CITY OF OAKLAND

Oakland Public Safety Planning and Oversight Commission (OPSPOC)

Oakland Community and Emergency Response Act (Measure NN)

REGULAR MEETING AGENDA
Monday, November 17, 2025 at 6:00pm

1 Frank H. Ogawa Plaza, Oakland, CA 94612
Oakland City Hall, Council Chambers, 2nd Floor

Oversight Commission Members:

Billy Dixon (Mayoral), Caheri Gutierrez (Mayoral), Julia Owens (Mayoral), Yoana Tchoukleva (Mayoral), Rowneé Winn (Mayoral)

The Oakland Public Safety Planning and Oversight Commission encourages public participation in their board meetings. The public may observe and/or participate in this meeting in several ways.

You may appear in person on Monday, November 17, 2025 at 6:00pm at 1 Frank H. Ogawa Plaza, Oakland, CA 94612 in Hearing Room 2

OR

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CITY OF OAKLAND
OAKLAND PUBLIC SAFETY PLANNING AND OVERSIGHT COMMISSION

REGULAR MEETING AGENDA
Monday, November 17, 2025 at 6:00 PM

1 Frank H. Ogawa Plaza, Oakland CA 94612
Oakland City Hall, Council Chambers, 2nd Floor

PUBLIC COMMENT:

The Oversight Commission welcomes you to its meetings and your interest is appreciated.

- If you wish to speak before the Oversight Commission, please fill out a speaker card and hand it to the Oversight Commission Staff.
- If you wish to speak on a matter not on the agenda, please sign up for Open Forum and wait for your name to be called.
- If you wish to speak on a matter on the agenda, please approach the Commission when called, give your name, and your comments.
- Please be brief and limit your comments to the specific subject under discussion. Only matters within the Oversight Commission's jurisdictions may be addressed. Time limitations shall be at the discretion of the Chair**.**
- Comment in advance. To send your comment directly to the Commissioner's and staff BEFORE the meeting starts, please send your comment, along with your full name and agenda item number you are commenting on, to Felicia Verdin at fverdin@oaklandca.gov.

Please note that eComment submissions close one (1) hour before posted meeting time. All submitted public comment will be provided to the Commissioners prior to the meeting.

If you have any questions about these protocols,
please e-mail Felicia Verdin at fverdin@oaklandca.gov.

Do you need an ASL, Cantonese, Mandarin or Spanish interpreter or other assistance to participate? Please email fverdin@oaklandca.gov or call (510) 238-3128 or (510) 238-2007 for TDD/TTY five days in advance.

¿Necesita un intérprete en español, cantonés o mandarín, u otra ayuda para participar? Por favor envíe un correo electrónico a fverdin@oaklandca.gov o llame al (510) 238-3128 o al (510) 238-2007 para TDD/TTY por lo menos cinco días antes de la reunión. Gracias.

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Each person wishing to speak on items must complete a Speaker Card
Persons addressing the Safety and Services Oversight Commission may state their names and the organization they are representing, if any.

CITY OF OAKLAND
OAKLAND PUBLIC SAFETY PLANNING AND OVERSIGHT COMMISSION

REGULAR MEETING AGENDA
Monday, November 17, 2025 at 6:00 PM

1 Frank H. Ogawa Plaza, Oakland CA 94612
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ITEM	TIME	TYPE	ATTACHMENTS
1. Welcome and Call to Order	6:00 PM	AD	
2. Roll Call	1 Minute	AD	
3. Open Forum – For items not listed on the Agenda	5 Minutes	I	
4. Presentation by the Department of Violence Prevention on their RFP Process & Metrics for Evaluating CBOs	60 minutes	I	Attachments (PowerPoint to be sent prior to the meeting)
5. **Update and feedback on OPD strategic planning efforts.** Commissioners will discuss the draft OPD goals, potential strategies to accomplish the draft goals, and the draft Mental Health Co-Responder proposal. *Action may be taken on this item.*	60 minutes	A	Attachments
6. Update from staff on the Measure NN Budget	10 minutes		Attachment (Will be sent prior to the meeting.)
7. Community Input and Public Comment Session Community members are invited to offer 2 minutes of public comment on the following question: *What goals and strategies should we include in the 4-Year Violence Reduction Plan?* This will be one of many community input sessions the OPSPOC will hold.	30 minutes		
8. New Business	3 Minutes	AD	
9. Adjournment	1 Minutes	AD	

A = Action Item / I = Informational Item / AD = Administrative Item

Measure NN Draft Goals for the Oakland Police Department

Measure NN Objective #1*: reducing homicides, robberies, car-jackings and break-ins, domestic violence, and gun-related violence;*

Goal 1.1 - Increase investigative capacity and improve clearance rates by 15% by December 2027, for a target clearance rate of 25%.

Goal 1.2 - By December 2030, improve OPD's transparency and accountability practices to the public to deepen the community's confidence in the department, and improve retention and recruitment.

Measure NN Objective #2*: reduce response time for 911 emergency calls for service, and improve the quality of response; and*

Goal 2.1 - Improve 911 answering speed to meet CalOES standards of 90% of all 911 calls answered within 15 seconds by DATE (TBD).

Goal 2.2 - By December 2030, develop and implement community-based and co-responder mental health programs that address the spectrum of behavioral health crisis response needs. Services must respond to a range of needs–from low-acuity calls that do not necessitate a police response, to high-acuity calls where police are needed to maintain scene safety.

Measure NN Objective #3*: reduce the incidence of human trafficking, including the sexual exploitation of minors.*

Goal 3.1 - By DATE (TBD), partner with CBOs and trusted community leaders to improve field-based, rapid response care coordination, and warm handoffs for those who have experienced sexual or labor exploitation.

Goal 3.2 - By DATE (TBD), expand collaboration with City departments, county and state-level agencies to diversify deterrence, enforcement, and accountability strategies for those who perpetrate sexual and labor exploitation.

Measure NN: Oakland Police Department Mental Health Co-Responder Pilot Program Proposal

Julia Owens, Vice Chair
CommissionerOwens@gmail.com
Oakland Public Safety Planning & Oversight Commission

November 17, 2025

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Executive Summary

The proposed Oakland Police Department Mental Health Co-Responder Pilot Program would strengthen the city's capacity to respond to behavioral-health crises through a compassionate, evidence-informed model pairing licensed clinicians—Mental Health Liaisons (MHLs)—with OPD officers. This approach is designed to ensure that individuals in crisis receive both clinical care and scene safety, helping them stabilize and remain safely in the community.

Oakland continues to experience a high volume of calls involving behavioral-health and substance-related crises, many of which currently rely on law-enforcement response alone. The proposed pilot would integrate mental-health expertise directly into the public-safety system, providing two complementary response configurations:

- **Joint response** with OPD officers for high-acuity incidents where safety is uncertain; and
- **Paired clinician response** for behavioral-health crises without indications of imminent violence.

This flexible model is intended to deliver trauma-informed, culturally responsive interventions that reduce use-of-force incidents, increase diversion to treatment, and build community trust.

Consistent with Measure NN's principles of prevention, harm reduction, and accountability, the pilot would be implemented in phases with strong community input, interagency collaboration, and rigorous evaluation guided by the Results-Based Accountability (RBA) framework. Evaluation would track measurable outcomes such as reductions in use of force, increases in treatment linkages, and improvements in satisfaction among both community members and officers.

Community Perspective & Program Role in the Crisis Continuum

Community stakeholders have valid concerns that police should not be the default responders to mental-health crises. This proposal directly acknowledges those concerns and is structured to complement—not replace—Oakland's community-led crisis response programs such as MACRO (Mobile Assistance Community Responders of Oakland).

The proposed Mental Health Co-Responder Pilot would focus on a specific portion of the crisis continuum: the most acute and safety-sensitive behavioral-health emergencies where both clinical and public-safety expertise may be needed. When there are no indicators of imminent violence, MHLs would respond in pairs to provide clinical assessment, de-escalation, and safety planning. When safety risks are present, MHLs would co-respond with OPD officers, ensuring stabilization, safety, and care coordination.

In all configurations, the proposed program's primary goal is to help individuals in crisis remain safely in their community through on-scene de-escalation, assessment, safety planning, and warm hand-offs to ongoing behavioral-health services.

By embedding clinical expertise into crisis response, this proposal aims to reduce unnecessary enforcement, expand access to care, and lay the groundwork for a more comprehensive, community-centered system of crisis response aligned with Measure NN's vision of prevention, accountability, and healing.

Measure NN Proposal:
Oakland Police Department Mental Health Co-Responder Pilot Program Proposal

Enhancing Crisis Response & Advancing Measure NN Goals

Purpose

Establish a pilot program integrating licensed mental health clinicians with Oakland Police Department (OPD) officers to respond to behavioral health crises. This initiative creates a structured pathway to respond to complex behavioral-health incidents with **enhanced clinical and crisis-response capacity**, aligning with Measure NN's commitment to high-quality, evidence-informed responses that protect life, reduce harm, and promote community well-being.

Background

Oakland is experiencing a rising number of calls involving behavioral-health crises, substance use, and interactions with particularly vulnerable individuals. According to recent analysis, law-enforcement agencies remain the default responder for many of these incidents, even though clinical expertise and trauma-informed practices could significantly improve outcomes (McConville & Premkumar, 2025).

This pilot supports Measure NN priorities by:

1. Improving crisis intervention and de-escalation
2. Reducing potential for violence and use of force
3. Providing trauma-informed support
4. Diverting individuals to services rather than the criminal justice system or involuntary hospitalization
5. Strengthening community trust and legitimacy

Literature Review

While the following section highlights key themes from an initial review of co-responder program literature, it is important to acknowledge the limitations of generalizing findings from other jurisdictions. Each community's context—its service landscape, call volume, and police-community dynamics—shapes how a model performs in practice. Nonetheless, the collective evidence provides valuable guidance and inspiration, offering a foundation of proven strategies and cautionary lessons that can be adapted to Oakland's unique needs and strengths.

Across the United States and internationally, jurisdictions are increasingly adopting co-responder and mobile crisis models to improve responses to behavioral health emergencies. These approaches—pairing law enforcement officers with licensed mental health clinicians—seek to divert individuals in crisis away from the justice system and toward appropriate care, while enhancing officer and community safety.

A growing body of research supports the promise of co-responder programs, though the evidence base remains heterogeneous. Systematic reviews such as Puntis et al. (2018) and Eggins et al. (2020) find that co-response teams generally reduce custodial outcomes and improve access to behavioral health services. These studies also note that outcomes vary widely across settings, reflecting differences in dispatch criteria, staffing models, and local service availability. Likewise, Watson et al. (2021) emphasize that effective crisis response requires system integration—training alone is not sufficient to achieve consistent de-escalation or diversion results.

More recent studies provide both optimism and caution. In one of the few randomized controlled trials in the field, Ray, Vaughn, and Hofer (2023) found that co-response improved perceptions of safety and community satisfaction but produced mixed effects on arrests and hospitalizations. A companion economic evaluation (Hofer et al., 2024) identified higher outpatient costs for the co-response group, underscoring the need for rigorous fiscal tracking in program evaluation. Other evaluations demonstrate positive operational outcomes: Anderson and Thompson (2024) reported that approximately 80 percent of co-responder incidents were resolved through de-escalation without arrest or hospitalization, while Nataliansyah et al. (2023) showed that a telehealth co-responder model reduced

involuntary commitments and improved officer confidence. Collectively, these findings suggest that co-responder programs can enhance immediate crisis outcomes, even as long-term impacts on system costs and recidivism require further study.

Implementation research adds valuable insight into why some programs succeed where others struggle. Fisher et al. (2024) identified strong interagency partnerships, shared data systems, and leadership support as critical enablers, while noting persistent challenges in cultural alignment between law enforcement and health systems. These lessons directly inform the pilot program's proposed design features—joint training, clear data protocols, and collaborative evaluation.

From a policy and financing perspective, California's Department of Health Care Services (2023a, 2023b) has established the *CalAIM Mobile Crisis Services Initiative* and accompanying Medi-Cal reimbursement framework (BHIN 23-025), expanding the pathway for sustainable, 24/7 crisis response capacity. The California Health Care Foundation (2024) similarly highlights mobile crisis expansion as a key element of behavioral health reform. These developments align closely with Measure NN's emphasis on evidence-informed, community-based safety strategies and provide a strong foundation for program sustainability through Medi-Cal billing.

At the national level, Hyde et al. (2024) report that only one-fifth of U.S. behavioral health facilities currently offer mobile crisis services, revealing significant unmet need and justifying local investment in crisis infrastructure. Comparative studies such as *Matching Mobile Crisis Models to Communities* (Zitars & Scharf, 2024) stress the importance of tailoring model design to local conditions—an approach reflected in this pilot program, which adapts lessons from other jurisdictions to the city's specific service landscape and community priorities.

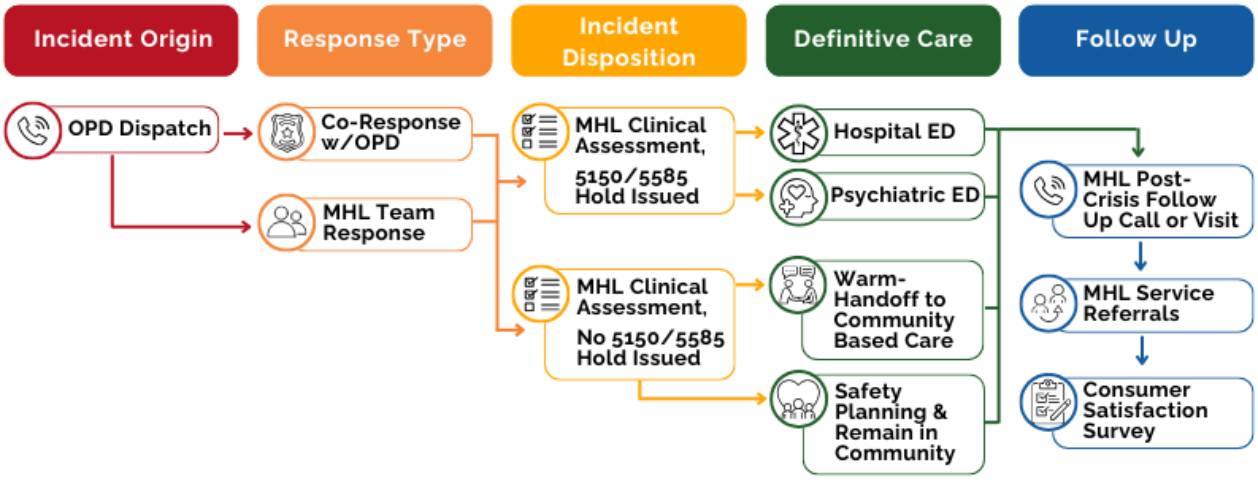
Taken together, the literature demonstrates that co-responder programs are most effective when implemented as part of a coordinated system of care—anchored by data-driven evaluation, interagency collaboration, and continuous quality improvement. The findings also validate the proposal's acknowledgment of limitations: while the evidence base is promising, it cannot be universally generalized. Nevertheless, the convergence of empirical studies, implementation insights, and

supportive state policy strongly suggests that the proposed mental health co-responder pilot program is a timely, evidence-informed initiative capable of advancing Measure NN's goals of harm reduction, safety, and community trust.

Proposed Mental Health Co-Responder Pilot Program Model

The success of the Mental Health Co-Responder Program depends on the expertise, compassion, and professionalism of its frontline clinicians. The Mental Health Liaisons (MHLs) will serve as the program's core clinical component—licensed behavioral health professionals embedded alongside OPD officers to respond to individuals experiencing moderate and acute mental or behavioral health crises. Drawing on national best practices and local collaboration, the MHL model is designed to deliver immediate, trauma-informed care in the field, reduce unnecessary use of force, and connect community members to ongoing support. Through coordinated deployment, real-time triage, and follow-up care, MHLs will strengthen Oakland's continuum of crisis response while supporting officers, improving safety, and advancing Measure NN's goal of compassionate, evidence-based public safety.

Figure 1: Mental Health Co-Responder Pilot Program in the Crisis Continuum*



**Please see Appendix B for a full size version of Figure 1.*

Team Composition - Mental Health Liaisons (MHL): licensed clinicians with expertise in supporting individuals experiencing a mental or behavioral health crisis, and in community-based care for those living with acute mental health challenges. MHLs

are unarmed, wear ballistic vests, and carry supplies for harm reduction, hygiene, and other quality of life concerns.

Coordination with OPD - MHLs would be stationed throughout Oakland and be dispatched to calls in their own OPD vehicles. This allows for MHLs to be attached to calls based on their proximity to an incident and stage for scene safety as needed.

Response Type - With full implementation of the MHL program, MHLs would be equipped to respond with lights and sirens to ensure a rapid response for high-acuity mental or behavioral health crises.

Independent Response – The vast majority of mental-health crises do not require law-enforcement intervention and may even be escalated by it. Specialized crisis teams staffed by clinicians are better suited to respond when there is no immediate threat of violence. For non-violent mental or behavioral-health emergencies that exceed MACRO's scope of practice, Mental Health Liaisons (MHLs) will deploy in pairs to provide support, conduct assessments, develop safety plans, and coordinate warm hand-offs to appropriate care. (McConville & Premkumar, 2025)

OPD Professional Development Support - MHLs can provide professional development for crisis de-escalation and trauma-informed care for new recruits and current OPD officers that are informed by the calls they run with OPD.

Potential Coordination With MACRO and CBOs - Some community members may be best served by transportation to supportive resources such as a shelter or clinic. After an MHL has assessed the nature of a behavioral health crisis, they may initiate a warm-handoff to community-based care providers.

Hours of Operation - While the pilot program will need to ramp up staffing over time, the goal is to eventually have 12-14 MHLs. The MHLs will be spread across three shifts (day, swing, and overnight shifts), working four 10-hour shifts per week for 24/7 coverage.

Eligible Call Types - The exact types of eligible calls will need to be carefully developed alongside OPD leadership and dispatch staff. The categories below are general categories and will be further clarified during the program design phase.

- Mental health crises
- Substance-related behavioral emergencies
- Behavioral health related disturbances with safety uncertainties
- Repeat high-utilization callers

Functions - The MHLs will jointly respond to behavioral-health-related calls, combining clinical expertise with public safety support. MHLs will conduct on-scene assessments, provide de-escalation and stabilization, and develop safety plans to prevent further crises. They will connect individuals to appropriate community and behavioral-health services through warm hand-offs and coordinated follow-up, while engaging in ongoing professional development to strengthen collaboration and field effectiveness.

Cost-Efficiency - As the pilot program progresses out of the initial pilot phase, the Mental Health Co-Response pilot program will be able to bill Medi-Cal for crisis services.

By embedding licensed clinicians directly into the public safety system, the Mental Health Co-Responder Pilot Program bridges the gap between law enforcement and community-based behavioral health care. This integrated approach allows for a more compassionate, efficient, and effective response to crises—one that prioritizes stabilization, safety, and long-term recovery over enforcement alone. As the program grows, MHLs will help cultivate a culture of shared learning and collaboration within OPD, advancing the City of Oakland's vision of a public safety system grounded in care, trust, and accountability.

Pilot Program Goals

1. **Reduce use of force and arrests** involving individuals experiencing behavioral health crises.
2. **Increase diversion** from jail and emergency departments to appropriate, community-based treatment and stabilization services.
3. **Enhance officer confidence and skill** in safely and effectively managing behavioral health incidents.
4. **Improve community trust and satisfaction** through compassionate, trauma-informed, and culturally responsive crisis interventions.

5. **Strengthen interagency coordination** between OPD, community-based organizations, and behavioral health service providers.

Outcomes & Key Metrics

The Mental Health Co-Responder Pilot Program will measure its success through clear, data-driven indicators that reflect both public safety and community well-being. Evaluation will focus on outcomes that demonstrate progress toward Measure NN's goals of prevention, harm reduction, and accountability.

Primary Outcomes

1. **Improved Crisis Resolution:** Increase in incidents resolved safely in the field without arrest, hospitalization, or use of force.
2. **Enhanced Service Connection:** Growth in referrals, warm hand-offs, and linkages to community-based behavioral health and stabilization services.
3. **Officer and Community Safety:** Reduction in injuries, use-of-force incidents, and calls requiring multiple units.
4. **Public Trust and Satisfaction:** Increased positive feedback from community members and families involved in crisis incidents.
5. **System Coordination:** Strengthened collaboration, data sharing, and follow-up across OPD, Alameda County Behavioral Health, and community providers.

Table A: Proposed Performance Metrics

Category	Measures
Crisis Response	Percentage of behavioral-health-related calls handled by co-responder teams
Use of Force	Change in use-of-force incidents on behavioral-health-related calls
Diversion & Referrals	Number and percentage of incidents diverted to treatment or community-based care
Efficiency	Average call-clearance time compared to standard patrol response
Satisfaction	Officer and community satisfaction based on post-response surveys and feedback

Evaluation and Reporting

Program outcomes will be evaluated through a combination of quantitative and qualitative methods. Data will be drawn from OPD's Computer-Aided Dispatch (CAD) system, incident reports, and Alameda County Behavioral Health's service linkage data. Post-response feedback will be gathered through surveys and structured interviews with both officers and community members. Quarterly performance dashboards will track key indicators in collaboration with the City's Measure NN oversight team, ensuring transparency, accountability, and continuous program improvement.

Table B: Proposed Implementation Timeline

Fiscal Year	Implementation Activities
2026 - 2027	• **Community Input** ◦ The Oakland Public Safety Planning & Oversight Commission (OPSPOC) members and the Measure NN evaluation team will conduct focus groups, key informant interviews, and community listening sessions to ensure program implementation and the MHL scope of practice is responsive to community needs. ◦ Establishing a formal process for ongoing community input throughout the implementation phase and the life of the pilot program (e.g. a community advisory board). • **Program Design** ◦ Developing MHL job descriptions and scope of practice ◦ Establishing workflows for how MHLs will support OPD, MACRO, and community partner operations ◦ Defining clear dispatch criteria and on-scene safety protocols ◦ Update reporting documentation to reflect the addition of MHLs ◦ Purchasing equipment • **Implementation Progress Updates** ◦ The OPSPOC and OPD will provide regular implementation updates to the community.
2027 - 2028	• **Evaluation Design & Results- Based Accountability Framework** ◦ The Measure NN evaluation team will develop a comprehensive evaluation plan and begin

	data collection to track implementation progress and program impact. To guide this process, the team will apply Results-Based Accountability (RBA), a disciplined framework for improving community and program outcomes that is frequently used to inform comprehensive strategic planning (Clear Impact, 2022).
	
	• **MHL Hiring**
	  ○ Conduct panel interviews with MHL applicants, bringing together community stakeholders, mental health advocates, OPD representatives, and members of the Oakland Public Safety Planning & Oversight Commission to ensure a diverse and collaborative selection process.
	
	• **MHL Training**
	  ○ MHL Training will include 40-hour Crisis Intervention Training, Trauma-Informed Care, Peer Recovery Principles, 5150/5585 procedures, clinical assessment, patient rights and reporting, applicable regulations for patient transfer, EVOC, motivational interviewing, psychoeducation, harm reduction and Narcan use, CPR & first aid, and self-defense/situational awareness (Watson, Compton, & Draine, 2021; Puntis et al., 2018; Eggins et al., 2020; Anderson & Thompson, 2024; Nataliansyah et al., 2023; DHCS, 2023b; CHCF, 2024; Fisher et al., 2024).
	
	• **Phased Launch**
	  ○ As hiring and training progresses, MHLs will be assigned to different shifts based on call volume.
	
	• **Implementation Progress Updates**
	  ○ The OPSPOC and OPD will continue to provide regular implementation updates to the community.

	○ The Measure NN evaluation team will collect data to inform the first evaluation of the pilot.
2028 - 2029	● **Scaling Capacity & Coverage** ○ As hiring and training progresses, the Mental Health Co-Responder Pilot Program will expand its operating hours and number of MHLs in the field. ● **Implementation Progress Updates** ○ The OPSPOC and OPD will continue to provide regular implementation updates to the community. ○ The Measure NN evaluation team will provide a publically available comprehensive evaluation every two years, with annual updates in the intervening years. The first comprehensive evaluation will be published in the first quarter of fiscal year 2028-2029.
2029 - 2030	● **Full Implementation** ○ The Mental Health Co-Responder pilot program will operate 24/7, with full fidelity to the model defined during program development in fiscal year 2026-2027. ○ The Measure NN evaluation team will provide an annual update for community review.

Proposed Budget Categories

As the Four-Year Community Violence Reduction Plan strategic planning process advances, cost estimates will be further developed and made available for community feedback during the public comment period. The following budget categories illustrate the anticipated expenses associated with full pilot program implementation.

- **Program Staff**
    - Program Manager (1)
    - Assistant Managers (2)
    - Mental Health Liaisons (12-14)
    - Referral Coordinator (1)
    - Community Engagement Coordinator (1)
    - Data Analyst (1)
    - Billing Specialist (1)
- **Training & Onboarding**
    - Please see Table B, fiscal year 2027-2028
- **Vehicles & Equipment**
    - MHL Response Vehicles (4-6)
    - Radios (4-6)
    - Computer Aided Dispatch (CAD), (4-6)
    - Laptops (4-6)
    - Ballistic Vests (12-14)
    - Harm Reduction Supplies
    - Harsh Weather Supplies
    - Hygiene & Quality of Life Supplies
    - Sensory Accommodation Supplies
    - First Aid Equipment

Conclusion

The Oakland Co-Responder Pilot Program represents a vital step toward realizing Measure NN's vision of a public safety system rooted in **care, prevention, and accountability**. By pairing OPD officers with licensed mental health clinicians, this initiative builds the City's capacity to respond safely and effectively to behavioral health crises through **de-escalation, clinical expertise, and connection to ongoing support**.

This pilot will serve as a foundation for long-term transformation—informing policy, improving coordination across systems, and reinforcing community trust in public safety institutions. Through rigorous evaluation and sustained collaboration, the program will demonstrate how integrated, trauma-informed crisis response can **reduce harm, improve outcomes, and strengthen the relationship between law enforcement and the community**. In alignment with **Measure NN's oversight and transparency standards**, all program data, outcomes, and lessons learned will be shared publicly to ensure accountability and guide future expansion.

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Appendix A. Literature Review Summary: Co-Responder and Mobile Crisis Models

Key Findings at a Glance

Category	Evidence & Implications
Effectiveness	Co-responder models improve de-escalation, service linkage, and officer confidence; mixed results on arrests, hospitalizations, and costs (Puntis et al., 2018; Eggins et al., 2020; Ray et al., 2023; Anderson & Thompson, 2024; Nataliansyah et al., 2023).
Implementation Factors	Success depends on leadership support, interagency coordination, shared dispatch protocols, cross-training, and data integration. Barriers include documentation burden and differing professional cultures (Fisher et al., 2024; Watson et al., 2021).
Evaluation Needs	Standardized metrics, equity analysis, and fiscal evaluation are essential. Pilot programs should collect both clinical and utilization data (Hofer et al., 2024).
Policy & Funding Context	California's CalAIM and Medi-Cal reforms provide reimbursement pathways for mobile crisis services (DHCS, 2023a, 2023b; CHCF, 2024). Nationally, mobile crisis services remain limited (~21% of facilities), underscoring need (Hyde et al., 2024). Local alignment with Measure NN supports accountability and community safety goals (California Choices, 2024; City of Oakland, 2024a, 2024b; Oakland City Council, 2024).

Narrative Summary

Literature Review: Co-Responder Programs, Mobile Crisis Models, and MHL Training

Across the United States, law enforcement agencies are increasingly partnering with licensed mental health clinicians to respond to behavioral health crises through co-responder and mobile crisis programs. These models aim to reduce harm, divert individuals from the justice system, and improve linkage to behavioral health services (Puntis et al., 2018; Eggins, Dawe, & McMaster, 2020; Watson, Compton, & Draine, 2021). Evaluations of co-responder programs demonstrate improvements in de-escalation, service linkage, and officer confidence, though evidence on reducing arrests, hospitalizations, and program costs remains mixed (Ray, Vaughn, & Hofer, 2023; Hofer, Vaughn, & Ray, 2024; Anderson & Thompson, 2024).

Recent studies highlight implementation factors critical to program success. Leadership buy-in, interagency coordination, shared dispatch protocols, and robust data-sharing are consistently identified as enablers, whereas documentation burdens and cultural differences between law enforcement and behavioral health professionals can impede program effectiveness (Fisher et al., 2024; Nataliansyah et al., 2023; Watson, Compton, & Draine, 2021). Telehealth-supported co-responder programs further demonstrate flexibility, expanding access in rural and resource-limited settings while reducing involuntary commitments and enhancing officer confidence (Nataliansyah et al., 2023).

In California, statewide frameworks provide regulatory and fiscal support for mobile crisis services. The Department of Health Care Services (DHCS, 2023a, 2023b) has established 24/7 Medi-Cal mobile crisis reimbursement pathways under CalAIM, and the California Health Care Foundation (2024) highlights best practices for implementing mobile crisis programs at the county level. Despite this support, national analyses reveal that only a minority of U.S. facilities provide mobile crisis services, underscoring the unmet need and justifying local pilot programs such as Oakland's Measure NN initiative (Hyde et al., 2024; California Choices, 2024; McConville & Premkumar, 2025).

For effective MHL deployment, structured training is essential. Core competencies include crisis intervention, trauma-informed care, peer recovery principles, legal frameworks governing 5150/5585 holds, clinical assessment, patient rights, motivational interviewing, harm reduction, and operational safety skills such as EVOC, CPR, and situational awareness (Watson, Compton, & Draine, 2021; Puntis et al., 2018; Eggins, Dawe, & McMaster, 2020; Anderson & Thompson, 2024; DHCS, 2023b; CHCF, 2024). Evidence supports that clinician-led responses for non-violent crises are both safe and effective, alleviating the burden on law enforcement and reducing unnecessary hospitalization (McConville & Premkumar, 2025; Nataliansyah et al., 2023).

Evaluation and continuous improvement are guided by Results-Based Accountability (RBA), a disciplined framework for measuring population and performance outcomes (Clear Impact, 2022; Results Leadership Group, n.d.). RBA ensures that MHL programs can systematically track implementation progress, program impact, and equity outcomes, aligning with local priorities articulated by the City of Oakland and Measure NN (City of Oakland, n.d.; City of Oakland, 2024a; Oakland City Council, 2024). Incorporating community stakeholders, behavioral health experts, and oversight commissions into both hiring and evaluation processes further strengthens program legitimacy and effectiveness (California Choices, 2024; City of Oakland, 2024a).

In sum, the literature demonstrates that co-responder and mobile crisis programs, when thoughtfully designed and locally adapted, improve crisis response effectiveness, increase linkage to care, and enhance community trust. Evidence-based training and structured evaluation frameworks, supported by statewide policy and local oversight, are essential to ensuring these programs are safe, sustainable, and aligned with Oakland's Measure NN goals of harm reduction, public safety, and accountability.

Appendix B. Mental Health Co-Responder Pilot Program in the Crisis Continuum