developments in technology that may help improve communications between dispatch and officers so they can live stream calls for service.

Not only is the Board interested in improving training for dispatchers and officers, it is also looking at ways to promote healing in communities affected by a bias-based incident and prevent future harm. This year the Board continues to explore restorative justice approaches to a bias-based incident that focuses on accountability and education. Restorative justice "is a theory of justice that emphasizes repairing the harm caused by criminal behavior. It is best accomplished through cooperative processes that allow all willing stakeholders to meet, although other approaches are available when that is impossible. This can lead to transformation of people, relationships and communities."[6]

The Board is exploring a few ways of implementing a restorative justice approach, including bias-response teams, or community based teams that respond to a bias-based incident. Finally, as we continue to reimagine public safety, it is imperative we continue to work together to develop creative alternatives to police responses.

1. Updates on Trainings, Policies, and Procedures for Dispatchers and LEAs

In reimagining public safety, it is important to explore how public safety professionals are dispatched to a call for service. A Public Safety Dispatcher Center is the central hub for aiding anyone who calls 911 for assistance and can range from a crime in progress to a medical emergency. Dispatchers need the skills as well as tools to quickly assess a crisis and dispatch the appropriate first responders to the scene. In California, there are more than 400 Public Safety Dispatcher Centers, though they have struggled with adequate staffing for many years. Presently there are only about 8,000 dispatchers, managers, and supervisors, yet they were responsible for answer nearly 26 million calls for service in 2020 alone.

Given the important role dispatchers play in responding to calls, it is difficult to understand why there are no uniform policies and procedures to create standards for these centers. Some centers are completely independent while others work together jointly. Most centers use computer-aided dispatch (CAD) systems that communicate the priority of the call, identify the status or location of first responders in the field, and dispatch responder personnel.[7] Usually the call is prioritized based on the nature of the 911 call, with life-threatening calls taking the highest priority.

---

[6] Center for Justice & Reconciliation, *Lesson 1: What Is Restorative Justice?* Prison Fellowship International <http://restorativejustice.org/restorative-justice/about-restorative-justice/tutorial-intro-to-restorative-justice/lesson-1-what-is-restorative-justice/> (as of XXX, 2021).

[7] *Computer Aided Dispatch Systems,* Dept. of Homeland Security (2011). <https://www.dhs.gov/sites/default/files/publications/CAD_TN_0911-508.pdf> (as of XXX, 2021).

DRAFT REPORT – PENDING EDITING AND REVIEW

This draft is a product of various subcommittees of the Racial and Identity Profiling Advisory Board. It has been provided merely for the Racial and Identity Profiling Advisory Board's consideration and its content does not necessarily reflect the views of any individual RIPA Board member, the full RIPA Board, or the California Department of Justice.

How call priorities are assigned also depends on the individual agency, and there are many variations. Some CAD agencies have a predetermined computer program that assigns priority, based on the radio or Penal Code the dispatcher enters. Depending on the agency's policies, some dispatchers may have the ability to override the priority based on the information solicited from the caller, while other agencies rely primarily on the dispatcher to prioritize the calls. Some CAD systems have as few as four priorities, while others have many more priority codes. Another variation is the volume of calls – some dispatch centers receive only a few calls each hour, while others received hundreds.

POST and the Dispatcher Advisory Council are responsible for establishing the minimum guidelines and training for the Public Safety Dispatcher Program.[8] By law, every public safety dispatcher must complete the Public Safety Dispatcher Basic Course within 12 months after being hired by an agency. Currently, as long as the dispatcher completes the course within the first year of employment, they may start dispatching calls despite not having completed probation or basic training.[9] The basic training course is 3 weeks long and dispatchers receive a majority of their training "on the job." POST does not mandate bias training for dispatchers and it is not a part of the academy course. Any anti-bias training is presently done "in-house" or at the agency itself. POST is presently in the process of updating their academy trainings and the Board recommends a course on bias be added to the basic training for dispatchers.[10] Such a mandatory course would ensure that all dispatchers receive training on bias that is relevant to their position and would eliminate any disparities in the foundational training dispatchers receive from their own agencies.

In the academy, dispatchers are trained on how to respond to "suspicious" person calls and to ask questions until they understand the situation. One such question they ask is "what makes that person suspicious?" They will continue to ask questions until they understand the situation. Once they understand the situation, they may be limited with respect to how to resolve the call, depending on individual agency. For example, some agencies have a policy they cannot refuse any call for service and will send an officer to the scene, while other agencies afford the dispatcher more discretion in when or how to dispatch a public safety professional. It is important to note that policies related to dispatch can be developed in one of two ways: (1) the head of the law enforcement agency can regulate when or how "suspicious circumstances" calls are handled, or (2) POST has the ability to create regulations as well as mandate certain trainings by a vote of the commission

---

[8] 11 CCR § 1018. Public Safety Dispatcher Programs.
[9] 11 CCR § 1018. Public Safety Dispatcher Programs.

Both officers and dispatchers face significant challenges when responding to a call for service motivated by bias. One way to mitigate bias by proxy is allowing for better communication between the dispatcher and officers in the field, since "officers who know ahead of time that the complaint or allegation is the result of bias are best-positioned to respond properly."[11] There are now new tools available for agencies that allow them to livestream 911 calls directly to first responders in the field.[12] This gives officers and first responders significantly more details about the call, including the tone and demeanor of the 911 caller.[13] Officers are able to hear the questions and responses the dispatchers receive via radio and can decide to dismiss a call themselves.[14] This may help mitigate bias by proxy but agencies must take additional steps, such as implementing bias response teams or a restorative justice approach, to address bias-based calls for service.

2. Bias-Response Teams: Implementing Restorative Justice Approach to Bias-Based Calls for Services

A bias-based call for service causes a ripple effect – not only does it harm the direct victim, but it also deeply affects entire communities. For example, the Central Park incident involving Amy Cooper[15] brought up deep historical and present harms for many people. Sadly, walking while Black, being in the park while Black, and driving while Black are commonly used terms that reflect the broad experience of Black individuals who often cannot walk down the street without being stopped, harassed, and arrested, regardless of what they are doing at the time.[16] Officers and agencies must have an intimate understanding of both the present and historical harms Black, Indigenous, and people of color face – both in their interactions with law enforcement and more broadly with the compounding effects of structural racism. A bias-based call for service can cause fear about police and affect the public's view of the legitimacy of the entire

---

[11] The Leadership Conference on Civil and Human Rights, *New Era of Public Safety: A Guide to Fair, Safe, and Effective Community Policing* (2019) <https://civilrights.org/wp-content/uploads/Policing_Full_Report.pdf> (as of Apr. 27, 2021).
[12] Live 911 (2021) *How it Works.* <https://live911.com/how-it-works.html> (as of XXX, 2021).
[13] Live 911 (2021) *How it Works.* <https://live911.com/how-it-works.html> (as of XXX, 2021).
[14] Live 911 (2021) *How it Works.* <https://live911.com/how-it-works.html> (as of XXX, 2021).
[15] Amy Cooper, made a false police report against Christian Cooper, a Black man who was birdwatching in Central Park. Nir, *How 2 Lives Collided in Central Park, Rattling the Nation*, The New York Times (Jun. 14, 2020) <https://www.nytimes.com/2020/06/14/nyregion/central-park-amy-cooper-christian-racism.html> (as of XXX, 2021).
[16] Amy Cooper, made a false police report against Christian Cooper, a Black man who was birdwatching in Central Park. Nir, *How 2 Lives Collided in Central Park, Rattling the Nation*, The New York Times (Jun. 14, 2020) <https://www.nytimes.com/2020/06/14/nyregion/central-park-amy-cooper-christian-racism.html> (as of XXX, 2021).

DRAFT REPORT – PENDING EDITING AND REVIEW
This draft is a product of various subcommittees of the Racial and Identity Profiling Advisory Board. It has been provided merely for the Racial and Identity Profiling Advisory Board's consideration and its content does not necessarily reflect the views of any individual RIPA Board member, the full RIPA Board, or the California Department of Justice.

department. For example, if an officer responds to a “suspicious circumstances” call motivated by bias, the officers become a proxy or a representation of that bias when they initiate a stop.

A restorative justice approach to bias-based incidents works to address this ripple effect and goes beyond just merely punishing the offender; it focuses on the harm caused, creates a system of accountability, and takes steps to prevent future harm. This approach “can be applied both reactively in response to conflict and/or crime, and proactively to strengthen community by fostering communication and empathy.”[17] A community based response to a bias-biased call for service which focuses on responding to the harm caused by the biased caller promotes healing and justice within affected communities.

In order to address these types of issues, numerous organizations and colleges have created bias response teams to address acts of hate. One such organization is the New York Commission on Human Rights, which launched their Bias Response Teams in 2016. The Commission is staffed by “legal, community relations, policy, communications, and human resources” personnel from “across the City's rich and diverse communities and beyond, representing many languages, cultures, and backgrounds.”[18] These teams work to “support and stabilize communities after incidents of bias have occurred” and respond directly to needs identified by the harmed communities.[19]

The Bias Response Teams will do everything from distributing literature to local business about protections under the human rights laws, partner with schools and youth to provide people with the tools to recognize and stand up to bias, canvass neighborhoods with informational literature, and educate impacted community members about their rights, as well as provide direct support to the affected victim.[20] In 2019, they responded to 235 alleged incidents of bias. They work independently from the police department and are contacted directly when an incident occurs (though they may refer incidents to law enforcement if there is a suspected hate crime).

Participation in response team outreach efforts is voluntary for both victims and perpetrators. Further, the function of the Bias Response Team – in addition to other restorative justice

DRAFT

---

[17] Restorative Justice Initiative, *What is Restorative Justice?* <https://restorativejustice.nyc/what-is-restorative-justice/> (as of XXX, 2021).
[18] New York Commission on Human Rights, *Bias Response Team*. <https://www1.nyc.gov/site/cchr/community/bias-response.page> (as of XXX, 2021).
[19] New York Commission on Human Rights, *Bias Response Team*. <https://www1.nyc.gov/site/cchr/community/bias-response.page> (as of XXX, 2021).
[20] New York Commission on Human Rights, *Bias Response Team*. <https://www1.nyc.gov/site/cchr/community/bias-response.page> (as of XXX, 2021).

DRAFT REPORT – PENDING EDITING AND REVIEW
This draft is a product of various subcommittees of the Racial and Identity Profiling Advisory Board. It has been provided merely for the Racial and Identity Profiling Advisory Board’s consideration and its content does not necessarily reflect the views of any individual RIPA Board member, the full RIPA Board, or the California Department of Justice.

1. Fundamental Principles of Community-Based Crisis Response

One aspect of improving public safety is funding community based mental health care and developing robust crisis response systems for those experiencing a medical emergency. As cities strive to improve their crisis response systems to better protect everyone in their communities, the RIPA Board recommends that communities keep certain fundamental principles in mind. The three common components of any effective crisis care model which provides a continuum of care include: (1) a regional crisis call center, (2) a crisis mobile response team, and (3) crisis receiving and stabilization facilities "providing shorter term care in a home-like, non-hospital environment."[31]

Further, when reimagining crisis response models, communities should consider certain guiding principles. This list is by no means exhaustive and should be seen as a starting point for communities, leadership, and law enforcement to have a discussion about how they can improve a community first response to calls for services.

- **Anti-Bias Training:** All dispatchers, responders, and healthcare workers should consider implementing extensive training on explicit and implicit bias. This could include ongoing training on explicit racism and bias and "the unique strengths and needs of Black, Indigenous, and People of Color (BIPOC) youth and families, and how those intersect with behavioral health crises."[32]

- **Trauma-Informed Care:** When developing a response team, the training for team members (e.g. dispatchers, first responders) should employ trauma-informed care strategies.[33] This is an approach to mental health care that requires "sensitivity to the prevalence and effects of trauma in the lives of people accessing services."[34] This type of training can equip responders with the understanding of the effects of "poverty, class,

---

[31] Substance Abuse and Mental Health Services Administration, *National Guidelines for Behavioral Crisis Care: Best Practices Tool Kit* (2020) p. 12. <https: //www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf> (as of XXX, 2021).

[32] Substance Abuse and Mental Health Services Administration, *Crisis Services Meeting Needs, Saving Lives* (Dec. 2020) p. 238, <https://store.samhsa.gov/product/crisis-services-meeting-needs-saving-lives/PEP20-08-01-001> (as of XXX, 2021).

[33] Substance Abuse and Mental Health Services Administration, *National Guidelines for Behavioral Crisis Care: Best Practices Tool Kit* (2020) p. 28. <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf> (as of XXX, 2021).

[34] Isobel, S., Wilson, A., Gill, K., Schelling, K., Camp; Howe, D. (2020). *What is needed for Trauma Informed mental health services in Australia? Perspectives of clinicians and managers.* International Journal of Mental Health Nursing, 30(1), 72-82. doi:10.1111/inm.12811

DRAFT

racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect people's vulnerability to and capacity" for getting treatment.[35]

- **Peer Intervention**: Peers (for example, those who have suffered mental health crises themselves or survived a suicide) can be a crucial part of crisis response teams. The use of peers as a member of the crisis team "supports engagement efforts through the unique power of bonding over common experiences while adding the benefits of the peer modeling that recovery is possible."[36]

- **Harm Reduction**: Providing non-judgmental, non-coercive, compassionate care that seeks to reduce harms associated with those suffering from an untreated mental health condition or substance abuse disorder is also an important principle for communities to keep in mind.[37] Communities must be willing and open to meet the person "where they are" and work to minimize the harmful effects rather than simply ignoring or condemning them.[38]

- **Voluntariness:** Crisis response systems should consider voluntariness as a cornerstone to any crisis response model.[39] This includes using clear communication to the person regarding treatment options available; allowing the person time to understand those options and space for the person to express their treatment preferences; engaging the family, where appropriate, to educate about ways to provide support to their family

DRAFT

---

[35] National Harm Reduction Coalition, *Principles of Harm Reduction* (2020) <https://harmreduction.org/about-us/principles-of-harm-reduction/> (as of XXX, 2021).
[36] Substance Abuse and Mental Health Services Administration, *National Guidelines for Behavioral Crisis Care: Best Practices Tool Kit* (2020) p. 28. <https: //www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf> (as of XXX, 2021).
[37] Stacy Mosel. (2020) Harm Reduction Guide, *American Addition Centers*. <https://americanaddictioncenters.org/harm-reduction>; See also Substance Abuse and Mental Health Services Administration, *Crisis Services Meeting Needs, Saving Lives* (Dec. 2020) p. 96, <https://store.samhsa.gov/product/crisis-services-meeting-needs-saving-lives/PEP20-08-01-001> (as of XXX, 2021).
[38] National Harm Reduction Coalition, *Principles of Harm Reduction* (2020) <https://harmreduction.org/about-us/principles-of-harm-reduction/> (as of XXX, 2021).
[39] Substance Abuse and Mental Health Services Administration, *National Guidelines for Behavioral Crisis Care: Best Practices Tool Kit* (2020) p. 28. <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf> (as of XXX, 2021).

DRAFT REPORT – PENDING EDITING AND REVIEW
This draft is a product of various subcommittees of the Racial and Identity Profiling Advisory Board. It has been provided merely for the Racial and Identity Profiling Advisory Board's consideration and its content does not necessarily reflect the views of any individual RIPA Board member, the full RIPA Board, or the California Department of Justice.

member in crisis;[40] and aiding the person in crisis in participating in their treatment and the development of a safety/recovery plan.[41]

- **Violence Free:** In providing services to the community law enforcement agencies and community responders should consider a commitment to a no-force-first approach to crisis care and implement policies that prioritize the use of engagement, collaboration, and de-escalation.[42]

- **Zero Suicide Aspiration:** Suicide prevention and awareness is a core component of health care services. Both crisis responders and law enforcement agencies may want to explore how to implement policies to prevent suicide, which can range from negotiation strategies to a no-force first approach. [43]

- **Least Restrictive Intervention**: When agencies are connecting a person in crisis with services they should use the least restrictive intervention, such as using home-like crisis stabilization facilities over traditional hospitalization.[44]

- **Short-Term and Long-Term Connection to Care:** A robust crisis response system can offer both immediate connection to community-based care to address the specific crisis in the short term and work to aid the person in developing strategies for long term treatment.[45]

DRAFT

[40] Substance Abuse and Mental Health Services Administration, *National Guidelines for Behavioral Crisis Care: Best Practices Tool Kit* (2020) p. 20. <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf> (as of XXX, 2021).

[41] Substance Abuse and Mental Health Services Administration, *National Guidelines for Behavioral Crisis Care: Best Practices Tool Kit* (2020) p. 28. <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf> (as of XXX, 2021).

[42] Substance Abuse and Mental Health Services Administration, *National Guidelines for Behavioral Crisis Care: Best Practices Tool Kit* (2020) p. 12. <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf> (as of XXX, 2021).

[43] Substance Abuse and Mental Health Services Administration, *National Guidelines for Behavioral Crisis Care: Best Practices Tool Kit* (2020) pp. 29-30. <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf> (as of XXX, 2021).

[44] Substance Abuse and Mental Health Services Administration, *National Guidelines for Behavioral Crisis Care: Best Practices Tool Kit* (2020) p. 27. <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf> (as of XXX, 2021).

[45] [45] Substance Abuse and Mental Health Services Administration, *Crisis Services Meeting Needs, Saving Lives* (Dec. 2020) p. 176, <https://store.samhsa.gov/product/crisis-services-meeting-needs-saving-lives/PEP20-08-01-001> (as of XXX, 2021).

DRAFT REPORT – PENDING EDITING AND REVIEW
This draft is a product of various subcommittees of the Racial and Identity Profiling Advisory Board. It has been provided merely for the Racial and Identity Profiling Advisory Board's consideration and its content does not necessarily reflect the views of any individual RIPA Board member, the full RIPA Board, or the California Department of Justice.

- **Housing First:** Communities should consider how to establish permanent housing to those experiencing homelessness without a requirement to accept mental health treatment. This approach recognizes that housing is one of the greatest barriers to individuals achieving remission,[46] which is a significant reduction in signs or symptoms related to a psychiatric disorder.[47] Access to housing should not be contingent on participating in services, sobriety, lack of criminal record, or completion of a treatment program.[48]

2. Lessons Learned from Emerging Crisis Response Models

In its 2021 Report, the Board looked at the history of crisis response in America and the difficulties funding community based mental health care has faced. The Board also began reviewing several developing crisis response models throughout California and the nation. This year the Board continues to review developing models with a focus on new emerging programs that have completed or begun their pilot program. As communities continue to explore these models, the Board would like to highlight some of the implementation successes, from cost savings for the communities to even more importantly the lives that have been saved by implementing a community first crisis response.

a. San Francisco Street Crisis Response Teams (SCRT)

One of the pilot programs the Board highlighted in its 2021 report is the SCRT. The program began their planning phase in the Summer of 2020 and launched its first crisis response team in November 2020. By March of 2021, the SCRT had 6 total teams and 24/7 citywide coverage. This year, the Board invited the leadership of SCRT to give a presentation on their program development, as well as lessons learned in implementing and creating a community based crisis response.

After a review of the 911 dispatch data, the teams identified the highest need regions in the city based on volume of call and call type. The SCRT launched with a focus on calls indicating a call

---

[46] United States Interagency Council on Homelessness, *Housing First Checklist* (Sept. 2016) <https://www.usich.gov/resources/uploads/asset_library/Housing_First_Checklist_FINAL.pdf> (as of XXX, 2021).
[47] Salzer, M. S., Brusilovskiy, E., Camp; & Townley, G. (2018). *National Estimates of Recovery-Remission From Serious Mental Illness.* Psychiatric Services, 69(5), 523–528. https://doi.org/10.1176/appi.ps.201700401
[48] United States Interagency Council on Homelessness, *Housing First Checklist* (Sept. 2016) <https://www.usich.gov/resources/uploads/asset_library/Housing_First_Checklist_FINAL.pdf> (as of XXX, 2021).

DRAFT REPORT – PENDING EDITING AND REVIEW
This draft is a product of various subcommittees of the Racial and Identity Profiling Advisory Board. It has been provided merely for the Racial and Identity Profiling Advisory Board's consideration and its content does not necessarily reflect the views of any individual RIPA Board member, the full RIPA Board, or the California Department of Justice.

response, and worked with public safety dispatchers to determine the appropriate aide to a person in crisis.

(3) Peer intervention specialists embedded in the crisis teams are an important aspect of this program. The SCRT teams have found that someone with lived experience can play a key role in deescalating a crisis.

(4) Team members – from officers to peer intervention specialists – should receive extensive training on explicit and implicit bias.

(5) Crises do not always happen during business hours (9 a.m. to 5 p.m. Monday through Friday), so citywide coverage 24/7 is vital to providing consistent care to the community.

b. Arizona Model: Crisis Now

The Crisis Now program in Arizona serves as another model. Although this is not a new program, there are many important lessons we can learn from this model, including ways of using improved dispatch technology to diversify which public safety personnel are dispatched when a person is in crisis. The crisis response system includes a regional call center, mobile crisis teams, and community based stabilization centers.

The Arizona model uses current 911 technologies to improve communication between agencies and provide a broad range of crisis services to a large geographic region. Crisis Now is led by the National Association of State Mental Health Program Directors (NASMHPD) and was developed with the National Action Alliance for Suicide Prevention, the National Suicide Prevention Lifeline, the National Council for Behavioral Health, and RI International. The program began in 2016 in Maricopa County, Arizona and has served as a model for crisis response programs throughout the country.[51]

Maricopa County is one of the largest counties in the United States by area and serves over 4 million people. The program's centerpiece is high-tech dispatch response technology that has up-to-date information on bed space and where mobile response units are located within the community to increase the speed of the crisis response team's response time.[52] The mobile response team meets the person at the residence or place where the crisis is occurring and

---

[51] National Association of State Mental Health Program Directors (NASMHPD), *Crisis Now, About Crisis Now*. (2021). < https://crisisnow.com/about-crisis-now/> (as of XXX, 2021).
[52] National Association of State Mental Health Program Directors (NASMHPD), *Crisis Now* (2021). <https://crisisnow.com/> (as of XXX, 2021).

DRAFT REPORT – PENDING EDITING AND REVIEW
This draft is a product of various subcommittees of the Racial and Identity Profiling Advisory Board. It has been provided merely for the Racial and Identity Profiling Advisory Board's consideration and its content does not necessarily reflect the views of any individual RIPA Board member, the full RIPA Board, or the California Department of Justice.

provides safe transport to community based treatment options if appropriate.[53] They also have numerous MOU's with crisis stabilization centers where someone can receive treatment in a home-like environment instead of a hospital setting.[54]

One piece of these crisis response systems is implementing the air traffic control model for dispatching emergency services. This model means that dispatchers always (1) know where an individual is in crisis and (2) verify when the person is safely in the hands of another caretaker.[55] Agencies across Arizona utilize shared tracking of the location of mobile response teams, the individuals throughout the linkage process, available bed space, and even what services the person is in need of, so a dispatcher can see in real time if the appropriate connection to care has been made.[56]

The Crisis Now program demonstrates several lessons learned that can provide guidance to other cities looking to implement similar programs.

(1) State-of-the-art dispatch technology that uses an air traffic control model to dispatch responders and ensures there is the proper linkage to care for the person in crisis not only ensures that individuals receive needed care but also allows the response teams to cover a large geographic region.

(2) By prioritizing the least restrictive intervention possible and through numerous MOU's with crisis stabilization facilities, the teams can provide a range of both short- and long-term care for the person in need.

(3) Funding crisis response and improving dispatch technology saved the community money in this case. Notably, in 2016 alone, the program saved the county "$260 million in hospital spending, $37 million in emergency department spending, 45 years of emergency department psychiatric boarding hours, and 37 full-time equivalents (FTEs) of police officer time and salary."[57]

---

[53] National Association of State Mental Health Program Directors (NASMHPD), *Crisis Now* (2021). <https://crisisnow.com/> (as of XXX, 2021).

[54] National Association of State Mental Health Program Directors (NASMHPD), *Crisis Now* (2021). <https://crisisnow.com/> (as of XXX, 2021).

[55] Substance Abuse and Mental Health Services Administration, *Crisis Services Meeting Needs, Saving Lives* (Dec. 2020) p. 289, <https://store.samhsa.gov/product/crisis-services-meeting-needs-saving-lives/PEP20-08-01-001> (as of XXX, 2021).

[56] National Action Alliance for Suicide Prevention: *Crisis Services Task Force, Crisis now: Transforming services is within our reach* (2016) Washington, DC: Education Development Center, Inc. p. 11. <https://theactionalliance.org/sites/default/files/crisisnow.pdf> (as of XXX, 2021).

[57] Substance Abuse and Mental Health Services Administration, *Crisis Services Meeting Needs, Saving Lives* (Dec. 2020) p. 289. <https://store.samhsa.gov/product/crisis-services-meeting-needs-saving-lives/PEP20-08-01-001>

DRAFT REPORT – PENDING EDITING AND REVIEW
This draft is a product of various subcommittees of the Racial and Identity Profiling Advisory Board. It has been provided merely for the Racial and Identity Profiling Advisory Board's consideration and its content does not necessarily reflect the views of any individual RIPA Board member, the full RIPA Board, or the California Department of Justice.

DRAFT

(1) It is important to identify what calls for service will be diverted to a community based response and collaborate with community partners – including law enforcement – so there is effective communication as to who should be responding.

(2) Mobile teams will need to make sure their vans are wheelchair accessible and may need resources on hand such as cleaning products, food, clothing, and blankets to provide to people they encounter.[61]

d. Community Crisis Response Save Lives and Money

Data shows that community response models to mental health crises can save lives and reduce use of force incidents. The LA County Mobil Evaluation Teams (MET) is a co-responder crisis response program, meaning law enforcement is dispatched in conjunction with a medical provider. MET devised a way to measure the impact and effectiveness of their program. The MET teams estimated they saved over 34 lives during "potential deadly force encounters" including 14 incidents where the person was at risk of suicide. According to deputies or supervisors who were on scene when MET arrived, "patrol would have reportedly 'very likely' used at least 'Level-1' force[62] (or greater) to subdue people they encountered during 434 crises during 2020, were it not for MET personnel arriving in time to help de-escalate the consumer."[63] This type of measurement suggests that even more lives may be spared by using a community first response; for example, in their pilot programs both SCRT and STAR utilize unarmed

DRAFT

[61] Star Program Evaluation (Jan. 8, 2021) <https://wp-denverite.s3.amazonaws.com/wp-content/uploads/sites/4/2021/02/STAR_Pilot_6_Month_Evaluation_FINAL-REPORT.pdf> (as of XXX, 2021).

[62] A 'Level-1" use of force involves any of the following: searching and handcuffing, hobbling restraints, control holds, take downs, and use of pepper spray. For comparison a Level-2 use of force involves an identifiable injury, a complaint of pain that a medical evaluation determines is attributable to an identifiable injury; and Any application of force other than those defined in Category 1 Force, but does not rise to the level of Category 3 Force. A Level-3 use of force is "All shootings in which a shot was intentionally fired at a person by a Department member; Any type of shooting by a Department member which results in a person being hit, Force resulting in admittance to a hospital; Any death following a use of force by any Department member; All head strikes with impact weapons; Kick(s), delivered from a standing position, to an individual's head with a shod foot while the individual is lying on the ground/floor; Knee strike(s) to an individual's head deliberately or recklessly causing their head to strike the ground, floor, or other hard, fixed object; Deliberately or recklessly striking an individual's head against a hard, fixed object, Skeletal fractures, with the exception of minor fractures of the nose, fingers or toes, caused by any Department member; All canine bites; or Any force which results in a response from the IAB Force/Shooting Response." Los Angeles County Sheriff's Department, 3-10/100.00 Force Categories. <http://file.lacounty.gov/SDSInter/bos/supdocs/1021645_Item8-SheriffsPresentationsUseofForcePolicyandUseofForceInvestigations.pdf > (as of XXX, 2021).

[63] LA County MET Annual Recap (Jan. 2021). <https://lasd.org/wp-content/uploads/2021/01/Transparency_MET_Annual_Recap_2020_012521.pdf> (as of XXX, 2021).

DRAFT REPORT – PENDING EDITING AND REVIEW
This draft is a product of various subcommittees of the Racial and Identity Profiling Advisory Board. It has been provided merely for the Racial and Identity Profiling Advisory Board's consideration and its content does not necessarily reflect the views of any individual RIPA Board member, the full RIPA Board, or the California Department of Justice.

of up to $3 million in jail related costs.[68] The city of Tucson, Arizona enhanced their CIT programs by creating a Mental Health Investigative Support and Transport Team, which reduced SWAT deployments from 14 a year to only 2, saving $15,000 each deployment.[69]

As we mentioned earlier in this chapter, Maricopa County Arizona has an established crisis response system that, by their calculations, in one year alone saved the county "$260 million in hospital spending, $37 million in emergency department spending, 45 years of emergency department psychiatric boarding hours, and 37 full-time equivalents (FTEs) of police officer time and salary."[70] Eugene Oregon's community based crisis response teams have been in place for over 30 years, and they serve as a model for a number of the pilot programs, including SCRT, and STAR. Not only do the crisis teams handle about 20% of the calls for service throughout the city, they also save the city about $8 million dollars annually on public safety and $14 million in emergency rooms costs.[71]

Robust crisis response systems benefit the entire community. We hope that law enforcement, policymakers, and communities will rally together to ensure everyone can receive compassionate and stigma-free care. Leadership in both the community and law enforcement have the ability to end dangerous responses to mental health call for service by prioritizing and funding the community based care.

D. Vision for Future Reports

The Board will continue to review evidence-based best practices and measurements of effectiveness and impact regarding crisis response models.

[68] Substance Abuse and Mental Health Services Administration, *Crisis Services Meeting Needs, Saving Lives* (Dec. 2020) p. 289. <https://store.samhsa.gov/product/crisis-services-meeting-needs-saving-lives/PEP20-08-01-001> (as of XXX, 2021).

[69] Substance Abuse and Mental Health Services Administration, *Crisis Services Meeting Needs, Saving Lives* (Dec. 2020) p. 290. <https://store.samhsa.gov/product/crisis-services-meeting-needs-saving-lives/PEP20-08-01-001> (as of XXX, 2021).

[70] Substance Abuse and Mental Health Services Administration, *Crisis Services Meeting Needs, Saving Lives* (Dec. 2020) p. 289. <https://store.samhsa.gov/product/crisis-services-meeting-needs-saving-lives/PEP20-08-01-001> (as of XXX, 2021).

[71] Crisis Assistance Helping Out On the Streets (CAHOOTS) White Bird Clinic, Media Guide 2020<https://whitebirdclinic.org/wp-content/uploads/2020/06/CAHOOTS-Media -Guide -20200626.pdf.> (as of XXX, 2021).

DRAFT REPORT – PENDING EDITING AND REVIEW
This draft is a product of various subcommittees of the Racial and Identity Profiling Advisory Board. It has been provided merely for the Racial and Identity Profiling Advisory Board's consideration and its content does not necessarily reflect the views of any individual RIPA Board member, the full RIPA Board, or the California Department of Justice.