Questions and Response about the Urban Strategies Council (USC) CCRP proposal

The challenge in answering almost all of these questions is that either it requires a specific answer to a layered question, or it seeks answers to very specific details that will be worked out by the team that is developing and implementing the pilot. As such, please accept the following responses as a good faith effort to provide some general answers although the specifics will and should be addressed by the team who is implementing the pilot.

Transportation

1. ***When will the Community Crisis Response Program (CCRP) transport clients?***
   Without knowing the specifics yet to be determined during development and implementation, transportation can be a valuable piece in finding solutions to a crisis. What we have learned from other programs, the optimal approach to transportation is to leave as much discretion as possible to the team as to when transportation is an appropriate part of resolving a crisis. Providing transportation should always be voluntary - a solution developed with the person.

2. ***Who will transport people with a medical emergency?***
   EMS will continue to transport people who are in a medical emergency. If the Community Crisis Response Program (CCRP) team encounters someone in a medical emergency, they will notify dispatch and help to stabilize the person, following standard EMT protocols, and support the community while awaiting EMS response.

3. ***How will people who need transportation to services be helped?***
   The CCRP will have a knowledge of what referral services are available and the specific considerations of each. If appropriate, the team can offer transportation to the appropriate agreed upon referral service and provide a warm handoff to ensure a successful transition. The CCRP team will be responding within a very imperfect system of support and services. Sometimes, the best referral will be unavailable, not open, or not accessible for the resident in need. All the CCRP can do is help the person identify the best solution, given the limitations of the moment. That is all that would be available no matter which emergency responder was there.

4. ***Providing citywide services*** **- Richmond covers 33 square miles - how will one CCRP unit serve this area?**

As with any emergency response, the response of the CCRP team is dependent on other demands on the team, the location of the needed response, and other immediate factors. Antioch currently has one team on each of two shifts covering Antioch's 28 square miles. CCRP will respond as quickly and efficiently, with the support and professional judgment of dispatchers, as possible.

5. ***Situations to be responded to/populations to be served - what are likely responses?***

- Person drunk in public
- Panhandling/Aggressive Panhandling
- Disorderly juveniles - group
- Auto Disturbance - noise, revving engine
- Loud music - Noise complaint
- Incorrigible juvenile
- Confused/senile person
- Family dispute
- Neighbor disputes
- Incomplete 911 call
- Trespasser/unwanted person
- Loitering
- Public urination/indecent exposure (without criminal intent)
- Wellness check
- Subject down (often resident asleep in public)
- Found syringe
- Person screaming
- Person needing referral to services
- People in vehicles/camping in public

If dispatched to one of these situations, the CCRP response will (most broadly) be to seek to understand exactly what is happening, hear from all of the people involved, and de-escalate and find an appropriate solution. Each of these examples can often benefit from an alternative response and may be appropriate for a CCRP response or, depending on the specific circumstances, may be more appropriate for a police, fire, or EMS response. Often situations have more than one element present.

6. ***It appears that CCRP teams will need some orientation to working with people who may need help in dealing with situations like family or neighbor disputes or disorderly juveniles or confused/senile people - how will teams be helped with this?***

Along with general training on safety, de-escalation, referral networks, and city procedures, CCRP teams will receive training on the unique needs and considerations of engaging with vulnerable populations and specific types of situations they are likely to encounter or need to be aware of, such as domestic violence, human trafficking, mental health challenges, issues for young people, immigrant communities, and people with physical, developmental, and communication disabilities.

7. ***Are any people with mental health issues to be served by CCRP?***

All current emergency responders engage regularly with people who are experiencing mental health challenges. Although some people with identified and diagnosed challenges may receive a county A3 response, CCRP teams will be responding to situations that involve Richmond residents with mental health challenges.

8. ***What are the services in Richmond to which CCRP can refer people?***

There is a broad network of services that may be appropriate to refer Richmond residents to, some in Richmond and throughout the county. The goal of CCRP during development and implementation will be to identify referral services, understand the parameters of each referral, and develop relationships.

9. ***Why focus on EMTs instead of trained community medical staff? CMW could be an acceptable alternative.***

The most practical reason to use Emergency Medical Technicians (EMT) is that they have a skill set that is appropriate for assessing and providing minor medical support to community members. Developing a separate standard that is not generally used in other settings or programs would require identifying the specific skills the program believes are a priority and then developing a process to either ensure that applicants have those skills or developing a curriculum and training program to train in house. USC would not recommend adding this additional requirement. It also creates another possible area of concern for the credibility of the program.

10. ***Why would people call 911 instead of 311 for CCRP?***

Programs that have worked to educate communities to use a new number all report that it is a very heavy lift to get people to use new numbers or use an existing number in a new way. It is exponentially easier to train the professionals who receive calls to identify and divert calls under a new protocol. If 311 were the entry point to request a CCRP response, it also leaves the existing 911 calls which do not necessitate a police response without an alternative response. Many, if not the majority of, calls that CCRP responds to will be calls that are not placed by the person who will receive the response.

11. ***Concern about transportation – what happens for people that are not transported***

Transportation can be a valuable piece in finding solutions to a crisis. Some situations can not be improved by offering transportation. For example, a person might be in their own home or where they feel safe and once the issue at the center of the crisis is addressed, they want to stay where they are.

12. ***There were several questions about whether the county's Anyone, Anywhere, Anytime (A3) program and CCRP would be redundant or overlapping and whether the situations being responded to are overlapping.***

The research reflected in this report includes meetings with the county staff, Supervisor Gioia, and Anyone, Anywhere, Anytime (A3) leadership and staff. Even when A3 is fully implemented, it is designed to respond to behavioral health situations. There is a broad swath of low-level calls that will never fall under the purview of A3 yet do not need a police or fire response. Virtually all of the examples of calls listed in the report are not situations that A3 would respond to.

USC recommends ongoing engagement and collaboration with A3 to ensure that there are neither gaps, nor overlaps in the provision of services (e.g., resources, information, and protocols).

13. ***How is CCRP not redundant to A3 tier 3 with peer response?***

There are no EMTs used in the A3 model. It has been the experience of other programs that it is valuable for the team to have some modest medical training. Often, the team will be engaging Richmond residents who have faced barriers in accessing health care and not only will assist with minor ongoing conditions (most frequently, "swamp foot" and wound care) as well as assisting residents to connect to care for more serious conditions.

The tiers of response for A3 are all for behavioral health situations, including the "peer" response. While the peer response is closest to the CCRP model, CCRP is intended to respond to a much broader range of situations that A3 has indicated remains distinct in the ways outlined.

The most significant reason that redundancy between the two programs is not going to be a real obstacle is that there are more than enough calls and situations that are appropriate for an alternative response for both A3 and CCRP to respond to, even at full capacity.

14. ***Can 14 <u>qualified</u> FTEs even be hired by Jan 2024 for a 6-month pilot, especially given the staffing challenges that the County has experienced with both A3 and CORE?***

A3 did appear to face staffing challenges. The county has significantly increased the wage structure for the positions and it appears to have ameliorated some of those recruitment obstacles. A3 faces significantly more hiring challenges because of their licensing and certification requirements. The city of Antioch's new alternative emergency response team was fully staffed efficiently and quickly. It may be worth some discussions with the management of A3 and Antioch's alternative response team to learn about their experiences and recommendations on how to best approach recruitment and staffing.

15. ***Would these positions in any way cross-compete and perhaps hinder the County's ability to staff A3's goal of 32 teams?***

There is not significant overlap between the positions that A3 and CCRP will be recruiting for. A3 does not have EMTs on their teams. A3 will be recruiting many more staff with mental health backgrounds and specific certifications and licenses. There may be some overlap between the "peer" position at A3 and CCRP community responder position although A3 has additional requirements, even for the peer positions . The trend is for more of these positions being created in jurisdictions across the country. The initial number of positions for CCRP is fairly small compared to the number of positions that A3 will need to meet the goal of 32 teams.

16. ***What happens now if someone calls 911 or RPD non-emergency and dispatch determines A3 should respond?***

A3 needs to respond to this question.

17. ***Will RPD Dispatch now make the call to direct a response to A3 vs. CCRP and how exactly will that determined?***

The report recommends that the dispatch management and staff be involved in development of the protocols on identifying appropriate calls to be dispatched to CCRP and subsequently continue to have structured, regular collaboration with RPD dispatch to address issues, concerns, and questions and strengthen and expand dispatch to CCRP. The exact calls to dispatch to CCRP and the protocols need to be developed with CCRP and RPD dispatch participation. Urban Strategies Council (USC) will provide information about what other programs have found successful and how they have overcome obstacles.

A3 will identify how they engage with each jurisdiction's emergency response and dispatch. A3 will identify the types of calls and what qualifying questions they would ask.

18. ***Will Richmond receive fewer A3 services with their own CCRP in place — i.e., will their calls be lower priority since the county may assume their resources may be better served in other cities that don't have a potentially redundant service?***

Alternative emergency response programs typically collect good data on calls, including location, response time, how the call is coded, and outcomes. USC expects that the City of Richmond will be able to look at and compare data.

This question assumes a greater level of overlap in the types of calls and situations that A3 and CCRP would respond to than is indicated.

19. ***Personally, I would want RPD to respond to a call for a trespasser / unwanted person, and I would be upset if dispatch didn't send a police officer.***

"Unwanted person" and "trespasser" is a code used for a broad set of situations. You may be thinking about someone who has come into your backyard uninvited. The code is also used for a person who does not want to leave a cafe or parking lot. Within a call type, depending on the specifics, it may be appropriate for CCRP or a police response. This scenario also assumes that you can receive a timely police response. Often, the question is: do you want a response from a team that can probably resolve the situation or do you want to wait several hours for a police response to a low-priority call?

20. ***I am alarmed to see "family dispute" on the list given that DV situations can be one of the most deadly encounters for law enforcement.***

Not every call which would be coded a "family dispute" is a domestic violence situation. Dispatchers routinely get calls from a parent complaining about a child who is threatening to run away or refuses to go to school. Family disputes fill a range of situations, many of which could benefit from an alternative

response that focuses on de-escalation, which often requires time which is simply unavailable during a police response.

21. ***No one can predict which "low-level" call may go in a bad direction or how quickly that can occur, so to think that a radio call for emergency backup will save a CCRP team member from harm may be overly optimistic at best.***

Concerns about the safety of the response team is one of the most common questions for unarmed alternative response programs. As more programs have been implemented, the evidence builds that alternative responses can be done safely. There are several layers to making CCRP as safe as possible. Dispatch does an initial safety assessment, the response team must be well trained, including safety training, and ensuring that all interactions with residents are voluntary. The safety design is not relying on calling police as the sole or primary safety strategy. It may help to remind those concerned that unarmed responders are not new - fire and EMS respond without police routinely.

22. ***If a non-profit implement this, how are they and CCRP team members held accountable for their actions or lack thereof?***

The USC report recommends the creation of a Community Advisory Board to ensure transparency and ongoing engagement with Richmond residents. A process to receive and investigate resident complaints is expected to be present upon project implementation. A non-profit would be contracted with the city and the metrics identified for the successful implementation of the pilot.

23. ***Who is liable when something goes wrong and a crisis response team member is hurt or worse, killed?***

As has been previously shared, the details of the program (e.g., operating procedures, policies, training, protocols etc.) have yet to be defined at this point. However, liability with regard to injuries for those serving in this capacity will require thorough discussion with the City Attorney's Office, as well as the Risk Management Division, and take into consideration past practice and current policies.