



Reimagining Public Safety Task Force

REIMAGINING PUBLIC SAFETY TASK FORCE MEETING

Thursday, July 29, 2021
6:00 PM

District 1 - Margaret Fine	Youth Commission - Vacant
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 - Vacant
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/84701596327>. 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: **847 0159 6327**. 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 July 8, 2021

Discussion/Action Items

The public may comment on each item listed on the agenda. Public comments are limited to two minutes per speaker.

- Reimagining Public Safety Task Force Status and Overview – Chair Mizell
- Community Engagement Update – National Institute for Criminal Justice Reform
 - Community Engagement Survey Draft Report
 - Initial Community Listening Sessions Results and Draft Report
- Alternative Responses Draft Report – National Institute for Criminal Justice Reform
- Reimagining Public Safety Task Force Next Steps and Reflection – Chair Mizell
 - NICJR Contract Update - National Institute for Criminal Justice Reform

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
- Improve and Reinvest – Members Ho, Lutzker, cheema, Fine, Malvido, Diaz
- Alternative Solutions to Gender Based Violence - Members Ghosh, cheema, Ho

Subcommittee Discussion

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 rpsf@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.



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.

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)



Reimagining Public Safety Task Force

REIMAGINING PUBLIC SAFETY TASK FORCE Draft Meeting Minutes

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6:00 PM

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Roll Call: 6:02 p.m.

Present: Fine, cheema, Ejigu, Blake, Lindheim, Dangerfield, Ghosh, Hyde, Mizell, Opton, Harger, Diaz, Lutzker

Absent: Malvido, Ho

Public Comment on Non-Agenda Matters: 1 speaker

Minutes for Approval

Draft minutes for the Commission's consideration and approval.

Action: M/S/C (Mizell/Harger) to approve the minutes of 6/30/21. Vote: Ayes – Fine, Ejigu, cheema, Blake, Lindheim, Dangerfield, Ghosh, Hyde, Mizell, Opton, Harger, Diaz, Mizell, Noes – None; Absent – Malvido, Ho

Commission Action Items

Action: M/S/C (Mizell/Blake) to reorder the agenda; SCU discussion to occur prior to Police presentation. Vote: Ayes – Fine, Ejigu, cheema, Blake, Lindheim, Dangerfield, Ghosh, Hyde, Mizell, Opton, Harger, Diaz, Mizell, Noes – None; Absent – Malvido, Ho

Public Comment on Agenda/Discussion Matters: 2 speakers

Items for Future Agenda

- Presentations from community-based organizations

Adjournment

Action: M/S/C (Mizell/cheema) to adjourn the meeting.

Vote: Ayes – Fine, Ejigu, cheema, Blake, Lindheim, Dangerfield, Ghosh, Hyde, Mizell, Opton, Harger, Diaz, Mizell, Noes – None; Absent – Malvido, Ho

Adjourned at 9:34 p.m.

Next Meeting – July 29, 2021.

I hereby certify that the foregoing is a true and correct record of the Reimagining Public Safety Task Force meeting held on July 8, 2021.

Respectfully Submitted,

David White – Commission Co-Secretary
Shamika Cole – Commission Co-Secretary

Communications

Communications submitted to the Reimagining Public Safety Task Force are on file in the City Manager's Office at 2180 Milvia Street, 5th Floor, Berkeley, CA and are available upon request by contacting the City Manager's Office at (510) 981-7000 or rpstf@cityofberkeley.info.



**Public Safety Reimagining Task Force
Roles and Responsibilities
April 1, 2021**

Reimagining Public Safety Objective

Develop 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, 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.

Role of National Institute for Criminal Justice Reform (NICJR)

1. Working with the City Auditor on the assessment of emergency and non-emergency calls for service.
2. Developing a summary and presentation of new and emerging models of community safety and policing.
3. Developing and implementing a communications strategy to ensure that the community is well informed, a robust community engagement process, and managing the Task Force established by the City Council.
4. 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.
5. Developing a final report and implementation plan that will be used to guide future decision making

Task Force Roles and Responsibilities

As the Reimagining Public Safety process unfolds and comes to life, the Task Force will be relied upon to provide input, participate in the process, and to help shape recommendations that can be implemented over time for a new model of public safety.

Per the Enabling Legislation, the Task Force is responsible for the following:

1. 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.
2. In lieu of subcommittees and advisory boards, look to City 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 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 following:

- Specialized Care Unit;
- BerkDoT; and
- Priority dispatching.

The following is an illustrative list of questions for the Task Force as we embark on this journey. Rather than being all encompassing, these list of questions are meant to be a starting point for future meetings and discussion.

1. In reviewing the proposed schedule of meetings and topics, what gaps does the Task Force perceive? Are there other departments, community groups, individuals that the Task Force would like to hear from or engage with? Who on the Task Force can help arrange these connections and discussions?
2. After reviewing and discussing the community engagement process, what recommendations does the Task Force have to strengthen the process and in what ways can the Task Force support the process?
3. How can the Task Force assist in ensuring a robust response to the community survey administered by NICJR?
4. Calls for Service Analysis. The City Auditor will present an overview and categorization of calls for service to the Task Force and NICJR will offer a framework to evaluate calls for service. What calls should the Berkeley Police Department respond to? What other partners and / or City departments can be relied upon to respond to calls for service? What impacts will this have on the Berkeley Police Department?
5. With respect to the new models of community safety outlined by NICJR, what models make sense for Berkeley? Are there any specific initiatives or programs that the Task Force would like NICJR to look further into? Are there any items that the Task Force would like to explore?
6. NICJR will bring forward to the Task Force programs and/or services that are currently provided by the Berkeley Police Department that can be provided by other City departments and / or organizations. Does the Task Force agree that these are programs or services that can be provided outside of the Police Department? Are there other programs and services that the Task Force would like NICJR to look into? If yes, what are they?
7. In considering the results of NICJR's community engagement efforts and any other community engagement performed by the Task Force or any other City entity (i.e., RDA for the Specialized Care Unit), what does this mean in terms of community services that should be available for the community?

8. With respect to the recommended approach to public safety, for the Berkeley Police Department what impacts does this have:
 - a. Services offered
 - b. Size
 - c. Allocated resources

What impacts does the recommended approach to public safety have on other Departments in the City? Other organizations?

Is the implementation plan outlined by NICJR achievable? Will it produce desired outcomes? Does the implementation plan reflect all of the items adopted by City Council including Specialized Care Unit, BerkDoT, and priority dispatching?

How can the City measure progress in implementing recommendations advanced by NICJR and the Task Force?



**Public Safety Reimagining Task Force
Proposed Meeting Schedule
Revised as of July 21, 2021**

1. April 8, 2021 (Regular Meeting)
 - Task Force Meeting Schedule and Role (City)
 - Draft Community Survey (Bright Research Group)
 - Police Department Overview #1 (Interim Chief Louis)
 - Priority Dispatch Overview (Fire Chief Brannigan)
 - Special Task Force Meeting Dates (April 29, 2021, May 19, 2021 and June 30, 2021)
 - Subcommittee Discussion

2. April 29, 2021 (Special Meeting)
 - Calls for Service Analysis – City Auditor
 - Calls for Service Analysis Framework -- NICJR
 - New and Emerging Models of Community Safety (NICJR and team)

3. May 13, 2021 (Regular Meeting)
 - Police Department Overview #2 (Topic: Recruitment and hiring process, entry level training, Crisis Intervention Training and Fair and Impartial Policing related training) (Interim Chief Louis)
 - Specialized Care Unit

4. May 19, 2021 (Special Meeting)
 - Fair and Impartial Workgroup Recommendations and Police Dept. Implementation (Fair and Impartial Workgroup and Interim Chief Louis)
 - BerkDOT (L. Garland and F. Javandel)

5. June 10, 2021 (Regular Meeting)
 - Police Department Presentation #3 (Budget overview and detail around staffing level/beat coverage as well as expanding on calls-for-service data audit)
 - Submit Final New and Emerging Models Report to Task Force (NICJR)
6. June 30, 2021 (Special Meeting)
 - Police Department Presentation #4 (processes and procedures for evaluation, training, commendation, discipline including Internal Affairs and partnership with Police Review Commission/Police Accountability Board)
7. July 8, 2021 (Regular Meeting)
 - Police Department Presentation #5
 - Community engagement and City/Community partnerships
 - Focused discussions on the duties and responsibilities of non-patrol beat units to include detectives, traffic, community services, bike team, personnel and training, support services. Overview of the work BPD is currently responsible for outside of responding to initial calls for service and proactive crime prevention efforts
 - Specialized Care Unit Update #2 (L. Warhuus)
8. Tentative for Discussion -- Special Meeting in July – TBD (Maybe July 29, 2021, it's a 5th Thursday, likely no other commission meetings)
 - Draft Alternatives Responses Report (NICJR)
 - Draft Community Survey Results Report and Draft Initial Community Listening Session Results Report (NICJR)
9. August 12, 2021
 - Cancel due to recess
10. September 9, 2021 (may need reschedule, this is the recess period)
 - Tentative -- Draft Final Report Presentation (NICJR)
11. October 14, 2021 (may need reschedule, this is the recess period)
 - Tentative -- Task Force Approve and Accept Final Report Presentation (NICJR)

Unscheduled Meetings / Presentations

- Presentation Regarding Police Accountability Board
- Professor Jordan Blain Woods (Prof. Woods is a criminologist and legal scholar who has published extensively on traffic and policing, both in law review articles and in the popular press.)

COMMUNITY ENGAGEMENT REPORT



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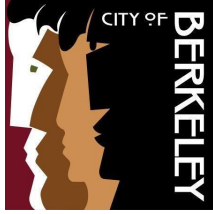
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Berkeley Reimagining Public Safety Community Engagement Report

Overview:

The Reimagining Public Safety process in Berkeley includes comprehensive outreach and engagement of local community members. The National Institute for Criminal Justice Reform (NICJR) and our partners Brightstar Research Group (BRG), with significant support and input from the Reimagining Public Safety Taskforce, developed a multi-pronged community engagement strategy. The process included a broadly distributed survey along with a series of listening sessions designed to engage marginalized, hard to reach, or communities with high rates of police contact. With guidance from the City Manager's Office, BRG focuses on four populations for listening sessions: Black, Latinx, formerly incarcerated and low-income individuals struggling with food and/or housing insecurity. The following report includes initial findings from these events and the survey.

Community Engagement efforts are continuing with additional information to be submitted from the two Latinx listening sessions organized by Taskforce member Hector Malvido as well as those planned by the Gender-Equity and Violence Subcommittee. The Taskforce is also working with the Pacific Center on Human Growth to organize interviews with service providers and participants in their LGBTQIA+ programs. Information and perspectives garnered from this wide array of community engagement will help to inform NICJR's final report and provide valuable information for the work of the Taskforce and the City of Berkeley moving forward.



Berkeley Reimagining Public Safety Process Community Engagement Timeline

<u>Community Engagement Event</u>	<u>Lead Entity</u>	<u>Date</u>	<u>Attendance</u>	<u>Status of Summary Data</u>
BPD focus group with command staff	NICJR	May 6, 2021		Pending
Community Survey	BRG	May 14, 2021	2,729	In report
Listening Session/Community meeting – focus on Black community	BRG-Pastor Smith	May 25, 2021	18	In report
BPD focus group with line staff	NICJR	June 2, 2021 & June 3, 2021		Pending
Berkeley Merchant Association Focus group	NICJR - In coordination with Telegraph BA and Downtown BA	June 2, 2021	6	In report
Listening Session/Community meeting – Housing Unstable and Formerly Incarcerated (focus on POC)	BRG-Center for Faith Food and Justice	June 9	27	In report
Vulnerable Youth Listening Session (ages 13-17)	BRG-Pastor Smith	June 28 th	4	In report
Listening Session for residents experiencing mental health challenges	NICJR - In coordination with CE TF Commissioner Fine	June 29, 2021	14	In report
BIPOC students Listening Session	BRG-Underground Scholars	June 30 th	4	In report
LGBTQ/Trans Community Listening Session	NICJR - In coordination with CE	July 1, 2021	0	No data

	TF Commissioner Fine			
Latinx Listening Session	TF Commissioner Malvido-with support from NICJR	July 8, 2021		Pending
Latinx Listening Session Youth from Berkeley High School	TF Commissioner Malvido-with support from NICJR	TBD (Before 7/16)		Pending
Gender-Equity and Violence	Gender-Equity and Violence Subcommittee	TBD (Before 7/16)		Pending
Gender-Equity and Violence	Gender-Equity and Violence Subcommittee	TBD (Before 7/16)		Pending
Citywide Town Hall	NICJR/Task Force CE Subcommittee/City Mgr's office	After Alternative Responses Draft has been shared		Pending
District 1-9 specific meetings	NICJR	After Final Report drafted		Pending
Develop Report on process and findings from Community Engagement/Outreach and Community Survey results	BRG	July 6		Pending

Purpose of Sessions:

Get input on each group's opinions, ideas, concerns, on public safety in Berkeley, police reform, and needed community services/resources. Also get specific responses to proposed reforms like community based alternative responses to Calls for Services and BerkDOT. All of this feedback will be compiled into a report for the Taskforce and City Council as well as used to inform the drafting and updating of reports developed by NICJR for the Reimagining Public Safety process.

City of Berkeley Reimagining Public Safety Survey— Summary Report

DRAFT

INTRODUCTION

The City of Berkeley is developing a community safety model that reflects the needs of the community and creates increased safety for all. In collaboration with the City of Berkeley's Reimagining Public Safety Task Force and the City Manager's Office, Bright Research Group (BRG) developed and conducted a community survey to gather residents' experiences with and perceptions of the Berkeley Police Department and crisis response; their perspectives on and priorities for reimagining public safety; and recommendations for alternative responses for community safety. This report summarizes the key quantitative findings from the City of Berkeley's Reimagining Public Safety Survey.

METHODS AND SAMPLE

A total of 2,729 responses were collected between May 18 and June 15, 2021. The City of Berkeley, the Reimagining Public Safety Task Force, community-based organizations, and other key partners disseminated the community survey through various online channels and websites to those who live, work, and study in Berkeley, in English and Spanish. Respondents completed the survey online.

Descriptive and statistical analyses were conducted. To allow for disaggregated analysis by race and ethnicity, the survey responses were recoded into six discrete race and ethnicity categories: white, Black, Latin, Asian, Other Nonwhite, and Undisclosed. For all the findings provided below in aggregate (i.e., not disaggregated by race and ethnicity), the analysis includes weighting by the race and ethnicity factors in order to correct for the disproportionate representation among some racial and ethnic groups in the sample. Cross-tabulations and a chi-square test for significance were conducted to examine the relationship between race and ethnicity and categorical survey responses. A comparison of means and an analysis of variance (ANOVA) test for significance were also used. Both of these tests look at differences across the independent variables as a whole. These tests can show whether the differences observed on the basis of race and ethnicity are different from one another in general, but cannot tell us if answers from one racial and ethnic group are specifically different from another. Given that race and ethnicity have been shown to be substantive factors associated with perceptions of community safety (Whitfield, et al., 2019), and given the limitations with respect to the representativeness of this sample, this analysis is particularly attentive to racial and ethnic differences in responses. All reported differences by race and ethnicity in the findings are statistically significant ($p < .05$) for both chi-square tests and ANOVA test.

LIMITATIONS

The survey sample was not representative of the Berkeley population with regard to race and ethnicity, sexual orientation, zip code, and age. White, older (45 years and older), women, and LGBTQ residents, as well as those who live in the 94702, 94705, and 94707 zip codes, were overrepresented in the sample. Black, Latin, Asian, male, and younger residents were underrepresented in the sample. The nonrepresentative nature of the sample should be noted when interpreting the findings from this survey. The results of this survey are likely to be biased and may not truly reflect community impressions of safety.

See the Appendix for detailed methods and a sample profile.

SUMMARY OF FINDINGS

COMMUNITY PERCEPTIONS AND PRIORITIES FOR SAFETY IN BERKELEY

Perceptions of Safety in Berkeley

The respondents expressed a range of perspectives regarding the safety of Berkeley, with a plurality selecting “Somewhat safe” in response to this item. Respondents who indicated they are white were more likely to perceive Berkeley as safe and very safe. Respondents who are Black or Other Nonwhite were significantly more likely to perceive Berkeley as unsafe and very unsafe. Respondents who identified as Latin and Asian were more likely than white respondents, but less likely than Black and Other Nonwhite respondents, to perceive Berkeley as unsafe and very unsafe. Unexpectedly, respondents who declined to indicate their race and ethnicity were the most likely to perceive Berkeley as unsafe and very unsafe.

It is worth noting that while Middle Eastern / North African and Native Americans each represented a small number of the respondents (42 and 33, respectively), they were substantially more likely to perceive Berkeley as unsafe and very unsafe than most other racial and ethnic groups (52% and 42%, respectively). Similarly, Pacific Islander / Native Hawaiian respondents represented a small number (N = 22) but were substantially less likely to perceive Berkeley as safe and very safe (0%), but they were not more likely to indicate it as unsafe with 60% selecting somewhat safe.

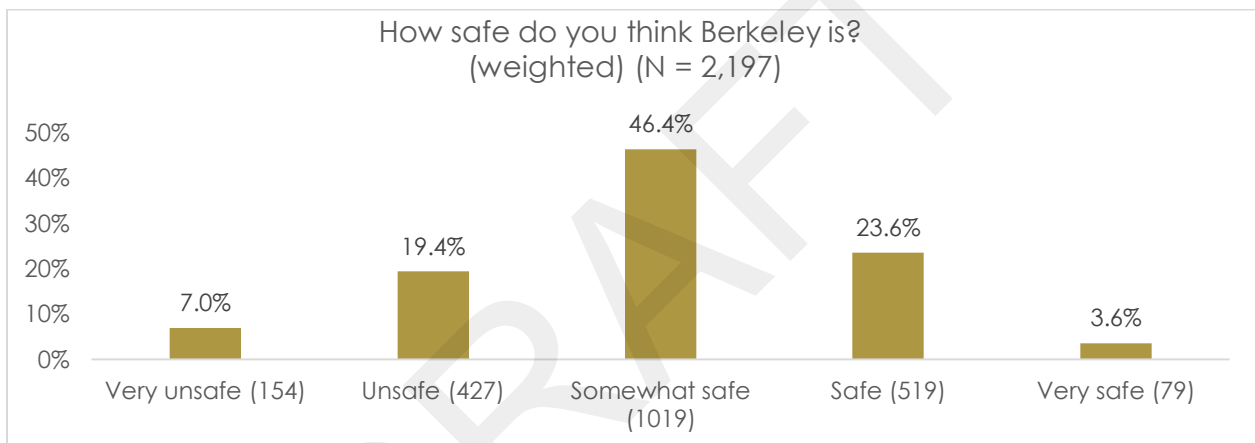


Table 1. How safe do you think Berkeley is? By race and ethnicity.

	White N = 1,622	Black N = 139	Latin N = 103	Asian N = 159	Other Nonwhite N = 168	Undisclosed N = 478
Very unsafe	4.0%	14.4%	9.7%	7.5%	15.5%	19.5%
Unsafe	14.7%	25.9%	25.2%	24.5%	23.2%	34.9%
Somewhat safe	50.5%	36.0%	46.4%	45.3%	46.4%	33.1%
Safe	26.2%	22.3%	13.1%	20.8%	13.1%	10.0%
Very safe	4.6%	1.4%	1.8%	1.9%	1.8%	2.5%

Resident Priorities for Safety

Survey respondents ranked homelessness and sexual assault as the most important public safety concerns, followed by shootings and homicides and mental health crisis. Respondents ranked substance use, drug sales, and police violence as their lowest priorities.

Some responses varied on the basis of the respondents' race and ethnicity—although the differences were not large—and patterns were fairly consistent across the array of race and ethnicity groups, with the exception of the respondents with an undisclosed race and ethnicity. Notably, this group collectively rated police violence substantially lower in importance to community health and safety as compared with other groups. This group was also far more likely to indicate that theft was an important issue in Berkeley.

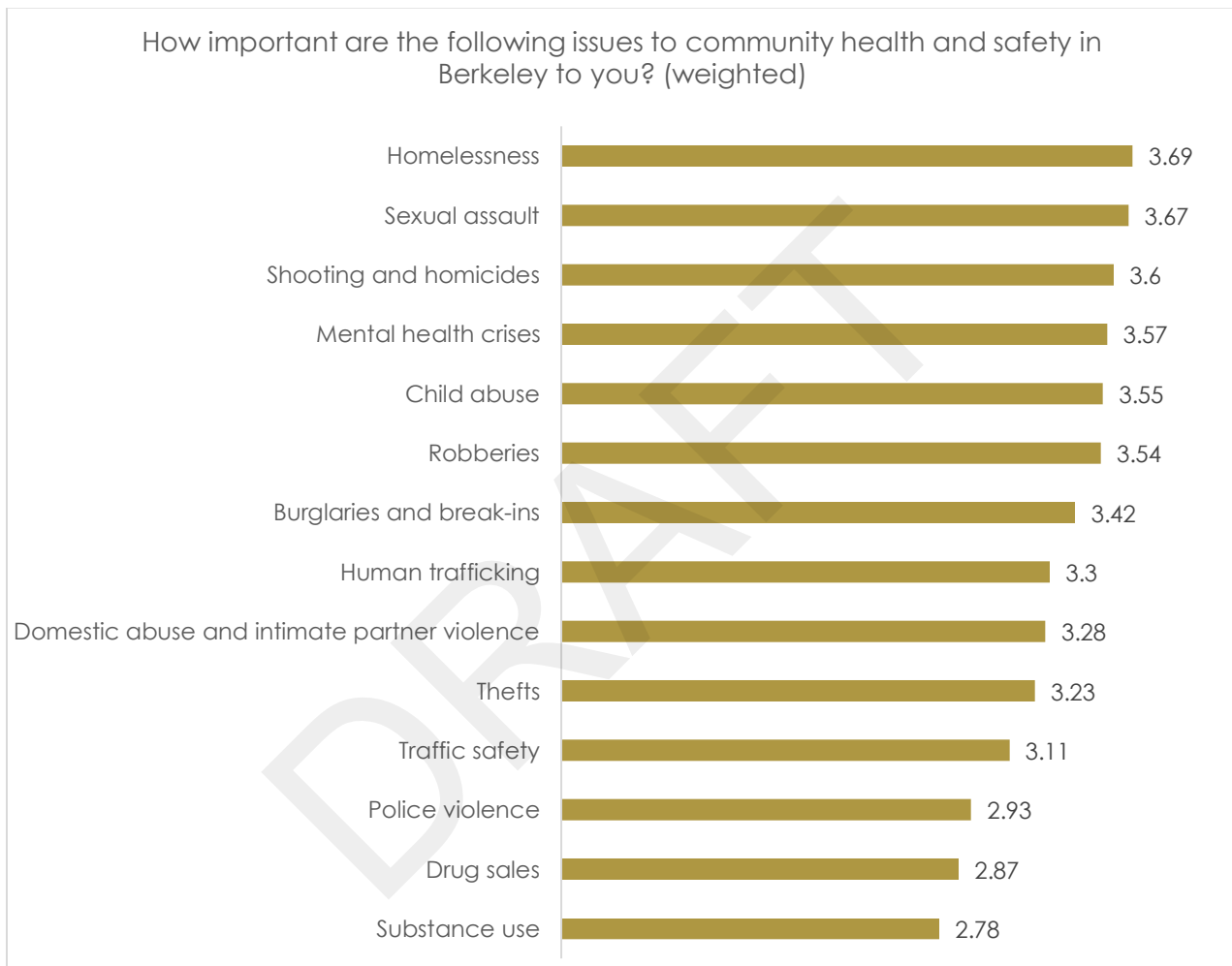


Table 2. How important are the following issues to community health and safety in Berkeley to you? By race and ethnicity.

	White	Black	Latin	Asian	Other Nonwhite	Undisclosed
Substance use	2.68	2.97	2.73	2.91	2.95	2.97
Drug sales	2.77	3.00	2.86	3.01	3.03	3.14
Police violence	3.00	2.90	2.74	2.95	2.76	2.34
Traffic safety	3.07	3.24	3.09	3.13	3.22	3.18
Thefts	3.16	3.35	3.26	3.32	3.25	3.57
Domestic abuse and Intimate partner violence	3.28	3.31	3.34	3.23	3.24	3.18
Human trafficking	3.27	3.48	3.38	3.23	3.42	3.27
Burglaries and break-ins	3.35	3.51	3.46	3.50	3.46	3.73
Robberies	3.46	3.67	3.59	3.64	3.56	3.82
Child abuse	3.54	3.68	3.63	3.47	3.63	3.55
Mental health crises	3.59	3.68	3.50	3.54	3.48	3.45
Shooting and homicides	3.51	3.77	3.69	3.67	3.68	3.77
Sexual assault	3.61	3.80	3.77	3.70	3.77	3.71
Homelessness	3.71	3.59	3.65	3.73	3.59	3.60

Priorities for Community Health and Safety

The mean responses show the highest community support for investment in mental health services, with investment in homeless services programs and violence prevention program also rating fairly high. There are some differences along race and ethnicity in terms of investment priorities, with white respondents rating all listed program investments higher overall, and those with an undisclosed race and ethnicity rating all listed program investments lower overall. While all racial and ethnic groups rated mental health services higher than the other listed program investments, Black respondents rated it particularly high in comparison to other investment options.

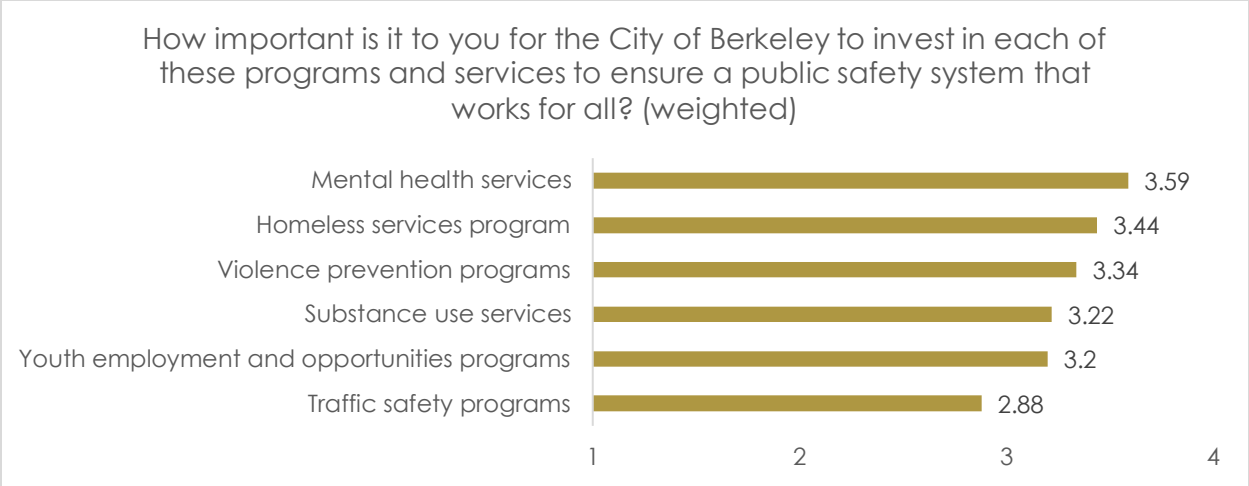


Table 3. How important is it to you for the City of Berkeley to invest in each of these programs and services to ensure a public safety system that works for all? By race and ethnicity.

	White	Black	Latin	Asian	Other Nonwhite	Undisclosed
Traffic safety programs	2.91	2.90	2.77	2.84	3.02	2.81
Youth employment and opportunities programs	3.26	2.99	3.23	3.15	3.14	2.74
Substance use services	3.27	3.03	3.21	3.19	3.17	2.81
Violence prevention programs	3.35	3.19	3.32	3.33	3.41	3.06
Homeless services program	3.56	3.12	3.26	3.44	3.22	2.86
Mental health services	3.69	3.48	3.46	3.53	3.43	3.15

Experiences in Berkeley

Nearly half of the respondents reported experiencing street harassment, and 41% reported being the victim of a crime. Differences along race and ethnicity appear on a number of self-reported personal experiences. Black respondents were more likely to indicate that they have experienced multiple incidents and conditions, including arrest, police harassment, a mental health crisis, homelessness, family victimization, and crime victimization.

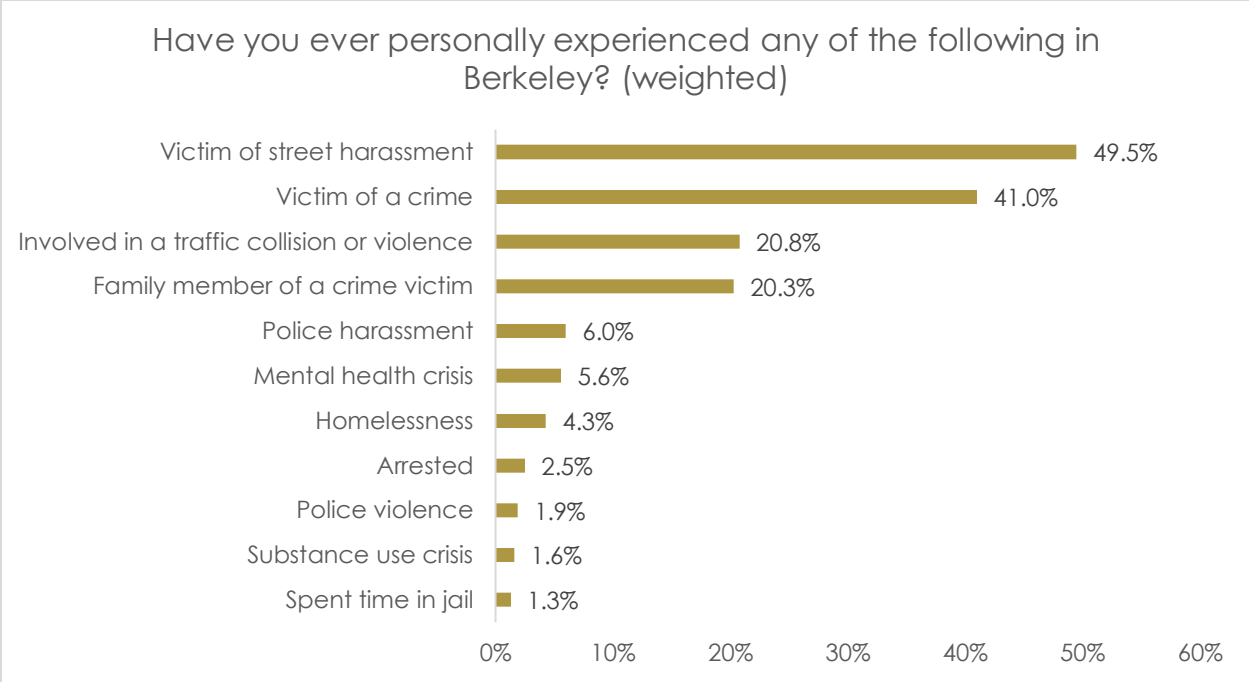
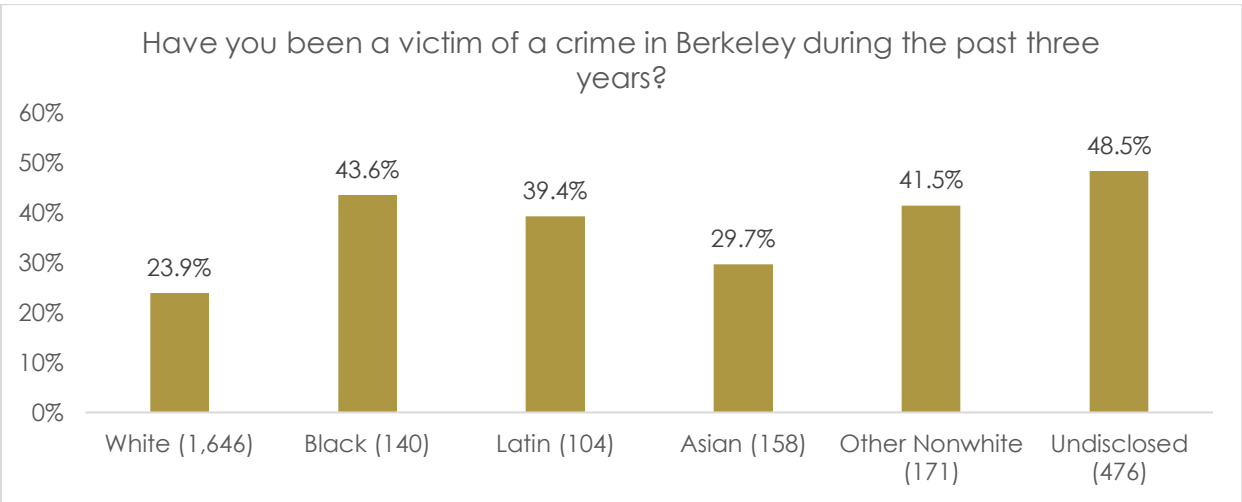


Table 4. Have you personally experienced any of the following in Berkeley? By race and ethnicity.

	White	Black	Latin	Asian	Other Nonwhite	Undisclosed
Spent time in jail	1.3%	5.0%	1.9%	0.0%	.6%	1.4%
Substance use crisis	1.3%	4.3%	4.8%	0.0%	1.7%	1.0%
Police violence	1.5%	2.1%	2.9%	2.5%	1.7%	.8%
Arrested	1.8%	7.1%	4.8%	1.9%	.6%	2.2%
Homelessness	3.1%	12.1%	7.6%	1.9%	6.4%	6.6%
Mental health crisis	5.1%	8.6%	7.6%	4.3%	5.8%	6.2%
Police harassment	4.3%	17.1%	7.6%	5.0%	6.4%	4.0%
Family member of a crime victim	17.0%	35.0%	24.8%	16.8%	32.0%	32.5%
Involved in a traffic collision or violence	20.5%	22.9%	20.0%	21.1%	20.3%	25.9%
Victim of a crime	40.2%	50.7%	43.8%	37.3%	43.0%	53.3%
Victim of street harassment	43.1%	55.7%	61.9%	52.2%	64.0%	64.1%

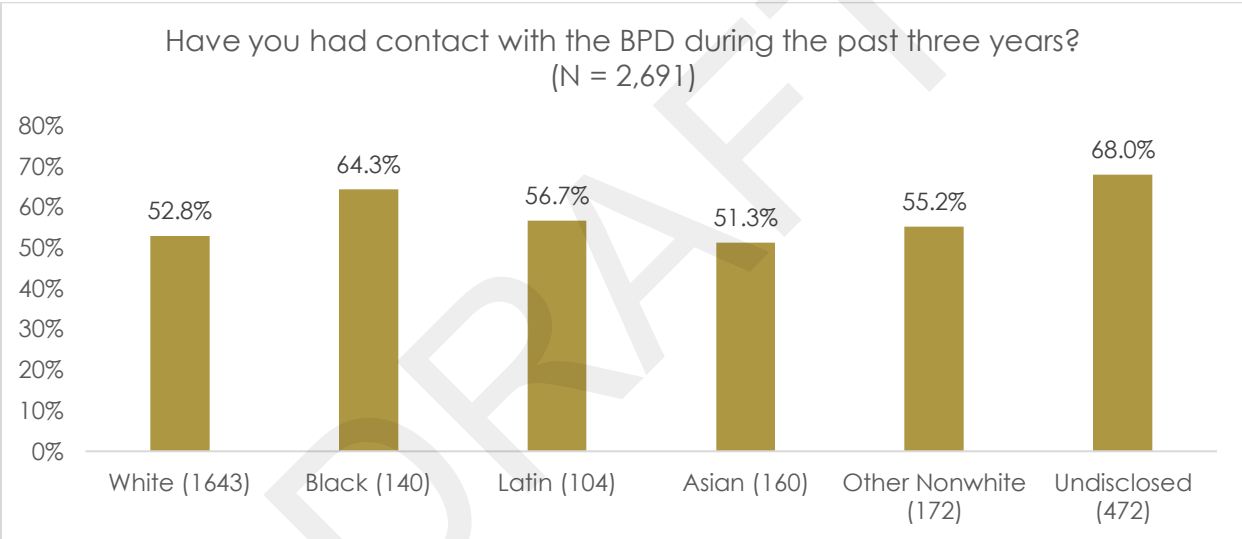
Crime Victimization

Approximately 30% of the respondents indicated having been a crime victim in the City of Berkeley during the past three years. Respondents who are Black and who declined to disclose race and ethnicity were the most likely to indicate that they have been the victim of a crime in Berkeley during the past three years. White respondents were the least likely to do so.



EXPERIENCE WITH THE BERKELEY POLICE DEPARTMENT

Over half of the respondents (54%) indicated that they have had contact with the Berkeley Police Department (BPD) during the past three years. Respondents who are Black and who declined to disclose race and ethnicity were the most likely to report that they have had contact with the BPD during the past three years.



Perceived Effectiveness of the Berkeley Police Department

Many respondents (38%) perceived the department to be somewhat effective and over half (55.3%) perceived it to be effective or very effective. Only a small number and percentage of the respondents (6.7%) indicated that the Berkeley Police Department is not effective at all.

Some differences in perceived effectiveness of the Berkeley Police Department emerged when the data were disaggregated by race and ethnicity. Nonwhite respondents were more likely to indicate that the

BPD is not effective at all; Asian and Latin respondents were more likely to indicate that the BPD is somewhat effective; and white respondents were more likely to indicate that the BPD is effective. Black residents held diverse views regarding the BPD, and the analysis found that they were more likely to view the BPD as either very effective or not effective at all compared to other groups. Those with undisclosed race and ethnicity were more likely to indicate that the BPD is very effective.

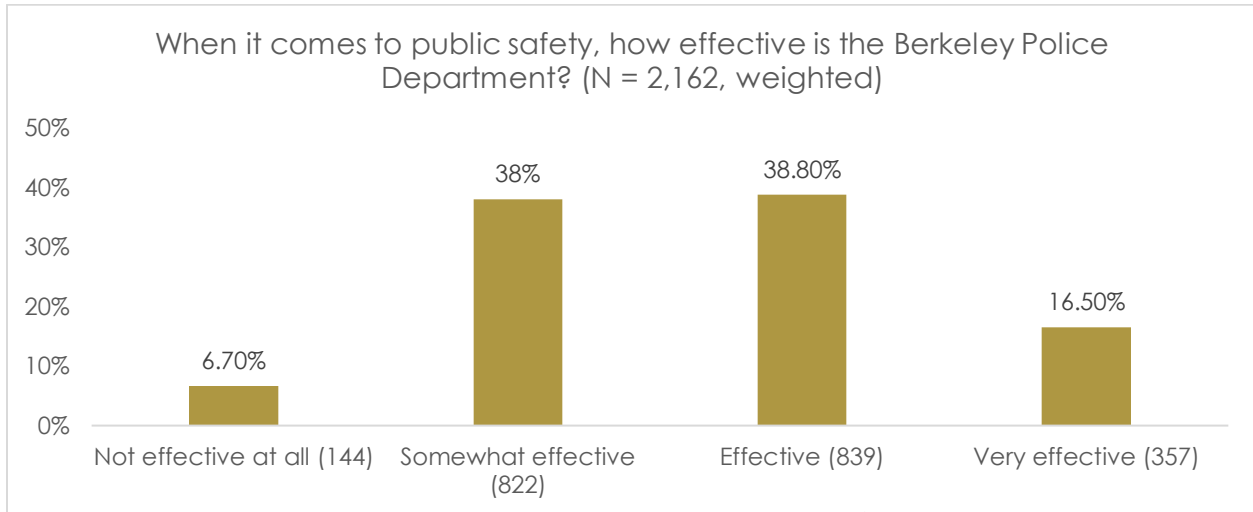


Table 5. When it comes to public safety, how effective is the Berkeley Police Department? By race and ethnicity.

	White N = 1,599	Black N = 136	Latin N = 103	Asian N = 154	Other Nonwhite N = 167	Undisclosed N = 462
Not effective at all	6.8%	8.8%	4.9%	5.2%	10.2%	5.2%
Somewhat effective	36.3%	36.0%	41.7%	43.5%	30.5%	35.9%
Effective	43.4%	27.2%	32.0%	35.1%	39.5%	34.0%
Very effective	13.4%	27.9%	21.4%	16.2%	19.8%	24.9%

Trust that the Berkeley Police Department treats all people fairly and equitably

A little over half of the respondents trust the BPD to usually treat people fairly and equitably, with the remaining 26% demonstrating low confidence in the police on this measure. A minority of the respondents (22%) always trust the BPD to treat people fairly and equitably. Some differences emerged along race and ethnicity with respect to confidence in the BPD to exercise fairness and equity. Black and Latin respondents hold a variety of perspectives on police. They were more likely than other groups to either not trust the BPD or to have confidence in them. Respondents with an undisclosed race and ethnicity were the most likely to demonstrate confidence in the BPD in this regard, and the least likely to demonstrate low confidence.

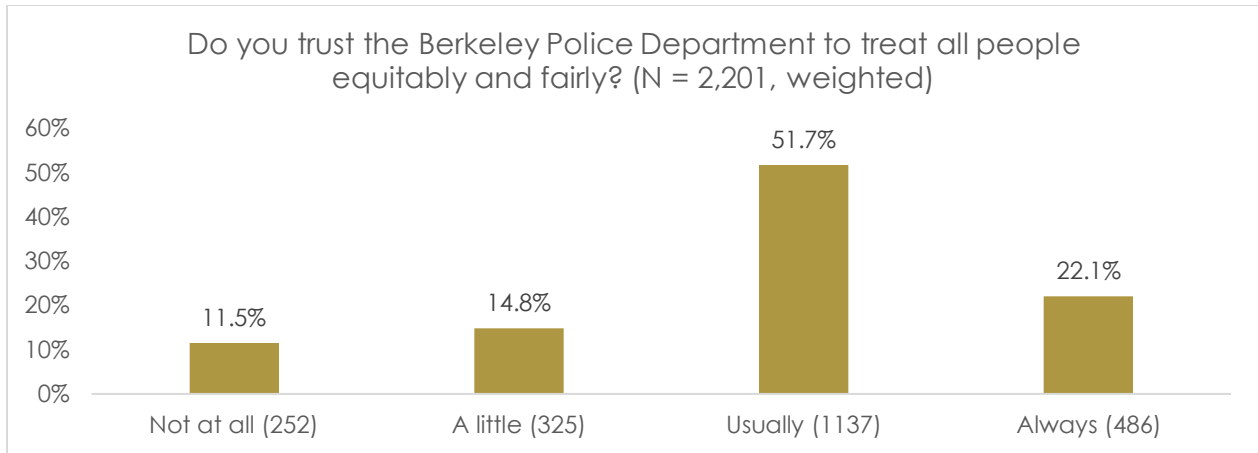


Table 6. Do you trust the Berkeley Police Department to treat all people equitably and fairly? By race and ethnicity.

	White (N = 1,632)	Black (N = 139)	Latin (N = 102)	Asian (N = 159)	Other Nonwhite (N = 169)	Undisclosed (N = 474)
Not at all	10.3%	16.5%	16.7%	10.1%	10.7%	3.0%
A little	16.1%	12.9%	12.7%	13.9%	12.4%	8.2%
Usually	55.0%	38.8%	37.3%	56.3%	48.5%	44.9%
Always	18.6%	31.7%	33.3%	19.6%	28.4%	43.9%

Quality of Experience with the Berkeley Police Department

Among the respondents who indicated that they've had contact with the BPD and chose to report on the quality of those experiences, three out of four (74.8%) indicated that the experience was positive or very positive. Differences in experiences with police across race and ethnicity include Black and Asian respondents as the most likely to report negative experiences, and respondents with undisclosed race and ethnicity as the least likely to report negative experiences and the most likely to report positive experiences with the BPD.

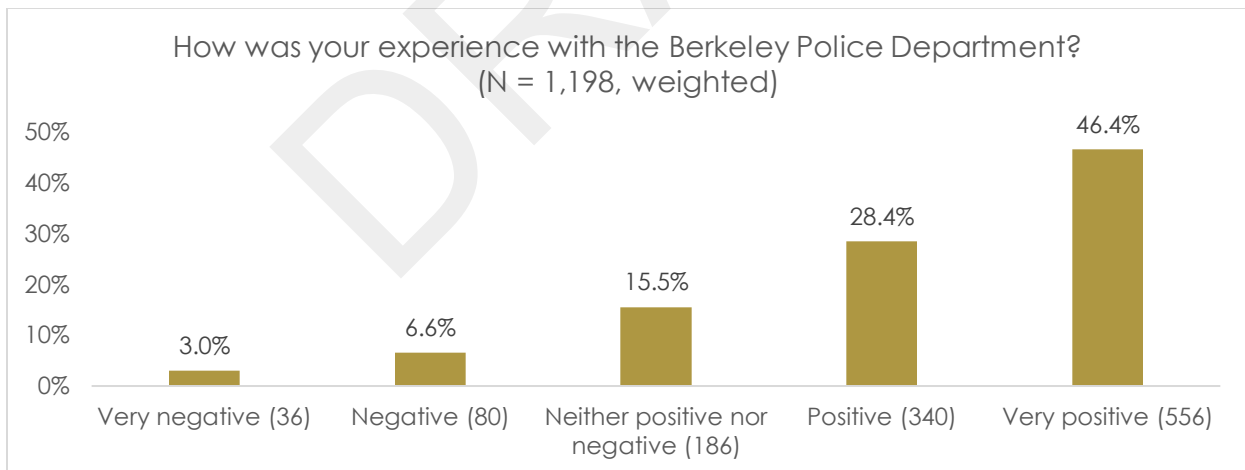


Table 7. How was your experience with the Berkeley Police Department? By race and ethnicity.

	White N = 864	Black N = 90	Latin N = 59	Asian N = 82	Other Nonwhite N = 95	Undisclosed N = 318
Very negative	2.3%	4.4%	5.1%	2.4%	4.2%	0.6%
Negative	6.1%	6.7%	1.7%	11.0%	5.3%	3.8%
Neither positive nor negative	17.0%	13.3%	20.3%	11.0%	13.7%	12.6%
Positive	31.0%	21.1%	18.6%	31.7%	25.3%	15.1%
Very positive	43.5%	54.4%	54.2%	43.9%	51.6%	67.9%

LIKELIHOOD TO CALL EMERGENCY RESPONSES

Respondents are far more likely to call 911 in response to an emergency situation not involving mental health or substance use (86.2%) than they are to an emergency that does relate to a mental health or substance use crisis (57.9%). Over half of the respondents did, however, indicate that they are likely or very likely to call 911 in response to a mental health or substance-use-related crisis (57.9%).

Black and Latin respondents indicated a wide range of responses to the question regarding their likelihood of calling the 911 in response to a mental health or substance use crisis. On the other hand, racial and ethnic groups responded similarly in response to the question about calling 911 when there's an emergency not related to mental health or substance use. Substantially more Black respondents indicated extreme reluctance as compared with other groups.

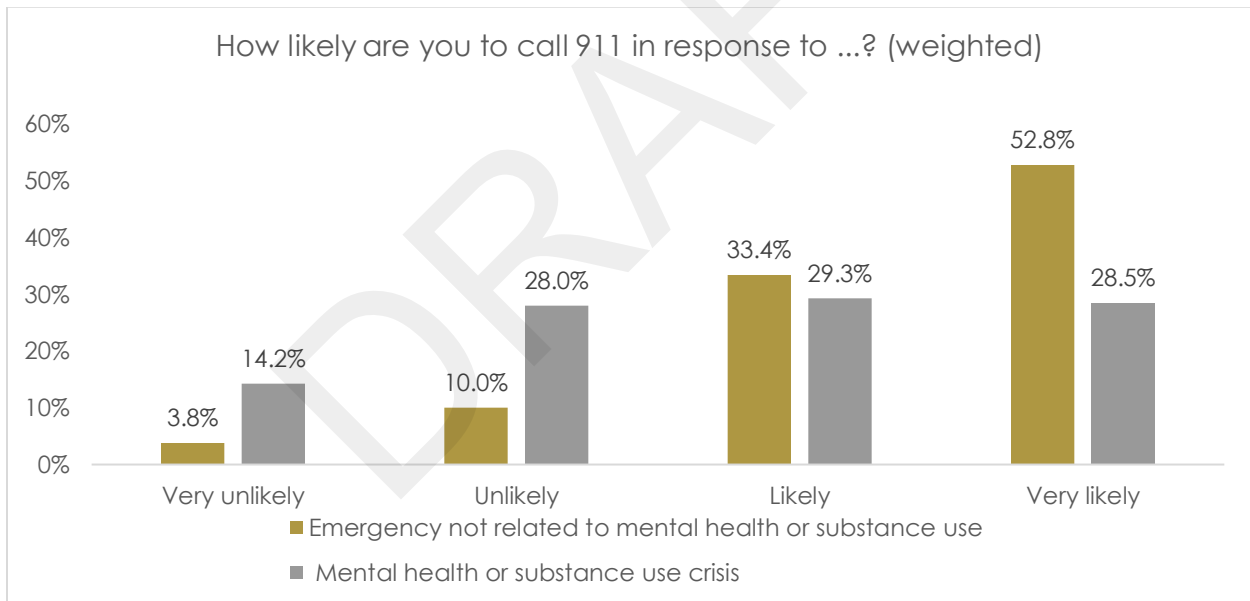


Table 8. How likely are you to call emergency services (911) in response to an emergency NOT related to a mental health or substance use crisis? By race and ethnicity.

	White N = 1,632	Black N = 140	Latin N = 104	Asian N = 156	Other Nonwhite N = 171	Undisclosed N = 468
Very unlikely	3.7%	9.3%	3.8%	1.9%	2.9%	4.1%
Unlikely	10.9%	11.4%	7.7%	8.3%	10.5%	9.8%
Likely	33.8%	27.9%	33.7%	34.6%	32.2%	26.7%
Very likely	51.5%	51.4%	54.8%	55.1%	54.4%	59.4%

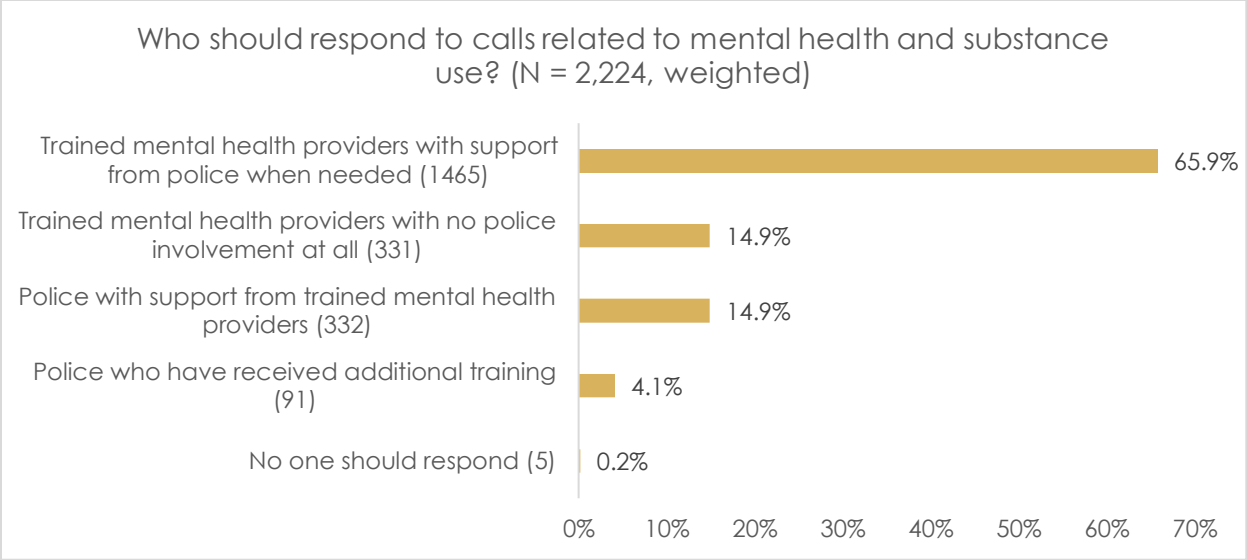
Table 9. How likely are you to call emergency services (911) in response to a mental health or substance use crisis? By race and ethnicity.

	White N = 1,628	Black N = 140	Latin N = 104	Asian N = 158	Other Nonwhite N = 170	Undisclosed N = 471
Very unlikely	15.2%	20.0%	20.2%	6.3%	14.7%	15.9%
Unlikely	26.7%	25.0%	20.2%	35.4%	31.2%	22.9%
Likely	30.8%	20.7%	21.2%	32.9%	28.8%	28.5%
Very likely	27.4%	34.3%	38.5%	25.3%	25.3%	32.7%

PREFERENCE FOR CRISIS RESPONSE

A large majority of the respondents (80.8%) indicated a preference for trained mental health providers to respond to calls related to mental health and substance use, with most among those respondents indicating that police support should be available when needed. Some respondents (19%) indicated a preference for a police response, with over two-thirds of those respondents indicating that mental health providers should be available for support.

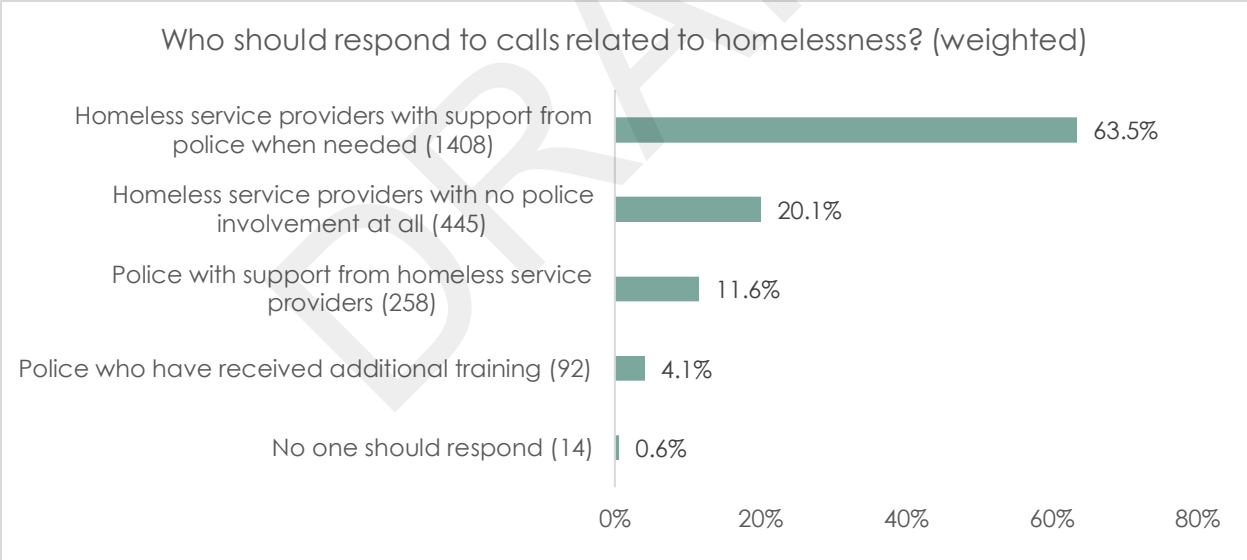
All racial and ethnic groups show a preference for “Trained mental health providers, with support from police when needed” to respond to calls related to mental health and substance use. Respondents whose race and ethnicity were undisclosed were the most likely to prefer a police response (42%) in comparison to other groups.



PREFERENCE FOR RESPONSE TO HOMELESSNESS

A large majority of the respondents (83.6%) indicated a preference for homeless services providers to respond to calls related to homelessness, with most among those respondents indicating that police support should be available when needed. Some of the respondents (15.7%) indicated a preference for a police response, with the majority of those respondents indicating that homeless services providers should be available for support.

All racial and ethnic groups show a preference for homeless services providers, with support from police when needed to respond to calls related to homelessness. Respondents whose racial and ethnic were undisclosed were the most likely to prefer a police response (41%) in comparison to other groups.



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Jones, J.M. “LGBT Identification Rises to 5.6% in Latest U.S. Estimate.” Gallup News, February 24, 2021.

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Whitfield, G. P., S. A. Carlson, E. N. Ussery, K. B. Watson, D. R. Brown, D. Berrigan, and J. E. Fulton. “Racial and Ethnic Differences in Perceived Safety Barriers to Walking, United States National Health Interview Survey—2015.” *Preventative Medicine*, no. 114 (June 9, 2018): 57–63.

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APPENDIX

SAMPLE PROFILE

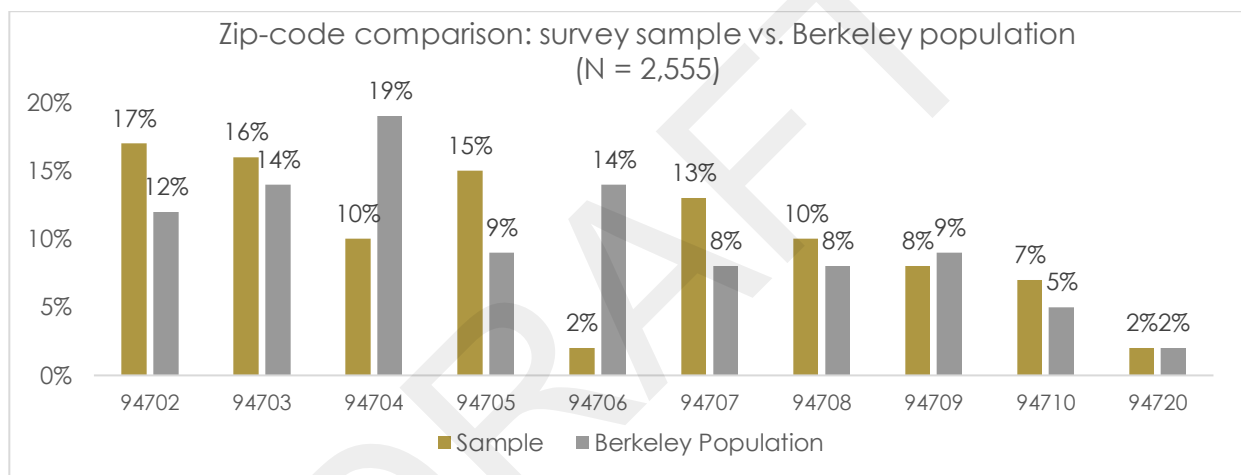
Relationship to City of Berkeley

The vast majority of the survey respondents live in Berkeley (84.4%). A portion work in Berkeley (but don't live there), and a small number have other situations or provided no information. Notably, very few houseless residents responded to the survey.

Live or work in Berkeley (N = 2,729)	Percent
Live in Berkeley	84.4%
Work in Berkeley	12.0%
I am currently experiencing homelessness	0.1%
I do not live or work in Berkeley	2.3%
No information	1.1%

Zip Code

The Berkeley population is spread out primarily across the 10 zip codes listed in the table and chart below, which compare the survey responses with Berkeley population figures.¹ These data show that certain zip codes are overrepresented in the sample (e.g., 94702, 94705, 94707), while others are underrepresented (e.g., 94704, 94706).



Age

The sample skews significantly toward older respondents, with approximately 70% of the respondents who provided information on their age identifying themselves as 45 years or older, and over 40% of the respondents identifying themselves as 60 years or older. By comparison, among the adult population of

¹ Zip-code data for the residents of Berkeley from Zip-code.com. Retrieved on 6/24/21 from <https://www.zip-codes.com/city/ca-berkeley.asp>.

Berkeley, 42% is estimated to be 45 or older, and only 25% is estimated to be 60 or older.² Note that there were 55 respondents who did not respond to this question.

Age Range (N = 2,674)	Percent
Under 14 years (1)	0.04%
14–17 (3)	0.1%
18–29 (182)	6.8%
30–44 (21)	23.2%
45–59 (788)	29.5%
60+ years (1,079)	40.4%

Sexual Orientation

Of the respondents who responded to the question pertaining to sexual orientation (84 respondents declined to answer the question), 67% indicated that they are heterosexual or straight; nearly 17% indicated a preference not to disclose; and approximately 16% indicated a sexual orientation generally classified under the umbrella of LGBTQ. While there are no reliable existing figures to show the percentage of the LGBTQ population among Berkeley residents, it is reasonable to speculate that the LGBTQ population is overrepresented in the sample on the basis of recent figures estimating that the LGBTQ population in the wider Bay Area is 6.7% (Conron, et al., 2021). Furthermore, new analyses show that younger populations are more likely to indicate an LGBTQ identification as compared with older populations (Jones, 2021). Given this research and the age of the sample, one would anticipate a lower-than-average LGBTQ percentage in the sample rather than a higher-than-average percentage—which again suggests over-sampling of the LGBTQ population.

Sexual Orientation (N = 2,645)	Percent
Heterosexual or straight (1,771)	67.0%
Prefer not to say (447)	16.9%
Gay or lesbian (155)	5.9%
Bisexual (133)	5.0%
Queer (72)	2.7%
Questioning or unsure (16)	0.6%
Other, please specify (51)	1.9%

² Population estimates from Census Reporter. Retrieved on 6/24/21 from <https://censusreporter.org/profiles/16000US0606000-berkeley-ca/>.

Gender Identity

In terms of gender, men are underrepresented in the sample. A substantial portion of the respondents (nearly 10%) preferred not to disclose their gender identity.

Gender Identity (N = 2,662)	Percent
Woman (1,439)	54.1%
Man (893)	33.5%
Genderqueer / nonbinary / other (73)	2.7%
Prefer not to say (257)	9.7%

Race and Ethnicity

The table below represents all survey responses to the question of race and ethnicity before any recoding or weighting, so the total number exceeds the number of respondents. Please note that for this survey, respondents were invited to select all racial and ethnic categories that applied to them. In other words, an individual who selected White, as well as Black or African American and South Asian is counted three times in the table below.

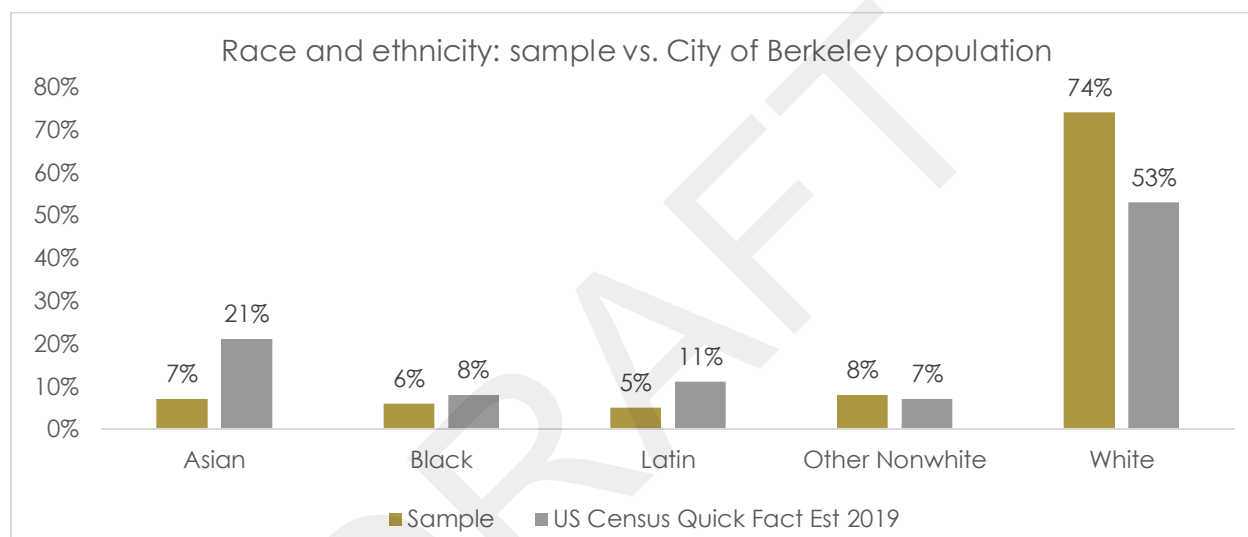
Race and ethnicity	Number	% of Total
White	1787	65.5%
Black or African American	137	5.0%
Latin	126	4.6%
East Asian	168	6.2%
South East Asian	53	1.9%
South Asian	47	1.7%
Middle Eastern / North African	42	1.5%
American Indian / Native American / Alaskan Native	33	1.2%
Pacific Islander or Native Hawaiian	22	0.8%
Other	113	4.1%
Prefer not to say	409	15.0%

In order to simplify the data to allow for disaggregated analyses and to enable the creation of a weighting scheme, the analysts created a reduced number of discrete (i.e., not overlapping) racial and ethnic categories. To condense the data into discrete categories, the data were recoded in the following manner:

- **White:** Respondents who selected only White as their race and ethnicity were coded as white; respondents who selected “Other” and then wrote in only an ethnicity that is considered white (e.g., European, Irish, Jewish, etc.) were coded as white.
- **Black:** Respondents who selected Black were coded as Black, even if they also selected other racial and ethnic identities.

- **Latin:** Respondents who had selected Latin were coded as Latin, even if they also selected other racial and ethnic identities (unless they also selected Black, in which case they were recoded as Black).
- **Asian:** Respondents who selected East Asian, Southeast Asian, or Other and then wrote in an ethnicity that is considered Asian (e.g., Japanese, Chinese, etc.) were coded as Asian, even if they also selected other racial and ethnic identities (besides Black or Latin)
- **Other Nonwhite:** All other nonwhite racial and ethnic categories were combined into a single “Other Nonwhite” variable, including Native American / Alaskan, South Asian, Arab / Middle Eastern, and Pacific Islander / Native Hawaiian, as well as anyone who selected multiple racial and ethnic identities that did not include Black, Latin, or Asian, and anyone who selected “Other” and then wrote in an ethnicity that was outside the aforementioned categories.

Notably, after White the most common response in the data set was “Prefer not to say,” which was recoded to include blank responses as well as anyone who selected “Other” and then wrote in a nonresponsive category (e.g., “human race,” “race does not exist,” or “irrelevant”). These respondents comprise 18% of the sample (478 out of 2,708) and are listed as Undisclosed under race and ethnicity. In the disaggregated analyses, their responses are included to show how this group’s answers differed from those of other groups, but for the purposes of devising a weighting scheme on the basis of race and ethnicity, these respondents are omitted, as the race and ethnicity data for them is essentially missing.



	Sample		Berkeley Population US Census QuickFacts Est. 2019	Weighting Factor
Asian	161	7%	21%	3
Black	140	6%	8%	1.333
Latin	105	5%	11%	2.2
Other Nonwhite	172	8%	7%	0.875
White	1652	74%	53%	0.716
Subtotal	2230	100%	100%	--

Undisclosed	478	18%	--	--
Total sample	2708	100%	--	--

The Berkeley Community Safety survey sample (respondent population) is not representative of the Berkeley population in terms of race and ethnicity. The table above shows the breakdown of race and ethnicity for the Berkeley population and the sample (for the respondents who provided race and ethnicity information).

For all findings provided below in aggregate (i.e., not disaggregated by race and ethnicity), the analysis includes weighting by the race and ethnicity factor (as listed above) in order to correct for the disproportionate representation of some racial and ethnic groups in the sample. So, for example, respondents who are Asian comprise only 7% of the sample but 21% of the Berkeley population. So in the frequency tables in the findings section, responses from Asian-identified respondents are amplified by a factor of 3. Similarly, white and Other Nonwhite respondents are overrepresented in the sample, so the value of their responses is discounted to 71.6% and 87.5% of their original value, respectively.

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Race and ethnicity by Zip Code

Ethnicity		Blank	94701	94702	94703	94704	94705	94706	94707	94708	94709	94710	94712	94720	Not sure	Total
White	#	48	4	264	247	126	264	33	229	186	129	91	1	25	5	1652
	%	2.9%	.2%	16.0%	15.0%	7.6%	16.0%	2.0%	13.9%	11.3%	7.8%	5.5%	.1%	1.5%	.3%	100.0%
Black	#	4	0	31	24	16	11	2	6	9	7	24	0	4	2	140
	%	2.9%	0.0%	22.1%	17.1%	11.4%	7.9%	1.4%	4.3%	6.4%	5.0%	17.1%	0.0%	2.9%	1.4%	100.0%
Latin	#	3	0	18	15	15	22	7	7	5	4	6	0	0	3	105
	%	2.9%	0.0%	17.1%	14.3%	14.3%	21.0%	6.7%	6.7%	4.8%	3.8%	5.7%	0.0%	0.0%	2.9%	100.0%
Asian	#	7	0	27	27	19	14	2	10	18	19	11	0	7	0	161
	%	4.3%	0.0%	16.8%	16.8%	11.8%	8.7%	1.2%	6.2%	11.2%	11.8%	6.8%	0.0%	4.3%	0.0%	100.0%
Other Nonwhite	#	11	1	19	23	28	15	6	15	18	15	13	0	7	1	172
	%	6.4%	.6%	11.0%	13.4%	16.3%	8.7%	3.5%	8.7%	10.5%	8.7%	7.6%	0.0%	4.1%	.6%	100.0%
Undisclosed	#	63	3	72	75	56	56	8	53	32	25	30	0	8	18	499
	%	12.6%	.6%	14.4%	15.0%	11.2%	11.2%	1.6%	10.6%	6.4%	5.0%	6.0%	0.0%	1.6%	3.6%	100.0%
Total	#	136	8	431	411	260	382	58	320	268	199	175	1	51	29	2729
	%	5.0%	.3%	15.8%	15.1%	9.5%	14.0%	2.1%	11.7%	9.8%	7.3%	6.4%	.0%	1.9%	1.1%	100.0%

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CITY OF BERKELEY REIMAGINING PUBLIC SAFETY SURVEY

If you would like to take this survey in Spanish, please select Spanish on the right (in the black bar above).

Si le gustaría responder a esta encuesta en español, por favor escoja “Español” a la derecha (en la barra color negro que aparece arriba).

The City of Berkeley is looking to create a community safety model that reflects the needs of the community. We invite those who live, work, and study in the City of Berkeley to provide their input on the following:

- The current state of public safety in Berkeley
- The role of the Berkeley Police Department
- Your ideas for the future

Your participation in the survey will inform our decisions about funding and strategy for community safety in Berkeley.

We want your honest feedback and perspective. **Your survey responses are completely anonymous and confidential.** You can skip any questions and end the survey at any time. Only [Bright Research Group](#), a third-party outside research firm, will have access to the survey responses. Bright Research Group will summarize de-identified survey responses in a report to the City of Berkeley.

If you have any questions, please contact David White at rpstf@cityofberkeley.info.

Community Safety

1) How safe do you think Berkeley is?

Very safe

Safe

Somewhat safe

Unsafe

Very unsafe

2) For you, what would make Berkeley a safer city?

3) How important are the following issues to community health and safety in Berkeley to you? Please rate each of the issues.

	Very important	Important	Somewhat important	Not important
Shooting and homicides				
Robberies				
Domestic abuse and intimate partner violence				
Sexual assault				
Child abuse				
Burglaries and break-ins				
Thefts				
Traffic safety				
Mental health crises				
Homelessness				
Drug sales				
Substance use				
Human trafficking				
Police violence				

4) *Have you personally experienced any of the following in Berkeley? Please check all that apply.*

Homelessness

Arrested

Spent time in jail

Victim of a crime

Family member of a crime victim

Victim of street harassment

Involved in a traffic collision or traffic violence

Mental health crisis

Substance use crisis

Police harassment

Police violence

None of the above

5) *Have you been a victim of a crime in the City of Berkeley in the past 3 years?*

Yes

No

6) *Have you had contact with the Berkeley Police Department in the past 3 years?*

Yes

No

7) *How was your experience with the Berkeley Police Department?*

Very positive

Positive

Neither positive nor negative

Negative

Very negative

8) *What recommendations do you have to improve police response?*

9) *When it comes to public safety, how effective is the Berkeley Police Department?*

Very effective

Effective

Somewhat effective

Not effective at all

10) Please share examples of how the Berkeley Police Department *has worked well* in your community.

If you feel it would be helpful, please describe your community (for example, by race and ethnicity, sex, gender identity or expression, sexual orientation, housing status, age, physical or mental disabilities, class, religion, immigration status).

11) Please share examples of how the Berkeley Police Department *has not worked well* in your community.

If you feel it would be helpful, please describe your community (for example, by race and ethnicity, sex, gender identity or expression, sexual orientation, housing status, age, physical or mental disabilities, class, religion, immigration status).

12) *Do you trust the Berkeley Police Department to treat all people fairly and equitably?*

Always

Usually

A little

Not at all

13) In what ways could the Berkeley Police Department work to build more trust with the community?

14) How important is it to you for the City of Berkeley to invest in each of these programs and services to ensure a public safety system that works for all?

	Very important	Important	Somewhat important	Not important
Youth employment and opportunities programs				
Homeless services program				
Mental health services				
Substance use services				
Violence prevention programs				
Traffic safety programs				

15) What other programs and services do we need to invest in within our community to ensure a public safety system that works for all?

As part of the city's Reimagining Public Safety Initiative, the city is developing a pilot program to reassign noncriminal police service calls to a Specialized Care Unit.

This Specialized Care Unit (SCU) will consist of trained crisis-response workers who will respond to calls that are determined to be noncriminal and that pose no immediate threat to the safety of community members and/or responding personnel.

Your answers to the following questions will help the city in the design of the pilot program.

16) How likely are you to call emergency services (9-1-1) in response to a mental health or substance use crisis?

Very Likely

Likely

Unlikely

Very unlikely

*17) How likely are you to call emergency services (9-1-1) in response to an emergency **not related** to mental health or substance use ?*

Very likely

Likely

Unlikely

Very unlikely

18) Who should respond to calls related to mental health and substance use?

Trained mental health providers, with no police involvement at all

Trained mental health providers, with support from police when needed

Police, with support from trained mental health providers

Police who have received additional training

No one should respond

19) Who should respond to calls related to homelessness?

Homeless service providers, with no police involvement at all

Homeless service providers, with support of police when needed

Police, with support from homeless service providers

Police who have received additional training

No one should respond

20) Please share any experiences you have had with mental health and/or substance use crisis response services in Berkeley.

21) What recommendations do you have to improve mental health and/or substance use crisis response in Berkeley?

Demographic Information

22) *What best describes you?*

Live in Berkeley

Work in Berkeley

I am currently experiencing homelessness

I do not live or work in Berkeley

23) *Which City of Berkeley zip code do you live or work in?*

94701

94702

94703

94704

94705

94706

94707

94708

94709

94710

94712

94720

Not sure

24) *How old are you?*

Under 14 years

14–17

18–29

30–44

45–59

60+ years

25) *What is your race and ethnicity? (Check all that apply.)*

Black or African American

Latinx

White

East Asian

South Asian

South East Asian

Pacific Islander or Native Hawaiian

American Indian, Native American, or Alaskan Native

Middle Eastern or North African

Prefer not to say

Other—please specify:

26) *Do you identify as transgender?*

Yes

No

Unsure / prefer not to say

27) *What is your gender?*

Woman

Man

Genderqueer

Nonbinary

Other—please specify:

Prefer not to say

28) *How would you describe your sexual orientation?*

Gay or lesbian

Bisexual

Queer

Questioning or unsure

Heterosexual or straight

Other—please specify: *

Prefer not to say

29) *Are you familiar with the City of Berkeley's efforts to reimagine public safety?*

Yes

No

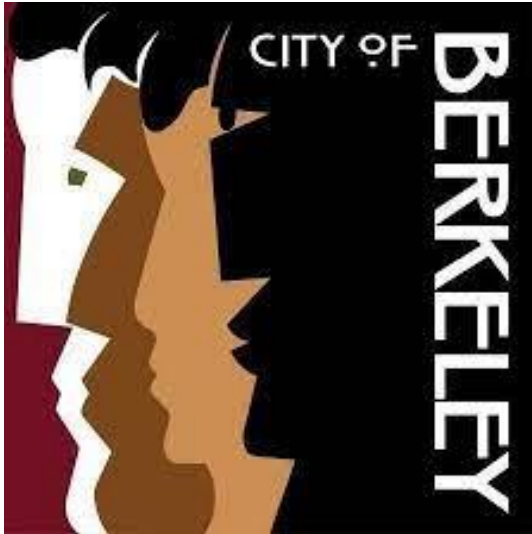
30) *Would you like to know more about the city's efforts to reimagine public safety?*

Yes

No

Thank you!

Thank you for taking our survey! Your response is very important to us. You can find more information about the City of Berkeley's ongoing efforts to reimagine public safety at <https://berkeley-rps.org>.



**CITY OF BERKELEY:
REIMAGINING PUBLIC SAFETY SURVEY—
COMMUNITY PERCEPTIONS**

Latin Community Perceptions Summary of Findings—July 2021

DRAFT



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INTRODUCTION

The City of Berkeley is working to develop a community-safety model that reflects the needs of the community and creates increased safety for all. In collaboration with the National Institute for Criminal Justice Reform, the City of Berkeley, and the Reimagining Public Safety Task Force, Bright Research Group (BRG) developed and conducted a community survey to gather residents' experiences with and perceptions of the Berkeley Police Department and crisis response, perspectives on and priorities for reimagining public safety, and recommendations for alternative responses for community safety. This report summarizes the key qualitative findings from survey respondents who identified as Latin.

METHODOLOGY

A total of 2,729 survey responses were collected between May 18 and June 15, 2021. The City of Berkeley, the Reimagining Public Safety Task Force, community-based organizations, and other key partners disseminated the community survey through various online channels and websites to those who live, work, and study in Berkeley, in English and Spanish. Respondents completed the survey online.

The survey included the following six open-ended questions related to community perceptions of safety and preferences regarding public safety strategies:

- What recommendations do you have to improve police response?
- Please share examples of how the Berkeley Police Department has *worked well* in your community.
- Please share examples of how the Berkeley Police Department has *not worked well* in your community.
- In what ways could the Berkeley Police Department work to build more trust with the community?
- What other programs and services do we need to invest in within our community to ensure a public safety system that works for all?
- Please share any experiences you have had with mental health and/or substance use crisis response services in Berkeley.

During the research design, Bright Research Group worked with the National Institute for Criminal Justice Reform and the Berkeley City Manager's Office to identify several priority populations for engagement beyond the community survey. The McGee Avenue Baptist Church; the Center for Food, Faith & Justice; and the Berkeley Underground Scholars facilitated outreach to the identified priority populations. Bright Research Group conducted a series of focus groups to gather their perspectives on the current state of public safety, the role of the Berkeley Police Department (BPD), and the future of public safety. Although the focus groups engaged 55 individuals, Latin residents were not well-represented. In order to learn more about the priorities of Latin residents, BRG analyzed the qualitative data responses from survey respondents who identified as Latin. Of the 2,729 survey respondents, 126 individuals identified as Latin. BRG conducted a thematic analysis by qualitative research question. This report documents the key findings and recommendations from this thematic analysis.

Limitations: Of the 126 Latin respondents, only 2 completed the survey in Spanish. This suggests that the opinions, experiences, and preferences of recent immigrant, monolingual Spanish speakers are under-represented. Latin respondents were under-represented in the survey responses and these results may not be generalizable to the city as a whole.

FINDINGS

COMMUNITY PERCEPTIONS AND PRIORITIES FOR SAFETY IN BERKELEY

When it comes to feelings of safety in Berkeley, the survey respondents expressed significant concerns related to their safety and the safety of their family members and were dissatisfied with the city's response. Many Latin survey respondents associated the homeless crisis with feeling unsafe in Berkeley. Respondents described homelessness as the source of crime and reason that Berkeley is unsafe. Respondents recounted instances of street harassment by unhoused residents and expressed frustration that many parks, streets, and neighborhoods including downtown are not usable due to blight and on-going street harassment associated with the homeless population. The current state of public spaces in Berkeley negatively impacts Latin residents' quality of life and influences their decisions about how they and their children move through the city. In addition, some Latin respondents expressed concerns about traffic safety and violent crime including gang violence, robberies, and shootings in Berkeley.

Overall, Latin respondents expressed dissatisfaction with the city's current approach to public safety and shared a common expectation that city leaders should prioritize cleaning up streets and public parks, installing additional lighting in neighborhoods, improving traffic control, and urgently address the issue of a growing homeless population in Berkeley. Additionally, they called for increased gun control, investments in youth prevention and intervention programs, and more visible police presence, such as officers patrolling on foot and bicycles.

Latin survey respondents lifted homelessness and the housing crisis as the most critical public safety issues in Berkeley but expressed divergent views about the best way to address the issues.

Many respondents expressed dissatisfaction with the city's current response to homelessness in Berkeley. While residents concurred that the city's current response to homelessness is inadequate and needs to be reconstructed, they offered a wide range of solutions. Recommendations ranged from enforcing a zero-tolerance approach to illegally parked RV's, criminalizing substance use and removing encampments to investing in upstream efforts to tackle homelessness and mental illness, such as investments in affordable housing, therapeutic services, and living wage employment.

When asked about the crisis response system, Latin residents offered few perspectives related to the current crisis system. Instead, they wanted the city to address the root causes of homelessness such as affordable housing, economic opportunity and treatment options. When asked specifically about their experiences with the existing crisis system and the city's response to calls for service associated with homeless services, mental health, and substance abuse, a small number of respondents offered feedback on the existing crisis response system. Many responses

"The city needs to have actual housing with requirements for homeless and facilities that can actually deal with mental health issues as well as drug and alcohol issues. The current county systems do not work."

—Resident

"The level of people experiencing homelessness that are directly affecting people's day to day lives has gotten to a tipping point. From being accosted on the street to having to swerve while driving from people in encampments....we need to address the homeless issue immediately!"

—Resident

collapsed mental health, substance use, and homelessness and expressed frustration with the city’s inability to identify and implement solutions. For those who did share personal experiences with the current crisis response system, there was a range of opinions about its effectiveness. Some respondents dealt only with the police during a mental health crisis and felt that they were professional and efficient while others expressed an unmet need for a counselor or clinician. A few respondents described positive regard for a collaborative team that includes the police and a mental health professional during crisis situations.

Overall, respondents focused on the need for long range solutions that prioritize early intervention, prevent crisis from occurring, and support people in achieving and maintaining sobriety, stability, and housing. They expressed frustration with what they see as a revolving door of people in and out of justice and mental health systems and called for strategies that effectively stop cycles of violence and recidivism, chronic homelessness, and drug abuse. When it comes to investments, respondents expressed diverse views. Some articulated growing frustration with the tax burden associated with program investments and believe that Berkeley attracts people from out of town struggling with homelessness, mental health issues, and substance abuse because of the city’s tolerant attitudes and readily available supports. Others named the need to increase investments in long-term care facilities, treatment programs, therapeutic services, and job training.

COMMUNITY LENS ON THE BERKELEY POLICE DEPARTMENT

Latin respondents expressed a wide range of perspectives regarding their overall satisfaction with the police with many expressing positive perceptions of the police. Many

respondents held favorable views of the police and experienced positive interactions with BPD; they described the police as responsive, professional, effective, and supportive of community safety. Some respondents with favorable views of the police expressed a belief that the current political climate and movement to divest from policing does not represent the majority of residents’ views. Additionally, respondents conveyed frustration with the city council who they characterized as a hindrance to effective policing. They believe that the BPD should focus on increasing community safety through crime prevention, intervention, and response. Some promoted a tough on crime perspective and expressed a belief that the BPD are mismanaged, over-controlled, and under-appreciated by city government. These respondents called for increased police presence, more investment in community policing, and proactive policing.

Latin respondents who held unfavorable views of the police, cited slow response times, inability to prevent and solve crimes, and harassment of residents as the most salient features of the BPD.

Respondents expressed concerns about racial profiling by the Berkeley Police and named it as a priority public safety issue. This sentiment was expressed by respondents supportive and unsupportive of the

“The department needs to be supported by our community and allowed to do their jobs rather than being hamstrung by members of the city council...”

—Resident

“The police have stopped members of my family in West Berkeley in what was clearly racial profiling (Hispanics) on several occasions .”

—Resident

police and was recognized as an issue that must be addressed by the Berkeley Police Department. Many respondents described specific instances of racial profiling and overly aggressive interactions between Black and Latin residents and the BPD. Although a few respondents called for divestment from the police department, the majority of respondents expressed an expectation for a high-functioning, service-oriented, police department responsive to the needs of communities of color and capable of equitable interactions. They recommended training on implicit bias, racial profiling, cultural competency, community policing, and de-escalation and expressed an unmet need for increased transparency, greater community engagement, and positive interactions between the police and communities.

SUMMARY OF FINDINGS



RECOMMENDATIONS

The following recommendations represent a compilation of the focus group participants' ideas for improving public safety.

KEY RECOMMENDATIONS

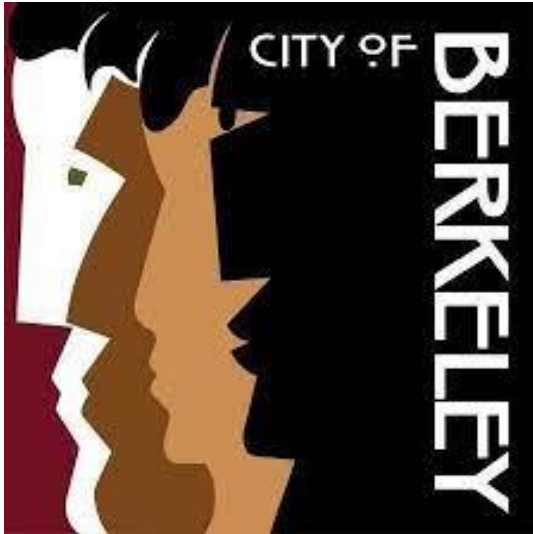
- Prioritize clean-up of streets and public parks
- Install additional lighting in neighborhoods
- Increase traffic control, create car free zones and areas where speed limits are reduced
- Focus on long-term planning to address homelessness
- Identify early intervention and prevention strategies to prevent mental health crisis and substance abuse issues
- Increase police visibility via walking and bicycle patrols

- Reduce police response times to calls for service
- Expand community policing initiatives and increase opportunities for positive engagement between the police and communities
- Address racial profiling and aggressive police encounters by the BPD with cultural competency, anti-bias, and de-escalation trainings and deepened relationships between the police and communities of color

CONCLUSION

The City of Berkeley and the Reimagining Public Safety Task Force are well-positioned to use their power and positionality to develop a community safety model that reflects the needs of the community, reduces inequities and disparities, and creates increased safety for all. This report summarizes the key findings from the Latin survey respondents' answers to open-ended questions and represents an important step in building understanding of community strengths, needs, and public safety priorities.

DRAFT



**CITY OF BERKELEY:
REIMAGINING PUBLIC SAFETY—COMMUNITY
PERCEPTIONS**

Summary of Findings—July 2021

DRAFT



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INTRODUCTION

The City of Berkeley is working to develop a community-safety model that reflects the needs of the community and creates increased safety for all. In collaboration with the National Institute for Criminal Justice Reform, Bright Research Group (BRG) facilitated a series of focus groups to gather community perspectives on the current state of public safety, the role of the Berkeley Police Department (BPD), and the future of public safety. The McGee Avenue Baptist Church; the Center for Food, Faith & Justice; and the Berkeley Underground Scholars facilitated outreach to Black, Latin, system-impacted, and unstably housed / food-insecure residents. This report summarizes the key findings from the focus groups conducted in the spring and summer of 2021.

METHODOLOGY

Bright Research Group worked with the National Institute for Criminal Justice Reform and the Berkeley City Manager's Office to identify several priority populations for community focus groups—Black, Latin, formerly incarcerated, and low-income individuals struggling with food and/or housing insecurity. The research aimed to gather community insights from those most impacted by disparate policing and was guided by the following research questions:

- How do community members view public safety in Berkeley? How safe do they feel in Berkeley, and what are their most pressing public-safety priorities?
- What ideas does the community have when it comes to reimagining public safety? How should public safety issues be addressed and by whom?
- How do community members experience and view the BPD? How does the BPD currently operate in communities, and what role should they play in future public safety efforts?

DATA COLLECTION AND ANALYSIS

Bright Research Group researchers conducted four focus groups and spoke with 55 individuals. The focus groups ran for 60–90 minutes and included questions about the participants' perceptions of public safety in Berkeley, including their opinions about existing and proposed responses to crime, mental health crises, homelessness, traffic safety, priorities as they relate to increasing public safety, and their experiences with and opinions about the role of the BPD.

Focus Group Description	Number of Participants
Black Residents	18
Housing- / Food-Insecure Residents	27
Black and Latin Youth	4
Justice-System-Impacted Students	6
Total Stakeholders	55

BRG analyzed the data from the focus groups and conducted a thematic analysis by research question. The themes uncovered during the thematic analyses are documented in this report as findings and recommendations, and they are intended to support the City of Berkeley and the Reimagining Public Safety Task Force as they work to develop a community safety model that reflects the needs of the community, creates increased safety for all, and reduces inequities and disparities about access to safety.

Limitations: The focus groups reached 55 individuals. A key limitation is that the qualitative data is not necessarily representative of the perspectives of Black, Latin, formerly incarcerated, and houseless residents. Additionally, youth under age 18 and Latin residents were not well-represented in the focus groups.

As part of the community-engagement process, BRG developed a community-safety survey that was distributed by the Berkeley City Manager's Office, the Reimagining Public Safety Task Force, and other community partners. As a group, focus group participants were more critical of the Berkeley Police Department than survey participants.

FINDINGS

COMMUNITY PERCEPTIONS AND PRIORITIES FOR SAFETY IN BERKELEY

When it comes to feelings of safety from crime, the focus group participants described Berkeley as a city divided. The focus group participants agreed that many areas of Berkeley are relatively safe but pointed to significant disparities in neighborhood safety. Black residents named the neighborhoods below Martin Luther King Boulevard as unsafe and the hills and neighborhoods above Martin Luther King Boulevard as safe. They indicated that feelings of safety for some come at the expense of younger adults, Black people, and unhoused residents, who are targets of greater surveillance and looming displacement. Black residents and students who participated in the focus groups emphasized that gentrification is detrimental to community safety, erodes community cohesion, and negatively impacts their sense of belonging in their own neighborhoods.

Focus group participants shared concerns about gang involvement, racism, and the availability of guns in Berkeley. Black residents expressed concerns about low-income Black youth's involvement in regional gang and group activity connected to Oakland and Richmond and described a need for deeper recognition of the vulnerability of Black youth. They called for increased investments in community-based and peer-led violence-prevention programs and named a specific need for Black-centered and Black-led mentorship interventions.

Black and Latin youth and students expressed significant concerns about their personal safety and worry most about being victims of robberies, shootings, and police violence. When asked about how safe Berkeley is, students and youth said they do not feel comfortable while walking the streets or enjoying public spaces in Berkeley and therefore move through the city cautiously. Black and Latin students and youth feel hyper visible while living in Berkeley. The students described feeling equally surveilled by neighbors and police and shared that living under a

"A lot of people in our community don't feel safe around Black bodies and the reality is that there are less Black bodies in Berkeley. That may be the plan from the perspective of those who don't feel safe around Black bodies..."
—Resident

constant veil of suspicion is stressful, makes them feel like outsiders in their own city, and prevents them from fully engaging in the community. Black students pointed to the decreasing number of Black residents and the racism expressed by some locals as a source of stress. One Black student shared a story of being profiled by a neighbor who accused her of stealing packages from his porch.

In addition, the Black youth who participated in the focus group expressed dismay at the ease with which children and teenagers can purchase guns in the City of Berkeley. They spoke about a bustling, well-known, and easily accessible illegal gun market operating in the city and were troubled by the inability of the police and city leaders to stop the flow of guns into their communities. They named ending gun violence and police harassment of youth of color as Berkeley's most pressing community safety priorities.

The focus group participants lifted homelessness and the housing crisis as one of the most critical public safety issues in Berkeley; they feel strongly that the city is responsible for providing for the basic needs of every resident. The

participants expressed dissatisfaction with the city's current management of homeless services and supports. When asked about the existing crisis system and the approach to homeless services, many of the participants explained that the police should have limited or no involvement in the issue. They cited the need to provide wraparound supports, including long-term housing, mental health care, drug treatment, and skills training for homeless residents.

Residents across the focus groups believe that most crimes in Berkeley are crimes of survival or the result of mental health issues and asserted that building an infrastructure to support a higher quality of life for homeless and low-income residents would make Berkeley safer. They called for more investment in housing, health care, and youth programs.

"It's not as safe as it used to be. It's too many people on the streets with severe mental health issues and nobody to monitor them."

—Resident

During the focus group with housing-insecure residents, the participants shared their critiques of the current approach to public safety advanced by city leadership. From their perspective, the city leadership prioritizes investments that fulfill the demands of wealthy residents. As examples, they cited the installation of speed bumps on roadways and the placement of surveillance cameras on city streets, while the critical needs of homeless, low-income, and formerly incarcerated residents are ignored. They recommended 24-hour street teams to provide medical and mental health care in communities, safe indoor and outdoor public spaces that stay open late, more community-run drop-in programs with the capacity to meet their basic needs, and expanded access to education, job training, and healing arts.

The focus group participants rely on each other and community-based organizations for safety and support. Black residents, housing-insecure residents, and system-impacted students expressed significant distrust in the city government. When asked about who or what makes them feel safe in Berkeley, they emphasized that they do not feel seen, heard, or protected by government entities. Instead, they rely on one another and community-based organizations for safety and supports. At the same time, they have an expectation that the government should care about, work for, and be accountable to them as tax-paying and contributing residents of Berkeley. They were frustrated by what they see as the failure of city leaders to recognize their value, voice, and legitimacy when it comes to

influencing the way the city is run. They called for greater decision-making power when it comes to how resources are deployed in their communities.

COMMUNITY LENS ON THE BERKELEY POLICE DEPARTMENT

The focus group participants do not view the BPD as a community resource and instead rely on themselves and their communities for safety. Black residents, youth, system-impacted students, and low-income residents experiencing housing/food insecurity agreed that the current practices of the BPD are not in alignment with the needs and priorities of their communities. When it comes to crime and violence, the focus group participants across the demographics indicated that officers are largely absent in their communities and questioned the police department's commitment, skill, and capacity to prevent, intervene in, and solve serious crimes.

Focus group participants believe that police resources are mismanaged. They explained that the police currently prioritize high-income residents' low-level calls for service and spend too much time enforcing quality-of-life issues and recommended that the city prioritize improvements in police response times to emergencies identified by residents, as well as building relationships with the communities who experience both the disparate impacts of policing and violence/crime.

When asked about their experiences with and perceptions of the BPD, the participants in the focus groups shared a common perception that policing in Berkeley is racist and classist. They said that they do not look to the BPD for protection and instead feel targeted and unsafe when in their presence. They asserted that the city leadership is complacent in the BPD's racism and allows racial profiling and the harassment of Black, brown, and low-income residents to go on unchecked in the city. Many long-time Black residents described an increasingly aggressive style of policing and militarization in recent years that stands in sharp contrast to the friendlier community policing style they experienced while growing up in Berkeley. Black men, women, and youth shared recent personal experiences of being racially profiled and stopped by the BPD and expressed feelings of anger about their experiences. Similarly, individuals struggling with housing insecurity reported being targeted by the police due to their race and income level. Two Latin students explained that they and their friends are often stopped on and near the campus by both the campus police and the BPD because they do not fit the profile of the average UC Berkeley student. In addition, the youth who participated in the focus group said they'd witnessed the police harassing homeless people and immigrants working as street vendors. In response, the Black, housing insecure, student, and youth participants attempt to avoid the police whenever possible.

"They {police} were people persons back in the day and now they are not. It was a different mentality."

—Resident

The focus group participants shared a range of perspectives regarding the future role of the BPD. Although they agree on the current state of policing in Berkeley, there are diverse opinions regarding the future role of the police. Some of the focus group participants believe the city should focus on police reform, while others think significant divestment from policing is needed. For those who discussed reforms, increased police training—including de-escalation, trauma-informed response, and racial-bias curriculum—were lifted as priorities along with a focus on hiring Black officers and officers of

color from the community to improve police-community relationships and increase trust. During the focus groups, Black participants, youth, and people experiencing food/housing insecurity lifted the importance of expanding community policing in the form of foot and bicycle patrols. In addition, residents named a need for increased police accountability in the form of mandatory body-worn-camera policies; community-led police commissions staffed with low-income people of color; the proactive, regular release of police performance and misconduct data; and swift terminations of officers who practice racially biased policing.

“The police are supposed to be superheroes who protect us, but they’ve turned against us.”

—Youth, age 13

Youth recognized and named the power of the BPD and wish the police would use their power to protect them and support their communities. They would like to have police officers who are part of the community, live in the community, and interact positively with young people through sports and mentoring.

The focus group participants who discussed divesting from policing recommended that the city invest in trained peacekeepers and community safety patrols focused on crime prevention and intervention strategies. They lifted relationship building, cultural competency, de-escalation techniques, and restorative justice as the core strategies to be deployed by these community patrols.

Overall, the focus group participants believe that investing in community health and ensuring that all residents have equitable access to quality education, food, shelter, and jobs should be the priority over investments in and reliance on the police to create community safety.

COMMUNITY IDEAS ABOUT ALTERNATIVE RESPONSES

When it comes to mental health crises and homelessness, the focus group participants across the demographic groups suggested that clinicians and social workers play a role in interventions and responses. While most of the focus group participants characterized the police as not fit or qualified to respond to these calls and wanted police response limited to situations involving violence, they described an expectation that when police do respond, they are skilled in crisis intervention, de-escalation, and cultural competency.

“They need more street teams; they drive around looking for tents and sign people up for services. Back then there used to be street teams, but now there’s not as many. They need mental health teams, not the police”

—Resident

“Police ask if they can search the car, if you are on probation or parole, and if there are any drugs or guns in the car before they even tell the driver why they were pulled over.”

—Resident

The focus group participants across the demographic groups viewed traffic enforcement as a low-priority public safety issue in Berkeley. They recommended that the role of the police be streamlined and believe that officers currently spend too much time involved in car stops, which disparately target Black residents. When presented with the idea of unarmed staff handling traffic enforcement, most were open to the idea, but some expressed concerns about the safety of civilian staff. Although Black residents expressed support for non-police responses, they have little confidence in the city’s ability to decrease racism and disparate stops through the creation of unarmed civilian units.

The Black residents who participated in the focus group do not trust that the city's proposed alternative programs will reduce racial oppression and racial disparities, noting that the racism and anti-blackness that exists within the police department exists throughout the city government. They feared that without a true commitment to an antiracist approach to program design and implementation, as well as an authentic process to co-create these programs with the most impacted communities, the new programs will simply replicate the racist abuse, oversurveillance, and lack of responsiveness to community needs currently practiced by the police department. They explained that hiring local Black social workers, mental health clinicians, and traffic-enforcement staff will be essential to ensuring equitable interactions between Black residents and any new programs or city departments.

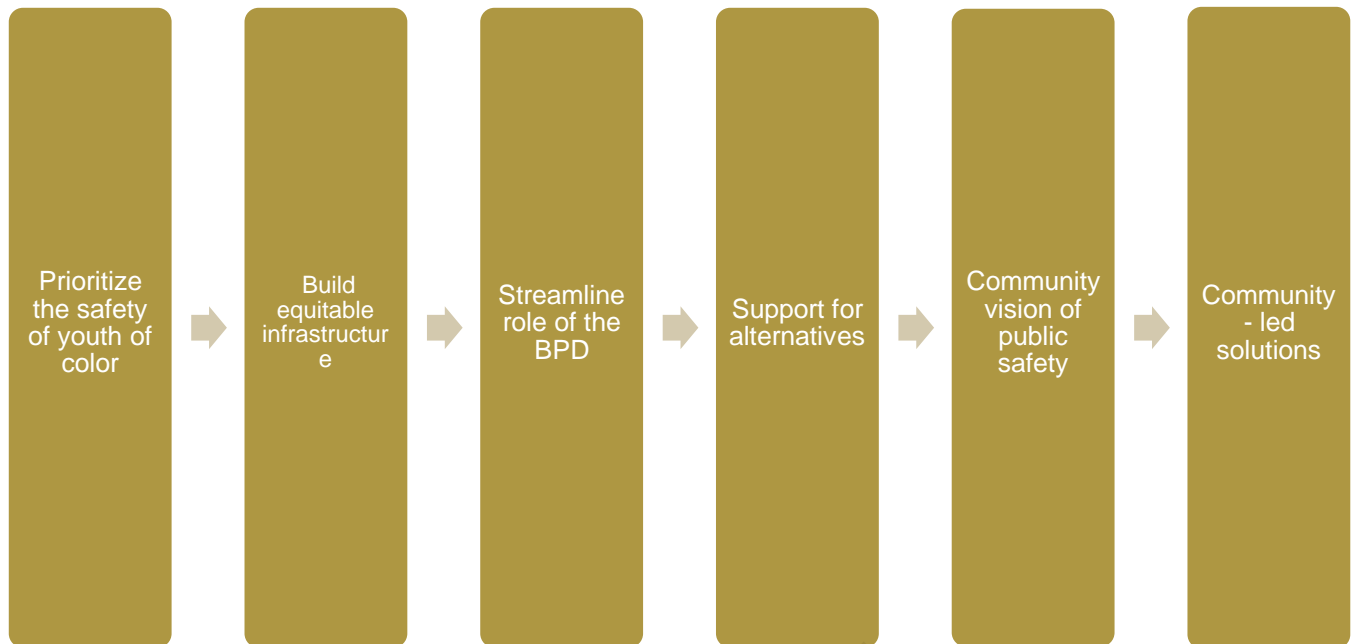
COMMUNITY-CENTERED VISION OF PUBLIC SAFETY

The focus group participants shared a common vision of public safety beyond the absence of crime as the presence of community health and equitable access to a higher quality of life for low-income, homeless, and Black and brown residents. The focus group participants expressed hope in the future of Berkeley and a desire to build close-knit, inclusive communities capable of taking care of all residents. Across the focus groups, the residents called for the city to make long-term investments in housing, educational enrichment, mentoring, health care, and job-training programs for youth and low-income residents. These, they maintained, would create authentic community safety. Other investment priorities include drug-treatment services, programs to interrupt recidivism, and prevention and advocacy to address gender-based violence and intimate-partner abuse.

Black residents expressed willingness to work collaboratively with the City of Berkeley and the BPD on relationship building, reform, and reimagining efforts, but in the meantime, they named a need for safety ambassadors who can act as a bridge between the Black community and the police. They expressed frustration about what they see as the city government's failure to listen to and act on their experiences and expertise when it comes to designing public safety strategies. Black residents believe they have a lot to offer when it comes to creating and implementing new programs and strategies and see their involvement in reimagining efforts as essential to increasing equity, reducing harms, and increasing safety.

The focus group participants expressed broad support for and belief in the power of community-driven crime prevention strategies and expressed trust in community-based and faith-based organizations. They believe the city government should make deeper investments in the community-based organizations run by leaders of color from the community. In addition, marginalized communities want increased access to power in the city in the form of representation. They explained that seeing more Black, Latin, and people from low-income backgrounds who share similar experiences in city-leadership positions, on committees, and within the police department will make Berkeley a safer city.

SUMMARY OF FINDINGS



RECOMMENDATIONS

The following recommendations represent a compilation of the focus group participants' ideas for improving public safety.

KEY RECOMMENDATIONS

- ❑ Expand the city's definition of public safety to include community health and equity
- ❑ Prioritize long-term investments in housing, mental health care, and drug treatment for homeless residents
- ❑ Increase investments in community-based and peer-led crime prevention programs
- ❑ Create 24-hour street teams to provide medical and mental health care in communities
- ❑ Invest in community-based drop-in centers
- ❑ Train community peacekeepers and create community safety patrols
- ❑ Hire local Black social workers, mental health clinicians, and traffic-enforcement staff to support equitable interactions between Black residents and any new public safety programs
- ❑ Streamline the role of the police to focus on violence prevention and intervention and responses to emergency calls for service
- ❑ Increase transparency and accountability of the BPD regarding racially disparate policing
- ❑ Increase opportunities for positive police engagement with Black and Latin community members and youth
- ❑ Identify opportunities to partner with impacted communities on reimagining public safety strategies

- Prioritize the representation of Black, Latin, youth, and criminal-justice-impacted individuals, as well as people who've experienced homelessness, in city leadership, police-department staffing, and committee appointments

CONCLUSION

The City of Berkeley and the Reimagining Public Safety Task Force are well-positioned to use their power and positionality to develop a community safety model that reflects the needs of the community, reduces inequities and disparities, and creates increased safety for all. This report summarizes the key findings from the focus groups conducted in the spring and summer of 2021 and represents an important step in building understanding of community strengths, needs, and public safety priorities.

DRAFT

Reimagining Public Safety Berkeley Merchants Association Listening Session

NICJR facilitated a Listening Session with the Berkeley Downtown Merchants' Association and the Telegraph Merchants' Association on June 2, 2021. Thirteen people attended the listening session. Following closely to the guidelines defined by BRG, the facilitators engaged in a robust discussion with participants. Below are summary findings from the Listening Session:

Concerns over the Safety of Berkeley and the most pressing public safety issues:

Participants shared concerns over the safety of the City, the most pressing concerns their employees and patrons face, as well as their perceptions on how these concerns are being addressed. They expressed their disheartening perception that the city council and mayor are less than responsive to the needs of the business community and have allowed a permissive environment that creates the opportunity for crime to take place with an "apathetic enforcement policy". Some participants feel as though businesses deal with a lot of problematic street behavior with ambassador staff regularly called upon to respond to situations where merchants and shopkeepers can't deal with the situations. Sharing specific stories of people experiencing homelessness and/or substance use addiction attacking employees and customers and creating unsafe and unhealthy conditions, participants feel that the current environment has definitely had an impact on people who visit local businesses because they have to park around the corner, and walk to businesses.

"It does not feel safe especially during the later hours of the day."

Addressing how these public safety issues should be approached:

Participants feel there is a contradiction in saying that we stand united against hate and we are reimagining public safety and allow people to smoke crystal methamphetamine on our streets. There is a fear that with continued acceptance of specific drugs being used on the streets that the incidents of people experiencing mental health breakdowns will increase and that a stronger use of punishment to deter this behavior is warranted. Some participants expressed the need for there to be a choice: we can choose to allow those drugs to be used and then we can expect more violence or we can actually take a stand against that.

Additionally, members of the business association feel that prevention is what's going to shift the environment. They recognize that the City of Berkeley has mental health services but feel they are really not getting support from the city, when they have seen the mobile crisis unit

drive away from a situation because it was deemed that no one was an immediate danger to themselves or others. There is a perception that there is no follow through with identifying a person with a problem and then going forward with next steps.

“We need to focus on Berkeley Mental Health as an institution and get them more deeply involved with the police department and the community.”

Community investments that would support increased public safety:

The participants engaged in a discussion around the complexity and depth of the issues that need to be addressed, for example, where do those experiencing homelessness go? At the same time, there is an acknowledgement that businesses are seeing a drop in patrons and employees because of safety concerns.

In response to questions regarding a trained, alternative, civilian response that was trained to be able to engage with this population and might include people who have had similar experiences of being unhoused, the Berkeley Mental Health department was identified as already available, but having been less visible downtown, limited in their ability to take valuable, sustainable steps to help someone in crisis unless there is a direct and immediate threat of harm and/or unsupported by the city in recent years. A participant identified the call center now under construction near a local synagogue and expressed the desire to see the community do more of that type of thing. A suggestion was also made that the City should look into a policy that can allow the mental health units to take more initiative.

Addressing the ways in which the Berkeley Police Department currently works in the community:

A general sentiment was that merchant interactions with the police have been very positive, yet there is often a hesitation to call on them for concern over unnecessarily escalating a situation. Concern was expressed that there is a national narrative demoralizing police departments as a whole and police departments are not given the tools they need to do their jobs. In Berkeley it was expressed that there was a shift in the amount of police presence and response in the community and that police officers were told by the City to not do anything.

In addressing some areas where the Berkeley Police Department’s presence has been particularly effective, the bike detail was mentioned with the sentiment that this unit is about community policing and they get to know the street population and merchants which is helpful in problem solving and helping people. The Ambassador program was also identified as a unit that is helpful in de-escalating individuals in crisis, and working well in collaboration when police officers are present. With the CAHOOTS model and the SCU - the biggest issue participants feel the City faces is beds and how to get people into care ‘with a little bit of tough love’. The possibility was raised of mental health professionals and police officers working together when responding to a situation.

“I have great support for what the bike detail is doing since they have been back on the force. They have a calming effect for a lot of the folks out there that get a little wild, actually seeing a person in a position of authority calms them down.”

BerkDOT and SCU Program Opportunities:

There was a desire to learn more about exactly how these programs would be able to best serve the community with the current policies in place. Additional concern was expressed with the national narrative and how the City of Berkeley needs to ensure that whatever changes are being made, need to address the specific issues and needs facing the residents of Berkeley. With respect to the BerkDOT program a participant shared: “I don't understand why that was even thought of. It just seems like we are focusing energy away from the problem, which is the fact that we have a ginormous mental health, drug, and homelessness problem in Berkeley. I do not agree that adding that additional agency would help the problem.”

For the SCU, the specific need for case management and a presence in the community later at night was discussed. An overlap with the Police Department to partner with mental health workers in responding to situations and help assess whether SCU is reducing the number of calls and can cut back on the overload of the work of the Police Department. A suggestion was made for the SCU to work with both the Downtown and Telegraph Business Associations to identify the handful of folks that are causing a majority of the problems.

“Until we enforce our sidewalk ordinances, until we make people go to sanctioned encampments, stop the revolving door of violent crime and until we stop the hard drug use and open-air Drug Market this is an absolute waste of your time and our tax dollars. Prevention first.”

Visioning community-centered public safety:

Considering what public safety can and should look like, a question was raised asking for better use of vacant space to set up housing and full services that could be helpful for as many Berkeley residents as possible. It was expressed that Berkeley has an abundance of laws and ordinances currently that don't get enforced, which is helping to create the unsafe environment that exists. Therefore compiling new variables instead of using existing laws to address the foundational issues did not sound like a good idea. There was frustration that participants themselves have invested hundreds of hours into issues of public safety and nothing ever gets done.

“If you look at the relationship between what we pay in taxes and regulations and everything else versus what we get back, the disparity is anything but equitable and people love to throw the word Equity around in Berkeley.”

PEERS LISTENING SESSION REPORT

by Janavi Dhyani and Margaret Fine¹

The Peers² Listening Session raised fundamental questions about how people who live with mental health challenges experience and perceive “safety” in the Berkeley community.

Throughout the Peers Listening Session the participants described their notions of “safety” in terms of their own safety; the safety of people who they observed in the community living with mental health challenges; their “safety” as a collective group of people in the “Peers community;”³ and “public safety” at-large as a pressing societal issue such as homelessness.⁴ The participants spoke about their interactions and perceptions of Berkeley police, and how that impacts their feelings of “safety” in their community as Peers. Primarily they expressed their fears, based on lived experiences, interacting with police during a mental health crisis⁵ in the community, and how a policing response generally had a negative impact on their ability to feel “safe” in Berkeley. Peers offered several recommendations about how they would like to experience “safety” including increasing their involvement as responders to mental health crises. It is noteworthy that additional research with Peers would be highly useful to account for the role of race, ethnicity, gender identity and expression, sexual orientation, disability, age, class and other factors, and their impact on a policing response to a mental health crisis.

Additionally during this Listening Session participants expressed the need for police to acknowledge when they are “wrong” in their treatment of Peers, particularly for purposes

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² A **Peer** is a person who self-identifies with lived experience with mental health challenges, substance use experience, and/or someone with experience navigating the public behavioral health care system.

³ The **Peer Community** is composed of diverse people who use their lived experience with mental health challenges, substance use experience, housing challenges, and/or navigation of the public behavioral health care system to increase peer-led support and services for people in the mental health community. The Peer Community is also active in de-stigmatizing mental health challenges, and normalizing wellness and recovery.

⁴ For the purposes of this report, **homelessness** is defined as housing insecurity ranging from being at risk of losing housing, being in transition of unstable housing (i.e. staying temporarily in a housed location like a friend’s house or shelter, but not maintaining a personal address), or living in a location not intended to house humans (i.e. a car, an underpass, or in a tent).

⁵ A mental health crisis is an umbrella term that may refer to: 1) different levels of personal distress such as anxiety, depression, anger, panic and hopelessness; 2) changes in functioning including neglect of personal hygiene, unusual behavior; and/or 3) life events which disrupt personal relationships, support systems, living arrangements, and result in victimization and loss of autonomy.

of establishing trust and rapport with the overall Peers community. Moreover, when discussing a non-police crisis response through a Specialized Care Unit (SCU) to non-violent events in the community, one participant said they “like the idea but it takes the onus off the cops to do better” and that it “still feels troubling, seems like a Band-Aid,” as opposed to addressing systemic mistreatment by police of people living with mental health challenges and overall within the Peers community. Based on the lived experiences expressed during this Listening Session, it is indicated there is a need for a reconciliation process, particularly as a response to traumatic experiences with police. A reconciliation process, as well as a restorative justice process, with people living with mental health challenges may help build trust and rapport with police officers in the future.

It is also important to recognize that the Public Safety Dispatch Operators in the Communications Center located at the Berkeley Police Department address emergency and non-emergency dispatch calls for service, including for people experiencing a mental health crisis in the community. It is understood that police act on their own accord responding to these crises in Berkeley; some police have CIT training (Crisis Intervention Training) and in some instances police co-respond with the Mobile Crisis Team (MCT) of the Division of Mental Health to assist people experiencing a mental health crisis in the community. The MCT currently operates in Berkeley for 10.5 hours/day, 5 days/week, excluding holidays (see City of Berkeley, MCT webpage). In the systems currently in place, it appears protocol mandates that police first secure the scene before an MCT clinician can step up and support the person experiencing a crisis (including to interact with an individual experiencing an “altered state of consciousness”).⁶ Please kindly inform if incorrect. It is noted that the Fire Department, including an EMT, may also respond to mental health crises in the community with other first responders or on their own accord.

In addition, there were participants at the Listening Session who have used emergency services to address a person experiencing a mental health crisis, saying that “I’ve had to call the police on people with mental health issues and it broke my heart and that is something I would not like to do.” Indicating that folks did not feel proud of their decision to call emergency services, knowing that police would arrive, but did so because they did not feel like they had alternative options to provide that person with appropriate support.

There is a need for clarification about how Public Dispatch Operators and the police use their discretion to make decisions about “public safety threats.” It is not clear if the current protocol is designed to not only determine if someone is a “danger to themselves or others,” or “gravely disabled” to meet the standard for a 5150⁷ involuntary hold, and/or if

⁶ An altered state of consciousness may be defined as a temporary change in the overall pattern of subjective experience, such that the individual believes that his or her mental functioning is distinctly different from certain general norms for normal waking state of consciousness.

⁷ In the State of California, a 5150 is “when a person, as a result of a mental health disorder, is a danger to self or others, or gravely disabled, a peace officer, professional person in charge of a facility designated by the county for evaluation and treatment, member of the attending staff, as defined by regulation, of a facility

the assessment offers a more nuanced evaluation for persons who do not meet this standard, particularly to assist with next steps in care if needed. There is a need for people with mental health challenges to provide nuanced input about their perceptions and experiences in this context, particularly given that a “crisis” can be used as an umbrella term for diverse array of human behavior; and the role of race, ethnicity, gender identity and expression, sex, sexual orientation, disability, age, class and their intersections can impact the nature of a policing or co-responder crisis response in the community.

Further participants talked about their own lived experiences with police during a time of crisis and whether they felt “safe,” as well as their overall perceptions and feelings about them. Specifically, the main emerging themes included their perceptions and experiences about: 1) officers unease connecting with people experiencing a mental health crisis; 2) feeling stigmatized as dangerous and regarded so by officers; 3) the role of de-escalation if any; 4) feeling traumatized or re-traumatized by police during a mental health crisis; and 5) recommendations to improve mental health crisis response in Berkeley. At the outset it is noted one participant felt treated “pretty good” by police despite run-ins over four years. Another participant talked about witnessing the police when someone was lying on the ground. He described how the police, fire, and ambulance showed up, “asked the person do they know where they are, asked them a variety of questions, stayed there with them, and even seen them give them a blanket before.” However among many experiences and perceptions described during the Peers Listening Session, these experiences were outliers.

Section 1: Peers and Mental Health Crisis Response

I. *“Really important to speak their own language”—participant*

Peers indicated the importance of understanding and empathy during a crisis.

During the Peers Listening Session some participants raised questions about how police approach them and/or other Peers in the community. They discussed their perceptions and feelings about being seen as “public safety threats;” and generally as something to be controlled rather than human beings who need emotional “safety” to resolve their crisis. In particular, the participants expressed their fears of being met with police violence instead of with compassion and empathy for their plights. The notion of “safety” ranged from people feeling exceedingly vulnerable and “unsafe” while experiencing a mental health crisis in the community to a wide variety of crisis responses (based on actions, words, physical harm, and/or lack of response/over response) by police to them. Overall participants mentioned that most people experiencing a mental health crisis are not violent.

designated by the county for evaluation and treatment, designated members of a mobile crisis team, or professional person designated by the county may, upon probable cause, take, or cause to be taken, the person into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment in a facility designated by the county for evaluation and treatment and approved by the State Department of Health Care Services. See WIC 5150(a).

Consequently, it is critical to further explore how Peers would describe developing a human connection, and develop trust and rapport, with a distressed person in terms of defusing a situation. People living with mental health challenges may experience a non-threatening altered state of consciousness and the police presence may exacerbate the intensity of their situation. Instead, Peers indicated that it would be more effective to make a human connection with the distressed person and de-escalate the situation so they felt “safe.” Moreover, public safety dispatch operators and police officers may not be trained to understand the intersecting challenges and systems that may be contributing to and/or exacerbating the Peer in crisis and the mental health community as a group.

Specifically, one participant commented that Berkeley police are “not ready to deal with people who are upset with emotional disturbances,” and that people in crisis “don’t need violence when people are angry” to resolve their crisis. Another participant felt the police “get scared of mental health” and said they “need to not be afraid of people, people who are eccentric.” This participant spoke to the stigmatization of the Peers Community, and the need for additional training and public education about how to interact with community members who interact with the world differently than they do. Peers indicated the need to further explore the types of human behaviors that meet the 5150 standards and/or constitute criminal behavior, as opposed to other behaviors that may not fall within social norms but do not pose a threat to the public.

A second participant expressed concern that “some cops [do] not feel safe...don’t speak a whole lot.” She commented about feeling “really uneasy” when you need “someone to talk more, like hostage negotiator, convey sort of friendship and comradery.” She discussed seeing someone “high energy, manic, talking real fast, as an opportunity for person in the crisis to grow rather than shut down with drugs, incarceration, hospitalization,” and stated, “we need to learn, develop a field of knowledge of people in altered states.” This participant alluded to a common understanding in the Peers Community that mental health crises can bring about positive change for the person involved and should be allowed to occur in a safe setting when possible. There is a need to further explore perceptions and experiences of people living with mental health challenges to better understand the nature of stigmatization, and how it impacts a policing and mobile crisis response, especially when addressing intersecting identities of Peers based on race, ethnicity, gender identity and expression, sexual orientation, disability, age, class, and other factors.

This same participant attributed the lack of human connection exhibited by police with people experiencing a mental health crisis “as most cops [are] not trained that way.” The participant went on to say that police officers “use major tool like [a] gun and bullets; something startles them, go for the gun.” The point was further underscored by another participant, who stated based on their experience with police, “that it is always with guns; it’s a threat, always a threat of violence out there, police come with their guns,” and that we are “much better served with people not heavily armed, I don’t know how, I think the

conversation and non-violent tactics.” It is noted that the lack of Peer involvement in the training of police officers, and the resistance to use Peers in the response to mental health crises, can inhibit responders from understanding how Peers would like to experience “safety” in a time of crisis.

Participants talked about the lack of Peers in crisis response, that Peers have been left out of the conversation, and that for crisis response to improve, trained Peer Specialists⁸ need to be involved. This perspective became clearer when talking about the Specialized Care Unit (SCU) program that Berkeley will be implementing as a non-police crisis response in the community. Everybody in the group generally liked the idea of non-police responders to non-violent calls, however, with two exceptions: 1) one person named that without retraining police officers, police would still respond in public with the ability to cause harm; and 2) that Peers would feel safer if the SCU team included Peers. The importance of Peer staffing on the SCU team was highlighted by different participants.

“Facilitator: Who do you think should do the training for the SCU?”

Participant 1: Someone with lived experience.

Participant 2: I agree.

Participant 3: I agree. I totally agree.”

During the Listening Session, it became clear that the Peer participants could clearly identify that it was important for the crisis response training to include people who have lived experiences alongside other first responders as a team. Another participant explained the importance of peer specialists for training by saying, ***“What better person can teach them how to respond, body language, than someone who is on the other end and who has walked the walk, and already been through it.”*** The participants seemed to be in agreement that one Peer could not respond to crisis situations alone, but was an essential part of the team in both training and in-person response situations. Moreover, participants underscored the importance of Peer-involvement in ongoing post-crisis support to ***“Make***

⁸ A Peer Support Specialist is a peer (a person who draws on lived experience with mental illness and/or substance use experience and recovery) who has completed a specialized training to deliver valuable support services in a mental health and/or substance use setting and/or in the community. According to the Peer Certification Fact Sheet from Senator Jim Bael on SB 803: “Studies demonstrate that use of peer support specialists in a comprehensive mental health or substance disorder treatment program helps reduce client hospitalizations, improve client functioning, increase client satisfaction, alleviate depression and other symptoms, and diversify the mental health workforce. ” As of SB 803 Peer Support Specialist Certification Act of 2020, Peer Support Specialists in the State of California will have a standardized certified body to regulate and certify Peer Support Specialists. SB 803 will allow Peer Support Specialists to bill Medi-Cal for the services they offer to their peer partners in the State of California. With SB 803 California will join 48 other states in the country that have peer certification programs as part of their Medicaid behavioral health network.

[https://namisantaclara.org/wp-](https://namisantaclara.org/wp-content/uploads/2020/09/SB_803_Beall_Peer_Certification_2020_Fact_Sheet.pdf)

[content/uploads/2020/09/SB_803_Beall_Peer_Certification_2020_Fact_Sheet.pdf](https://namisantaclara.org/wp-content/uploads/2020/09/SB_803_Beall_Peer_Certification_2020_Fact_Sheet.pdf)

https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB803

sure there is continuity of care” and pointed out that **“The peer specialists are helpful for transition to a wellness center or the next social service.”** This continuum of care would include: wrap-around services and support in navigating the intersecting and often complicated systems of care (i.e. housing, public benefits [SSI, SSDI, SNAP, GA, Medi-Cal, Medicare]; disability; health, mental health, and substance use support; meal assistance; support groups; drop-in services; community programming; employment support). There is a need for further input from people living with mental health challenges about the community-based services they use in Berkeley and Alameda County, particularly ones considered to be compassionate and effective in providing tailored culturally safe and responsive services.

II. “When I see police, it can be triggering, it can be negative, not friendly” – participant

Peers indicated a history of mistrust towards police officers.

In addition, there were emerging themes about how people living with mental health challenges have experienced police as threatening, which may perpetuate and reinforce trauma in responding to mental health crises. One participant stated that “many people have negative feelings on police” and when they see police “it can be triggering, it can be negative, not friendly, open.” Another participant “witnessed police in action in Berkeley,” and said they did not want police on mental health calls, as they were traumatized to the point of seeing police in a “whole different light.” Yet another participant stated that “So many of us have been harmed when we are treated when we are in crisis” and mentioned Soteria House, a community service that provides space for people experiencing mental distress or crisis, as a recovery model. Other participants also discussed how drop-in centers can offer this space, provide a restroom, a cup of coffee, and a welcoming space in which the person can get their basic life needs met and make meaningful connections with other Peers. Peers indicated that distress could be better met by safe spaces in which a person is allowed to move through the emotions they are feeling without fear of judgment, retaliation, or incarceration while being met with basic life needs (food, water, bathroom, a sense of safety, and human connection). There is an essential need to explore how a Peer can feel “safe” transitioning from experiencing a crisis in the community to a respite space with the support of a Peer specialist and other responders, as opposed to feeling treated as dangerous and in need of social control and being subdued.

Participants further talked about how the presence of police could exacerbate the intensity of personal distress and create feelings of extreme terror and instant fear of extinction, as opposed to creating ones of emotional “safety.” While the participant did not describe the basis for officers’ arriving at the scene, he described his feelings about a police response by stating “it is multiple police cruisers, you feel like the world out to get you and annihilate you, officers are intimidating, 3-4 cruisers with multiple cops, very, very troubling and high-risk situation.” This feeling of being responded *to*, instead of being met *with*, is a sentiment

people shared. One participant said that “If someone is having a mental health crisis, sit **with** them and let them be.” Peers indicated that they are not “safety threats” that need to be responded *to*, rather they are humans that need to be met and supported *with* and *through* a situation they are not able to safely endure alone. It would be beneficial to further understand when Peers perceive their own behavior as threatening and how they expect first responders to interact with them as a result.

III. Policing and mental health crisis response

During the Listening Session, it was clearly conveyed by the majority of the participants that police officers should not be the first responders to mental health crises. When asked what situations police would be able to respond to appropriately, the Peer participants discussed when they would feel police intervention may be necessary. Overall there was a range of different perspectives about the role of the police officers in the mental health community. Initially, Peers felt police officers need specific training for crisis response. One participant questioned the amount of de-escalation training that police receive as he regarded it as the “major pain point” in defusing a mental health crisis. In this light, another participant asked about situations where a person may have a weapon and the type of response to them. Another participant indicated having a mental health person upfront and police shadowing if needed. A fourth participant stated he would want police if his car was burglarized, but he wants a skilled person with lived experience to respond and police second to ensure safety if needed. This area deserves considerably more exploration about the nature of situations where people with mental health challenges may feel police need to respond. Generally, participants suggested that there may be different people and/or teams responding depending on the type of situation. There is a further need to explore the nuances of specific situations among people living with mental health challenges in order to better understand from Peers when they perceive certain types of teams responding to a mental health crisis in the community. Moreover, there is a need for Peers to discuss their lived experiences and perceptions of crisis response; the role of race, ethnicity, gender identity and expression, sexual orientation, disability, class, and age; and its impacts on police response to those living with mental health challenges.

IV. *De-escalation is the “Major Pain Point”—participant*

Further research is needed with people who live with mental health challenges, including the PEERS community for understanding peer-informed/peer-created de-escalation practices.

There is a critical need to have a nuanced understanding about how people with lived experience of the mental health crisis in the community describe levels of personal distress such as anxiety, depression, anger, panic, and hopelessness and how to meet their needs for “safety,” as well as how changes in basic functioning can impact the capacity to stay “safe” and not be a danger to themselves or others, or deemed gravely disabled—the 5150

involuntary hold standard in California. Depending on the type of crisis response provided to individuals experiencing distress, the physical and psychological impacts on “safety” may vary widely. They can range from de-escalating crises using specific mental health practices to using coercive controls and force to restrain individuals in crisis. In the latter circumstance, an individual may be restrained, arrested, taken into custody, transported, put in secure detention and there may be violence, brutality, or even death. It is critical to extending this research in order to clarify the levels and types of personal distress, and how they impact functioning according to Peers who are living with mental health challenges, and the types of crisis response that work for them in the community.

There is a specific critical need to explore the degree to which police approach a distressed person and defuse the situation versus using coercion, particularly during 5150 assessments. Both commissioned consultants, National Institute for Criminal Justice Reform and Research Development Associates, should account for the role of police and policing interactions when conducting research with people experiencing mental health challenges and providers, particularly to understand how people can work collaboratively with providers in order to facilitate productive relationships. Whether the research focuses on police interactions with people experiencing mental health challenges in the community on their own accord or when corresponding with the Mobile Crisis Team of the Division of Mental Health, police play a significant role and impact the nature of crisis response. Without this key data, the consultant researchers will be gathering unrepresentative pieces about a comprehensive crisis response system that operates at all times with the police. Moreover, people living with mental health challenges may have lives that interplay among multiple systems, including policing and mobile crisis response systems, and it is critical to understand the overarching impacts and how to support their well-being and recovery.

During the Peers Listening Session, participants had overriding concerns about police choosing to use violence and guns as a first resort during a mental health crisis in the Berkeley community and not communication and non-violent tactics to de-escalate the situation. It is further important to gather data about policing behavior and accountability during Mobile Crisis Team calls. Gathering this data is essential to the Reimagining Public Safety Initiative and the Specialized Care Unit for the City of Berkeley and the overlap among systems means we need to include not only these inherently critical pieces but analysis about how the systems interplay and impact people living with mental health challenges and their well-being and recovery.

Overall crisis response to people experiencing mental health challenges in the community requires a commitment to conducting empirical research that is nuanced so we understand the complexities required to properly serve and protect all of our community members. It is clearly evident that the role of police during a mental health crisis is a turning point for people with mental health challenges in the community and we must thoroughly understand the nature of their police behavior in order to begin healing. It is further

important again for people with lived experience of mental health challenges to have restorative justice and reconciliation processes to describe events such as police responses to their crisis and how they can disrupt relationships, social networks and communities, living arrangements, and other mainstays of personal life, as well as to understand when a police crisis response is necessitated for “public safety” reasons in the Berkeley community.

Section 2: Peers and Homelessness

Several participants considered “homelessness” as one of the most pressing public safety issues both in Berkeley and generally. Participants shared their perspectives based on: 1) lived experiences of homelessness in the past; 2) living as a housed person with unhoused neighbors and/or 3) being Peer advocates for partners with housing challenges. One person saw the homeless conditions such as lack of safe water, toilets, rodents and other problems impacting both those housed and homeless. She had mixed feelings about the encampments, particularly given the chaos and havoc at night. Another participant talked about how he “enjoyed living on fringe of society without any accountability, really free, [but said] looking back, I was really incarcerated.” He is now housed.

Generally the participants felt it was “unsafe” to be homeless and even harder for people living with mental health challenges. For people living with mental health challenges and homelessness, one participant described their difficulties: “the ones that have had problems, have gone through what they have gone through, makes [it] harder to want to be in a home...” Another participant further talked about the intricate nature of homelessness, and the intersectional approach necessary to meet the needs of unhoused folks. He was someone who experienced homelessness, as well as mental health and substance use challenges. This participant clarified how organizations may offer a free shower and food to “clean people up;” but are not designed to house people (using a Housing First model); provide wrap-around services; or job training for work.

A third participant talked about how homelessness does not “build healthy [a] community” as you’re “living where you shouldn’t really live,” while another pointed to issues like “deprivation and exhaustion that these poor people go through.” Potentially further research with people living with mental health and housing challenges could inform how homelessness impacts the nature of people’s mental health challenges, and the type of services needed—one person suggested crisis management and conflict resolution. Another person had sympathy for folks’ experiences of homelessness and having their possessions thrown away. Participants generally described the grinding efforts needed to survive, including constantly dealing with lack of necessities and fear of having their household belongings abruptly discarded.

In addition another participant talked about one of the driving forces of homelessness being the increase of housing prices in Berkeley, saying “gentrification and homelessness...Some people can’t afford to live in a home on their own.” This participant indicated that homelessness is not a challenge that can be met by services alone, but that economic disparity continues to play a role in people becoming unhoused. Another participant echoed this comment by saying, “most homeless people not [the] problem, situation drives it, it’s an economic thing.” He indicated that homelessness cannot be met with social services, but needs to also look at through an economics-informed lens.

A few participants discussed other services that were offered in San Francisco that they did not believe are currently available in the City of Berkeley. One participant liked that “In San Francisco they are doing foot patrol” and indicated it would be helpful to have people who provide services going directly to the unhoused in their community too. Another participant mentioned that in San Francisco “they have peers in the library” and said they liked that idea and that Berkeley might also benefit from having Peers in public spaces where unhoused people congregate. More about San Francisco’s street crisis response, that the participants may have been indicating, can be found here: <https://sfmayor.org/article/san-franciscos-new-street-crisis-response-team-launches-today>

It is important to indicate that further research is needed with the unhoused population to understand the intersecting nature of mental health and substance use challenges and homelessness, particularly to explore the nature of policing and crisis response and whether the systemic responses are service-oriented and/or designed to stigmatize and criminal human behavior or both. It is also important to further understand this intersectional approach as including exploration about the role of race, ethnicity, gender identity, and expression, sexual orientation, disability, age, class, and potentially other factors.

Although it is indicated that further research is recommended, the Peers Listening session did provide considerable insight on the intersection between mental health challenges and homelessness. The majority of the participants agreed that the most important pressing public safety concern is homelessness. One participant pointed out that “mental health crisis[es] and homelessness are synonymous,” and as such should not be treated as completely independent challenges. Within the challenge of housing insecurity, several other sub-concerns were addressed including: (1) the lack of intervention by systems of safety in Berkeley; (2) economic disparity and increasing housing prices driving long-time residents out of their homes; (3) lack of wrap-around services, and systems of care addressing challenges in isolation instead of as addressing homelessness as a product of other underlying challenges, which are often intersecting and multi-dimensional.

Peers Recommendations

1. The first and most important recommendation is to outreach and includes Peers who have worked on mental health reforms since the 1990s, when this movement began. There are trained Peers in Berkeley who are experts in crisis response, and they would be invaluable to developing responses to mental health crises and supporting the transition to new systems of safety in Berkeley. This role is, especially, crucial for unpacking the scope and nature of mental health crises to provide a nuanced understanding, approach, and framework for responding with appropriate levels of care to people with mental health challenges in the community--particularly for a non-police crisis response through a Specialized Care Unit. Peer participants discussed the San Francisco Crisis Response Street Team, and how this city is employing Peer Specialists on foot patrol as part of its team.
2. Drop-in and wellness centers for people living with mental health challenges need sufficient funding and staff with full-time Peer Support Specialists where folks experiencing non-threatening altered states and/or mental health crises can move through their crisis in a safe and supported state (in opposition to tactics which aim to shutdown mental health and/or altered states at any means necessary). It would be essential to make drop-in and wellness centers available 24/7 and on holidays, and to make sure there are also Peers involved in the transit from the mental health crisis to the Peer staffed drop-in/wellness center. Peer navigators are also key to assisting people in navigating complex systems, including how to get appropriate services in the City of Berkeley and Alameda County.
3. There is a need to account for intersectionality and the role of race, ethnicity, gender identity and expression, sexual orientation, disability, age, class and other factors that can impact the scope and nature of crisis response for diverse people living with mental health challenges in the community. It is, particularly, important to address the stigmatization of diverse people living with mental health challenges and how the role of these additional demographic characteristics may or may not perpetuate and/reinforce problems during a mental health crisis (including as to the roles of people such as police, fire, mental health clinicians, peer specialists responding in the community). There is a specific need to focus on interviewing diverse people with mental health challenges who are unhoused in order to explore the nature of policing and systemic responses to people, particularly to examine if human behavior is criminalized and/or met with service delivery.
4. There is a further need to account for overlapping systems of care, including medical, mental health, substance use, social services and other systems. Participants in the Peers Listening Session, who identify with homelessness,

discussed how current systems are not set up in a way that enables long-term sustainable wellness of the mental health community. Housing-first methods, for instance, are only successful in addressing homelessness if the other factors that contribute to housing insecurity are also addressed such as mental health and substance use services. Overall creating comprehensive wrap-around services may be the key to addressing public safety concerns. Moreover, including people with lived experiences of mental health, substance use, and homelessness will enable systems to be consumer-informed, and in turn more sustainable in the long term.

5. There is a further need to conduct research with people who use alcohol and drugs and have lived experiences with policing and mobile crisis response, as this qualitative research focused almost solely on people living with mental health challenges. It is crucial to consider the nature of trauma-informed, de-escalation and harm reduction approaches for people who use alcohol and drugs during crisis response in order to discern how service-oriented practices may reduce harms from alcohol and drug use and avoid punitive measures resulting from criminal legal and incarcerations involvement due to alcohol and drug use. Specifically there is a need to assess how systemic responses to people who use alcohol and drugs may result in fluctuating among multiple systems without well-integrated coordination of care.

DRAFT

ALTERNATIVE RESPONSES



Introduction and Report Overview

In the effort to provide meaningful information and recommendations to the Berkeley Reimagining Public Safety process, the National Institute for Criminal Justice Reform (NICJR) was tasked by the City Manager's Office to conduct research and analysis to produce a series of reports for the Taskforce, City of Berkeley (City) leadership and the public. NICJR reviewed the City Auditor's Calls for Services assessment, conducted further analysis of Berkeley Police Department Calls for Service (CFS), used the previously submitted New and Emerging Models of Public Safety report, and drew upon our team's experience and expertise, to develop this Alternatives Responses report.

This report provides an actionable roadmap for providing community and other non-law enforcement alternatives to a police response for 53 percent of CFS types for which the Berkeley Police Department (BPD) currently responds.

The initial section of this report presents the NICJR analysis of BPD's CFS and compares that analysis to the Berkeley City Auditor's report. The next section provides an overview of NICJR's alternative response model – Tiered Dispatch, which includes the Community Emergency Response Network (CERN) – and describes how specific call types are assigned to CERN tiers.

The report concludes with an overview of a framework for the City's alternative response model, drawing upon both existing and planned City resources. The specific parameters and scope of the Specialized Care Unit (SCU) have not yet been defined; but due to the public discourse and that the SCU development is housed in the City's Mental Health Division, the present analysis assumes that the SCU's role will be focused on mental-health related call responses.

Calls for Service Analysis

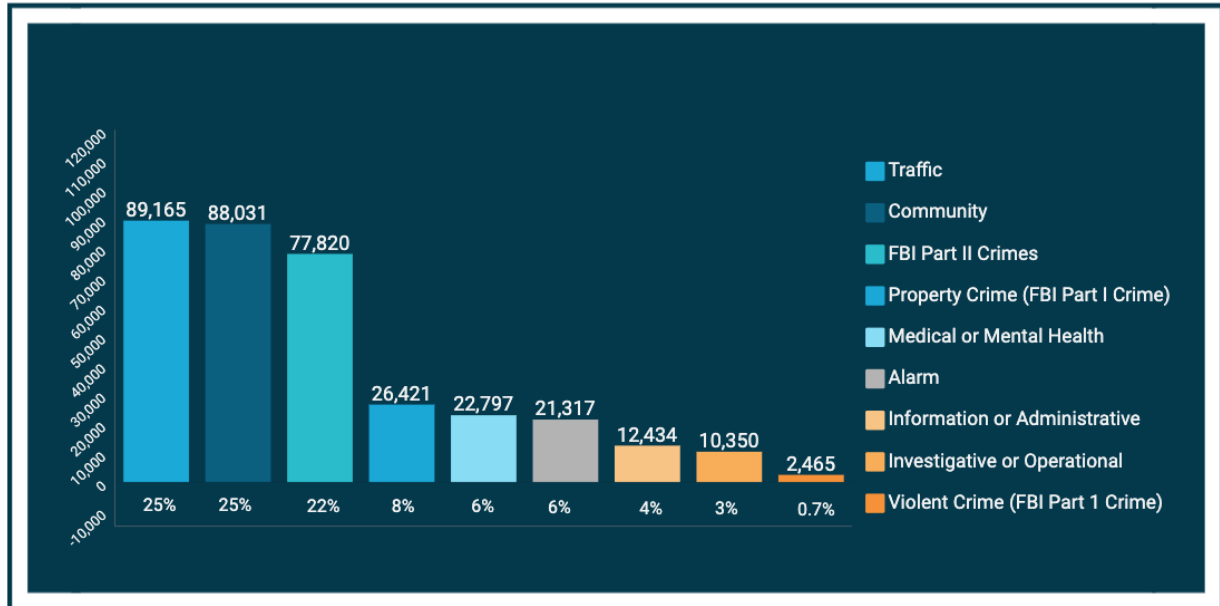
Summary of City Auditor Findings, NICJR Category Assignment and Crosswalk

The Berkeley City Auditor (Auditor) recently conducted an analysis of over 350,000 BPD calls for service covering calendar years 2015-2019. The BPD CFS audit, which can be found [here](#), focused on the following questions:

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?

The Auditor categorized over 130+ call types into 9 categories in an effort to answer these questions: Violent Crime (FBI Part 1), Property Crime (FBI Part I), FBI Part II Crimes, Investigative or Operational, Medical or Mental Health, Information or Administrative, Community, Traffic, and Alarm.

Figure 1. BPD Calls by Auditor Call Categories



Between 2015 and 2019 the Auditor found that BPD responded to an average of 70,160 CFS annually, and that ten call types accounted for 54 percent of all CFS.

Table 1. Top Ten Call Types, Auditor Report

Call Types	Total Count
Traffic Stop	44,795
Disturbance	35,696
Audible Alarm	19,920
Noise Disturbance	15,773
Security Check	15,262
Welfare Check	15,030
Suspicious Circumstance	11,547
Trespassing	11,058
Theft	10,556
Wireless 911	9,899

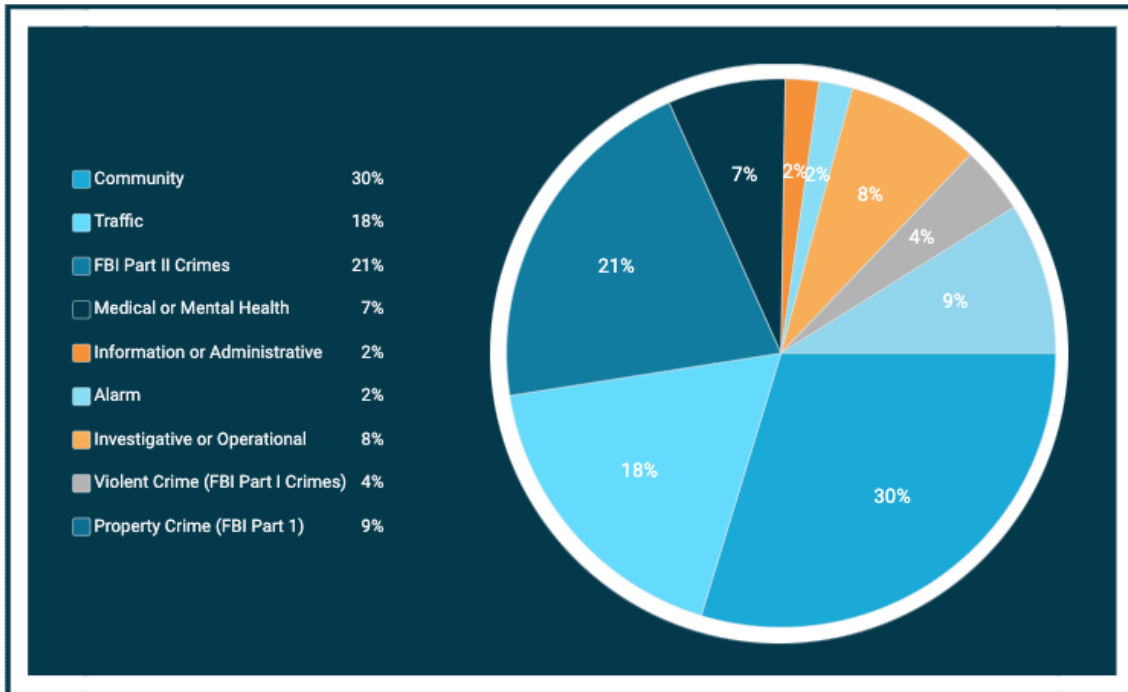


Top 10 call types account for 54% of all events

The top ten call types fell into four categories: Traffic, Community, Alarm, and Property Crime. Mental health related CFS accounted for approximately 12 percent of all call types, while homelessness CFS accounted for 6.2 percent of all events. These types of CFS were identified by looking at keywords in narrative reports, disposition codes, call types, and/or Mobile Crisis Team response.

During the period reviewed, BPD officers spent most of their time (69 percent) responding to CFS that were categorized as Traffic (18 percent), Community (30 percent), or FBI Part II crimes (21 percent). Seven percent of BPD officers' time was spent handling Medical Mental Health CFS, another 9 percent on Property Crime CFS, and 2 percent on Alarms. The remainder of BPD officer time (14 percent) was spent on Information or Administrative, Investigative or Operational, and Violent Crime CFS.

Figure 2. BPD Officer Time Allocation, Auditor Report



NICJR Expands Upon Auditor's Analysis

As a first step in developing this Alternative Response Report, NICJR reviewed the CFS analysis completed by the Auditor and compared the results of that analysis to its own CFS classification results.

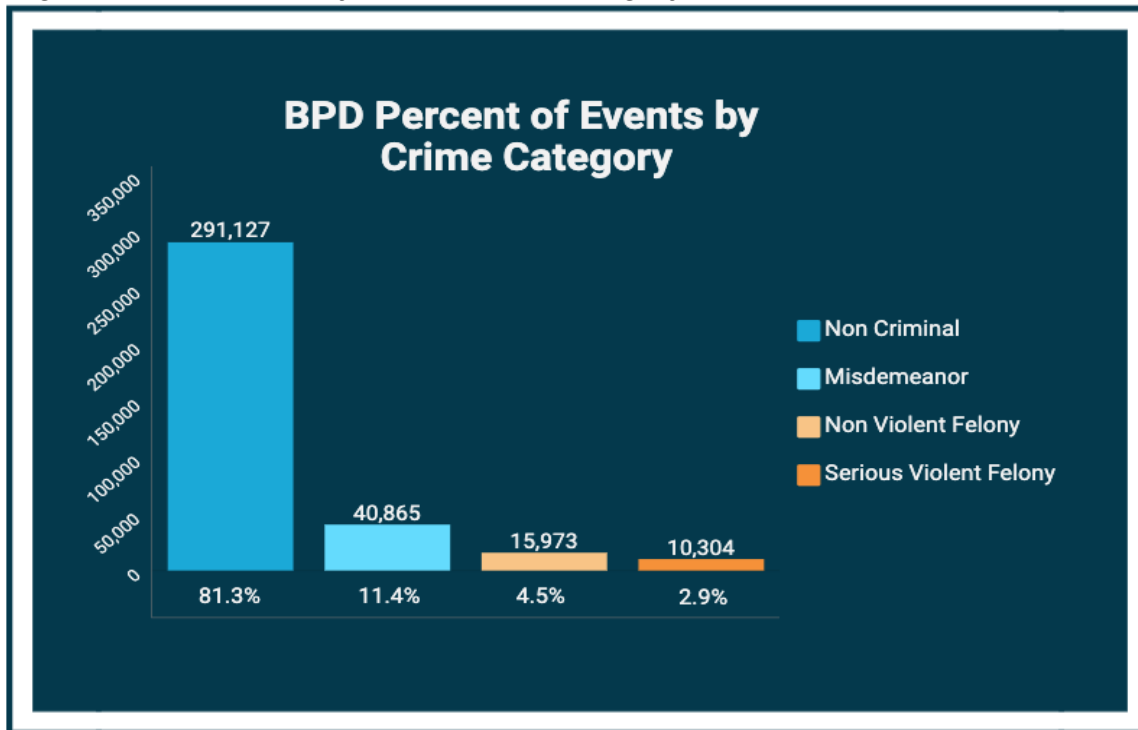
As outlined above, the Berkeley City Auditor aggregated all BPD call types into 9 categories, while NICJR uses 4 Categories to organize the same events. A crosswalk between the Auditor's 9, and NICJR's 4, CFS Categories is outlined in Table 2. NICJR categories are aligned with state specific penal codes and their associated penalties. If a call type is not found in the penal code, it is placed into the Non-Criminal Category.

Table 2. Crosswalk, Berkeley City Auditor and NICJR Call Type Categories

Berkeley Auditor Categories	NICJR Categories
Violent Crimes (FBI Part I)	Serious Violent Felony: Any event identified in the California Penal Code as a Serious Violent Felony
Property Crimes (FBI Part I)	Non-Violent Felony: Any event identified in the California Penal Code as a Non-Violent Felony
FBI Part II Crimes	Misdemeanor: Any event identified in the California Penal Code as a Misdemeanor Non-Violent and Serious Violent Felony
Community	Non-Criminal: Any event not identified in the Penal Code
Medical or Mental Health	
Traffic	
Informational or Administrative	
Investigative or Operational	
Alarm Calls	

NICJR uses this method of categorizing events because it affords the most linear association between the event and its associated criminal penalty. By categorizing events in this manner, NICJR can clearly identify the portion of CFS that are either non-criminal or are for low-level and non-violent offenses. Categorizing call data into a simple criminal vs. non-criminal, violent, vs. non-violent, structure also supports conversations with the community about alternatives to policing for specific call types grounded in easily understandable data.

Figure 3. BPD Events by NICJR Crime Category¹



There were 22 call types² (11 percent) that differed in assignment when comparing the Auditor’s report to NICJR results. A summary of these variances is outlined in Table 3 and described below.

Table 3. Key Variances, NICJR vs. Auditor Call Type Categorization

NICJR Classification	Auditor Classification	# of Impacted Call Types
Non-Criminal	FBI Part II Crimes	7
Serious Violent Felony	Traffic, Property Crimes (FBI Part I, FBI Part II Crimes)	10
Non-Violent Felony	Investigative/Operational	1
Misdemeanor	Traffic, Informational or Administrative	4

¹ Figure excludes null or missing values in the dataset.

² There is a discrepancy in the number of call types evaluated by the Auditor versus NICJR. The Auditor evaluated approximately 130 CFS; NICJR, 183. Part of this discrepancy is due to the fact that the Auditor and NICJR reviewed slightly different data sets. Additionally, NICJR reviewed all CAD data while the Auditor only reviewed those CFS resulting in a sworn response.

Of the 22 call types, 7 (31.8 percent) were assigned to NICJR's Non-Criminal Category whereas the Auditor classified the same 7 as FBI Part II Crimes. For example, *family disturbance* is classified by the Auditor as a FBI Part II Crime while NICJR places it in the Non-Criminal Category. The largest source of variance between NICJR's Non-Criminal Category and the Auditor's classifications relates to the call type *disturbance*, which the Auditor classifies as an FBI Part II Crime while NICJR categorizes it as Non-Criminal. The *disturbance* call type accounted for nearly 10 percent of the 360,242 CFS reviewed in the Auditor's analysis.

Four out of the 22 (18.1 percent) differing call types were assigned to NICJR's Misdemeanor Category while the Auditor assigned them as Traffic and Informational or Administrative. These call types include *reckless driver*, *hit and run with injuries*, and *exhibition of speed*. Both *reckless driver* and *hit and run with injuries* were assigned as Traffic by the Auditor while NICJR assigns them as Misdemeanors. *Property Damage* was classified by the City Auditor as Informational or Administrative. NICJR classifies this call type as a Misdemeanor.

One out of the 22 (4.5 percent) differing call types, *lo jack stolen vehicle*, was assigned to NICJR's Non-Violent Felony Category while the Auditor assigned it as Investigative or Operational.

A final source of the variation in call type categorization between the Auditor and NICJR stems from NICJR's Serious Violent Felony assignment. The auditor used FBI UCR categories while NICJR used the California Penal Code to determine the penalty associated with the qualifying offense. Ten out of the 22 (45.4 percent) differing call types were assigned to NICJR's Serious Violent Felony Category. Out of the total 360,242 calls for service analyzed, NICJR classified 2.9 percent in the Serious Violent Felony Category. The Auditor only classified 0.7 percent of CFS in its Violent Felony Category. The variance is due to the fact that 9 call types classified by the Auditor as Traffic, Property Crime (FBI Part I), and FBI Part II Crimes fall into NICJR's Serious Violent Felony Category. This scenario is illustrated by the call types *hit and run with injuries* and *vehicle pursuit*. Both are classified by the Auditor as Traffic. NICJR classifies both calls in its Serious Violent Felony Category. Another example is *arson*, which is classified by the Auditor as Property Crime (Part I) while NICJR classifies *arson* as a Serious Violent Felony. Other call types generating this variance include battery, bomb threats, kidnapping, spousal or domestic abuse, child abuse, and sexual molestation.

The complete crosswalk is provided as [Appendix A](#).

NICJR CERN Categorization

In our work to Reimagine Public Safety and transform policing, NICJR has developed a tiered dispatch system to provide alternatives to police response to CFS, increase public safety, and improve the quality of emergency response. This model includes the CERN, that builds upon NICJR’s CFS classification structure.

Once each call type is associated with one of NICJR’s four CFS Categories, they are given a default assignment on the Tiered Dispatch depicted in Figure4:

Figure 4. Tiered Dispatch



The Tiered Dispatch assignments for the 2015-2019 BPD CFS analyzed are outlined below.

Table 4. Tiered Dispatch Default Assignment Table

Crime Category	CERN	BPD	% of Call Types	# of Call Types in Each Tier
Tier 1	Only		50%	92
Tier 2	Lead	Present	14%	25
Tier 3	Present	Lead	9%	16
Tier 4		Only	27%	50

Default Tier Assignment Modified Based on Arrest Data and Other Factors

A. Arrest Rates

Subsequent to the default classification, NICJR examines arrest data to determine if adjustments to default Tier assignments are warranted. Most typically, this results in CFS “moving up” a Tier based on the likelihood of arrest. The arrest analysis includes the identification of the overall jurisdiction arrest rate, as well as the high-end of that rate, below which the vast majority of CFS arrest rates fall. For Berkeley, 10 percent was set as the arrest rate triggering Tier assignment review; only 6 of 91 CFS that resulted in an arrest had an arrest rate in excess of 10 percent in the years 2015 to 2019. Call types with arrest rates that significantly exceed the triggering arrest rate generally moved to higher Tiers. For example, the Non-Criminal CFS *warrant service* was moved from Tier 1 to Tier 4 based on arrest rate data.

Table 5. CFS CERN Tier Assignments After Arrest Review

Crime Category	CERN	BPD	% of Call Types	# of Call Types in Each Tier
Tier 1	Only		50%	91
Tier 2	Lead	Present	13%	24
Tier 3	Present	Lead	9%	16
Tier 4		Only	28%	52

B. Alternate Response Warranted

Beyond arrest data, CERN Tier assignment is modified based on NICJR's assessment of call types that would benefit from an alternate response. Some Serious Violent Felony call types typically move from Tier 4 to Tier 3 pursuant to this aspect of the analysis, in order to allow for a CERN response with an officer leading. For example, the call type *assault, gang related* has been downgraded from a Tier 4 to a Tier 3 in order to allow the CERN to assist officers involved. Warrants have similarly been downgraded from a Tier 4 to a Tier 3 with this rationale in mind. These call types would be lead by police only but members of the CERN would be present to provide family members with information and support. Conversely, some call types moved from lower to higher Tiers as a result of this aspect of the default Tier assignment modification methodology. Various events that fall under the assist call type, for example, are allocated to Tier 4 even though these CFS are Non-Criminal in nature. The rationale here is that if the BPD is being asked to assist another law enforcement agency, for example, a BPD response is required. Additionally, traffic related calls are in Tier 3 or 4 due to current state law requiring sworn officers, but in the event state law is amended as envisioned in some of the discussion related to BerkDOT, the calls would move to Tier 1. Appendix D includes calculations of calls and expenses with traffic calls shifted to Tier 1.

Table 6. CFS CERN Tier Assignments After Alternate Response Review

Crime Category	CERN	BPD	% of Call Types	# of Call Types in Each Tier
Tier 1	Only		53%	96
Tier 2	Lead	Present	11%	20
Tier 3	Present	Lead	20%	37
Tier 4		Only	16%	30

Based on NICJR's analysis, and as reflected in Table 6, 53 percent of BPD CFS could be handled by a community-response, only. A detailed breakdown of Berkeley CFS by CERN Tiers can be found in [Appendix B](#).

Fiscal Implications of CERN Assignment

A major driver of the police reform conversation has been the desire to shift resources from traditional law enforcement to alternative, more appropriate, responses for specified types of calls for service. As Table 6 illustrates, the City can realistically expect to divert 53 percent of call types from the BPD to an alternate response that requires no law enforcement involvement. In order to understand the potential fiscal impact of the adoption of this type of alternate response model, various analyses of the BPD budget were conducted.

As outlined in Table 7, the BPD budget grew from approximately \$61 million to \$69 million during the period of CFS review, reflecting a nearly 15 percent increase; CFS remained steady during the same period, experiencing a slight decline of approximately 4 percent. The Police Operations Division budget, which houses costs associated with Patrol, comprised between 52 and 60 percent of the Department's budget during the review period; Patrol is responsible for responding to CFS in the City of Berkeley.

Table 7. BPD and Patrol Operations Division Budget, 2015-2019

	FY15	FY16	FY17	FY18	FY19
Total Budget	\$60,832,054	\$63,115,430	\$66,428,530	\$66,351,534	\$69,567,103
General Fund (GF)	\$57,057,838	\$59,074,465	\$62,156,096	\$62,628,518	\$65,493,664
Police Operations (OPS) Division	\$34,781,350	\$37,050,106	\$39,867,224	\$39,673,087	\$36,284,878
OPS Division % of Total Budget	57.2%	58.7%	60.0%	59.8%	52.2%

In order to determine the proportion of Operations Division expenses that are directly attributable to responding to CFS, NICJR undertook several analyses:

Calculating Officer Time:

- Responding to CFS: On-Scene to Close. The time between when an officer arrives on-scene to a particular CFS and closes the call. This time frame is used to measure the actual time officers spend on calls for service. This calculation does not include travel time; the time officers take to write incident reports is only accounted for if the officer does this before a particular CFS is closed.
- Responding to CFS: Event Creation to Close. The time between when a call comes in and is created in the Computer Aided Dispatch (CAD) system and when an officer closes the call. This time period is used to capture the total amount of time from when a caller calls into the Communications Center to when an officer closes the call, accounting for the totality of time it takes to complete a CFS.
- Officer Time. Under either the On-Scene to Close or Event Creation to Close approaches, officer time is calculated based on the number of responding officers to a unique call multiplied by the amount of time spent on the call.

Identifying Median Officer Hourly Rates:

- Median hourly rates were generated from the City of Berkeley's [Salary List](#) for benefited employees. The minimum salary (step 1) in that schedule is \$49.73/hr and the maximum, (step 7), \$61.90/hr. The median salary is \$56.24 (step 4).

Applying Applicable Overhead Rate to Median Officer Hourly Rate:

- As of the City's 2021 [Benefits and Compensation Matrix](#), this rate was 110 percent.

The results of this analysis are provided in Table 8.

Table 8. Cost of Responding to CFS: On-Scene to Close and Create to Close

Officer Costs Associated with Responding to CFS: On-Scene to Close	
Total Hours 2015 - 2019, CERN Tier 1 Calls (BPD Response Hours)	98,119
Total Hours 2015-2019, All other CERN Tiers (BPD Response Hours)	89,525
Median BPD Officer Salary	\$56.24
BPD Officer Salary Range	\$49.73 - \$61.90
Berkeley Composite Fringe Benefit Rate	110%
Calculation of CERN Tier 1 Costs (# of hours * Median Salary * Benefit Rate)	\$13,166,026
Calculation of All other CERN Tier Costs (# of hours * Median Salary * Benefit Rate)	\$8,995,481
Average Annual CERN Tier 1 Officer Costs, On-Scene to Close	\$2,633,205
Average Annual Officer Costs Tiers 2-4	\$1,799,096

Officer Costs Associated with Responding to CFS: Create to Close	
Total Hours 2015 - 2019, CERN Tier 1 Calls (BPD Response Hours)	266,832
Total Hours 2015-2019, All other CERN Tiers (BPD Response Hours)	367,422
Median BPD Officer Salary	\$56.24
BPD Officer Salary Range	\$49.73 - \$61.90
Berkeley Composite Fringe Benefit Rate	110%
Calculation of CERN Tier 1 Costs (# of hours * Median Salary * Benefit Rate)	\$34,106,771
Calculation of All other CERN Tier Costs (# of hours * Median Salary * Benefit Rate)	\$40,801,102
Average Annual CERN Tier 1 Officer Costs, Create to Close	\$6,821,354
Average Annual Officer Costs Tiers 2-4	\$8,160,220

Depending on the officer time calculation used, and using 2019 budget data alone, the costs associated with responding to Tier 1 CFS range from between **approximately 7 (On-Scene to Close) and 19 (Create to Close)** percent of the Police Operations Division budget, and **4 and 10** percent of the total BPD budget. Costs associated with responding to CFS Tiers 2-4 comprise between approximately **5 (On-Scene to Close) and 23 (Create to Close)** percent of the Police Operations Division budget and **3 and 12** percent of the total BPD budget.

Table 9. Tier 1 CFS as % of Operations Division and BPD Overall Budget

	Tier 1 Costs: On-Scene to Close	Tier 1 Costs: Create to Close	Tier 2-4 Costs: On-Scene to Close	Tier 2-4 Costs: Create to Close
% of OPS Budget	7.3%	18.8%	4.9%	22.5%
% of BPD Budget	3.8%	9.8%	2.6%	11.7%

This analysis suggests that under any scenario, officer time associated with responding to *all* calls for service accounts for less than half of the Police Operations Division budget. When looking at officer time associated with directly responding to calls for service, NICJR used the time from when an officer arrives on-scene until the time an officer clears the call to go back in service. NICJR also assessed the total amount of time it takes for BPD to resolve a call, which looks at the time between when a call comes into the communications center and when the officer clears a call to go back in service. As noted in tables 8 and 9, On-Scene to Close (Tier 1), comprises just 39 percent of Create to Close (Tier 1) costs (\$2,633,205 vs. \$6,821,220). This result suggests that the majority of costs are NOT associated with on-scene response.

Another approach to estimating anticipated cost savings associated with CERN Tier 1 implementation converts the estimated number of officer hours saved into FTEs as reflected in Table 10 on the following page.

Table 10. CFS FTE Analysis

CERN Tier	Total Hours (Create to Close) (Avg Annual)	Average Hours³, 1 FTE Officer	Estimated # of FTE Per Tier
1	53,366	2080	25.7
2	24,012	2080	11.5
3	32,331	2080	15.5
4	17,140	2080	8.2

³ 2080 is the standard number of working hours per year for a full-time equivalent position; BPD actual annual hours/FTE may vary.

Redirection of Tier 1 CFS to a CERN would thus generate approximately \$6.8 million in annual BPD savings annually, equating to slightly less than 26 FTE.

Building the Alternative Response Infrastructure

In order to facilitate the development of Berkeley's own alternate response network or CERN, NICJR further analyzed the 92 CFS in CERN Tier 1. Although an alternate response is also contemplated in response to CFS in Tiers 2 and 3, as the CFS category which contemplates no corresponding police response, Tier 1, is an appropriate focal point for initial alternate response analyses.

To facilitate this assessment, Tier 1 CFS were divided into 11 topical/activity- based sub-categories as outlined in Table 11.

Table 11. CERN Sub-Category

CERN Category	Definition	Example Call Type(s)
Administrative	Calls that involve administrative duties	subpoena service; VIN verification; information bulletins, test call, report writing
Alarm	Calls that involve activation of alarms	residential alarm, commercial alarm, bank alarm, audible alarm, GPS alarm
Animal	Calls that involve animals	stray animals, barking dogs, cat in a tree
Investigation	Calls that require some form of investigation to ensure all is in order	investigating an open door, residential welfare checks, business premise checks, follow up on previous crime to collect evidence (witness statements, video footage, etc.)
Medical or Mental Health	Calls that require or involve medical or mental health assistance	mutual aid medical support, gunshot victim, suicide, 5150 transport
Municipal	Calls that involve municipal issues	fall on city property; COVID-related violations; BPC violations - signage, lighting, etc.; sidewalk regulations
Other	Call types that do not fit into any of the other CERN categories	create new call; no longer used, wireless 911 call got dropped
Public Order	Calls that interfere with the normal flow of society	demonstrations, civil unrest
Quality of Life	Calls that create physical disorder or reflect social decay	loitering (homeless), panhandling, noise, trash/dumping, urinating in public
Substance Use	Calls that involve substance use	open air drug use and distribution, overdose related, down and out, public intoxication
Traffic	Calls that involve traffic or vehicle related concerns	abandoned vehicles

Leveraging Existing and Planned City Resources and Ideas from New and Emerging Models Report

CERN Team Types

The Community Emergency Response Network may need to have different types of teams that respond to certain calls.

- SCU: Respond to Mental Health & Drug issue calls
- Mediation Team: Respond to Disturbance and Noise calls
 - Possibly include specialists in Family Disturbance calls
- Report Takers/Technicians: Take crime reports
 - Specialists for evidence collection as the city has now
- Outreach: Respond to non-MH homeless calls, welfare checks, etc
- BerkDOT: Respond to traffic calls
 - Including technology

In an effort to identify existing and planned resources by Tier 1 Category, NICJR reviewed:

- The list of City-funded community-based organizations (CBOs) provided in the City Manager's Proposed Annual Budget Fiscal Year 2022, submitted to the City Council on May 25, 2021;
- City Boards, Commissions, and Departments, as identified on the City's website; and
- Relevant examples of potential programs or approaches as provided in the [New and Emerging Models of Community Safety and Policing Report](#)
- Other relevant local CBO's/resources

Table 12, which can be found on the next several pages, summarizes the results of NICJR's services scan; a list of the specific CBOs identified by Tier 1 sub-category can be found in [Appendix C](#). A detailed description of each Table 12 organizing category follows.

Table 12. CERN Build Out: CBO's, City Departments, Other Resources

CERN Category	Call Type(s)	Existing City-Contracted CBOs	Existing City Departments	Planned City Resources	Other Relevant Resources	Potential Oversight Commission/Board	Innovations, New and Emerging
Administrative	subpoena service; VIN verification; information bulletins, test call, report writing			BerkDOT (VIN verification)	Private subpoena servers		
Alarm	residential alarm, commercial alarm, bank alarm, audible alarm, GPS alarm	The Downtown Berkeley Association/ Downtown Ambassadors Street Team provides alarm assistance services			UCPD Community Service Officers provides alarm assistance services		
Animal	stray animals, barking dogs, cat in a tree etc.	Animal Rescue	City Manager's Office: Berkeley Animal Care Services			Animal Care Commission	

CERN Category	Call Type(s)	Existing City-Contracted CBOs	Existing City Departments	Planned City Resources	Other Relevant Resources	Potential Oversight Commission/Board	Innovations, New and Emerging
Investigation	investigating an open door, residential welfare checks, business premise checks, follow up on previous crime to collect evidence (witness statements, video footage, etc.)	Downtown Berkeley Association/ Downtown Ambassadors Street Team: investigating open doors, residential welfare checks, business premise checks			UCPD Community Service Officer (CSO) Program: investigating open doors, residential welfare checks, business premise checks		

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CERN Category	Call Type(s)	Existing City-Contracted CBOs	Existing City Departments	Planned City Resources	Other Relevant Resources	Potential Oversight Commission/Board	Innovations, New and Emerging
Medical or Mental Health	mutual aid medical support, gunshot victim, 5150 transport, mental illness, suicide attempt, threat of suicide, mental health	4 CBOs contracted for health services; 1 CBO contracted for mental health services (Alameda County Network of Mental Health Clinics); several homeless oriented CBOs include a mental health component	Fire Department; Mental Health Division Mobile Crisis Team, and Crisis, Assessment, and Triage Team (loitering, panhandling, urinating in public); Health, Housing, and Community Services Department	SCU	Bonita House's Bridges to Recovery In-Home Outreach Team (IHOT) Bonita House's Community Assessment & Transportation Team (CATT) program New Bridge Foundation: drug and alcohol rehabilitation center in Berkeley, California that offers inpatient and outpatient services as well as detoxification treatment	Community Health Commission; Mental Health Commission	Crisis Response Unit (CRU), Olympia, Washington
Municipal	fall on city property; COVID-related violations; BPC violations - signage, lighting, etc.; sidewalk regulations		City Manager's Office: Code Enforcement, Public Works			Public Works Commission	

CERN Category	Call Type(s)	Existing City-Contracted CBOs	Existing City Departments	Planned City Resources	Other Relevant Resources	Potential Oversight Commission/Board	Innovations, New and Emerging
Other	create new call; no longer used, wireless 911 call got dropped	NA	NA	NA	NA	NA	NA
Public Order	Demonstrations, civil unrest	Downtown Berkeley Association's Safety Ambassadors Program: provides public order services/assistance			UCPD Community Service Officer (CSO) Program: provides public order services/assistance		

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CERN Category	Call Type(s)	Existing City-Contracted CBOs	Existing City Departments	Planned City Resources	Other Relevant Resources	Potential Oversight Commission/Board	Innovations, New and Emerging
Quality of Life	loitering (homeless), panhandling, noise, trash/dumping, urinating in public	<p>16 CBOs contracted for homeless services, approximately 50% with case management component. These resources could be leveraged to address loitering, panhandling, and public urination/intoxication complaints. Other CBOs (Eden Information and Referral as well Telegraph Business Improvement District) assist with quality of life calls as well.</p> <p>Downtown Berkeley Association's Safety Ambassadors Program: all Quality of Life CFS</p>	Mental Health Division, Mobile Crisis, and Crisis, Assessment, and Triage Team (loitering, panhandling, urinating in public); City Manager's Office: Code Enforcement (trash/dumping)		UCPD Community Service Officer (CSO) Program: all Quality of Life CFS	Homeless Commission; Human Welfare and Community Action Commission	Mayor's Action Plan (MAP) for New York City

CERN Category	Call Type(s)	Existing City-Contracted CBOs	Existing City Departments	Planned City Resources	Other Relevant Resources	Potential Oversight Commission/Board	Innovations, New and Emerging
Substance Use	open air drug use and distribution, overdose related, down and out, public intoxication	1 CBO directly contracted for substance abuse services (Options Recovery Services); other homeless-oriented CBO's provide various substance abuse related services	Mental Health Division Mobile Crisis Team, and Crisis, Assessment, and Triage Team (loitering, panhandling, urinating in public)		New Bridge Foundation: drug and alcohol rehabilitation center in Berkeley, California that offers inpatient and outpatient services as well as detoxification treatment Bonita House's Bridges to Recovery In-Home Outreach Team (IHOT) Bonita House's Community Assessment & Transportation Team (CATT) program	Health Commission, Community; Homeless Commission; Mental Health Commission	Arlington Opiate Outreach Initiative
Traffic	abandoned vehicles, speeding, reckless driving		City Manager's Office: Code Enforcement (abandoned vehicles)	BerkDOT		Transportation Commission	NYPD Staten Island's Motor Vehicle Accident Program

CERN Category	Call Type(s)	Existing City-Contracted CBOs	Existing City Departments	Planned City Resources	Other Relevant Resources	Potential Oversight Commission/Board	Innovations, New and Emerging
Weapon	person with a gun				Building Opportunities for Self-Sufficiency appears to be only City-contracted CBO with significant experience with and focus on incarcerated/formerly incarcerated. May be a resource for this particular CFS and others in that vein.	Peace and Justice Commission	

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Existing City-Contracted Community Based Organizations

NICJR reviewed all City-contracted CBO's and, where possible, aligned CERN Tier 1 sub-categories with community-based organizations; identified organizations are those that could potentially be leveraged to build out the CERN approach. Although the City contracts with a number of CBO's, there is a significant concentration in homeless services, with few contracted providers in many of the other CERN Tier 1 sub-categories. Where able to identify, NICJR has lifted up those CBO's working in any area that appear to be doing some type of case management or street outreach work, as well as those that have experience with a criminal justice population. These organizations are likely best positioned to serve as the starting point for the development of the CERN infrastructure. There is at least one City-contracted CBO that NICJR is aware of that engages in case management and outreach work *and* has extensive experience with justice-involved community members; that organization, Building Opportunities for Self Sufficiency (BOSS), is an obvious candidate to serve as one of the City's anchor and foundational CERN partners. BOSS is an example of a capable organization, there are others in Berkeley and the city would need to conduct a Request for Proposals process to select the most appropriate service providers.

The Downtown Berkeley Association (DBA), an independent non-profit organization that has recently contracted with the City, provides a variety of services including but not limited to cleaning and beautification, hospital and outreach, marketing and business support, and prevention of crime and other threats to merchants.⁴ Positions encompass hospitality workers, cleaners, social workers, and trained guards, known as Safety Ambassadors. Safety Ambassadors carry batons, pepper spray, and handcuffs and are outfitted with neon vests.

Safety Ambassadors often have backgrounds in law enforcement and are required to undergo an 8-hour general training along with additional trainings covering topics such as sexual harassment, mental illness, and de-escalation tactics. The stated objective of this program is to increase the quality of life in downtown Berkeley and ensure that any potential disturbances are curtailed.⁵ Low-level municipal or quality of life violations, open use of illicit drugs, and threats to businesses are all addressed by the Safety Ambassadors. As such, the DBA itself may serve as an important CERN resource. However, it is important to note that many community members and organizations have expressed concerns with the enforcement-type equipment that Safety Ambassadors carry.

Lastly, the Mental Health Division's (MHD) Mobile Crisis Team provides immediate crisis intervention services for the community and supports BPD in capacities including co-responding to calls for service upon BPD request. This Team, as well as the MHD's Crisis, Assessment, and Triage Team, are obvious foundations for the SCU which is currently under development. The Mobile Crisis Team has very limited resources and

⁴ <https://www.downtownberkeley.com>

⁵ <https://www.berkeleyside.org/wp-content/uploads/2020/09/Safety-Ambassador-Pilot-Program-2-Month-Report.pdf>

available hours. At the time of this report, the Team only has two members. In Listening Sessions held with BPD officers, many expressed the need to expand the good work of the Mobile Crisis Team.

Existing City Departments

There are a number of City Departments that are either currently, or could, be deployed to address CERN Tier 1 sub-categories. For example, the BPD currently partners with the Mental Health Division's Mobile Crisis Team, and the Code Enforcement Unit within the City Manager's Office is responsible for addressing illegal dumping. The roles and responsibilities of existing City Departments could be expanded to support absorption of specific Tier 1 CFS. BPD also employs civilian technicians who could be used to take reports or collect evidence in cold CFS that may not need an officer present.

Existing Berkeley Commissions, Boards and Departments

NICJR reviewed the City's Boards and Commissions to identify those that might be most appropriate for supporting the development and oversight of various components of the CERN. While ultimately the effort is likely most effectively administered by a single oversight body, the development of various components of the alternate response model may lend itself to disaggregation by topic, although an effective coordination and overall project management approach should be employed from the outset.

Planned City Resources

The City has two significant alternative response initiatives currently underway: the Berkeley Department of Transportation (BerkDOT) and the Specialized Care Unit (SCU). While the scope of these efforts is unclear, NICJR has assigned Tier 1 sub-categories to these City-initiated alternate responses as follows:

- BerkDOT: All traffic CFS
- SCU: All mental health and drug use CFS

The following relevant excerpts from the City Manager's *Proposed Annual Budget Fiscal Year 2022* suggest that the 2021-2022 budget year is a planning period for BerkDOT, while the SCU is on more accelerated implementation timeline:

BerkDOT

"The Public Works Department is evaluating the potential to create a Berkeley Department of Transportation to ensure a racial justice lens in traffic and parking enforcement and the development of transportation policy, programs, and infrastructure.⁶

- Estimated Budget: \$75,000
- Description: Develop plans for establishing a Berkeley Department of Transportation to ensure racial justice and equity in Transportation policies,

⁶ Page 24, *Proposed Annual Budget Fiscal Year 2022*

programs, services, capital projects, maintenance, and enforcement. Coordinate this with the Reimagining Public Safety effort.”

Current state law does not allow non-law enforcement to conduct traffic stops. Given the City’s decision to establish BerkDOT, in Appendix D we have assigned all traffic CFS to CERN Tier 1.

SCU

“The Health, Housing and Community Services Department is working with a steering committee to develop a pilot program to re-assign non-criminal police service calls to a Specialized Care Unit.”⁷

- \$8 million is currently allocated for programs addressing community safety and crisis response.⁸
- Before the SCU is deployed, community safety concerns have been proposed to be addressed through:
 - Expanding prevention and outreach
 - Leverage existing teams and CBOs
 - Address basic needs (i.e., wellness checks, food, shelter)
 - Equipment and supplies
 - Estimated budget: \$1.2 million
 - Crime prevention and data analysis to support data driven policing and identify areas of community need
 - Establish data analysis team (2 non-sworn positions)
 - Deploy Problem Oriented Policing Team (overtime)
 - Estimated budget: \$1.0 million

Other Relevant Resources

NICJR has identified three non-City funded CBOs as potential alternate response providers related to Tier 1 sub-categories: the New Bridge Foundation (NBF); Bonita House’s Community Assessment and Transport Team (CATT) and Bridges to Recovery In-Home Outreach Team (IHOT); and the University of California’s Community Service Officer Program. Again, these are examples, the city would need to conduct a Request for Proposals process to select the most appropriate service providers.

New Bridge Foundation

NBF was identified as a possible alternative solution by Berkeley Reimagining Public Safety Task Force Members. NBF is a residential and outpatient addiction treatment center that provides comprehensive services and has a community outreach component to their program. NBF was assigned to the Tier 1 sub-category, substance use.

Bonita House

⁷ Page 24, *Proposed Annual Budget Fiscal Year 2022*

⁸https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_City_Council/FY%202022%20CM%20Proposed%20Budget%20Recommendations.pdf

While Bonita House receives City funding for its Creative Wellness Center (CWC) which serves as an entry point for recovery and supportive services for people with mental health needs and co-occurring conditions, it does not currently receive financial support for its *Community Assessment and Transport Team (CATT)*; a crisis response system to get clients “to the right service at the right time”, or its *Bridges to Recovery In-Home Outreach Team (IHOT)*; a short-term outreach, engagement and linkage to community services program for individuals with severe mental illness. Both of these teams could potentially play important roles in a new alternate response network.

University of California Police Departments (UCPD)

Most University of California Police Departments (UCPD) have some type of Community Service Officer (CSO) Program. CSOs are uniformed, civilian personnel comprised of students that assist the UCPD in a variety of ways. They provide evening and night escorts, patrol campus buildings and residence halls, perform traffic control duties, and act as liaisons between university students and their corresponding police departments.⁹ CSOs generally carry pepper spray and work anywhere from 10-20 hours each week. The majority of UCPD CSO Programs also employ tasers.¹⁰ Some are trained to aid in cases of medical emergencies.¹¹ General security and deterrence of crime are the goals of the CSO program.¹²

At UC Berkeley, the CSO Program is made up of 60 part-time students. CSOs offer the BearWalk, a night escort for all faculty and students at the University. Berkeley CSOs are also contracted to patrol residence areas and university buildings. Often, CSOs assist in special events or sports games to promote safety and security. Applicants to the CSO Program must be in good academic standing, undergo a background check, and an oral board interview as part of the hiring process.¹³ Because the CSO program is already established in the campus area, it may make sense for the City to partner with the University to expand the responsibilities of this student-staffed community service to include for example responding to suspicious circumstances or vehicles CFS. Other example CSO activities include processing complaints and taking reports.

New and Emerging Models

In addition to reviewing existing and planned local resources, NICJR reviewed the New and Emerging Models of Community Safety and Policing Report, to identify programs that might be appropriate for Berkeley implementation. Five initiatives were identified pursuant to this review: San Francisco’s Street Crisis Response Team (SCRT); Olympia, Washington’s Crisis Response Unit (CRU); Mayor’s Action Plan (MAP) for New York City; The Arlington Opiate Outreach Initiative; and NYPD Staten Island’s Motor Vehicle Accident Pilot Program.

⁹ <https://www.police.ucla.edu/cso>

¹⁰ <https://dailybruin.com/2006/11/28/a-closer-look-uc-campuses-exhi>

¹¹ <https://police.ucsd.edu/services/cso.html>

¹² <https://www.police.ucla.edu/cso/about-cso>

¹³ <https://ucpd.berkeley.edu/services/community-service-officer-cso-program>

The Street Crisis Response Team (SCRT) is a pilot program administered by the Fire Department in San Francisco, California, for individuals experiencing a behavioral health crisis. SCRT Teams consist of a behavioral health specialist, peer interventionist, and a first responder who work in 12-hour shifts. 911 calls that are determined to be appropriate for the SCRT are routed to SCRT by dispatch. A team responds in an average of fifteen minutes.

The City of Olympia, Washington implemented their **Crisis Response Unit (CRU)** in April of 2019 to serve as an option for behavioral health calls for service. The CRU teams consist of mental health professionals that provide supports such as mediation, housing assistance, and referrals to additional services to their clients. Calls for service for the CRU originate from community-based service providers, the City's 911 hub, and law enforcement personnel.

The Mayor's Action Plan (MAP) for New York City (NYC) was launched in 2015 in fifteen NYC Housing Authority properties with high violence rates in order to foster productive dialogue between local residents and law enforcement, address physical disorganization, and bolster pro-social community bonds. MAP's focal point is NeighborhoodStat, a process that allows residents to have a say in the way NYC allocates its public safety resources. Early evaluations show a reduction in various crimes as well as increased perception of healthier neighborhoods.

The Arlington Opiate Outreach Initiative was established in 2015 in Arlington, Massachusetts, and brings together social workers, community-based organizations, and public health clinicians housed in the Arlington Police Department in order to foster relationships with residents of the community and then connect them to treatment and supports. Individuals in the community are identified for possible treatment after frequent police encounters, prior history of drug usage, or previous hospitalization related to overdoses.

NYPD Staten Island's **Motor Vehicle Accident Pilot Program** is aimed at reducing the number of calls for service related to minor collisions. When a call for service comes in regarding a collision, dispatch will determine if the collision is minor or serious enough to merit police response. If the collision is deemed to be minor, all individuals involved in the crash will simply complete a collision report and then exchange contact information.

Community Survey

In partnership with the City of Berkeley's (City) Reimagining Public Safety Task Force and the City Manager's Office, Bright Research Group (BRG) conducted an online-based community survey (survey) in both English and Spanish between May 18 and June 15, 2021. The survey was disseminated by the City of Berkeley, the Reimagining Public Safety Task Force, community-based organizations, and other key partners. The survey

was designed to gather insight into residents' perceptions and experiences in three primary areas: the Berkeley Police Department (BPD) and crisis response; priorities for reimagining public safety; and recommendations for alternative responses for calls for service.

Survey Summary

Community Safety

While most survey respondents indicated that they view Berkeley as safe or very safe, these results were not consistent across all demographic groups. Slightly over 30 percent of respondents perceived Berkeley as safe or very safe; an additional 46.4 percent of respondents perceived Berkeley as somewhat safe. White residents were more likely to perceive Berkeley as safe or very safe; Black, Latin, Asian and Other Non-white residents were more likely to perceive Berkeley as unsafe or very unsafe.

Figure 5. How safe do you think Berkeley is?

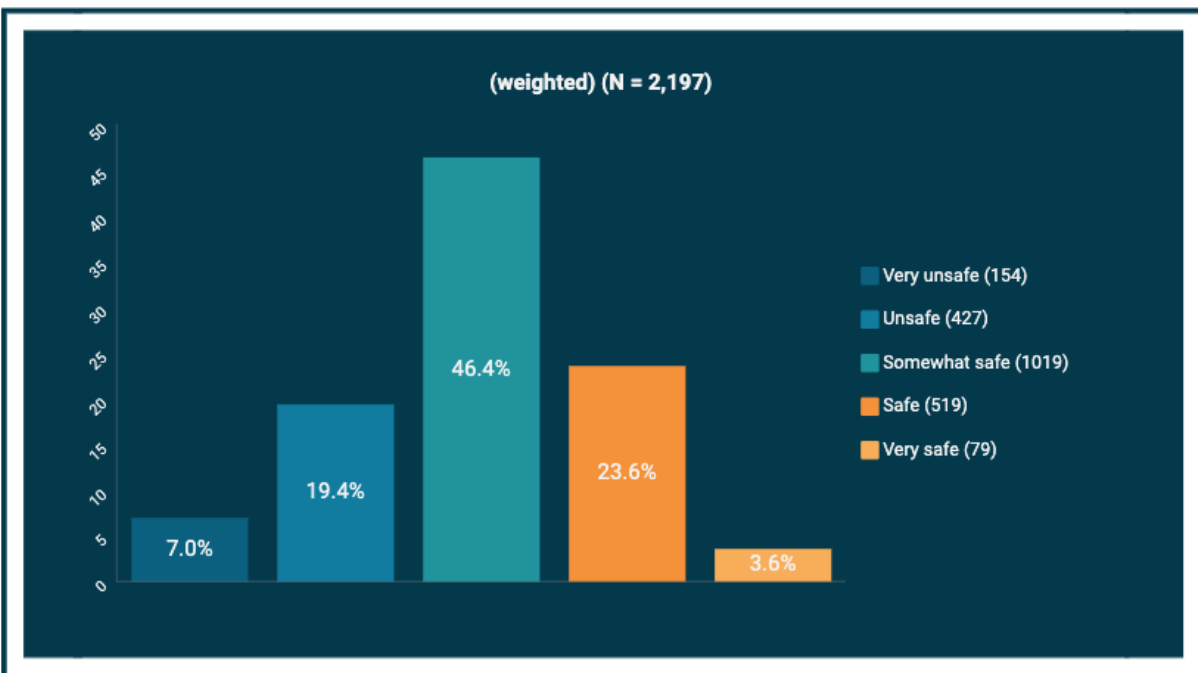


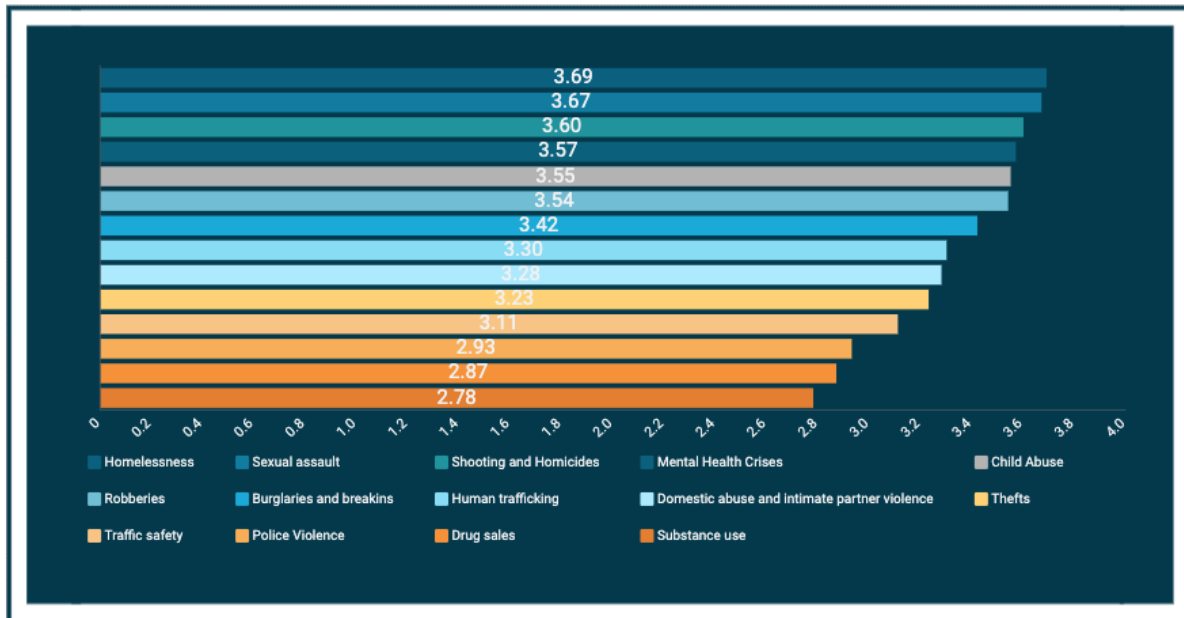
Table 13. How safe do you think Berkeley is? By race and ethnicity.

	White N = 1,622	Black N = 139	Latin N = 103	Asian N = 159	Other Nonwhite N = 168	Undisclosed N = 478
Very unsafe	4.0%	14.4%	9.7%	7.5%	15.5%	19.5%
Unsafe	14.7%	25.9%	25.2%	24.5%	23.2%	34.9%
Somewhat safe	50.5%	36.0%	46.4%	45.3%	46.4%	33.1%
Safe	26.2%	22.3%	13.1%	20.8%	13.1%	10.0%
Very safe	4.6%	1.4%	1.8%	1.9%	1.8%	2.5%

Key Public Safety Concerns

Survey respondents ranked homelessness and sexual assault as the most important public safety concerns. These were followed by shootings and homicides and mental health crises. The lowest priorities were substance use, drug sales, and police violence.

Figure 6. How important are the following issues to community health and safety in Berkeley to you? (weighted)¹⁴



Nearly half of survey respondents reported experiencing street harassment, and 41 percent reported being the victim of a crime. Black survey respondents reported experiencing higher rates of mental health crisis, homelessness, and family victimization, as well as police harassment and arrest, than did other survey respondents.

Patterns in priorities for safety were consistent across race and ethnicity, except for survey respondents with an undisclosed race and ethnicity.

When assessing the findings on priorities of Berkeley residents for community health and safety, survey respondents ranked investments in mental health, homeless and violence prevention services highest. There are differences along race and ethnicity for investment priorities, with White respondents rating all listed programs higher overall. Black respondents were also rated an investment in mental health services higher in comparison to other prevention services.

¹⁴ 4: very important; 3: important; 2: somewhat important; 1: not important

Figure 7. How important is it to you for the City of Berkeley to invest in each of these programs and services to ensure a public safety system that works for all? (weighted)¹⁵



Table 13. How important is it to you for the City of Berkeley to invest in each of these programs and services to ensure a public safety system that works for all? By race and ethnicity.¹⁶

	White N = 1,599	Black N = 136	Latin N = 103	Asian N = 154	Other Nonwhite N = 167	Undisclosed N = 462
Not effective at all	6.8%	8.8%	4.9%	5.2%	10.2%	5.2%
Somewhat effective	36.3%	36.0%	41.7%	43.5%	30.5%	35.9%
Effective	43.4%	27.2%	32.0%	35.1%	39.5%	34.0%
Very effective	13.4%	27.9%	21.4%	16.2%	19.8%	24.9%

¹⁵ 4: very important; 3: important; 2: somewhat important; 1: not important

¹⁶ very important; 3: important; 2: somewhat important; 1: not important

Views on the Berkeley Police Department

A majority of respondents (53.3 percent) perceived the BPD as being effective or very effective. Only 6.7 percent of respondents perceived BPD as being not effective at all. Nonwhite respondents were more likely to indicate that BPD is not effective at all, while White respondents were more likely to indicate that BPD is effective.

When assessing experiences of residents when contact is made with BPD, survey results found that almost 75 percent of respondents who indicated they've had contact with BPD indicated their experience was positive or very positive, while Black and Asian residents were more likely to report negative experiences with BPD.

Table 14. When it comes to public safety, how effective is the Berkeley Police Department? By race and ethnicity.

	White N = 1,599	Black N = 136	Latin N = 103	Asian N = 154	Other Nonwhite N = 167	Undisclosed N = 462
Not effective at all	6.8%	8.8%	4.9%	5.2%	10.2%	5.2%
Somewhat effective	36.3%	36.0%	41.7%	43.5%	30.5%	35.9%
Effective	43.4%	27.2%	32.0%	35.1%	39.5%	34.0%
Very effective	13.4%	27.9%	21.4%	16.2%	19.8%	24.9%

Views on Alternative Responses to Calls for Service

A large majority of survey respondents (81 percent) among all racial and ethnic groups indicated a preference for trained mental health providers to respond to calls related to mental health and substance use, with most also indicating that police should be available to support a response to those calls if needed.

An even greater percentage (83.6 percent) of survey respondents indicated a preference for homeless services providers to respond to calls related to homelessness, with police present when necessary.

Figure 7: Who should respond to calls related to mental health and substance use?

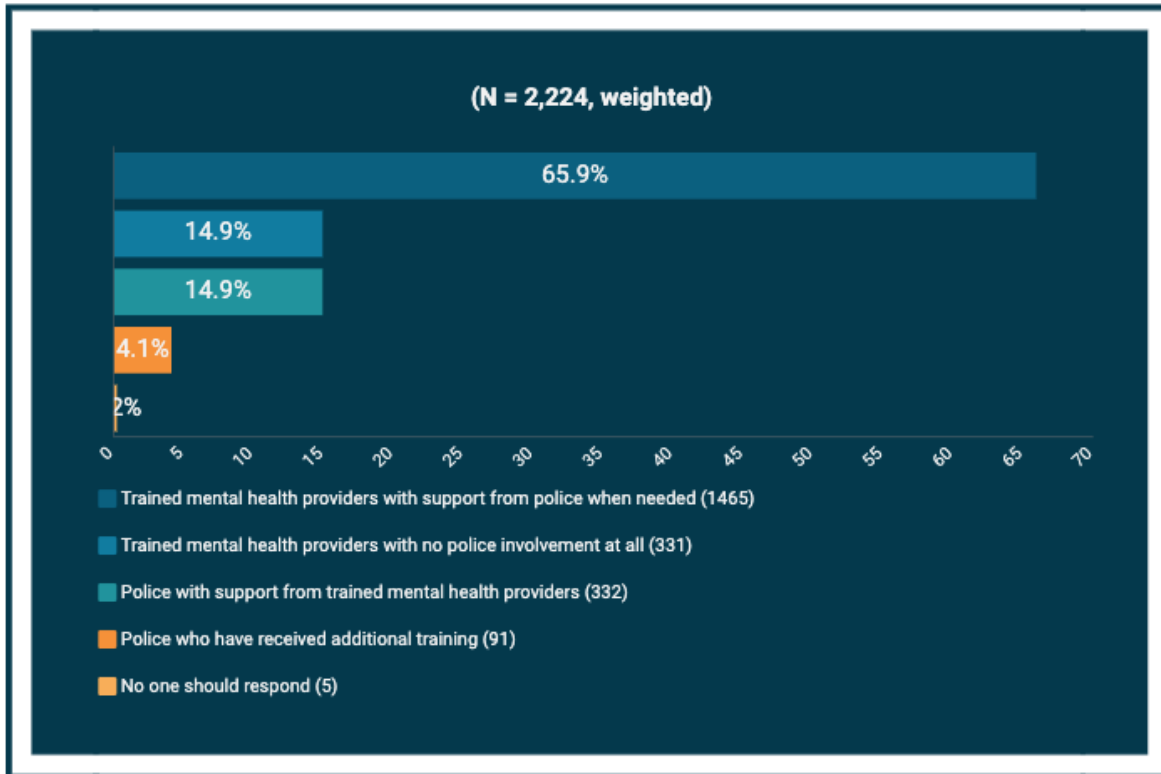
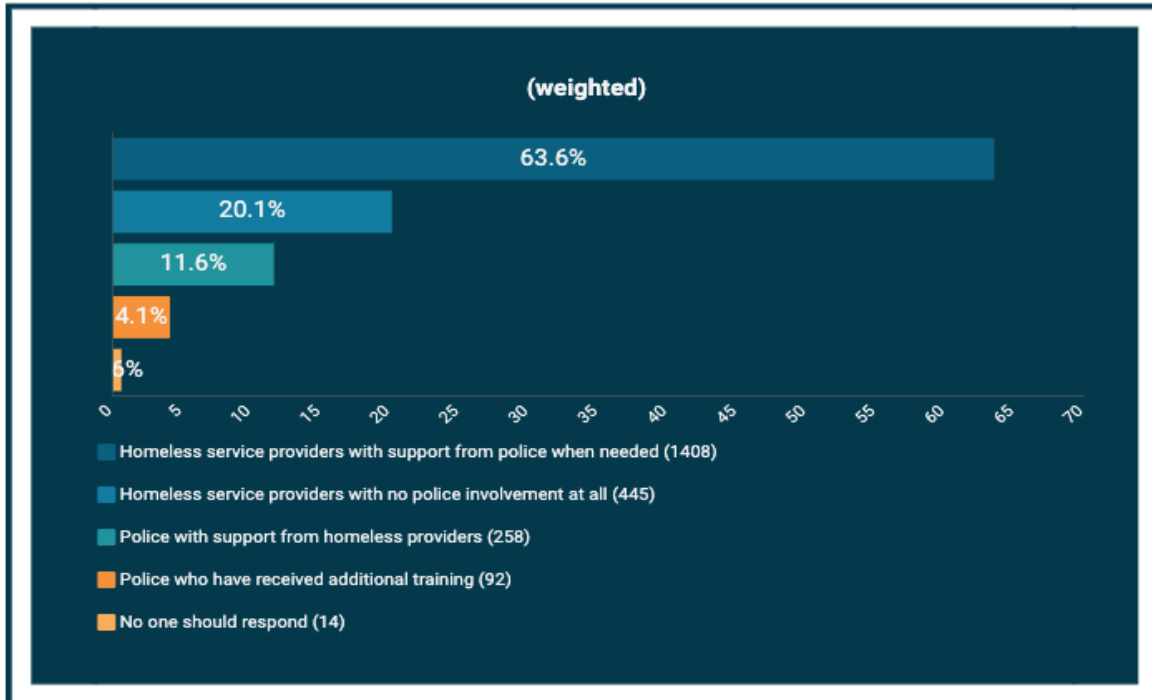


Figure 8. Who should respond to calls related to homelessness?



Focus Group Feedback

In collaboration with NICJR, Bright Research Group facilitated a series of focus groups to gather data on community sentiment regarding the current state of public safety, the role of the Berkeley Police Department (BPD), and the future of public safety. Outreach to Black, Latino, system-impacted, and unstable housed/ food-insecure residents was facilitated by the McGee Avenue Baptist Church, Center for Food, Faith, and Justice, and the Berkeley Underground Scholars. Researchers conducted four focus groups comprised of 55 individuals.

Youth under the age of 18 and Latino residents are underrepresented in the focus groups. The qualitative data collected is also not necessarily representative of Black, Latino, formerly incarcerated, or housing-insecure residents.

Table 15. Focus Group Participants

Focus Group Description	Number of Participants
Black Residents	18
Housing- / Food-Insecure Residents	27
Black and Latin Youth	4
Justice-System-Impacted Students	6
Total Stakeholders	55

Focus group participants shared concerns regarding gang involvement, racism, and the availability of guns in Berkeley. Black and Latino youth and Justice-System-Impacted students expressed significant concerns about their personal safety and police violence. Participants identified homelessness and the housing crisis as critical public health and safety issues. Black residents, housing-insecure residents, and system-impacted individuals all expressed distrust in the city government. Black residents, youth, system-impacted students, and low-income residents also expressed that policing in Berkeley allows for race and income-related profiling. Focus group participants also stated that police resources are mismanaged.

Diverse perspectives were collected regarding the future role of BPD. Youth would like police officers who are part of the community and interact positively with young people. Participants who discussed divestment from police recommended investment in trained peacekeepers and community safety patrols as alternatives.

With regard to mental health crises and homelessness, focus group participants across demographic groups suggested that clinicians and social workers play a role in interventions. Focus group participants expressed broad support for the power of community-driven crime prevention strategies and expressed trust in community-based and faith-based organizations; conversely, there was some suspicion expressed regarding the idea that BPD functions would simply be performed by another government agency.

Relevance to NICJR's Recommended CERN

The proposed Tiered Dispatch model contemplates diverting 53 percent of non-criminal calls to a non-law enforcement response, which may comprise community-based providers, non-police City departments, or some combination of both. Survey and focus group results suggest a strong appetite and desire for, at a minimum, a supplemental response to many call types, including ones related to mental health, homelessness, and substance abuse; that supplemental response could be, for example, a community responder participating in call response, along with the BPD. This co-response model is reflected in CERN Tiers 2 and 3. CERN Tier 1 does not contemplate a joint law enforcement response, and NICJR does not recommend applying this co-response model to the non-criminal calls that are appropriate for a Tier 1 response.¹⁷

Some focus group participants expressed concern about another governmental, rather than community-based, entity, assuming BPD CFS responsibilities. This concern should be considered by the City when determining the final alternative response structure, specifically with respect to the scope and role of the planned SCU.

Conclusion

Berkeley is a relatively safe and well-resourced city. However, thefts, robberies, and incidents involving people with potential mental health and/or substance abuse challenges are of significant concern. By reducing BPD's focus on non-criminal and low-level CFS, the Department can improve its response, investigation, and prevention of more serious crime. A transition of responsibility for response to Tier 1 CFS should generate approximately \$7.3 million annually in BPD budget savings. If invested in the build out of the alternative response network, these funds would comprise a 35 percent increase in the City Manager's proposed FY22 funding level for community-based organizations writ large. This type of targeted redirection of BPD resources would represent a significant and meaningful step in the City's efforts to reimagine public safety.

¹⁷ The final survey questions as developed by the Task Force asked very directed questions - such as who should respond to specific call types - with very little contextual background or information. Further, these types of alternative response questions were only asked about certain call types: mental health, homelessness, and substance abuse, not the full array of non-criminal CFS.

Any reduction in policing services should be measured, responsible, and safe. Alternative responses should be piloted and scaled after proven effective. Members of the CERN – which should be robust, structured, well-trained, and professional teams – should have radio connection directly into BPD dispatch in order to be able to call for an officer if needed. Similarly, on Tier 2 calls, if officers are not needed, they should allow the CERN to remain on the call alone. During the pilot phase, how often the CERN request police assistance will have to be assessed and use that information to possibly move certain call types into different CERN levels. These new, reimagine ideas will take time and effort to implement successfully. More detailed recommendations on implementation measures will be included in the Final Report.

Appendix

[Appendix A](#)

[Appendix B](#)

[Appendix C](#)

Appendix D. Tiered Dispatch with Traffic Calls as Tier 1

NICJR will add this appendix prior to the Taskforce meeting on July 30 and re-submit the report

Appendix A

Original Call Type Description	Auditor Classification	NICJR Category Legend	N/A Denotes call types not classified by the auditor
5 or More Unpaid Parking Tickets	N/A	Non-Criminal	
5150 Transport	N/A	Non-Criminal	
Abandoned Vehicle	Traffic	Non-Criminal	
Advice	Community	Non-Criminal	
Aid to BFD	N/A	Non-Criminal	
Aid to Citizen	Community	Non-Criminal	
Animal Cruelty	FBI Part II Crimes	Misdemeanor	
Animal Matter	Community	Non-Criminal	
Annoying Phone Calls	Community	Non-Criminal	
Arson	Property Crime (FBI Part I Crime)	Serious Violent Felony	
Ascertain 911	Investigative/Operational	Non-Criminal	
Assault w/ Caustic Substance	Violent Crime (FBI Part I Crimes)	Serious Violent Felony	
Assault w/ Caustic Substance Report	N/A	Non-Criminal	
Assault w/ Deadly Weapon	Violent Crime (FBI Part I Crimes)	Serious Violent Felony	
Assault w/ Deadly Weapon Report	N/A	Non-Criminal	
Attempt Assault w/Deadly Weapon	N/A	Serious Violent Felony	
Attempted Rape	N/A	Serious Violent Felony	
Audible Alarm	Alarm	Non-Criminal	
Auto Burglary	Property Crime (FBI Part I Crime)	Non-Violent Felony	
Automatic Aid	N/A	Non-Criminal	
Bait Bike	N/A	Non-Criminal	
Barking Dog	Community	Non-Criminal	
Battery	FBI Part II Crimes	Serious Violent Felony	
Battery w/ grievous bodily harm (GBH)	Violent Crime (FBI Part I Crimes)	Serious Violent Felony	
Battery w/ grievous bodily harm (GBH) report	N/A	Non-Criminal	
Berkeley Municipal Code (BMC) Violation	FBI Part II Crimes	Non-Criminal	
Bike Stop	Traffic	Non-Criminal	
Bomb Threat	FBI Part II Crimes	Serious Violent Felony	
Brandishing	FBI Part II Crimes	Misdemeanor	
Burglary	Property Crime (FBI Part I Crime)	Non-Violent Felony	
Business & Professions Violation	FBI Part II Crimes	Non-Criminal	
Car Alarm	N/A	Non-Criminal	
Carbon Monoxide Alarm	N/A	Non-Criminal	
Carjacking	Violent Crime (FBI Part I Crimes)	Serious Violent Felony	

Original Call Type Description	Auditor Classification	NICJR Category Legend
Child Abuse	FBI Part II Crimes	Serious Violent Felony
Child Molest	Violent Crime (FBI Part I Crimes)	Serious Violent Felony
Child Neglect	FBI Part II Crimes	Non-Criminal
City Manager Report	Information/Administrative	Non-Criminal
Civil Standby	Community	Non-Criminal
Commercial Fire Alarm	N/A	Non-Criminal
Construction Zone	N/A	Non-Criminal
Court Order Report	Information/Administrative	Non-Criminal
Court Order Violation	FBI Part II Crimes	Non-Violent Felony
COVID-related, health and safety violation	N/A	Non-Criminal
Dead Body Found	Medical or Mental health	Non-Criminal
Defraud Hotel/Restaurant	FBI Part II Crimes	Misdemeanor
Demonstration	Community	Non-Criminal
Disturbance	FBI Part II Crimes	Non-Criminal
Dog Bite	Community	Non-Criminal
Drug Activity	FBI Part II Crimes	Non-Criminal
DUI/Driver	FBI Part II Crimes	Misdemeanor
Expired Vehicle Registration	N/A	Non-Criminal
Explosion	Community	Non-Criminal
Extra Surveillance	N/A	Non-Criminal
Fall On City Property	Information/Administrative	Non-Criminal
Family Disturbance	FBI Part II Crimes	Non-Criminal
Fire Alarm Reset	N/A	Non-Criminal
Fire Information	N/A	Non-Criminal
Firearm Destruction	Information/Administrative	Non-Criminal
Foot Chase	FBI Part II Crimes	Misdemeanor
Forged RX	FBI Part II Crimes	Non-Violent Felony
Forgery	FBI Part II Crimes	Non-Violent Felony
Found Juvenile	Community	Non-Criminal
Found Person	Community	Non-Criminal
Found Property	Community	Non-Criminal
Gambling	FBI Part II Crimes	Misdemeanor
GPS Tracker Alarm	Alarm	Non-Criminal
Grand Theft	Property Crime (FBI Part I Crime)	Non-Violent Felony

Original Call Type Description	Auditor Classification	NICJR Category Legend
Hate Crimes	FBI Part II Crimes	Non-Violent Felony
Hit & Run Non-Injury	Traffic	Misdemeanor
Hit & Run w/ Injuries	Traffic	Serious Violent Felony
Hit & Run w/ Injuries Report	N/A	Non-Criminal
Home Invasion	Property Crime (FBI Part I Crime)	Serious Violent Felony
Identity Fraud	FBI Part II Crimes	Misdemeanor
Illegal Dumping	Community	Misdemeanor
Indecent Exposure	FBI Part II Crimes	Misdemeanor
Incorrigible	Community	Non-Criminal
Information	Information/Administrative	Non-Criminal
Injury Accident	Traffic	Non-Criminal
Injury Accident Complaint of Pain	N/A	Non-Criminal
Injury Accident Inv Ped or Bicyclist	N/A	Non-Criminal
Injury Accident Report	N/A	Non-Criminal
Inoperable Vehicle	N/A	Non-Criminal
Kidnap	FBI Part II Crimes	Serious Violent Felony
Knock & Talk	Investigative/Operational	Non-Criminal
Lodging in Public	Community	Misdemeanor
LoJack Stolen Car	Investigative/Operational	Non-Violent Felony
Lost Property	Community	Non-Criminal
Loud Report	Community	Non-Criminal
Major Injury Accident	N/A	Non-Criminal
Malicious Damage	N/A	Misdemeanor
Medical Emergency	N/A	Non-Criminal
Medical Emergency with Gun Shot	N/A	Non-Criminal
Mental Health	N/A	Non-Criminal
Mental Illness	Medical or Mental health	Non-Criminal
Misc Penal Code Violation	FBI Part II Crimes	Non-Criminal
Misc Vehicle Code Violation	Traffic	Non-Criminal
Missing Juvenile	Community	Non-Criminal
Missing Person	Community	Non-Criminal
Missing Person at Risk	Community	Non-Criminal
Mutual Aid Medical	N/A	Non-Criminal
No Vehicle Identification	N/A	Non-Criminal

Original Call Type Description	Auditor Classification	NICJR Category Legend
Noise Disturbance	Community	Non-Criminal
Non-Injury Accident	N/A	Non-Criminal
Obstructing Traffic	N/A	Non-Criminal
Officer Flagged Down	Community	Non-Criminal
Oral Copulation	N/A	Serious Violent Felony
Outside Agency Assist	Investigative/Operational	Non-Criminal
Parking Violation	Traffic	Non-Criminal
Pedestrian Stop	Traffic	Non-Criminal
Peeper	N/A	Misdemeanor
Person Calling For Help	N/A	Non-Criminal
Person Down	Medical or Mental health	Non-Criminal
Person w/ a Gun	FBI Part II Crimes	Non-Criminal
Petty Theft	Property Crime (FBI Part I Crime)	Misdemeanor
Possession of Stolen Property	FBI Part II Crimes	Misdemeanor
Posted No Parking	N/A	Non-Criminal
Priority Code Assist	N/A	Non-Criminal
Pronet Alarm	Alarm	Non-Criminal
Property Damage	Information/Administrative	Misdemeanor
Prostitution	FBI Part II Crimes	Misdemeanor
Prowler	FBI Part II Crimes	Misdemeanor
Public Assist	N/A	Non-Criminal
Rape	Violent Crime (FBI Part I Crimes)	Serious Violent Felony
Reckless Driver	Traffic	Misdemeanor
Red Zone Cite	N/A	Non-Criminal
Repossession	Information/Administrative	Non-Criminal
Residential Fire Alarm	N/A	Non-Criminal
Robbery	Violent Crime (FBI Part I Crimes)	Serious Violent Felony
Runaway	Community	Non-Criminal
Search Warrant	Investigative/Operational	Non-Criminal
Security Check	Community	Non-Criminal
Service Agency Assist	N/A	Non-Criminal
Sexual Assault	Violent Crime (FBI Part I Crimes)	Serious Violent Felony
Sexual Battery	N/A	Serious Violent Felony
Shooting Cold Report	N/A	Non-Criminal

Original Call Type Description	Auditor Classification	NICJR Category Legend
Shooting w/ Ambulance	N/A	Serious Violent Felony
Shoplifter In-Custody	Property Crime (FBI Part I Crime)	Misdemeanor
Shot At Dwelling	Violent Crime (FBI Part I Crimes)	Serious Violent Felony
Silent Alarm	Alarm	Non-Criminal
Speeding Vehicle	Traffic	Misdemeanor
Spousal Abuse	FBI Part II Crimes	Serious Violent Felony
Spousal Abuse w/o Injury	N/A	Misdemeanor
Spousal or domestic abuse	FBI Part II Crimes	Serious Violent Felony
Stolen Rental Vehicle	N/A	Non-Violent Felony
Stolen Vehicle	Property Crime (FBI Part I Crime)	Non-Violent Felony
Stolen Vehicle Recovery	Traffic	Non-Criminal
Storm Log	N/A	Non-Criminal
Subpoena Service	Information/Administrative	Non-Criminal
Suicide Attempt	Medical or Mental health	Non-Criminal
Suicide w/ Ambulance	Medical or Mental health	Non-Criminal
Surveillance	Investigative/Operational	Non-Criminal
Suspicious Circumstance	Community	Non-Criminal
Suspicious Person	Community	Non-Criminal
Suspicious Vehicle	Traffic	Non-Criminal
Suspicious Vehicle	Community	Non-Criminal
Temporary Restraining Order Log	Information/Administrative	Non-Criminal
Temporary Restraining Order Violation	FBI Part II Crimes	Non-Violent Felony
Test Call	N/A	Non-Criminal
Threat of Suicide	Medical or Mental health	Non-Criminal
Throwing Object(s) at Vehicle	FBI Part II Crimes	Misdemeanor
Ticket Sign Off	N/A	Non-Criminal
Traffic Stop	Traffic	Non-Criminal
Traffic Hazard	Traffic	Non-Criminal
Transportation	Traffic	Non-Criminal
Trespassing	FBI Part II Crimes	Misdemeanor
Under the Influence	N/A	Non-Criminal
Unknown Injury Accident	Traffic	Non-Criminal
Unknown Problem	Investigative/Operational	Non-Criminal
Vandalism to Vehicle	FBI Part II Crimes	Misdemeanor

Original Call Type Description	Auditor Classification	NICJR Category Legend
Vehicle Blocking Driveway	N/A	Non-Criminal
Vehicle Blocking Sidewalk	N/A	Non-Criminal
Vehicle Double Parking	N/A	Non-Criminal
Vehicle Pursuit	Traffic	Serious Violent Felony
Vehicle Release	Traffic	Non-Criminal
Vehicle Stop	N/A	Non-Criminal
Vehicle vs Ped or Bike	N/A	Non-Criminal
Vicious Dog	Community	Non-Criminal
Video Alarm	N/A	Non-Criminal
Vin Verification	Traffic	Non-Criminal
Warrant Arrest	Investigative/Operational	Non-Criminal
Welfare Check	Medical or Mental Health	Non-Criminal
Wireless 911	Information/Administrative	Non-Criminal

Appendix B

Call Type Code	Call Type Description	NICIR Category	Default CERN Category	Arrest Rate CERN Category	Alternate Response CERN Category	* Highlighted cells indicate a change from Arrest Rate CERN Assignment	* Highlighted cells indicate a change from Default CERN Assignment
111	Fire Information	NC	1	1	1		
207	Kidnap	SV FEL	4	4	4		
211	Robbery	SV FEL	4	4	4		
215	Carjacking	SV FEL	4	4	4		
220	Attempted Rape	SV FEL	4	4	4		
242	Battery	SV FEL	4	4	3		
243	Battery w/ grievous bodily harm (GBH)	SV FEL	4	4	4		
244	Assault w/ Caustic Substance	SV FEL	4	4	4		
245	Assault w/ Deadly Weapon	SV FEL	4	4	4		
246	Shot At Dwelling	SV FEL	4	4	4		
261	Rape	SV FEL	4	4	4		
288	Child Molest	SV FEL	4	4	4		
314	Incident Exposure	MISD	2	2	2		
330	Gambling	MISD	2	2	2		
415	Disturbance	NC	1	1	1		
417	Brandishing	MISD	2	2	3		
451	Arson	SV FEL	4	4	4		
459	Burglary	NV FEL	3	3	3		
470	Forgery	NV FEL	3	3	3		
484	Petty Theft	MISD	2	2	2		
487	Grand Theft	NV FEL	3	3	3		
496	Possession of Stolen Property	MISD	2	2	2		
537	Defraud Hotel/Restaurant	MISD	2	2	2		
594	Malicious Damage	MISD	2	2	2		
597	Animal Cruelty	MISD	2	2	2		
601	Runaway	NC	3	3	1		
1042	Welfare Check	NC	1	1	1		
1053	Person Down	NC	1	1	1		
1056	Suicide w/ Ambulance	NC	1	1	1		
1057	Missing Person	NC	1	1	1		

1067	Person Calling For Help	NC	1	1	1	1
1070	Prowler	MISD	2	2	2	3
1071	Shooting w/ Ambulance	SV FEL	4	4	4	4
1079	Bomb Threat	SV FEL	4	4	4	4
1080	Explosion	NC	3	3	3	3
1124	Abandoned Vehicle	NC	1	1	1	1
1148	Transportation	NC	1	1	1	1
1180	Major Injury Accident	NC	4	4	4	3
1181	Injury Accident	NC	4	4	4	3
1182	Non-Injury Accident	NC	4	4	4	3
1183	Unknown Injury Accident	NC	4	4	4	3
1194	Pedestrian Stop	NC	1	1	1	1
1196	Suspicious Vehicle	NC	1	1	1	1
1198	Priority Code Assist	NC	4	4	4	4
2430	Spousal Abuse w/o Injury	MISD	2	2	2	2
4390	Forged RX	NV FEL	3	3	3	3
5150	Mental Illness	NC	1	1	1	1
10851	Stolen Vehicle	NV FEL	3	3	3	3
10852	Vandalism to Vehicle	MISD	2	2	2	2
10855	Stolen Rental Vehicle	NV FEL	3	3	3	3
20001	Hit & Run w/ Injuries	SV FEL	4	4	4	4
20002	Hit & Run Non-Injury	MISD	2	2	2	2
23103	Reckless Driver	MISD	4	4	4	4
23109	Speeding Vehicle	MISD	2	2	2	1
23110	Throwing Object(s) at Vehicle	MISD	2	2	2	2
23152	DUI Driver	MISD	4	4	4	3
10 5	Posted No Parking	NC	1	1	1	1
1033A	Audible Alarm	NC	1	1	1	1
1033G	GPS Tracker Alarm	NC	1	1	4	3
1033S	Silent Alarm	NC	1	1	1	1
1033T	Pronet Alarm	NC	1	1	1	1
1033V	Video Alarm	NC	1	1	1	1
1056A	Suicide Attempt	NC	1	1	1	1

1056T	Threat of Suicide	NC	1	1	1	1
1057AR	Missing Person at Risk	NC	1	1	1	1
1057J	Missing Juvenile	NC	1	1	1	1
1062B	Civil Standby	NC	1	1	2	2
1071R	Shooting Cold Report	SV FEL	4	4	4	4
1091B	Barking Dog	NC	1	1	1	1
1091E	Dog Bite	NC	1	1	1	1
1091V	Vicious Dog	NC	1	1	1	1
1181C	Injury Accident Complaint of Pain	NC	4	4	4	4
1181P	Injury Accident Inv Ped or Bicyclist	NC	4	4	4	4
1181R	Injury Accident Report	NC	1	1	1	1
1194B	Bike Stop	NC	1	1	1	1
20001R	Hit & Run w/ Injuries Report	SV FEL	4	4	4	4
212 5	Home Invasion	SV FEL	4	4	4	4
22500E	Vehicle Blocking Driveway	NC	1	1	1	1
22500F	Vehicle Blocking Sidewalk	NC	1	1	1	1
22500H	Vehicle Double Parking	NC	1	1	1	1
22651I	5 or More Unpaid Parking Tickets	NC	1	1	1	1
22651J	No Vehicle Identification	NC	1	1	1	1
22651O	Expired Vehicle Registration	NC	1	1	1	1
22669D	Inoperable Vehicle	NC	1	1	1	1
243R	Battery w/ grievous bodily harm (GBH) rep	SV FEL	4	4	3	3
244R	Assault w/ Caustic Substance Report	SV FEL	4	4	3	3
245A	Attempt Assault w/Deadly Weapon	SV FEL	4	4	3	3
245R	Assault w/ Deadly Weapon Report	SV FEL	4	4	3	3
273 5	Spousal Abuse	SV FEL	4	4	3	3
273 5	Spousal or domestic abuse	SV FEL	4	4	3	3
273A	Child Abuse	SV FEL	4	4	3	3
288A	Oral Copulation	SV FEL	4	4	4	4
300WI	Child Neglect	NC	1	1	1	1
415E	Noise Disturbance	NC	1	1	1	1
415F	Family Disturbance	NC	1	1	1	1
459A	Auto Burglary	NV FEL	3	3	3	3

484C	Shoplifter In-Custody	MISD	2	4	3
530 5	Identity Fraud	MISD	2	2	2
601I	Incorrigible	NC	1	1	1
602L	Trespassing	MISD	2	2	2
647AB	Prostitution	MISD	2	2	2
647E	Lodging in Public	MISD	2	2	2
647F	Under the Influence	MISD	2	2	2
647I	Peeper	MISD	2	2	2
653M	Annoying Phone Calls	MISD	1	1	1
92D	Red Zone Cite	NC	1	1	1
92F	Obstructing Traffic	NC	1	1	1
92G	Construction Zone	NC	1	1	1
A911	Ascertain 911	NC	1	1	1
AA	Service Agency Assist	NC	4	4	4
ADVICE	Advice	NC	1	1	1
AID	Aid to Citizen	NC	1	1	1
AIDBFD	Aid to BFD	NC	4	4	4
ANIMAL	Animal Matter	NC	1	1	1
AUTOAID	Automatic Aid	NC	1	1	1
BAIT	Bait Bike	NC	4	4	4
BMCVIO	Berkeley Municipal Code (BMC) Violation	NC	1	1	1
BPVIO	Business & Professions Violation	NC	1	1	1
CAR	Car Alarm	NC	1	1	1
CM	City Manager Report	NC	1	1	1
CRRPT	Court Order Report	NC	1	1	1
CRTVIO	Court Order Violation	NV FEL	3	3	3
DAMAGE	Property Damage	MISD	2	2	2
DBF	Dead Body Found	NC	3	3	3
DEMO	Demonstration	NC	1	1	1
DRUGS	Drug Activity	NC	1	1	1
EXSUR	Extra Surveillance	NC	4	4	4
FA-CO	Carbon Monoxide Alarm	NC	1	1	1
FA-COM	Commercial Fire Alarm	NC	1	1	1

FA-RES	Residential Fire Alarm	NC	1	1	1	1
FA-RST	Fire Alarm Reset	NC	1	1	1	1
FADEST	Firearm Destruction	NC	1	1	1	1
FALL	Fall On City Property	NC	1	1	1	1
FLAG	Officer Flagged Down	NC	4	4	4	4
FNDJUV	Found Juvenile	NC	1	1	1	1
FNDPER	Found Person	NC	1	1	1	1
FOOT	Foot Chase	MISD	2	2	3	3
FOUND	Found Property	NC	1	1	1	1
GUN	Person w/ a Gun	NC	4	4	3	3
HATE	Hate Crimes	NV FEL	3	3	3	3
HOT	Vehicle Pursuit	SV FEL	4	4	4	4
HSVIO	COVID-related, health and safety violation	NC	1	1	1	1
ILLDMP	Illegal Dumping	MISD	2	2	2	2
INFO	Information	NC	1	1	1	1
KNOCK	Knock & Talk	NC	4	4	3	3
LDRPT	Loud Report	NC	1	1	1	1
LJ	LoJack Stolen Car	NV FEL	3	3	3	3
LOST	Lost Property	NC	1	1	1	1
MED2	5150 Transport	NC	4	4	3	3
MEDICAL	Medical Emergency	NC	1	1	1	1
MEDICAL						
-GSW	Medical Emergency with Gun Shot	NC	3	3	3	3
MH	Mental Health	NC	3	3	1	1
MUTMED	Mutual Aid Medical	NC	1	1	1	1
NEW	Create New Call	NC	1	1	4	4
OUTAID	Outside Agency Assist	NC	4	4	4	4
PA	Public Assist	NC	1	1	1	1
PCVIO	Misc Penal Code Violation	NC	1	1	1	1
PRKVIO	Parking Violation	NC	1	1	1	1
RECOVR	Stolen Vehicle Recovery	NC	1	1	1	1
REG	No longer used	NC	1	1	1	1
REPO	Repossession	NC	1	1	1	1

SEARCH	Search Warrant	NC	4	4	4	4
SEC	Security Check	NC	1	1	1	1
STORML	Storm Log	NC	1	1	1	1
SUBP	Subpoena Service	NC	1	1	1	1
SURVE	Surveillance	NC	1	1	4	4
SUSCIR	Suspicious Circumstance	NC	1	1	1	1
SUSPER	Suspicious Person	NC	1	1	1	1
SUSVEH	Suspicious Vehicle	NC	1	1	1	1
T	Vehicle Stop	NC	4	4	1	1
TEST	Test Call	NC	1	1	1	1
TIX	Ticket Sign Off	NC	4	4	1	1
TRFHAZ	Traffic Hazard	NC	1	1	1	1
TROL	Temporary Restraining Order Log	NC	1	1	1	1
TROV	Temporary Restraining Order Violation	NV FEL	3	3	3	3
UNK	Unknown Problem	NC	1	1	1	1
VCVIO	Misc Vehicle Code Violation	NC	1	1	1	1
VEHPED	Vehicle vs Ped or Bike	NC	2	2	1	1
VREL	Vehicle Release	NC	1	1	1	1
VVER	Vin Verification	NC	1	1	1	1
W911	Wireless 911	NC	1	1	1	1
WARARR	Warrant Arrest	NC	4	4	3	3
XXSEXGRAB	sexual battery	SV FEL	4	4	3	3

Appendix C

CERN Tier 1 Sub-Category	Existing Contracted Community-Based Organizations
Administrative	None
Alarm	Downtown Ambassadors Street Team
Animal	Animal Rescue
Investigation	Downtown Ambassadors Street Team
	<p>Alameda County Network of Mental Health Clinics</p> <p>Bay Area Community Services</p> <p>Lifelong Medical Care</p> <p>Pacific Center for Human Growth</p> <p>Options Recovery Services- Detox Services & Day Treatment</p> <p>Berkeley Free Clinic</p> <p>The Suitcase Clinic</p>
Medical or Mental Health	
Municipal	
Public Order	Downtown Berkeley Association's Safety Ambassadors Program
	<p>Bay Area Community Services</p> <p>Lifelong Medical Care</p> <p>Telegraph Business Improvement District</p> <p>Pacific Center for Human Growth</p> <p>Eden Information & Referral (211)</p> <p>Options Recovery Services- Detox Services & Day Treatment</p> <p>Berkeley Free Clinic</p> <p>Family Violence Law Center - Domestic Violence & Homelessness Prevention Project</p>
Quality of Life	Downtown Berkeley Association's Safety Ambassadors Program

CERN Tier 1 Sub-Category	Existing Contracted Community-Based Organizations
	Bay Area Community Services Lifelong Medical Care Telegraph Business Improvement District Pacific Center for Human Growth Eden Information & Referral (211) Options Recovery Services- Detox Services & Day Treatment Berkeley Free Clinic
Substance Use	None
Traffic	None
Other	None

Appendix D