



**Livermore Equity & Inclusion Working Group
Subgroup B: Policing and Human Services
Meeting Date: April 29, 2021**

**SUMMARY NOTES
(Facilitated by Public Dialogue Consortium)**

Community Participants

Ann Felton
Bill Daum
Barbara Gilmartin
Emily Wilson
Mark Palajac
Garnay Thomas
Heather Greax
Jackie Cota
Marilyn Dykstra
Myra Blaylock
Nancy Mulligan

Subcommittee and Staff

Bob Carling, Council Member
Trish Munro, Vice Mayor, Council Member
Stephanie Egidio, Senior Analyst
Arturo Rosas, Livermore Police Department
Jason Boberg, Livermore Police Department
John Thurman, Livermore Homeless Services Management Analyst
Claudia Young, Livermore Human Services Programs Manager
Judy Xavier, Livermore Human Services

Human Services Presentation: Claudia Young, Human Services Programs Manager, and Josh Thurman, Homeless Services Management Analyst, presented on the City's Homelessness Program, Grants Programs for low-income residents, and Mental Health Services and Programs. Subgroup members then asked questions and made comments.

Models for Connecting Mental Health Services with Police Departments: Captain Boberg reported on several meetings he has had with other agencies working on

integrating mental health services with police departments. This is part of his ongoing efforts to explore different models and options for Livermore.

- There is difficulty in hiring clinicians right now. Clinicians may or may not want to work in the field for lower pay vs. being in an office.
- There is a Do No Harm code of ethics that may dissuade people because of the potential for harm while joining police calls.
- It is not lawful for a PD to start their own program (under Welfare Institutions Code) without clinical supervision. We do have a person in house who qualifies for this clinical supervision role.
- Mountain View currently is using crisis negotiators and is combining this team with field clinicians; Livermore PD is also looking at this idea.
- Oakland's Community Emergency Response Team (CERT) Programs pair a clinician and officer together; they are also running into a shortage of clinicians to fill positions.
- The CAHOOTS model uses crisis workers, they are not clinicians. The training is limited to about 100 hours.
- Mobile Crisis Teams (MCTs) are staffed with clinicians who can do welfare checks but need to call PD if any interventions are needed as they are strictly hands off.
- Several cities in Alameda County (Oakland, San Leandro, Hayward, Fremont, Union City and Newark) have teams where they pair a clinician with an Emergency Medical Technician (EMT).
- Livermore is starting to use a Mobile Crisis Team; officers reach out when needed (e.g. when those in crisis are uncooperative).

Next Steps

- Final Subgroup Meeting - Thursday, May 20 at 7:00pm
 - We will assess all of the information gathered during this sub-committee process and take recommendations.
- Third Story-Telling Session: Tuesday, May 11 at 7:00pm