

City of Richmond Community Crisis Response Program  
*Proposal*

### **Program Description**

The Community Crisis Response Program is a community-led program to address crises that are not appropriate for police response. To start, the program will address mental health crises and substance use issues, eventually expanding to support additional community based issues such as domestic conflict, street based conflict, and noise complaints. The program will respond to crises by dispatching a team of community responders (2 mental health/harm reduction specialists and 1 medic) to the scene, where the responders will engage with the participant empathetically and supportively, with a focus on de-escalation. The team will be dispatched by an in-house dispatcher, and calls will be directed to the number 311. All program staff will receive extensive training in de-escalation, mental health first aid, harm reduction, the biological impacts of substance use, and conflict resolution.

### **Dispatch**

- The program will use the number 311 to receive calls
- Plan includes a public outreach campaign to educate public about the existence of the program, how to call, and what kinds of situations the program can support
- Over time, 911 dispatchers will be trained to refer calls to this program. To start, they will simply let callers know about the existence of the program. Eventually, they will be able to directly transfer calls to the 311 line, so community members will be able to access the line through 911. This program must always remain independent from the police, and residents must be able to access the program without involving police dispatch, even if police dispatch is fully trained. At no point will the 311 line disappear.

### **Staffing (total: 18.8 FTE)**

- Office staff (total: 6.2 FTE)
  - Program Director (1 FTE, \$85K/year)
    - Duties: manage staff, evaluate program, make program design decisions
  - 1 Dispatcher available 24/7 (4.2 FTE, \$75K/year)
    - Duties: receive calls, conduct intake, assess appropriateness for the program, determine response (In person? Phone support?), send response team to the site
    - As call volume increases, more dispatchers may be added
  - 1 Community Liaison (1 FTE, \$75K/year)
    - Duties: execute outreach campaign, connect with other service providers, community based organizations, potential participants, follow up on participants who interfaced with response team, provide connections to ongoing care. NOT case management - follow up does not continue beyond referral call(s).
  - At the beginning of the program, there will be few calls and the community will need to be given information about the program. Office staff will conduct outreach campaigns, then transition to full time service delivery as call volume increases.

- Response team (total: 12.6 FTE)
  - 2 community responders available 24/7 (8.4 FTE, \$80K/year)
    - Duties: engage thoughtfully with program participants, focusing on de-escalation, mental health first aid, harm reduction, and supportive care. Provide care for any dependents of person in crisis at the scene, as necessary.
    - Community responders will not need to have specific credentials, education, or work experience; instead, they will need to demonstrate success in community engagement and specific core competencies. Some local programs (such as SPIRIT at Contra Costa College) will qualify graduates for the position, but any community member may have their application considered.
      - Based on *Mental Health First* model (Oakland and Sacramento): community based responders are best equipped to handle crises in their own community. Focus should be on preventing further harm and preventing coerced entry into the pre-existing system. Community responders have greater flexibility in their range of responses.
  - 1 Medic available 24/7 (4.2 FTE, \$85K/year)
    - Duties: provide basic first aid to participants, focused on harm reduction and supportive care
  - As call volume increases, more response teams may be added

**Training topics (to be given by a successful community based organization such as SPIRIT, MH First, CAT-911, etc):**

- De-escalation, including creating plans for how the team will respond to violent behavior from person in crisis
- Self-defense training (that does not harm the other person)
- PPE and how to protect oneself from COVID and other airborne illness
- Non-stigmatizing mental health information
- Mental health first aid
- Conflict resolution
- Impacts of common controlled substances on the human body
- Harm reduction principles and techniques
- Trauma informed approach to assessment and care
- Existing relevant services in the community
- Historical context: why do we need a program like this? What needs is this program meeting that have not been met before? What is the danger of police response to people in mental health crisis.
- Child development/working with youth?
- Impact of secondary trauma/self-care/how to prevent burnout
- Know your rights re: police interactions, immigration enforcement
- Common crisis situations in Richmond

- Public Safety personnel training: First aid and basic lifesaving measures (CPR etc). Additional training for medic.

### **Phasing/Scaling**

- Year 1
  - Community Oversight Committee forms, develops protocols around police contact with program
  - Training development
  - Staff hiring and training
  - 311 line setup
  - Call types: mental health and substance use
  - 1 Program Director, 1 dispatcher, 1 linkage to care specialist, 1 response team
  - Begin providing service to all of Richmond
  - Outreach (ongoing)
- Year 2
  - Ongoing service provision
  - Call types: mental health and substance use
  - Opportunity to add additional response team(s) based on call volume (as assessed by program staff and frequency of overlapping response needs)
  - Training of 911 dispatchers to refer community members to the program
- Year 3
  - Ongoing service provision
  - Call types: mental health and substance use, with the possibility to add call types based on community need (as assessed by program staff)
  - Opportunity to add additional response team(s) based on call volume (as assessed by program staff and frequency of overlapping response needs)
  - Ongoing training of and connection with 911 dispatch for increased call diversion

### **Call flow**

- Community member calls 311
- Dispatch staff answers phone, listens to participant concerns, asks relevant questions, and determines best response.
- Dispatch staff communicates response plan to response team
- Response team executes response plan
- If in-person response: response team drives to scene in city vehicle. Community responders engage with person in crisis, de-escalates the situation, assess needs, and provide compassionate care and problem solving support. If necessary, medic performs basic first aid. If necessary, provide care for dependents at the scene.
- If phone response: Community responder engages with person in crisis over the phone, potentially transferring to linkage to care specialist for referral
- Response team completes response, returns to office, and submits reports about the response
- Community liaison reviews reports, identifies potential ongoing supports, and follows up with person in crisis.

### Community Oversight Committee

- Composition of the committee: the committee will include representatives of Office of Neighborhood Safety and CBO mental health, harm reduction, and youth service providers, and will include a majority of members who are residents who have experience with receiving the services.
- Nomination and selection of committee members: each city council member will nominate two members and the city council will select committee members with overall composition that meets the criteria above.
- Members will serve two year terms, and will be able to serve additional terms upon approval by city council.
- The Community Oversight Committee will be responsible for:
  - Approving annual program budget
  - Reviewing quarterly reports on programs and monitoring program implementation and expenditures
  - Input on and approval of training goals and requirements
  - Participate in hiring decisions, development of job descriptions, and program implementation plans
  - Work with Community Outreach staff to receive and respond to resident feedback on the program

### Engagement with Law Enforcement

- The program should call on law enforcement only in specific situations:
  - If the person in crisis requests it
  - If someone is actively brandishing a weapon towards program staff
  - If program staff have exhausted all available de-escalation methods and still fear for their safety