnel spent responding to events.

Figure 36. Percent Personnel Time Spent Responding to Events Out of Total Time Responding to All Events by Auditor Classification, 2015-2019
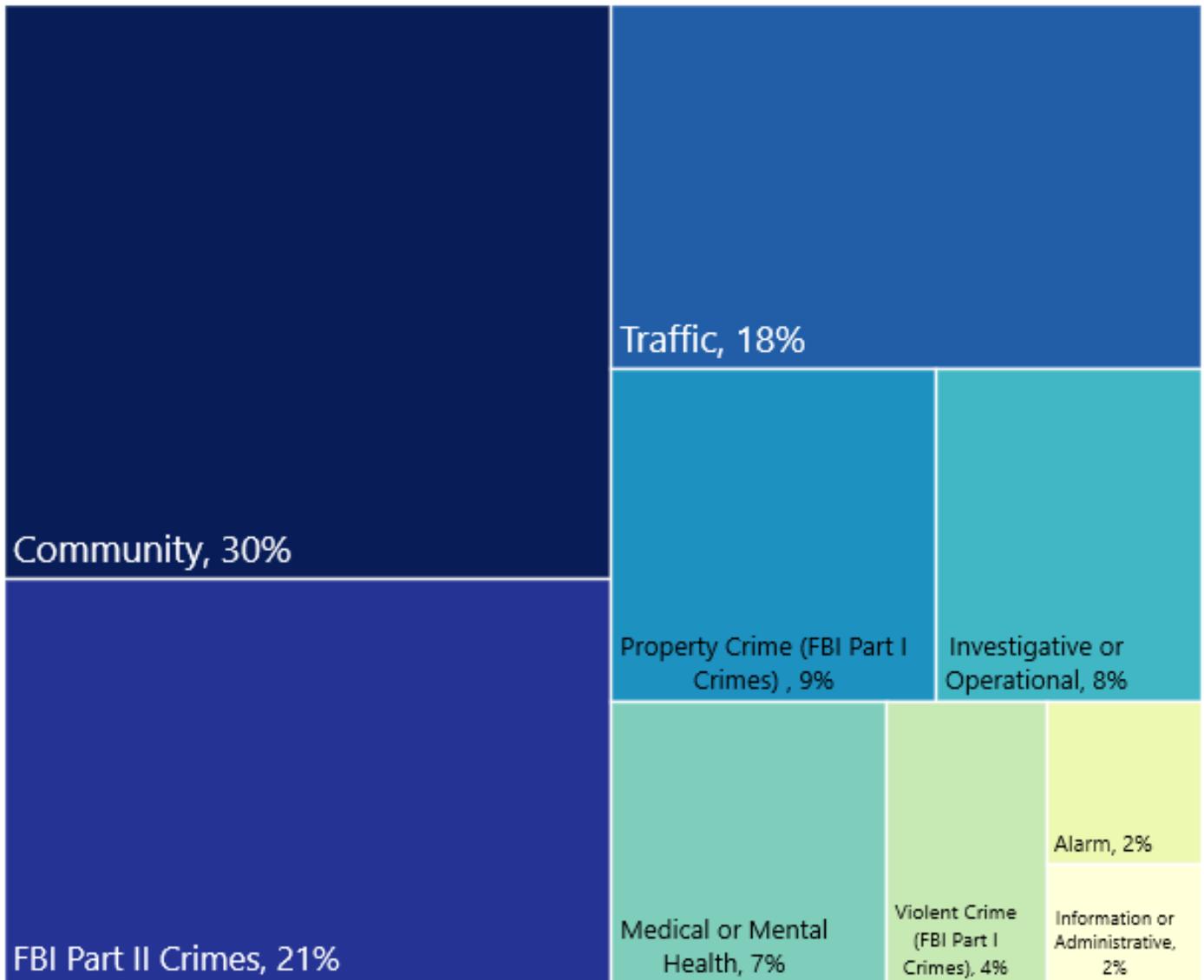
Note: The figure excludes 5,247 responses that were missing start or end time stamps in the data.

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

VI. Finding 1: Berkeley Police Department can better track mental health and homelessness calls.

There has been much discussion by City Council and the community around BPD resources in response to events related to mental health and homelessness. City officials have estimated that BPD dedicates significant resources to responding to calls about people experiencing mental health issues or homelessness,[14] and the City Council requested data to gain a better understanding of BPD's response to these events.[15] As such, we assessed the available data about the number of events and officer-initiated activities that relate to mental health and homelessness.

Currently, it is difficult to determine the full extent of BPD officers' encounters with people who are experiencing a mental health issue or homelessness from the data set. We identified as many of these events in the data as possible, but they are undercounted, likely significantly, because BPD does not identify all calls related to mental health or homelessness. Better tracking of all events where mental health or homelessness are apparent would provide more complete understanding about BPD's response and inform decisions about the appropriate resources to dedicate to these events.

Events Related to Mental Health and Homelessness are Undercounted

BPD receives many calls that involve individuals who are experiencing a mental health issue or homelessness, but there are some challenges that make it difficult to identify these events in the CAD data.

First, call types in CAD reflect the primary reason for a call which may not capture events where the individuals involved are experiencing a mental health issue or homelessness. CAD has some call types to identify when the primary reason for the call is a mental health issue, such as a suicide attempt or "5150" for someone experiencing a mental health crisis. However, if the primary reason for the call is another issue, dispatchers are trained to assign those to call types that reflect the primary reason, such as family disturbance or pedestrian stop, which do not capture an accompanying mental health issue. According to BPD, if the event involves a potential crime, dispatchers will always log it using a corresponding crime code and not a mental health call type. For example, if the Communications Center receives a call about a disturbance in progress, dispatchers will assign a call type related to a disturbance. Officers may arrive on scene and find the individual involved is experiencing a 5150 mental health crisis, but the call type would not reflect this. Similarly, there is one call type specifically for events related to homelessness, but dispatchers may assign these events to other more general call types such as welfare check or person down depending on the information they receive about the primary reason for the call.

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[14] Berkeleyside article, "Mental health calls #1 drain on Berkeley police resources." https://www.berkeleyside.com/2015/04/16/mental-health-calls-are-1-drain-on-berkeley-police-resources
[15] Mayor's Omnibus Motion on Public Safety Items: https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_Commissions/2020-07-14%20Mayor%20Supp%203%20Police%20Items.pdf

Second, disposition codes used to describe basic information about the event do not always capture when there is a mental health or homelessness component. For instance, out of 28,959 events with a mental health term in the narrative, only 23 percent were assigned the mental health disposition code. According to BPD, officers most often are the ones to enter disposition codes unless they call into the Communications Center and provide information for dispatchers to enter the code. BPD stated that officers do not consistently use this code for events with an apparent mental health component. Additionally, CAD does not have a disposition code that indicates whether an individual in an event is experiencing homelessness. Even if CAD did have such a disposition code, BPD stated that officers tend to only ask individuals for information that is directly relevant to the event and may not gather information about housing status if it is not relevant. BPD should only include this information if it is apparent during the event.

Third, the narrative description for an event in CAD may not identify events with a mental health or homelessness component. In addition to logging call types and dispositions, dispatchers enter narrative information about the event in a description field. In our analysis, we found that the information in the description field does not always match the call type. For instance, dispatchers assigned over 20,950 events to a mental health call type. Of those events, mental health key words were only present in about 48 percent of the narrative descriptions. Using only the narrative description to identify 5150 calls would have excluded many of those calls. For events related to mental health or homelessness that do not have a designated call type, the description field may contain the only information that may identify those events as mental health or homelessness.

Lastly, the data shows when the Mobile Crisis Team responds to events related to mental health, but this alone is not a reliable way to identify these events. The Communications Center may not dispatch the Mobile Crisis Team if the responding officer does not request assistance. There are also some events that the Mobile Crisis Team would normally respond to but cannot because they are unavailable. There is no equivalent response personnel indicator for events related to homelessness.

We developed a method to identify as many events with a mental health or homelessness component as possible, which we describe below, but it is evident that our analysis significantly undercounts these events because of the data limitations we identified.

Transparency and accessibility of information about BPD's response to calls related to mental health or homelessness is an important part of the City's public safety reimagining process. In 2020, City Council passed the Omnibus Motion on Public Safety which called for the reimagining process to consider the police response to mental health and homelessness-related calls. To increase the availability of data on BPD's response to events that relate to mental health or homelessness to the extent that it is known, it is important that these events are identified in the CAD data. While there are challenges to identifying all these events, there are opportunities for BPD to capture more complete information by identifying events where it is apparent that individuals involved are experiencing a mental health crisis or homelessness, regardless of call type. This will result in more complete information about BPD's response and the outcomes of the events. This information can also inform decisions about the most appropriate way to respond to these events.

Identifying Events Related to Mental Health

Mental health events we identified in the data do not represent the total number of events that may have had a mental health component because of the data limitations described above. We used the following components of the CAD data to identify 42,427, unduplicated events with a mental health component, or 12 percent of all events.

- **Call types.** Call types related to mental health include suicide (1056), mental illness (5150), and welfare check (1042). While dispatchers can select call types related to mental health, they can assess a situation and opt to select a different call type that reflects the nature of the event.[16] Events with a call type that indicated the presence of a mental health issue accounted for 20,950 of the mental health calls identified.

- **Mental health disposition code.** According to BPD officials, the data includes a disposition code that is used to reflect events involving a mental health issue. This is a field that can be checked by BPD officers in addition to an assigned call type.

- **Narrative description.** The data includes narrative fields that dispatchers use to document details about the call that extend beyond the other CAD data entry options. These descriptions can vary depending on the dispatcher and not follow standardized language to describe mental health-related situations. In order to identify mental health-related terms within the narrative data, we consulted with officials from Berkeley Mental Health and the Mental Health Commission to create the list of search terms specific to mental health (Appendix F). We then used these terms to query and identify all the narrative reports to identify events with description fields that contained terms associated with mental health.[17]

- **Mobile Crisis Team response.** The data specifies the personnel who responded to each event. We queried the data for all instances in which the Mobile Crisis Team responded to an event. The data includes only Mobile Crisis Team responses that also involve a sworn BPD officer. The data does not document occasions in which the Mobile Crisis Team is unavailable to respond to a request for support. Therefore, the absence of a Mobile Crisis Team response does not necessarily mean that there was no request for their services.

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[16] This includes other call types that do not explicitly refer to mental health but correlate with mental health outcomes, such as welfare check, family disturbance, pedestrian stops, and suspicious person.
[16] We used the terms that are more specific to mental health and excluded terms more specific to substance abuse or addiction.

Table 9 below shows the unduplicated events we were able to identify as related to mental health based on the call type, disposition, narrative description, or response by the Mobile Crisis Team. Approximately 12 percent of all events were related to mental health from 2015 to 2019.

Table 9. Results of Scan for Events Related to Mental Health, 2015-2019

		Narrative Report	Disposition Report	Call Types	Mobile Crisis	Unduplicated Count
		Mental Health-related events identified in Narrative Reports	Events with an "MH" Disposition Report	Events with Mental Health-related Call Types	Events with response by Mobile Crisis	Narrative report, disposition, call types, and/or Mobile Crisis response
Identified events	#	28,959	9,553	20,950	4,298	42,427
	%	8%	3%	6%	1%	12%
Total Events		350,800	350,800	350,800	350,800	350,800

Note: Call Types includes: 1056 – Suicide, 5150 - Mental Illness and 1042 - Welfare Check

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Table 10 shows how many events of the ten most frequent call types also had a mental health component from 2015 to 2019.

Table 10. Top 10 Call Types and Mental Health Terms in Narrative, 2015-2019

Call Types	Events with Mental Health Term in Narrative Field	Percent of Events	Total Events
1. T - Traffic Stop	70	0.2%	44,795
2. 415 - Disturbance	6792	19.0%	35,696
3. 1033A - Audible Alarm	100	0.5%	19,920
4. 415E - Noise Disturbance	221	1.4%	15,773
5. SEC - Security Check	199	1.3%	15,262
6. 1042 - Welfare Check	6032	40.1%	15,030
7. SUSCIR - Suspicious Circumstance	1244	10.8%	11,547
8. 602L - Trespassing	514	4.6%	11,058
9. 484 - Theft	395	3.7%	10,556
10. W911 - Wireless 911	123	1.2%	9,899

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Identifying Events Related to Homelessness

Similar to mental health-related events, we were not able to identify all events related to homelessness because the information tracked in CAD is limited. While mental health-related events have several call types, lodging in public is the only call type for events related to homelessness. Unlike mental health, events related to homelessness in CAD do not have a disposition identifier. We used the following components of the CAD data to identify 21,683 events involving homelessness which represent 6.2 percent of all events, but this is an undercount:

- **Call type.** The only call type that is specifically related to events that involve one or more people experiencing homelessness is lodging in public. Events with this call type accounted for 0.6 percent of police-related CAD events we could identify as related to homelessness.

- **Narrative Description.** We queried all the events to identify those with description fields that contained terms associated with homelessness. We consulted with officials from Berkeley's Health, Housing, and Community Services Department, the Mental Health Division within that department, the Homeless Commission, and Mental Health Commission to create the list of search terms specific to homelessness (see Appendix F).

Events related to homelessness may also have a mental health component. The 21,683 homelessness-related events identified may overlap with some of the events related to mental health.

Table 11 below shows the unduplicated events we were able to identify as related to homelessness based on the call type or narrative description.

Table 11. Results of Scan for Events Related to Individuals Experiencing Homelessness, 2015-2019

		Homeless-Related Events Identified in Narrative Reports	Events with Call Type Lodging in Public	Unduplicated Count (Call type and/or Narrative Terms)
Identified events	#	20,768	2,221	21,683
	%	5.9%	0.6%	6.2%
Total Events		350,800	350,800	350,800

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Table 12 shows the ten most frequent call types and events with a homelessness component from 2015 to 2019.

Table 12. Top 10 Call Types and Homelessness Terms in Narrative, 2015-2019

Call Types	Events with Homelessness Term in the Narrative Field	Percent of Events	Total Events
1. T - Traffic Stop	59	0.1%	44,795
2. 415 - Disturbance	3442	9.6%	35,696
3. 1033A - Audible Alarm	118	0.6%	19,920
4. 415E - Noise Disturbance	285	1.8%	15,773
5. SEC - Security Check	441	2.9%	15,262
6. 1042 - Welfare Check	1526	10.2%	15,030
7. SUSCIR - Suspicious Circumstance	711	6.2%	11,547
8. 602L - Trespassing	4818	43.6%	11,058
9. 484 - Theft	518	4.9%	10,556
10. W911 - Wireless 911	59	0.6%	9,899

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Recommendation

To improve access to data, we recommend the Berkeley Police Department:

1.1   Identify all calls for service where there is an apparent mental health issue and/or homelessness component in a manner that protects the privacy rights of the individuals involved.

VII. Finding 2: The City can improve the transparency of Police Department activity data on the Open Data Portal.

The City's Open Data Portal provides the public with limited information about events that BPD responds to. There are opportunities for BPD to improve transparency by increasing the type and scope of data available on the portal.

The City of Berkeley launched the Open Data Portal (portal) pilot on December 15, 2014 with the goal of providing non-confidential, public data for unrestricted use. BPD captures events in their calls for service data set on the portal, which was created in March 2015. BPD policy states that reports must be released to any member of the public unless the release of the report would endanger a person, interfere with an investigation, constitute an unwarranted invasion of privacy, or is otherwise prohibited by law.

However, the data BPD shares on the portal does not include all available data fields. The data fields missing would prevent people using the data from being able to identify the call source, the number of police personnel dispatched, or officer time spent on scene. Without this information, the public may not have a complete understanding of BPD's response to these events.

The calls for service data available on the portal is also limited in scope. It does not include events with certain call types, such as welfare check and noise disturbance, and is limited to data within the last 180 days. The limited date ranges make it difficult to assess trends over time.

Ensuring that all event data has more complete information about the police response, personnel dispatched, time, and call source would help give the public with a more complete understanding of calls for service that the Communications Center receives. Public access to calls for service data enables the community to engage more thoroughly with BPD, elected officials, and city staff to develop a shared understanding of crime and policing in Berkeley. In addition, increased transparency through the portal may decrease requests for BPD data through the Public Records Act.

Recommendation:

To improve access to data, we recommend the Berkeley Police Department:

2.1   Make calls for service data available on the City's Open Data Portal for all call types allowable by Berkeley Police Department policy and law, and update regularly to facilitate transparency. This data should be published in machine ready format, and contain as many years of data as is available.

VIII. Recommendations and Management Response

City Management agreed to our findings, conclusions, and recommendations. Below is the Police Department's initial corrective action plan and proposed implementation date. We find their plans to address our audit recommendations reasonable, however, we would like to clarify the intent of our recommendations.

With regards to the first recommendation, the goal is to collect and provide additional data on calls for service that have an apparent mental health and/or homelessness component. We do not recommend that the Police Department inquires about individuals' housing or mental health statuses, but instead collects this information in a similar way to how the department collects data on individuals' race for traffic stops. With regards to the second recommendation, the goal is to provide additional data on calls for service to the public. We understand that it may take time to coordinate with the vendor to include new datasets. We suggest that in the meantime, the Police Departments publishes the Calls For Service dataset that was provided to our office for this analysis and covers the past five years.

As part of the follow-up process, the Berkeley City Auditor will be actively engaged with the Police Department every six months to assess the progress they are making towards complete implementation.

1.1 To improve access to data, we recommend the Berkeley Police Department identify all calls for service where there is an apparent mental health issue and/or homelessness component in a manner that protects the privacy rights of the individuals involved.

Management Response: Agree with stated limitations which follow.

Proposed Implementation Plan: The Berkeley Police Department can implement steps to capture these issues on calls when appropriate and/or obvious. Disposition codes, which are part of every Call For Service (CFS) offer a tool for data collection. While currently disposition codes for homeless and mental health issues exist, we need to implement training that better defines when these codes should be included in CFS dispositions. We anticipate some challenges with this as we do not routinely inquire about peoples' housing or mental health statuses, especially when it is not directly related to the call for service. It will be important to identify what situations it might be appropriate to inquire about these issues to ensure that personal dignity is respected and privacy rights acknowledged. To ensure these goals are met, further discussion and clarification may be needed as to what data we are attempting to capture by indicating if mental health issues or homelessness was a component of a CFS, and setting more clearly defined definitions as to when each code should be used. Currently standard evaluation tools do not exist to extract this data in situations beyond the most obvious. Developing tools that accurately capture this information where it is more nuanced, and then implementing training that ensures these tools can be applied correctly could be affected by competing resource demands.

Proposed Implementation Date: Between 4-6 months from date of audit completion.

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VIII. Recommendations and Management Response

2.1

To improve access to data, we recommend the Berkeley Police Department make calls for service data available on the City's Open Data Portal for all call types allowable by Berkeley Police Department policy and law, and update regularly to facilitate transparency. This data should be published in machine ready format, and contain as many years of data as is available.

Management Response: BPD agrees that the current dataset posted online needs to be updated or replaced.

Proposed Implementation Plan: The new dataset should be able to incorporate additional information that is not currently published. Our staff will need to explore if our current vendor can suffice to provide the requested data, or if we need to seek a new vendor for this work. Implementation timeline is also dependent on the whether this project will require a new contract and budget to accomplish the recommendation. Implementation may require assistance and resources from IT as well, which could further delay implementation.

Proposed Implementation Date: Between 4-6 months if work remains with current vendor, 9-12 months if new vendor selection required.

IX. Methodology and Statement of Compliance

The scope of our audit focused on data for calendar years 2015 to 2019. We performed a risk assessment of the department's data collection and management practices and procedures to identify internal control weaknesses, including fraud risks, within the context of our audit objectives. This included a review of selected policies and procedures, as well as interviews with subject matter experts and BPD staff.

To gain an understanding of BPD operations and internal controls and to achieve our audit objectives, we:

- Reviewed BPD policies and procedures for dispatching units to respond to an event, performing traffic stops, maintaining quality control for data systems, and how patrol officers spend their time to understand the requirements for officers in the City of Berkeley.

- Reviewed local and state laws on police operations and data collection to understand what governs police operations.

- Reviewed national media on reimagining policing, and the collection and analysis of police data to understand the information available to the public.

- Validated and analyzed CAD data from 2015 through 2019.

- Interviewed BPD patrol officers, command staff, dispatchers, police information technology staff, the crime analyst, and the police records manager to understand departmental operations.

- Interviewed mental health and housing officials from the Department of Health, Housing, and Community Services (HHCS), the Homeless Commission, and the Mental Health Commission.

- Interviewed external subject matter experts:

    - AH Datalytics
    - Portland City Auditor
    - San Jose City Auditor
    - Center for Policing Equity
    - Yale Justice Collaboratory
    - NYU School of Law Policing Project
    - Jerry Ratcliffe, Temple University
    - Austin Justice Coalition
    - Jack Glaser, UC Berkeley Goldman School of Public Policy
    - Oakland Reimagining Public Safety Task Force (Data Advisory Board)
    - National Institute for Criminal Justice Reform
    - Berkeley's Police Review Commission
    - Mayor's Fair and Impartial Policing Working Group

- Reviewed the available BPD data sets on the City's Open Data Portal.

Preparing the Data Sets

In this section, we detail the process we undertook to gather, validate, and prepare the data, in addition to the decision points that went into preparing each data set.

Gathered the data. We collaborated closely with BPD on an information request to ensure the data set reflected the breadth of inputs to the CAD system. The validation process resulted in multiple data pulls to resolve substantial discrepancies that we identified in the data. In February 2021, BPD delivered the final source data that forms the basis of this report.

Conducted Data Reliability Assessment. We assessed the reliability of CAD data by reviewing them for reasonableness and completeness, interviewing knowledgeable data owners, gaining an understanding of data access controls, and reviewing data system documentation from BPD and the Communications Center. We also reviewed the Department's policies and procedures, interviewed staff at all levels, interviewed an extensive and varied list of subject matter experts, and reviewed relevant California and Berkeley laws. We determined that the data was sufficiently reliable for the purposes of this report.

Processed the Data to Improve Accuracy. We took the following steps to clean the original data set to improve accuracy:

- We eliminated records for which call types included "NULL" data, as call types are a required entry for dispatchers.
- We eliminated records that represented test calls, such as unit "Mobile08" which represented a test by dispatchers.
- We eliminated events for which there is no response from a sworn officer, due to our primary focus on responses from sworn BPD officers.
- We narrowed the data to events that occurred from January 2015 to December of 2019.
- We organized the data by three separate data sets: event data, stop data, and personnel response data. These data sets reflect different components of the CAD system, and their sample sizes vary due to how they are organized in the data set.

Figure 37. Summary of Data Sets Used in the Report
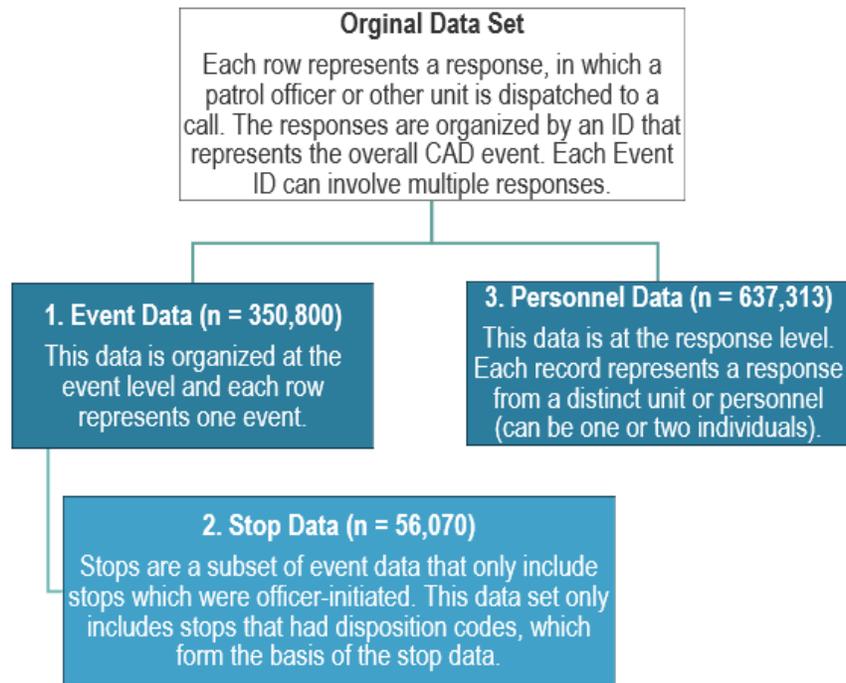
Source: Berkeley City Auditor

1. Characteristics of Events (sample size 350,800 events). For the purposes of this report, events are incidents that the community calls in or police officers observe that result in a police response. Events range in complexity and the Communications Center categorizes them using call types such as suspicious circumstance, disturbance, petty theft, security check, and anything in between. Appendix G provides the full list of call types that are used to describe events in the City of Berkeley. We highlighted the trends and characteristics for all unique events in the data, including community-initiated calls and officer-initiated stops.

2. Characteristics of Officer-Initiated Stops (sample size 56,070 stops). We examined an additional subset of stops officers initiated that were unrelated to calls for service. Stops may include vehicle, pedestrian, bicycle, or suspicious vehicle stops. All of the stops that we review in this section are initiated by officers.

3. Characteristics of Police Response (sample size 637,313 individuals who responded). The Berkeley Police Department Communications Center can assign multiple officers in response to one event. As a result, there are more police responses in the data than there are events. We provide data for responses from officers and other units, including but not limited to the Mobile Crisis Team, Area Coordinators, or the Traffic Bureau.

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Categorization of Data

The data contains categorized fields. These include:

Call Type Classifications. We chose to categorize the data into ten categories as illustrated in our report. We selected these categories based on research of current best practices by university researchers, interviews with subject matter experts, and a preliminary assessment of the data sets. We used the definitions for serious and property crime used by the FBI's Uniform Crime Report statistics.

When developing the categories, we took the following into consideration:

- Call types can fall into several classifications. The definitions below guide our decision to keep one call type under a specific category. For instance, vehicle stops are used to manage traffic flows, but in some instances, they may also be related to an investigation. We chose to keep vehicle stops in the traffic category because they may not necessarily result in a crime report.

- Call types under the same classification may serve different purposes. For instance, call types related to alarms may serve a variety of purposes. Some alarms involve investigation for an alarm going off (1033a), while others are more criminal in nature such as a bank alarm indicating a robbery (1033g).

- Our call type classifications present one model among various approaches for classifying call types. There are other approaches for organizing call types, such as by police functions or penal codes.

- It is possible for call types under any of the categories to result in a crime report. We grouped some events into call type classifications that refer to crimes that may be involved. However, other call types may also involve a crime report.

Mental Health and Homelessness. To capture the extent of these calls, we used components of the CAD data to identify unduplicated events related to mental health and unduplicated events related to homelessness. Components related to mental health include call types (1056 – Suicide, 5150 - Mental Illness, and 1042 - Welfare Check), the disposition code "MH," response by Mobile Crisis Team personnel, and terms in the narrative data related to mental health. Components related to individuals experiencing homelessness include events identified in narrative reports, and the call type "lodging in public."

Personnel. We vetted codes that indicate the type of personnel in the data with the Police IT Manager and Communications Center Manager. Through interviews with the Police Records Manager and other BPD command staff, we organized police personnel by categories according to whether they are sworn or non-sworn staff. We additionally categorized staff as patrol units, patrol supervisors, other units, and sworn, non-patrol officers.

Statement of Compliance

We conducted this performance audit in accordance with Generally Accepted Government Auditing Standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix A. Fields Included in the CAD Data

Table 13. Data Fields Included in Computer Aided Dispatch Dataset Provided by the Berkeley Police Department

Data Fields	Description
Incident Number*	Unique ID for the event.
Call Source	The origin of the call, recoded to include Emergency Line (911), Non-Emergency Line, or Officer-Initiated, or Other.
Call Type*	Call code created by dispatch to describe important information about the event.
Priority	Priority level assigned to the event to determine the urgency of the response.
Occurred Incident Type	Category selected by the officer to organize crime-related calls.
UCR Return A Code	Code selected by the officer and reported to the FBI as a DOJ requirement for all Part 1 crimes.
Unit Disposition	Patrol-reported outcomes of the call. Includes stop dispositions and incident reports.
Call Disposition	Dispatcher-reported outcomes of the call. Includes stop dispositions and incident reports.
Address*	Where the event was reported to have occurred.
Address Location Type	The type of address that is provided by dispatch; includes address, intersection, or longitude/latitude.
Latitude/Longitude	
Police Area	Beat where the event is taking place.
Create Date Time*	The time and date the call was created by either the dispatcher or the officer.
Dispatch Time	The time and date when the officer was dispatched to the incident.
Enroute Time	Time and date in which the officer changes their status to "enroute" after being dispatched.
Onscene Time	Time and date in which the officer arrived to the scene.
Clear Time	Time and date in which the incident was cleared (closed) by a dispatcher.
Primary Unit Flag	The primary officer designated to handle the call. All others are "assisting" officers or units.
Unit Number	The number that corresponds to the police officer and/or other units assigned to the event.
Narrative Data	Further documentation about details of the event used to inform dispatched officers or units.

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Note: Fields with an asterisk are required entries in Computer Aided Dispatch (CAD).

Appendix B. Priority Codes and Call Types According to BPD Policy

Table 14. Berkeley Police Department Priority Codes by Call Types

Priority Code	Call Type
1F & P1*	Boat Fire, Encampment Fire, Encampment Medical, Hazardous Material, Multiple Causality Incident, Water Rescue, Retrieval of a Patient, Structure Fire, Vegetation Fire, Medical Emergency with Gun Shot, Vehicle Accident, Vehicle vs Ped or Bike
P0	Pedestrian Stop, Suspicious Vehicle, Bike Stop, Vehicle Stop
P1	Person Down, Person Calling For Help, Explosion, Unknown Injury Accident, Priority Code Assist, Officer Needs Help, Hit & Run w/ Injuries, GPS Tracker Alarm, Silent Alarm, Pronet Alarm, Video Alarm, Threat of Suicide, Missing Person at Risk, Missing Juvenile, Injury Accident Complaint of Pain, Ascertain 911, Aid to BFD, Bomb Tech, Officer Flagged Down, Foot Chase, Person w/ a Gun, Vehicle Pursuit, Knock & Talk, Battery w/ grievous bodily harm (GBH), Assault w/ Caustic Substance, Assault w/ Deadly Weapon, Suicide w/ Ambulance, Major Injury Accident, Suicide Attempt, Dead Body Found, Shooting w/ Ambulance, Injury Accident, Injury Accident Inv Ped or Bicyclist
Priority 1/Priority 2	Kidnap, Robbery, Carjacking, Attempted Rape, Shot At Dwelling, Rape, Spousal Abuse w/o Injury, Home Invasion, Attempt Assault w/Deadly Weapon, Child Abuse, Family Disturbance, Shoplifter In-Custody
Priority 1/Priority 3	Battery, Brandishing, Arson, Burglary, Prowler, Bomb Threat, Auto Burglary, Court Order Violation, Loud Report
Priority 1/Priority 4	Temporary Restraining Order Violation
Priority 2	Welfare Check, Reckless Driver, DUI Driver, Shooting Cold Report, Dog Bite, Vicious Dog, Hit & Run w/ Injuries Report, Battery w/ grievous bodily harm (GBH) report, Assault w/ Caustic Substance Report, Assault w/ Deadly Weapon Report, Oral Copulation, Found Juvenile, Found Person, Create New Call, Outside Agency Assist, Unknown Problem, Wireless 911
Priority 2/Priority 3	Child Molest, Forgery, Grand Theft, Animal Cruelty, Mental Illness, Stolen Vehicle, Vandalism to Vehicle, Hit & Run Non-Injury, Speeding Vehicle, Throwing Object(s) at Vehicle, Peeper, Fall On City Property, Hate Crimes, LoJack Stolen Car, Suspicious Circumstance, Suspicious Person, Suspicious Vehicle
Priority 2/Priority 4	Indecent Exposure, Disturbance, Petty Theft, Defraud Hotel/Restaurant, Malicious Damage, Forged RX
Priority 3	Runaway, Missing Person, Transportation, Non-Injury Accident, Audible Alarm, Civil Standby, Injury Accident Report, Child Neglect, Under the Influence, Firearm Destruction, Stolen Vehicle Recovery, Search Warrant, Ticket Sign Off, Traffic Hazard
Priority 3/Priority 4	Possession of Stolen Property, Incorrigible, Trespassing, Drug Activity, Misc Penal Code Violation
Priority 3/Priority 9	Misc Vehicle Code Violation
Priority 4	Abandoned Vehicle, Stolen Rental Vehicle, Posted No Parking, Barking Dog, Vehicle Blocking Driveway, Vehicle Blocking Sidewalk, Vehicle Double Parking, 5 or More Unpaid Parking Tickets, No Vehicle Identification, Expired Vehicle Registration, Inoperable Vehicle, Noise Disturbance, Identity Fraud, Annoying Phone Calls, Red Zone Cite, Obstructing Traffic, Construction Zone, Advice, Aid to Citizen, Animal Matter, Berkeley Municipal Code (BMC) Violation, Car Alarm, Court Order Report, Found Property, Parking Violation, Security Check, VIN Verification
Priority 4/Priority 5	Gambling
Priority 4/Priority 6	Prostitution, Lodging in Public
Priority 4/Priority 9	Illegal Dumping
Priority 6	Business & Professions Violation, Warrant Arrest

Priority Code	Call Type
Priority 9	Bait Bike, City Manager Report, Property Damage, Demonstration, Extra Surveillance, Information, Lost Property, Mental Health, Repossession, Storm Log, Subpoena Service, Surveillance, Test Call, Temporary Restraining Order Log, Vehicle Release

Source: Berkeley Police Department

Appendix C. Stops by Race, 2015-2019

Figure 38. Officer-Initiated Stops by Race, 2015-2019
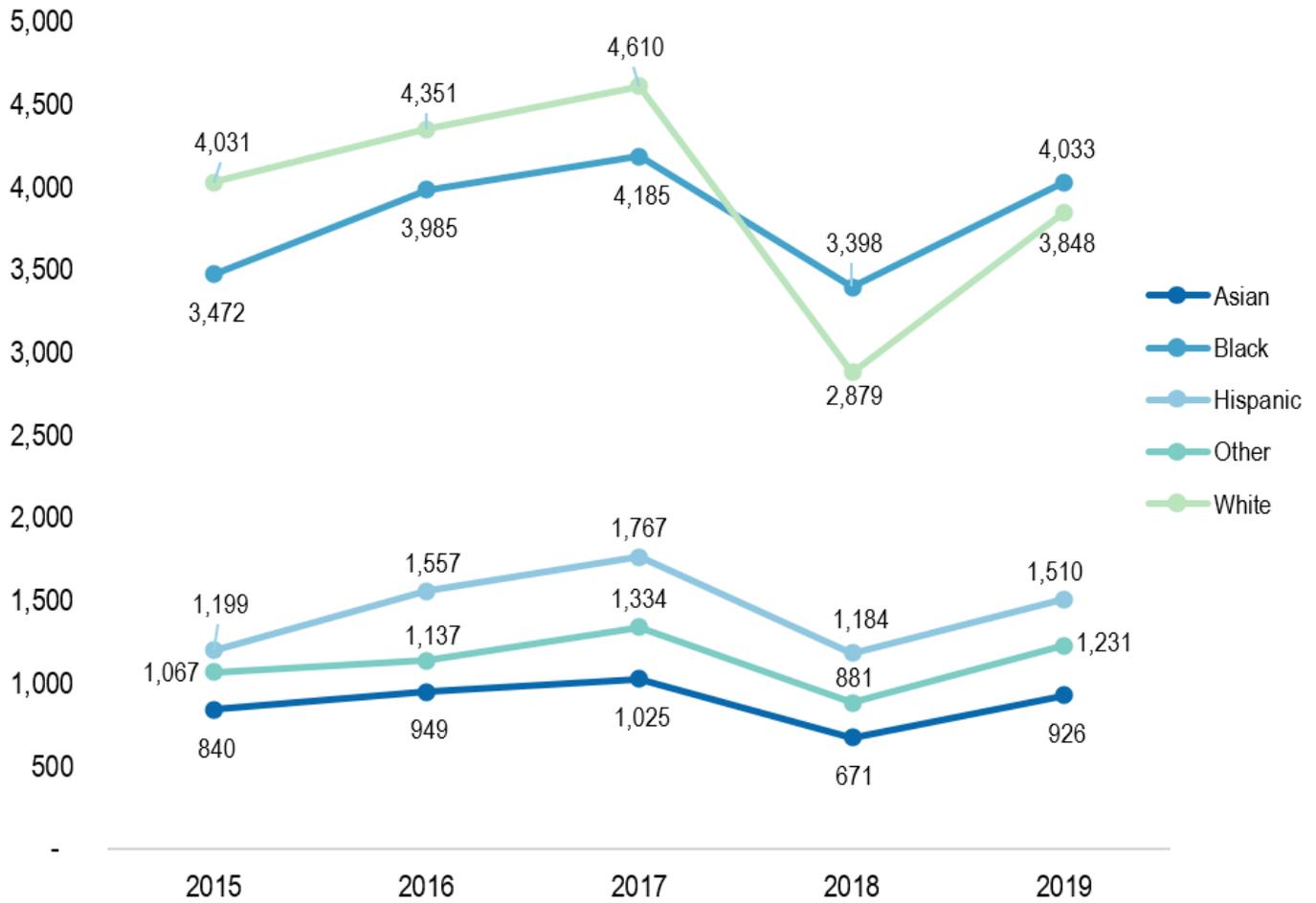
Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Appendix D. Enforcement Outcomes of Searches by Race, 2015-2019

The graphs below show trends in enforcement outcomes of searches by race during the 2015 to 2019 audit period. Each data point on the trend lines represents the percentage of searches *for that race group* that resulted in the specified enforcement outcome (not the percentage of total searches for *all race groups*). Note that the graphs are intended to allow comparison between race groups, and the percentages on the left (y-axis) vary depending on the range of data in the graph.

Figure 39. Percentage of Searches that Resulted in Arrest by Race, 2015-2019

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 40. Percentage of Searches that Resulted in a Citation by Race, 2015-2019

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Figure 41. Percentage of Searches that Resulted in a Warning by Race, 2015-2019
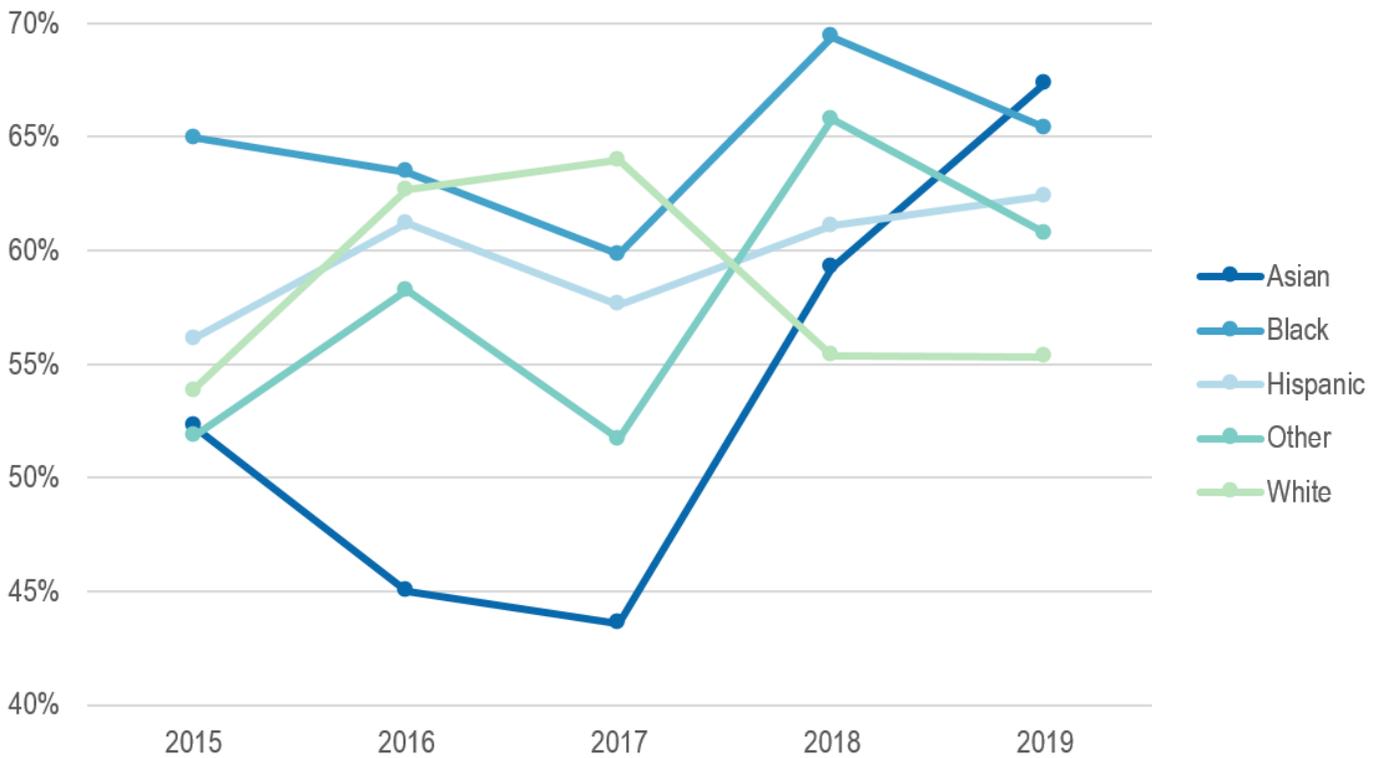
Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

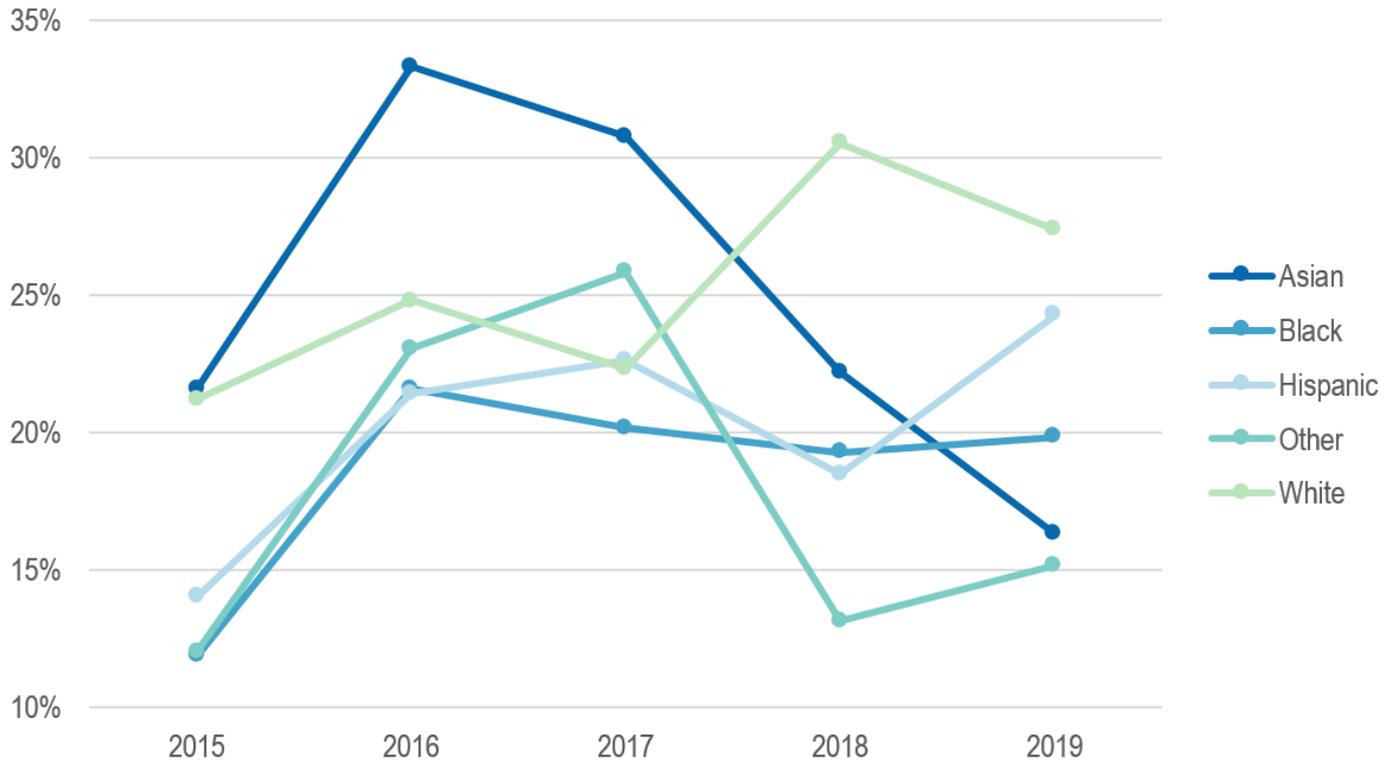Figure 42. Percentage of Searches that Resulted in No Enforcement by Race, 2015-2019
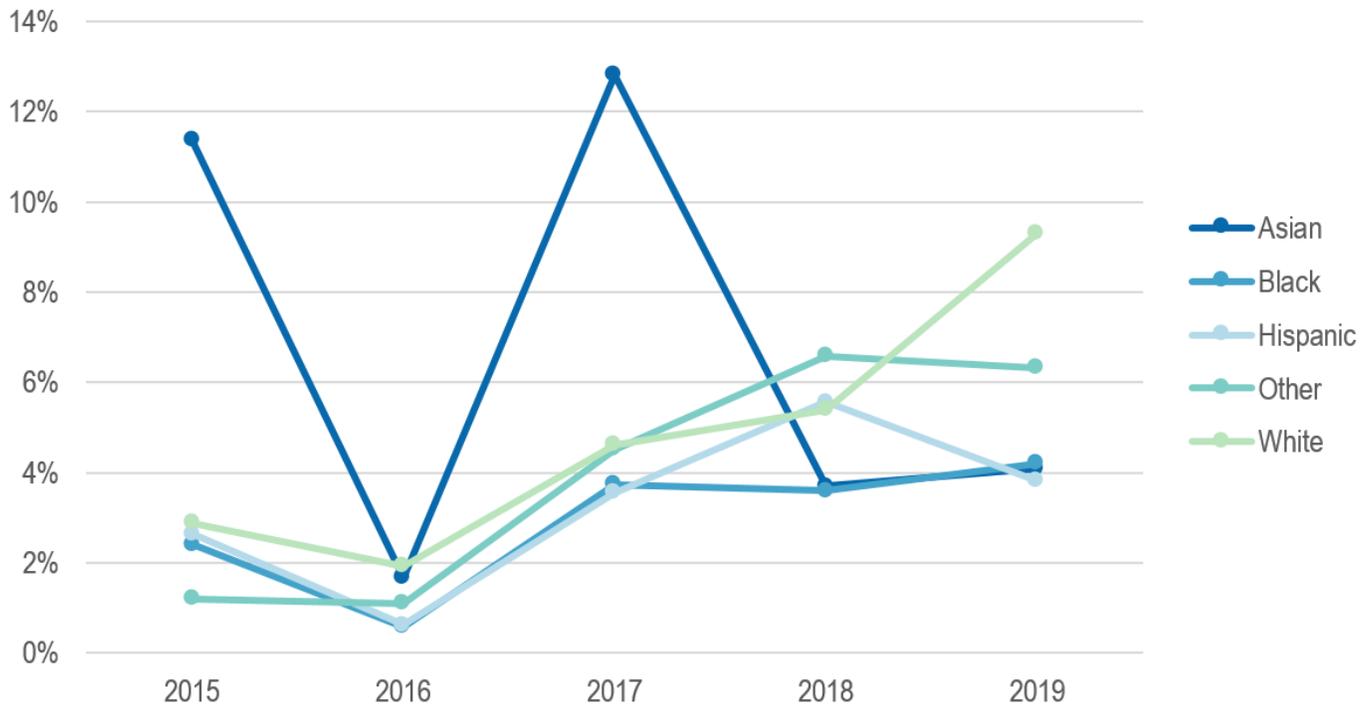
Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data
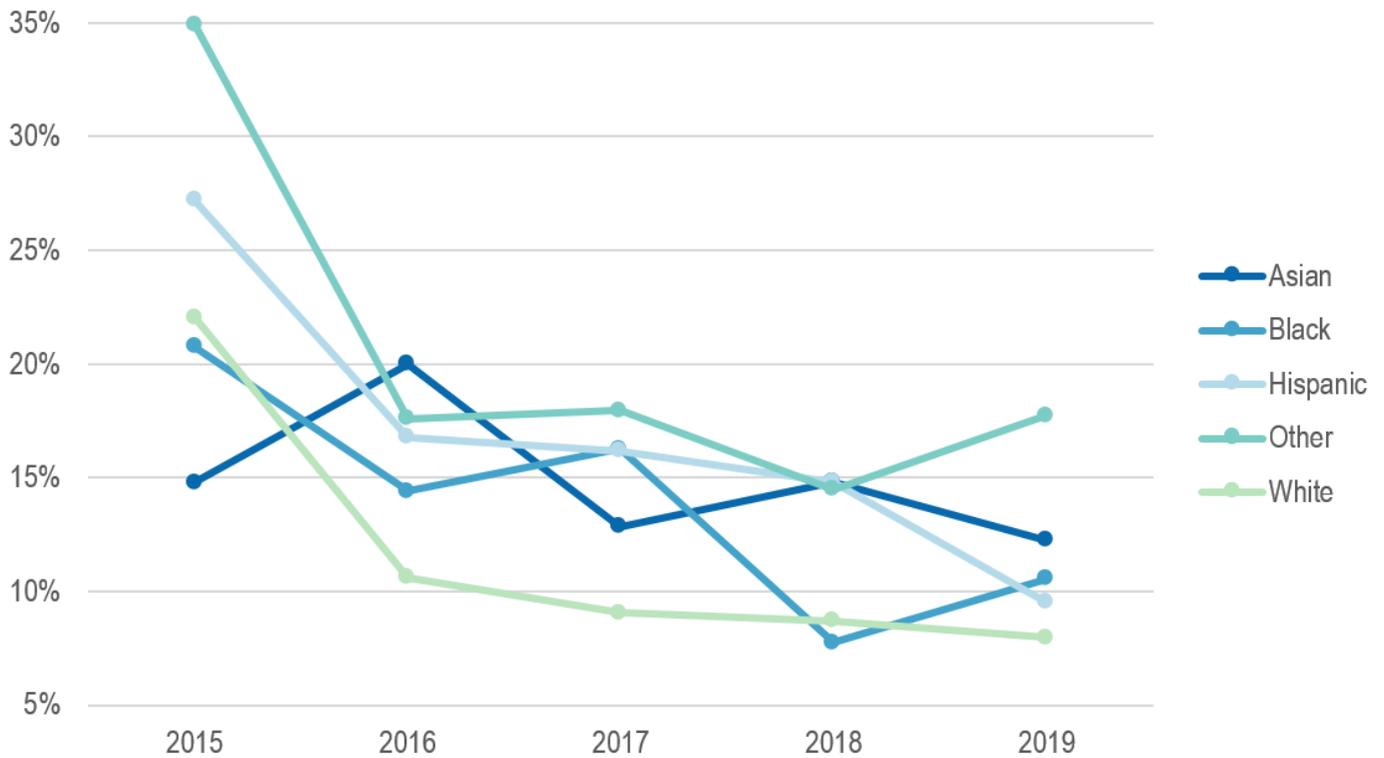
Appendix E. Responses by Units, 2015-2019

Table 15. Berkeley Police Department Personnel Responses by Unit, 2015-2019

	2015	2016	2017	2018	2019	Total
Patrol Supervisors						
Captain	38	26	34	20	17	135
Lieutenant	773	794	788	1,344	1,207	4,906
Sergeant	8,612	8,049	8,617	7,537	7,600	40,415
Patrol Officers						
Reserve Officers	993	651	615	208	638	3,105
Team 1	14,053	13,614	14,128	13,395	12,823	68,013
Team 2	11,417	12,084	12,928	12,219	12,125	60,773
Team 3	14,876	13,563	14,708	13,905	13,633	70,685
Team 4	14,136	16,764	16,452	15,240	13,975	76,567
Team 5	15,510	15,926	15,909	15,236	14,840	77,421
Team 6	14,301	16,347	15,590	12,314	13,583	72,135
Team 7	20,180	20,290	21,036	18,680	18,671	98,857
Sworn non-patrol officers	8,577	7,744	8,189	6,202	9,945	40,657
Other						
Animal Control	-	2	1	1	-	4
Mobile Crisis	967	1,156	1,185	787	816	4,911
CSOs	-	1	1	1	3	6
Crime Scene Techs	1,551	1,523	1,497	929	680	6,180
Parking Enforcement Officers	243	264	375	352	425	1,659
Police Aides	-	-	-	-	1	1
University of California Officers	22	23	12	5	6	68
Area Coordinators	386	273	357	258	1,015	2,289
Bike Unit	3,536	2,596	2,178	-	-	8,310
Motor Unit	136	57	3	-	-	196
Special Enforcement	8	2	4	-	6	20

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Appendix F. List of Terms Applied in Narrative Search

Table 16. List of Mental Health and Homeless Search Terms Applied to Narrative Search

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

Source: Berkeley City Auditor

Appendix G. Summary Data by Call Type, 2015-2019

Table 17. Summary Data by Call Type with Auditor Classifications, 2015-2019

Call Type	2019 Events	Total Events	Average Yearly events	Priorities Assigned in CAD	Average Personnel per Event	Median Time Spent on Event after Dispatch (Minutes and Seconds)
Alarm Classification (n = 21,317)						
1033A - Audible Alarm	4,228	19,920	3,984	0,1F,2,3	1.7	9:00
1033S - Silent Alarm	234	1,314	263	0,1F	2.4	9:00
1033G - GPS Bank Alarm	8	79	16	-	7.1	21:00
1033T - ETS (Bank) Pronet alarm	-	4	1	-	1	15:30
Community Classification (n = 88,031)						
415E - Noise Disturbance	2,709	15,773	3,155	1F,4	1.1	9:00
SEC - Security Check	3,682	15,262	3,052	0,1F,2,4,9	1.8	29:00
SUSCIR - Suspicious Circumstance	2,145	11,547	2,309	0,1F,2,3,4	2.6	17:00
ADVICE - Advice	1,728	8,498	1,700	1F,2,3,4	1.1	26:00
SUSPER - Suspicious Person	1,512	8,247	1,649	0,1F,2,3	2.3	15:00
AID - Aid to Citizen	1,327	5,984	1,197	0,1F,2,3,4,9	2.1	18:00
FLAG - Officer flagged down	1,209	5,215	1,043	0,1F,2,4	1.6	12:00
FOUND - Found Property	722	4,202	840	0,2,3,4	1.1	30:00
SUSVEH - Suspicious Vehicle	596	3,351	670	0,1F,2,3,4	1.7	14:00
647J - Lodging in Public	33	2,221	444	1F,3,4,6	1.4	12:00
1057 - Missing Person	249	1,326	265	0,1F,2,3	1.5	42:00
LDRPT - Loud Report	183	1,071	214	0,1F,2,3	4.2	12:00
ANIMAL - Animal Matter	194	1,065	213	2,4	1.3	15:00
1067 - Call for Help	180	969	194	0,1F	3.4	14:00
1062B - Civil Standby	150	822	164	3	1.8	28:00
ILLDMP - Illegal Dumping	54	463	93	4,9	1.1	14:00
1091B - Barking Dog	72	454	91	4	1.1	10:00
601 - Runaway	46	372	74	0,3	1.6	47:00
1057AR - Missing At Risk	41	289	58	0,2,3	4.9	40:30
601I - Incorrigible	31	184	37	1F,2,3,4	2.5	38:00
FNDPER - Found Person	23	134	27	0,1F,2	1.7	29:00
1057J - Missing Juvenile	21	122	24	-	5.1	14:00
1091E - Dog Bite	16	101	20	1F,2	1.7	28:00
1091V - Vicious Animal	13	101	20	2	1.8	21:00
LOST - Lost Property	16	86	17	4,9	1.1	22:00

Call Type	2019 Events	Total Events	Average Yearly events	Priorities Assigned in CAD	Average Personnel per Event	Median Time Spent on Event after Dispatch (Minutes and Seconds)
FNDJUV - Found Juvenile	10	74	15	2	2.5	25:00
DEMO - Demonstration	7	52	10	9	17.7	6:19:00
FIRE - Structure Fire	-	34	7	-	1.4	2:00
1080 - Explosion	2	9	2	-	2.8	24:00
BART - Bart Tunnel Incident	2	2	-		6.5	36:00
BOAT-FR - Boat Fire	-	1	-		1	1:00
FBI Part II Crimes Classification (n = 77,820)						
415 - Disturbance	6,925	35,696	7,139	0,1F,2,3,4	2	14:00
602L - Trespassing	1,944	11,058	2,212	1F,2,3,4	1.5	12:00
242 - Battery	1,383	6,991	1,398	0,1F,2,3	3.1	22:00
BMCVIO - Berkeley Municipal Code (BMC) Violation	1,014	5,934	1,187	1F,2,4,5	1.2	10:00
415F - Family Disturbance	583	3,254	651	0,1F,2	3.4	25:00
594 - Vandalism	330	1,939	388	0,1F,2,4	1.7	28:00
PCVIO - Misc Penal Code Violation	450	1,538	308	0,1F,2,3,4	1.3	48:00
DRUGS - Drugs Inv.	184	1,440	288	0,1F,2,3,4	1.6	11:00
10852 - Vehicle Damage	303	1,392	278	1F,2,4	1.5	33:00
530 5 - Identity Theft	175	1,112	222	4	1.1	47:00
647F - Intoxicated in Public	146	1,018	204	0,1F,2,3,4	1.9	12:00
653M - Harassing Phone Calls	132	969	194	4	1.1	33:30
417 - Brandishing Weapon	187	845	169	0,1F,2,3	4.8	23:00
314 - Indecent Exposure	140	698	140	1F,2,4	2.3	18:00
TROV - Temporary Restraining Order Violation	140	601	120	0,1F,4	2.5	37:00
23152 - DUI	72	484	97	0,2,3	2	15:00
273 5 - Domestic Violence	67	314	63	0,1F,2	3.8	39:00
273A - Child Abuse	51	278	56	0,2,3	1.5	29:00
470 - Forgery	28	265	53	2,3	1.6	57:00
CRTVIO - Court Order Violation	58	262	52	0,2,3	1.7	34:30
GUN - Person with Gun	50	237	47	0,1F,2	8.3	24:00
23110 - Throwing Object(s) at Vehicle	39	210	42	2,3	1.4	11:00
243E1 - Domestic Violence	54	205	41	0,1F,2	3.5	44:30

Call Type	2019 Events	Total Events	Average Yearly events	Priorities Assigned in CADK	Average Personnel per Event	Median Time Spent on Event after Dispatch (Minutes and Seconds)
537 0 Defrauding Innkeeper (Hotel/Restaurant)	28	179	36	2,4	2	20:00
597 - Cruelty to Animals	23	160	32	1F,2,3	1.8	14:30
1070 - Prowler	13	119	24	0,3	3.4	18:00
300WI - Child Neglect	13	109	22	2,3	1.9	27:00
330 - Gambling	10	101	20	4	1.4	8:00
BPVIO - Business & Professions Violation	18	101	20	6	1.1	8:00
CRTRPT - Court Order Violation	12	98	20	4	1.2	45:00
496 - Poss. Stolen Prop.	11	50	10	3,4	1.7	27:00
FOOT - Foot Chase	6	46	9	-	4.3	32:00
288 - Sexual molest	5	35	7	2,3	1.7	2:15:30
HATE - Hate Crime	4	34	7	2,3	1.3	48:00
647AB - Prostitution	2	15	3	4	1.5	21:00
4390 - Prescription Fraud	2	12	2	2	1.8	35:00
207 - Kidnapping	2	11	2	0,2	6.7	1:10:00
1079 - Bomb Threat	-	6	1	3	4	54:00
148 - Resisting/Obstructing	-	2	-		15.5	1:29:00
REG- Registration for certain criminal offenders	1	2	-		1	1:15:30
Information or Administrative Classification (n = 12,434)						
W911 - Wireless 911	2,830	9,899	1,980	1F,2	1.1	7:00
INFO - Information	205	1,093	219	0,2,9	2.1	16:00
FALL - Fall on City Prop.	181	965	193	1F,2,3	1.5	23:00
DAMAGE - Property Damage	60	234	47	0,1F,2,9	2	38:00
FADEST - Firearm Destruction	37	205	41	3	1.1	58:00
CM - City Manager Report	5	18	4	9	2.3	47:30
SUBP - Subpoena Service	2	14	3	9	1	26:30
REPO - Repossession	-	4	1		1.2	4:00
TROL - Temporary Restraining Order Log	1	2	-		1.5	38:00
Investigative or Operational Classification (n = 10,350)						
A911 - Ascertain 911	995	6,859	1,372	0,1F,2	1.5	9:00

Call Type	2019 Events	Total Events	Average Yearly events	Priorities Assigned in CAD	Average Personnel per Event	Median Time Spent on Event after Dispatch (Minutes and Seconds)
OUTAID- Outside Agency Assist	286	1,419	284	0,1F,2,3	1.8	22:00
KNOCK - Knock & Talk	73	463	93	-	2.1	36:00
1198- Code 1 assist	91	436	87	0,1F,2	4.4	15:00
SEARCH - Search Warrant	30	408	82	3	8.9	5:19:00
UNK - Unknown Problem	44	322	64	0,1F,2	3	14:00
WARARR - Warrant Arrest	65	269	54	0,2,3,6	2.1	47:00
LJ - LoJack Incident	36	96	19	2	3.9	16:00
SURVE - Surveillance	15	78	16	9	4.1	3:50:00
Medical or Mental Health Classification (n = 22,797)						
1042 - Welfare Check	3,065	15,030	3,006	0,1F,2	1.9	19:00
5150 - Mental Illness	827	4,807	961	0,1F,2,3	2.4	20:00
1053 - Person Down	255	1,450	290	0,1F	2.1	12:00
1056 - Suicide	277	1,113	223	0,1F,2	3.6	34:00
DBF - Dead Body	97	397	79	0,1F	3.3	1:12:00
Property Crime (FBI Part I Crimes) Classification (n = 26,421)						
484 - Theft	2,161	10,556	2,111	0,1F,2,3,4	1.7	28:00
459A - Auto Burglary	1,590	6,667	1,333	0,1F,2,3	1.5	32:00
459 - Burglary	597	3,911	782	0,1F,2,3	2.1	44:00
10851 - Stolen Vehicle	631	3,639	728	0,2,3	1.3	48:00
487 - Grand Theft	299	1,034	207	2,4	1.9	37:00
484C - Theft In-Custody	72	407	81	0,1F,2	1.9	48:00
451 - Arson	37	134	27	0,1F,3	2.9	26:00
10855 - Embezzled Vehicle	18	68	14	4	1.1	1:27:00
212 5 - Residential Robbery	1	5	1	-	7.4	37:00
Traffic Classification (n = 89,165)						
T - Traffic Stop	9,129	44,795	8,959	0,1F,2	1.5	7:00
1194 - Pedestrian Stop	1,739	9,157	1,831	0,1F,2,4	1.8	13:00
PRKVIO - Parking Violation	1,112	6,508	1,302	0,1F,2,4	1.1	13:00
20002 - Hit & Run Prop.	917	4,562	912	0,1F,2,3	1.6	33:00
1196 - Suspicious Vehicle	859	4,360	872	0,1F,2	2	11:00
TRFHAZ - Traffic Hazard	792	3,719	744	0,1F,2,3	1.3	11:00
23103 - Reckless Vehicle	553	2,894	579	2	1.3	8:00

Call Type	2019 Events	Total Events	Average Yearly events	Priorities Assigned in CAD	Average Personnel per Event	Median Time Spent on Event after Dispatch (Minutes and Seconds)
1182 - Non Injury	496	2,819	564	0,1F,2,3,4	1.6	26:00
1194B - Bike Stop	442	2,784	557	-	1.6	9:00
1181 - Minor Injuries	478	2,635	527	0,1F,2,3	3.4	38:00
RECOVR - Stolen Vehicle Recovery	214	1,325	265	0,2,3	1.5	56:00
1183 - Unknown Injuries	200	1,261	252	0,1F,2,3	3	33:00
1148 - Transportation	255	623	125	3	1.9	2:48:00
VCVIO - Vehicle Violation	140	584	117	3,4	1.2	13:00
1124 - Abandoned Vehicle	134	459	92	3,4	1.4	13:00
20001 - Hit & Run Injuries	74	330	66	0,1F,2,3	3.3	38:00
23109 - Exhibition of Speed	49	220	44	2	1.2	8:00
VVER - VIN Verification	15	127	25	4	1.1	21:00
HOT - Vehicle Pursuit	-	2	-	-	4	40:00
VREL - Vehicle Release	-	1	-		2	1:14:30
Violent Crime (FBI Part I Crimes) Classification (n = 2,465)						
211 - Robbery	341	1,571	314	0,1F,2,3	5.8	29:30
245 - Assault w/Deadly Weapon	74	383	77	0,1F,2,3	5.3	39:00
261 - Rape	55	267	53	0,2	2.5	1:42:00
243 - Serious Battery	5	63	13	0,2	3	45:00
244 - Assault w/ Caustic Substance	13	47	9	0,2	3.3	21:00
246 - Shots at Dwelling	8	44	9	0,2	2.8	37:00
215 - Carjacking	14	40	8	0,1F,2	7	33:00
1071 - Shooting	8	24	5	0,2	11.4	1:32:00
220 - Sexual Assault	1	16	3	0,2	2.4	50:30
288A - Child molest	2	10	2	2	1.9	1:11:00

Source: Auditor's analysis of Berkeley Police Department Computer Aided Dispatch data

Mission Statement

Promoting transparency and accountability in Berkeley government.

Audit Team

Erin Mullin, Senior Auditor
Caitlin Palmer, Senior Auditor
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Photographs provided by Berkeley Police Department

Copies of our audit reports are available at
www.cityofberkeley.info/Auditor/Home/Audit_Reports.aspx

BERKELEY CITY AUDITOR

![Berkeley City Auditor logo] **BERKELEY CITY AUDITOR**

To:　　　　Honorable Mayor and Members of the City Council

From:　　　Jenny Wong, City Auditor

Subject:　　Audit Report: Data Analysis of the City of Berkeley's Police Response

RECOMMENDATION

We recommend City Council request that the City Manager report back by November 16, 2021, and every six months thereafter, regarding the status of our audit recommendations until reported fully implemented by the Police Department.

CURRENT SITUATION AND ITS EFFECTS

We analyzed the Berkeley Police Department (BPD) Computer Aided Dispatch (CAD) data from 2015 to 2019. We analyzed characteristics of events, characteristics of officer-initiated stops, and characteristics of police responses.

From 2015-2019, Berkeley police responded to a total of 350,800 events, or an average of 70,160 events per year. Ten call types accounted for 54 percent of all events—traffic stops, disturbance, audible alarm, noise disturbance, security check, welfare check, suspicious circumstance, trespassing, theft, and Wireless 911. Officer-initiated responses were 26 percent of event responses, while 55 percent were the result of calls to the non-emergency line and 19 percent were from 911 calls.

During that time, Berkeley police initiated 56,070 stops. We found 78 percent of officer-initiated stops were vehicle stops, the majority of which did not lead to a search and most led to a warning. Mirroring prior findings by the Center for Policing Equity, data we reviewed showed Black people were stopped at a significantly higher rate than their representation in the population (34 percent compared to 8 percent), and Blacks and Hispanics were more likely to be searched following a stop.

BPD dispatched an average of 1.8 personnel per event. Three or more personnel responded to 41 percent of police responses. Events designated as (high) Priority Level 1-2 accounted for 40 percent of events, which require a response time of 20 minutes or less, while 43 percent were lower priority requiring a response time of an hour or longer from a call.

We found that the number of events that involved homelessness or mental health and the amount of time police spent responding to these events are not quantifiable due to insufficient data. We also found that The City's Open Data Portal provides the public with limited information about events that BPD responds to. There are opportunities for BPD to improve transparency by increasing the type and scope of data available on the portal.

We recommend BPD identify all calls for service that have an apparent mental health and/or homelessness component. We also recommend BPD expand the current calls for service data available

on the City Open Data Portal to include all call types and data fields for as many years as possible. BPD agrees with our recommendations.

BACKGROUND
Following the killing of George Floyd by Minneapolis police in May 2020, a national conversation ensued about policing, race, and the proper level of resources cities should devote to law enforcement. The Berkeley City Council held several meetings and hundreds of community members provided. Initially proposed by Councilmember Bartlett and incorporated by Mayor Arreguín, analysis of police data was included in Safety for All: The George Floyd Community Safety Act, a broader item on policing that City Council passed in July 2020. We offered to conduct the analysis.

This audit is intended to give decision makers and the public a broad overview of calls for service, officer-initiated stops, and police responses and to help inform the community engagement process around reimagining policing in Berkeley, which is currently underway. Our report examined data from 2015 through 2019.

ENVIRONMENTAL SUSTAINABILITY
There are no identifiable environmental effects or opportunities associated with this report.

RATIONALE FOR RECOMMENDATION
Implementing our recommendations will increase transparency and build a richer data set. The audit does not propose recommendations with regard to police activities or personnel allocations. There is a separate community process for reimagining public safety and policing.

CONTACT PERSON
Jenny Wong, City Auditor, City Auditor's Office, 510-981-6750

Attachments:
1: Audit Report: Data Analysis of the City of Berkeley's Police Response

Summary of City Manager's Response	New Resources	Budgeted Resources	Estimated Costs	Justification	Timeline
REIMAGINE					
Implement the Specialized Care Unit Pilot using all of the recommendations of the consultant and the SCU Steering Committee as a road map		$5.7 million (already budgeted)	$ 5,700,000		
Continue legislative advocacy for changes in state law to grant cities the authority for non-sworn civilian traffic enforcement, enable automated enforcement for speeding, and modify red light camera enforcement. This continues the City Council's advocacy for state law changes on these issues that started in 2021, and will help ensure the City's input in changes are ultimately adopted by the state legislature	Included in FY23 proposed budget and staff costs			Reimagining Public Safety(RPS) TF Recommendation: Review Transportation Laws, Fines and Fees to Promote Safety and Equity; Fully Fund the BerkDOT Planning Process	Ongoing
In the FY 2023 and FY 2024 Budget, move crossing guards from the Police Department's Traffic Unit to Public Works' Division of Transportation. This consolidates a transportation function into the Transportation Division and aligns this function with the Vision Zero Program	Included in FY23 proposed budget and staff costs			Reimagining Public Safety(RPS) TF Recommendation: Move forward with the transfer of both collision analysis and school-crossing-guard management away from BPD and over to Public Works	FY2023
Continue to plan for a civilian traffic enforcement unit, both by informing the content of state law changes to enable such a unit, and by developing an implementation plan once state law does change	$300,000		$ 300,000	Primarily for consulting support, not in proposed budget and staff costs. Reimagining Public Safety (RPS) TF Recommendation: Fully Fund the BerkDOT Planning Process	FY2023-24
Review Berkeley Municipal Code for proposed changes to increase equity and racial justice in the City's existing transportation fines and fees, especially related to parking. Involve the Transportation Commission in the recommendation of such changes to City Council.	$150,000		$ 150,000	Primarily for consulting support, not in proposed budget and staff costs. Reimagining Public Safety (RPS) TF Recommendation: Review Transportation Laws, Fines and Fees to Promote Safety and Equity	
Assess progress in incorporating equity, mobility, Vision 2050, and Vision Zero in transportation functions, and determine which organizational structure best matches a new or revised mission for transportation functions: a stand-alone Berkeley Department of Transportation, Department of Transportation and Infrastructure, or Division of Transportation	Expect to include in FY25 proposed budget			Reimagining Public Safety (RPS) TF Recommendation: Fully Fund the BerkDOT Planning Process	Decision in FY 2024
Develop BPD and Community-Based organization engagement and collaboration structures					Underway to 6 months
Implement formal BPD community engagement unit	(1) Community Services Officer Salary and Benefits FY23 Budget FTE = $150,952	(1) Police Officer Salary and Benefits FY23 Budget FTE = $293,334 (deferred)	$ 444,286	BPD Community Service Officers (CSO) proposed increase in staffing will support public safety goals and build non-sworn response to address responses where the call type or specific call factors indicate a sworn response is not necessary. The CSO's will be focused on community supports and other community based work being directed through other Departments or personnel such as code enforcement. BPD formalize a unit focused on revitalizing community engagement. This team will be made up of sworn and non-sworn personnel developing stronger relationships with CBO, faith-based organizations, youth groups and others. This unit will have the lead in partnering with community based organizations on violence interventon programs such as Ceasefire.	12-24 months
Support reimagining efforts of City Departments	(1) Project Manager postion Salary and Benefits FY23 Budget FTE - $314,465		$ 314,465		Ongoing
BPD support and assistance implementing Vision Zero goals and BERKDOT process					Ongoing
BPD expand capacity to provide non-sworn parking enforcement and emergency traffic response	(5) Parking Enforcement Officer Salary and Benefits FY23 Budget FTE = $132,074 + (1) Parking Enforcement Officer Supervisor Salary and Benefits FY23 Budget FTE = $157,753		$ 818,123	Reimagining Public Safety(RPS) Recommendation: Develop additional capacity to provide non-sworn parking enforcement and traffic safety response. Anticipated annual revenue generated per employee is $222,192 based on January 2022 actuals. Budgeted at mid-step. Expanded Preferential Parking Program Reimagining Public Safety(RPS) Recommendation: To ensure the required supervision for the additional PEO positions described above. Anticipated annual revenue generated per employee is $222,192 based on January 2022 actuals. This position is required to supervise the additional PEO positions. Expanded Preferential Parking Program	24-30 months
BPD collaborate with City Departments on redirecting enforcement responsibilities where appropriate					Ongoing

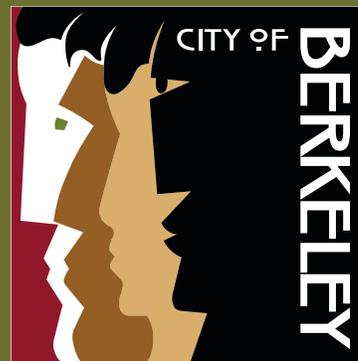**APPENDIX 10: Data analysis of the City of Berkeley's Police Response**

Summary of City Manager's Response	New Resources	Budgeted Resources	Estimated Costs	Justification	Timeline
Develop additional capabilities to address public safety goals with appropriate response level	(9) Community Services Officer Salary and Benefits FY23 Budget FTE = $150,952 + (1) Supervising Community Services Officer Salary and Benefits FY23 Budget FTE = $171,466		$ 1,530,037	Reimagining Public Safety(RPS) Recommendation: To develop additional capabilities to address public safety goals with appropriate response level, increase capacity for community engagement. Budgeted at mid-step with 3% COLA. Reimagining Public Safety(RPS) Recommendation: To ensure the required supervision for the additional CSO positions described above. Budgeted at mid-step with 3% COLA. BPD Community Service Officers (CSO) proposed increase in staffing will support public safety goals and build non-sworn response to address responses where the call type or specific call factors indicate a sworn response is not necessary. The CSO's will be focused on community supports and other community based work being directed through other Departments or personnel such as code enforcement.	24-36 months
Explore additional or alternate responses specifically related to traffic and bicycle safety					24 months
Analyze the current dispatch center including available hardware and software, current staffing model, current level of training, existing facility, accreditation status and accreditation options, and existing quality improvement practices. Phase I includes a recommendation for a prioritized emergency fire & medical dispatch system	$200,000 for consulting support	$100,000 (already budgeted)	$ 300,000.00	Reimagining Public Safety(RPS) Recommendation: The establishment of a Tiered Dispatch/CERN Pilot Program; Contracting with local Community Based Organizations (CBOs) for Tier 1 CERN response; Adopt City Auditor's Recommendations for Call Processing and Dispatching of First Responders and Others Contained in Report, and Add 'Substance Use' to 911 Recommendations; Implement Specialized Care Unit (SCU): Alternative Non-Police Responder to Meet the Needs of People Experiencing Behavioral Health Challenges; Implement A Behavioral Health General Order for the Berkeley Police Department That Emphasizes Diversion Away from Policing Whenever Possible; Include PEERS in Developing Behavioral Health Responses; Have a Reconciliation Process with People with Behavioral Health Challenges and Police; Clarify the Risk Assessment by Call Takers, Dispatchers, and Police for Behavioral Health; Improve De-Escalation Training for Police & Offer Public Education on Behavioral Health; Account for Overlapping Systems of Care for People Living with Behavioral Health Challenges	12-72 months
REIMAGINE TOTAL			$ 3,756,911		

Summary of City Manager's Response	New Resources	Budgeted Resources	Estimated Costs	Justification	Timeline
IMPROVE					
Evaluate the Specialized Care Unit Pilot and use quantitative and qualitative data to make identified improvements		$50,000 (already budgeted)	$ 50,000		
Continue to partner with the SCU Steering Committee, the Mental Health Commission, and community members in implementation					
Continue the consolidation of transportation-related functions in existing Public Works' Division of Transportation. Public Works has both the					
Approve a new Vision Zero staff position in Public Works' Division of Transportation to conduct collision analysis. This will promote the City's Vision Zero approach by boosting the City's capacity to analyze collision data collected by the Police Department, and, with Police input, propose	$175,000 (Included in FY23 proposed budget)		$ 175,000		Ongoing
Continue to address disparities in traffic and other enforcement stops					Ongoing
Continue to address disparities in Use of Force incidents					Ongoing
Support expanding dispatch responsibility and expertise	(1) Supervising Public Safety Dispatcher Salary and Benefits FY23 Budget FTE = $206,510 + (8) Public Safety Dispatcher II Salary and Benefits FY23 Budget FTE = $180,050		$ 1,646,910	Reimagining Public Safety (RPS) Recommendation: To address City Auditor OT Report and support expanding dispatch responsibilities (including PMD) and overall expertise.	36 months
Conduct regular analysis of data to ensure that departmental responses align with Fair and Impartial Policing concepts		1 FTE data analyst (already budgeted)			12 months
Conduct ongoing training in support of Fair and Impartial Policing concepts	Costs are ongoing and dependent on training needs - TBD estimated at $100,000		$ 100,000	Reimagining Public Safety (RPS) Recommendation: Conduct ongoing training in support of Fair and Impartial Policing concepts, officer safety and professional development.	Ongoing
Conduct staffing assessment including beat study to ensure departmental staffing levels meet public safety expectations and employee health and wellness	TBD estimated at +$70,000		$ 70,000	Reimagining Public Safety (RPS) Recommendation: Conduct staffing assessment to ensure departmental staffing levels meet public safety expectations and employee health and wellness. Assessment will consider quality of service, overtime expenditures, administrative responsibilities and ongoing training needs of personnel.	24-30 months
Continued support of employee health and wellness	Increase annual wellness budget by $50,000 and reassess at FY23 budget cycle to determine appropriate funding		$ 50,000	Reimagining Public Safety(RPS) Recommendation: Costs required to support Critical Incident Stress Contract, Peer Support Team, and emerging wellness needs.	6-12 months
Continued support of employee training and professional development	Increase annual training budget by $100,000 and reassess at FY23 budget cycle to determine appropriate funding		$ 100,000	Reimagining Public Safety(RPS) Recommendation: Conduct ongoing training in support of Fair and Impartial Policing concepts, officer safety and professional development.	12-24 months
Ensure public and employee safety through recruitment efforts aligned with adequate staffing levels and technology		(7) Police Officer Salary and Benefits FY23 Budget FTE = $293,334 (deferred)	$ 2,053,338	Lack of adequate staffing and limitations on tools and technology can negatively impact not only overall safety, but also morale and mental health of personnel.	18-24 months
Provide transparency through public facing data dashboards					6-12 months
Provide transparency and community engagement through increased information sharing					24 months
Build relationships with community groups to support best possible outcomes					18 months
Gather data around mental illness and homelessness to support overall City responses and needs assessment					6 months
Create a detailed implementation plan for Priority Dispatch including timelines and critical dependencies, a budget identifying one-time and on-					12-72 months
Support reimagining efforts including grant writing services	$100,000 for consultant grant writing support		$ 100,000.00		12-72 months
Strengthen investigation capabilities and victim support network		(3) Police Officer Salary and Benefits FY23 Budget FTE = $293,334 (deferred)	$ 880,002	Reimagining Public Safety(RPS) Recommendation: These additional positions will address various facets of enhanced community engagement and related services to support enhanced safety through increased criminal investigation, collaboration with Community Based Organizations, and victim support.	24-30 months
Expand problem-oriented teams to support community needs and address violent crime		(10) Police Officer Salary and Benefits FY23 Budget for 1 FTE = $293,334 (deferred)	$ 2,933,340	Reimagining Public Safety(RPS) Recommendation: To develop flexible capabilities to support public safety goals through problem solving focused and data driven approaches. Building off of Bike Team success in both engagement capabilities and violent crime reduction. Budgeted at mid-step with 3% COLA	24-30 months
Promote traffic and pedestrian safety through data analysis, education and enforcement where appropriate		(1) Police Officer Salary and Benefits FY23 Budget FTE = $293,334 (deferred)	$ 293,334	To support continued efforts and partnerships with Transportation to prevent, educate, reduce, assess impact of traffic violations and collisions on community safety.	24-30 months

Summary of City Manager's Response	New Resources	Budgeted Resources	Estimated Costs	Justification	Timeline
IMPROVE TOTAL			$ 8,401,924		
REINVEST					
Develop and implement a finance strategy for long-term sustainability of the SCU		$50,000 (already budgeted)	$ 50,000		
Develop and implement violence prevention programs such as Ceasefire		(1) Police Officer Salary and Benefits FY23 Budget FTE = $293,334 (deferred)	$ 293,334	Developing Community violence prevention and intervention programs can be effective in reducing violent crime and create meaningful opportunities for community members to give back. These community based organizations work with to interrupt cycles of violence and the department and crime data can be critical to the success of this work. Programs such as Ceasefire or Voices Against Violence could be supported through dedicated staff managing these efforts.	12-24 months
Assist the Communication Center with change management and implementation of the plan. This will include considerations for design changes to					12-72 months
REINVEST TOTAL			$ 293,334		12-24 months
OVERALL TOTAL			$ 12,452,169		

CITY OF BERKELEY

CITY MANAGER'S OFFICE

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