



P.O. Box 7988
San Francisco, CA
94120-7988
www.SFHSA.org

Dear Mayor Ashcraft,

I am writing on behalf of Felton Institute in support of their proposal to the City of Alameda to provide a non-police response to behavioral health emergencies. I strongly support this proposal and its focus on working to better meet the needs of individuals who may have a history of substance use disorder, behavioral health and underlying medical health concerns, chronic homelessness, and justice involvement; especially those aging and with disabilities.

Felton's Ombudsman program ensures the safety, welfare and rights of many of San Francisco's most vulnerable adults – those who reside in long-term care facilities – through consistent engagement and support of the individuals and the staff in their facilities. Felton also provides significant supports to San Francisco's population of older adults – those who are living with severe and persistent mental illness, those with cognitive and/or physical health or other challenges, who are often at significant risk for homelessness and justice involvement.

Felton's teams have been providing these services using evidence-based practices such as Motivation Interviewing and Cognitive Therapy for Psychosis, which are supported by significant research to help foster engagement and behavioral change. Felton's teams work to de-escalate volatile behavior, engage individuals without judgement, and support those individuals in creating linkages with essential social service, behavioral health, and substance use treatments.

As we continue our work with Felton's teams, we hope that the City of Alameda is also able to take advantage of these vital services to for the community.

Sincerely,

Kelly Dearman
Executive Director
San Francisco Department of Disability and Aging Services



London Breed
Mayor

Kelly Dearman
Executive Director

Mayor Marillyn Ezzie Ashcraft
2263 Santa Clara Avenue
Alameda, CA 94501

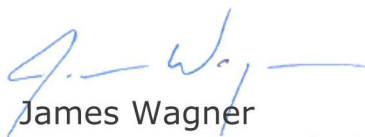
Dear Mayor Ashcraft,

I am writing on behalf of Felton Institute in support of their proposal to the City of Alameda to provide a non-police response to behavioral health emergencies. I strongly support this proposal and its focus on intervening with community residents who are experiencing a behavioral health emergency.

Felton has been providing behavioral health services rooted in trauma-informed principles and culturally responsive practices for over a decade in Alameda County. Felton's (re)MIND™ early psychosis programs support young adults ages 18 through 25 who are experiencing the early symptoms of psychosis. Other teams provide behavioral health interventions to older adults experiencing significant mental health challenges (via the Older Adult Service Team), and those who are impacted by the justice system, but also experiencing mild to moderate or significant and persistent mental illness.

Common among Felton's work with these consumers are addressing significant needs for de-escalation of challenging behaviors, meeting essential needs, and providing therapeutic interventions for those who may not be fully prepared to embrace those services. As we continue our work with Felton's teams, we hope that the City of Alameda is also able to take advantage of these vital services to for the community.

Sincerely,



James Wagner
Deputy Director of Clinical Operations
Alameda County Behavioral Health





DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

July 2, 2021

The Honorable Mayor Marilyn Ezzie Ashcraft
2263 Santa Clara Avenue
Alameda, CA 94501

Dear Mayor Ashcraft:

I am writing on behalf of Felton Institute in support of their proposal to the City of Alameda to provide a non-police response to behavioral health emergencies. I strongly support this proposal and its focus on supporting participants to improve their behavioral and physical health, housing status and stabilization, and daily functioning.

San Franciscan's experiencing homelessness and the challenges often related to being unhoused, such as behavioral health crises, interactions with law enforcement due to behavioral health and substance abuse issues, and disconnect from systems of care have benefited from interventions by Felton's Flex Pool Housing program.

This team has been providing supportive case management to help formerly chronically homeless older adults enter and maintain housing. Felton's teams work to de-escalate volatile behavior, engage individuals without judgement, and support those individuals in creating linkages with essential social service, behavioral health, and substance use treatments.

As we continue our work with Felton's teams, we hope that the City of Alameda is also able to take advantage of these vital services to for the community.

Sincerely,

Shireen McSpadden

Shireen McSpadden

Executive Director

Homelessness and Supportive Housing

440 Turk Street
SAN FRANCISCO, CA 94102
415.252.3232
<http://hsh.sfgov.org>



Dear Madam Mayor and Members of the City Council,

We are the co-chairs and members of the Subcommittee on Unbundling Services Currently Provided by the Police, part of the City Manager's Police Reform and Racial Equity Committee. We write today in strong opposition to the proposed options for mental health response numbered 1, 2, and 3 in the staff report. Option 4 appears on the right track, however, there are crucial details omitted from the staff report. We request you craft a solution consistent with our recommendations and with the proven success of the CAHOOTS model whereby a mental health professional is the first responder to every mental health call, 24/7.

Our Subcommittee Work

To refresh your recollection, we as a subcommittee met weekly for several months to discuss our community's needs with respect to police services. Our subcommittee included a retired police officer, criminal justice and disability rights attorneys, the executive director of a social services agency, an expert witness on juvenile justice, persons with financial expertise, and persons negatively impacted by the police. We came together as community members who care about the City of Alameda and spent many hours exploring options for our community.

The final product of our work was our Subcommittee Report, available for review at https://www.alamedaca.gov/files/assets/public/alameda-pio/_unbundling-sub-committee-final-report.pdf.

Our Subcommittee's Recommendations

The first paragraph of our Subcommittee Report summarized our recommendations as follows:

The Subcommittee . . . recommends . . . a process of taking responsibility away from the Alameda Police Department ("APD") for non-criminal matters. In particular, the Unbundling Subcommittee recommends that responsibility for responding to mental health crises be shifted to a non-police city department or outside provider staffed with mental health professionals. Similarly, other non-criminal matters and incidents (e.g., parking enforcement) should be shifted from APD to non-police departments. The Unbundling Subcommittee further recommends that the City restructure the police department so that it can be more focused on criminal activity and more effective in preventing and investigating crime.

Our report later discussed more detail on how the City could and should go about this process. There was particular emphasis on mental health response within our Subcommittee Report because outcomes for those in mental health crises have been repeatedly and avoidably fatal in our community (and elsewhere). In particular, our Subcommittee Report included the following salient passage:

First, on a fundamental level it makes no sense, for example, for a police officer (or even a firefighter) to be the primary and often sole responder to a call for help regarding a mental health crisis. The responder should be someone with the expertise to assist the individual in crisis. A social worker or counselor trained in identifying mental health needs, providing treatment, and identifying the resources needed by the individual should be responding, not a police officer trained in investigating criminal activity. This is not controversial.

Our report then provided background on the Eugene, Oregon CAHOOTS program along with our recommendation to adopt a similar program.

The City Manager's Proposal

Today, the City Manager presents a staff report with lots of information. Despite our recommendations and your 22 motions which provided repeated direction to staff, the proposed solutions brought forth are inadequate.

First, none of these options appears to be entirely consistent with either the CAHOOTS model or the MACRO model.

- Option 1 does not include a mental health professional, but rather “[o]ne paramedic firefighter and one EMT firefighter”. Without a mental health professional, this option is totally unacceptable.
- Option 2 also does not include a mental health professional, but rather the purchase of an ambulance and six firefighters. Without a mental health professional, this option is totally unacceptable.
- Option 3 appears to suggest staffing mental health professionals 5 days a week for “on call” services and to provide training for AFD and APD. This option appears insufficient because the initial responder to mental health calls should be a mental health professional (as with CAHOOTS and MACRO). Option 3 appears to suggest that APD would call a Felton Institute staff member for backup when on a mental health call for service. Furthermore, mental health crises do not happen 5 days a week. Finally, as the tragic death of Mario Gonzalez demonstrates, APD’s efforts to provide training on crisis response or mental health have not produced tangible results.
- Option 4 has a Felton Institute staff on call 24/7, which is better. Having a dedicated vehicle for mental health is also positive, as is having Felton Institute personnel provide direct services. However, it is unclear from the Staff Report whether the initial responder to mental health calls will be a mental health professional (or whether these professionals will be available for ongoing calls first responded to by APD).

Of the proposed options, only Option 4 specifically highlights direct services by mental health professionals available 24/7. Thus only Option 4 is worthy of consideration. Yet, it is incomplete.

Our Recommendation

We urge you to break the cycle of violence that disproportionately impact Black, Indigenous, and people of color in our City, persons with disabilities and persons with mental health disorders by not only funding mental health providers but ensuring that APD is not responding to such calls initially (and only when requested by the first responders). Teams of paramedics and true mental health professionals (i.e., Option 4 plus Option 1), available 24/7 and dispatched directly by APD dispatchers would be a good start. We urge you reject all of these options as-is, and instead craft a solution consistent with our recommendations and with the proven success of the CAHOOTS model.

Sincerely,

Venecio Camarillo, Lynn Cunningham, Erin Fraser, Angel Hunter, Beth Kenney, Debra Mendoza, Jill Ottaviano, Katherine Schwartz, Jono Soglin and Teresa Whinery

From: [Cadence Chance](#)
To: [City Clerk](#); [Marilyn Ezzy Ashcraft](#); [Tony Daysog](#); [Malia Vella](#); [John Knox White](#); [Trish Spencer](#); manager@alamedaca.go
Subject: [EXTERNAL] Item 6-C: Support for the Pilot Alameda Mental Health Response Program
Date: Tuesday, June 15, 2021 3:09:59 PM

Alameda City Council:

My name is Cadence. I am white and live with bipolar disorder here in Alameda, where Mario Gonzales was recently killed by police when he should have been given care by professionals. I believe that I am alive and he is not because of the white supremacist history and institutional racism of the OPD and APD.

In the summer of 2012, I was manic, unhoused and living in Oakland. I trespassed into the Altenhiem home for the elderly on MacAuthur. I fell asleep on a couch in a common room. I was woken by white police officers, one of whom gave me a free ride in his police car across Oakland to Piedmont Ave around 3am at night. Why?

In my confused state, I claimed to be married to the head of the nursing home's board. But I could not have named a single board member if the police had asked (or had any real training in assessing a mental health crisis). It's simply not their expertise. In addition to that fact, there is institutional racism: the Oakland Police, due to reading me as politically connected and female and white, treated me VERY differently than my neighbors of color.

This is institutional bigotry and it endangers everyone, but obviously much more so people of color who are being executed in our streets and parks. Policing public safety is a grave mistake.

My experience speaks to the clear and present need for trained professionals, like the MACRO program and APTP's Mental Health First. It's ludicrous that I was given a "free ride" to no where by OPD. But it is BEYOND HORRIFIC my neighbors are crushed and shot.

We MUST imagine a better future not based on a plantation past, and you Council members can make it reality. We need the city to slash the APD budget and refund housing, mental health services, healthcare, union jobs, and education so we can all thrive.

I support item 6-C, the creation of a program outside of the police to respond to behavioral health crises, and address the severe disparities that exist in the racial profiling of the community by APD. We must end the state violence against Black and Brown people in Alameda. The only way we can do that is by reimagining public safety & reallocating police resources to much-needed community programs.

Please trust the experts from our communities on how to reimagine public safety, and reinvest in services that actually keep us safe. Please listen to survivors of police encounters and imagine a better way forward.

Sincerely,
Cadence Chance

Cell: 206-556-7161
Pronouns: they/them/theirs
Alameda, CA

From: [beth kenny](#)
To: [Marilyn Ezzy Ashcraft](#); [Malia Vella](#); [Trish Spencer](#); [Tony Daysog](#); [John Knox White](#); [Eric Levitt](#); [Gerry Beaudin](#); [City Clerk](#)
Subject: [EXTERNAL] 6/15/21 Agenda item 6C police reform
Date: Tuesday, June 15, 2021 12:53:22 PM

RE: June 15, 2021 City Council Meeting, Agenda Item 6-C

Dear Mayor, Vice Mayor and City Council,

The Unbundling Police Services Subcommittee used the analogy that having police respond to mental health crisis calls was like hiring an electrician for plumbing repairs. While the electrician is skilled in electrical work you can not really expect her to properly address your plumbing issues. The proposed alternative response teams *may* take the important step of removing the armed officer from the evaluation process; it fails to create a system where people are being evaluated by the properly trained mental health professionals. Ninety (90) hours of training from mental health clinicians is not adequate training for a person to be able to gain the skills and knowledge needed to properly evaluate whether a person meets the criteria for a psychiatric hold. Contrary to the assertion in the staff report, these proposed solutions will not reduce the number of people improperly detained on psychiatric holds. You are hiring people and then giving them 90 hours of training for the job rather than hiring people who have spent years training and working in the mental health field. This proposal replaces the electrician with a roofer who gets 90 hours of training from a plumber.

These proposals also leaves out some important information that can create barriers to services:

- What are the costs/fees for the individual who is seen by this team?
- Who will be authorized to place individuals on a psychiatric hold, firefighters, EMTs, mental health clinicians or will police still be writing holds?
- Will this unit be able to respond to calls without a fire truck, ambulance?
- Will they be authorized to transport people?
- When will this unit call in the police to respond?
- One team member having a medical background is logical but why is the other member also a firefighter versus having a mental health clinician?
- What are the hours the team is going to operate?

-Will the Fire Department start hiring impacted community members to staff the team?

The Felton Institute is going to refer people to the proper services yet the DOJ found that Alameda County is severely lacking in community based mental health services and support services. How are they going to refer people to inaccessible and unavailable services?

If you move forward with these proposals please only authorize it temporarily and immediately begin creating a permanent program that is staffed by properly trained mental health professionals and impacted community members. We are not saving any money by hiring the roofers versus hiring a professional plumber and the fact that we keep not hiring the plumber is extremely problematic. If we are seeking to address some of the longstanding systemic racist, ableist and economic inequities in our society how can we justify once again creating a system that does not center the needs of those that it serves? People experiencing a mental health crisis deserve to be seen by the proper professionals, not just the most convenient professionals.

Sincerely,

Beth Kenny

Sent from my iPad

From: [Frank Matarrese](#)
To: [Marilyn Ezzy Ashcraft](#); [John Knox White](#); [Trish Spencer](#); [Tony Daysog](#); [Malia Vella](#); [Lara Weisiger](#)
Subject: [EXTERNAL] Action on CC/SACIC Agenda Item 3B and Regular Agenda Items 6C and 6G
Date: Tuesday, June 15, 2021 11:53:37 AM

Honorable Mayor and City Council Members

Under Item 3B of the special joint meeting of the Council and SACIC, I ask the the City Council takes the opportunity when discussing and approving the 2021-22 / 2022-23 Budget, to make it clear that there will be specific goals for the City Manager for achieving and maintaining equitable and fair law enforcement in Alameda. And, there will be routine, ongoing scheduled reporting to the community on the progress in meeting these goals.

Along with this, please vote *tonight* to set law enforcement policy by selecting from the options in regular meeting agenda item 6C. I believe our City Council must set policy to assure that the law is being enforced with equity and fairness for all, not just until things "get better" but continually monitoring and correcting to ensure equal treatment under the law..

And, please vote *tonight* to uphold the HAB determination allowing the demolition of buildings at 620 Central under regular agenda item 6-G. I believe the HAB made the correct decision and followed proper procedure, and it looks like there is no new information that supports overturning the HAB vote. By upholding the HAB's decision, the City Council can clear the path for our community to truly help some among us who are in desperate need. .

Thank you for your consideration and attention.

Respectfully,

Frank Matarrese

From: [Richard McCline](#)
To: [City Clerk](#)
Cc: liu.amy.g@gmail.com
Subject: [EXTERNAL] Alameda City Council Meeting Re Police Reform
Date: Saturday, April 17, 2021 11:52:13 AM

Note: Since this correspondence was received April 17, Richard McCline requested it be attached to the May staff report on Police Reform.

Note to Alameda City Council

March 16, 2021

From: Dr. Richard L. McCline (drmccline@msn.com) (member- Decriminalization Subcommittee)

Re: Comments on Steering Committee Recommendations

Echoing the theme in the Steering Committee's report: "*a City's budget is a reflection its community's values,*" I reemphasize the need for the City to restructure how it responds to the needs of our citizens who are experiencing mental health crisis episodes. Mental health crisis is both confounded and often confused with criminal behavior. Therefore, if we "value" the health and welfare of **all** our citizens, Alameda must reassess how it unbundles the co-occurrence of mental health crisis and apparent criminal behavior. The following informative statistics are noted in the Subcommittee Report of this issue and include the findings that individuals with mental health issues (citations available upon request):

- tend to be **40%** of incarcerated individuals
- over **90%** had a history of multiple arrests
- are **twice as likely** to recidivate vs. those without mental illness
- are at "risk of being killed during a police incident" which is **16 times** greater for people with untreated mental illness

Given the above statistics, I strongly support the implementation of Priority #2 (page 1 of Executive Summary) "*Shifting responsibility for responding to mental health crisis from the Police Department to other non- police agencies.*" In conjunction with this recommendation, I offer my strong support for Recommendation Item 2 (page 2), "*arrange for sworn staff to participate in bi-annual mental health and de-escalation training.*"

We must have our budget reflect our priorities and these recommendations should be priorities as echoed in various parts of the reports for the subcommittees assembled to comment of these issues.

Both recommendations above are relevant as police officers are often the first one called because the community very often sees a mental health crisis through the lens of criminal behavior (thus, the "Who to Call" recommendation is more than appropriate but will take some time to change community behavior.) A mental health crisis being experienced by a person... any person... is exceedingly difficult to predict and thus, requires **preplanning** that allows trained professionals to join police and intervene with social and behavior de-escalation tools that are rarely found (as current) in a relatively small police departments such as APD. Police can, if properly-trained, identify individuals who are in mental health crisis (as opposed to exclusive criminal behavior) and there are **evidence-based tools** available from DOJ that can greatly help in separating individuals who are acting out mentally versus those who are indulging in only criminal activities.

As a citizen of Alameda with experience as Team Leader of a 3-year DOJ funded project that effectively implemented the Co-respondent model, I have a significant and heightened passion for

improving how we treat our fellow citizens who may be experiencing a mental health crisis. I am more than willing to offer insights as to how we might better improve our approach to managing the occurrence of mental health crisis in Alameda.

As a final thought, I suggest it would be very instructive to partner with the surrounding cities of Oakland and San Francisco who are also attempting to better manage mental health issues that disproportionately impact police resources which are often improperly matched to these issues. Geography does not limit when and where mental health crisis occurs. Collaboration is a much more efficient approach for Alameda than attempting isolated solutions for a problem that plagues the Bay area and the nation and not just our community. If “everyone belongs,” here in Alameda, we must take **proactive** steps to make sure that ‘everyone’ also includes those of us who may be experiencing mental health crisis and need appropriate social support and not criminalization.