September 22, 2021

To: Honorable Mayor and Members of the City Council

From: Dee Williams-Ridley, City Manager

Re: Recovery Officer

In response to multiple high-profile in custody deaths, including the death of Mario Gonzalez in Alameda, our officers have been developing new ideas to improve their response to these challenging events. Central to these recommendations is a plan to reinforce the sanctity of life. This concept was generated from a memo by a field supervisor. It outlined several changes to current practice and was designed to improve the Berkeley Police Department's (BPD's) response to these incidents.

BPD began working on a plan to launch a pilot program to test and develop the concepts through use. BPD has been calling this new role "recovery officer" and the program has three basic objectives:

- Improve scene management related to relevant events.

- Evaluate and treat patients sooner.

- Decrease BFD response time to relevant events.

In 2020, the Berkeley Police department received training from the Berkeley Fire Department (BFD) on identifying and responding to cases of Excited Delirium following the Daniel Prude case in Rochester, New York. Additionally, according to BFD, for a patient experiencing a heart attack the chances of survival improve by 10% for every minute of improved response time. While these events are not entirely predictable, the sooner a person receives qualified care, the better the odds of survival. To that end, the recovery officer role is designed to improve scene management so that potential patients may be evaluated sooner by BFD in relevant events.

BPD worked with BFD to identify relevant events. In general, these are situations where a person has undergone extreme exertion and/or demonstrates other signs of vulnerability or distress. Currently, if a person has no visible or apparent injury, an

officer only requests BFD to treat a patient if they affirmatively say "yes" when asked if they need medical treatment. Consequently, officers only call BFD *after* becoming aware of an injury or medical crisis. This is the current industry standard response.

Moving forward, in events where risk is elevated, BPD wants to call BFD more often and get them on scene as soon as possible. This is an innovative type of cover role. In the same way an officer assumes a defined cover role on a car stop, BPD wants officers to assume the role of protecting the subject who may be experiencing medical distress. They also acknowledge the officers who have been involved directly with the subject might not be in the best position to transition to this role. The first officer on scene, not needed to secure the suspect, will assume the role of "recovery officer". This role includes requesting BFD, securing the scene for medical treatment, and coaching officers to transition from custody to coordinating an evaluation of the subject. By creating the role, they hope to encourage efforts designed to protect the sanctity of life, *before* the subject presents as a patient in distress.

BPD wants to emphasize that de-escalation wherever possible remains their goal. In those instances where de-escalation efforts fail, there will be a proactive plan to get the subject evaluation and care as soon as practical.

During the initial implementation, BPD training officers and BFD will test and evaluate the concept. BFD proposes studying several aspects with a focus on improving several measures of response time. The pilot should provide a learning and feedback loop that will allow them to refine the practice from real life cases.

BPD believes this will be a novel approach to one of the most difficult situations they face. At full implementation every officer will be trained and able to take on this role. As this becomes routine practice, the department could expect improvements in service delivery, coordination with BFD, and response times for other medical emergencies.

cc: Paul Buddenhagen, Deputy City Manager
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