

ORIGINAL DRAFT 1/22/19

Revised 2/13/19

REGARDING PRC AND PUBLIC ACCESS TO POLICE INFORMATION

Whereas some members of the public and media have complained that BPD has been slow to respond to requests for information including a standard claim of exemption from the 10 day requirement to respond to CPRAs, sometimes without justification.

Whereas the PRC does not have access to even redacted Use of Force reports or even information about BPD uses of force and so cannot monitor whether or to what degree BPD use of force is reasonable.

Whereas the PRC has recently disbanded the Homeless Encampment Subcommittee due to a lack of access to information about the many agencies that are part of encampment dissolution. After Action Reports are not released, despite G.O. U-4 and rec. S from "BPD Response to Civil Unrest" (pg. 60) that calls for After Action reports to be written. The question of whether the PRC has access to After Action Reports is still in dispute.

Whereas the PRC has been unable to acquire copies of source documents related to the August 5th, 2018 inventory of munitions and an individual's CPRA to BPD requesting source documents was denied on 12/14/18 on the basis that: "*...our source documents are protected from release pursuant to GC 6254(f) as they are considered "records of intelligence information or security procedures"*".

Whereas the PRC operates on the basis of almost no statistical data or information by BPD about arrest rates, number of convictions, number of investigations, closure rates for cases, types of cases addressed, or even information about police budget expenditures/preparations/recommendations/analysis.

Whereas, on the advice of the City Attorney, BPD has refused to make available information about serious uses of force prior to 2019 pursuant to new legislation 1421 (<https://www.berkeleyside.com/2019/01/18/berkeley-says-it-has-no-records-to-share-under-new-police-transparency-law-sb-1421>)

Whereas meaningful civilian oversight and all related inquiries depend on the ability of the agency to access reliable information about police functioning.

Whereas, the PRC is dependent upon the BPD and the City to provide data and information for examination and consideration in the formulation of policy.

Therefore be it resolved that:

1. The PRC will create a subcommittee to examine BPD compliance with the CPRA as it relates to requests by members of the public and city commissions for information.
2. PRC will also seek opinions of private attorneys not employed by the city about how to facilitate the flow of information between the BPD and the public and BPD and the PRC.
3. We will write a letter to the City Manager and City Council reminding them of this situation and requesting that they create a list of which police documents we **will** have access to so that we can perform the oversight function that was envisioned for the PRC by public votes in 1973.
4. We affirm that the PRC must have access to information in order to evaluate BPD compliance with policies and the effectiveness of the policies, especially of the ones we have affirmed with an actual resolution and vote.

POLICE PARTICIPATION IN EMERGENCY MENTAL HEALTH RESPONSE

Questions for an Inquiry

(Comm.Prichett 2/13/19)

REQUEST FOR INFORMATION

1. What is the current level of participation by BPD in calls involving people with mental health disabilities? How many calls are received annually, how many does BPD respond to and what are the different types of calls?
2. What percentage of calls involve a serious threat to the health or safety of the subject person or others? How many of these individuals are "frequent flyers" who do not really pose a threat to the community but who do require a greater amount of service?
3. How are calls for assistance evaluated and who does this initial assessment of what is needed? Is there any way that a person can access advice or emergency mental health services that doesn't activate an automatic police response?
4. What is the training that informs officers about how calls involving mentally ill individuals should be responded to? Who directs the situation and which is the lead agency? In what calls will the mental health professional direct the response and police provide back up assistance? At what point should or do police become the lead responders?
5. How are calls related to mental health issues documented and to whom are they reported? Are other agencies involved?
6. What additional services will the individual receive once they are taken into custody and how will they be referred for service? Are mentally ill people taken to jail? What happens then?
7. How are the protocols that police practice different from those of a non-police emergency responder? At what point is the officer considered to be a "caregiver" and non-punitive consequences are employed?