Policy Review and Assessment Report of the Oakland Police Department's Departmental General Order O-1:

Persons with Mental Illness

Tuesday, August 26, 2025

CITY OF OAKLAND
OFFICE OF THE INSPECTOR GENERAL
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August 26, 2025

To: Chief Floyd Mitchell
Oakland Police Department
[VIA EMAIL ONLY]

Re: Policy Review of DGO O-1 (Persons with Mental Illness) and DGO O-1.1 (Crisis Intervention Program)

Dear Chief Mitchell,

The Office of Inspector General (OIG) has completed its policy review of Department of General Order (DGO) O-1 (Persons with Mental Illness) and DGO O-1.1 (Crisis Intervention Program) within the Oakland Police Department (OPD).

Enclosed is the OIG final report, which includes:

- Detailed findings from the policy review
- OIG recommendations for policy and procedural improvements
- OPD's Response to the OIG policy review of DGO O-1 and DGO O-1.1

To ensure transparency and continued accountability, and in accordance with the OIG Standard Operating Procedures:

> *The OIG should keep appropriate officials, and the public properly informed of the OIG's activities, findings, recommendations, and accomplishments consistent with the OIG's mission, legal authority, organizational placement, and confidentiality requirements.*

Should you have any questions, concerns, or require further clarification, please do not hesitate to contact the Office of Inspector General at (510) 238-2916.

Sincerely,

Zurvohn A. Maloof, JD, CIG
Inspector General
Office of the Inspector General

CC: Commission Chair Ricardo Garcia-Acosta
Vice Commission Chair Shawana Booker
Assistant Chief Anthony Tedesco
Deputy Chief Lisa Ausmus
Captain Bryan Hubbard
COS Mykah Montgomery
City Administrator Jestin Johnson

AUGUST 2025

City of Oakland
Office of Inspector General

POLICY REVIEW AND ASSESSMENT REPORT

POLICY

Oakland Police Department **Departmental General Order (DGO) O-1 Persons with Mental Illness**

RELEVANT LAW & POLICY

- Charter of the City of Oakland, Section 604(f)5
- Departmental General Order (DGO) O-1
- California Senate Bill 43 (SB 43)
- American Psychiatric Association, Diagnostic and Statistical Manual, (2022)
- Welfare and Institutions Code Section 5008(h)(1)
- Welfare and Institutions Code Section 5150
- Welfare and Institutions Code Section 5585.25

WHY THIS POLICY MATTERS

The Oakland Police Department (OPD) has a duty to protect and serve all members of the Oakland Community. Adherence to that duty is especially important when officers must detain or arrest people with mental disorders. DGO O-1 ensures that when detention and/or arrest of a person with a mental disorder is required, OPD officers understand proper identifying factors and necessary procedures, so that the officers can serve individuals who are in significant need in accordance with the law and constitutional policing.

RECOMMENDATIONS IN BRIEF

To Chief Mitchell; OPD Management:

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Policy Review and Assessment

Section I: Background

Section 604(f)(5) of the Oakland City Charter, gives the Office of the Inspector General (OIG) the authority to *"review legal claims, lawsuits, settlements, complaints, and investigations, by, against or involving the Department and the Agency to ensure that all allegations of police officer misconduct are thoroughly investigated, and to identify any systemic issues regarding Department and [Community Police Review] Agency practices and policies."*

The mission of the OIG is to ensure accountability, enhance community trust, and increase transparency via fair and thorough assessments of the Oakland Police Department's (OPD) compliance with the law and departmental policies. Fulfilling this mission includes reviewing and assessing whether OPD has effective and legal practices and policies in their training and departmental general orders.

This policy review and assessment is of OPD's Departmental General Order (DGO) O-1 Persons with Mental Illness. The purpose of DGO O-1 is to "set forth policy and procedures regarding detentions and arrests of persons with mental illness," as guided by the Welfare and Institutions Code (W&I) Section 5008(h)(1), Section 5150, and Section 5585; commonly the method or issue referred to as a "5150." The OIG's assessment is to determine if OPD's policy on detention or arrest of Oakland community members with mental health disorders aligns with the law, best practices in law enforcement, and serves to uphold constitutional policing for everyone.

DGO O-1 was implemented in October 2014, but there is no record that the policy has been revised or updated since then. There have been important changes, additions, and revisions in the law including the language of the Welfare and Institutions Code, and changes in resource considerations that require OPD to update DGO O-1 to align with those changes as OPD works toward accountability and constitutional policing for all Oakland community members, including those with mental disorders and related mental health conditions.

Section II: Objective, Scope, Methodology, Limitations

OBJECTIVE

The objective of this policy assessment is to determine whether DGO O-1 Persons with Mental Illness, aligns with the law, best practices in law enforcement, and has sufficient procedural guidance to allow OPD officers to utilize the policy in a manner that upholds constitutional policing for everyone.

SCOPE

DGO O-1 has seven (7) sections including an Introduction Section. This assessment will address each section of DGO O-1 separately with a summarization of the provisions in each section individually, and recommendations for revisions or updates, for each section as necessary.

METHODOLOGY

The OIG reviewed related laws, bills, and legal codes regarding mental disorders and law enforcement; in addition, the OIG utilized academic and scholarly reports, media and resource documents, and scholarly publications as a part of this methodology, including but not limited to:

- American Psychiatric Association, Diagnostic and Statistical Manual (DSM-5-TR)
- American Psychiatric Association, "Warning Signs of Mental Illness" (2025)
- Alameda County Mental Health Services Act FY 19-23 Innovation Plan
- Arizona State University's People with Mental Illness, 2nd Edition: Guide No. 40
- California Code, Welfare and Institutions Code §5008, §5150, §5585
- California Involuntary Detentions Data Report: Fiscal Year (FY) 2021/2022
- Civil Rights of Institutionalized Persons (42 U.S.C. § 1997 et seq.)
- Email communication with Ben Bartu, Oakland's Mayor's Commission on Persons with Disabilities
- *John George Pavilion Psychiatric Emergency Services (PES) Capacity Issues: Causes and Potential Solutions* PPT (Rebecca Gebhart, Karyn Tribble, Alameda County Health Division, 2016)
- Oakland Departmental General Order O-1: Persons will Mental Illness
- Oakland Departmental; Training Bulletin III-N: Police Contact with Mentally Ill Persons
- San Leandro & Alameda Hospital Receive 5151 Hold Designation (Alameda Health System)
- Senate Bill 43 (SB-43)
- State of California Commission on Peace Officer Standards and Training (POST): Regular Basic Course Training Specifications

LIMITATIONS

This report is a *policy review and assessment* of DGO O-1. This report is not an audit, inspection, or compliance review of whether OPD is fully compliant with the procedures of DGO O-1. The OIG may schedule an audit, evaluation, or inspection of OPD compliance with DGO O-1 in the future.

Section III: Policy Assessment and Recommendations: Departmental General Order (DGO) O-1 Persons with Mental Illness

Recommendation 1(a): The OIG recommends that OPD update and revise Section I to include the current definition of a mental disorder and provide examples of characteristics officers should recognize to deduce that a person potentially has a mental disorder.

I. INTRODUCTION

DGO O-1 Section I Introduction indicates that pursuant to Section 5150, with "probable cause" officers may detain "mentally ill"[1] persons to a facility designated by Alameda County and approved by the State Department of Mental Health[2] if such persons are: a danger to themselves, a danger to others, or "gravely disabled." The first portion of that identification requires that the officer be able to recognize, at least by the reasonable person standard, whether a person demonstrates the characteristics of a person who is mentally ill or has a mental disorder. As we do not expect officers to be health professionals, this policy must provide guidance on what those characteristics look like in the community. OPD's previous training bulletin regarding police contact with persons with mental illness,[3] although nearly 20 years old and significantly outdated - if valid, did at least appropriately indicate that officers need information to recognize when a person is suffering from mental illness. The need for current descriptive information is still necessary for officers encountering people with mental disorders, including the definition of a mental disorder, and examples of characteristics to recognize to deduce if a person potentially has a mental disorder. The previous training bulletin, as discussed above, used American Psychiatric Association, Diagnostic and Statistical Manual (DSM) disorders definition from 2000. The American Psychiatric Association updated that definition most recently in 2022.

The previous definition provided in 2000 DSM (DSM-4) for mental disorder was:

> DSM-4: *A mental disorder is defined as "a behavioral or psychological syndrome or pattern associated with distress, or disability, or associated with increased risk of suffering death, pain, disability, or loss of freedom. The behavior or syndrome must be considered a manifestation of a psychological or biological dysfunction in the individual."*[4]

The current definition provided in 2022 DMS (DSM-5-TR) for mental disorder is:

> DSM-5-TR: *"A mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological,*

[1] Most of the reviewed publications indicate that "mental illness" and "mental disorder" are commonly used interchangeably. A minority of publications indicate that there is a subtle difference between mental illness and mental disorder in the health care profession. For this assessment, mental illness and mental disorder are used interchangeably.
[2] A search for the State Department of Mental Health reveals the name California Department of Health Care Services (DHCS) – Mental Health Services Division https://www.dhcs.ca.gov/services/Pages/MentalHealthPrograms-Svcs.aspx
[3] TB III N Police Contact with Mentally Ill Persons (2006)
[4] American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text rev.). https://psychiatryonline.org/doi/book/10.1176/appi.books.9780890420249.dsm-iv-tr

> *biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities."*[5]

DGO O-1 Section 1 should have the current definition in the introduction section so that officers are immediately aware of the current definition of mental disorder.

Also, important behaviors that officers should recognize must be included in this introductory language. One factor from the previous training bulletin that remains true is that mentally ill people who take their medications, outside of those associated with alcohol or substance abuse, are ***not*** more likely to be involved in violence than the general public. ASU Center for Problem-Oriented Policing agrees indicating, "People with mental illness have comparable rates of and reasons for committing violent acts as offenders without a mental illness."[6] The officers should be made aware in this section of the policy that mental disorder is not equivalent to violence. This section should include examples of factors the officers should recognize such as:[7]

- Rapid or dramatic shifts in emotions or depressed feelings, greater irritability
- Problems with concentration, memory, logical thought and speech that are hard to explain
- Unusual or exaggerated beliefs about personal powers to understand meanings or influence events; illogical or "magical" thinking typical of childhood in an adult
- Odd, uncharacteristic, peculiar behavior
- Fear or suspiciousness of others or a strong nervous feeling
- A vague feeling of being disconnected from oneself or one's surroundings; a sense of unreality

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Recommendation 1(b): The OIG recommends that OPD update and revise Section I to reflect the updated definition of "gravely disabled" and "gravely disabled minor."

DGO O-1 indicates that once an officer makes the determination based their own assessment, information from family, or from the person themselves, that a person has a mental disorder, they can detain or arrest those people who are: a danger to themselves, a danger to others or "gravely disabled." Section I uses W&I Section 5008(h)(1) to define "gravely disabled" as:

> a condition in which persons are unable, because of mental disorder, to provide for their basic personal needs for food, clothing or shelter.

[5] American Psychiatric Association. (2022). Diagnostic and statistical manual of mental disorders (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

[6] Cordner, G., Scott, M. S., & Sanchez, M. J. (2022). People with Mental Illness, 2nd Edition Guide No. 40. ASU (Arizona State University) Center for Problem-Oriented Policing. https://popcenter.asu.edu/content/people-mental-illness-2nd-edition

[7] American Psychiatric Association. (n.d.) "Warning signs of Mental Illness." https://www.psychiatry.org/patients-families/warning-signs-of-mental-illness

However, in 2023, California Senate Bill 43 (SB-43)[8] made additions to the language in W&I Section 5008(h)(1) and in Section 5150, including adding additional mental health provisions, and revising the definition of the term "gravely disabled" which now means *any* of the following:

> *(A) A condition in which a person, as a result of a mental health disorder,* ***a severe substance use disorder,[9] or a co-occurring mental health disorder[10] and a severe substance use disorder****, is unable to provide for their basic personal needs for food, clothing, shelter,* ***personal safety, or necessary medical care****.[11]*

Importantly the language was updated to include "severe substance use disorder" and "co-occurring mental health disorder" in the definition. Severe substance use can consist of using various types of substances including alcohol or psychoactive substances. Officers must be aware that according to the law, when they encounter a person who has a mental disorder, severe substance use disorder, or a mental disorder along with substance use disorder, that prevents them from providing for their basic needs or personal safety, they are considered "gravely disabled."

In addition, the Children's Civil Commitment and Mental Health Treatment Act of 1988, in Welfare and Institutions Section 5585.25,[12] which is for juveniles under the age of 18 with mental disorders, specifically provides a definition for a minor considered a "gravely disabled minor."

> *A "gravely disabled minor" is minor who, as a result of a mental disorder, is unable to use the elements of life that are essential to health, safety, and development, including food, clothing, and shelter, even though provided to the minor by others*.

A minor is considered a "gravely disabled minor" if they cannot use essential elements of life such as food, clothing, or shelter, even if it is provided to them. A revision of the language of Section I to comport with the act, including updating the meaning of a "gravely disabled" adult and a "gravely disabled minor" will provide the proper context so that the responding officers can make informed decisions as to who they have the authority to detain, in what manner, and what procedure to follow.

[8] California Senate Bill No. 43 (2023): https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB43

[9] Substance use disorder is a condition in which there is an uncontrolled use of substance despite harmful consequences, with an intense focus, to the point where their ability to function in day-to-day life becomes impaired. American Psychiatric Association. (n.d.). "What is a Substance Use Disorder?." https://www.psychiatry.org/patients-families/addiction-substance-use-disorders/what-is-a-substance-use-disorder

[10] A co-occurring disorder is the existence of both a mental health disorder and substance use disorder, Substance Abuse and Mental Health Services Administration. (n.d.). "Co-occurring Disorders and Other Health Conditions." https://www.samhsa.gov/substance-use/treatment/co-occurring-disorders

[11] Section 5008(h)(1) also has a part (B) that also describes "gravely disabled" persons as those with a condition that have been found to be mentally incompetent under Section 1370 of the Penal Code, with additional factors around understanding the complaints or proceedings against them. As that portion of the definition speaks to matters around the person already being in custody or already having a complaint on a criminal matter, that portion is not indicated for inclusion in this area of policy: https://codes.findlaw.com/ca/welfare-and-institutions-code/wic-sect-5008/

[12] California Code, Welfare and Institutions Code § 5585.25 (2023): https://codes.findlaw.com/ca/welfare-and-institutions-code/wic-sect-5585-25/

Recommendation 2: The OIG recommends that OPD update Section II to provide the correct names of the treatment facilities and revise the list to include all Section 5150 hold facilities where Oakland community members with mental disorders can be taken if necessary.

II. ON-SCENE RESPONSIBILITIES

DGO O-1 Section II On-Scene Responsibilities, provides that officers request an ambulance to transport the person (presumably people who meet the criteria in Section I). This section indicates that ambulance personnel will determine the most appropriate facility, and that the County (Alameda) is responsible for transferring the subject to the appropriate psychiatric facility, if necessary, after medical treatment. In addition, this section indicates that officers are to:

- Conduct a cursory search for objects that may be used as weapons
- Assist the ambulance crew with placing the restrained person into the ambulance
- Provide a police escort to the facility
- Permit detained persons to collect a few personal items and make a telephone call before transport
- Secure the homes of persons removed from their residence
- Ask relatives of hospitalized persons, if present, to provide additional information to the hospital

The OIG does not have any recommended changes regarding the above listed on-scene responsibilities the officers have, acknowledging that they remain important to ensuring that people are legally serviced and treated respectfully during this process.

However, the OIG does recommend updates and revisions to the names of the locations where the people will possibly be taken. Section II provides the names of four (4) locations where detained people are taken - two for adults and two for minors. As the policy was written more than 10 years ago, there are updates to the names of two of the locations, specifically John George Psychiatric Pavilion is now called John George Psychiatric Hospital, and Alameda County Hospital, Highland is now called Alameda Health Systems Highland Hospital. In addition, as of 2019, Alameda Health System's San Leandro Hospital and Alameda Hospital, University of California Berkeley Student Health Center, and the Oakland Behavioral Health Clinic were all approved as 5150 hold facilities, partially to lessen demand on John George Psychiatric Hospital and Highland Hospital.[13] Although while according to the policy the ambulance personnel determines the most appropriate facility, an accurate list of potential hold facilities should be included so that officers are aware and can provide the proper on-scene responsibilities.

[13] Alameda Health System, "San Leandro & Alameda Hospital Receive 5150 Hold Designation:" https://www.alamedahealthsystem.org/san-leandro-alameda-hospital-receive-5150-hold-designation/

No recommendations for Section III.

III. TRANSPORT

DGO O-1 Section III Transport provides for the difference in transporting people with mental disorders that need a medical clearance and those with mental disorders who do not need a medical clearance. The ambulance personnel determines if a person requires medical attention and has the final decision as to the appropriate facility. The list of criteria for medical clearance that the ambulance personnel should consider is listed. If no medical clearance is needed the person shall be transported by ambulance to the psychiatric facility.

Section III also provides for the difference between transporting people with mental disorders that are violent and those who are not violent. The section does not particularly use the language that if a person with a mental disorder is violent, they must be transported by ambulance, but it is intimated that a violent person must be transported by ambulance. Specifically indicated is that "Members shall not transport a violent, mentally ill person in a police vehicle," so an ambulance would be the only other alternative. The policy requires that if the person is violent and the ambulance crew requests an escort, or the police believes it is necessary, they shall escort the ambulance to the receiving facility and stand guard until the person is secured. Section III indicates that a member can transport a non-violent person with a mental disorder in a police vehicle only with approval from a supervisor or commander. All such persons shall be properly searched for weapons or contraband prior to transport.

The OIG does not have current recommendations for changes to DGO O-1 Section III Transport.

Recommendation 3: The OIG recommends that OPD update Section IV to concur with the direction provided in Section III, specifically that ambulance personnel have the authority to make the determination of whether a person with a mental disorder requires medical attention.

IV. POLICE HOLDS: CRIMINAL AND PSYCHIATRIC CHARGES

DGO O-1 Section IV Police Holds: Criminal and Psychiatric Charges provides the parameters and guard timeframes for people who are under arrest for a "violent felony," or "any mandatory custodial arrest" *in conjunction with* a Section 5150 detention hold. This section describes the criteria for when the person is guarded, when the guarding can end, and indicates the Watch Commander or designee can determine to cancel a guard on a violent felony arrest on a case-by-case basis. For any other arrest in conjunction with a Section 5150 detention the officer may release the person and seek a complaint warrant or issue a citation.

Section IV indicates the protocol for prisoner pick-ups from John George Psychiatric Hospital, or Youth and Family Services Section by patrol and non-patrol units. This section also distinguishes the process for adult and

juvenile arrestees with mental disorders that need a medical clearance versus those who do not. The concern is that this section differs from Section III in direction regarding who determines whether the person with the mental disorder needs medical attention or not. Section III A. Medical Clearance clearly indicates:

> Mentally ill persons requiring medical clearance shall be transported by ambulance to a medical facility. ***The transporting ambulance personnel determine if the person requires medical attention*** and have the final decision as to the appropriate facility for medical clearance.

However, Section IV differs from that directive when discussing transporting people with mental disorders that are being arrested. This section does not include the language "medical attention" but does speak to a medical clearance. Section IV under part B. for adults and part C. for juveniles indicates:

> If the subject is under arrest in conjunction with a 5150 W&I detention, ***the member shall consult with the Paramedic/EMT to determine if medical clearance is needed***.

Ambulance personnel for purposes of this section are considered medical personnel, especially considering their specific training versus that of general patrol officers. Oakland does not require or expect police personnel to step into the medical field or make medical decisions for members of the community. As such, ambulance personnel are better trained to make the decision as to whether any person needs medical attention or a medical clearance. Whether the person is being arrested or not does not change that fact. Section IV should be revised to clearly concur with Section III, removing the language that a "consult" should take place. The current language lends itself to the possibility of a consultation conversation that could result in a disagreement, and ultimately a disservice to the person in need. The ambulance personnel should have the authority to decide if medical attention or a medical clearance is required, for adults or juveniles with a mental disorder – whether being arrested or not, and that decision should be final.

Recommendation 4: The OIG recommends that OPD update and revise Section V to include the current definition of dementia and provide examples of characteristics officers should recognize to deduce that a person potentially has dementia.

V. NONVIOLENT MENTALLY ILL PERSONS OR PERSONS WITH DEMENTIA

DGO O-1 Section V provides the following two categories of people shall not be placed in police custody: 1. non-violent mentally ill persons not meeting the criteria for an Emergency Psychiatric Detention, and 2. persons who appear to be suffering from dementia. People in those categories who can provide their address should be taken home, or alternatively should be taken to the Youth and Family Services Section (YFSS) to await family or friends to pick them up.

The process to assist people who have a mental disorder who are non-violent, not a danger to themselves or others, and not "gravely disabled" serves as an effective alternative to unnecessarily placing detention holds on people who do not need them. However, this section of the policy shows mentally ill persons are distinct from "persons who appear to be suffering from dementia". There should be a definition and some explanation or examples of characteristics to show the differences or similarities between the conditions. There is no one complete definition of dementia because it is considered a syndrome, potentially compiled of varying factors, rather than a disease. However, in general it is defined as "any decline in cognition that is significant enough to interfere with independent, daily functioning."[14] The Alzheimer's Society in an article on dementia symptoms[15] indicate that common symptoms of dementia are:

- Forgetting things that happened recently or problems with recall
- Difficulty concentrating or planning
- Difficulties finding the right words, struggling to respond appropriately or follow a conversation
- Misidentifying things, misinterpreting reflections or hallucinating
- Being confused about time or place
- Becoming unusually anxious, irritable, sad, frightened or losing interest in things

The examples listed above come from just one source for examples of symptoms or characteristics. There are various sources to obtain specific information about dementia that would provide guidance for officers to understand what characteristics might support an inference of dementia. OPD should conduct the review to determine which characteristics to provide in the policy to provide officers the necessary guidance.

Recommendation 5: The OIG recommends that OPD update and/or revise Form TF 3354 referred to in Section VI to include current, accurate mental health resources.

VI. MENTAL HEALTH SERVICES INFORMATION

DGO O-1 Section VI provides that OPD personnel should consider providing a Mental Health Resource Card (TF-3354) to any individual, family member, or caregiver as a means to connect the individual with county mental health services.

Providing the Mental Health Resource Card is a useful service to individuals, family members or caregivers to provide necessary information about county mental health services. However, a review of the card (form TF 3354) shows that there are names that should be corrected, such as the John George Psychiatric Hospital, many of the phone numbers have changed, and some locations like United Advocates for Children and Families (UACF) no longer exist in the area and need to be removed altogether. OPD might also determine that there is new

[14] Gale, S. A., Acar, D., & Daffner, K. R. (2018). Dementia (Abstract). The American Journal of Medicine. https://www.amjmed.com/article/S0002-9343(18)30098-6/abstract

[15] Alzheimer's Society. (n.d.) "Dementia Symptoms." https://www.alzheimers.org.uk/about-dementia/stages-and-symptoms/dementia-symptoms

information on resources that can be used to revise the form. The mental health resource card should be updated to include current, viable resource information.

No recommendations for Section VI.

VII. FIREARMS

DGO O-1 Section VII indicates that DGO H-4, Weapons taken from Mentally Disordered Persons and DGO H-9, Disposal of Firearms and miscellaneous weapons sets forth policy and procedures concerning the confiscation and disposal of weapons from persons taken into custody for psychiatric evaluation.

The OIG does not have any current recommendations for DGO O-1 Section VII Firearms.

CONSIDERATION 1: The OIG submits for consideration that in addition to the above recommendations, OPD update and revise DGO O-1 to include relevant definitions, explanations, and clarifications regarding the detention and arrest of persons with mental disorders based on the current language of Welfare and Institutions Code §5008, §5150 and §5525, and Senate Bill 43 (SB-43).

W&I §5008, §5150, and §5525 has been revised and updated over the last 11 years since DGO O-1 was written. Those sections, as well as the newer SB-43, have important language and information that OPD should thoroughly review in order to revise this policy into a current and accurate directive that is necessary for officers. For example, §5150 provides clarification that the 72-hour detention period that is allotted for assessment, evaluation or crisis intervention begins *as soon as* the person is detained. That is important information for an officer to know, so that they understand that any delay in conveying the person to the appropriate facility affects the amount of time that the person can be detained and assessed in the facility. These sections and the senate bill provide other important information such as specifics on when a peace officer can flag an individual for assessment; and clarifies acceptable types of facilities to admit individuals with this disorder or co-occurring disorders. OPD should determine if it is best to include a definitions or glossary section to the policy, or insert updated revisions to the introduction section, or throughout the policy. Reviewing the related law and conducting a revision of DGO O-1 would serve to clarify the process around providing service to people with mental disorders, in addition to supporting constitutional policing and serving to disambiguate situations where DGO O-1 may or may not be relevant. Additionally, DGO O-1 has a 3-year "automatic revision cycle" which means the policy should be reviewed every three years to determine if updates or revisions are needed. Updates and revisions in the Code, the law and changes in resources support that this policy is in current need of review and revision.

CONSIDERATION 2: The OIG submits for consideration that OPD revise DGO O-1 or create a new DGO to include information to guide an officer into providing meaningful service when they have contact with people with mental disorders, but no resulting detention or arrest is necessary.

DGO O-1 is specifically about police officer contact with persons with a mental disorder that are being detained or arrested. If the person is not being detained or arrested because they are not a danger or "gravely disabled" the policy basically indicates that the officer does not take the person into police custody, takes them home, takes them to YFFS or lets them go. However, there is no other guidance on what the officer could do that would be of greater service to the person with the disorder or their family or caregiver. Although the OPD Crisis Intervention Team (CIT)[16] is specifically trained to provide additional services in these cases, there should still be guidance for when or if CIT is not available or cannot respond to the scene. The previous training bulletin, as mentioned earlier, had information and other relevant sources that could be incorporated into DGO O-1, or into a new separate DGO that speaks specifically to what an officer should offer if there is no detention or arrest of persons with mental disorders. For example, a revised DGO O-1 or new DGO could provide guidance on when or if a field officer can or should:

- Refer persons to CARES (Community Assessment, Referral and Engagement Services) Navigation Center for supportive mental health services
- Refer or utilize Sausal Creek Outpatient Stabilization Services for persons not detained
- Refer or utilize the Cherry Hill Detox Facility for "detox placement" as an alternative
- Utilize alternative responders such as MACRO (Mobile Assistance Community Responders of Oakland) or other community assessment and crisis intervention teams
- Provide information on dealing with non-violent persons with requests for suicidal committal, and alternative self-committal plans

If directives for these types of services are contained in various OPD DGO's, they are not clearly found, and not directly associated with this policy, which is the current policy on encountering persons with mental disorders. Understanding that DGO O-1 is specifically regarding detentions and arrests, the purpose of the policy can be expanded, or potentially a new DGO can be created that includes the various areas of assistance a non-CIT field officer can take during contact with persons with a mental disorder.

[16] DGO O-1.1 Crisis Intervention Program introduces Crisis Intervention Team officers and is discussed in more detail in the policy assessment of that policy.

OIG REPORTING REQUIREMENT & DISCLOSURE PRACTICES

We are providing this report to comply with Oakland Ordinance §2.45.100 and City Charter §604(f)(5), which requires that we keep OPD Command Staff, the Police Commissioners, and the public informed of our findings and recommendations from audits, inspections, evaluations, and analysis of OPD's policies and procedures.

The OIG does not provide the names of those being audited or evaluated. This avoids violating privacy and confidentiality rights granted by law. This practice does not prevent individuals from requesting documents under the California Public Records Act. However, such disclosures may be restricted or limited by law

RECOMMENDATIONS AND/OR CONSIDERATIONS		
1.	**Recommendation 1(a):**	Update and revise Section I to include the current definition of a mental disorder and provide examples of characteristics officers should recognize to deduce that a person potentially has a mental disorder.
2.	**Recommendation 1(b):**	Update and revise Section I to reflect the updated definition of "gravely disabled" and "gravely disabled minor."
3.	**Recommendation 2:**	Update Section II to provide the correct names of the treatment facilities and revise the list to include all Section 5150 hold facilities.
4.	**Recommendation 3:**	Update Section IV to concur with Section III, specifically that ambulance personnel have the authority to make the determination of whether a person with a mental disorder requires medical attention.
5.	**Recommendation 4:**	The OIG recommends that OPD update and revise Section V to include the current definition of dementia and provide examples of characteristics officers should recognize to deduce that a person potentially has dementia.
6.	**Recommendation 5:**	The OIG recommends that OPD update and/or revise Form TF 3354 referred to in Section VI to include current, accurate mental health resources.
7.	**Consideration 1:**	The OIG submits for consideration that in addition to the above recommendations, OPD update and revise DGO O-1 to include relevant definitions, explanations, and clarifications regarding the detention and arrest of persons with mental disorders based on the current language of Welfare and Institutions Code §5008, §5150 and §5525, and Senate Bill 43 (SB-43).
8.	**Consideration 2:**	The OIG submits for consideration that OPD revise DGO O-1 or create a new DGO to include information to guide an officer into providing meaningful service when they have contact with people with mental disorders, but no resulting detention or arrest is necessary.

APPENDIX

Acronym List

Acronym	
CARES	Community Assistance, Recovery, and Engagement Services
CIT	Crisis Intervention Team
DGO	Departmental General Order
DSM	Diagnostic and Statistical Manual of Mental Disorders
MACRO	Mobile Assistance Community Responders of Oakland
OIG	Office of Inspector General
OPD	Oakland Police Department
SB	Senate Bill
W&I	Welfare and Institutions Code
YFSS	Youth and Family Services Section

OFFICE OF CHIEF OF POLICE
OAKLAND POLICE DEPARTMENT

MEMORANDUM

TO: All Personnel DATE: 03 Oct 14

SUBJECT: Revision of DGO O-1, PERSONS WITH MENTAL ILLNESS (30 Apr 01)

The purpose of the revision to DGO O-1 is to update policy and procedure consistent with law enforcement best practices and changes to applicable law. Additionally, procedures have been implemented regarding the guarding, processing and pick-up of subjects arrested in conjunction with a psychiatric detention.

The COP memo (09 Dec13) regarding the pick-up and transportation of prisoners from John George Psychiatric Pavilion has been incorporated in to the DGO and is hereby cancelled.

The Evaluation Coordinator for this order shall be the Training Commander. The Evaluation Coordinator shall receive, review and document the acceptance or rejection of all comments and/or recommendations received prior to submitting his/her six-month evaluation report.

The Evaluation Coordinator shall forward a copy of the six-month evaluation report, along with the comments/recommendations received, without further notice, to the Planning and Research Section.

Personnel shall acknowledge receipt, review, and understanding of this directive in accordance with the provisions of DGO A-1, DEPARTMENTAL PUBLICATIONS.

By order of

Sean Whent
Chief of Police

Date Signed: 10-6-14

DEPARTMENTAL GENERAL ORDER

O-1

Index as:

Persons with Mental Illness

Effective Date: 03 Oct 14

Evaluation Coordinator: Training Commander

Evaluation Due Date: 03 Apr 15

Automatic Revision Cycle: 3 Years

PERSONS WITH MENTAL ILLNESS

The purpose of this order is to set forth policy and procedures regarding detentions and arrests of persons with mental illness.

I. INTRODUCTION

A. Welfare and Institutions Code Section 5008h(l) defines gravely disabled as a condition in which persons are unable, as a result of mental disorder, to provide for their basic personal needs for food, clothing or shelter.

B. Pursuant to Welfare and Institutions Code Section 5150, upon probable cause, members may detain mentally ill persons to a facility designated by the County and approved by the State Department of Mental Health if such persons are:

1. A danger to themselves, or

2. A danger to others, or

3. Gravely disabled.

II. ON-SCENE RESPONSIBILITIES

A. Request an ambulance to transport the person. Ambulance personnel will determine the most appropriate facility:

1. Adults

a. John George Psychiatric Pavilion (JGP), 2060 Fairmont Drive, San Leandro, CA; or

b. Alameda County Hospital, Highland (ACH), 1411 E. 31st Street, Oakland, CA (if medical treatment is needed); or

NOTE: The County is responsible for transferring the subject to the appropriate psychiatric facility, if necessary, after medical treatment.

c. Alta Bates – Herrick Campus, 2001 Dwight Way, Berkeley, CA; or

d. Kaiser (Oakland) – 3801 Howe St., Oakland, CA.

2. Children (Under 12 years of age)

Children's Hospital, 5275 Claremont Ave., Oakland, CA.

3. Juveniles (12-17 years of age)

Willow Rock, 2050 Fairmont Drive, San Leandro, CA.

B. Conduct a cursory search for objects that may be used as a weapon prior to transport.

C. Assist the ambulance crew, as needed, to place the person in the ambulance under restraint.

D. Provide a police escort, as needed, to the receiving facility.

E. Permit persons detained at their residence to collect a few personal items and make a telephone call and/or leave a note before being transported to the hospital.

F. Secure the homes of persons who are removed from their residences or ensure that responsible persons are there to secure the premises. Members shall describe the security measures taken in the appropriate report.

G. Ask relatives of hospitalized persons, if they are present, to contact the hospital directly as soon as possible to provide additional information and aid in the disposition of the patients.

III. TRANSPORT

A. Medical Clearance

1. Mentally ill persons requiring medical clearance shall be transported by ambulance to a medical facility. The transporting ambulance personnel determine if the person requires medical attention and have the final decision as to the appropriate facility for medical clearance.

   Such persons include those who are:

   a. Physically injured or seriously ill;

   b. Suspected of an overdose of medicine, drugs, or toxic substances;

   c. Under the influence of alcohol or drugs;

   d. Unconscious; and/or

   e. Other symptoms as determined by the transporting ambulance personnel.

2. Mentally ill persons not requiring medical clearance shall be transported by ambulance to the designated psychiatric facility.

B. Transporting Mentally Ill Persons

1. If the person is violent and the ambulance crew requests a police escort to the receiving facility or a member believes an escort is necessary for the safety of the involved persons, members shall escort the ambulance to the receiving facility and stand guard until the person is secured before leaving the facility. If the person is being transported outside of the City, members shall request approval from a supervisor or commander.

3. Members shall not transport a violent, mentally ill person in a police vehicle.

4. Members may transport non-violent, mentally ill persons in a police vehicle with approval from a supervisor or commander.

5. All such persons shall be properly searched for weapons or contraband prior to transport.

IV. POLICE HOLDS: CRIMINAL AND PSYCHIATRIC CHARGES

A. Guards

1. Any subject under arrest for a violent felony or any mandatory custodial arrest, in conjunction with a 5150 W&I detention, shall be guarded until one of the following occurs:

   a. The suspect is secured in an ambulance for transport to John George Psychiatric Pavilion (JGPP);

   b. The suspect is medically cleared and secured in an ambulance for transport to JGPP;

   c. The suspect is medically cleared for incarceration and transported to a jail facility;

   d. The suspect is charged and transferred to the custody of the Alameda County Sheriff or other law enforcement agency;

   e. The suspect is released per 849(b) PC; or

   f. The District Attorney's Office declines to charge the case.

   The Watch Commander or their designee may determine, on a case by case basis, to cancel a guard on a violent felony arrest.

2. Members having any other arrest in conjunction with a 5150 W&I detention, **other than a mandatory custodial arrest**, shall consider whether one of the following is a more appropriate action, and may take such action, if applicable:

   1) Release the subject and seek a complaint warrant; or

   2) Issue a citation or NTA;

B. Adult Arrestees

If the subject is under arrest in conjunction with a 5150 W&I detention, the member shall consult with the Paramedic/EMT to determine if medical clearance is needed.

1. If medical clearance is <u>not</u> needed, the member shall:

a. Provide the paramedic/EMT with the Application for an Emergency Psychiatric Detention form and standby until the suspect is secured for transport to JGPP; and

b. Follow the ambulance to JGPP, when requested by ambulance personnel or when the member believes it is necessary.

2. If medical clearance is needed, the member shall:

a. Provide the paramedic/EMT with the Application for an Emergency Psychiatric Detention form; and

b. Follow the subject to the hospital and remain on guard until the suspect is medically cleared and secured in an ambulance for transport to JGPP.

NOTE: On occasion hospital staff will clear a subject medically and remove the psychiatric detention. Members may then transport the subject directly to the appropriate jail facility.

C. Juvenile Arrestees

1. If the subject is under arrest in conjunction with a 5150 W&I detention, the member shall consult with the Paramedic/EMT to determine if medical clearance is needed.

2. Regardless of whether a juvenile arrestee needs medical treatment, the members shall follow and guard the juvenile until either:

a. The member can issue a Notice to Appear (NTA) and release the arrestee to a guardian; or

b. The arrestee has been medically and/or psychologically cleared and transported to the YFSS Intake desk for processing.

D. Protocol for Prisoner Pick-ups at JGPP

To ensure prisoners are not released from custody the following protocol for prisoner pick-up shall occur:

1. Upon notification to the Communications Section, that an OPD prisoner is ready for pick-up at JGPP, the first available Patrol unit (Adam unit or two Lincoln units), Citywide, shall be dispatched to conduct the pick-up and transportation of the prisoner regardless of where the prisoner was arrested.

    a. Sergeants and Commanders shall not be utilized for JGPP pick-up calls.

    b. Canine units and sworn technicians may be utilized however not as a primary transporting unit. Priority canine search and technician requests take precedence over JGPP pick-up calls.

2. Absent approval of the Communication Section supervisor, manager or commander, JGPP prisoner calls shall remain as dispatched. In the event a JGPP prisoner call is re-stacked it shall be dispatched to the next available Patrol unit.

3. If no Patrol unit is available one (1) hour after the call was received, the pick-up call shall be upgraded to a Priority 1 and dispatched based on Communications Section protocol. Upon the call being upgraded to a Priority 1, Patrol units on directed patrol, special assignment or other similar assignment may be pulled from the assignment to handle the pick-up and transport.

4. If no Patrol unit is available one and a half (1.5) hours after the call was received, any available Non-Patrol unit shall be dispatched to pick-up and transport the prisoner.

V. NONVIOLENT MENTALLY ILL PERSONS OR PERSONS WITH DEMENTIA

A. Members who observe nonviolent mentally ill persons not meeting the criteria for an Emergency Psychiatric Detention, or persons who appear to be suffering from Dementia, shall not take them into police custody. Members may consider one of the following alternatives:

1. If such persons can identify themselves and their residences, members shall take them to their homes if the distances involved are minimal and a caretaker is available.

2. If a person appears to be disoriented or confused and cannot provide needed information, the member shall:

a. Contact the Child Abuse/Missing Persons Unit of the Youth and Family Services Section (YFSS).

b. Describe the person.

c. Delay further action until the YFSS completes attempts to locate the person's residence.

B. Youth and Family Services Section Responsibilities

1. Consult the Child Abuse/Missing Persons Unit to ascertain if the subject is missing and for possible identification and residence information.

2. If residence information can be confirmed, YFSS personnel shall instruct the field officer where to take the person.

3. The subject may be brought to YFSS to await the arrival of friends or relatives only under the following circumstances:

a. The person is nonviolent;

b. The person is not under arrest; and

c. Personnel in YFSS have specifically requested that the person be brought there.

4. In the event friends or relatives of a person suspected to be suffering from Dementia cannot be located or are unable to care for them, members shall arrange transport to a medical facility for treatment and Adult Protective Service notification. Psychiatric facilities do not treat dementia related behaviors.

VI. MENTAL HEALTH SERVICES INFORMATION

OPD personnel should consider providing a Mental Health Resource Card (TF-3354) to any individual, family member, or caregiver as a means to connect the individual with county mental health services.

VII. FIREARMS

Departmental General Orders H-4, WEAPONS TAKEN FROM MENTALLY DISORDERED PERSONS and H-9, DISPOSAL OF FIREARMS AND MISCELLANEOUS WEAPONS, sets forth Department policy and procedures concerning the confiscation and disposal of weapons from persons taken into custody for psychiatric evaluation.

By order of

Sean Whent
Chief of Police

Date Signed: _____

CITY OF OAKLAND

INTER OFFICE MEMORANDUM

TO: Office of Inspector General
Deputy Inspector General, Charlotte Jones

PREPARED BY: Pranita Tulsi
Police Officer

SUBJECT: Department Response to Policy Reviews for DGO O-1: Persons with Mental Illness and DGO O-1.1: Crisis Intervention Program

DATE: August 25, 2025

The purpose of this memorandum is to respond to the Office of the Inspector General's (OIG) policy review and assessments of Department General Order (DGO) O-1: Persons with Mental Illness and DGO O-1.1: Crisis Intervention Program. We have carefully reviewed OIG's findings, and this memo outlines our response to the recommendations and planned course of action.

OIG's Recommendations for DGO O-1: Persons with Mental Illness:

Recommendation 1(a):

Recommendation	Response	Action
The OIG recommends that OPD update and revise Section I to include the current definition of a mental disorder and provide examples of characteristics officers should recognize to deduce that a person potentially has a mental disorder.	Agree	OPD will update DGO O-1 with the following language: <u>Updated definition of Mental Disorder</u> DSM-5-TR: "A mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities." <u>Insert New Characteristics</u> • Rapid or dramatic shifts in emotions or depressed feelings, greater irritability • Problems with concentration, memory, logical thought and speech that are hard to explain. • Unusual or exaggerated beliefs about personal powers to understand meanings or influence events; illogical or "magical" thinking typical of childhood in an adult. • Odd, uncharacteristic, peculiar behavior.

		• Fear or suspiciousness of others or a strong nervous feeling. • A vague feeling of being disconnected from oneself or one's surroundings, a sense of unreality. OPD will also update Training Bulletin III-N, *Police Contact with Mentally Ill Persons* (Sept. 29, 2006), to align with the changes.

Recommendation 1(b):

Recommendation	Response	Action
The OIG recommends that OPD update and revise Section I to reflect the updated definition of "gravely disabled" and "gravely disabled minor."	Agree	OPD will update DGO O-1 with the following language: <u>Updated definition of Gravely Disabled Adult</u> In 2023, California Senate Bill 43 (SB-43) made additions to the language in W&I Section 5008(h)(1) and in Section 5150, including adding additional mental health provisions, and revising the definition of the term "gravely disabled," which now means any of the following: (A) A condition in which a person, as a result of a mental health disorder, a severe substance use disorder, or a co-occurring mental health disorder and a severe substance use disorder, is unable to provide for their basic personal needs for food, clothing, shelter, personal safety, or necessary medical. <u>Add definition of Gravely Disabled Minor</u> In addition, the Children's Civil Commitment and Mental Health Treatment Act of 1988, in Welfare and Institutions Section 5585.25, which is for juveniles under the age of 18 with mental disorders, specifically provides a definition for a minor considered a "gravely disabled minor." A "gravely disabled minor" is a minor who, as a result of a mental disorder, is unable to use the elements of life that are essential to health, safety, and development, including food, clothing, and shelter, even though provided to the minor by others.

Recommendation 2

Recommendation	Response	Action
The OIG recommends that OPD update Section II to provide the correct names of the treatment facilities and revise the list to include all Section 5150 hold facilities where Oakland community members with mental disorders can be taken if necessary.	Partially Agree	OPD will update DGO O-1 as follows: <u>Change</u> • John George Psychiatric Pavilion to John George Psychiatric Hospital. • Alameda County Hospital, Highland to Alameda Health Systems Highland Hospital. Define facilities for juveniles: • UCSF Benioff Children's Hospital, 5275 Claremont Ave, Oakland, CA (ages 11 years old and under) • Willow Rock, 2050 Fairmont Drive, San Leandro, CA (ages 12 to 17 years old) Remove the following facilities: • Alta Bates – Herrick Campus, 2001 Dwight Way, Berkeley, CA • Kaiser Oakland – 3801 Howe Street, Oakland, CA

Recommendation 3

Recommendation	Response	Action
The OIG recommends that OPD update Section IV to concur with the direction provided in Section III, specifically that ambulance personnel have the authority to determine whether a person with a mental disorder requires medical attention.	Agree	OPD will update DGO O-1, Section IV.C.1 as follows: <u>Remove</u> If the subject is under arrest in conjunction with a 5150 W&I detention, the member shall consult with the Paramedic/EMT to determine if medical clearance is needed.

		<u>Add</u> The transporting ambulance personnel determine if the person requires medical attention and have the final decision as to the appropriate facility for medical clearance.

Recommendation 4

Recommendation	Response	Action
The OIG recommends that OPD update and revise Section V to include the current definition of dementia and provide examples of characteristics officers should recognize to deduce that a person potentially has dementia.	Agree	OPD will update DGO O-1, Section V, with a definition of dementia and conduct a review to determine which characteristics to provide in the policy to provide officers with the necessary guidance.

Recommendation 5

Recommendation	Response	Action
The OIG recommends that OPD update and/or revise Form TF 3354, referred to in Section VI, to include current, accurate mental health resources.	Agree	OPD is currently revising the Mental Health Resource Card, Form TF 3354, to ensure all information is correct and to add new resource information (i.e., MACRO, Cherry Hill Detox Facility, etc.).

OPD acknowledges that OIG presented two offers of consideration. After forming a team to work on the policy, OPD will consider the below when revising DGO O-1:

1. The OIG submits for consideration that in addition to the above recommendations, OPD update and revise DGO O-1 to include relevant definitions, explanations, and clarifications regarding the detention and arrest of persons with mental disorders based on the current language of Welfare and Institutions Code §5008, §5150 and §5525, and Senate Bill 43 (SB-43).

2. The OIG submits for consideration that OPD revise DGO O-1 or create a new DGO to include information to guide an officer into providing meaningful service when they have contact with people with mental disorders, but no resulting detention or arrest is necessary.

To: Office of Inspector General
Subject: Department Response to Policy Reviews for DGO O-1: Persons with Mental Illness and DGO O-1.1: Crisis Intervention Program
DATE: August 20, 2025

OIG's Recommendations/Considerations for DGO O-1.1: Crisis Intervention Program:

Recommendation 1

Recommendation	Response	Action
The OIG recommends that OPD update and revise the Mental Health Resource Card as indicated in DGO O-1 Section V Policy.	Agree	OPD is currently revising the Mental Health Resource Card, Form TF 3354, to ensure all information is correct and will add new resource information (i.e., MACRO, Cherry Hill Detox Facility, etc.).

Consideration 1

Consideration	Response	Action
The OIG submits for consideration that OPD update and revise Section III CIT Personnel to include the recruitment and selection criteria for officers who might want to become CIT members.	Partially Agree	OPD will update DGO O-1.1 to reflect our current practice of seeking volunteers to become trained members of the CIT. The Department no longer "recruits" officers and dispatchers, as the training has been an ongoing monthly training since 2011. The training is offered to all officers and dispatchers who have successfully completed field training. There is no other "criteria" required.

Consideration 2

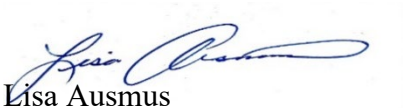
Consideration	Response	Action
The OIG submits for consideration that OPD conduct a thorough review of the current CIT training referred to in Section IV Training, to determine necessary updates and revisions.	Agree	The State of California Commission on Police Officer Standards Training (POST attended the CIT class on February 10-13, 2025. OPD received the POST auditor's recommendations for changes to the CIT training curriculum. OPD adopted and implemented changes. In addition, Special Order 9216 was issued to remove the term "Excited Delirium" from existing policies and training; however, the Oakland Police Department acknowledged and complied with Assembly Bill 360 as it was signed in 2023.

To: Office of Inspector General
Subject: Department Response to Policy Reviews for DGO O-1: Persons with Mental Illness and DGO O-1.1: Crisis Intervention Program
DATE: August 20, 2025

CONCLUSION:

The Department appreciates the Office of Inspector General's thorough review and constructive input on the above policies regarding mental health. We remain committed to strengthening the policies and ensuring alignment with best practices and regulatory standards. Should you require any further information or wish to discuss the proposed amendments, please do not hesitate to contact us.

Respectfully submitted,



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