Community Crisis Response Program

Receive the Draft Report on the Development and Implementation of a Community Crisis Response Program

Richmond City Council
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Who We Are

- Founded in 1987

- Nationally recognized organization based in the Bay Area, California

- Focused on advancing positive health, economic, and educational outcomes in communities of color, utilizing:

  ○ Data & Research

  ○ Leadership Development & Training

  ○ Collaboration Building

  ○ Policy Innovation and Advocacy

OUR IMPACT IS ABOUT EQUITY & JUSTICE

+ **INCREASE** **DISMANTLE** **—**
KNOWLEDGE, RACIAL & SYSTEMIC
CAPACITY & STRENGTH BARRIERS

Community Engagement in CCRP Development

Surveys

Paper surveys were distributed at events, meetings, and shared by community organizations.

Online links were distributed by the city, USC, and community organizations.

Five languages: English, Hindi, Spanish, Portuguese, and Mandarin.

Focus Groups and Community Forums

Nine focus groups and two city community forums.

Stakeholder Interviews

Richmond and Contra Costa's municipal and County governments

Community-based and civic organizations

Service providers

Local businesses

Individuals directly impacted by an experience with the emergency call system

"Community engagement is a part of community design. Engagement is a foundation for educating and organizing the community to support implementation"
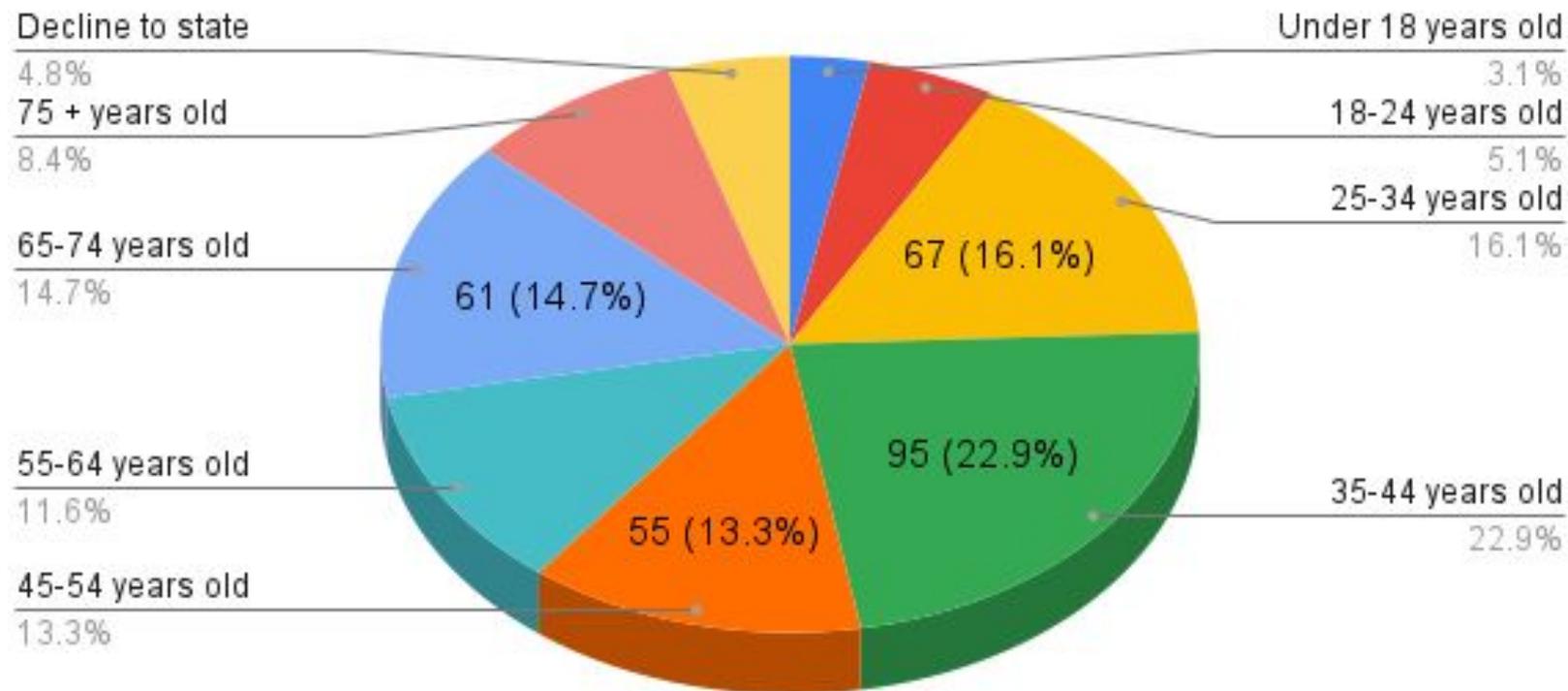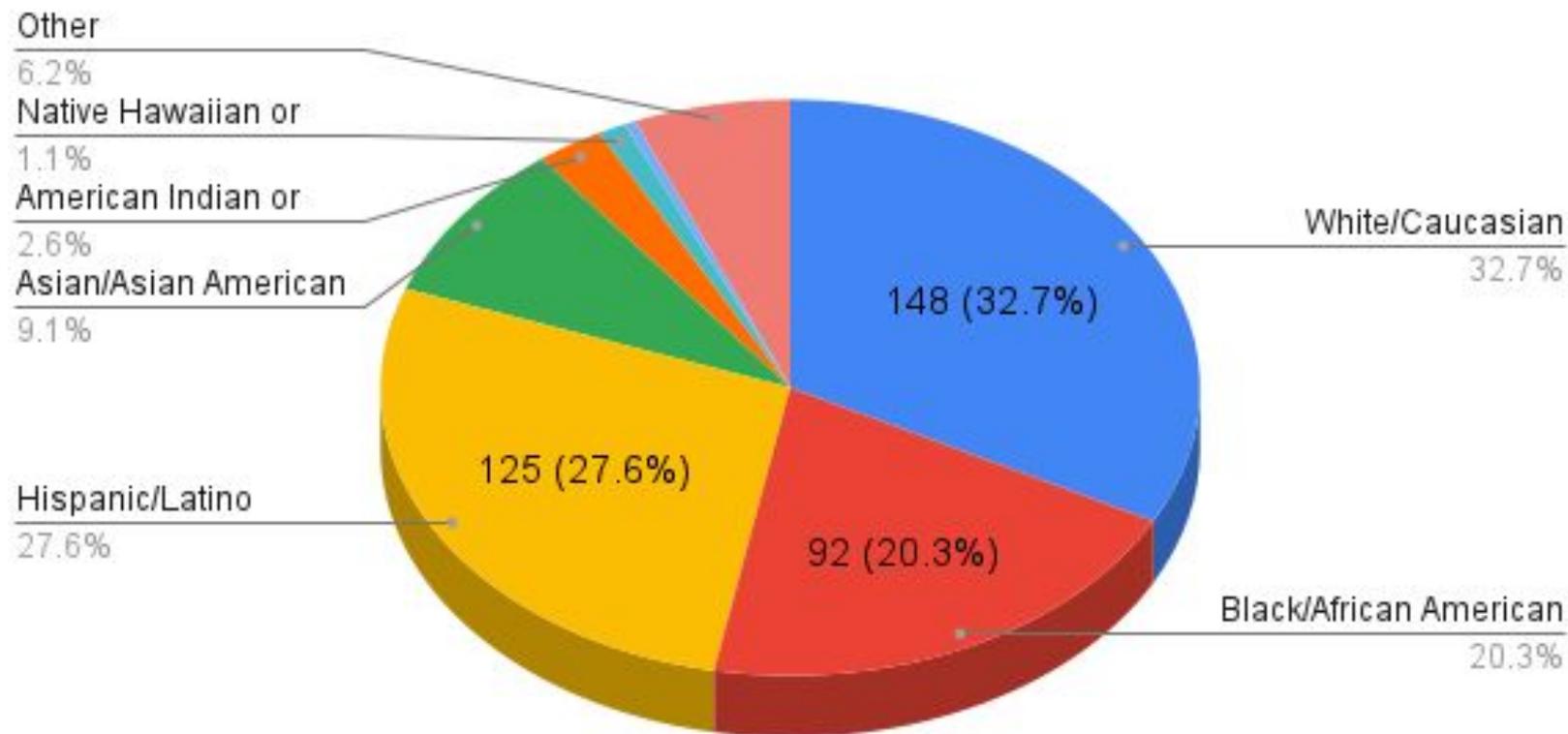
Engagement Explores Residents' Experiences

- Interactions with emergency services
- Access to emergency and non-emergency services
- Barriers to access
- Outcomes
- Community assets
- Unrecognized, under-developed, under-funded community resources
- Informal and community support during crisis
- Where and how residents receive information about resources and services

"Community engagement is a part of community design. Engagement is a foundation for educating and organizing the community to support implementation"

Age – Answered by 415 Respondents

Age Group	Count	Percentage
Under 18 years old		3.1%
18-24 years old		5.1%
25-34 years old	67	16.1%
35-44 years old	95	22.9%
45-54 years old	55	13.3%
55-64 years old		11.6%
65-74 years old	61	14.7%
75 + years old		8.4%
Decline to state		4.8%

Race – Answered by 453 Respondents

- Other — 6.2%
- Native Hawaiian or — 1.1%
- American Indian or — 2.6%
- Asian/Asian American — 9.1%
- Hispanic/Latino — 27.6%
- White/Caucasian — 148 (32.7%) — 32.7%
- Black/African American — 92 (20.3%) — 20.3%
- Hispanic/Latino — 125 (27.6%)

Gender/Orientation – Answered by 442 Respondents

Other Term
2.3%

Gender fluid/non-
2.9%

LGBQIA+
7.0%

Male
27.1%

120 (27.1%)

265 (60.0%)

Female
60.0%
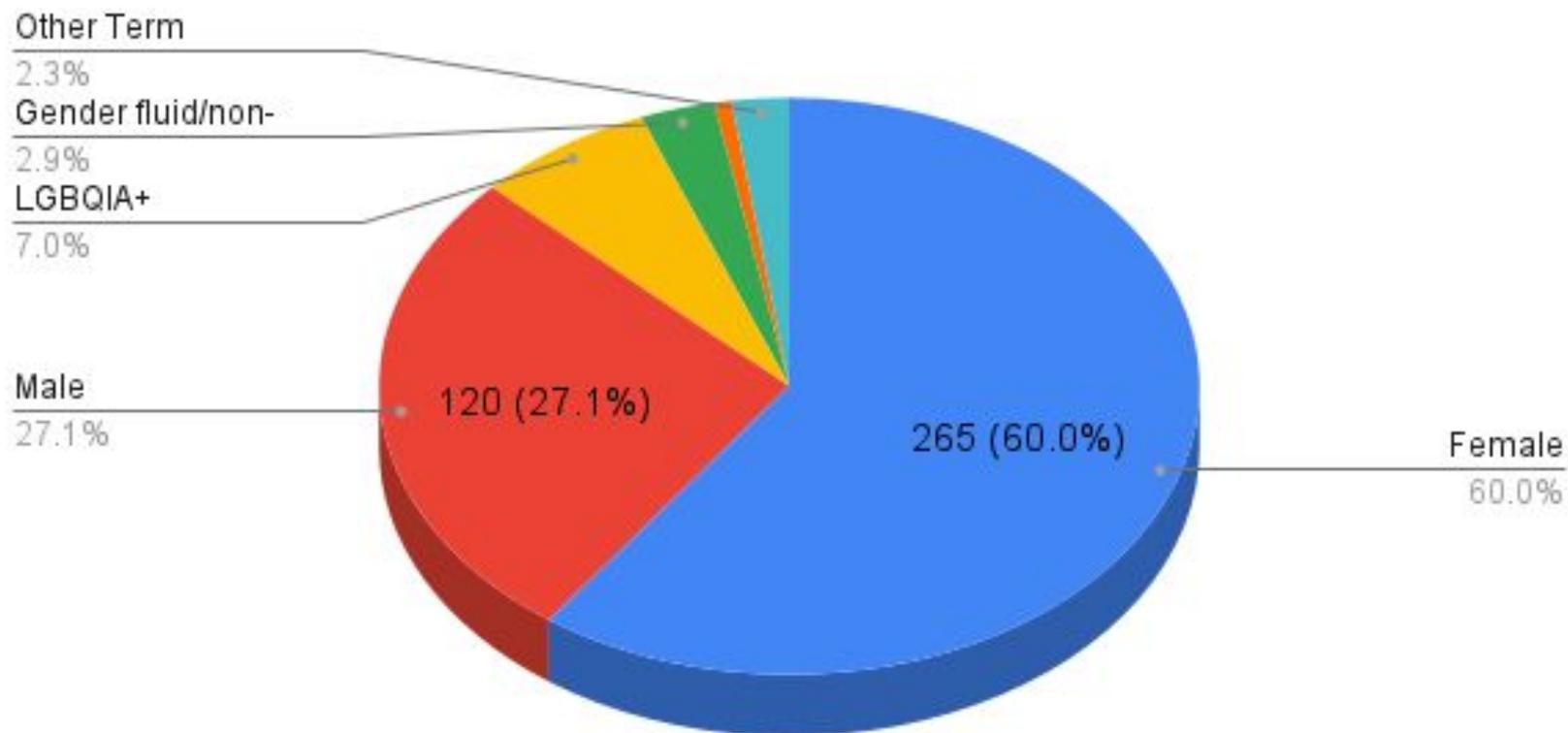
Community Response Elements

- Respond to a broad range of calls (not solely identified mental health calls)
- Help residents access referrals and resources
- Engagement is voluntary (no arrest, no involuntary hospitalization)
- Reflects the unique needs and resources of diverse neighborhoods
- Teams recruited from the communities they serve
- Good jobs that honor the challenging work, enable team members to thrive
- Teams are experienced and well-trained, but not professional clinicians

Common Calls Dispatched to Alternative Response Teams

Welfare Check

Down & Out/Sleeper/Unsheltered
individual/subject down

Intoxicated person

Panhandling

Obstructing a business/sidewalk

Refusing to leave a business/trespass

Loitering

Person in traffic/traffic hazard

Disorderly person

Public urination/Indecent exposure

Public drug and alcohol use

Incorrigible youth/disorderly juvenile

Found senile/confused/disoriented person

Disturbance/Nuisance complaint

Noise complaint

Neighbor conflict

Family/relationship dispute

Needles for pickup

Death notification

Chronic caller/repeat users

Public assist
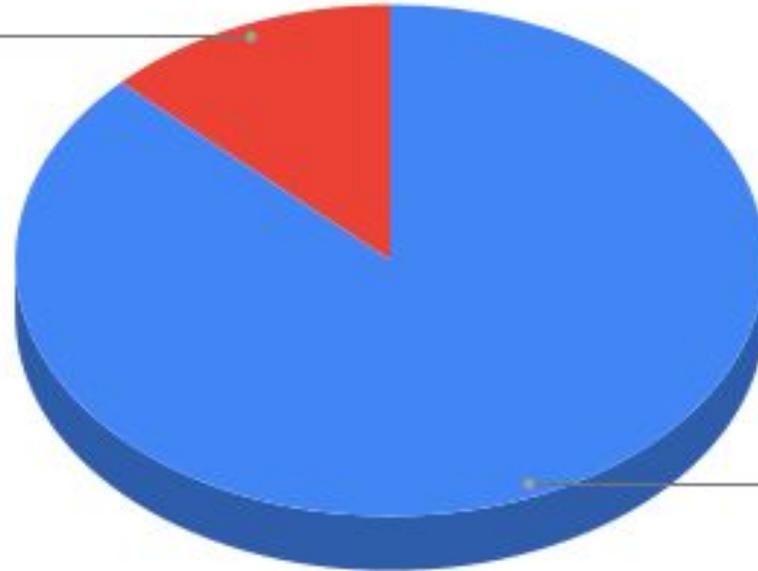
Incomplete 911 call

Police/Fire/EMS request assistance
(up to 30% of calls some programs respond to)

What Would Make Richmond's Emergency Services Better?

Do you support a program where well-trained community members respond to some appropriate situations instead of police?

439 respondents

56   No
12.8%

Yes   383
87.2%

Pilot Implementation Options

1. Selecting a non-profit program vendor from outside the City infrastructure;
2. CCRP implementation in an existing City department;
3. Creation of a new City department;
4. A hybrid model involving starting up the program in a nonprofit, then moving it to the City;
5. A hybrid program implemented in partnership with the County. Pilot program rollout timeline depends on the implementation decisions, as do the estimated pilot costs.

This assumes the CCRP pilot runs for 18 months to two years.

Potential Structural Options

1. **Non-profit** - Issue an RFP for an independent non-profit agency (vendor) to run the program. Lessons learned from Antioch's non-profit program implementation can inform the pros and cons for Richmond's decision-making.

2. **Existing City Office** – Institute the CCRP within an existing municipal department. Potential candidates include the Richmond Fire Department, the Community Services Department, and the Office of Neighborhood Safety. Based on resident feedback, the CCRP should not be implemented under the Richmond Police Department.

3. **New City Department** – Create a new City department that includes the CCRP and potentially other current initiatives (e.g., social service needs).

4. **Nonprofit Hybrid Model** – Initiate the CCRP in a non-profit (to implement the pilot) with the intention of the CCRP then being brought into the City.

5. **Richmond Partnership with Contra Costa County** - Negotiate with Contra Costa to provide the services the City of Richmond.

Primary Factors in Structural Options

	Implementation Speed	Cost	Sustainability	Community Support	TOTAL
Non-Profit	3	3	2	2	**10**
Existing City Department	2	1	3	3	**9**
New City Department	1	1	3	3	**8**
Non-Profit Hybrid	1	2	2	2	**7**
CCC Partnership	1	2	2	1	**6**

Low to high ranking
(1 very low – more cons than pros,
2 moderate – some pros and cons, and
3 being high – mainly pros)

Budget Projections

1. Program expenditures are tentative until the following are finalized:
   a. Where program is housed
   b. Operational decisions
2. Staffing level 24 hours/day, 7 days/week program operation (14 FTEs)
3. Projected (average) annual salaries for each position (based on salary ranges for similar Richmond job classifications)

Positions (with estimated salaries):

- Program Manager – $120,000
- Administrative/Data Analyst – $80,000 ($40,000 for .5 FTE)
- Community Crisis Responder – $70,000
- Emergency Medical Technician – $80,000
- Mental Health Clinician – $130,000 ($65,000 for .5 FTE)

Budget Projections

Non-Profit Structure	FTE	Salary Subtotal	Benefit (35%)	Total Comp (12 mos.)	Total Comp (6 mos.)
Personnel	14	$1,125,000	$393,750	$1,518,750	$759,375
Operations				$351,000	$175,500
Total(s)				**$1,869,750**	**$934,875**
City Structure	FTE	Salary Subtotal	Benefit (80%)	Total Comp (12 mos.)	Total Comp (6 mos.)
Personnel	14	$1,125,000	$900,000	$2,025,000	$1,012,500
Operations				$351,000	$175,500
Total(s)				**$2,376,000**	**$1,187,500**

Assumptions: 24/7 coverage, 14 FTEs, estimated salaries based on potential classifications from Richmond's current salary schedule, 35% benefit rate for non-profits, 80% benefit rate for Richmond, cost pool rates not included for City, classifications and salary ranges not established, meet and confer with unions has not occurred, etc.

Ongoing Stakeholder & Community Engagement

1. **Community advisory board** to provide oversight and support for the program.

2. Regular and structured **meetings with service providers** offering referrals and resources for CCRP.

3. Citywide outreach and **public education campaign.**

4. Regularly updated **public facing CCRP website** and a data dashboard.

5. Complaint and **feedback mechanism** and a process for the review of complaints.

Next Steps

- Return to City Council after September 2023 recess
- Hire a program manager position to lead the CCRP work
- Create other job classifications, based on the selected program model
- Work with USC on a RFP (if a decision is made to contract with a non-profit)
- Discuss dispatch and training with RPD
- Discuss hiring and placement of EMTs with CCC EMS and RFD
- Continue coordination with CCC A3 program
- Purchase one or more vehicles
- Develop CCRP protocols
- Create community outreach and engagement plan
- Define referral relationships with community-based service providers
- Discuss a strong data collection, monitoring, and evaluation system
- Develop inter-agency agreements and department coordination

THANK YOU & QUESTIONS

RECEIVE a draft report and presentation from Urban Strategies Council regarding Community Crisis Response Program model options; and PROVIDE DIRECTION to City staff