



URBAN STRATEGIES COUNCIL
REPORT ON FEASIBILITY AND IMPLEMENTATION OF A PILOT OF
MOBILE ASSISTANCE COMMUNITY RESPONDERS OF OAKLAND (MACRO)

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I. EXECUTIVE SUMMARY

- The Oakland City Council included \$40,000 in their 2019-2020 budget for Urban Strategies Council to research the feasibility of a CAHOOTS-like program in Oakland. The nine-month process engaged stakeholders and community members in research and community tables with participants bringing experience from: Anti-Police Terror Project, Berkeley Mental Health Commission, Block by Block Organizing Network, Brotherhood of Elders, Building Opportunities for Self-Sufficiency, Ceasefire, Coalition for Police Accountability, Copwatch, Department of Violence Prevention, Faith in Action, Family Violence Law Center, Frontline Healers, Homeless Advocacy Working Group, Homeless Action Center, Imani Church, Justice Teams Network, Neighbors for Racial Justice, North Oakland Restorative Justice, Qal’Bu Maryam Mosque, Restorative Justice for Oakland Youth, Timelist, Youth Alive.
- After a year of consultations with stakeholders including our most impacted community members, Urban Strategies provided a comprehensive analysis and recommendation of the contours of a pilot program in two Oakland areas, recommending a launch that will cost approximately \$3.09 million.
- Benefits to the City of the proposed pilot program include: a more appropriate, non-police response to non-violent/non-felony calls; a model unique to Oakland; a model that Improves OPD response time to urgent calls; a model based on community members helping their own communities; and, a program that can save the City money and lives.

II. BACKGROUND AND CONTEXT

This issues of police misconduct, excessive use of force and their accountability to the communities they serve are at the forefront of public and political attention and debate as America recently witnessed the murder of George Floyd and learned of the details of Breonna Taylor's homicide by police. Community efforts to address these issues in Oakland have a long history - black and brown residents have historically distrusted the police and engaged in resistance and struggle to envision new approaches to public safety and police/community relations. Recently, as community activism has focused on one specific area of concern: how police respond to 911 non-violent and mental health-related calls.

At an Oakland Police Commission hearing on Policing in the Unhoused Community in February 2019, unhoused Oakland residents shared a near-universal experience of needing to call for help but wanting an alternative to a police response. Interactions with police are often fraught, lead to additional problems without addressing the initial issues, and frequently have a delayed response.

Based on this hearing and a subsequent report by Goldman School of Public Policy graduate students (see Appendix VII), the Coalition for Police Accountability (CPA) began researching alternative emergency response models. Activists, advocates, and service providers from across many communities and OPD leadership were excited by the long-standing CAHOOTS model in Eugene, OR. Almost a year ago to the date, on June 26, 2019, Council President Rebecca Kaplan, District 5 Councilmember Noel Gallo, Faith in Action East Bay, Oakland Police Commission, Urban Strategies Council, and CPA sponsored a presentation by CAHOOTS representatives who also met with the Oakland Police Department (OPD), Oakland Fire Department (OFD), OPD Dispatch, and the Mayor's office.

Based on interest in the CAHOOTS model, Oakland City Council's 2019-2020 budget included \$40,000 to fund the creation of a report by the Urban Strategies Council on feasibility of implementing a CAHOOTS-like model program in Oakland. Although there has been a nine-month delay in finalizing the contract, this report provides a comprehensive analysis with broad community engagement in the development of the proposed pilot.

Community participation in developing the pilot included forming community tables³ (1/16/20, 2/6/20, 5/21/20, 6/18/20) and working groups to research and make recommendations. Initial conversations across every community, demographic, and group of stakeholders find broad agreement that the current resources and systems for responding to non-criminal emergency calls are woefully deficient and reflect strong interest and support for creating a pilot to replace

police officers with a team of civilian responders equipped for appropriate responses to mental health and non-criminal community crises.

COVID 19 has forced an examination of the vulnerabilities in our systems and has highlighted the disparities in services and security for the most vulnerable members of our society – specifically low-income, unhoused, residents of color, and people living with mental health challenges or disabilities. The lack of access to health care and specifically mental health care has never been starker. While we cannot predict the exact impact, or even the duration of the pandemic, there has been an increase in calls about mental health and suicide nationally. We expect a massive downturn in the economy that will, as always, most harm residents with the least resources and privilege and increase the number of unhoused residents.

Given current events, it is likely Oakland will continue to experience a shift in emergency response needs, requiring necessary reorganization of the response to emergency calls and how we engage residents with essential services. It is an opportunity to shift to more appropriate responses. The Mobile Assistance Community Responders of Oakland (MACRO) response model also addresses one of the underlying disparities - Oakland's residents of color have experienced medical treatment disparities and, as a result, are apprehensive about and experience barriers to accessing care. MACRO engages people, centered on those most impacted, where they are and helps them connect with appropriate referrals.

The international outcry over the murder of George Floyd highlights the level of distrust and problems that develop when police interact with Black and Brown communities, even for the most innocuous of reasons. Our unhoused communities have additional reasons to avoid encounters with police. Many unhoused residents are on probation or parole who could be violated for any interaction. An arrest of an unhoused person has multiple negative effects - they are likely to lose their tent, possessions, spot in an encampment, eligibility paperwork for services, and identification. It has never been clearer that there is deep community distrust of OPD which affects public safety in communities across Oakland.

Oakland has a unique opportunity to integrate a new model of emergency response with the violence interruption programs being coordinated by the new Department of Violence Prevention. Elected officials and systems-leaders have expressed interest in implementing a new approach to 911 non-violent response. (Staff members from Councilmembers Bas, Gallo, Gibson-McElhaney, and Taylor have participated in the community table meetings.) New Department of Violence Prevention Chief Guillermo Cespedes strongly supports a MACRO pilot and is eager to develop collaboration between violence interruption and MACRO responses. Chief Cespedes is also interested in the opportunity to create the mechanism to expand non-police responses to other violence prevention strategies.

A core principle of this research is to view the information and data through the lens of impacted community members and to elevate their voices during the process. Primary data sources include structured interviews, focus groups, and surveys to gather perspectives of diverse individuals, groups, and families across the city with emphasis on neighborhoods which are potential areas for an alternative emergency response pilot. It examines factors that should inform the creation of policies, practices, and strategies to better respond to emergency needs in Oakland and better align existing public safety resources.

Research thus far has included:

- interviews with residents who have experienced emergency calls and police interactions; interviews with service providers, community activists, and advocacy organizations to understand how needs are addressed in the current emergency response models, what is lacking, and what resources are available for emergency and long-term referrals.
- extensive discussions with current providers of emergency responses: community based, co-responder models, CAHOOTS, DVP, and OPD and OFD.
- a comparative analysis of existing emergency response models, locally and nationally.
- identifying the current public safety responses and available resources through data analysis, interviews, and site visits.

III. RECOMMENDATIONS

Although the Eugene OR CAHOOTS model provides evidence of the efficacy and cost-savings of a non-police model and their time-tested protocols and mechanisms offer an important framework, Oakland's MACRO pilot must reflect the unique communities, challenges, and resources of Oakland. The pilot will be most successful by drawing deeply on engagement, resources, and residents from the communities it serves.

Location

East, West and downtown Oakland have been recommended as potential pilot demonstration sites by the Department of Violence Prevention (DVP), the Alameda County Health Care Services, and many of the community activists and service providers involved in this report.

The DVP is working to ensure coordination of services and programs to overcome the tendency for initiatives to operate in silos which prevents maximizing the efforts of each resource. The DVP is excited to coordinate the MACRO pilot with other programs to further layer programs to



support communities. DVP is focusing on five police precincts in East, North and West Oakland with some of the highest number of shootings in the city.

A strong referral network is essential to the pilot’s efficacy.

Budget

Estimated expenses for one year of an operational pilot in two city areas are \$3.09 million. Funding allocated in the 2020-2021 budget revision process could be supplemented with funding redirected from the City’s public safety budget. Initial conversations indicate that there may be potential funding support from external public and private sources which will be solicited in partnership with the City. Funders are especially interested in matching funds appropriated by the city.

Responder models must demonstrate consistent responsiveness to the community, providers, and the police, fire, and dispatch to be successful. There are real advantages to a small initial pilot that can grow incrementally after demonstrated success. Conversely, the pilot must be scaled sufficiently to demonstrate that responsiveness. This budget ensures a 24/7 response in the targeted areas for one year and an expansion to cover the highest call volume times after 6 months.

There is legislation currently in the Assembly, AB 2054 - Community Response Initiative to Strengthen Emergency Systems (C.R.I.S.E.S.) Act to establish a pilot grant program, promoting community-based responses to local emergency situations. Many organizations involved with developing MACRO support the bill and It should be monitored. Currently there is no funding attached to it.

Following is an initial proposed 12-month line-item budget for the City Council’s deliberations on the pilot proposal.

Personnel Salaries & Benefits

	<u>Number</u>	<u>Per Unit Cost</u>	<u>Total</u>
EMTs	11	\$70,000	\$770,000
Counselors	11	\$70,000	\$770,000
Administration	1	\$70,000	\$70,000
Admin Support	1	\$55,000	\$55,000
Total Salaries			\$1,665,000
Employee Benefits			<u>\$499,500</u>

Total Personnel Expenses	\$2,164,500
Other Than Personnel Expenses (OTPS)	
Equipment: Computers and Communication	\$30,000
Office Supplies	\$2,500
Training/Consultation	\$35,000
Insurance	\$20,000
Rent & Utilities	\$70,000
First Aid Supplies	\$10,000
Van lease, gas, maintenance, and parking	\$50,000
Telephone	\$20,000
Licenses	\$5,000
Electronic Health Record & Billing	\$30,000
Program Planning/Community Engagement	\$50,000
Fiscal Agent Admin Fee	\$300,000
Program Evaluation/Monitoring	<u>\$300,000</u>
Total OTPS	\$922,500
Total Expenses	\$3,087,000

Data collection and reporting

The pilot will track and collect adequate data on interactions with residents, outcomes, call responses, types of calls to ensure that analysis, including cost, is comprehensive. Data collection from OPD and OFD is not currently done in a way which easily tracks types of calls, responses, or outcomes. New reporting or OPD/OFD/Dispatch data may be cumbersome to implement, but data from the pilot can be robust.

After the rollout, the pilot can provide three-month snapshot status reports and a comprehensive annual report.

IV. NEEDS TO BE ADDRESSED

Low level calls overwhelm Oakland’s emergency response system, often resulting in delayed OPD responses to emergency calls. Studies of staffing based on population, crime, and call volume suggest that OPD should have 1200 officers yet has fewer than 800. The overtime budget is larger than average for this sized department, as is the public safety proportion of the city budget.

On average, there are 1,300-1,500 calls to OPD dispatch each day. Precise statistics are not available since tracking does not indicate if any parties are homeless or facing mental health challenges. The past few years has seen a dramatic increase in the number and proportion of calls related to unhoused residents. Homeless advocates believe there has been a dramatic increase in the number low-level arrests of unhoused residents. The Oakland Fire Department responds to 60,000 calls annually; the number of calls has been increasing for several years.

National statistics indicate that when police respond, they are likely to unnecessarily detain residents under the Mental Health Act. Officers overuse the only responses available to them: arrests and involuntary hospitalization. Police often use physical force to manage a situation or ensure compliance with orders, resulting in trauma, further trauma, and damaging community relations. Even if a situation is handled perfectly, the long-standing distrust of police by many heavily policed communities limits many residents' willingness to call for police assistance or engage with police on scene. Data shows this distrust is rooted in reality - there is an exponentially greater likelihood that a police officer will use force on Black people, Indigenous people, people with disabilities, and people of color.

OPD's relationship with residents in many Oakland communities is severely damaged. When residents distrust police, they are less likely to call for help and more likely to distrust policing efforts to investigate crimes or strengthen community policing. Ongoing data shows that structural racism permeates policing in Oakland: OPD stops of Black and Brown residents remain five times higher than white residents despite efforts to reduce in numbers of stops and a new policy to limit stops of residents on probation or parole without a reason; racial disparities in discipline within OPD points to persistent structural problems and no effective measures to address them.

The OPD federal monitor's report of May 2020 indicates that OPD uses force too often, in situations where it is not necessary, and fails to report and track it. The monitor continues to identify incidents that "additional verbal communications and explanation with persons who were contacted might result in a reduction in the need to use physical force, and incidents where OPD failed to identify themselves as police officers." The monitor finds failure to review incidents likely to have use of force as required... increases the likelihood of unnoticed increases in uses of force; ongoing failures to consistently activate body worn cameras as required and lack of supervision to ensure activation, and failure to de-escalate. These findings confirm the reasons that residents avoid interacting with police.

Although the discussion is often framed solely in terms of mental health crisis, the unmet need and mis-aligned responses run the gamut from drug addiction, poverty, homelessness, mental health challenges, and complaints from people from a different race and class. Non-criminal,

non-violent emergency calls drain emergency response resources and prevent police and fire staff from focusing on serious criminal and priority safety issues. Overuse of police, fire, jail, and hospitalization is expensive for the city and county. OPD officers do not have the time and training to address situations with underlying complex socio-economic problems, nor adequate access to community resources.

Arrests have long-term impact through exposure to the criminal justice system. Police responding to mental health emergencies is stigmatizing, suggesting a crime rather than a health emergency. Many calls are escalated by the mere presence of armed officers.

Because of staffing shortages, the number of calls, and the need to triage responses, non-violent, low-level calls often do not receive a response within a timeframe which can address the situation. Existing city and county alternative response programs are successful but too limited to provide the necessary scope.

V. ANTICIPATED BENEFITS TO THE CITY

CAHOOTS, upon which the MACRO pilot is modeled with appropriate Oakland-specific modifications, has been responding to emergency calls for 30 years, replacing police and fire/EMS response with a trauma-informed, client centered response. The leadership and rank-and-file of the Eugene Police Department are enthusiastic, recognizing that it enables their focus on more appropriate emergency responses. The city of Eugene reports that the program has consistently saved millions of dollars in a more appropriate response, lower arrests, and fewer emergency hospital visits.

A non-police responder program in Oakland, developed in collaboration with communities and responsive to the needs and experiences of residents, with appropriate representation of impacted residents, training, and access to resources and referrals will benefit everyone:

- community-based, client-centered, trauma-informed response that promotes clients' dignity, autonomy, self-determination, and resiliency.
- harm reduction model.
- organized to enable people to gain control of their social, emotional, and physical well-being through direct service, education, and community.
- reduction of police interactions with vulnerable populations.
- faster responses to lower priority calls, enabling mitigation and de-escalation of situations.
- lower cost response to non-criminal, non-violent emergency calls.
- OPD and OFD first responders freed up to respond to higher-priority calls.

- a more appropriate response which connects residents with services.
- transport to services - removing a frequent barrier to services.
- uncoupling medical crisis from unnecessary police contact, decriminalizes mental illness, alcoholism, and addiction.
- provide qualified and appropriate response for service providers, and families and residents with mental health challenges.
- improve police/community relationships by reducing negative interactions.
- Save the city money by reducing arrests, involuntary hospitalization, ER visits; save county costs of jailing residents, court cost, public defenders, foster care, etc.; save the community costs in work time and job loss, visiting and providing financial support to residents in jail, and other impacts.

VI. COMPARATIVE ANALYSIS OF NON-POLICE RESPONSE MODELS

(Note: Comparing models has been challenging given the differences in mission, capacity, funding, coverage, and evaluation data available.)

Current models that serve Oakland residents

- **OPD Mental Health Training** All OPD officers receive 16 - 20 hours of LD37 (5150) training at the OPD Academy which includes how to respond to people with disabilities. 5150 refers to the California law code for the temporary, involuntary psychiatric commitment of individuals who present a danger to themselves or others or are gravely disabled due to signs of mental illness. The Police Commission is developing a new Use of Force policy that will emphasize de-escalation.
- **OPD Crisis Intervention Team (CIT)** CIT was developed in Memphis, in partnership with the National Alliance on Mental Illness, with a 40-hour training that emphasizes mental health topics, crisis resolution skills, de-escalation, and access to community-based services. It is most successful when officers volunteer and receive ongoing training. Currently, there are 344 CIT OPD officers. Oakland does not provide refresher or advanced training. Oakland has a hybrid model, where most of the CIT trained officers volunteer but some are directed to participate, to ensure adequate coverage. OPD dispatchers receive training on assessment of crisis events, protocol, and identification of calls that would benefit from a CIT officer.

(The effectiveness of the model varies. Some jurisdictions have reported reduced arrests and strengthened community relationships. Data is not available on the impact of the OPD CIT program. A 2016 review of studies and meta-analysis of CIT programs nationally found no

impact on arrests of people with mental health challenges or on the safety of police officers. The CIT program does not address understaffing and adds additional time-intensive expectations on existing officers since a CIT response emphasizes de-escalation, which entails taking the time and slowing down the interaction, rather than forcing quick compliance.)

- **Alameda County Mental Health Co-Responder Models** Alameda County has several programs of police-partnered licensed clinicians responding to crises. All programs use licensed clinicians, co-respond with officers (primarily on scene where police are present), and limit coverage - both hours and number of teams being fewer than the number of potential calls. Area costs of living and housing have impacted recruitment and ability of the programs to expand.
 - a. Mobile Crisis Team (MCT) Two clinicians respond to crisis mental health calls throughout Oakland 10:30 am -7:30pm, Monday - Friday, responding to 5150 and other crisis calls from police, shelters, community agencies, and community members. Clinicians conduct a psychiatric and risk assessment, linkage to urgent and or ongoing services, and diversion to voluntary mental health services such as crisis stabilization facilities, wellness centers, and sobering/detox. There is a plan to expand to weekends when staffing permits.
 - b. Evaluation Team (MET) An officer and a licensed clinician provide the same assessment, intervention, and linkage to services as MCT, responding to calls from police dispatch from Monday -Thursday, 8am - 3pm, focused in East Oakland. They average responses to 6-8 calls/day.
 - c. Community Assessment & Transport Team (CATT) is a new program scheduled to launch in July or August 2020 with an EMT and licensed clinician responding once the scene is deemed safe by law enforcement. Bonita House, a 50-year provider of a range of support for residents with mental health and substance use disorder, is contracted by Alameda County to run CATT. CATT expects to start with three teams to cover all of Oakland, 7 days a week 7am – 11pm. There is no plan currently for 24/7 CATT coverage anywhere in the county.

Other local/regional community resources offering interventions & crisis responses

- **MH First** - MentalHealth First was launched by the Anti Police-Terror Project (APTP) in Sacramento in January 2020, to respond to mental health crises including psychiatric emergencies, substance use disorder support, and domestic violence situations that require victim extraction with a two- or three-person team of a crisis interventionist; medic (a volunteer with medical experience when available, typically EMT, LVN, RN or MD); and a safety liaison. MHFirst dispatches automatically if police will be on scene, ensures

residents are safe, neutralizes dangerous behavior, and uses community resources to meet needs. There is both a hotline and response to crisis locations by volunteers from Friday through Sunday, 7pm to 7am (although MH First is currently available for phone support during the pandemic). Residents contact the helpline through phone, text, or social media. APTP is expanding to Oakland.

- **Front Line Healers** – A recently formed collaboration between community providers, including informal networks, that are providing COVID outreach, support, and resources in unhoused communities.
- **Justice Involved Mental Health Diversion & Alternatives** - A collaboration between the District Attorney’s and Public Defenders’ offices to divert people to more appropriate services.
- **The Living Room** - An alternative to emergency rooms or jail, a 23-hour respite program in a non-clinical space for people experiencing psychiatric emergencies that provides support to resolve crises without more intensive intervention. Alameda County is working to bring this model to Oakland, expecting to decrease the demand on Highland and John George Hospitals.
- **HIV Education & Prevention Project of Alameda County (HEPPAC)** - A partnership between Casa Segura and LifeLong Medical Care, offers regular mobile outreach to increase access to harm reduction supplies, general health care services, and basic needs.
- **Lava Mae** - Currently suspended because of COVID-19, Lava Mae normally has two monthly mobile hygiene and pop-up care villages for unhoused residents in Oakland.

Organizations and Activists

There are a variety of organizations and informal networks responding to a broad range of crises in Oakland, including: North Oakland Restorative Justice Council (NORJC) responds in north Oakland’s unhoused communities, communicating through a text network; Restorative Justice for Oakland Youth (RJOY) and Youth Alive respond in the aftermath of violence; People’s Community Medics is a grassroots organization that teaches free basic emergency first aid skills in Black, Brown, and poor neighborhoods; unhoused activists respond to a broad range of crises in encampments through an informal but highly responsive network.

The numerous community models are not directly comparable. There is little data to assess and there are broad disparities among the models, types of responses, hours and geography, and targets.

Crisis Assistance Helping Out on The Streets (CAHOOTS)

Eugene, Oregon has a 30-year successful mobile medical street outreach model which is a low-cost alternative to police for non-criminal requests.⁴ CAHOOTS interdicts active mental illness, addiction and alcoholism, provides de-escalation and risk-reduction for people who are in crisis, and offers resources and referrals. It is the only model of a non-licensed mental health worker and an EMT responding to public safety calls without a police officer.

The program responds to 17% of all public safety calls while saving \$8.5 million in 2019. Other savings include the reduction of ambulance trips, emergency room visits, involuntary mental health holds, and arrests and detentions. Although roughly half of CAHOOTS contacts are unhoused, they provide mobile crisis assistance to residents from all backgrounds and socio-economic status. CAHOOTS only engage with residents voluntarily and believes their primary function is as a client advocate.

CAHOOTS is fully integrated into both Eugene emergency response, social service, and healthcare providers and is funded through Eugene's Public Safety budget. The CAHOOTS teams share central dispatch with the Eugene police department and carry police radios. There is ongoing, structured communication with the Eugene police department, dispatch, fire, service providers. Most calls are directly dispatched to CAHOOTS. Police or fire call CAHOOTS to a scene when it becomes obvious, they are better equipped to manage a situation and emergency responders want to be able to respond to other calls.

The teams are visually distinct. Their white response vans have the clinic's bird logo and the team wear t-shirts and khakis and carry a backpack with supplies. Staff receive extensive safety training and can call for assistance on the police radios. No team member has ever been hospitalized with an injury. Although CAHOOTS can call police as part of their safety protocol, out of 24,000 calls in 2019, they called police to the scene only 150 times.

CAHOOTS respond to a wide variety of situations that do not involve emergent medical or criminal issues, such as:

- Crisis intervention and counselling for mental health issues: anxiety, depression, psychosis, suicidal ideation, and/or thoughts of self-harm.
- Intoxication or substance abuse issues.
- Helping disoriented or delusional or otherwise psychotic clients.
- Welfare checks on intoxicated, disoriented, or vulnerable individuals.
- Access/transport to emergency shelter, treatment, or other supportive services.
- Assessing needs and facilitates referrals and connections with other agencies.

- Basic non-emergency medical care that does not require a paramedic level EMS response (i.e. wound cleaning).
- Mediation of disputes between family members, roommates, or clients at group homes or agencies.
- Death notices.
- Engaging service resistant and elusive persons.

CAHOOTS is creative at addressing whatever logistics or other client concerns are an obstacle to accessing resources. For example, the CAHOOTS team has “officer access” to the Eugene animal shelter so that they can drop off a pet after hours and provide the client with information on how to retrieve their pet when they leave treatment.

CAHOOTS consult on program development and implementation with jurisdictions including Denver, CO, Portland, OR, New York, NY, and Indianapolis, IN. CAHOOTS provided extensive support in the planning and roll-out of the program in Olympia, WA.

Other models and projects

Many jurisdictions have models and projects with similar elements or amalgams. The community table workgroup looked at the variety of phone support, overlapping programs offering crisis intervention services, and mobile crisis teams co-responding with police.

Olympia, WA Crisis Response Unit (CRU)

CRU, funded by a public safety levy, is a new partnership patterned on CAHOOTS, with teams of social workers in downtown Olympia from 7 a.m. - 9 p.m., 7 days a week and a Familiar Faces program that establishes an ongoing, supportive relationship with high-users of emergency services with extreme behavioral health issues but not high risk for violent criminal behavior. The Olympia Police Department is pleased, reporting that CRU provides a better equipped response and relieving officers to focus on other calls. A survey of officers prior to CRU and after 6 months found a reduction in use of force and involuntary detentions.

San Francisco

CONCRN, a program in the Tenderloin, SF, provided a compassionate alternative to 911, using a crisis reporting app and compassionate peer responder teams, trained in de-escalation, to provide crisis intervention, and linkage to services. The program shut down in 2019, unable to overcome challenges with maintaining consistent peer responders,

managing volunteers, and scalability. San Francisco encouraged residents and businesses to report homeless concerns to 311 for a response from Health Streets Operation Center (HSOC) which failed because it was intricately linked to enforcement, rather than providing support or services. Currently, service and advocacy organizations in San Francisco are having initial conversations to develop a CAHOOTS model.

International Models

There are several compelling international models, focused on mental health or, specifically, suicidal crisis.

PAM (Stockholm, Sweden) - PAM is a mobile ambulance, pre-hospital, non-police response program. It responds to an average of 135 emergency calls a month, 85% of which are related to suicide. During its first year, this community ambulance service was requested 1,580 times and attended to 1,254 cases (3.4 cases per day).

UK - In the United Kingdom, mental health calls are largely handled by the National Health Service, not police.

Indigenous Models

Globally, Indigenous peoples have long used and still do use traditional forms of governance and interventions in place of police and prisons. The report does not have the capacity to address this broad topic, but Urban Strategies welcomes any data or research for integration into pilot development consideration.

(A more detailed review of current models and resources can be found in Appendix II.)

VII. COMMUNITY PARTICIPATION IN DELIBERATION & PILOT DEVELOPMENT

The idea for this pilot came out of a Police Commission community event with unhoused Oakland residents. Subsequent outreach has, and will continue to, integrate questions about experiences with police, mental health responders or experiences of responses during mental health crises and other situations where police could be displaced with a more appropriate response. The three components ensuring communities' participation in the feasibility, needs assessment, and development process are:

Interviews with Subject Matter Experts

Conversations with stakeholders, including DVP, OPD, OFD, Dispatch, service providers, advocates and activists, and organizations representing impacted communities. This includes the following:

Systems Stakeholders

AC EMS Corps
OPD Mental Health liaison
OPD Recruiting & Background Unit
OPD Communications Manager
City Council members & staff
Int'l Assn of Fire Fighters, Local 55
Mayor's Office
OPD Chief
Chief of Violence Prevention
NCPC Community Policing Board
Police Commission
OFD Chief for Operations

Other Models & Service Providers:

Alameda County Provider Connect
Alameda County Health Care Services Agency
BART Multi-Disciplinary Forensic Team
Bonita House
Building Opportunities for Self-Sufficiency
CAHOOTS
Eugene OR Dispatch Manager
CONCRN, SF
Crisis Response Unit Project (CRU), Olympia WA
Denver Alliance for Street Health Response (DASHR), Servicios de la Raza
HIV Education & Prevention Project of Alameda County (HEPPAC)
JIMH Task Force Diversion Subcommittee
North Oakland Restorative Justice

Community Groups & Advocates:

All of Us or None
Allen Temple
Arab Resource and Organizing Project
Black Organizing Project
Brotherhood of Elders
Ceasefire
Center for Independent Living
CONCRN
DVP Coalition
Faith in Action

Family Taskforce (Oakland mothers impacted by violence)
Family Violence Law Center
Human Impact Partners
Homeless Action Center
Homeless Advocacy Working Group
Latino Taskforce
Life ELDERCARE
Timelist
Mayor's Commission for Persons with Disabilities
Nat'l Inst for Criminal Justice Reform
Public Defenders' Office
Restorative Justice for Oakland Youth (RJOY)
Root & Rebound
Qal'bu Maryam Mosque
Richmond Dispatch Retired Manager
SF Coalition on Homelessness
SF Mental Health Assn
SF Rising
St. Elizabeth Catholic Church
United Seniors of Oakland and Alameda County
The Village
Youth Alive!
Youth Spirit Artworks

MACRO Community Advisory Table

Community organizations, service providers, advocates, and residents impacted by policing were invited to three community tables to explore problems in police responses to non-criminal emergencies and to develop a model integrating community participation and input on 1/16/20, 2/6/20, 5/21/20, and 6/18/20. The community tables formed three working groups:

Workgroup 1: MACRO Communications Protocols and Mechanisms to Access - develop a deep understanding of the current dispatch protocols and processes; identify calls likely to be appropriate for MACRO response; and recommend the process/technology by which residents would access MACRO and the response.

Workgroup 2: Emergency/Mental Health Response Models - explore and document the models and best practices, locally and nationally; identify existing/potential partnerships for resources and referrals to services for clients.

Workgroup 3: Community Engagement/Research - soliciting communities' input and helping to administer and/or hold space for surveys and interviews; make

recommendations on how to structure ongoing community engagement and oversight during the pilot and project.

Despite diminished staff support caused by the city's delay in finalizing the contract and logistical challenges during the pandemic, the workgroups provided valuable research and analysis. Workgroup reports are in the appendix.

Mechanisms for Community Input

The Community Participatory Action Research process was delayed by both the pandemic and the failure to finalize the Urban Strategies contract which will provide funding. The workgroup will engage impacted community members, including in the development of the tool, to understand the experiences of communities impacted by over policing and what solutions they would like to see. The workgroup will also study whether calling 911 or the non-emergency line would be a barrier to access for some residents and what information or alternative mechanisms would increase access. The workgroup will also make recommendations for how to structure community oversight and input into the pilot.

Next Steps - Community tables supported the research and bringing community voices to the pilot assessment and development and are continuing to discuss how to support the implementation of the pilot.

In non-COVID times, key representatives from departments which will collaborate on the MACRO pilot, including OPD, OFD, Dispatch, DVP, non-profit providers, and Alameda County Behavioral Health Care Services would visit Eugene, OR for a site visit with CAHOOTS. If this is not possible, bringing CAHOOTS representatives to Oakland is more imperative. Despite differences in the programs, CAHOOTS have critical experience responding to emergency calls and establishing a separate practice area from the police and fire that will be invaluable for a new pilot.

Urban Strategies Council and its partners will continue exploring aspects of the model with partner organizations and stakeholders - OPD, OFD, Dispatch, Alameda County, CATT/Bonita House, non-profit and community providers of adjacent services, city council, and the Police Commission, continue conversations with subject matter experts and community organizations, and follow-up on outstanding topics and materials. DVP is beginning to explore public and private funding opportunities.

Use the results of the Community Participatory Action Research methodology, including in the development of a recommended mechanism for ongoing community engagement and input.

VIII. ESSENTIAL COMPONENTS OF PILOT PROGRAM

The potential scale of an alternative response program in Oakland is larger and more complicated both in terms of resources and referrals and in ensuring that the planning and implementation of the program reflects the unique needs and experiences of our communities and represents and serves our diverse communities. A small initial pilot gives the space to build relationships with the community, police, fire, and a referral network in a discrete area and demonstrate the effectiveness of the model.

Principles

MACRO must utilize best practices for harm reduction, street outreach, trauma-informed care, and culturally competent care. CAHOOTS foundational principles are a strong starting point.

- All services are free and voluntary.
- We rely on effective communication, trauma-informed care, harm reduction, and verbal de-escalation to maintain the safety of our staff and the community.
- We seek the most minimal intervention.
- It is our goal to remain client-centered, and to strive to provide all folks with unconditional positive regard, free of judgement or discrimination.
- We respect a client's right to privacy, dignity & confidentiality.

Essential Aspects to Pilot Success

Essential to success is consistency of response and scalability. Partner organizations must understand the parameters under which MACRO responds and expect consistent responses. It is also essential to build a strong, credible relationship with communities which are served. MACRO cannot be used as an arm of enforcement. Credibility, especially with service resistant people, requires a non-authoritative, non-judgmental approach. The pilot must engage the community during the planning and implementation, demonstrate transparency in how MACRO engages with police and fire, and ensure ongoing community input and feedback.

Core Components

- Structured communication and coordination with partners - police, fire, dispatch, referral network, and community.
- Monthly business meetings with dispatch supervisor, OPD and OFD liaison.
- Integration with the advocacy and service provider networks.

- During rollout and ongoing, as needed, participating in OPD pre-shift meetings.
- During rollout and ongoing, as needed, participating in dispatch meetings and training.
- Ongoing community outreach to build trust, familiarity, and interchange so that residents understand MACRO, what to expect, and can offer feedback.

MACRO Team

A model that does not use licensed mental health professionals is less expensive and expands the pool of potential team members, enabling responders who reflect the communities they work in. It faces less of the recruitment and retention problem faced by programs with licensed clinicians. A common question is if unlicensed responders could increase potential liability. CAHOOTS' experience is that responders acting within their scope of practice does not increase liability.

CAHOOTS respond to emergency calls with a Medic and a Mental Health Counselor, hiring staff with experience delivering service in non-traditional environments; ability to engage diplomatically with partner agencies; and resiliency. MACRO will also emphasize seeking staff with a deep understanding of impacted communities and lived experience.

Recruitment

CAHOOTS rely on its reputation and community network to attract applicants with many staff from backgrounds in mental health, homeless, or drug addiction counseling. MACRO can consciously recruit from community resources, prioritizing team-members with an understanding and knowledge of the Oakland communities which they will serve. Supportive advocacy groups and service providers connected to local networks of qualified people will help with recruitment. MACRO will focus on addressing potential barriers to employing otherwise qualified people.

Training

We recommend initially using CAHOOTS training based on their extensive experience, modified to reflect specific needs or protocols from MACRO, as the basis of MACRO cohort training with 40 hour class time, OPD ride-alongs, 500 hours mentor-guided field training, a strong ongoing training & continuing education program with skills labs, in-services, and staff meetings which include a reporting/discussion of cases. CAHOOTS safety training has been refined over 30 years and currently includes: scene awareness, risk identification, communication with work partners, radio communication, defensive driving, de-escalation, self-care/clinical debrief, intuition, and decision-making autonomy.

Central to CAHOOTS team management is offering counseling to team members and bi-weekly meetings with the clinical supervisor to review issues, patient advocacy, and calls. MACRO could evaluate how to modify team counseling activities based on the specific community needs and pilot implementation requirements.

Community Table Feedback

The pilot ideally should respond to calls 24 hours per day, 365 days per year, to ensure responsiveness and scalability. MACRO teams will carry a police radio and communicate with OPD dispatch. The close working relationship between MACRO team members and OPD come with potential problems and roles must be clearly defined. It must be clear that MACRO's priority is solely the best interests of the client and that the public understands that engaging with MACRO will not result in police interaction. Each CAHOOTS team takes an average of 20-25 calls from dispatch on a 12-hour shift. The pilot must have sufficient calls within its geographic area.

In the field the CAHOOTS teams keep SOAP (Subjective, Objective, Assessment Plan) notes and carry emergency medical supplies such as: Narcan, EpiPen, Glucagon (diabetic emergency), O2 tank, Airway kit and comfort and supportive items, like water, snacks, hand warmers, socks, etc.

The calls that CAHOOTS respond to have evolved, based on the experiences of the community and the level of comfort and confidence in CAHOOTS among emergency services. The specific calls which MACRO responds to and how residents can access MACRO will be identified through collaboration with OPD, OFD, service providers, and community input (including recommendations of the community participatory research). MACRO calls will often not be priority 1 and otherwise might not receive a response for hours. Often, it is not a choice between a police response or a MACRO response – it is a choice between no response and a MACRO response.

Emergency calls about medical or fire situations are transferred from OPD dispatch to OFD dispatch. OFD dispatch receives 60,000 calls annually. OFD/EMS protocol requires a paramedic respond to any possible medical situation or evaluation, which limits calls which MACRO could respond to. Nonetheless, there are several situations which drain OFD resources that could be addressed by the pilot. OFD has suggested identifying residents who are the subject of repeated EMS calls, sometimes multiple times each week, where MACRO could develop relationships, like the Familiar Faces program in Olympia that engages with “high users.” OFD staff also suggested working with MACRO to respond to calls about

warming/cooking fires in unhoused encampments; primarily, the needed response is not a fire truck but a discussion on how to ensure safety in the placement and structure of the fire. OFD leadership is hopeful that MACRO can help support their capacity as the number of callouts has increased.

Referrals, Resources, & Aftercare

The success of the CAHOOTS program depends on the ability to transport and have a “warm handoff” of clients to referral partners. The pilot’s ability to divert residents from the ED and the criminal justice system is only possible when there are adequate referral resources. MACRO’s success will depend on comprehensive, continuously updated lists of referrals and resources. The working group has done a needs assessment, synopsis of existing resources and referrals, and compiled and assessed referral options by: hours, intake coordination, referral outcomes, clinical barriers to care, turnaround, range of disposition options, community interface (feedback & problem-solving capacity), ADA accessibility, and languages spoken. The CAHOOTS referral and resource list in the Appendix, to give a sense of the breadth and depth of referrals and resources needed.

Parameters of proposed model

Hosting

There are multiple options and considerations in determining where to house the MACRO pilot. CAHOOTS is housed in the Federally Qualified Health Center (FQHC) which created the project 30 years ago. Oakland has five FQHCs:

- Asian American Health Services
- La Clinica de la Raza
- Lifelong Medical Care
- Native American Health Care
- West Oakland Health Council

Several established non-profits have unique connections to work that is parallel to the MACRO pilot and meet the following criteria: nimbleness, deep connection to communities, and relationships with the referral network:

- La Familia which has focused mental health services, as well as other medical services

BOSS & ROOTS Clinic is hosting the Frontline Healers in their coordinated response to expanded outreach and needs during COVID-19;
Case Segura runs the HEPPAC program that operates vans providing limited medical support that interact with communities like the communities MACRO would serve.

Alameda County Behavioral Health Care Services currently provides two models of response, working with OPD. If Alameda County were hosting the pilot, it would be important that it be housed within a program with synchronicity, such as EMS Corps, a program with unique advantages and competencies. AC EMS Corps has successfully trained young men who have been justice involved to become EMTs for ten years. They are familiar with emergency response, have worked with impacted communities to ensure successful employment, and have a medical director.

Rollout of Pilot

Three categories of start-up costs:

- staffing for two vans operating 24/7;
- training for MACRO staff and dispatch, CAHOOTS expert support, including training, initial ride alongs, dispatch training, departmental meetings with OPD, OFD, Dispatch, firehouse meetings, and police roll-call meetings;
- equipment and supplies (the largest being for vans).

Community education in advance and during the initial roll-out period should include:

- outreach and education visits in pilot neighborhoods
- development of literature
- publicity campaign

A site visit to Eugene OR for key representatives of partner organizations and key MACRO staff to see the model firsthand would be helpful to implementation. Other jurisdictions have sent groups for a 3-day visit, including state representatives, city council members, as well as future team members. The site visitors went on ride-alongs with CAHOOT teams, met with the director of the Emergency Department, Chief of Police, Sergeant for downtown area (the most dense area served by CAHOOTS), dispatch supervisor, and representatives of social service agencies. The White Bird Clinic clinical supervisor taught a clinical debrief. If travel restrictions prevent a site visit, it will be more important to have CAHOOTS representatives assisting in

Oakland with the implementation and roll-out of the pilot, including working in the field with the MACRO teams for the first two weeks of the rollout.

Police Officers must receive training in the function of the MACRO team, how to interact beneficially, protocols, and why to view MACRO as an asset. CAHOOTS representatives can participate in roll-call presentations for police precincts and fire station meetings in the pilot area.

All dispatch staff will need to be trained. The one-time initial training is reflected in the budget. CAHOOTS representatives should participate in training on the new protocol for dispatching MACRO. Dispatch will need ongoing engagement, primarily during staff meetings, to understand their experiences, receive their input, and for additional training.

Logistics and Administrative Needs

We recommend that the pilot will start with CAHOOTS administrative and clinical methods, amended to reflect Oakland's unique needs and research goals, as necessary. Scheduling of coverage and shifts should consider how to support OPD in high volume periods and during which typically create OPD overtime and whether MACRO shifts could help to support coverage during shift changes.

The working group has compiled existing resource and referral lists, data on referral partners, and considered the most useful resource and referral list that can be continuously updated. The most efficacious list will be determined based on the final location of the pilot.

The MACRO team will use a tracking system and reporting forms to quantify calls, outcomes, and track clients. The team will use elements of the CAHOOTS system and systems used by area outreach and street medical projects.

Staff Job Descriptions

Initially the only job other than responder teams is a pilot coordinator who would be responsible for the day to day logistics, inter-departmental communication, data collection, recruiting and hiring, records keeping, and training. This person should be familiar with the primary components of the program and effective and diplomatic in facilitating stakeholder communication and resident feedback. They may have additional duties in identifying and securing programmatic resources. CAHOOTS job descriptions are in the Appendix.

Length and Geographic Area of Pilot

This report recommends that the City Council fund 12 months of an operational pilot (in two identified areas/police beats), with three month snapshot reporting, and ending with a report with initial results, quantifiable data, and an assessment if the pilot needs additional time to be fully evaluated.

Allies have suggested the area in both East and West Oakland, since they strongly meet the criteria in selecting areas for the pilot. The Department of Violence Prevention has expressed interest in the Sobrante Park neighborhood, where they are implementing other programs which operate in conjunction with MACRO.

Criteria for area selection should include:

- an area with strong referral resources;
- an area with a sizable population of people at risk for negative police interactions;
- an area with a sizable underserved mental health and unhoused populations;
- an area with a limited proportion of diverse communities, especially languages;
- a narrowly and specifically defined service area.

Oversight and Evaluation Tools

After completing the Community Participatory Action Research, the working group will recommend mechanisms for ongoing oversight and stakeholder feedback, emphasizing client input. CAHOOTS do not have an effective model. If the project is overseen by the Department of Violence Prevention, there already exists a violence prevention coalition which engages with issues and the department and could be a model for ongoing community input on MACRO.

During implementation, the pilot should develop mechanisms for an evaluation that will measure the impact, outcomes, and efficiency of the MACRO pilot and whether the program is achieving its objectives and will determine what data to include in three-month snapshot reports. During the implementation period, there should be further evaluation of the referral and resource network, which are integral to the model. Savings in emergency room visits and arrests will need to be evaluated to expand supportive services as well as a preliminary cost-savings analysis.

There is significant interest in the MACRO pilot from academic researchers. Because CAHOOTS has been in existence for so long, it is difficult to analyze the impact of the program. Oakland would be the first large city to develop and implement a version of this model. Researchers are interested in a study that works with residents to assess impact through analysis of calls, outcomes, and data. Researchers would be especially helpful in finding ways

to disaggregate OPD data and find ways of quantifying call and outcome data that is not readily accessible.

Reporting should look at what situations create OPD overtime and how MACRO can mitigate overtime and during high volume call periods.

By the end of the pilot, it should be possible to demonstrate cost savings for the public safety budget. There are many cost areas which can be studied to identify savings to the city, county, and community. Councilmembers have been particularly interested in quantifying one aspect of fiscal impact by looking at causes and amount of unscheduled OPD overtime, when officers work beyond their regular shift. Other jurisdictions have studied the costs associated with arrests to quantify the financial benefits of reducing low-level arrests.

IX. SUMMARY OF LESSONS LEARNED

What We Have Learned from Cahoots

- Comprehensive training is essential to a stable and dependable model. CAHOOTS has refined a successful training that remains responsive to change based on field experience and feedback from community, stakeholders, and team members.
- Selecting responders based on their resiliency, problem-solving skills, capacity to engage with people, and finding fulfillment in non-judgmentally assisting people provides highly qualified teams. Placing prospective employees in ride-alongs with CAHOOTS teams early helps identify who will be successful.
- Residents are familiar with CAHOOTS and know how to contact them through the dispatch system.
- They have refined a model and developed experience in negotiating a successful relationship with police and fire, maintaining a separate and independent scope of work.

What we have learned from other models

- We identified no models with tangible success at reducing police interactions without re-directing calls away from police.
- Models that co-respond with police face significant hurdles and lack the substantial benefits of replacing police in response.
- Community efforts to respond before police are called, have not yet created a model with demonstrable impact. Perhaps further study of a model with sufficient data would find a correlation.

- The use of clinicians is necessary if the scope of the project includes involuntary hospitalization.
- The use of clinicians can limit the expansion of services, due to cost and limited pool of qualified applicants (this is exacerbated in areas with a high cost of living like the Bay Area).
- Responsiveness and scalability are essential in ensuring adequate response that people are willing to rely on the service. Some innovative programs have failed because community and police responders were not confident of receiving a response and stopped calling. This supports piloting in one discrete and well-defined area.
- A well-trained stable staff is essential. Some peer programs have faced significant challenges because the peer employees faced significant obstacles to steady employment because of their proximity to the challenges faced by the communities they were serving. CONCRN SF, for example, faced challenges with providing systematic response because of the inconsistency in peer responders covering assigned shifts.
- We were told by multiple programs that it was their experience that residents do not want to learn multiple numbers to call for emergency response.
- Programs based on volunteer staffing are not sustainable (CONCRN)

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Appendix I - MACRO COMMUNITY TABLE WORKGROUP #1 – Protocol & Process Summary

Urban Strategies Council has been interviewing stakeholders, including OPD, OFD, OPD Dispatch, service providers, advocates and activists, and organizations representing impacted communities. The information is to be used in conjunction with the attached is a flowchart demonstrating how a MACRO pilot would be integrated into the existing mechanism.

Current protocols and processes

On average, there are 1,300-1,500 911 calls that OPD dispatch handles each day. Although precise statistics are not available (due to what information is gathered in calls, response reports, and arrest data), the past few years have seen a dramatic increase in the number and proportion of calls related to unhoused residents. Homeless advocates believe that there is a dramatic increase in the number of low-level arrests of unhoused residents.

When residents call 911 or the non-emergency number, the call goes to OPD Dispatch where it is answered by call takers. OPD Dispatch does not run names of callers to check for outstanding warrants (some departments do).

If there is a fire or medical report, the call is transferred to OFD Dispatch which has specialized training for medical emergency calls. Any time there is a possible medical situation or medical evaluation needed, current protocols require that an OFD team, which includes a paramedic, is sent.

OPD call takers code the call, indicate level of priority, and input details. OPD dispatchers then dispatch the call depending on what police officers, CIT officers, and other supporting services are available and based on protocols.

Potential processes and access points for MACRO

After decades and ongoing community outreach, residents in Eugene OR most frequently call the non-emergency number when they are requesting a CAHOOTS response. The non-emergency phone number already exists for OPD dispatch.

Any new emergency response pilot will require community education utilizing social media, community visits and visibility by the team, and attending community meetings and events. Ensuring that residents are aware of alternative mechanisms to access the pilot would require a greater level of outreach and education. Leaders involved with the Eugene and Olympia projects recommend one entry point both for simplicity of community familiarity and to limit the need to monitor and respond to multiple platforms.

Alternative access mechanisms include:

- A separate, dedicated phone number. This would require 24-hour coverage and call-takers with training to manage calls supportively and effectively. It would also require an additional step to send the call to dispatch since it would create logistical problems to have teams dispatched by multiple points. One possibility would be to expand an existing phone line, such as 211 Eden I&R or 311.
- A mobile phone app. CONCRN, a program to respond to crisis calls in the Tenderloin without police, recently ended. CORCRN responded to messages through an app (as well as calls from service providers or emergency services), which they have offered to MACRO. In conversations with people who were involved with CONCRN and other programs considering using an app, several challenges will need to be considered and addressed (e.g. insufficient information being provided through an app report). Call-takers are trained to draw out additional information and ask questions that filter the type of response (foremost safety and urgency). There are privacy concerns both in the person who is the subject of the report and how and if the reports are stored. There are ongoing conversations looking into considerations and solutions for these issues. The other challenge with an app is the two primary barriers to use: the person wishing to report has to have a phone which can download the app (anyone with a phone can make a phone call (even without active service to 911), and the person must be familiar with the app and the service.

Several people experienced with providing response services recommend starting with one point of access and evaluating an expansion when the project is established.

Potential MACRO response protocols

CAHOOTS respond to a wide variety of situations that do not involve emergent medical or criminal issues, such as:

- Crisis intervention and counseling for mental health issues: anxiety, depression, psychosis, suicidal ideation, and/or thoughts of self-harm;
- Intoxication or substance abuse issues;
- Providing assistance to disoriented or delusional or otherwise psychotic clients;
- Welfare checks on intoxicated, disoriented, or vulnerable individuals;
- Access/transport to emergency shelter, treatment, or other supportive services;
- Assessing needs and facilitates referrals and connections with other agencies
- Basic non-emergency medical care that does not require a paramedic level EMS response (i.e. wound cleaning);
- Mediation of disputes between family members, roommates, or clients at group homes or agencies;
- Death notices;
- Engaging service resistant and elusive persons.

Most calls are directly dispatched to CAHOOTS. Police or fire call CAHOOTS to a scene when it becomes obvious, they are better equipped to manage a situation and emergency responders want to be able to respond to other calls. In a very small number of calls, CAHOOTS will call police or fire to a scene.

The exact calls which would be appropriate for MACRO to respond to will need to be determined by conversations with OPD, OPD dispatch, OFD, and ongoing conversations with service providers and community members. Typically, responder projects have started with a narrowly defined set of calls and expanded with the growth of experience and familiarity of all stakeholders.

Currently, calls are very broadly categorized. Specific codes for calls cover situations that would clearly be outside of the scope of non-police responders OR clearly within the scope. Dispatch leadership and staff should be involved in identifying the specific types of calls that would initially be given to a MACRO pilot since they have the most specific understanding of the types and frequency of calls. Visits to the dispatch center and conversations with OPD Dispatch leadership and staff show that there are clearly calls that would meet the criteria and are frequent enough to keep teams fully utilized.

OFD staff have identified several areas that are utilizing repeated OFD resources that might be managed by a MACRO response: MACRO establishing relationships with high-users where OFD resources are drained by repeat calls for the same person, sometimes multiple times in a single week; OFD response to “warming” or “cooking” fires at encampments (currently OFD responds with a fire truck but the calls are primarily educational and problem-solving for safety considerations).

OPD dispatchers will need to be trained in order to implement a new protocol on handling calls and diverting some to an alternative response model. No additional funding is required to implement a new model beyond the training costs and staff time.

CRU in Olympia WA has a specific mechanism to designate and track certain responses that require follow-up. CAHOOTS have a largely informal follow-up process while they visit communities when not on a call, although a team can send messages for a subsequent team requesting a follow-up in a particular situation. Follow-up and whether it is formalized is a determination for the program development.

Ensuring responsiveness to impacted communities and stakeholders

Ongoing engagement with stakeholders - The model requires systematic ongoing engagement with stakeholders to address any problems which arise and ensure that the model improves and changes to respond to needs as they are identified. CAHOOTS structures ongoing conversations with the leadership and during staff meetings for feedback, problem-solving, and addressing any concerns with stakeholders, including as a focus of community outreach. There are also structured internal mechanisms to evaluate calls and assess issues that arise.

Recruitment

CAHOOTS rely on its reputation to attract applicants. Many team members are people with some background in mental health, homeless, or drug addiction counseling or support who may start volunteering and transition to employees. Oregon has requirements for unlicensed counselors which California does not have that narrows the potential recruits who can be considered by CAHOOTS. We have not identified other models that offer lessons on the recruitment of unlicensed employees for emergency response.

MACRO can consciously recruit from community-based resources and organizations, prioritizing team-members with an understanding and knowledge of the Oakland communities which they will serve.

Oakland is very fortunate to have a successful, long-standing program, the Alameda County EMS Corps, which trains justice-involved young men to be EMTs. The program offers supportive services to ensure their success. Graduates are sought after by area employers. EMS Corps graduates have expressed interest in serving in their own communities (including some who have experienced homelessness) and the leadership of the program is interested in working with a MACRO pilot.

The main barrier that has been identified is that a background check is required for a person to use the police radio, a key component of the MACRO model. There have been conversations with the OPD Recruiting and Background Unit and OPD Dispatch to understand potential barriers to hiring residents that have the deepest familiarity and lived experience to be on teams. Re-entry activists and advocates, familiar with obstacles to employment for people who are formerly incarcerated, have also provided insight. Thus far, it appears that the Level II and Level III clearances are conducted by OPD, with no general barrier based on an applicant's background, depending on the specifics of his/her history, current status, and community standing.

Outstanding planning work: confirm any specific limitations from the Department of Homeland Security or Department of Justice for people to be permitted access to police radios.

Following is the Workgroup's depiction of the proposed MACRO 911 response flow process.

MACRO

Mobile Assistance Community Responders of Oakland

Workgroup #1 - Case Handling Workflow

Brief History

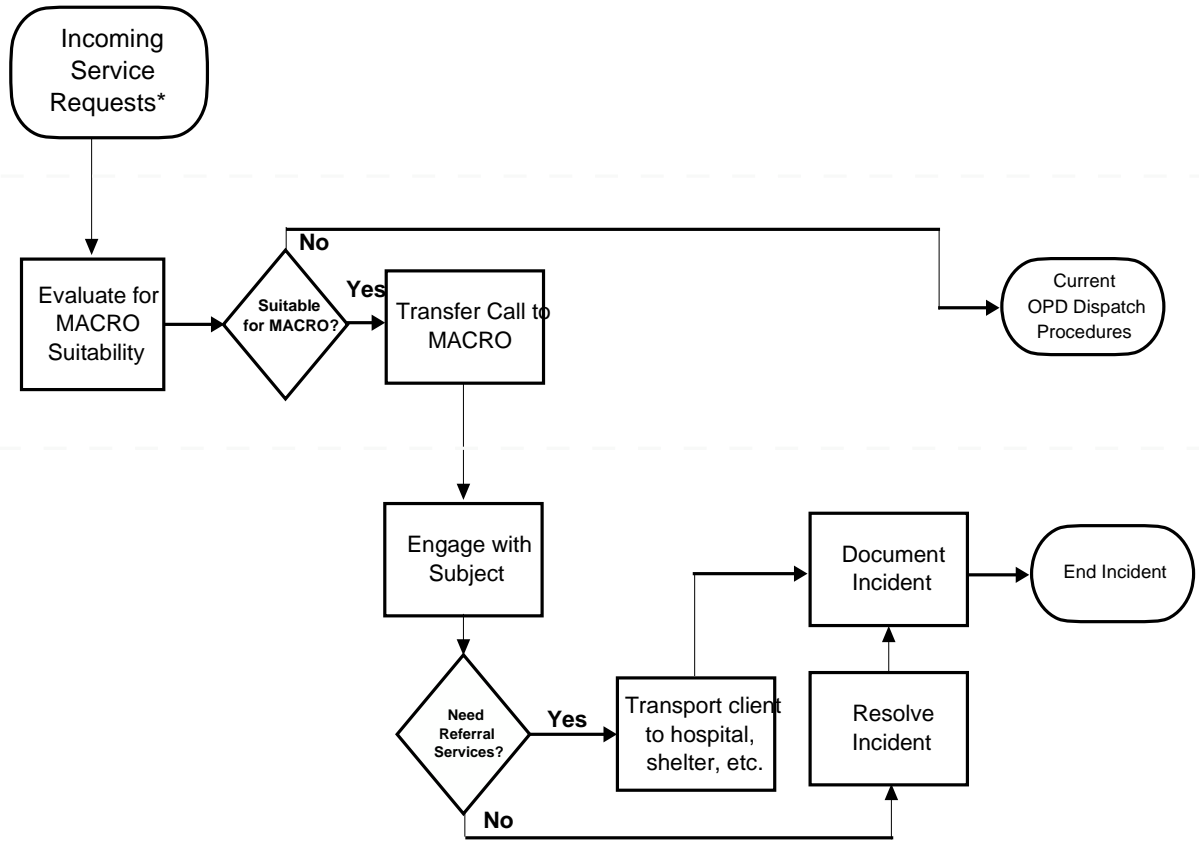
- **Feb 2019:** Oakland Police Commission held a hearing to learn more about policing practices in unhoused communities
- **June 2019:** CAHOOTS, mobile intervention team from Eugene, Oregon, made presentation on their services for the past 30 years
- **July 2019:** Oakland City Council commissioned an implementation report for a pilot project by Urban Strategies
- **July 2020 (projected):** Begin pilot project

Workflow Guiding Principles

- Provide client-centered compassionate care
- Institute procedures, protocols, and practices that embody care and compassion
- Maximize accessibility and convenience of services
- Protect privacy and confidentiality of caller and subject
- Deliver services with as little intervention as possible
- Focus on incidents with least complexity/resource needs, lowest risk and highest impact

- Monitor, record, and maintain performance metrics for analysis to improve service delivery in the future

MACRO Proposed High Level Workflow



*Incoming service requests may originate from a variety of sources, including calls to existing emergency or non-emergency lines or dedicated line, texts, or mobile app.

Appendix II - MACRO COMMUNITY TABLE WORKGROUP #2 – Community Response Models

Introduction: The Need for a Novel Approach to Emergency Response

Across the US, when people are in a mental health crisis, police are usually the first (and often the only) ones to respond. Only a small percentage of calls concerning mental health emergencies result in EMS responding without police. Many other emergency calls, that are not identified as mental health related but are non-criminal and non-violent, are not addressed in most models.

Police are not adequately trained to be social workers or crisis counselors, many of them do not want to engage with this population, and an armed police officer responding to someone in crisis can itself be deeply triggering; escalating situations rapidly and far too often with deadly results. Police often seek to resolve situations by forcing compliance with their commands. Someone in crisis or with language barriers or disability may not have the awareness or ability to comply, leading to unnecessary and disastrous consequences.

As much as 50-75% of people killed every year by the police in the United States have a mental health condition.¹ Oakland PD have murdered several people who were experiencing mental health crises in the past five years alone.²

Furthermore, there is a structural lack of access to mental health resources for communities of color, compounded by the trauma of violence against communities of color by police and further compounded by the much greater likelihood of a police officer to use deadly force on Black people, Indigenous people, people with disabilities, and people of color. Hence this issue is of critical importance when we seek justice for communities of color, for impoverished communities, and for people living with mental illness. Oakland communities report negative and often escalated interactions over non-criminal, non-violent situations when police respond.

Categories of Existing Models and Programs

There are many overlapping programs offering different crisis intervention services, such as crisis prevention, primary assessment, acute crisis services, and support services. Some enable secondary evaluation by offering transport or connection to additional services. Many jurisdictions have a variety of phone support through warm lines, non-emergency lines, and special lines for identified clients run by nonprofits or community organizations, sometimes with funding from a health department, private grants and donations, or both.

¹ “Why do police keep seeing a person’s disability as a provocation?”, The Washington Post, Harold Braswell, August 25, 2014, <https://www.washingtonpost.com/posteverything/wp/2014/08/25/people-with-mental-disabilities-get-the-worst-and-least-recognized-treatment-from-police/>

² See for example, the 2017 murder of Marcellus Toney, documented here: <https://oaklandnorth.net/2018/12/13/wife-files-suit-in-oakland-police-taser-death-of-marcellus-tony/>; and the 2016 murder of Yonas Alehegne, documented here: <http://abc7news.com/news/oakland-police-reveal-names-of-officer-suspect-in-fatal-shooting/964480/>;

Although many models and projects have similar elements or amalgams of various elements, this is a broad summary.

Mental Health (MH) First

MH First is a cutting-edge new alternative, community-run response system for mental health crises started in January 2020 in Sacramento. Every weekend a team of volunteer clinicians and trained volunteers maintain a hotline and mobile response to crises including, but not limited to, psychiatric emergencies, substance use disorder support, and domestic violence situations that require victim extraction. It is totally independent of law enforcement.

MH First was launched by the Anti Police-Terror Project (AFTP) in Sacramento in January 2020, to respond to mental health crises including, psychiatric emergencies, substance use disorder support, and domestic violence situations that require victim extraction.

MH First consists of a two- or three-person team with the following roles: crisis interventionist; medic (volunteers with medical experience fill this slot when one is available, typically EMT, LVN, RN or MD); and a safety liaison. There is both a hotline and mobile response to crisis locations by volunteers from Friday through Sunday, 7pm to 7am (although MH First is currently available for phone support during the pandemic.)

Residents contact the helpline through phone, text, or social media. Upon receiving a call, MH First determines if the participant is in a safe space and inquires if police have been called or are on the scene. If police are on the scene or have been called, volunteers are trained to dispatch automatically. In the case of a mental health crisis involving adverse behaviors, their objective is to determine whether or not the participant is in immediate danger. If they are, MH First trained staff attempt to neutralize the dangerous behavior. If not, then their objective is to help the participant identify their immediate needs (food, clothing, shelter, safety or further treatment). Once their immediate need has been identified, MH First uses their extensive community resource list and available supplies to meet that need to the best of their ability, while centering the participant's stated needs and self-determined safety plan. AFTP is expanding to Oakland.

*Crisis Assistance Helping Out on The Streets (CAHOOTS)*³

CAHOOTS is a 30-year, unique mobile medical street outreach model which is a low-cost alternative to police for non-criminal requests (partnering with city and county 911 systems in Eugene, Oregon). CAHOOTS use a team of an unlicensed counselor and EMT to respond to emergency calls without police. It has diverted a substantial proportion of 911 calls and saved millions in law enforcement and EMR/ER costs. It is the only model of a non-licensed mental health worker and an EMT responding to public safety calls without a police officer.

³ 2014-2017 Data: <http://www.mentalhealthportland.org/wp-content/uploads/2019/05/2018CAHOOTSBROCHURE.pdf>
2012-2015 Brochure: https://truthout.org/wp-content/uploads/legacy/documents/starting_a_MCIP.pdf
<https://whitebirdclinic.org/when-mental-health-experts-not-police-are-the-first-responders/>
<https://www.cbsnews.com/news/mental-health-team-responds-to-emergencies-oregon-alternative-to-police-2019-10-23/>

The program responds to 17% of all public safety calls while saving \$8.5 million in police costs and \$2.9 million in ER/EMS costs per year. Other savings include the reduction of ambulance trips, emergency room visits, involuntary mental health holds, and arrests and detentions. Although roughly half of CAHOOTS contacts are unhoused, they provide mobile crisis assistance to residents from all backgrounds and socio-economic status. CAHOOTS only engage with residents voluntarily and believes their primary function is as a client advocate.

CAHOOTS is fully integrated into both Eugene emergency response, social service, and healthcare providers and is funded through Eugene's Public Safety budget. The CAHOOTS teams share central dispatch with the Eugene police department and carry police radios and there is ongoing, structured communication with the Eugene police department, dispatch, fire, service providers.

Staff receive extensive safety training and are able to call for assistance on the police radios. No team member has ever been hospitalized with an injury. Although CAHOOTS can call police as part of their safety protocol, out of 24,000 calls in 2019, they called police to the scene only 150 times.

Community Response Networks/Peer Navigators

There are existing and emerging informal networks of volunteer community members, with experience, community training, or both, responding to a range of urgent mental health and other resident needs with networks of resources and referrals developed specifically for the responders.

There is also growing use of peer navigators who can offer a shared life experience and non-judgmental and unconditional support to those they are assisting. A variety of models are incorporating residents with lived experiences as an additional team member, typically working with licensed clinicians, often to build ongoing relationships with residents. Although amalgam models overlap, only the community volunteer models are using residents with lived experiences as primary team members.

Following are examples of these approaches:

Organizations and Activists - There are a variety of organizations and informal networks responding to a broad range of crises in Oakland, including: North Oakland Restorative Justice Council (NORJC) responds in north Oakland's unhoused communities, communicating through a text network; Restorative Justice for Oakland Youth (RJOY) and Youth Alive respond in the aftermath of violence; unhoused activists respond to a broad range of crises in encampments through an informal but highly responsive network.

Community responses have been crucial during the COVID-19 pandemic. Organizations like East Oakland Collective and Roots Community Clinic have been essential in advocating for and providing services to residents and doing outreach to connect residents to services.

The Living Room - An alternative to emergency rooms or jail, a 23-hour respite program in a non-clinical space for people experiencing psychiatric emergencies that provides support to resolve crises without more intensive intervention. Alameda County is working to bring this model to Oakland, expecting to decrease the demand on Highland and John George Hospitals.

DOPE Project (Harm Reduction Coalition) - A peer overdose prevention program in San Francisco / Bay Area involving the community distribution of and training in naloxone (the antidote to opioid overdose) directly to people who use drugs and their friends/family, who will be in the best position to respond immediately to a life-threatening overdose. Such programs are documented to have saved tens of thousands of lives throughout the country.⁴

Lava Mae - Currently suspended because of COVID-19, Lava Mae normally has two monthly mobile hygiene and pop-up care villages for unhoused residents in Oakland.

HIV Education & Prevention Project of Alameda County (HEPPAC) - A regular mobile outreach by Casa Segura and LifeLong Medical Care with access to harm reduction and health care services.

People's Community Medics - Since 2012, the People's Community has taught basic emergency first aid so that people can help one another until an ambulance arrives with free trainings in basic emergency first aid for treating seizures and bleeding trauma like gunshot wounds and stabbing and how to treat exposure to police chemicals like tear gas and pepper spray. At their workshops across the West Coast, members hand out free first aid packets that have gloves, gauze, an instruction sheet in English, Spanish and Mandarin, emergen-C (for diabetics) and a "know your rights" pocket card. ⁵

CONCRN - A program in the Tenderloin, San Francisco, provided a compassionate alternative to 911, using a crisis reporting app and compassionate peer responder teams, trained in de-escalation, to provide crisis intervention, and linkage to services. The program shut down in 2019, unable to overcome challenges with maintaining consistent peer responders, managing volunteers, and scalability. San Francisco encouraged residents and businesses to report homeless concerns to 311 for a response from Health Streets Operation Center (HSOC) which failed because it was linked to enforcement, rather than providing support or services. Currently, service and advocacy organizations in San Francisco are having initial conversations to develop a CAHOOTS model.

Mobile Clinical Response Without Police

Many jurisdictions have mobile crisis response teams of clinicians with an independent phone number who stabilize people in crisis at their homes or other locations; at their discretion these teams can bring law enforcement with them.

⁴ See e.g. CDC, <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6423a2.htm>. For info on the DOPE project specifically, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6391290/>; and for naloxone distribution programs in SF jail, see <https://journals.sagepub.com/doi/abs/10.1177/1078345819882771>.

⁵ <http://www.peoplescommunitymedics.org/>

International jurisdictions have even more independent models, including clinical prehospital mobile response programs with positive results.

International Models

PAM (Stockholm, Sweden) - PAM is a mobile ambulance, pre-hospital, non-police response program. It responds to an average of 135 emergency calls a month, 85% of which are related to suicide. During its first year, this community ambulance service was requested 1,580 times and attended to 1,254 cases (3.4 cases per day).⁶

UK - In the United Kingdom, mental health calls are largely handled by the National Health Service, not police.

Indigenous - Globally, Indigenous peoples have long used and still do use traditional forms of governance and interventions in place of police and prisons. The workgroup noted the need for further research on international and indigenous models.

County or State Behavioral Health Depts. (various)⁷

Clinical response team of clinicians designed to prevent criminal justice involvement or hospitalizations. They are accessed through an independent phone number, with 911 as an emergency option. At their discretion they may arrive with law enforcement. Most models can also be called to the scene by law enforcement.

Clinicians Co-Responding with Police

Many jurisdictions have some form of mobile psychiatric emergency care with crisis teams focused on providing care outside of a clinical setting. Staffed by clinicians, they typically can place clients on an involuntary hold and make more appropriate referrals. Typically, the programs respond to a proportionally small number of emergency calls with clear mental health indicators. These teams respond to calls from health providers or emergency services. They only respond to emergency calls concurrently with police. Many jurisdictions have clinicians co-responding with police. The effectiveness seems to vary, depending on the established culture

⁶ Bouvang, Benstonn, Carlborg, International Journal of Mental Health, 2017, <https://www.tandfonline.com/doi/full/10.1080/00207411.2016.1264040#>; see also https://apolitical.co/en/solution_article/worlds-first-mental-health-ambulance-arrives-sweden
https://www.vice.com/en_uk/article/5gqemz/stockholm-mental-health-ambulance-263
<https://www.vox.com/future-perfect/2019/7/1/20677523/mental-health-police-cahoots-oregon-oakland-sweden>

⁷ See for example, Contra Costa: <https://cchealth.org/mentalhealth/mcrt.php>; Santa Clara: <https://www.sccgov.org/sites/hhs/news-and-stories/Pages/mobile-crisis-response-teams-available-public.aspx>; Marin: https://www.marinhhs.org/sites/default/files/files/servicepages/2018_02/mcrt_brochure_final_english.pdf; Minnesota: <https://mn.gov/dhs/people-we-serve/adults/health-care/mental-health/programs-services/mobile-crisis.jsp>
<https://www.lmhc.org/emergency-services/>; and NYC: <https://www1.nyc.gov/site/doh/health/health-topics/crisis-emergency-services-mobile-crisis-teams.page>

and willingness to have the clinician lead the interaction. There is little data or research on outcomes of these programs.

Alameda County Mental Health Co-Responder Models

Alameda County has several programs of police-partnered licensed clinicians responding to crises. All programs use licensed clinicians, who co-respond with officers (primarily on scene where police are present), and limited coverage - both hours and number of teams being fewer than the number of potential calls. Area costs of living and housing have impacted recruitment and ability of the programs to expand.

Mobile Crisis Team (MCT) Two clinicians are stationed in West Oakland 10:30 am -7:30pm, Monday - Friday, responding to 5150 and other crisis calls from police, shelters, community agencies, and community members. Clinicians conduct a psychiatric and risk assessment and linkage to services.

Mobile Evaluation Team (MET) An officer and a licensed clinician provide the same assessment, intervention, and linkage to services as MCT, responding to calls from police dispatch from Monday -Thursday, 8am - 3pm, focused in East Oakland. They average responses to 6-8 calls/day.

Community Assessment & Transport Team (CATT) is a new program scheduled to launch in May 2020 with an EMT and licensed counselor responding primarily when officers are present. Bonita House, a 50-year provider of a range of support for residents with mental health and substance use disorder, is contracted by Alameda County to run CATT. CATT expects to start with three teams to cover all of Oakland. CATT will build towards 24/7 capacity.⁸

Specialized Officer Training

All officers receive some amount of training specific to responding to residents with mental health challenges. As noted above, this training has not succeeded in preventing several recent officer killings of people in crisis. For many communities, police are not the most effective first-responders.

OPD Mental Health Training - All OPD officers receive 16 - 20 hours of LD37 (5150) training at the OPD Academy which includes how to respond to people with disabilities. 5150 refers to the California law code for the temporary, involuntary psychiatric commitment of individuals who present a danger to themselves or others or are gravely disabled due to signs of mental illness. Additional OPD training is clearly needed, although not part of the MACRO project. A new Use of Force policy is being developed and will include training to emphasize de-escalation.

OPD Crisis Intervention Team (CIT) - CIT was developed in Memphis, in partnership with the National Alliance on Mental Illness, with a 40-hour training that emphasizes mental health topics, crisis resolution skills, de-escalation, and access to community-based

⁸ <https://bonitahouse.org/catt/>

services. It is most successful when officers volunteer and receive ongoing training. Currently, there are 344 CIT OPD officers. Oakland does not provide refresher training. OPD dispatchers receive training on assessment of crisis events, protocol, and identification of calls that would benefit from a CIT officer.

While some jurisdictions have reported benefits, recent systematic reviews and meta-analyses have found no difference between CIT and non-CIT officers in terms of number of arrests, use of force, or even officer safety.⁹ Recent reviews have also found that officer CIT training is not an evidence-based practice because of a paucity of reliable data.¹⁰ Data is not available on the impact of the OPD CIT program. The CIT program does not address understaffing and adds additional time-intensive expectations on existing officers since a CIT response emphasizes de-escalation, which entails taking the time and slowing down the interaction, rather than forcing quick compliance.

Justice Involved Mental Health Diversion & Alternatives - A collaboration between the District Attorney's and Public Defenders' offices to divert people to more appropriate services.

Areas of Discussion and Agreement

- The group is following California legislation, the CRISES Act (AB 2054), which recently passed out of its first assembly committee and would boost the call for community pilot programs to intervene in mental health and other crises, including intimate partner and intercommunal violence, natural disasters, and homelessness.
- The work group noted that CAHOOTS, MH First and other models rely heavily on a strong network of referrals and resources, which must have deep roots in the community and be a living document that can be updated and added to on an ongoing basis. The group believes the resource and referral system must be based on the following values: lived experiences, ongoing community input, unconditional and non-judgmental, team-members from community, residents as experts of their lives, client-centered, compassionate care.
- The work group agreed that more research would be useful, especially of international and indigenous alternatives.
- The group agreed that data for various models would be very meaningful for a complete understanding of effectiveness and impact. One particularly useful research task would be to create a spreadsheet (initial version is attached) that compares and contrasts the different models with respect to some fundamental components like:

1. Capacity; how many served per month

9

<https://www.trincoll.edu/Academics/centers/TIIS/Documents/Sept%2019%20event%20meta-analysis%20crisis%20intervention%20training%20for%20police.pdf>

¹⁰ <https://www.tandfonline.com/doi/full/10.1080/0735648X.2018.1484303?src=recsys>.

2. Budget: resource allocation
3. Source of funding: city, county, private?
4. Licensed or unlicensed staff; paid or volunteer
5. Availability: hours per week weekends? Nights?
6. Only immediate response or also referral
7. Access: 911, another phone #, app? Website?

Additional Models

Olympia, WA Crisis Response Unit (CRU)

CRU, funded by a public safety levy, is a new partnership patterned on CAHOOTS, with teams of social workers in downtown Olympia from 7 a.m. - 9 p.m., 7 days a week and a Familiar Faces program that establishes an ongoing, supportive relationship with high-users of emergency services with extreme behavioral health issues but not high risk for violent criminal behavior. The Olympia Police Department is pleased, reporting that CRU provides a better equipped response and relieving officers to focus on other calls. A survey of officers prior to CRU and after 6 months found a reduction in use of force and involuntary detentions.

Denver, CO Support Team Assistive Response (STAR)

STAR was supposed to be initiated in March 2020. Need to confirm that the initial teams are in the field and get more details, structure. It is funded separately through a ballot initiative.

Austin, TX Emergency Response Corps

In development. Need to confirm current status.

Alameda County Resources and Referrals

Street Level Health Project

3125 E 15th St
Oakland, California
(510) 533-9906

Sausal Creek Outpatient Clinic, Fruitvale. Provides treatment and support to adults living in Alameda County who have mental health needs that can't wait. The clinic is a walk-in program for residents with Medi-Cal or are uninsured. We do not make appointments. Every individual will meet with a counselor, a nurse and a prescribing clinician for a thorough evaluation. It is a safe, respectful environment where people in crisis can receive mental health services 12 hours/day, 6 days/week.

24-hour Crisis Hotline

Family Violence Law Center

1-800-947-8301

For people living in Alameda County, CA

HEPPAC

HIV Education and Prevention Project of Alameda County

Oakland Syringe Access Locations:

Tuesdays: 6:00 pm – 8:00 pm: (Fruitvale) E.12th and 23rd Ave.

Tuesdays: 6:00 pm – 8:00 pm: (Fruitvale) E.12th and 23rd Ave.

Thursdays: 6:00 pm – 8:00 pm: (Deep East Oakland) 100th and Pearmain St.

Fridays: 11:30 am – 1:30 pm: (West Oakland) 2313 San Pablo Ave.

Family Education and Resource Center (FERC):

FERC WARM LINE - 888-896-3372

Resources for School-age Children and Adolescents

Alameda County Behavioral Health (ACBH) is the lead agency providing coordination of mental health and substance use services in Alameda County. ACBH offers access to treatment and support programs for children with mental health support needs, including those classified as Seriously Emotionally Disturbed (SED). Services are primarily provided for children on Medi-Cal or who are uninsured but still low-income.

The populations served include:

- Young children and youth in the community who have mental health disorders
- Children receiving special education services who have been referred by the schools to receive mental health services
- Children in psychiatric inpatient facilities, and
- Youth who are involved in the juvenile justice system and also have mental health needs

Early and Periodic Screening, Diagnosis and Treatment (EPSDT)_- Medi-Cal EPSDT is an entitlement for children, 0 up to age 21, who are Medi-Cal eligible. It is designed to provide comprehensive mental health services that can mitigate mental health problems. These services often include coordination, case management, and an approach which includes family and other providers in the treatment plan.

The following groups have increased mental health services under EPSDT:

- children birth to five • children in foster care • children with dual diagnosis of substance use and mental illness • school-based services. Agencies using

EPSDT funding are generally able to take direct referrals from primary care providers of children with full-scope Medi-Cal.

To look into obtaining Alameda County Behavioral Health referrals and services including EPSDT, call their ACCESS 24-hour Hotline: (800) 491-9099

Children and Youth Hotlines:

- Alameda County Crisis Support Youth Text Line; Text “Safe” to 20121 (4 PM-11 PM daily)
- California Youth Crisis Line 800-843-5200
- Children in immediate risk or danger 800-843-5678
- Covenant House Nineline 800-999-9999
- Kid Help 800-543-7283
- National Youth Crisis Hotline 800-448-4663
- Youth Crisis Hotline information and referral for youth in crisis 800-448-4663

National Parent Helpline: 855-427-2736 (especially for young parents)

Crisis Support Resource for Children/YA (0-17)

If you or someone close to you is experiencing a mental health crisis and may be imminently dangerous to others or self, you should call 911.

If the person is in crisis, but the situation does not appear to be an emergency here are some resources:

UCSF Benioff Children’s Hospital Oakland (children under 12)

Staff is available 24 hours a day to respond to emergencies such as a child's suicide attempt or out-of-control behavior. Bring child in to be assessed in ambulance or, if it is safe, by car. The BERT (Behavioral Emergency Response Team) provides emergency room evaluations of children with suicidal ideation, behavioral crises, or possible need for a psychiatric hospitalization. The team will decide whether the child can return home or be admitted into a county contracted inpatient hospital.

510-428-3571 <https://www.childrenshospitaloakland.org>

747 52nd Street, Oakland, CA 94609

Willow Rock Crisis Stabilization Unit (ages 12-17)

Provides short (up to 23.5 hours) drop-in services for adolescents experiencing a mental health crisis and who do not meet the criteria for hospitalization. Highly skilled clinicians and counselors quickly assess the needs of each adolescent and provide interventions specially designed to return them safely to their homes, schools and neighborhoods.

Youth who are at imminent risk of harm to self or others will be considered for admission to the adjoining acute inpatient program. Involuntary and voluntary.

510-483-3030 <https://www.telecarecorp.com/willow-rock-center>

2050 Fairmont Drive, San Leandro, CA 94578

Willow Rock Center-Psychiatric Inpatient Facility (ages 12-17)

Provides acute psychiatric inpatient services including 5150 holds ("5150" refers to an involuntary, 72-hour hold). Includes comprehensive evaluation and risk assessment, collaborative treatment planning with a recovery focus, crisis planning and prevention, supportive counseling, on a group and individual basis, medication evaluation and management and discharge planning. Accepts private insurance and Medi-Cal. Voluntary and involuntary.

510-895-5502 <https://www.telecarecorp.com/willow-rock-center>

2050 Fairmont Drive, San Leandro, CA 94578

Herrick Hospital - Alta Bates Medical Center (Berkeley)

Provides inpatient services for adolescents including 5150 holds ("5150" refers to an involuntary, 72-hour hold). There are three tracks available; mental health, eating disorders and dual diagnosis (mental health issues and drugs and/or alcohol addiction). Accepts private insurance and Medi-Cal. Voluntary or involuntary.

510-204-4405 <https://www.sutterhealth.org/absmc/services>

2001 Dwight Way, Berkeley, CA 94704

Crisis Support Service of Alameda County

24-hour Crisis-line (all ages) 800-309-2131

If the person is not willing to seek help, but is

- a danger to themselves or
- a danger to others or
- gravely disabled because of a mental health issue

They may qualify for a "5150" (72-hour involuntary psychiatric hold and evaluation). If this is the case:

- call 911 and tell them it's a psychiatric emergency or

If the person is NOT in crisis and wants help:

- If they have private medical insurance, call the insurance company and ask for a referral to a psychiatrist or a therapist
- If they have Medi-Cal, Medi-Care or do not have any insurance, Alameda County Residents may call the ACCESS Program (Acute Crisis Care and Evaluation for System-wide Services) 1-800-491-9099 for referrals to a therapist, psychiatrist or other mental health resources

ACCESS Program (Acute Crisis Care and Evaluation for System-wide Service)

This is the number to call to be referred to all county mental health services. Open to all Alameda county residents. Offers services in Spanish and in 8 Asian languages.

If the person is not willing to seek help, but is

- a danger to themselves or
- a danger to others or
- gravely disabled because of a mental health issue

They may qualify for a “5150” (72-hour involuntary psychiatric hold and evaluation). If this is the case:

- call 911 and tell them it’s a psychiatric emergency or

If the person is NOT in crisis and wants help:

- If they have private medical insurance, call the insurance company and ask for a referral to a psychiatrist or a therapist
- If they have Medi-Cal, Medi-Care or do not have any insurance, Alameda County Residents may call the ACCESS Program (Acute Crisis Care and Evaluation for System- wide Services) 1-800-491-9099 for referrals to a therapist, psychiatrist or other mental health resources 800-491-9099

Transition Age Youth

Transition Age Youth, sometimes referred to as TAY, are youth ages approximately 16-24 who are struggling with mental health issues and sometimes substance use issues. As these young people transition into adulthood, they face a series of additional challenges like navigating relationships, higher education, jobs, and independence. The county’s TAY system of Care includes programming for youth and young adults designed to support community building and wellness.

To look into obtaining Alameda County Behavioral Health referrals and services including learning more about the TAY system of care, call their ACCESS 24-hour Hotline: (800) 491-9099 or (510) 567-8100.

Adults

Crisis Support Resources for Adult (18+)

If you or someone close to you is experiencing a mental health crisis and may be imminently dangerous to others or self, you should call 911.

If the person is in crisis, but the situation does not appear to be an emergency here are some resources:

Sausal Creek Outpatient Clinic

Sausal Creek Outpatient Clinic offers psychiatric assessments, medication support, co-occurring support services, linkages to other support services, and walk-in services for adults who have a serious chronic mental illness. Services are available for Alameda County residents who have Medi-CAL, HealthPAC, or who are already enrolled in a program. These services are not for individuals currently experiencing a medical emergency. Referrals are made through Alameda County ACCESS. They can be reached at 800-491-9099 Monday through Friday, 8:30 a.m. to 5:00 p.m.

Hours of Operation

Tuesday 7:00 a.m. to 3:30 p.m.

Wednesday 11:30 a.m. to 8:00 p.m.

Thursday 9:00 a.m. to 5:30 p.m.

Friday 11:30 a.m. to 8:00 p.m.

Saturday 9:00 a.m. to 5:30 p.m.

510-437-2363

2620 26th Avenue, Oakland, CA 94601

John George Psychiatric Pavilion

Alameda County's psychiatric inpatient hospital offers 24-7 voluntary and involuntary psychiatric emergency services and acute (severe) inpatient services for adult mental health clients.

510-346-7500

[http://alameda.networkofcare.org/mh/services/agency.aspx?pid=JohnGeorgePsychiatric Pavilion 344 2 0](http://alameda.networkofcare.org/mh/services/agency.aspx?pid=JohnGeorgePsychiatricPavilion_344_2_0)

2060 Fairmont Drive, San Leandro, CA 94578

Berkeley Mobile Crisis Team

Provides mobile crisis response for Berkeley and Albany residents. Operates seven days per week 11 a.m. to 11 p.m. EXCEPT on Wednesday the hours are 4 p.m. to 11 p.m.

510-981-5254 <https://www.cityofberkeley.info/ContentDisplay.aspx?id=15662>

ACCESS Program (Acute Crisis Care and Evaluation for System-wide Service)

This is the number to call to be referred to all county mental health services. Open to all Alameda county residents. Offers services in Spanish and in 8 Asian languages.

If the person is not willing to seek help, but is

- a danger to themselves or
- a danger to others or

- gravely disabled because of a mental health issue

They may qualify for a “5150” (72-hour involuntary psychiatric hold and evaluation). If this is the case:

- call 911 and tell them it’s a psychiatric emergency or
- call the Berkeley Mobile Crisis Team or Crisis Response (program numbers listed above)

If the person is NOT in crisis and wants help:

- If they have private medical insurance, call the insurance company and ask for a referral to a psychiatrist or a therapist
- If they have Medi-Cal, Medi-Care or do not have any insurance, Alameda County Residents may call the ACCESS Program (Acute Crisis Care and Evaluation for System- wide Services) 1-800-491-9099 for referrals to a therapist, psychiatrist or other mental health resources 800-491-9099

Crisis Response Program

The Crisis Response Program provides telephone and limited walk-in crisis intervention, psychiatric assessment, temporary medication support, assessment and evaluation. This service is for Alameda County residents not in Berkeley or Albany. The Crisis Response Program has offices in Oakland, Fremont and San Leandro which are open Monday through Friday from 8:30 a.m. to 5:00 p.m. The Program also has offices in Livermore and Pleasanton open three days a week. The Downtown Oakland Mobile Crisis Team responds to requests from the Oakland Police Dept., other agencies and individuals for assistance with mental health evaluations of adults in the community (staff permitting). Operates from 10:00 a.m. to 8:00 p.m., Monday through Friday.

1-800-491-9099 (The Crisis Response Program is reached through ACCESS)

Crisis Support Service of Alameda County

24-hour Crisis-line (all ages)

If the person is not willing to seek help, but is

- a danger to themselves or
- a danger to others or
- gravely disabled because of a mental health issue

They may qualify for a “5150” (72-hour involuntary psychiatric hold and evaluation). If this is the case:

- call 911 and tell them it’s a psychiatric emergency or
- call the Berkeley Mobile Crisis Team or Crisis Response (program numbers listed above)

If the person is NOT in crisis and wants help:

- If they have private medical insurance, call the insurance company and ask for a referral to a psychiatrist or a therapist

- If they have Medi-Cal, Medi-Care or do not have any insurance, Alameda County Residents may call the ACCESS Program (Acute Crisis Care and Evaluation for System- wide Services) 1-800-491-9099 for referrals to a therapist, psychiatrist or other mental health resources

Psychiatric Facilities in Alameda County

Acute Inpatient Services: 2 to 30-day stays (on average)

Herrick Hospital - Alta Bates Medical Center (Berkeley)

Provides inpatient services for adolescents including 5150 holds ("5150" refers to an involuntary, 72-hour hold). There are three tracks available; mental health, eating disorders and dual diagnosis (mental health issues and drugs and/or alcohol addiction). Accepts private insurance and Medi-Cal. Voluntary or involuntary.
510-204-4405 <https://www.sutterhealth.org/absmc/services>
2001 Dwight Way, Berkeley, CA 94704

Fremont Hospital (Fremont)

Voluntary inpatient services for Adolescents and Adults. Private Hospital. No Emergency Room. Call for appointment or crisis intervention.
510-796-1100 <https://fremonthospital.com/>
39001 Sundale Dr, Fremont, CA 94538

Eden Hospital Medical Center (Castro Valley)

Serves adult psychiatric patients. Voluntary inpatient, partial hospitalization and outpatient services. Accepts Medi-Cal and private insurance. Call for intake assessment.
510-889-5016 <https://www.sutterhealth.org/eden>
20103 Lake Chabot Rd, Castro Valley, CA 94546

John George Psychiatric Pavilion

Alameda County's psychiatric inpatient hospital offers 24-7 voluntary and involuntary psychiatric emergency services and acute (severe) inpatient services for adult mental health clients.
510-346-7500
[http://alameda.networkofcare.org/mh/services/agency.aspx?pid=JohnGeorgePsychiatric Pavilion 344 2 0](http://alameda.networkofcare.org/mh/services/agency.aspx?pid=JohnGeorgePsychiatricPavilion_344_2_0)
2060 Fairmont Drive, San Leandro, CA 94578

Heritage Hospital (Oakland)

Acute inpatient treatment for adults. Accepts Medi-Cal, private insurance. Voluntary and involuntary.
510-535-5115 <https://www.telecarecorp.com/heritage-psychiatric-health-center/>

633 E 27th St, Oakland, CA 94601

Sub-acute or longer-term Inpatient Facilities

Villa Fairmont (San Leandro)

Alameda County's primary psychiatric sub-acute facility offering both short-stay and longer sub-acute inpatient services for adults. Voluntary for some patients, many are placed on conservatorship.

510-352-9690 <https://www.telecarecorp.com/villa-fairmont-mental-health-rehabilitation-center>

15200 Foothill Blvd, San Leandro, CA 94578

Morton Bakar Center (Hayward)

A long-term skilled nursing facility dedicated to providing optimum care for older adults with a primary major mental illness.

510-582-7676 <https://www.telecarecorp.com/morton-bakar-center>

494 Blossom Way, Hayward, CA 94541

Gladman Rehabilitation (Oakland)

Provides services for adults whose psychiatric disabilities require extensive rehabilitation services beyond those provided in sub-acute settings.

510-536-8111 <https://www.telecarecorp.com/gladman-mhrc/>

2633 E 27th St, Oakland, CA 94601

Alameda County Behavioral Health (ACBH) is the lead agency providing coordination of mental health and substance use services in Alameda County. ACBH offers access to treatment and support programs for adults with mental health support needs, including those experiencing Serious Mental Illness (SMI). Services are primarily provided for adults on Medi-Cal or who are uninsured but still low-income.

The City of Berkeley operates its own mental health system (outpatient services only) for its residents and those of Albany. For mental health services, Berkeley and Albany residents only may call 510-981-5290.

Asian ACCESS, 510-869-7200, located at 310 – 8th Street, Suite 201, Oakland - a program of Asian Community Mental Health Services provides mental health information and treatment referrals, free one-time mental health screening, and short-term treatment. Staff are fluent in Cantonese, Mandarin and Vietnamese; services in other Asian languages and dialects by arrangement.

Casa del Sol, 510-535-6200, located at 1501 Fruitvale Avenue, Oakland - a program of La Clinica de La Raza; provides bilingual Spanish and bicultural mental health services including individual and family therapy for children, adolescents, and adults.

Sausal Creek Outpatient Clinic, 510-437-2363, located at 2620 26th Avenue, Oakland -offers psychiatric assessments, medication support, co-occurring support services, linkages to other support services, and walk-in services for adults who have a serious chronic mental illness.

To look into obtaining Alameda County Behavioral Health referrals and services for Adults, call their ACCESS 24-hour Hotline: (800) 491-9099 or (510) 567-8100.

Older Adults

Alameda County Behavioral Health (ACBH) is the lead agency providing coordination of mental health and substance use services in Alameda County. ACBH offers access to treatment and support programs for adults with mental health support needs, including those experiencing Serious Mental Illness (SMI). Services are primarily provided for older adults on Medi-Cal or who are uninsured but still low-income.

North and Central Alameda County is served by the [Senior In-Home Counseling Program](#) of the [Crisis Support Services](#) of Alameda county. The target population is seniors who are homebound and/or socially isolated, who would benefit from weekly counseling and who otherwise would not have access to mental health services. Specialized support groups and in-office programs are also offered.

South Alameda County has several Senior resources listed at <https://www.fremont.gov/219/Emotional-Support>. Services include:

In-home assessment of mental health needs

Medication support and management

Individual and family therapy

Assistance in finding services

Crisis intervention

Contact them via the multilingual Senior Help Line: (510) 574-2041

East Alameda County seniors are served by the [Senior Support Program of the Tri-Valley](#). They provide case management, alcohol and drug management, friendly visitors and more. Seniors can of course access all adult services but should be aware of and take advantage of services tailored to their specific needs. For example, many seniors are able to remain in their own home with just a little supplemental care. The In Home Supportive Services of the Alameda County Social Services Agency (ACSSA) is one such care provider.

The Area Agency on Aging (AAA), another division of ACSSA, has several handbooks to help with senior's resources:

[North County](#) Senior Services - Alameda, Albany, Emeryville, Oakland, and Piedmont

[Central County](#) Senior Services - Castro Valley, Hayward, San Leandro, San Lorenzo

[South County](#) Senior Services - Fremont, Newark, Union City

[East County](#) Senior Services - Dublin, Livermore, Pleasanton, Sunol

[Housing Guide](#) for Seniors in Alameda County

[Senior Centers](#) in Alameda County for socialization.

[Resource Page](#) for these Guides in English and in Spanish, Farsi, and in Chinese as well as the quarterly seniors newsletter, Senior Update

Legal help for older adults can be found at [Legal Assistance for Seniors](#) (LAS). LAS is the Alameda County provider of the state's Health Insurance Counseling & Advocacy Program (HICAP). HICAP provides Medicare community education, individual help to Medicare recipients as well as long term care related issues. California's main page for [HICAP](#) is within the California Department of Aging.

To look into obtaining Alameda County Behavioral Health referrals and services for Older Adults, call their ACCESS 24-hour Hotline: (800) 491-9099 or (510) 567-8100.

Support Groups Offered By FERC

Family & Caregiver Support Group - 1st Wednesday, 6pm-7:30pm, FERC main office, 440 Grand Ave., Suite 360, Oakland; Families with loved ones of any age. Call 510-746-1700 or our Warm Line at 888-896-3372.
440 Grand Ave, Suite 360 Oakland, CA 94610

Support Group for Families with a Loved One with Borderline Personality Disorder - 1st Wednesday, 6pm-7:30pm, FERC main office, 440 Grand Ave, Suite 210, Oakland. For more information, contact: FERC main office (510) 746-1700. RSVP requested.

Spanish Family & Caregiver Support Group - 3rd Wednesday, 6pm- 7:30pm, meets at the Marina Community Center, 15301 Wicks Blvd., San Leandro. For more information, please contact: Family Education & Resource Center (FERC) main office (510) 746-1700, the FERC Warm-line (888) 896-3372 or email co-facilitator at: Jennifer@mhaac.org

Family & Caregiver Support Group - 2nd Tuesday, 5pm-6:30pm, Fremont Family Resource Center, 39155 Liberty Street, Room A120 Fremont, CA 94538. For more information, contact: FERC main office (510) 746-1700 or FERC Fremont Office (510) 790-1010 39155 Liberty Street, Room A120 Fremont, CA 94538

National Suicide Prevention Lifeline

The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals. Call 1-800-272-8255. National Suicide Prevention, 24-hour hotline (all ages)
800-SUICIDE

TranLifeline

Trans Lifeline is a national trans-led 501(c)(3) organization dedicated to improving the quality of trans lives by responding to the critical needs of our community with direct service, material support, advocacy, and education. <https://www.translifeline.org/>
The Hotline: US: 877-565-8860 Canada: 877-330-6366

Trevor Project

The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, queer & questioning (LGBTQ) young people under 25. The phone line is 24/7:1-866-488-7386 <https://www.thetrevorproject.org>

Active Minds

Active Minds has since become the premier organization impacting college students and mental health. Now on more than 600 campuses, Active Minds directly reach close to 600,000 students each year through campus awareness campaigns, events, advocacy, outreach, and more.

<https://www.activeminds.org/>

Crisis Text Line

Crisis Text Line is free, 24/7 support for those in crisis. Text 741741 from anywhere in the US to text with a trained Crisis Counselor. Crisis Text Line trains volunteers to support people in crisis. With over 79 million messages processed to date, we're growing quickly, but so is the need.

<https://www.crisistextline.org/>

Medication Assistance at Low or No Cost

Patient Assistance Programs: Reduced cost access provided directly by the drug manufacturer. Application is usually at the pharmaceutical site for each medication. These sites provide connection to the pharmaceutical sites and advice and support in the application process:

Medicare Part D assistance - www.mypartdusa.com

Patient Assistance Program sites - <http://www.patientassistance.com/>

[Partnership for Prescription Assistance](#)

[RxHope](#)

[RxAssist](#)

[American Society of Health-System Pharmacists](#)

Suggestions for Further Research

The workgroup offers the following considerations for research after the implementation report to City Council.

COMPREHENSIVE ONGOING RESEARCH OF MODELS AND IMPLEMENTATION

A systematic survey of alternative emergency response models summarizes the information already collected, add through contact with key people to obtain additional information to compare and contrast programs, including:

Operational scope:

which agencies are involved?
how many people from each agency?
how many FTEs?
which types of emergencies?
relative frequency of each type of emergency?

Costs incurred:

Salaries
Equipment
Administrative
Insurance
Other costs

Savings achieved, i.e., estimates of all the costs NOT incurred because the traditional model is no longer used or is used less - for example, less police overtime, less hospitalization, fewer arrests, transport by police to ED, less costs of prosecution, defense, and operation of the judicial system, less incarceration in jail, fewer children placed in foster care, etc.

Names and roles of key people who can provide information, endorsement for alternative programs

Information re how the program was adopted:

who proposed it?
who supported its adoption?
who opposed it?
did the effort to adopt the program go smoothly? speedily? slowly?
did the parameters of the program change between the time it was proposed and the time it was adopted? If so, what were the changes, and why were they made?
has the program changed since it was adopted? how and why?
does the initial support continue?
is the initial opposition still a problem?
have some of the initial opponents become supporters?
does any substantial opposition still continue?

What written materials concerning the program are available?

program proposals
program descriptions
job descriptions
budget requests
financial reports
periodic reports, e.g., end-of-year reports
testimonials
press clippings

What do interviewees know about other non-traditional programs?

Stories of success and/or failure, i.e., individual stories of individual people that can augment the dry facts of bureaucracies, policies, and dollars.

COVID IMPACTS

We have not yet considered the impacts of COVID on our communities and emergency responses. We will need to consider:

- Clearly, government budgets are going to be devastated. There is likely to be significant economic impact which lasts for several years with economics expecting a depression. This is likely going to increase economic crisis and needs in our communities.
- New models which respond to COVID and the social supports gaps and inequity highlighted during the pandemic.

Appendix III - MACRO COMMUNITY TABLE WORKGROUP #3 – Community Engagement Summary

Urban Strategies Council has been interviewing stakeholders, including OPD, OFD, Dispatch, service providers, advocates and activists, researchers, and organizations representing impacted communities and researching emergency and mental health response models nationally.

A comprehensive understanding of the CAHOOTS model is essential to assessing the feasibility of the model, since it is a successful long-term program. A main part of the task of Urban Strategies Council is in developing a model which reflects the unique issues, communities, resources, and history of Oakland. Conversations have sought to pay special attention to impacted residents who are over-represented in negative interactions with police, their families and advocates -- physically and mentally challenged, mental health, formerly incarcerated, Black youth, Latino youth, unhoused, and residents for whom English is not their primary language.

In February 2019, Goldman School for Public Policy graduate students interviewed 35 unhoused Oakland residents who participated in the Oakland Police Commission's public hearing on policing in unhoused communities. Leading up to the hearing extensive community outreach, including visiting encampments, created opportunities for additional informal conversations which were also documented.

CAHOOTS representatives came to Oakland for meetings with stakeholders: OPD, OFD, Dispatch, Mayor's Office, City Council, service providers, and community. Much of the information on procedural considerations came from these meetings and follow-up interviews.

The Latino Taskforce conducted 72 interviews at a Dia de los Muertos community event on police interactions with specific questions around emergency responses in non-criminal situations.

Urban Strategies Council conducted a focus group with 14 youth at Youth Spirit Artworks who have experienced homelessness, interactions with police, including during mental health crises.

Urban Strategies Council has had a series of conversations with researchers on policing, homelessness, mental health responses, and emergency response models.

Stakeholders:

AC EMS Corps
OPD Mental Health liaison
OPD Recruiting & Background Unit
OPD Communications Manager
City Council members & staff
Int'l Assn of Fire Fighters, Local 55

Mayor's Office
OPD Chief
Chief of Violence Prevention
NCPC Community Policing Board
Police Commission
OFD Chief for Operations

Other Models & Service Providers:

Alameda County Provider Connect
Alameda County Health Care Services Agency
BART Multi-Disciplinary Forensic Team
Bonita House
Building Opportunities for Self-Sufficiency
CAHOOTS
Eugene OR Dispatch Manager
CONCRN, SF
Crisis Response Unit Project (CRU), Olympia WA
Denver Alliance for Street Health Response (DASHR), Servicios de la Raza
HIV Education & Prevention Project of Alameda County (HEPPAC)
JIMH Task Force Diversion Subcommittee
North Oakland Restorative Justice

Community Groups & Advocates:

All of Us or None
Allen Temple
Arab Resource and Organizing Project
Black Organizing Project
Brotherhood of Elders
Ceasefire
Center for Independent Living
CONCRN
DVP Coalition
Faith in Action
Family Taskforce (Oakland mothers impacted by violence)
Family Violence Law Center
Human Impact Partners
Homeless Action Center
Homeless Advocacy Working Group
Latino Taskforce
Life ELDERCARE
Timelist
Mayor's Commission for Persons with Disabilities
Nat'l Inst for Criminal Justice Reform
Public Defenders' Office
Restorative Justice for Oakland Youth (RJOY)

Root & Rebound
Qal'bu Maryam Mosque
Richmond Dispatch Retired Manager
SF Coalition on Homelessness
SF Mental Health Assn
SF Rising
St. Elizabeth Catholic Church
United Seniors of Oakland and Alameda County
The Village
Youth Alive!
Youth Spirit Artworks

Other community interactions were cancelled, such as interviews with participants in East Oakland senior walking groups. We hope to be able to reschedule when it is safe for the participants.

This list of organizations whose input and experience would be helpful is long. We hope to schedule additional meetings with additional providers, community and advocacy organizations, and, especially, several local organizations serving families of people with disabilities and mental health challenges.

Urban Strategies Council strongly advocates that the participatory community research process continue at the start of program planning activities (to solicit impacted community residents' input through surveys and interviews, similar but smaller in scope to the one which was essential to the creation of the Department of Violence Prevention). The COVID-19 pandemic and delays in contract execution slowed the development of a process which will require the resources committed by the City Council to the feasibility report. Finalizing the contract immediately is long overdue.

Ongoing Community Engagement and Oversight

During the research, we have sought structures and challenges for ongoing community engagement and oversight in other projects, both emergency responder models and other service models. Most models have a structured process for complaints and how to resolve and address issues which arise. Community input processes and structures are less robust.

CAHOOTS has tried several strategies to engage the voices and concerns of the people who receive services. Although there is a dedicated seat on the White Bird Clinic Board of Directors, it has been difficult to fill and keep filled. The DVP model, where a community coalition continues to meet and engage with DVP and community issues, is one of the most effective we have found. There needs to be ongoing discussions with Oakland service and advocacy organizations to create a continuing and purposeful community engagement and oversight mechanism. There should also be re-evaluation of the mechanism which is implemented to

ensure that it is providing the engagement and oversight from impacted communities and to make changes as necessary.

Appendix IV - HISTORICAL CONTEXT OF OAKLAND RESIDENTS' ORGANIZING EFFORTS TO INCREASE POLICE ACCOUNTABILITY

With a surge in Black population during the Great Migration, white men from the deep South were recruited by the Oakland Police Department (OPD). Tension between the Black communities and the brutal, racist OPD have never abated. Murders, theft, and rape have been consistent features of OPD policing, with cover-ups, lying, and disinformation to deny the existence of specific crimes and the structural racism and corruption.

Black communities organized Informal neighborhood responses to protect community members and bring pressure on policing issues as they arose.

The Black Panthers - responding to enmeshed and structural injustice in ways which cannot be adequately captured here - organized support for residents trapped in the criminal justice system, demanded policy and structural change, and formed networks to directly protect residents against police violence.

More groups than can be named and informal networks of neighbors fought to defend themselves from the systemic racism and brutality of OPD. The murder of residents has been a flashpoint and focus of organizing repeatedly.

Black Organizing Project (BOP) was born out of the murder of student Raheim Brown, Jr by Oakland Unified School District police in 2008. BOP addresses excessive discipline of Black and Brown students, educational discrimination, and demands to dismantle OUSD police department and utilize a restorative justice approach. Their work is close to ending the existence of OUSD police.

In 2000, the Riders Scandal, which brought media attention to common OPD practices to kidnap, beat, plant evidence, arrest people on false charges, and steal, which had been well known in Black and Brown communities for decades, resulted in federal monitoring ship of OPD. OPD has yet to address the underlying issues successfully to end the monitoring.

PUEBLO (People United for a Better Life in Oakland) organized a Campaign for Community Safety and Police Accountability from 1994 to 2011.

In 2009, the murder of Oscar Grant led to demonstrations and organizing in many communities affected by racist policing. The Anti Police-Terror Project was organized to support families surviving police terror and demand an end to policing.

Oakland Community Organizations (OCO) is a grassroots organization with congregations in many heavily impacted neighborhoods. OCO members became very involved in Ceasefire, to attempt to address violence with neighborhood walks and policy advocacy. This work led to their members voting to be founding members of the Coalition for Police Accountability, where they remain active, bringing issues back to their membership for input and participation. OCO is now called Faith in Action, East Bay.

The campaign to create a strong oversight body (Measure LL) began in 2011 as a project of PUEBLO, later as the Coalition for Police Accountability which was formed to:

- Hold OPD accountable to the community.
- Educate the community about their rights, and how to file complaints.
- Ensure that the voices of impacted communities are heard.
- Support other communities seeking to bring accountability to policing

With the passage of Measure LL, they added:

- Educate the community about the Police Commission,
- Demand full resources for the Police Commission.

Member organizations of CPA during the Measure LL campaign included:

SEIU Local 1021

PUEBLO

Faith in Action (formerly OCO)

League of Women Voters – Oakland chapter

Wellstone Democratic Renewal Club

NAACP – Oakland Chapter

Latino Task Force

Block by Block Organizing Network (BBBON)

ILWU Local 10

Imani Social Justice Table

In the midst of yet another scandal - of the rape and trafficking of an underaged girl, followed by an investigation which was internally sabotaged to protect the perpetrators - 83% of Oakland voters passed Measure LL in 2016 to create the strongest independent police oversight body in the country.

The formation of the Police Commission provided Oaklanders with a real mechanism to address the myriad atrocities perpetrated by OPD over the years. In 2019, the Police Commission devoted significant attention and energy to address the issue of handling mental health

situations with solutions that don't involve law enforcement. To that end, 3 key events served to advance this vision with speed and success as listed below:

1. Public Hearing on Policing in the Homeless Community, sponsored by Police Commission (Saturday, Feb 16, 2019 at Taylor Memorial Church)
2. Recommendation from CM Noel Gallo to Public Safety Committee members to receive report on CAHOOTS (May 30, 2019)
3. Presentation by CAHOOTS, sponsored by Police Commission, CM Kaplan, CM Gallo, Faith in Action, Urban Strategies Council, and CPA (June 26, 2019 at St. Columba Catholic Church)

The Police Commission continues to be a driving force behind this and other initiatives to transform policing in Oakland for the better. The commission now requires police to have a reason to stop and search people on probation or parole; fired officers for the murder of a homeless man, Joshua Pawlik; and, with the mayor, fired the chief of police in 2020.

Appendix V - Wall Street Journal: When Mental Health Experts, Not Police, Are First Responders

THE WALL STREET JOURNAL.

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<https://www.wsj.com/articles/when-mental-health-experts-not-police-are-the-first-responders-1543071600>

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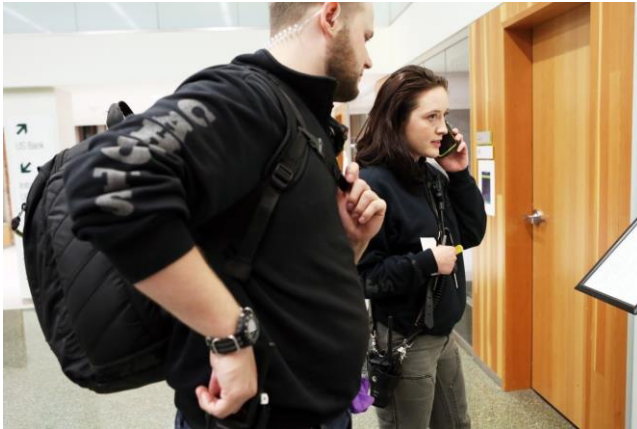
When Mental-Health Experts, Not Police, Are the First Responders Program in Eugene, Ore., is viewed as a model for reducing risk of violence

By Zusha Elinson | Photographs by Thomas Patterson for The Wall Street Journal Nov. 24, 2018 10:00 a.m. ET

EUGENE, Ore.—They are the kind of calls that roll into police departments with growing regularity: a man in mental crisis; a woman hanging out near a dumpster at an upscale apartment complex; a homeless woman in distress.

In most American cities, it is police officers who respond to such calls, an approach law-enforcement expert say increases the risk of a violent encounter because they aren't always adequately trained to deal with the mentally ill. At least one in every four people killed by police has a serious mental illness, according to the Treatment Advocacy Center, a nonprofit based in Arlington, Va.

But in Eugene, Oregon's third-largest city, when police receive such calls, they aren't usually the ones who respond. Here, the first responders are typically pairing of hoodie-wearing crisis workers and medics driving white vans stocked with medical supplies, blankets and water.



Ms. Barnhill Hubbard and Mr. Hawks respond to a call Nov. 15 at the University of Oregon in Eugene, as part of a program called Cahoots, which stands for Crisis Assistance Helping Out on The Street.

They work for a nonprofit program called Cahoots—which stands for Crisis Assistance Helping Out on The Street—and they spent a recent November night calming tense situation, offering medical aid, and pointing people toward shelters. Launched by social activists in 1989, Cahoots handled 17% of the 96,115 calls for service made to Eugene police last year. “When I’m talking to a more liberal group of people, I’ll make the argument it’s the compassionate thing to do, it’s the humane thing to do,” said Manning Walker, a 35-year-old Cahoots medic and crisis worker. “When I’m talking to a conservative group, I’ll make the argument that it’s the fiscally conservative thing to do because it’s cheaper for us to do this than for the police and firefighters.” In 2017, police officers spent 21% of their time responding to or transporting people with mental illness, according to preliminary data from a survey of 355 U.S. law enforcement agencies by the Treatment Advocacy Center.

READ MORE

- More U.S. Veterans Are Off the Streets
- 911 Emergency: Call Centers Can't Find Workers
- Alexa Can Do Many Things But Won't Call 911
- Therapy for Pregnant Women With Anxiety Offers Alternative to Medication
- Banks Monitor Older Customers for Cognitive Decline

More police departments across the country are training their officers in techniques to

deal with the mentally ill. Los Angeles, Houston and Salt Lake City pair officers with mental-health workers with police officers to respond to certain calls. Still, the Center found that in 45% of the agencies polled the majority of officers haven't received crisis-intervention training.

Last month, a 36-year-old man died after being repeatedly tased by San Mateo County Sheriff's deputies responding to calls about a person walking in traffic. Chinedu Okobi, who struggled with mental-health issues, was unarmed. The sheriff's office said he assaulted an officer, but his sister, a Facebook Inc. executive, said video of the incident shows he wasn't a threat.

"They started shouting at him, they chased him and they tased him," said Ebele Okobi, Facebook's head of public policy for Africa. "None of that is how you interact with someone in crisis."

The district attorney is investigating the incident.

Public anger over police killings has pushed law-enforcement leaders in

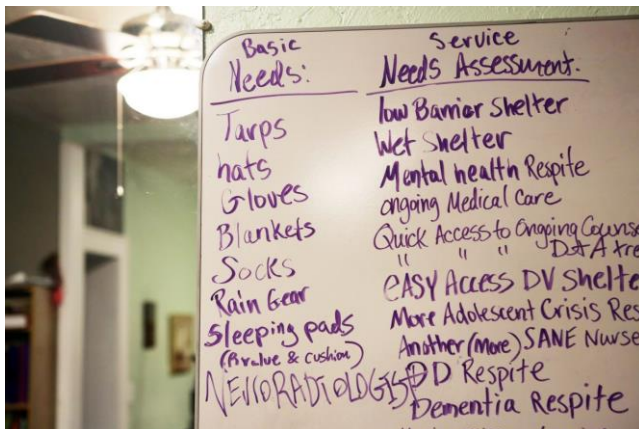
California to discuss how to replicate Eugene's program in their state, said

Brian Marvel, president of the Peace Officers Research Association of California, which represents more than 70,000 public-safety union members.

"If someone is having a mental issue then let's send the pros who actually deal with this," said Mr. Marvel.

In Olympia, Wash., police are setting up an \$800,000-a-year program inspired by Cahoots as the city grapples with a growing population of homeless people who suffer from mental illness, said Lt. Paul Lower.

The program in Eugene is unique because Cahoots is wired into the 911



An informal wish list in the Cahoots office in Eugene, listing the various needs for the homeless population, many of which suffer from mental-health issues. PHOTO: THOMAS PATTERSON FOR THE WALL STREET JOURNAL

system and responds to most calls without police. The name Cahoots was intended to be a humorous nod to the fact that they are working closely with police. Cahoots now has 39 employees and costs the city around \$800,000 a year plus its vehicles, a fraction of the police department's \$58 million annual budget. They are also paid to handle calls for a neighboring Springfield.



Manning Walker in a Cahoots van in Eugene, Ore. Cahoots employees dress in black sweatshirts and speak in calm tones with inviting body language. 'I've learned ways to make myself smaller,' the 6' 2" Mr. Walker says.

PHOTO: THOMAS PATTERSON FOR THE WALL
STREET JOURNAL

“It allows police officers to...deal with crime, but it also allows us to offer a different service that is really needed,” said Lt. Ron Tinseth of the Eugene Police Department.

In contrast to police officers who typically seek to project authority at all times, Cahoots employees dress in black sweatshirts, listen to their police radios via earbuds, and speak in calm tones with inviting body language.

“I’ve learned ways to make myself smaller,” said Mr. Walker, a bearded, 6’ 2” former firefighter.

Gary Marshall, a 64-year-old who previously lived on the streets of Eugene, said the police approach was “name, serial number and up against the van.” In contrast, when he was having one of his frequent panic attacks, Cahoots counselors would bring the him inside and talk him down, he said.

When Mr. Walker and his partner Amy May, a crisis counselor, approached a man lying in the middle of the sidewalk on a busy street, they sat down on the cold cement at eye level and asked what he needed. He was thirsty and cold, so they gave him water and a tarp. They suggested places to sleep and the man moved along.

That same night, they arrived at the home of a teen who had been punching her mother. The air was thick with tension. They listened to the girl’s story —adults were always trying to control her—as she stood above them on the porch steps. They talked with the mother. After an hour and a half, they brokered a peace treaty devised by the warring parties.

“We believe that people are the best experts in their own lives,” said Ms.

May.



Ms. Barnhill Hubbard helps to clean up a camp for the homeless along the Willamette River and transport a woman in crisis to a shelter in Eugene.

Write to Zusha Elinson at zusha.elinson@wsj.com

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Appendix VI - Justice for All: The Policing of Oakland's Unhoused Communities

Justice for All: The Policing of Oakland's Unhoused Communities



A Research Report

The Coalition for Police Accountability

Prepared By:

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Berkeley
UNIVERSITY OF CALIFORNIA

Acknowledgements

This report was made possible by the support and commitment from the Coalition for Police Accountability (CPA). In particular, we thank Anne Janks, Rashidah Grinage, and Richard Speigman for their time, guidance and dedication to making Oakland a safer place for all residents. It was a pleasure working with you and learning from your experiences and efforts.

We would like to thank the Sociological Initiatives Foundation for their grant to the Oakland Coalition for Police Accountability, which allowed for volunteers to be compensated for the qualitative interview portion of our work.

We also want to thank the interviewees, who were willing to invest in this process by sharing personal experiences and recommendations on how to improve policing of Oakland's unhoused communities.

Thank you to Meredith Sadin, our Introduction to Policy Analysis advisor, who helped craft and refine this project. Your feedback and patience were instrumental in the completion of this report. We are grateful to the professors, city officials, and advocates who also lent their expertise, which helped inform our project scope and policy recommendations. We want to thank our cohort and fellow GSPP students, including Julie Lo and William Wilcox, who provided instrumental feedback, assistance, and positive reinforcement.

Lastly, we dedicate this report to the unhoused residents of Oakland, who are a part of Oakland's history, culture, and community.

Note: Cover photo by Tian Chenwei for Oakland North. February 7, 2017. Accessed here: <https://oaklandnorth.net/2017/02/07/city-of-oakland-approaches-deadline-to-find-housing-for-homelessliving-in-encampment/>

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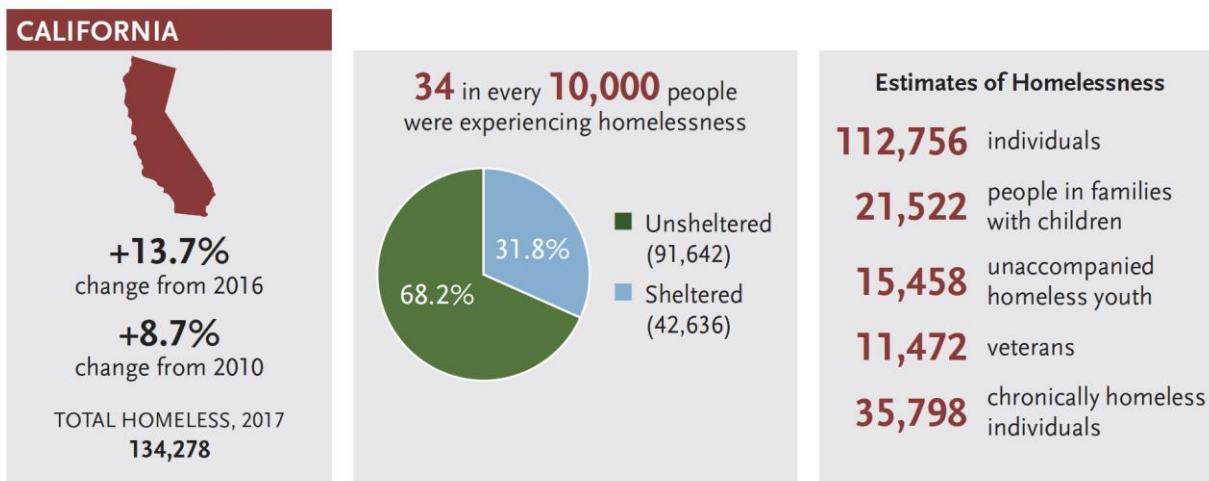
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Executive Summary

Homelessness in the City of Oakland is increasing at an alarming rate. In 2017, the annual Alameda County Point-in-Time Count estimated that there were 2,761 homeless residents in Oakland, 35% of which were experiencing homelessness for the first time.¹¹ The increase in homelessness has generated public health and safety concerns, as outbreaks of Hepatitis A have ballooned and more unhoused residents battle substance abuse and drug addiction.

Figure 1: Homelessness in California: Key Facts



Source: Police Executive Research Forum, (June 2018). Critical Issues in Policing Series: The Police Response to Homelessness. Police Executive Research Forum, Washington, D.C.

As Oakland’s housing affordability crisis continues, more residents are vulnerable to losing their homes. The City has a vested interest in ensuring that unhoused residents are connected to permanent shelter and mental health services. While only 4% of U.S. adults have a severe mental illness, approximately 26% of unhoused individuals staying in shelters suffer from one.¹² Currently, the Oakland Police Department (OPD) serves as the primary responders to any concerns regarding unhoused residents, though law enforcement is not required to receive crisis intervention training and has limited mental health and de-escalation trainings. OPD is often called to assist with encampment closures at the request of the Department of Public Works, further ensuring contact between unhoused residents and law enforcement. During encampment

¹¹ City of Oakland Homeless Census & Survey Jurisdictional Report, 2017, accessed May 10, 2019, <http://everyonehome.org/wpcontent/uploads/2017/11/2017HIRDReport-Oakland.2-2-3.pdf>.

¹² "Mental Health By The Numbers," National Alliance on Mental Illness, 2019, accessed May 10, 2019, <https://www.nami.org/learn-more/mentalhealth-by-the-numbers>.

closures and other interactions with law enforcement, homeless individuals face the threat of property seizure, as belongings are often confiscated during these encounters.

Many negative interactions between police and unhoused residents result from property seizure and mental health crises. Police are often unaware of best practices from the mental health field and therefore, fail to implement them when engaging with unhoused residents in mental health crisis. Furthermore, while OPD has explicit guidelines on how to notify individuals of encampment evictions, and on how to protect confiscated personal possessions, implementation of this guidance often falls short, resulting in lost property. These two situations often lead to unhoused residents harboring mistrust and fear of police.

To decrease tensions between unhoused residents and police, our team recommends that the Coalition of Police Accountability and the Police Commission consider the following policy options in the coming months and years:

- Define the Oakland Police Department's role in eviction and property seizure
- Ensure homeless residents and advocates are involved in the eviction decision and implementation process
- Improve tracking and reporting processes for property seized by City
- Reduce encampment evictions overall and prioritize housing-first policies
- Improve and emphasize crisis intervention training (CIT) for police officers
- Increase funding for mobile mental health response teams to accompany officers
- Reroute mental health crisis calls from the police department to mental health providers

This report outlines City of Oakland and OPD procedures around mental health de-escalation techniques and property seizure in Oakland using information from news sources, public records, advocacy reports and interviews with local unhoused residents. After establishing the status quo, the remaining sections provide potential policy alternatives, evaluations of these alternatives based on the criteria of effectiveness, efficiency, and political feasibility, and case studies to demonstrate what an alternative could look like once implemented.

Definitions and Acronyms

Homeless: In this paper, we adopt the US Department of Health and Human Services' definition for homeless from Section 330(h)(5)(A): "an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other unstable or non-permanent situation."¹³

That being said, we recognize that some people who live without permanent housing prefer to be identified as *unhoused* rather than homeless. Many who live without permanent housing

¹³ "What Is the Official Definition of Homelessness?", accessed May 10, 2019, <https://www.nhchc.org/faq/official-definition-homelessness/>.

consider the geographic region they live in and/or their unstable/non-permanent situation as their home. With this in mind, we use the term *unhoused* interchangeably with *homeless* to describe those without permanent housing.

Eviction: We recognize that there are multiple terms for the act of requiring that unhoused people leave their current premises, particularly structured encampments. Throughout this paper, we use the term *eviction* to describe this process so that we acknowledge those that consider such premises their home. We recognize that law enforcement and court systems may also use terms such as *encampment closures* or *homeless sweeps*.¹⁴

Oakland Coalition for Police Accountability (CPA): The CPA is a registered 501 c-4 nonprofit made up of organizations and individual members. The mission of CPA is “to advocate for accountability of the Oakland Police Department to the community so that the Oakland Police Department operates with equitable, just, constitutional, transparent policies and practices that reflect the values and engender the trust of the community.”¹⁵

Oakland Police Department (OPD): Responsible for policing the City of Oakland.

Background & Impetus for Project

The policing of homeless communities has recently come to the forefront of policy discussions at national and local levels. In 2018, approximately 553,000 people experienced homelessness on any given night in the United States, a 0.3% increase from the previous year.⁶ Many laws exist to criminalize this population, which creates a revolving door between the criminal justice system and homelessness.⁷ It is estimated that in 2018, 15% of incarcerated individuals report having been previously homeless.¹⁶

Some California counties report that as many as one in five parolees is homeless, often for civil crimes such as loitering, illegal dumping, or drug possession.⁹ In addition to being on parole, the very nature of being homeless also increases exposure to law enforcement contact. The City of

¹⁴ "Homeless Sweeps – Important Case Law and Frequently Asked Questions," ACLU of Washington, April 17, 2017, accessed May 10, 2019, <https://www.aclu-wa.org/docs/homeless-sweeps---important-case-law-and-frequently-asked-questions>.

¹⁵ "Who We Are," Coalition for Police Accountability, accessed May 10, 2019, <https://www.coalitionforpoliceaccountability.com/about>. ⁶ Sarah Ruiz-Grossman, "Homelessness Rises For Second Year In A Row In U.S. After Years Of Decline," HuffPost, January 22, 2019, accessed May 10, 2019, https://www.huffpost.com/entry/homelessness-statistics-united-states-2018_n_5c1970a9e4b02d2cae8e322e?guccounter=2. ⁷ "Searching Out Solutions: Constructive Alternatives to the Criminalization of Homelessness," June 2012, accessed May 10, 2019, https://www.usich.gov/resources/uploads/asset_library/Searching_Out_Solutions_2012.pdf.

¹⁶ "Reduce Criminal Justice Involvement," August 15, 2018, accessed May 10, 2019, <https://www.usich.gov/solutions/criminal-justice/>. ⁹ Gillian Flaccus, "Homeless Parolees Weigh on California Counties," The San Diego Union-Tribune, July 4, 2014, accessed May 10, 2019, <https://www.sandiegouniontribune.com/sdut-homeless-parolees-weigh-on-california-counties-2014jul04-story.html>.

Oakland Code of Ordinances prohibits the following actions that directly impact unhoused residents: sleeping in public, sitting or lying in streets, public loitering, loitering outside of establishments, and blighted property.¹⁷ This exposure further criminalizes the population and increases interactions among police officers and unhoused residents.

The policing of homeless residents is not an issue specific to Oakland. In 2017, the National Point-in-Time Homeless count found an increase in homelessness for the first time in the last decade, and 72% of member agencies at the 2017 Police Executive Research Forum (PERF) reported that homelessness had increased in their jurisdiction.¹⁸ However, Oakland and California's homeless crisis has increased at a speed unrivaled by any other part of the country. In

California, homelessness has increased by 14% since 2016, and the State accounts for 25% of the national homeless population. The City of Oakland reports that the unsheltered population has increased by 26% from 2015-2017. It is estimated that there are 2,716 homeless residents and only around 350 shelter beds.¹⁹

In Oakland, local news has highlighted the impacts of over-policing on this vulnerable population, largely focusing on homeless encampment evictions. In the fall of 2018, encampment residents filed suit against the city, stating that evictions were equivalent to cruel and unusual punishment, and therefore unconstitutional. This case rested on a recent judicial ruling, *Martin v. Boise*, which found criminal penalties for homeless individuals who sleep, sit, or lie outside on public property unconstitutional under the 8th amendment, specifically for those who cannot access shelter. In practical terms, this means that a city cannot criminalize homeless individuals for sleeping outside when it does not provide enough shelter beds. A district judge ruled that this decision did not apply in Oakland as there were enough shelter beds for the plaintiffs who pressed charges.²⁰

The City continues to push forward with encampment closures. Most recently, the City shut down an encampment located at East 12th Street and 23rd Avenue in East Oakland, requiring that 39 people move to a community cabin site.²¹ Encampments have also been removed around Lake Merritt.²² The Public Works Department and City Administrator's office, in coordination with the Police Department, assembles a schedule for evictions and releases it

¹⁷ Tristia Bauman et al., *No Safe Place: The Criminalization of Homelessness in U.S. Cities*, National Law Center on Homelessness & Poverty, 2014, accessed May 10, 2019, https://nlchp.org/wp-content/uploads/2019/02/No_Safe_Place.pdf.

¹⁸ *The Police Response to Homelessness*, Police Executive Research Forum, Critical Issues in Policing Series, June 2018, accessed May 10, 2019, <https://www.policeforum.org/assets/PoliceResponseToHomelessness.pdf>.

¹⁹ "The Crisis," City of Oakland, accessed May 10, 2019, <https://www.oaklandhomelessresponse.com/the-problem>.

²⁰ Darwin BondGraham, "Federal Judge Says Oakland Can Close Homeless Camp on City-Owned Property," *East Bay Express*, November 28, 2018, accessed May 10, 2019, <https://www.eastbayexpress.com/SevenDays/archives/2018/11/28/federal-judge-says-oakland-can-close-homelesscamp-on-city-owned-property>.

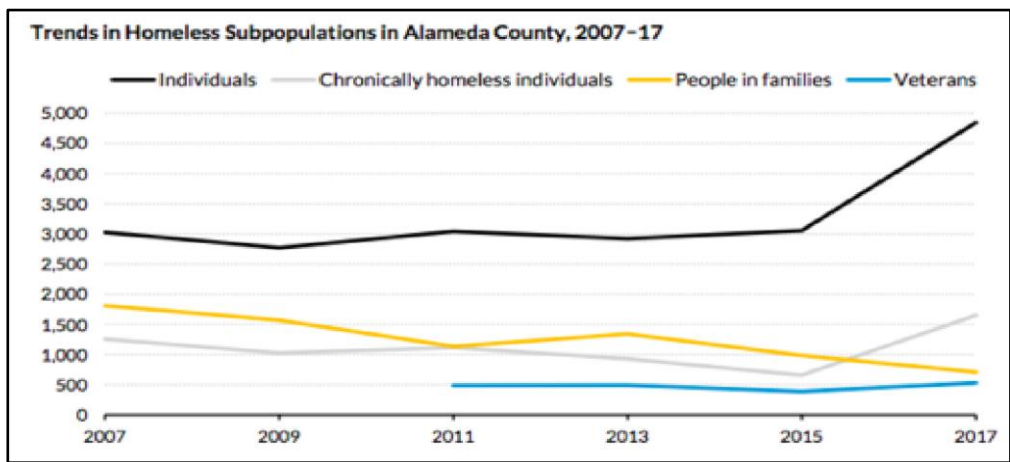
²¹ "City Clears Out Homeless Camp in East Oakland," *CBS San Francisco*, February 01, 2019, accessed May 10, 2019, <https://sanfrancisco.cbslocal.com/2019/02/01/city-clears-homeless-camp-oakland/>.

²² Susie Steimle, "City Of Oakland Clears Homeless From Lake Merritt," *CBS San Francisco*, February 14, 2019, accessed May 10, 2019, <https://sanfrancisco.cbslocal.com/2019/02/14/oakland-homeless-camps-cleared-lake-merritt/>.

publicly in an effort to notify residents of removal proceedings and give them sufficient time to clear out.²³ The Oakland Police Department does not have direct authority over which encampments are subject to removal. Their involvement and presence at encampment closures is at the request of the Department of Public Works.²⁴

In Oakland, both Waste Management and the Department of Public Works refuse to interface with homeless residents without police presence.²⁵ Therefore, homeless residents are subjected to further law enforcement contact, even outside of public safety concerns. Additionally, the City Administrator and Department of Public Works decide which homeless encampments are subject to removal, but request police presence at each removal process.²⁶ This results in police presence without responsibility or input on the eviction process and ensures they interface with homeless residents during an extremely tense situation, when residents are subject to property and vehicle forfeiture.

Figure 2: Trends in Homelessness in Alameda County



²³ "Homeless Encampment Clean Up Schedule," City of Oakland, November 16, 2018, accessed May 10, 2019, <https://www.oaklandca.gov/documents/homeless-encampment-clean-up-schedule>.

²⁴ Almedom, E., Lenson, O., & Levinson, R. "Interview with Dan Lindheim," April 16, 2019.

²⁵ "Who We Are," Homeless Action Center, accessed May 10, 2019, <http://homelessactioncenter.org/>.

²⁶ "Homelessness in Oakland," Oakland Homeless Response, accessed May 10, 2019, <https://www.oaklandhomelessresponse.com/>.

Source: Applied Survey Research. Alameda County 2017 Homeless Census and Survey: Comprehensive Report. 2017.

In looking at national and local press coverage, several key themes emerged for further exploration. Firstly, it is important to **investigate how Oakland Police Department policy leads to the criminalization of local homeless individuals**. Secondly, the theme of **encampment closures seems particularly prevalent in this locality** – as such, it is also key to investigate the process behind evictions and property seizures and identify opportunities for improvement. Additionally, **much research has been compiled nationally on best practices on serving and protecting homeless residents**. These should be studied to determine whether they can be replicated in Oakland.

Methodology

We began our process by performing a literature review to establish the current state of policing within the homeless community, both nationally and locally. After completing this initial research, our team conducted 35 interviews with homeless individuals residing in Oakland. All 35 interviews were conducted during a public Town Hall hosted by the Police Commission on February 16, 2019. There were four interviewers: three Goldman MPP students and one CPA volunteer. All interview participants were given a \$20 stipend upon completion of the interview. Respondents were asked an initial screening question to gauge if they were currently homeless (see Appendix for the full interview script).

The table below and the Appendix depicts the demographic makeup of our interview respondents. In comparison to the Alameda County Point-in-Time (PIT) count, male and multi-racial respondents were slightly overrepresented (+10%) and (+7%). Our sample was underrepresented for black or African American respondents (-30%), Latino respondents (-6%), and White respondents (-6%). Our sample ranged from 25 years old to 69 years old. This was similar to the PIT count, which estimated that 71% of the homeless population in Alameda County is 25 years old and over.

Table 1: Demographics of Interview Sample

Age	Count	% of Total
25-29	2	6%
30-34	1	3%
35-39	5	15%
40-44	2	6%
45-49	5	15%
50-54	5	15%
55-59	7	21%

60-64	6	18%
65-69	1	3%
Gender	Count	% of Total
Male	26	74%
Female	9	26%
Race/Ethnicity	Count	% of Total
Black or African American	20	57%
Multiracial	7	20%
White	3	9%
Asian	2	6%
Latino	1	3%
Native American	1	3%
Other	1	3%
Length of Homelessness	Count	% of Total
0-3 months	4	12%
3-6 months	1	3%
6-9 months	1	3%
9-12 months	28	82%

In addition to conducting these interviews, our team met with or received resources from the following groups to gain multiple perspectives on how policing affects the homeless community:

- Criminal justice faculty members and academics at UC Berkeley
- Homeless advocates and other staff from St. Mary's Center
- San Francisco Police Department's Healthy Streets Operation Center
- Staff at the Homeless Action Center
- Staff at Justice Teams Network

Research Findings & Current State Assessment

As a result of our interviews and literature review, we identified two key areas that are in need of policy evaluation and reform.

Key Finding #1: Oakland police officers have too much discretion in handling unhoused residents' property

Oakland's homeless residents experience too many negative interactions with police regarding their property.²⁷ A significant concern around property seizure emerged from survey respondents as well as in our review of local press and national court cases. Interviewees shared that police took vehicles, clothes, tents, bikes and other items as a result of evictions, tickets, or police stops. They identified two main reasons police confiscate property: through encampment closures and police stops.²⁸

Evidence

Property Loss due to Eviction

A majority of respondents stated that their most memorable negative police interaction involved an encampment eviction.²² Overall, respondents reported that property was seized unnecessarily as a result of eviction. For example, one respondent described how the police threw away her recyclables, personal belongings, and shelter in the process of eviction.²⁹ Other respondents highlighted that residents' property was destroyed during evictions at Lake Merritt on February 14th, 2019, even though they had been told by city officials that it would be stored for pick up.³⁰

Property Loss due to Tickets or Police Stops

Respondents also reported property seizure as a result of minor infractions. Respondents shared that vehicles were taken as payment for late tickets, resulting in the loss of their most valuable property, and often sources of shelter. For example, one respondent mentioned that her RV was taken, which did have some tickets, when she would not turn over local drug dealers to the police.³¹ Another stated that several cars, which had been serving as her home, were taken from her, as a result of not having proper registration.³²

These policies can lead to monetary issues both for the affected homeless individuals and for the police department itself. Lost property can lead to monetary loss for homeless individuals who have few resources and often use items perceived as trash (e.g. cans) for income. Receiving tickets also places an undue burden on this population that does not have resources to cover fines.

While public information is not available for Oakland specifically, we can use figures from other cities as examples to understand the cost of sweeps and imposing fines on unhoused

²⁷ Almedom, E., Lenson, O., & Levinson, R. "Public Hearing Interviews on Homelessness and the Police," February 16, 2019.

²⁸ Ibid. ²² Ibid.

²⁹ Almedom, E., Lenson, O., & Levinson, R. "Public Hearing Interviews on Homelessness and the Police," Interview RL6, February 16, 2019.

³⁰ Almedom, E., Lenson, O., & Levinson, R. "Public Hearing Interviews on Homelessness and the Police," Interview RL3, February 16, 2019.

³¹ Almedom, E., Lenson, O., & Levinson, R. "Public Hearing Interviews on Homelessness and the Police," Interview OL1, February 16, 2019.

³² Almedom, E., Lenson, O., & Levinson, R. "Public Hearing Interviews on Homelessness and the Police," Interview OL21, February 16, 2019. ²⁷ Matt Tinoco, "LA Will Spend \$30M This Year On Homeless Sweeps. Do They Even Work?" LAist, April 10, 2019, accessed May 06, 2019, https://laist.com/2019/04/10/homeless_sweeps_los_angeles_public_health.php.

individuals. In Los Angeles, the city's 2019 budget included \$30 million in allocated funding for encampment sweeps and cleanups. This increased from \$13 million in 2018. Homeless advocates wish to reallocate this funding for services such as improved sanitation and trash cleanup.²⁷ In 2017,

Seattle spent \$10 million on homeless sweeps; this number includes outreach to the local homeless community, labor, police costs, and garbage cleanup.³³ San Francisco incurred approximately \$20.6 million for sanctioning homeless individuals in 2015, 90% within the police department.³⁴ Additionally, one survey of San Francisco unhoused residents found that only 7% of all fines issued were paid in full.³⁵

Diagnosing the Problem

The process of eviction is not transparent, leaving many homeless individuals at risk of losing their property and being caught by surprise. Police work with other departments to create eviction schedules. However, since these are closed door meetings, it is unknown how they make these decisions.³¹ As a result of this closed-door policy, the process for choosing which encampments to evict often seems arbitrary, especially to encampment residents.³⁶

At least two weeks prior to an eviction, the City is required to post notice of the upcoming event at the site.³⁷ As seen on Oakland's Homeless Action Working Group's website, this practice should ensure that individuals have time to clear out their belongings, and that they know to contact Public Works to pick up any personal property seized.³⁸ While notice is required by law, in practice, it is often not adequately communicated. As noted in the City of Oakland's website, the schedule is "subject to change at any time without further notice."³⁹ As a result, residents do not know to clear out of the encampment and eviction can come as a surprise.⁴⁰ If residents are present during the encampment closure process, their property is often subject to confiscation

³³ Chris Daniels, "Seattle Spent \$10 Million on Homeless Sweeps in 2017," K5 News, May 18, 2018, accessed May 06, 2019, <https://www.king5.com/article/news/local/homeless/seattle-spent-10-million-on-homeless-sweeps-in-2017/281-554503199>.

³⁴ City and County of San Francisco Budget and Legislative Analyst's Office, "Homelessness and the Cost of Quality of Life Laws," May 2016, <https://sfbos.org/sites/default/files/FileCenter/Documents/56045-Budget%20and%20Legislative%20Analyst%20Report.Homelessness%20and%20Cost%20of%20Quality%20of%20Life%20Laws.Final.pdf>.

³⁵ "California's New Vagrancy Laws: The Growing Enactment and Enforcement of Anti-Homeless Laws in the Golden State," Berkeley Law Policy Advocacy Clinic (University of California, Berkeley Law School, June 2016), <https://www.law.berkeley.edu/wpcontent/uploads/2015/12/Californias-New-Vagrancy-Laws.pdf>. ³¹ Call with St. Mary's Center staff, March 12th, 2019.

³⁶ Ibid.

³⁷ "Homeless Encampment Clean Up Schedule," City of Oakland, November 16, 2018, accessed May 10, 2019, <https://www.oaklandca.gov/documents/homeless-encampment-clean-up-schedule>.

³⁸ Oakland Homeless Action Working Group Homeless Encampment Clean-up Schedule 2019. Accessed here: <https://www.shelteroak.org/cleanupslosures.html>.

³⁹ City of Oakland Homeless Encampment Clean-Up Schedule. <https://www.oaklandca.gov/documents/homeless-encampment-clean-up-schedule>.

⁴⁰ Call with St. Mary's Center staff, March 12th, 2019.

and destruction. For example, one interviewee cited the destruction of his tent, which was bulldozed during an eviction, stating that the police had not made clear where he could relocate his belongings to avoid destruction.⁴¹

The Department of Public Works (DPW) is required to hold residents' belongings and communicate to them where they can pick them up. However, interviewees report that DPW sometimes does not tell residents where they store the items or chooses to destroy them rather than take them to the specified pick-up location. One individual witnessed DPW breaking with the protocol of bagging and tagging belongings and storing them for the specified length of time. She cited an example of an encampment clearing where inhabitants were not allowed to remove personal belongings, and those clearing the encampment disposed of them.³⁸ Another interviewee

stated that he watched his and other encampment members' belongings get thrown into a garbage compactor, even though prior notice had specified that they would be stored.⁴²

As stated previously, loss of property extends beyond evictions. One interviewee cited losing property during a practice called "trash duty," where police dispose of belongings that extend beyond an assigned property line.⁴³ Others had cars they lived in taken from them, resulting in them becoming unsheltered – a disproportionate consequence for a minor offense such as unpaid parking tickets. Still other respondents lost their property when they were arrested, or as payment for outstanding tickets. The practices of DPW and OPD can lead to a deprivation of shelter or belongings, further harming homeless residents by confiscating where they live, sources of income, and other goods.⁴⁴

Justifying Intervention

As previously stated, this process leaves unhoused individuals with little protection for their personal belongings, leading to property loss with few options for recourse. Moreover, from reports by unhoused individuals suggest the eviction and seizure process do not operate as intended by law. This practice puts unhoused residents as well as City agencies at risk. For example, Caltrans commonly destroys property in their "homeless sweeps" and has faced

⁴¹ Almedom, E., Lenson, O., & Levinson, R. "Public Hearing Interviews on Homelessness and the Police," Interview EA9, February 16, 2019. ³⁸ Almedom, E., Lenson, O., & Levinson, R. "Public Hearing Interviews on Homelessness and the Police," Interview RL3, February 16, 2019.

⁴² Almedom, E., Lenson, O., & Levinson, R. "Public Hearing Interviews on Homelessness and the Police," Interview RL9, February 16, 2019.

⁴³ Almedom, E., Lenson, O., & Levinson, R. "Public Hearing Interviews on Homelessness and the Police," Interview OL7, February 16, 2019.

⁴⁴ Almedom, E., Lenson, O., & Levinson, R. "Public Hearing Interviews on Homelessness and the Police," February 16, 2019.

several lawsuits as a result of this practice.⁴⁵ If the City of Oakland is found to have similar practices, it is likely that the City could eventually face similar consequences.

As such, there is an opportunity to improve protections for homeless individuals' personal belongings. Furthermore, investigating monetary impacts would be worthwhile to determine whether improvements in the current policy could result in savings for the City.

The current approach to handling property leads to worsening relationships between City agency representatives and the unhoused community. As most unhoused individuals voiced that an encampment eviction was their most negative interaction with OPD, this is an especially salient opportunity to improve interactions among law enforcement officers and unhoused residents. Changing these practices could lead to improved relationships and trust between these disparate groups.

Policy Options and Criteria to Address Property Seizure and Evictions

In response to our findings in the previous section, we have collected insights on Oakland's current policies (referred to as the existing policy within the "status quo") and will present a set of

potential alternative policy options for consideration. Each will be assessed against three criteria, outlined below.

Effectiveness

Will this policy effectively address the goal of reducing police involvement in encampment evictions? This will be measured by bringing in examples of successes in other jurisdictions.

Efficiency

Is this a cost-effective policy for the City of Oakland? Will this policy generate benefits that exceed the costs associated? We do not conduct a formal cost-benefit analysis to make this assessment. Instead, we identify the potential costs of the policy or, alternatively, the costs of maintaining today's status quo. As data to understand today's status quo, we note that the Oakland Police Department currently makes up nearly 45% of the City's General Fund.⁴⁶ As of 2018, Oakland had the highest percentage of police department expenditures when compared

⁴⁵ "Civil Rights Groups Sue Caltrans to Stop Illegal Raids Against California's Homeless," ACLU of Northern CA, December 13, 2016, accessed May 10, 2019, <https://www.aclunc.org/news/civil-rights-groups-sue-caltrans-stop-illegal-raids-against-california-s-homeless>.

⁴⁶ "Open Budget: Oakland," Open Budget: Oakland, accessed May 10, 2019, <https://openbudgetoakland.org/>.

to large metropolitan cities, such as Atlanta (29.7% on police) and Orlando (32.3% on police).⁴⁷ Our assumption when assessing policy options is that this outsized expenditure on OPD can and must change. As an example, we point to recent changes in Alameda County. The Alameda County operating budget allocates the largest share of its funds to the Behavioral Health Care Services Department (BHCS). In 2019, BHCS received \$482.94 million (equating to 14.14% of the operating budget), compared to the Sheriff's Office, which received 424.27 million (12.42% of the operating budget).⁴⁸ This small, but promising, shift can be used as inspiration as the Police Commission considers the policy options brought forward in this report.

Political Feasibility

Will this policy survive the political process? In particular, how might this policy perform given the City's past decisions regarding police involvement in encampment evictions? We consider the past actions of the City Council, the Mayor, the City Administrator's office, and other relevant City departments.

Status Quo: Evictions

Existing Policy

Many interviewees indicated that police are only present at encampment evictions at the request of City officials or housed residents. As stated previously, the City Administrator's office has an inter-departmental Encampment Management Team in which OPD and other departments work

together to create eviction schedules.^{49 50} However, most evictions in Oakland are initiated by Caltrans (the California Department of Transportation), the City of Oakland's Public Works Department, the City Administrator, or the Mayor.⁵¹ In 2017, Caltrans received more than 5,600 complaints about roadside camps. Statewide, the department clears as many as 40 camps

⁴⁷ Freedom to Thrive: Reimagining Safety & Security in Our Communities, Center for Popular Democracy, Center for Popular Democracy, 2018, accessed May 10, 2019, <https://static1.squarespace.com/static/5500a55ae4b05a69b3350e23/t/595cf69b1b631b031e0542a5/1499264677929/Freedom%20to%20Thrive%20Web.pdf>.

⁴⁸ "Alameda County Operation Budget," Alameda County, accessed May 10, 2019, <http://budget.acgov.org/#!/year/2019/operating/0/departments?vis=barChart>.

⁴⁹ Call with St. Mary's Center staff, March 12th, 2019.

⁵⁰ "Emergency Interventions," Oakland Homeless Response, accessed May 10, 2019, <https://www.oaklandhomelessresponse.com/emergencyinterventions>.

⁵¹ Almedom, E., Lenson, O., & Levinson, R. Interview with Dan Lindheim, former Oakland City Administrator. April 16, 2019.

every day along highways and underpasses, aiming to “keep roads free of hazards and to clean up sites that can collect trash and hazardous waste.”⁵²

Oakland's sworn police force is divided between patrol officers and Community Resource Officers (CROs). Patrol Officers are responsible for traditional beats, and the latter “engage[s] in problem solving projects, [and] attend[s] Neighborhood Crime Prevention Council (or Neighborhood Council) meetings.”⁵³ They serve as liaisons with City service teams, lead enforcement projects and coordinate with other OPD patrol and professional staff. There are 57 community policing beats, and each has a Neighborhood Crime Prevention Council (NCPC) with a corresponding Community Resource Officer. Oftentimes, in neighborhoods where there are homeless encampments, the NCPC is responsible for addressing the concerns, needs, and/or complaints related to the homeless encampments.⁵¹

Current Outcomes of Existing Policy

Caltrans has tripled its spending on contracts to clear homeless camps since 2013, dedicating \$12 million to the issue in the 2017-18 budget year. We have not been able to secure data on OPD's expenditures related to supporting the clearing of encampments. However, according to records from 2015, calls for service regarding homeless encampments have been rising steadily.

Below are data provided by the Oakland Police Department on encampment-related police calls and police activity. The query includes a search for all calls for service (calls placed to dispatchers and calls generated by officers or employees in the field), field contacts (officers encountering homeless persons or encampments regardless of whether or not the encounter was generated by a call for service), and incident reports (crime reports or supplemental crime reports regarding camps). The results returned are based on a search of all records that contain the keywords “homeless” OR “transient” AND “encampment” OR “camp.” Since 2005, there have been 1,270 of such records, 50% of which occurred in 2013 and 2014.⁵²

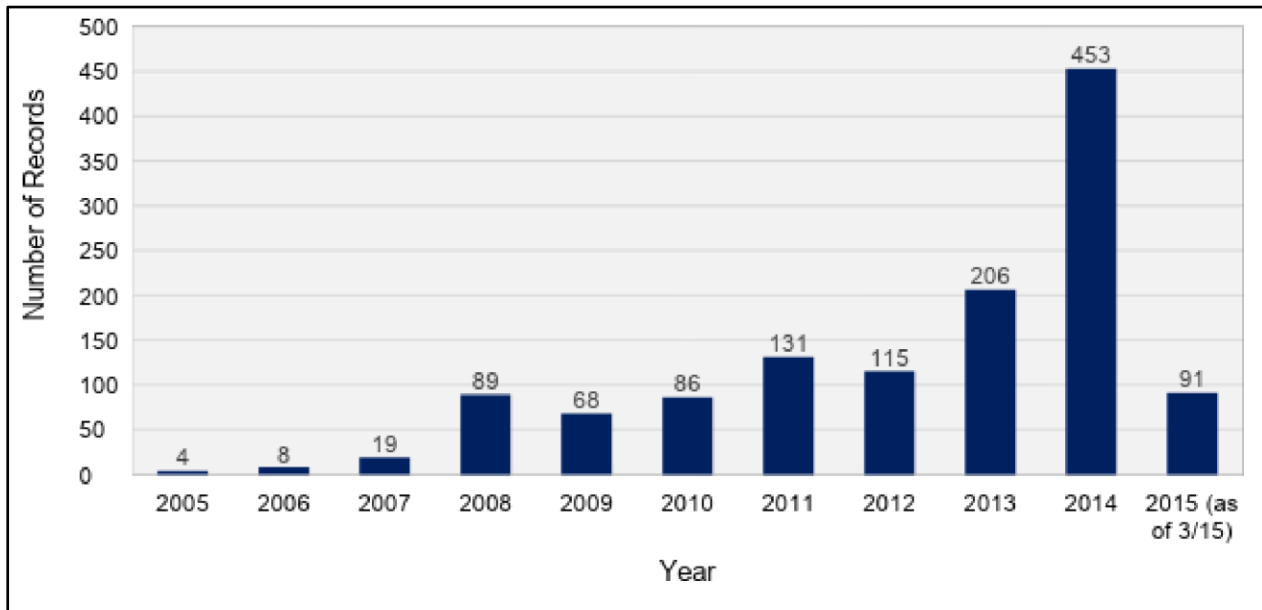
Given past trends of court cases against city officials, the current approach leaves the police department susceptible to lawsuits, negative local and international press, and other ramifications due to their potential complicity in violating the constitutional rights of unhoused individuals.

⁵² Erin Tracy and Adam Ashton, "'You Don't Bulldoze People.' California Highway Homeless Camps Grow Dangerous," The Sacramento Bee, December 01, 2018, accessed May 10, 2019, <https://www.sacbee.com/news/politics-government/the-state-worker/article222344385.html>.

⁵³ "Community Resource Officers," City of Oakland, accessed May 10, 2019, <https://www.oaklandca.gov/topics/community-resource-officers>.

⁵¹ "Community Resource Officers," City of Oakland, accessed May 10, 2019, <https://www.oaklandca.gov/topics/community-resource-officers>. ⁵² OPD Calls for Service with the words “Homeless” OR “Transient” AND “Encampment” OR “Camp.” Graph from A Place to Be: Alternatives to Unsanctioned Homeless Encampments, Goldman School of Public Policy, 2015.

Figure 3: OPD Calls for Service with the words “Homeless” OR “Transient” AND “Encampment” OR “Camp.”



Source: [A Place to Be: Alternatives to Unsanctioned Homeless Encampments](#), Goldman School of Public Policy, 2015.

Policy Alternative: Citizen or oversight body engagement in evictions

Potential Policy

While encampment evictions are not directly under OPD’s purview, police resources are used to carry out the City’s homelessness response. As a crucial and large line-item in Oakland’s annual general budget, the deployment and efficiency of officer time could be one of many reasons to reconsider Oakland’s current encampment management procedures. Per recommendations from the United Nations and the 9th Circuit Court, the City of Oakland could cease all encampment evictions when there is no alternative housing available for homeless individuals.⁵⁴ This would certainly be a large and long-term task, so instead, we can consider how to at least improve current eviction processes.

⁵⁴ "Report of the Special Rapporteur on Adequate Housing as a Component of the Right to an Adequate Standard of Living, and on the Right to Non-discrimination in This Context," A/73/310/rev.1 - E - A/73/310/rev.1, September 19, 2018, accessed May 10, 2019, <https://www.undocs.org/A/73/310/rev.1>.

As noted, the City does post a schedule for encampment clean-ups and evictions (i.e. closures).⁵⁵ The schedule is released publicly for two-week increments and describes the date and location of the City's "intervention."⁵⁶ One alternative could be to build off of this practice, but with the inclusion of citizen or oversight body support. Community groups, such as the East Oakland

Collective (EOC) and the Homeless Action Working Group, are already routinely engaged in evictions as witnesses or volunteers dismantling or packing up belongings. The City Administrator's office could meet with a coalition of community groups, City agencies engaged in evictions (OPD, Public Works, etc.), and oversight bodies (Police Commission) to develop key guidelines for behavior during evictions. In this way, all parties can be aware of permitted and banned behavior during the process and citizens/oversight bodies can be better equipped to hold City representatives accountable.

Projected Outcomes of Potential Policy Alternative

Effectiveness

A City policy of inviting citizen or oversight body members to encampment evictions may not directly meet the goal of reducing police involvement in encampment evictions. However, by meeting together to determine guidelines during evictions, there is an opportunity for those most affected (i.e. unhoused residents and community) to voice their concerns about police involvement and for City officials (i.e. City Administrator's Office) to adapt procedures accordingly.

Efficiency

From our literature review, we find that encampment evictions are met with negative local and national media coverage and, at times, legal pushback. For instance, Caltrans has been approached with numerous lawsuits regarding their treatment of unhoused people's belongings. In 2016, there was a class-action lawsuit in Alameda County, where attorneys for unhoused people argued that Caltrans violated the Fourth Amendment by seizing private property at homeless camps.⁷ The amendment prohibits "unreasonable searches and seizures." As displacement and homelessness continue to rise in Oakland, it is worth considering the eventual costs associated with lawsuits against the City, particularly OPD, for potentially unlawful seizure of unhoused people's property. Given this risk and assumption, we anticipate that the benefits of including community oversight in the eviction process will outweigh the potential long-term costs, such as negative media attention and legal costs.

⁵⁵ "Homeless Encampment Clean Up Schedule," City of Oakland, November 16, 2018, accessed May 10, 2019, <https://www.oaklandca.gov/documents/homeless-encampment-clean-up-schedule>.

⁵⁶ Ibid.

Political Feasibility

As evidenced by the December 2018 eviction of The Village, encampment evictions are the norm in homelessness response in Oakland, despite the court warnings.⁵⁷ Political motivations are strong both for and against encampment evictions. However, given the potential for negative press and costly court proceedings, we assume that City officials would at least be receptive to an initial meeting to discuss eviction guidelines.

Case Study: More Humane Evictions in Charleston, South Carolina

In early 2016, Charleston cleared out an encampment of more than 100 homeless individuals. We have provided this case study not to condone the eviction of homeless encampments, but because we recognize their continued prevalence in homelessness response. If eviction procedures do continue in Oakland, we want to highlight how they can be done in a more humane fashion by avoiding criminalization, protecting individual property, and partnering with social services organizations to ensure the implementation of a Housing First policy. This section concludes by highlighting examples of police involvement to show potential positive ways that police can be involved when an eviction does happen.

No arrests or property destruction resulted from the evictions in Charleston.⁵⁸ The encampment was located underneath a local highway and had existed for close to a year. The growth of the encampment was due to several key factors: a large number of individuals relocated there from other areas, volunteer support was available at the encampment, and a new policy criminalizing panhandling in Charleston's tourist areas was instated, resulting in those previously able to afford hotels or other forms of housing being forced onto the streets. In February 2016, city leaders decided to clear the encampment due to concerns around its inhabitants' quality of life. Several fires and violent incidents took place, catching the city's attention. Charleston city officials wished to provide these individuals with alternative housing.⁵⁹ The closure came at a time when the city's homeless population had more than doubled in the previous five years.⁶⁰

⁵⁷ Sandhya Dirks, "After 11th-Hour Reprieve, Crews Return and Evict Oakland Homeless Encampment," KQED News, December 06, 2018, accessed May 10, 2019, <https://www.kqed.org/news/11710285/oakland-gives-female-led-homeless-encampment-last-minute-reprieve-from-eviction>.

⁵⁸ "Tent City, USA: The Growth of America's Homeless Encampments and How Communities Are Responding," 2017, accessed May 5, 2019, http://nlchp.org/wp-content/uploads/2018/10/Tent_City_USA_2017.pdf.

⁵⁹ Ibid.

⁶⁰ Dustin Waters, "Charleston Officials Launch Plan to Clean up Tent City, Curb Homelessness," Charleston City Paper, November 20, 2017, accessed May 06, 2019, <https://www.charlestoncitypaper.com/TheBattery/archives/2016/02/05/charleston-officials-launch-plan-to-clean-up-tentcity-curb-homelessness>.

Prior to the eviction, the city implemented a 10-point plan (see Appendix), which included a timeline for removal and information about which shelters had openings. This plan aimed to center legal and safety concerns, property protection, and the health and safety of encampment residents.⁶¹

This eviction is considered to be a model due to specific successes resulting from the 10-point plan. Firstly, the eviction included a specific timeline with firm beginning and end dates. Secondly, local leaders brought together diverse community stakeholders to coordinate eviction logistics and next steps to ensure service delivery to inhabitants. The plan also took into consideration the needs of the landowner, who was the South Carolina Department of Transportation (SCDOT). Their needs consisted of maintaining the roads and ensuring safety for individuals driving on local roadways. Due to the specific interests involved, SCDOT, the city, and the police coordinated the eviction.⁶²

Accommodations were secured for inhabitants prior to the eviction; the mayor established relationships with local shelters to determine where there were available shelter beds. The city also provided additional housing options to those evicted; advocates, community outreach groups, and government agencies partnered with those needing housing to identify other options as

needed. Private funding was also collected as an emergency fund for those who faced housing insecurity.⁶³

One key to this plan's success was the implementation of a housing first model at partner shelters. This model prioritizes housing ahead of considerations such as finding jobs, curing substance abuse issues, and completing other service programs. Studies from other locations have shown that Housing First models decrease the burden on shelters, hospitals, jails, and treatment facilities, sometimes offsetting program costs. Housing First programs may offer support services to participants, but do not require participation to keep housing.⁶⁴ In Charleston, some shelters with which the city partnered had previously adopted rules that served as barriers to short-term emergency shelter, including imposing curfews, requiring sobriety, having a clean criminal background, and having a minimum income. However, these requirements were relaxed with the Housing First model to ensure that all evicted individuals could get shelter.^{65 66}

⁶¹ "Tent City, USA: The Growth of America's Homeless Encampments and How Communities Are Responding," 2017, accessed May 5, 2019, http://nlchp.org/wp-content/uploads/2018/10/Tent_City_USA_2017.pdf.

⁶² Ibid.

⁶³ "Tent City, USA: The Growth of America's Homeless Encampments and How Communities Are Responding," 2017, accessed May 5, 2019, http://nlchp.org/wp-content/uploads/2018/10/Tent_City_USA_2017.pdf.

⁶⁴ "Housing First," National Alliance to End Homelessness, April 20, 2016, accessed May 06, 2019, <https://endhomelessness.org/resource/housingfirst/>.

⁶⁵ "Tent City, USA: The Growth of America's Homeless Encampments and How Communities Are Responding," 2017, accessed May 5, 2019, http://nlchp.org/wp-content/uploads/2018/10/Tent_City_USA_2017.pdf.

⁶⁶ Dustin Waters, "Charleston Officials Launch Plan to Clean up Tent City, Curb Homelessness," Charleston City Paper, November 20, 2017, accessed May 06, 2019,

Charleston officials found that a Housing First model allowed for easier placements into permanent housing as well. In an effort to prevent future encampments, the city created a commission to find long-term solutions to homelessness in the community. These efforts resulted in partnerships with landlords throughout the region to provide access to permanent affordable housing. More than half of those evicted found permanent housing.⁶⁷

It is important to call out the roles that the police played to highlight how a department can contribute positively. The Chief of Police became involved in the eviction planning process early, attending discussions with key stakeholders. During these discussions, the mayor prioritized enforcement only as a means to bring services to those in need, and the group committed to avoid criminalization of homeless residents during the eviction. The Police Department partnered with SCDOT and the city to ensure that road maintenance and repairs were completed on the adjacent highway, and to plan the eviction process. Police specifically did not issue citations during the eviction and did not arrest residents. Instead, officers partnered with social service workers to help transition residents to housing. Patrol officers were also tasked with documenting and protecting seized property.⁶⁸

Key Finding #2: Oakland police officers have too little training and knowledge on de-escalation methods in mental health crisis

Evidence

Through the Commission on Peace Officers Standards and Training (POST), California requires that police officers be trained on de-escalation techniques for two hours every two years. Officers are also required to take racial profiling/diversity training once every five years. Comparatively, OPD officers complete training on shooting every six months.⁶⁸ From 2015-2017, there were ten 40-hour POST-certified Crisis Intervention Trainings (CIT) provided for OPD officers.⁶⁹ However, CIT is a voluntary training and is not mandatory for ancillary assignment. Trained CIT certified officers are not eligible for premium pay and are only distinguished from non-trained officers by a pin on their uniforms.⁶⁹ OPD houses the Homeless Outreach Unit in the Special Operations Section, and it is made up of two personnel, one sergeant and one officer.⁷⁰ The City reports

<https://www.charlestoncitypaper.com/TheBattery/archives/2016/02/05/charleston-officials-launch-plan-to-clean-up-tentcity-curb-homelessness>.

⁶⁷ "Tent City, USA: The Growth of America's Homeless Encampments and How Communities Are Responding," 2017, accessed May 5, 2019, http://nlchp.org/wp-content/uploads/2018/10/Tent_City_USA_2017.pdf.

⁶⁸ Ibid.

⁶⁹ "Quarterly Progress Report," Oakland.net, July-August 2017, accessed May 10, 2019, <http://www2.oaklandnet.com/oakca1/groups/police/documents/webcontent/oak067719.pdf>.

⁷⁰ "Oakland Police Department Telephone Directory and Organizational Chart," Oakland Police Department, February 2018, accessed May 10, 2019, <http://www2.oaklandnet.com/oakca1/groups/police/documents/webcontent/oak069225.pdf>

that there are only three OPD officers dedicated to managing encampments.⁷¹ As of January 1, 2019, the Department currently employed 732 sworn Full-Time Equivalent (FTE) officers.⁷²

Through partnership with Alameda County Behavioral Health Care Services (ACBHCS), OPD operates a Mobile Evaluation and Crisis Response Team. The Mobile Evaluation Team (MET) pilot program was created in 2016 to provide crisis intervention and referrals to avoid psychiatric holds.⁷³ The program was then extended beyond the pilot phase; in 2017, the MET program operated Monday through Thursday from 8:30am-5:00pm.⁷⁴ The MET served the OPD Eastmont Substation specifically, but noted that they would travel throughout the City upon request. ACBHCS reports that today, the Crisis Response Team serves Oakland Monday through Friday from 10:00am-8:00pm.⁷⁵ Though the Crisis Response Team exists, significant clinical staff shortages have been reported. Additionally, there is no procedure in place to ensure that a CIT certified officer or MET representative will be on staff when a mental health crisis is called into 911 dispatch.⁷⁷ Public Safety Dispatchers receive a 24-hour training every two years that has a minor behavioral health component.⁷⁶ As demonstrated in Figure 4, in 2016 there were over 10,000 mental health calls for service received by 911 dispatchers.

Alameda County has one of the highest 5150 hold rates in California, and there are more Oakland Police officers that have requested training on 5150 and mental health crisis response than have

⁶⁸ State of California Commission, "Section D - Training Procedures Commission Procedure D-2," Commission on Peace Officer Standards Training, accessed May 10, 2019, <https://post.ca.gov/commission-procedure-d-2-continuing-professional-training-and-perishable-skills>.

⁶⁹ "California POST Course Catalog," California POST Course Catalog, accessed May 10, 2019, <https://catalog.post.ca.gov/SearchMap.aspx?mapLocation=&latLong=&radius=10&mapTitle=Dispatcher/Crisis%20Intervention&mapFromDate=>

⁷¹ "Homelessness & the Affordability Crisis," City of Oakland, accessed May 10, 2019, <https://www.oaklandca.gov/topics/homelessness-and-the-regional-cost-of-living-crisis>.

⁷² "City of Oakland Sworn Staffing: Actual vs. Authorize (2010-2020) Report," Power BI, accessed May 10, 2019, <https://app.powerbigov.us/view?r=eyJrIjo1NzNkNTYyZGZlMzQzNi00YTE1LTkyMTEtMWUxZjk4OGQ2ODk2IiwidCI6IjE4OWE5MTgwLTZmYmMtNDdmMS04MDMyLTZhOWVlOTY5YzU4ZCJ9>.

⁷³ "Quarterly Progress Report," Oakland.net, July-August 2017, accessed May 10, 2019, <http://www2.oaklandnet.com/oakca1/groups/police/documents/webcontent/oak067719.pdf>.

⁷⁴ Brian Case and Travis Parker, Sequential Intercept Model Mapping Report for Alameda County, CA, Policy Research Associates, Inc., Alameda County Behavioral Health, September 14-15, 2017, accessed May 10, 2019, http://www.acbhcs.org/Providers/news/2018/SIM_Summit_AC_report.pdf.

⁷⁵ "Program: Crisis Response Program - North County Mobile Crisis Team," Alameda County Behavioral Health Care Services Programs, accessed May 10, 2019, <https://www.icarol.info/ResourceView2.aspx?org=2376&agencynum=38906746&SiteResourceAgencyNum=38902715>.⁷⁷

Brian Case and Travis Parker, Sequential Intercept Model Mapping Report for Alameda County, CA, Policy Research Associates, Inc., Alameda County Behavioral Health, September 14-15, 2017, accessed May 10, 2019, http://www.acbhcs.org/Providers/news/2018/SIM_Summit_AC_report.pdf.

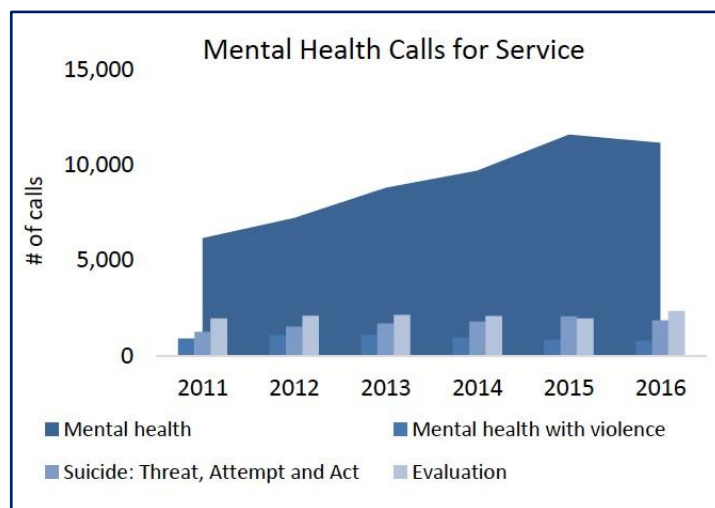
⁷⁶ "Quarterly Progress Report," Oakland.net, July-August 2017, accessed May 10, 2019, <http://www2.oaklandnet.com/oakca1/groups/police/documents/webcontent/oak067719.pdf>.

07/01/2015&mapToDate=06/14/2017&mapPresenter=&pageId=1&searchForPSRequirements=False#ListSectionBookMark.

received it.⁷⁷ Because there is little training and few mental health response alternatives for law enforcement, they rely on 5150 holds too often.⁷⁸

This shortage of officers trained on trauma-informed, mental health crisis response often results in homeless residents interacting with law enforcement not trained on how to effectively support this population. Recognizing that police are not traditionally equipped with the appropriate background and skillset to handle mental health crises, the Department has identified certain officers to undergo more extensive crisis response training.⁷⁹ However, these crisis team officers are still uniformed police officers, limiting their ability to make unhoused residents feel safe. Having an armed officer approach can escalate the interaction and lessen the possibility of a trauma-informed, humane interaction. Homeless advocates mentioned that having armed police officers unfamiliar with the community can further hinder trust between both parties.

Figure 4: Mental Health Calls to OPD, 2011-2016



Source: Courtesy of Oakland Police Department, Office of Inspector General, Quarterly Progress Report (July – September 2017).

Diagnosing the Problem

⁷⁷ "Coalition for Police Accountability," Coalition for Police Accountability, accessed May 10, 2019, <https://www.coalitionforpoliceaccountability.com/>.

⁷⁸ Brian Case and Travis Parker, Sequential Intercept Model Mapping Report for Alameda County, CA, Policy Research Associates, Inc., Alameda County Behavioral Health, September 14-15, 2017, accessed May 10, 2019, http://www.acbhcs.org/Providers/news/2018/SIM_Summit_AC_report.pdf.

⁷⁹ The Police Response to Homelessness, Police Executive Research Forum, Critical Issues in Policing Series, June 2018, accessed May 10, 2019, <https://www.policeforum.org/assets/PoliceResponsetoHomelessness.pdf>.

Twenty-two out of the thirty-five unhoused residents interviewed highlighted the need for officers to treat unhoused people with more respect. When asked what would improve interactions between unhoused residents and Oakland Police officers, respondents pointed to the need for better communication skills to handle difficult situations involving homeless residents. Respondents emphasized how those who are unhoused are still part of the community, and that officers need to learn how to interact with them and their property with more compassion.⁸⁰ There

was also an emphasis on the need to train officers in de-escalation techniques, and for mental health providers to be the primary contacts for homeless residents battling mental illness.⁸¹

As stated by Ventura County Police Chief Ken Corney, law enforcement officers feel that “homelessness is a community-wide problem that is often punted to the policing profession to solve.”⁸² Officers often serve as the primary point of contact for city residents to complain of any issue connected to homeless residents. When requesting assistance, residents can contact the city in two ways: either by calling 311 for general non-emergency city services or by calling law enforcement. When a resident decides to call law enforcement for a complaint concerning homeless residents, the officers ordered to respond are not equipped with alternatives to handle problems other than through arrest. Furthermore, law enforcement officers themselves view arrest as an inadequate response to addressing homelessness.⁸³ It is often the case that police officers do not want to interface with homeless residents either; they do not want to clear encampments or respond to mental health crises. Furthermore, when deciding to clear encampments, law enforcement’s response is community complaint-driven, not based on a need’s assessment or other metric.⁸⁴

Though OPD is the default response agency, they are unprepared to assist unhoused residents in mental health crises. The following snapshot of an OPD decision tree outlines the complicated process that ensues when 911 is called for a mental health crisis (full chart in Appendix), demonstrating that the resources given to OPD dispatch and officers are complex and convoluted.

⁸⁰ Almedom, E., Lenson, O., & Levinson, R. “Public Hearing Interviews on Homelessness and the Police,” February 16, 2019.

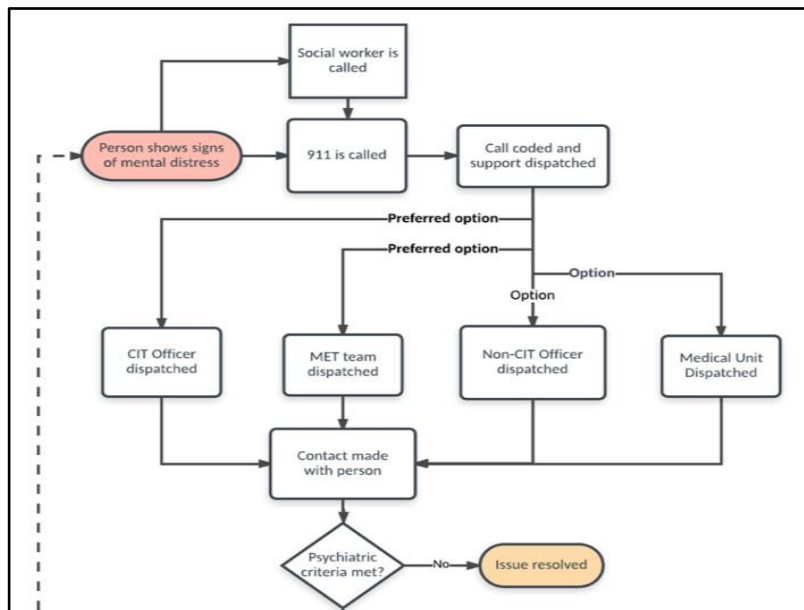
⁸¹ Almedom, E., Lenson, O., & Levinson, R. “Interview with Justice Teams Action Network,” March 20, 2019

⁸² The Police Response to Homelessness, Police Executive Research Forum, Critical Issues in Policing Series, June 2018, accessed May 10, 2019, <https://www.policeforum.org/assets/PoliceResponsetoHomelessness.pdf>.

⁸³ The Police Response to Homelessness, Police Executive Research Forum, Critical Issues in Policing Series, June 2018, accessed May 10, 2019, <https://www.policeforum.org/assets/PoliceResponsetoHomelessness.pdf>.

⁸⁴ “Coalition on Homelessness,” Coalition on Homelessness, accessed May 10, 2019, <http://www.cohsf.org/>.

Figure 5: Oakland's Mental Health Crisis Response Process



Source: Oakland Police Department. Office of the Inspector General Quarterly Progress Report. July-September 2017. _____

While this chart only represents half of the decision-tree, it is clear that officers and dispatchers could have a hard time navigating this process quickly. Furthermore, there is no procedure to ensure that a CIT officer is on duty, and the MET remains unstaffed. This can lead to officers relying on the use of psychiatric holds, one of the only methods they are trained on to address mental health crises. The complexity of serving mentally ill unhoused residents is not addressed by current OPD policy, further exacerbating the issue of how unhoused residents are treated by officers.

Unhoused residents also expressed concern that officers do not take their own public safety complaints seriously, and that they have lost hope that police will protect them. One resident shared that when she reported an assault to an officer, he ticketed her RV and did not take a police report.⁸⁵ This distrust undermines law enforcement's efforts to serve and protect homeless residents in a humane, respectful and effective way. Furthermore, many interviewees shared that they do not feel safe working with police out of fear of retaliation from gang members or other homeless residents.⁸⁶ Police can interpret this as uncooperative behavior, further harming the relationship between officers and unhoused residents.

Justifying Intervention

With only 350 shelter beds available and limited to homeless residents without criminal convictions, outstanding warrants, pets, or a history of drug use, there is no place for many

⁸⁵ "Coalition on Homelessness," Coalition on Homelessness, accessed May 10, 2019, <http://www.cohsf.org/>.

⁸⁶ Almedom, E., Lenson, O., & Levinson, R. "Public Hearing Interviews on Homelessness and the Police," February 16, 2019.

unhoused residents other than encampments.⁸⁷ As homelessness increases and encampments are shut down, more unhoused residents have nowhere to go. The City must take significant action to develop an effective response for this population.

In Oakland and other cities throughout the nation, cases of Hepatitis A have ballooned, putting many at risk of a dangerous, but preventable life-threatening disease.⁸⁸ Additionally, unhoused residents are more likely to have a disability, rely on public assistance, or battle substance abuse or drug addiction than the general public.⁸⁹ While only 4% of U.S. adults have a severe mental illness, approximately 26% of unhoused individuals staying in shelters suffer from one.⁹⁰ These public health vulnerabilities further import the need for a public health response to this population that law enforcement cannot provide. For those in mental health crises, contact with a police officer has a substantially different impact than contact with a social worker or mental health provider. If homelessness is indeed considered a public health issue, it should be handled by public health professionals. However, responsibility currently lies with law enforcement, whether they want it or not. With limited training and resources on best practices to serve those battling mental illness, law enforcement may resort to violence, as was the case with the fatal shooting of Joshua Pawlik.

Many interviewees requested that officers treat them with more respect and acknowledge their humanity and existence as Oakland residents, also deserving of public safety.⁹¹ Alternatively, police officers express frustration from feeling ill-equipped to provide help to unhoused residents. Officers are not informed on what resources exist to serve homeless residents, particularly those who suffer from mental illness. Additionally, the resources that do exist are very minimal.⁹² The lack of training and information provided to law enforcement results in poor communication and interaction between unhoused residents and officers. OPD does not want to serve as the point of contact for mental health crises and homeless response, but no other public agency has the budget, personnel, or capacity to serve as first responders for this population. As localities face the mounting challenge of growing homeless populations, there is a need for a clear division of authority.

Policy Options and Criteria for Mental Health Crisis

⁸⁷ "Who We Are," Homeless Action Center, accessed May 10, 2019, <http://homelessactioncenter.org/>.

⁸⁸ Drew Costley, "Healthcare Workers Act to Prevent Hepatitis A Outbreak in Oakland," Oakland North, November 9, 2017, accessed May 10, 2019, <https://oaklandnorth.net/2017/11/09/healthcare-workers-act-to-prevent-hepatitis-a-outbreak-in-oakland/>.

⁸⁹ "Health and Homelessness," National Alliance to End Homelessness, accessed May 10, 2019, <https://endhomelessness.org/homelessness-in-america/what-causes-homelessness/health/>.

⁹⁰ "Mental Health By The Numbers," National Alliance on Mental Illness, 2019, accessed May 10, 2019, <https://www.nami.org/learn-more/mentalhealth-by-the-numbers>.

⁹¹ Almedom, E., Lenson, O., & Levinson, R. "Public Hearing Interviews on Homelessness and the Police," Interview EA9, February 16, 2019.

⁹² "Justice Teams Network," accessed May 10, 2019, <https://justiceteams.org/>.

In response to our findings in the previous section, we have collected insights on Oakland's current policies (referred to as the existing policy within the "status quo") and will present a set of potential alternative policy options for consideration. Each will be assessed against three criteria, outlined below.

Effectiveness

Will this policy effectively address the goal of reducing police involvement in mental health crisis? This will be measured by bringing in examples of successes in other jurisdictions.

Efficiency

Is this a cost-effective policy for the City of Oakland? Will this policy generate benefits that exceed the costs associated? We do not conduct a formal cost-benefit analysis to make this assessment. Instead, we identify the potential costs of the policy or, alternatively, the costs of maintaining today's status quo. As data to understand today's status quo, we note that the Oakland Police Department currently makes up nearly 45% of the City's General Fund.⁹³ As of 2018, Oakland had the highest percentage of police department expenditures when compared to other large metropolitan cities, such as Atlanta (29.7% on police) and Orlando (32.3% on police).⁹⁴ Our assumption when assessing policy options is that this outsized expenditure on OPD can and must change. As an example, we point to recent changes in Alameda County. The Alameda County operating budget allocates the largest share of its funds to the Behavioral Health Care Services Department (BHCS). In 2019, BHCS received \$482.94 million (equating to 14.14% of the operating budget), compared to the Sheriff's Office, which received \$424.27

million (12.42% of the operating budget).⁹⁵ This small, but promising, shift can be used as inspiration as the Police Commission considers the policy options brought forward in this report.

Political Feasibility

Will this policy survive the political process? In particular, how might this policy perform given the City's past decisions regarding police involvement in mental health crisis? We

⁹³ "Open Budget: Oakland," Open Budget: Oakland, accessed May 10, 2019, <https://openbudgetoakland.org/>.

⁹⁴ Freedom to Thrive: Reimagining Safety & Security in Our Communities, Center for Popular Democracy, Center for Popular Democracy, 2018, accessed May 10, 2019, <https://static1.squarespace.com/static/5500a55ae4b05a69b3350e23/t/595cf69b1b631b031e0542a5/1499264677929/Freedom%20to%20Thrive%20Web.pdf>.

⁹⁵ "Alameda County Operation Budget," Alameda County, accessed May 10, 2019, <http://budget.acgov.org/#!/year/2019/operating/0/departments?vis=barChart>.

consider the past actions of the City Council, the Mayor, the City Administrator's office, and other relevant City departments.

Policy Options to Address Mental Health Crisis

Status Quo: Lack of Training

Existing Policy

The Oakland Police Department's current mental health response can be illustrated through its Crisis Intervention Team and its Mental Health Disposition Codes.

Since 2014, the Oakland Police Department has had a Crisis Intervention Team (CIT) whose officers are "trained to respond to incidents and attempt to provide evaluation, de-escalation and referral services in dealing with incidents involving individuals who are either known or suspected to be in acute mental health or emotional crisis and who may pose a risk to themselves or others or are determined to be gravely disabled."⁹⁶ A Patrol officer may request CIT officer support in cases such as: "when personnel reasonably believe that a subject, family, or caregiver may benefit from a CIT consult/intervention; a disturbance call where an individual may be suffering from a mental health related behaviors; or on-scene field personnel determine a need and request a CIT officer to respond."⁹⁸

The police department's mental health disposition codes, under Special Order No. 9098, demonstrate how officers will code an incident after it has occurred. They have three choices: Mental Health (MH), Mental Health Hold (MHH), and Crisis Intervention Team Officer on Scene (CIT).⁹⁷ Additionally, the Downtown Oakland Mobile Crisis Team of the Mental Health Association of Alameda County responds to requests from the Oakland Police Department, other agencies and individuals for assistance with mental health evaluations of adults in the community.⁹⁸

Current Outcomes of Existing Policy

⁹⁶ "New DGO 0-1.1 Crisis Intervention Program," Office of Chief of Police Oakland Police Department, October 3, 2014, accessed May 10, 2019, <http://www2.oaklandnet.com/oakca1/groups/police/documents/webcontent/oak051676.pdf>.

⁹⁷ "Special Order No. 9098," Office of Chief of Police Oakland Police Department, March 25, 2013, accessed May 10, 2019, <http://www2.oaklandnet.com/oakca1/groups/police/documents/webcontent/oak051674.pdf>.

⁹⁸ "MHAAC - Need Help Now?" Mental Health Association of Alameda County, accessed May 10, 2019, <http://mhaac.org/need-help-now.html>.

As demonstrated in the Mental Health Disposition Codes, CIT officers have only one action oriented tool to address mental health concerns: voluntary and involuntary psychiatric holds.⁹⁹ Alameda County Behavioral Health Care Services found that Oakland has the highest rates of 5150 holds (i.e. psychiatric holds) in the county and that 75-78% of those transported for a psychiatric hold did not meet medical necessity criteria for inpatient acute psychiatric services.¹⁰⁰

In addition, Mobile Crisis Team services are only available from 8:30am to 5pm on Monday through Friday, which many advocates indicate is a severe limitation to the effectiveness of the program. Thus, we conclude that the current mental health response is inadequate and insufficient to meet the unique demands faced by Oakland law enforcement.

According to a study conducted by the Treatment Advocacy Center in 2015, individuals with untreated severe mental illness make up fewer than 1 in 50 U.S. adults, but are involved in at least

1 in 4 and as many as half of all fatal police shootings. Because of this prevalence, they claim that “reducing encounters between on-duty law enforcement and individuals with the most severe psychiatric diseases may represent the single most immediate, practical strategy for reducing fatal police shootings in the United States.”¹⁰¹ Changes to today’s status quo should be considered in tandem with ongoing changes to the use-of-force status quo, at the state and local levels. This is particularly relevant in the aftermath of the case of Joshua Pawlik, an unhoused, mentally ill man who was shot and killed by four OPD officers while unconscious in March 2018.¹⁰²

The current approach is clearly politically feasible, though the City could potentially expect more political pressure to change their approach as the homelessness crisis grows, and other West Coast cities explore alternative approaches.

Policy Alternative: Integrating emergency mental health services in crisis intervention

Potential Policy

⁹⁹ “Special Order No. 9098,” Office of Chief of Police Oakland Police Department, March 25, 2013, accessed May 10, 2019, <http://www2.oaklandnet.com/oakca1/groups/police/documents/webcontent/oak051674.pdf>.

¹⁰⁰ “Adopt the Alameda County Behavioral Health Care Services Mental Health Services Act AB 114 Plan For Fiscal Years 2017-2018 Through 2019-2020 and the Mental Health Services Act Innovation Plan for Fiscal Years 2018-19 Through 2022-23,” Alameda County Health Care

Services Agency, July 24, 2018, accessed May 10, 2019,

http://www.acgov.org/board/bos_calendar/documents/DocsAgendaReg_07_24_18/HEALTH CARE SERVICES/Regular Calendar/BHCS_268020.pdf.

¹⁰¹ Heather Carroll, “Overlooked in the Undercounted,” Treatment Advocacy Center, December 2015, accessed May 10, 2019, <https://www.treatmentadvocacycenter.org/overlooked-in-the-undercounted/>.

¹⁰² Angela Ruggiero and George Kelly, “‘He Never Got a Chance to Live,’ Civil Rights Attorney Says of Man Shot by Oakland Police,” East Bay Times, February 06, 2019, accessed May 10, 2019, <https://www.eastbaytimes.com/2019/02/06/he-never-got-a-chance-to-live-civil-rights-attorneysays-of-man-shot-by-oakland-police/>.

As evidenced in previous sections, Oakland has limited options for non-police response to mental health crisis and for responses outside of psychiatric holds. As an alternative, Oakland could consider integrating emergency mental health services into their response, either as an alternative to police or as a partner with police.

Table 2: Two Potential Models for A New Mental Health Response

Level of Police Involvement	Examples in the Field
Side-by-Side with Mental Health Responders in All Responses	Tandem police-emergency mental health response in Berkeley, California
Not Required, Only When Requested by Mental Health Responders	Cahoots program in Eugene, Oregon

In our interviews, unhoused residents and advocacy organizations expressed a preference for no police presence during a mental health crisis, citing various incidents where police presence escalated a situation.

Projected Outcomes of Potential Policy Alternative

Effectiveness

In Oregon’s Cahoots program for mental health response without police presence (see Case Study for more detail), 17% of the city’s 96,115 calls are being routed to unarmed crisis counselors instead of police officers.¹⁰³ This demonstrates that such a policy can be effective at reducing police presence in mental health response. While a direct comparison study between police response and non-police response to residents experiencing mental health crisis has not been conducted, it is clear that a response from *unarmed* mental health professionals will reduce the risk for fatal police shootings of individuals in crisis. Future research should consider the risk that unarmed crisis respondents are subjected to, though we did not find such research. Also, it should be noted that we spoke with numerous practitioners providing case management,

¹⁰³ Zusha Elinson, "When Mental-Health Experts, Not Police, Are the First Responders," Wall Street Journal, November 24, 2018, accessed May 10, 2019, <https://www.wsj.com/articles/when-mental-health-experts-not-police-are-the-first-responders-1543071600>.

legal advocacy, and mental health treatment to unhoused residents who did not feel they were at heightened risk by working with those experiencing mental health crisis.¹⁰⁴

Additionally, the Police Commission could consider researching whether non-police response has any impact, positive or negative, on the likelihood of an individual being placed under an involuntary hold. An involuntary hold requires use of government resources for transportation, officer or respondent time, and placement in a government psychiatric facility.

Efficiency

The Cahoots program in Oregon has 39 employees and costs the city around \$800,000 a year plus vehicles, which is “a fraction of the Eugene police department’s \$58 million annual budget.”²⁹ They are also paid to handle calls for neighboring Springfield, which means that this program brings revenue into the city. This cost savings bodes well for the implementation of such a program in Oakland, where 45% of the annual budget goes to Police.¹⁰⁷

Political Feasibility

Unlike other Bay Area cities, Oakland does not have its own health services department. An integrated mental health response policy adopted by OPD would require the political capital to secure contracts between Oakland’s Police Department and Alameda County Behavioral Health Care Services (BHCS) or with the independent not-for-profit Mental Health Association of Alameda County. BHCS has partnered with many departments and, specifically, police departments across Alameda County, including for the delivery of OPD’s Crisis Intervention Training (CIT).¹⁰⁵ However, we did not find any specific partnerships regarding mental health response with Oakland’s unhoused community.

BHCS’ Mental Health Services Act for Fiscal Year 2018-19 to Fiscal Year 2022-23 notes a *planned* expansion of the aforementioned Mobile Crisis Team.¹⁰⁶ The pilot program will provide services from 7:00 am until midnight seven days per week, as this is when the majority of 5150s

¹⁰⁴ Almedom, E. Lenson, O., and Levinson R. Interview with Homeless Action Center, April 4, 2019 ¹⁰⁷ "Open Budget: Oakland," Open Budget: Oakland, accessed May 10, 2019, <https://openbudgetoakland.org/>.

¹⁰⁵ *Mental Health Services Act FY 2014-15, 2015-16, 2016-17 Plan Update*, Alameda County Behavioral Health Care Services, Alameda County Behavioral Health Care Services, July 2015, accessed May 10, 2019, http://www.acgov.org/board/bos_calendar/documents/DocsAgendaReg_3_9_15/HEALTH CARE SERVICES/Regular Calendar/MHSA_FY14_15_Plan_Update.pdf.

¹⁰⁶ "Adopt the Alameda County Behavioral Health Care Services Mental Health Services Act AB 114 Plan For Fiscal Years 2017-2018 Through 2019-2020 and the Mental Health Services Act Innovation Plan for Fiscal Years 2018-19 Through 2022-23," Alameda County Health Care Services Agency, July 24, 2018, accessed May 10, 2019, http://www.acgov.org/board/bos_calendar/documents/DocsAgendaReg_07_24_18/HEALTH CARE SERVICES/Regular Calendar/BHCS_268020.pdf.

are placed in Alameda County. The program will aim to divert law enforcement from unwarranted 5150 holds and instead provide one clinician and one EMT to assess the situation and, when possible, direct individuals to “a sobering/detox center, crisis residential, crisis stabilization unit, or peer respite.”¹⁰⁷ After 18 months of testing in San Leandro and Hayward, the pilot program would be rolled out to Oakland (pending support from the City). However, the program still plans to have police officers arrive on the scene first to assess safety. The Police Commission can build off of this promising plan by a) advocating for Oakland to support BHCS’ pilot expansion and b) investigating the need for police officers as first responders to 911 calls for mental health crisis.

Case Study: Mental Health Experts at the Forefront in Eugene, Oregon

In cases of mental health crisis, police are generally first responders, which raises the risk of a violent encounter between cops and mentally unstable individuals. Oregon’s third largest city takes a new approach through their nonprofit program called Cahoots, which stands for Crisis Assistance Helping Out on The Street. This team calms tense situations, offers medical aid, and points people toward shelters. Launched by social activists in 1989, Cahoots handled 17% of the 96,115 calls for service made to Eugene police in 2017. Each Cahoots van has two Cahoots workers – a mental health specialist/crisis worker and an EMT or paramedic.¹⁰⁸ The vans carry

warm clothing, blankets, food and water. Cahoots teams do not carry weapons and cannot arrest or detain individuals.

In 2017, police officers spent 21% of their time responding to or transporting people with mental illness, according to preliminary data from a survey of 355 U.S. law enforcement agencies.¹⁰⁹ More police departments across the country train their officers in techniques to deal with the mentally ill. Los Angeles, Houston and Salt Lake City pair officers with mental-health workers to respond to certain calls. Still, the survey findings showed that, in 45% of the agencies polled, the majority of officers have not received crisis-intervention training. The Cahoots program is exclusively focused on mental health response and has become a model for other cities, including New York City, where law enforcement spending is under scrutiny. The Cahoots program helps reduce law enforcement transit costs and ensures that those responding to

¹⁰⁷ *Unwarranted* refers to the Alameda County Behavioral Healthcare Services’ assessment that “75-78% of those transported for a psychiatric hold did not meet medical necessity criteria.”

¹⁰⁸ Zusha Elinson, “When Mental-Health Experts, Not Police, Are the First Responders,” *Wall Street Journal*, November 24, 2018, accessed May 10, 2019, <https://www.wsj.com/articles/when-mental-health-experts-not-police-are-the-first-responders-1543071600>.

¹⁰⁹ Michael C. Biasotti, *The Impact of Mental Illness on Law Enforcement Resources*, Treatment Advocacy Center, Treatment Advocacy Center, December 2011, accessed May 10, 2019, https://www.treatmentadvocacycenter.org/storage/documents/The_Impact_of_Mental_Illness_on_Law_Enforcement_Resources__TAC.pdf.

mentally ill residents are equipped with best practices to ensure safety and conflict mediation for all parties.

Recommendations & Next Steps

Our objective is to provide a high-level set of considerations, background, and policy options for CPA and the Police Commission. Instead of prescribing policy changes, we will use this section to introduce short- and long-term recommendations, which CPA and the Police Commission can use to defend or promote future policy recommendations that they make.

We recognize that at the time of writing this report (May 2019) the Police Commission is below the level of resourcing originally expected when it was formed. We will note where, from our perspective, the Commission could address a recommendation under current levels of resourcing versus when additional resourcing is likely. We also recognize the political constraints under which the Commission operates and will note where we believe additional political buy-in would be necessary to address a recommendation.

Short-Term (3-6 months)

Coordinate with mental health response teams to learn operational realities

Our initial scan of existing mental health response models and research literature revealed benefits gained by other cities. The realities of how to launch and sustain these programs will require more in-depth discussion and partnership. We recommend starting by speaking with Cahoots because of its clear success, sustainability, and proximity to Oakland.

Below are initial details to discuss with Cahoots, or other successful mental health response teams:

- Making the case to City officials (law enforcement, finance, City Council, Mayor, etc.)

-
- Working across government agencies and jurisdictions
 - Recruiting qualified crisis responders (required skills, application pools)
 - Determining rules of engagement with police officers - for instance, are there cases where Cahoots responders call the police?
 - Understanding confidential privilege of mental health respondents, i.e. what are the reporting requirements for non-officer respondents who may witness law violations?

It is worth noting that Eugene and Oakland have some demographic differences. Oakland is 34.5% White and 28% Black, while Eugene is 84% White and 1.9% Black.¹¹⁰ The cities share similar population sizes, with Oakland at 425,204 residents and Eugene at 374,748 residents.

¹¹⁰ "U.S. Census Bureau QuickFacts: Oakland City, California; Eugene City, Oregon," Census Bureau QuickFacts, accessed May 10, 2019, <https://www.census.gov/quickfacts/fact/table/oaklandcitycalifornia.eugeneoregon/PST045218>.

These demographics can be further explored in Data USA's comparison tool, cited in the footnotes.¹¹¹ Furthermore, per the 2017 Alameda County Point-in-Time Count, 68% of unhoused individuals in Oakland identified as Black or African American.¹¹² These demographic realities must be considered alongside the operational realities of running a mental health response model similar to Eugene's.

We believe this recommendation can be accomplished with the Commission's current level of resourcing.

Medium-Term (7-11 months)

Determine necessary structural changes to the Commission

As the Commission has only been in place for roughly a year, we recommend consulting with other independent police oversight bodies to understand best practices in the field.

From our interviews and research, topics to discuss with peer-level agencies could include:

- Core competencies – *can build off of the National Association for Civilian Oversight of Law Enforcement (NACOLE) competencies*¹¹³
- Best sources of leverage and coordination with City officials
- Best practices in overseeing police misconduct investigations

Long-Term (12+ months)

Conduct in-depth investigation of police policy regarding property seizure

To build off of the anecdotal data and comparison data from our research, we recommend that the

Commission leverage its oversight position to gain access to more detailed data from the City Administrator, as well as from OPD and the Public Works departments. We believe such investigation would require legal expertise, particularly of the Commission's future Inspector

General and/or legal counsel. We recommend partnering with groups like the San Francisco

¹¹¹ "Data USA: Oakland, CA and Eugene, OR," Data USA, accessed May 10, 2019, <https://datausa.io/profile/geo/oakland-ca/?compare=eugenefield-or-metro-area>.

¹¹² City of Oakland Homeless Census & Survey Jurisdictional Report, 2017, accessed May 10, 2019, <http://everyonehome.org/wpcontent/uploads/2017/11/2017HIRDReport-Oakland.2-2-3.pdf>.

¹¹³ "Core Competencies for Civilian Oversight Practitioners," National Association for Civilian Oversight of Law Enforcement, accessed May 10, 2019, https://www.nacole.org/core_competencies_for_civilian_oversight_practitioners.

Financial Justice Project and the East Bay Community Law Center (EBCLC) to contextualize OPD's policies in the larger Bay Area conversation on the impact of outsized and unconstitutional asset seizure.

Conclusion

As the homelessness crisis in Oakland continues, the City is allocating increased resources and energy to combating the issue. As the unsheltered, sheltered, and first-time homeless populations grow, more departments are called upon to serve these groups. When housing is inaccessible and individuals are managing life outdoors, mental health and others health crises are more likely to unfold in public, which can then increase one's likelihood of encountering police. On the surface, neither of these are policing issues, but due to failures across the continuum of care, police departments find themselves at the frontlines of social issues. However, because homeless people are 25% more likely to suffer from mental illness, this poses a significant concern about who to contact to serve the mentally ill.

Current police practices are not effective in protecting homeless residents, and often put them at even greater risk of police-initiated violence. As demonstrated by the fatal shooting of Joshua Pawlik, Oakland's unhoused residents are in excessive and violent contact with police, and the City can expect more violence against homeless residents as the population grows.

The Police Commission occupies the unique space as a voice for community advocacy and police oversight. Through the recent success of new parolee search restrictions implemented by the Commission, it is clear that this group is capable of reforming police practice through policy recommendations. We hope that the Commission is incentivized by this recent success to continue to demand policy reform in other areas, including the policing of homeless residents.

In our report, we outlined how both the Cahoots mental health response model and Charleston's handling of encampment evictions should be considered as illustrative solutions to address the interconnected issues of homelessness and mental illness. In order to maintain safety for *all* residents and be better stewards of financial resources, police departments have an opportunity to learn from the creativity in places like Eugene, Oregon and Charleston, South Carolina.

Oakland is a city with an unfortunate history of police misconduct. We hope that the lessons learned from the past and the recent fatal shooting of Joshua Pawlik will motivate the Commission and Department to work together to create policies that protect all Oakland residents, including the mentally ill and unhoused.

Appendix

Analytical Limitations

This report is the culmination of qualitative and ethnographic research, informed by practitioners, academics, and homeless residents of Oakland. We believe that this analysis will provide the Police Commission with evidence of the over-policing of homeless residents, and with policy reforms that can help OPD protect the public safety of all Oakland residents. That being said, we recognize that our analysis was informed by certain assumptions and limitations, detailed below.

Our policy recommendations only address police practices, not all City agencies that interact with Oakland's unhoused residents. The City Administrator serves as the coordinating body of the City's homeless response, including eviction clearance and closure. Additionally, the Department of Public Works is in charge of trash pick-up and debris removal services. Any recommendations made for OPD will not necessarily impact the decisions or processes of those two departments, who are the main two agents orchestrating evictions. Furthermore, these agencies often request police presence when interacting with the unhoused community, ensuring continued contact between OPD and homeless residents.

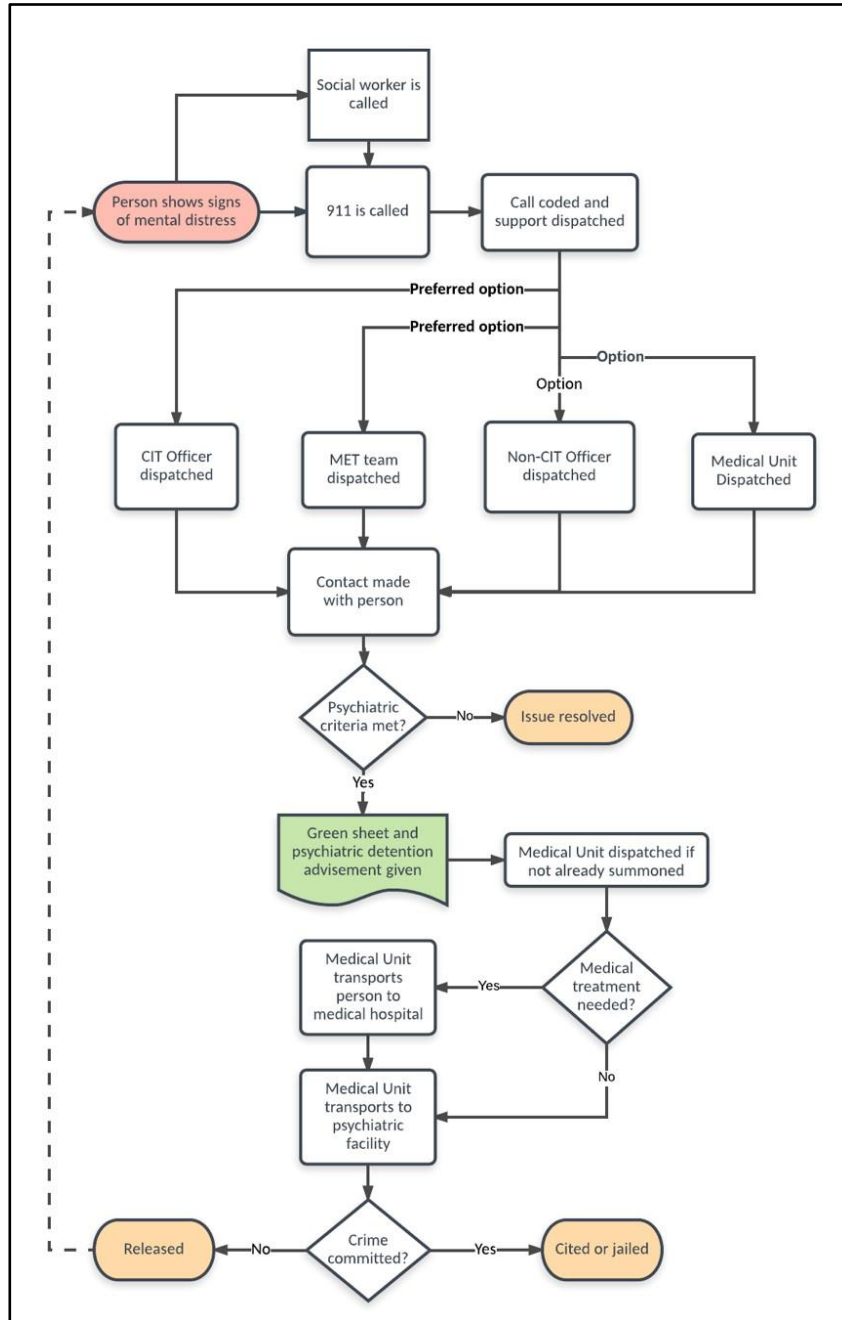
Secondly, the City of Oakland has not dedicated enough money to combat the issues of homelessness and housing affordability as a whole. Much of the funding for serving unhoused residents relies on shifting existing funding streams and changing budget allocations within the General Fund. Our recommendations require significant financial investment, which may yield resistance from other City agencies. However, we assume that investing in preventative measures, such as training and re-routing mental health crises calls, can save the City money in the long run, from reduced overtime paid to police officers and a smaller number of unhoused residents interacting with the criminal justice system.

Lastly, due to the time constraints for this project, our findings were informed by who we spoke to and what we read. We understand that our findings may have been different had we spoken to more unhoused residents, law enforcement officers, practitioners and academics. In this analysis, we utilized the qualitative data from interviews to extrapolate sentiments and experiences of the unhoused community. Therefore, we believe the information generated in this report is both thorough and beneficial. However, we cannot claim that these interviews were representative of the community as a whole.

Law Enforcement Mental Health Crisis Process

The following chart outlines the complicated process that ensues when 911 is called for a mental health crisis in Oakland.

Figure 6: Oakland’s Mental Health Crisis Response Process



Source: Oakland Police Department. Office of the Inspector General Quarterly Progress Report. July-September 2017.

Survey Questions

The following questions comprised the script used for interviews conducted during the public hearings on homelessness and the police on February 16, 2019:

PART 1: Intake

1. Introduction - Thank you for volunteering to share your story. Today we want to learn about what your experience is like being homeless and contact you have had with the police during that time.
This conversation is completely confidential. None of your identifying information will be used. You will be reimbursed with \$20 if you qualify for and complete the interview. Are you comfortable with me taking notes? Our conversation will not be recorded.
2. In the last 12 months, have you experienced homelessness? This could mean sleeping outdoors; in a shelter; in a car or other vehicle; in a garage, backyard, porch shed, or driveway; or in bus/train/BART station; a public or abandoned building or anyplace not meant for human shelter.
(If not homeless in the last 12 months, end interview here)
3. What city or cities did you live in when you were homeless? **(If none were in Oakland, end interview here; otherwise list all localities)**
4. What is your gender identity?
 - a. Female
 - b. Male
 - c. Non-binary/ third gender
 - d. Transgender
 - e. Prefer to self-describe _____
 - f. Prefer not to say
5. What is your age?
6. Are you Latino or Hispanic?
7. What is your race? Tell me all that apply.
 - a. White
 - b. Black or African Descent
 - c. American Indian or Alaska Native
 - d. Asian
 - e. Pacific Islander
 - f. Some other race: please specify
8. What languages do you speak with family or close friends?

PART 2: Questions - *for those who go through intake and identify as having been homeless and having lived in Oakland in past 12 months:*

9. In the past 12 months, about how long were you homeless (i.e. living on the street, in a car, in a shelter, or other place not meant for human shelter)?
 - a. Less than one week
 - b. What 1-2 weeks
 - c. 3-4 weeks
 - d. Over 4 weeks - two months
 - e. 3 months or longer
10. If you had to guess, how many times in the last 12 months did you interact with the Oakland police while you were homeless?
11. What types of police contact did you experience most frequently while homeless in Oakland? *Interviewer to note whether it was: Called to where you live, Disturbance or dispute, Suspect of a crime, A traffic stop, Loitering*
12. When was your most recent interaction with the Oakland police while you were homeless?
 - a. *Interviewer to note whether it was: 12 months ago, or less, 13 - 24 months ago, over 2 years ago but less than 3 years ago, or more than 3 years ago*
13. What was your most memorable interaction with the Oakland police while you were homeless within the last 5 years?
 - a. What year did it take place?
 - b. Why was it memorable?
14. How did it start? Who initiated the police contact? *Interviewer to note whether it was initiated by self, police, family member, someone else*
15. What was the nature of the contact? *Interviewer to note whether it was: Called to where you live, Disturbance or dispute, Suspect of a crime, A traffic stop, Loitering*
 - a. What happened during the interaction? *(examples if need prompting: physical/psychological harm, given ticket, detained, arrested and booked into jail, etc.)*
 - b. What was the result of this interaction? *(examples if need prompting family break-up, loss of work, medical/mental health costs, loss of possessions [get more detail], disqualification for certain programs, criminal record, etc.)*
16. If you could make one change, what do you think could help relationships between the police and unhoused persons in Oakland?
17. Is there anything else you'd like to share about your experiences with Oakland police?

If time permits:

- What types of police contact did you experience at times you were not homeless?

That wraps up my questions. Thank you so much for your time today.

If interviewee noted an interest in filing a complaint, direct them to CRPA representative.

Survey Respondent Demographics

Table 1: Demographics of Interview Sample

Age	Count	% of Total
25-29	2	6%
30-34	1	3%
35-39	5	15%
40-44	2	6%
45-49	5	15%
50-54	5	15%
55-59	7	21%
60-64	6	18%
65-69	1	3%
Gender	Count	% of Total
Male	26	74%
Female	9	26%
Race/Ethnicity	Count	% of Total
Black or African American	20	57%
Multiracial	7	20%
White	3	9%
Asian	2	6%
Latino	1	3%
Native American	1	3%
Other	1	3%
Length of Homelessness	Count	% of Total
0-3 months	4	12%
3-6 months	1	3%
6-9 months	1	3%

9-12 months	28	82%
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Encampment Principles and Practices

The following table outlines best practices for interacting with homeless encampments and individuals. This section should not be read to imply that evictions are a best practice, but instead that they can be improved upon with the implementation of best practices. These guidelines were taken directly from the National Law Center on Homelessness and Poverty.

Table 3: Encampment Principles and Practices

Principle	Description
All people need safe, accessible, legal place to be, both at night and during the day, and a place to securely store belongings— until permanent housing is found.	<ol style="list-style-type: none"> 1. Determine the community’s full need for housing and services, and then create a binding plan to ensure full access to supportive services and housing. 2. affordable for all community members so encampments are not a permanent feature of the community. 3. Repeal or stop enforcing counterproductive municipal ordinances and state laws that criminalize sleeping, camping, and storage of belongings. Provide safe, accessible, and legal places to sleep and shelter, both day and night. Provide clear guidance on how to access these locations. 4. Create storage facilities for persons experiencing homelessness, ensuring they are accessible—close to other services and transportation, do not require ID, and open beyond business hours.
Delivery of services must respect the experience, human dignity, and human rights of those receiving them.	<ol style="list-style-type: none"> 1. Be guided by frequent and meaningful consultation with the people living in encampments. Homeless people are the 2. experts of their own condition. 3. Respect autonomy and self-governance for encampment residents. Offer services in a way that is sensitive and appropriate with regard to race, ethnicity, culture, disability, gender identity, sexual orientation, and other characteristics. Use a trauma-informed approach.

<p>Any move or removal of an encampment must follow clear procedures that protect residents.</p>	<p>Create clear procedures for ending homelessness for people living in pre-existing encampments, including:</p> <ol style="list-style-type: none"> 1. Make a commitment that encampments will not be removed unless all residents are first consulted and provided access to adequate alternative housing or—in emergency situations—another adequate place to stay. 2. If there are pilot periods or required rotations of sanctioned encampments, ensure that residents have a clear legal place to go and assistance with the transition. Pilot periods or requiring rotation of legal encampments/parking areas on a periodic basis (e.g., annually or semi-annually) can help reduce local “not-in-my-back-yard” opposition, but shorter time periods hinder success. 3. Provide sufficient notice to residents and healthcare/social service workers to be able to determine housing needs and meet them (recommended minimum 30 days, but longer if needed). 4. Assist with moving and storage to enable residents to retain their possessions as they transfer either to housing, shelter, or alternative encampments.
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Principle	Description
<p>Where new temporary legalized encampments are used as part of a continuum of shelter and housing, ensure they are as close to possible to fully adequate housing.</p>	<ol style="list-style-type: none"> 1. Establish clear end dates by which point adequate low-barrier housing or appropriate shelter will be available for all living in the legal encampments. Protect public health by providing access to water, personal hygiene (including bathrooms with hand washing capability), sanitation, and cooking services or access to SNAP’s hot meals benefits. 2. Provide easy access to convenient 24-hour transportation, particularly if services are not co-located. 3. Statutes and ordinances facilitating partnerships with local businesses, religious organizations, or non-profits to sponsor, support or host encampments or safe overnight parking lots for persons living in their vehicles can help engage new resources and improve the success of encampments. 4. Do not require other unsheltered people experiencing homelessness to reside in the encampments if the facilities do not meet their needs. 5.

<p>Adequate alternative housing must be a decent alternative.</p>	<ol style="list-style-type: none"> 1. Ensure that emergency shelters are low-barrier, temporary respites for a few nights while homeless individuals are matched with appropriate permanent housing; they are not long-term alternatives to affordable housing and not appropriate in the short term for everyone. Low-barrier shelter includes the “3 P’s”—pets, possessions, and partners, as well as accessible to persons with disabilities or substance abuse problems. 2. Adequate housing must be: <ol style="list-style-type: none"> a. Safe, stable, and secure: a safe and private place to sleep and store belongings without fear of harassment or unplanned eviction b. Habitable: with services (electricity, hygiene, sanitation), protection from the elements and environmental hazards, and not overcrowded c. Affordable: housing costs should not force people to choose between paying rent and paying for other basic needs (food, health, etc.) d. Accessible: physically (appropriate for residents’ physical and mental disabilities, close to/transport to services and other opportunities) and practically (no discriminatory barriers, no compelling participation in or subjection to religion).
<p>Law enforcement should serve and protect all members of the community.</p>	<ol style="list-style-type: none"> 1. Law and policies criminalizing homelessness, including those criminalizing public sleeping, camping, sheltering, storing belongings, sitting, lying, vehicle dwelling, and 2. panhandling should be repealed, or stop being enforced. Law enforcement should serve and protect encampment residents at their request. <ol style="list-style-type: none"> e. Law enforcement officers—including dispatchers, police, sheriffs, park rangers, and private business improvement district security— should receive crisis intervention training and ideally be paired with fully-trained multi-disciplinary social service teams when interacting with homeless populations.

Taken from: National Law Center on Homelessness and Poverty. *Tent City, USA: The Growth of America’s Homeless Encampments and How Communities are Responding*. July-September 2017.

The following steps comprise Charleston's aforementioned 10-point plan for evictions. These steps were taken directly from the City's press release on the eviction:

1. Beginning Friday, February 5th, the property's principal owner, the South Carolina Department of Transportation will begin to clean up the site, removing trash and debris that has accumulated near the main encampment.
2. On Monday and Tuesday, February 8th-9th, the area around Lee and Meeting streets, including the large white tent, will be cleared. Those currently living in that location will be offered immediate shelter by One80 Place.
3. In the same timeframe, the areas on the East side of Meeting St. will also be cleared, with shelter again offered by One80 Place.
4. The City will partner with SCDOT to establish clear legal jurisdiction over the area through a new lease agreement, which will be presented to Charleston City Council.
5. Collaborate directly with churches and other charitable organizations to coordinate any further distribution of donated items and to keep the encampment clean.
6. Support the work of the Lowcountry Homeless Coalition and other non-profit and faith-based organizations to provide information and housing assistance services to homeless individuals, including the development of individualized housing plans.
7. Continue current efforts with county officials and nonprofit partners to identify additional shelter space to house those who have been living in the encampment until more permanent housing options are available.
8. Work with area residents, local elected officials and neighborhood association leaders to ensure that the needs of neighborhood residents are protected throughout the process.
9. Establish a city-affiliated website, which will allow private citizens to get involved by making donations and volunteering their time. The associated fund will be opened with \$50,000 - \$35,000 from the City of Charleston and \$15,000 from the 2016 Charleston Inaugural Committee.
10. Appointment of a citizens' "blue ribbon" commission to begin bringing people together around long-term solutions to the problem of homelessness in our community, so that this situation does not repeat itself in the future.

Taken from: National Law Center on Homelessness and Poverty. *Tent City, USA: The Growth of America's Homeless Encampments and How Communities are Responding*. July-September 2017.

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Appendix VII - Cahoots Sample Staff Job Descriptions

Position - Crisis Counselor

Up to 40 hours per-week

Pay and Benefits:

\$15/hr. while training/j

Job Description:

Requirements:

1. 3 years of experience, education and/or training in crisis intervention or mental health.
2. Experience working with youth.
3. QMHP or QMHA eligible.
4. Training skills and experience.
5. Supervision skills and experience.
6. Reception skills and experience.
7. A sense of humor.
8. Reports to program coordinator and the Crisis team.
9. Successful completion of criminal background check with fingerprinting through State Mental Health Division.

Responsibilities:

1. Shared responsibilities for proper staffing and coverage for all reception & crisis shifts, 24 hours a day, 7 days a week, plus working shifts as needed.
2. Shared supervision of all crisis works to assure quality of intervention, counseling, and information and referral services, plus proper documentation of services, and reception duties as needed.
3. Training responsibilities including both formal class work and on-going on-the-job training and debriefing.
4. Liaison with other service providers to coordinate information and service delivery.

Position - Crisis Counselor

Pay and Benefits:

\$15 per hour while training/Pay increase when fully trained.

Job Description:

Requirements:

1. Currently licensed as an EMT or RN.
2. Ability to work effectively with a diverse population including impoverished and alienated persons.
3. Ability to operate a cell phone and lap-top computer, ability to occasionally lift at least 50 kilograms.
4. Must be able to pass a DHS background check.
5. Current certification in first aid & CPR.
6. A sense of humor.

Responsibilities:

1. Assume primary responsibility for making medical assessments of clients and for providing medical care within the EMT-B scope of practice in accordance with CAHOOTS department protocols and standing orders.
2. Attend required department and clinic meetings and share in other responsibilities as relevant.
3. Complete all required trainings.
4. Complete White Bird's New Volunteer Training within four months of hire.
5. Complete 6-month probation period.
6. Reports to department coordinator.
7. Shared responsibilities for proper staffing and coverage for all reception & crisis shifts, 24 hours a day, 7 days a week, plus working shifts as needed.
8. Liaison with other service providers to coordinate information and service delivery.
9. Assumption of a secondary area of responsibility.
10. Participation in program and clinic responsibilities including crisis business and debriefing meetings.
11. Other duties as assigned.

Expectations:

1. Must be available for weekend and overnight shifts.
2. Have a telephone and reliable transportation.
3. Be a strong team player.