CALLS FOR SERVICE AND BIAS BY PROXY

A. Introduction[505]

A call for service is a common term in policing that refers to when a public safety professional is dispatched to a call for assistance, typically prompted by a 911 call.[506] Public safety professionals can range from more traditional services such as police, fire department, and emergency medical services to more modern models such as mobile mental health evaluation teams and bias response teams. Public safety professionals are assigned typically through computer aided dispatch systems (CAD), which give a priority to the call and may assign a particular unit – such as the fire department – to the call.[507]

Dispatchers are generally the first point of contact in any call for service, playing a critical role in protecting both the public and officers. In 2021, the skill and instincts of dispatchers were on full display during the murder trial of Derek Chauvin. The very first witness the prosecution called was dispatcher Jena Scurry, who monitored the officers responding to the scene of George Floyd's arrest and reported to her sergeant when she saw excessive force being used that resulted in George Floyd's murder.[508] Dispatchers make critical lifesaving decisions every day, but the level of discretion and tools given to dispatchers throughout agencies vary significantly. As we continue to improve public safety, agencies should reflect on their own policies to find better ways to uplift the important work of dispatchers and use their wealth of knowledge as a resource for innovative ways to improve public safety.

> *Recent analysis conducted by the Center for American Progress and the Law Enforcement Action Partnership examined police calls for service from eight cities and found that 23 to 39 percent of calls were low priority or nonurgent, while only 18 to 34 percent of calls were life-threatening emergencies. While many 911 calls do merit an emergency police response, unnecessarily dispatching armed officers to calls where their presence is unnecessary is more than just an ineffective use of safety resources; it can also create substantially adverse outcomes for communities of color, individuals with behavioral health disorders and disabilities, and other groups who have been disproportionately affected by the American criminal justice system."*
>
> *- Center for American Progress,* see footnote 505

Knowing that calls for service are a critical component of police and community relationships, the Board and its Calls for Service Subcommittee has focused on several important issues surrounding calls for service.

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[505] Irwin and Pearl, *The Community Responder Model: How Cities Can Send the Right Responder to Every 911 Call* (Oct. 28, 2020) Center for American Progress <https://www.americanprogress.org/issues/criminal-justice/reports/2020/10/28/492492/community-responder-model/> [as of Dec. 2, 2021].

[506] *Calls for Service,* Police Data Initiative <https://www.policedatainitiative.org/datasets/calls-for-service> [as of Dec. 2, 2021].

[507] See generally Neusteter et al., *The 911 Call Processing System: A Review of the Literature as it Relates to Policing* (July 2019) Vera Inst. of Justice <https://www.vera.org/downloads/publications/911-call-processing-system-review-of-policing-literature.pdf> [as of Dec. 2, 2021].

[508] Bailey and Bellware, *Emotional first day of testimony at Derek Chauvin murder trial* (Mar. 29, 2021) Washington Post <https://www.washingtonpost.com/nation/2021/03/29/derek-chauvin-trial/> [as of Dec. 2, 2021].

(1) **Bias by Proxy** is when an individual calls the police and makes false or ill-informed claims about persons they dislike or are biased against.[509] Several years ago the Board began exploring best practices for addressing when a bias-based call for service is made by a member of the public and how to address it – from the moment the 911 call is made to when officers respond and interact with community members. The Board continues that work with its review of dispatcher training.

(2) **A Mental Health Call for Service** is a call for service for someone who is experiencing a behavioral health crisis and who may require clinical intervention or care coordination from a health professional.[510] The Board has focused on reviewing alternatives to police responses for individuals experiencing a crisis. Last year the report covered the history of mental health in America and examined developing crisis response models. This year the Board continues that work by exploring the success of crisis response pilot programs that emerged in 2020-21 and data-driven solutions to improve calls for service. Further, as we continue to reimagine public safety and alternatives to police responses, dispatchers will continue to play a critical role in identifying, triaging, and diverting calls for service that may be more appropriate for a community-based response.

The RIPA data provides a unique opportunity to identify trends and outcomes in calls for service to determine if some calls for service may be more appropriate for a community-based verses law enforcement response.

B. Data Analysis Write Up

Comparing officer-initiated stops to stops made in response to a call for service is a preliminary way to begin to identify potential sources of disparities related to calls for service. To illustrate how the racial/ethnic distribution of individuals stopped differed by whether or not stops were initiated in response to a call for service, the Figures 62 and 63 below show two different comparisons between the RIPA data and American Community Survey data collected by the United States Census Bureau. Figure 62 displays the racial/ethnic distribution of persons stopped by officers in response to a call for service in comparison to the weighted racial/ethnic distribution of individuals of residents in the jurisdictions where officers made these stops. Similarly, Figure 63 displays the racial/ethnic distribution of persons stopped during officer-initiated stops in comparison to the weighted racial/ethnic distribution of individuals of residents in the jurisdictions where officers made these stops.[511]

Compared to the analysis of all stops (please see page 32 for the all stop analysis), the analysis of calls for service stops (5.9% of all stops in 2020) showed slightly different results. Overall, results from the analysis of stops conducted in response to a call for service continued to show that the largest disparity of overrepresentation between the proportion of stops and the

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[509] Fridell, Producing Bias-Free Policing: A Science-Based Approach (2017) Springer International Publishing, p. 90.
[510] See *Street Crisis Response Team Issue Brief,* Mental Health S.F. Implementation Working Group (Feb. 2021) S.F. Dept. of Health, p. 1 <sfdph.org/dph/files/IWG/SCRT_IWG_Issue_Brief_FINAL.pdf> [as of Dec. 2, 2021].
[511] For more information about analyses that compare stop data to residential population data, please see the discussion on pages 48-52 of this report and Appendix C.

proportion of residential population was for Black individuals; Black individuals were stopped 211.8 percent more frequently than expected. However, the largest disparity for underrepresentation was for individuals perceived to be Asian followed by individuals perceived to be Multiracial; Asian individuals were stopped 80.7 percent less frequently while Multiracial individuals were stopped 78.8 percent less frequently.

Results from examining only calls for service stops also differed from the analysis of all stops with the proportion of stops corresponding to White individuals, instead of Hispanic individuals, most closely matching estimates from residential population data (5.8% less frequently than expected). The disparity for Black individuals was 3.3 times as great as the disparity for White individuals. The disparity for Asian individuals was 0.21 times as great and for Multiracial individuals it was 0.22 times as great as the disparity for White individuals.[512]
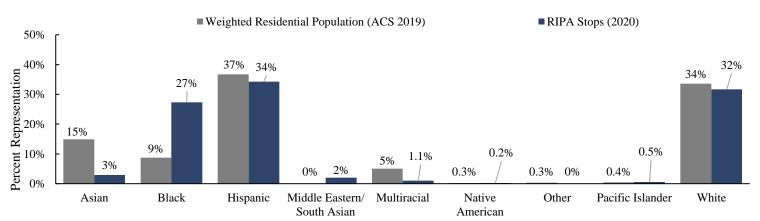
Figure 62. Weighted Residential Population Comparison to Calls for Service Stops[513]

Results from the analysis of officer-initiated stops (94.1% of all stops in 2020) showed very similar patterns compared to results from the analysis of all stops. Overall, results from the analysis of officer initiated stops continued to show that the greatest disparity between the proportion of stops and the proportion of residential population was greatest for Multiracial and Black individuals. Multiracial individuals were stopped 81.8 percent less frequently than expected, while Black individuals were stopped 146.4 percent more frequently. The results also continued to show that the proportion of stops corresponding to Hispanic individuals most closely matched estimates from residential population data (5.4% more frequent than expected). Furthermore, the greatest disparities between stop data and residential population data estimates continued to be for Black and Multiracial individuals. The disparity for Black
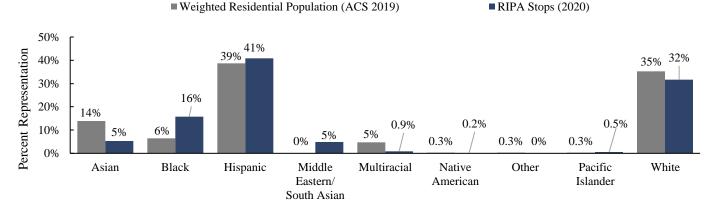
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[512] Please see Appendix D.1.2 for all disparity ratios and how the ratios are calculated.

[513] The ACS table used for these analyses does not contain a race category that is comparable to the Middle Eastern/South Asian group within the RIPA data. This is why there is no residential population bar for this group in Figure 62. For more information about the ACS data used in this section, please see Appendix C.

individuals was 2.7 times as great as the disparity for White individuals. For Multiracial individuals, the disparity was 0.2 times as great as the disparity for White individuals.[514]

Figure 63. **Weighted Residential Population Comparison to Officer Initiated Stops**[515]

The largest disparities that show overrepresentation in stops across types of stops are for

individuals perceived to be Black. Black individuals were stopped 211.8 percent more frequently than expected in response to a call for service and 146.4 percent more frequently in officer initiated stops. These preliminary analyses of calls for service data demonstrate stark disparities between who is stopped compared to residential population. And, these disparities exist regardless of whether the stops being examined were prompted by an officer or a community member. As we consider ways to address these disparities which suggest bias as a factor, dispatchers will be key in mitigating unlawful bias and diverting calls for service that do not require a police response.

C. Responding to Bias-Based Calls for Service[516]

"Becoming a public safety dispatcher means choosing dispatching not only as a career, but as a moral commitment to maintain public trust."
- Commission on Peace Officer Standards and Training, see footnote 516

Dispatch is often the liaison between the public and the police; consequently, the policies and procedures surrounding dispatchers' work are critical to improving community relationships, especially when addressing bias by proxy. This year the Report reviews updated dispatcher trainings and policies from the Police Officer Standards and Training (POST) Commission, which sets the minimum guidelines and training for dispatchers. The Report also looks at developments in

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[514] Please see Appendix Table D.1.3 for all disparity ratios and how the ratios are calculated.

[515] The ACS table used for these analyses does not contain a race category that is comparable to the Middle Eastern/South Asian group within the RIPA data. This is why there is no residential population bar for this group in Figure 63. For more information about the ACS data used in this section, please see Appendix C.

[516] Cal. Comm. on Peace Officer Standards and Training, POST *Public Safety Dispatchers' Basic Course Training Specifications* (July 2011) p. 17 <https://post.ca.gov/Portals/0/Publications/Dispatcher_Basic_Course.pdf?ver=2019-07-12-131112-730> [as of Dec. 2, 2021].

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

In addition to improving training for dispatchers and officers, the Board 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 bias-based incidents that focus 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."[517] Restorative justice is a training tool that law enforcement agencies in California have employed and found to be highly beneficial.

The Board is exploring several ways of implementing a restorative justice approach, including bias-response teams, or community-based teams that respond to a bias-based incident. In developing such approaches, it is imperative that communities 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 is dispatched to a call for service. A Public Safety Dispatch Center is the central hub for aiding anyone who calls 911 for assistance with anything from a crime in progress to a medical emergency.[518] 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.[519] Presently there are only about 8,000 dispatchers, managers, and supervisors responsible for answering nearly 26 million calls for service with an additional 84,000 emergency text messages in 2020 alone.[520]

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. Most centers use computer-aided dispatch (CAD) systems that communicate the priority of the call, identify the status or

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[517] *Lesson 1: What Is Restorative Justice?* Center for Justice & Reconciliation: Prison Fellowship International <http://restorativejustice.org/restorative-justice/about-restorative-justice/tutorial-intro-to-restorative-justice/lesson-1-what-is-restorative-justice/> [as of Dec. 2, 2021].

[518] See California Governor's Office of Emergency Services, *Public Safety Communications* <https://www.caloes.ca.gov/cal-oes-divisions/public-safety-communications> [as of Dec. 2, 2021].

[519] See generally California Governor's Office of Emergency Services, *CA 9-1-1 Emergency Communications Branch: State 9-1-1 Advisory Board Meeting Materials* (Feb. 17, 2021) <https://www.caloes.ca.gov/PublicSafetyCommunicationsSite/Documents/9-1-1AdvisoryBoardFeb2021.pdf> [as of Dec. 2, 2021]; see also California Governor's Office of Emergency Services, *CA 9-1-1 Emergency Communications Branch – CA 9-1-1 Strategic Plan 2021 – DRAFT* (Oct. 20, 2021) <https://www.caloes.ca.gov/individuals-families/ca-9-1-1-emergency-communications-branch> [as of Dec. 2, 2021].

[520] See generally California Governor's Office of Emergency Services, CA 9-1-1 Emergency Communications Branch: State 9-1-1 Advisory Board Meeting Materials, supra note 519; see also French, Calif. Governor Signs Bill Classifying Dispatchers as First Responders (Sept. 14, 2020) <https://www.ems1.com/communications-dispatch/articles/calif-governor-signs-bill-classifying-dispatchers-as-first-responders-3f997PZ11E2DYHVm/> [as of Dec. 2, 2021].

location of first responders in the field, and dispatch responder personnel.[521] Usually the call is prioritized based on the nature of the 911 call, with life-threatening calls taking the highest priority.

Individual agencies also dictate how call priorities are assigned 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.[522] 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 computer program to prioritize the calls.[523] 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.[524]

POST and the Dispatcher Advisory Council are responsible for establishing the minimum guidelines and training for the Public Safety Dispatcher Program.[525] By law, every public safety dispatcher must complete the Public Safety Dispatcher Basic Course – a 3-week 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.[526] With a shorter training program, 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.[527] Any anti-bias training is currently done at the agency itself. POST is presently in the process of updating their academy trainings, and the Board recommends to POST that they add a required course on bias to the basic training for dispatchers. Such a mandatory course would ensure that all dispatchers receive training on bias that is relevant to their position and would eliminate 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?" Dispatchers are trained to continue to ask questions until they understand the situation. Once they understand the situation, dispatchers may be limited with respect to how to resolve the call, depending on the individual agency. For example, some agencies have a policy that they cannot refuse any call for service and will always send an

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[521] See Dept. of Homeland Security, *Computer Aided Dispatch Systems* (2011) <https://www.dhs.gov/sites/default/files/publications/CAD_TN_0911-508.pdf> [as of Dec. 2, 2021].
[522] See Warner et al., *Characterization of Call Prioritization Time in a Police Priority Dispatch System* (Aug. 10, 2014) Annals of Emergency Dispatch Response (AEDR) J., 2(2) <https://www.aedrjournal.org/characterization-of-call-prioritization-time-in-a-police-priority-dispatch-system> [as of Dec. 2, 2021].
[523] See *Ibid*.
[524] See *ibid*.
[525] See Cal. Code Regs., tit. 11, § 1018.
[526] See *id*.
[527] See Cal. Comm. on Peace Officer Stds. and Training, POST *Public Safety Dispatchers' Basic Course Training Specifications* (July 2011) <https://post.ca.gov/Portals/0/Publications/Dispatcher_Basic_Course.pdf?ver=2019-07-12-131112-730> [as of Dec. 2, 2021].

officer to the scene, while other agencies afford the dispatcher more discretion regarding when or how to dispatch a public safety professional.[528]

> *In Aurora, Colorado, Elijah McClain was killed during an interaction with the police that began when a man called 911 to report Elijah walking with a mask on. The caller reported to 911 that ". . . . when I passed by him, he puts his hands up and does all these kinds of signs. I don't know. He looks sketchy." When the police officer stopped Elijah, the officer told him "I have a right to stop you, because you're being suspicious." Elijah was doing nothing wrong, but police quickly escalated the situation and Elijah was placed in a chokehold and then injected with ketamine, a powerful sedative. The 23 year old Black man went into cardiac arrest on the way to the hospital and died a few days later. Absent that police contact, he would be alive today.[529]*

Sometimes suspicious calls are the result of bias, and both officers and dispatchers face significant challenges when responding to such a call for service. 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."[530] There are new tools available for agencies that allow them to livestream 911 calls directly to first responders in the field.[531] This gives officers and first responders significantly more details about the call, including the tone and demeanor of the 911 caller.[532] Officers are able to hear the questions and responses the dispatchers receive via radio and can decide to dismiss a call themselves.

> *"Caller expectations, PSAP trainings and protocols that overly emphasize customer service, and risk aversion may encourage call-takers to request and dispatchers to send police for most calls, however innocuous the situation may seem. But improved call-taker training and clearer protocols for handling potentially problematic calls—by, for example, encouraging callers to articulate their underlying suspicions—as well as public awareness campaigns to redefine expectations between callers and call-takers could help preserve both scarce police resources and community well-being." - Rebecca Neusteter Vera Institute of Justice, see footnote 528*

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[528] See Neusteter et al., The 911 Call Processing System: A Review of the Literature as it Relates to Policing, *supra* note 507.

[529] *Elijah McClain Killing 911 Call & Police Body Cam Footage Transcript* (Aug. 25, 2019) <https://www.rev.com/blog/transcripts/elijah-mcclain-killing-911-call-police-body-cam-footage-transcript> [as of Dec. 2, 2021]; see also Tompkins, *Here's What You Need to Know About Elijah McClain's Death* (Oct. 19, 2021) The New York Times <https://www.nytimes.com/article/who-was-elijah-mcclain.html> [as of Dec. 2, 2021].

[530] See The Leadership Conf. 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 Dec. 2, 2021].

[531] See Live 911, *How it Works* (2021) <https://live911.com/how-it-works.html> [as of Dec. 2, 2021].

[532] See *id.*

New technology may assist in dealing with bias by proxy, but there are other important circumstances – such as responding to mental health crises – to which dispatchers need to respond. Some of the response is learned in training, but some is set by policy. 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 calls are handled, or (2) POST has the ability to create regulations as well as mandate certain trainings by a vote of the POST Commission.

The ACLU sent the Board a letter expressing concerns that POST, as a law enforcement agency, may not have the capacity or the expertise to design dispatcher trainings related to non-law enforcement responses to – for example – a mental health crisis.[533] The Board is interested in learning whether alternative sources exist that are better suited to provide guidance and training on these issues. In order to better understand the quality of trainings POST produces regarding dispatch, the Board would also like to further explore not only the basic training course produced by POST, but also any regulations and procedures related to dispatch.

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[534] 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 and harassed regardless of what they are doing at the time.[535] Officers and law enforcement 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.[536] If an officer responds to a "suspicious circumstance" call motivated by bias, the officers become a proxy or a representation of that bias when they initiate a stop. Thus, a bias-based call for service can cause fear about police interactions and affect the public's view of the legitimacy of the entire department.[537]

A restorative justice approach to bias-based incidents works to address this ripple effect and goes beyond punishing the offender; instead, it focuses on the harm caused, creates a system of accountability, and takes steps to prevent future harm.[538] This approach "can be applied both reactively in response to conflict and/or crime, and proactively to strengthen community

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[533] See ACLU Comment Letter to RIPA Board (Aug. 24, 2021), Appendix G.

[534] Amy Cooper made a false police report against Christian Cooper, a Black man who was birdwatching in Central Park. See Nir, *How 2 Lives Collided in Central Park, Rattling the Nation* (June 2020) The New York Times <https://www.nytimes.com/2020/06/14/nyregion/central-park-amy-cooper-christian-racism.html> [as of Dec. 2, 2021].

[535] See *id*.

[536] See *Proactive Policing: Effects on Crime and Communities* (2018) Nat. Academies of Sciences, Engineering, and Medicine <https://doi.org/10.17226/24928> [as of Dec. 2, 2021].

[537] See *id*.

[538] See *What is Restorative Justice?*, Restorative Justice Initiative <https://restorativejustice.nyc/what-is-restorative-justice/> [as of Dec. 2, 2021].

by fostering communication and empathy."[539] A community-based response to a bias-biased call for service that 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 its Bias Response Team in 2016.[540] 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."[541] The Bias Response Team works to "support and stabilize communities after incidents of bias have occurred" and respond directly to needs identified by the harmed communities.[542]

The Bias Response Team will do everything from distributing literature to local businesses about protections under human rights laws, partnering with schools and youth to provide people with the tools to recognize and stand up to bias, canvassing neighborhoods with informational literature, and educating impacted community members about their rights, as well as providing direct support to affected victims.[543] In 2019, they responded to 235 alleged incidents of bias.[544] 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).[545] Participation in response to team outreach efforts is voluntary for parties. Further, the function of the Bias Response Team – in addition to other restorative justice approaches – is not to punish, but to educate, promote healing within communities, and prevent any future harm.[546]

Another approach to bias-based calls for service and stops by police officers is proactively causing friction.[547] This means taking a moment to pause and think prior to making a stop or a call to 911.[548] If a dispatcher or officer follows the questions in this flow chart or simply asks the caller to slow down to think about what makes someone suspicious, it may interrupt the caller's bias and instead ask them to point to objective signs that criminal activity may be taking place.[549]

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[539] *Id*.

[540] *Bias Response Team*, New York Com. on Human Rights <https://www1.nyc.gov/site/cchr/community/bias-response.page> [as of Dec. 2, 2021].

[541] *Id*.

[542] *Id*.

[543] Ibid.

[544] Ibid.

[545] Ibid.

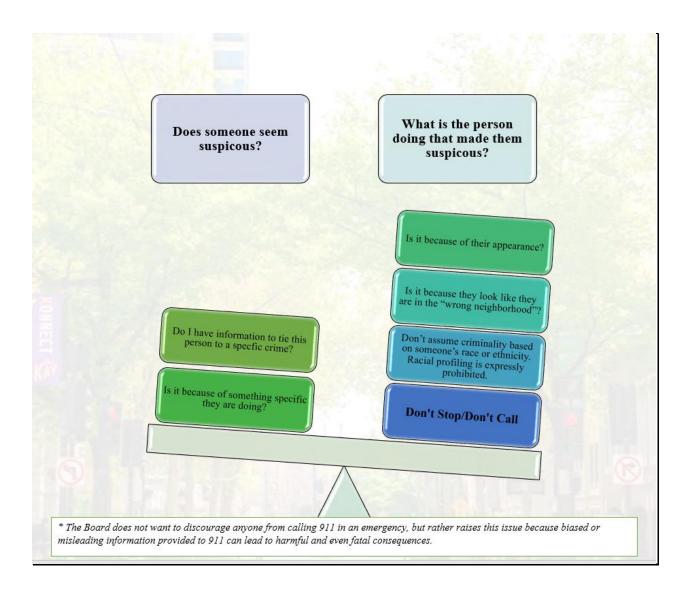[546] Ibid.

[547] See Eberhardt, *How racial bias works -- and how to disrupt it* (June 2020) TED <https://www.ted.com/talks/jennifer_l_eberhardt_how_racial_bias_works_and_how_to_disrupt_it/transcript?language=en.> [as of Dec. 2, 2021].

[548] Ibid.

[549] *Ibid*.

Does someone seem suspicous?

What is the person doing that made them suspicous?

Is it because of their appearance?

Is it because they look like they are in the "wrong neighborhood"?

Do I have information to tie this person to a specfic crime?

Don't assume criminality based on someone's race or ethnicity. Racial profiling is expressly prohibited.

Is it because of something specific they are doing?

Don't Stop/Don't Call

* The Board does not want to discourage anyone from calling 911 in an emergency, but rather raises this issue because biased or misleading information provided to 911 can lead to harmful and even fatal consequences.

3. Alternatives to Police Responses and Diverting Calls for Service

Another important step in diverting calls for service is establishing protocols for circumstances when officers are not immediately necessary. As an example of this, due to high call volume and limited resources, the Tucson (AZ) Police Department and Camden (NJ) Police Department both began diverting calls for service to non-law enforcement personnel out of necessity in 2018.[550]

In response to large call volumes, the Camden Police Department also implemented a protocol where dispatchers instruct callers under certain circumstances to fill out a report at the station

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[550] See Neusteter, The 911 Call Processing System: A Review of the Literature as it Relates to Policing, *supra* note 507, at pp. 31-32.

or online rather than dispatching an officer. Calls that are diverted include vehicle accidents without injury, non-drivable cars, theft reports, or an unverified burglary alarm.[551]

Similarly, the Tucson Police Department developed several initiatives to expand alternatives to police response, including: (1) using nonsworn personnel to handle issues such as code enforcement, traffic collisions with no injuries, or shoplifting; (2) encouraging the community to report alleged low-level crimes or minor collisions through the agency website; and (3) eliminating police responses to certain calls for service and transferring them to a more appropriate agency, including issues like a barking dog, stalled cars, lost electronic devices, theft related crimes, and status offenses such as a runway child or underage drinking.[552]

As we continue to rethink public safety, communities should also have easily accessible information on alternatives to police services. For example, some calls for service are more appropriate for a community first response, such as someone experiencing a medical emergency like a mental health crisis. In June 2020, an online database called "Don't Call the Police: Community-Based Alternatives to Police in your City" launched; it contains vetted local resources and alternatives to police responses, categorized by city.[553] The resources address everything from "housing, mental health, domestic violence & sexual assault, LBGTQ+, youth, elders, crime and substance use."[554] Presently the database contains resources for over 80 cities throughout the nation and 13 cities and counties in the state of California.[555] As municipalities continue to develop alternatives to armed police responses by funding community-based care, a key component will be ensuring the public knows about and can access these community-based lifesaving resources.

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[551] Ibid.
[552] *Ibid*.
[553] See *Alternatives to Calling the Police in a Crisis*, Mental Health in America <https://screening.mhanational.org/content/alternatives-calling-police-crisis/> [as of Dec. 2, 2021]; see also Don't Call the Police, *Community-based alternatives to police in your city* <https://dontcallthepolice.com/about/> [as of Dec. 2, 2021].
[554] See *Alternatives to Calling the Police in a Crisis, Mental Health in America*, supra note 553; see also *Don't Call the Police, Community-based alternatives to police in your city*, supra note 553.
[555] Those 13 cities and counties include: Livermore, Los Angeles, Morongo Basin, Oakland, Orange County, Redding, Riverside, Sacramento, San Diego, S.F., San Jose, Santa Barbra, and Sonoma County. See *Alternatives to Calling the Police in a Crisis*, Mental Health in America, *supra* note 553; see also Don't Call the Police, *Community-based alternatives to police in your city, supra* note 553.)

D. Responding to a Mental Health Crisis[556]

> *"Because the police are not set up to provide the necessary quality of service, police response can create negative outcomes for people with disabilities and those with chronic or acute behavioral health conditions. Often, these individuals are arrested and booked into jail, which can exacerbate their medical needs."*
> *– Center for American Progress,* see footnote 505

The Board has been evaluating the diversion of calls for service involving someone in a mental health crisis from police to healthcare providers. A mental health episode is not a crime and should not have an armed law enforcement response. Yet nearly 1 in 4 individuals killed by police have been diagnosed with a mental health disability, 2 in 5 people who are incarcerated have a history of a mental health disability, and 70 percent of youth in the court system have been identified as having a mental health disability.[557] A recent study also found "police are more likely to shoot and kill Black men who exhibit mental health conditions than White men with similar behaviors."[558] Given these powerful statistics, policymakers should rethink, reimagine, and redefine what calls for service look like in our communities in order to reduce the criminalization of individuals who have a mental health disability.

> *I speak as a brother to Jazmyne Ha Eng, and as an advocate for compassion and community restoration. Jazmyne was killed on January 4, 2012 in a tragic encounter during a call for service. While experiencing mental crisis, four Los Angeles Sheriff's Deputies responded to a non-emergency call involving my sister Jazmyne. This took place in the lobby of a mental health facility where Jazmyne was a known patient. Negligence and choices made outside of protocol resulted in her tragic and preventable death. This transpired in under 12 minutes from when the call was placed. The actual physical interaction between Jazmyne and the four deputies took place in under two minutes. I believe that in order for us to move our communities forward, we must advance dignity for individuals impacted by police violence, we must center them and their families in policy formation*
>
> *- Vinny Eng, Community Organizer and Mental Health Advocate [559]*

Responding criminally to a mental health crisis only further exacerbates the stigma around receiving treatment. Nearly 1 in 5 adults has a mental health disability, yet nearly 60 percent of those with a mental health disability are not receiving treatment.[560] Destigmatizing mental health care is a racial justice issue; Black and Hispanic/Latine(x) individuals use mental health

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[556] See Irwin and Pearl, The Community Responder Model: How Cities Can Send the Right Responder to Every 911 Call, *supra* note 505.

[557] See *Mental Illness and the Criminal Justice System*, Nat. Alliance on Mental Illness (NAMI), <https://www.nami.org/NAMI/media/NAMI-Media/Infographics/NAMI_CriminalJusticeSystem-v5.pdf> [as of Dec. 2, 2021].

[558] See Thomas, et al., Black and unarmed: statistical interaction between age, perceived mental illness, and geographic region among males fatally shot by police using case-only design (Jan. 2021) Annals of Epidemiology, vol. 53, pp. 42-49 <https://doi.org/10.1016/j.annepidem.2020.08.014> [as of Dec. 2, 2021].

[559] Eng, *Speakers for the Mental Health and Law Enforcement-Community Interaction Panel* (June 4, 2020) RIPA Calls for Service Subcommittee <https://oag.ca.gov/sites/all/files/agweb/pdfs/ripa/speaker-materials-060420.pdf?> [as of Dec. 2, 2021].

[560] See Nat. Alliance on Mental Illness (NAMI), *Mental Health Facts in America* <https://www.nami.org/nami/media/nami-media/infographics/generalmhfacts.pdf> [as of Dec. 2, 2021].

services at about half the rate of White individuals and Asian Americans at about one-third the rate.[561] "Marginalized, oppressed, and disenfranchised people have unique concerns, trauma, stress, obstacles, and challenges because of historical experiences, cultural differences, and social disparities."[562] Law enforcement and municipal and community leaders must prioritize having a non-law enforcement response to a mental health crisis and also appropriately funding community-based care.

1. [Fundamental Principles of Community-Based Crisis Response](#)

One aspect of improving public safety and destigmatizing mental health care is funding community-based treatment and developing comprehensive 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 municipalities and communities keep certain fundamental principles in mind. The three common components of any effective crisis care model that 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."[563]

Further, when establishing 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.

- **Care First Response / Least Criminalizing Response:** Communities should prioritize responses by trained mental health professionals and center the well-being of people whose mental health needs are not being met.[564] Agencies should also emphasize a preference for relying upon a community-based crisis response when they receive calls involving a person in mental health crisis or with a mental health disability.[565]

- **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 structural racism and bias and "the unique strengths and needs of Black,

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[561] Ibid.

[562] See MindSpring: Mental Health Alliance, *Minority Mental Health Month* (July 2021) <https://mindspringhealth.org/documents/news/61921_July_is_National_Minority_Men_0F6107ADC76F0.pdf> [as of Dec. 2, 2021].

[563] See Substance Abuse and Mental Health Services Admin., *Nat. Guidelines for Behavioral Crisis Care: Best Practices Toolkit* (2020) p. 12 <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf> [as of Dec. 2, 2021].

[564] See The Leadership Conf. on Civil and Human Rights, New Era of Public Safety: An Advocacy Toolkit for Fair, Safe, and Effective Community Policing, *supra* note 530.

[565] *Ibid*.; see also Lindsay-Poland, *A local victory in California's East Bay: Care First, Jails Last,* American Friends Service Committee (June 22, 2021) <https://www.afsc.org/blogs/news-and-commentary/local-victory-californias-east-bay-care-first-jails-last> [as of Dec. 2, 2021].

Indigenous, and People of Color (BIPOC) youth and families, and how those intersect with behavioral health crises."[566]

- **Trauma-Informed Care:** When developing a response team, the training for team members (e.g. dispatchers, first responders) should employ trauma-informed care strategies.[567] 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."[568] This type of training can equip responders with the understanding that the effects of "poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect people's vulnerability to and capacity" for getting treatment.[569]

- **Peer Intervention:** Peers (for example, those who have experienced 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."[570]

- **Harm Reduction:** This principle aims to reduce the sometimes harmful effects of untreated mental health disabilities by prioritizing the autonomy of an individual to choose a treatment plan.[571] Providing non-judgmental, non-coercive, compassionate care that seeks to reduce harms associated with those who have an untreated mental health disability or substance abuse disorder is an important principle for communities to keep in mind. 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.[572]

- **Voluntariness:** Crisis response systems should consider voluntariness as a cornerstone to any crisis response model.[573] This includes using clear communication to the individual in crisis regarding treatment options available; allowing the person time to understand those options and space for them to express their treatment preferences; engaging the family, where appropriate, to educate about ways to provide support to

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[566] Hoover, et al., Improving the Child and Adolescent Crisis System: Shifting from a 9-1-1 to a 9-8-8 Paradigm in Substance Abuse and Mental Health Services Admin., Crisis Services Meeting Needs, Saving Lives (2020) p. 238 <https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-08-01-001%20PDF.pdf> [as of Dec. 2, 2021].

[567] Substance Abuse and Mental Health Services Admin., *Nat. Guidelines for Behavioral Crisis Care: Best Practices Toolkit* (2020) p. 28 <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf> [as of Dec. 2, 2021].

[568] Isobel et al., *What is needed for Trauma Informed mental health services in Australia? Perspectives of clinicians and managers* (Feb. 2020) Internat. J. of Mental Health Nursing, 30(1), pp. 72-82 <doi:10.1111/inm.12811> [as of Dec. 2, 2021].

[569] Nat. Harm Reduction Coalition, *Principles of Harm Reduction* <https://harmreduction.org/about-us/principles-of-harm-reduction/> [as of Dec. 2, 2021].

[570] See Substance Abuse and Mental Health Services Admin., *Nat. Guidelines for Behavioral Crisis Care: Best Practices Toolkit*, *supra* note 567, at p. 28.

[571] Hawk et al., *Harm Reduction Principles for Healthcare Settings* (2017) Harm Reduction J. <https://doi.org/10.1186/s12954-017-0196-4> [as of Dec. 2, 2021].

[572] Nat. Harm Reduction Coalition, *Principles of Harm Reduction, supra* note 569.

[573] Substance Abuse and Mental Health Services Admin., *Nat. Guidelines for Behavioral Crisis Care: Best Practices Toolkit*, *supra* note 567, at 28.

their family member in crisis;[574] and aiding the person in crisis to participate in their treatment and the development of a safety/recovery plan.[575]

- **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.[576]

- **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. [577]

- **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.[578]

- **Short-Term and Long-Term Connection to Care:** A robust crisis response system offers both immediate connection to community-based care to address the specific crisis in the short term and aids the person in developing strategies for long-term treatment.[579]

- **Housing First:** Communities should consider how to establish permanent housing for 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,[580] which is a significant reduction in signs or symptoms related to a psychiatric disorder.[581] Access to housing should not be contingent on participating in services, sobriety, lack of criminal record, or completion of a treatment program.[582]

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[574] *Id*. at p. 20.

[575] *Id*. at p. 28.

[576] *Id*. at p. 33.

[577] *Id*. at pp. 29-30.

[578] *Id*. at p. 31.

[579] Pinals, et al., *Legal Issues in Crisis Services* in Substance Abuse and Mental Health Services Admin., *Crisis Services Meeting Needs, Saving Lives* (2020) p. 176 <https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-08-01-001%20PDF.pdf> [as of Dec. 2, 2021].

[580] See U.S. Interagency Council on Homelessness, *Housing First Checklist* (Sept. 2016) <https://www.usich.gov/resources/uploads/asset_library/Housing_First_Checklist_FINAL.pdf> [as of Dec. 2, 2021].

[581] See Salzer et. al, *Nat. Estimates of Recovery-Remission From Serious Mental Illness* (2018) Psychiatric Services, 69(5), pp. 523-528 <https://doi.org/10.1176/appi.ps.201700401> [as of Dec. 2, 2021].

[582] See U.S. Interagency Council on Homelessness, *Housing First Checklist*, *supra* note 580.

> *". . . Homeless people being fined for holding out their hand. I have been charged with trespassing for digging in a restaurant garbage can. Just last week my companion was arrested for seeking help, they treated him so terrible out of fear I say to myself . . . to be included in society, why must it be so tough? I mean damn, a little humanity, are we asking too much? Hot soup, socks and a kind human touch. It would be cheaper to give us house keys, not handcuffs."*
> *- Douglas Levon Dawkins, Narrative Poem: House Keys, Not Handcuffs, April 7, 2021."*[583]

These principles reflect a community-based approach to care that focuses on some of the main barriers to accessing treatment and achieving long term stability.[584] Policymakers and community leaders should embrace these principles when developing a comprehensive crisis response system and incorporate them into every aspect of a crisis intervention model –from mobile response teams to dispatch centers. These principles demonstrate the path forward for implementing a community-based crisis response.

      2.   <u>Lessons Learned from Emerging Crisis Response Models</u>

In its 2021 Report, the Board considered the history of crisis response in America and the difficulties in obtaining funding for community-based mental health care. The Board also began reviewing several developing crisis response models throughout California and the nation. This year, the Board continues to review response models, with a focus on emerging programs that have begun or completed pilot programs. As communities continue to explore these models, the Board would like to highlight implementation successes, ranging from saving money to even saving lives.

      i.   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 its planning phase in the summer of 2020 and launched its first crisis response team in November 2020.[585] By March 2021, the SCRT had 6 total teams and 24/7 citywide coverage, including care support staff who provide follow-up care and linkage to programs within 24 hours of the initial contact with SCRT.[586] This year, the Board invited the leadership of SCRT to

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[583] Dawkins, *Narrative Poem: House Keys, Not Handcuffs* (Apr. 2021*)* The Street Spirit
<https://thestreetspirit.org/2021/04/07/narrative-poem-house-keys-not-handcuffs/> [as of Dec. 2, 2021].
[584] See Substance Abuse and Mental Health Services Admin., *Nat. Guidelines for Behavioral Crisis Care: Best Practices Toolkit*, *supra* note 563, at p. 26.
[585] San Francisco Dept. of Public Health Com., *Street Crisis Response Team Presentation to Health Commission* (Mar. 16, 2021) <https://sf.gov/sites/default/files/2021-03/SCRT%20Presentation%20to%20Health%20Commission%203.16.21%20%282%29.pdf> [as of Dec. 2, 2021].
[586] *Id*.

give a presentation on their program development and lessons learned in implementing and creating a community-based crisis response.

After a review of the 911 dispatch data, the SCRT teams identified the highest-need regions in the city based on volume of call and call type. The program launched with a focus on calls for service regarding a "mentally disturbed person" where no weapon or violence is involved.[587] The teams plan to expand the types of calls they respond to as the program grows and develops.[588]

Each SCRT team includes an emergency services vehicle staffed with a community paramedic, a behavioral health clinician, a peer support specialist, and a staff member dedicated to linking the person in crisis to follow-up care.[589] The teams primarily respond to calls through the 911 dispatch but also respond to people they encounter between calls who are in visible need of support or "special calls" from other agencies.[590] As part of their on-boarding and continuous learning, each team member receives extensive training on racial equity.

> *"Addressing racial equity and reducing institutional racism that is often reflected by overrepresentation of incarcerated Black/African Americans is a key object of the SCRT. The program will be closely monitoring its ability to reduce incarceration, emergency room use and involuntary detentions, especially through the lens of race and ethnicity."*
> – *STAR,* see footnote 591

In their first two months of operation, the teams responded to almost 200 calls for service and successfully diverted 20 percent of these calls from law enforcement.[591] None of these calls during the first two months required law enforcement to respond and only seven calls resulted in emergency room admissions or Penal Code section 5150 psychiatric holds.[592]
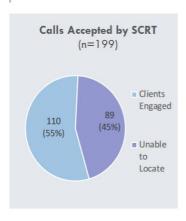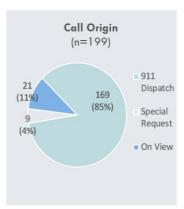
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[587] Ibid.
[588] Ibid.
[589] Ibid.
[590] Ibid.
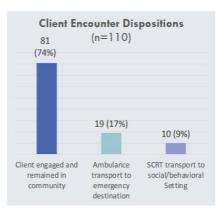[591] *Street Crisis Response Team Issue Brief*, Mental Health S.F. Implementation Working Group, *supra* note 510.
[592] Ibid.

DATA SUMMARY NOV 30-JAN 31

Calls Accepted by SCRT
(n=199)

- 110 (55%) — Clients Engaged
- 89 (45%) — Unable to Locate

Call Origin
(n=199)

- 169 (85%) — 911 Dispatch
- 21 (11%) — Special Request
- 9 (4%) — On View

Client Encounter Dispositions
(n=110)

- 81 (74%) — Client engaged and remained in community
- 19 (17%) — Ambulance transport to emergency destination
- 10 (9%) — SCRT transport to social/behavioral Setting

Seventy four percent of clients were engaged by SCRT, offered assessments and therapeutic de-escalation, and ultimately remained safely in the community. These initial results are consistent with the experience of programs in other jurisdictions, such as Maricopa County, Arizona, which reports 71% of their mobile crisis encounters as resolved in the community. More detail on the nature of these encounters will be available in the evaluation reports from Harder + Company and the RWJF-funded research study.

At the close of September of 2021, SCRT responded to 3,834 crisis calls with a remarkable average response time of 15 minutes.[593] A majority of these calls began with a 911 call for service (83%), while other contacts were either self-initiated (10%) or dispatched from a non-crisis community support line (4%).[594] The teams have also been successful at resolving over 60 percent of the crises on the scene with the person remaining safely in the community. Only a small percentage of clients were transported to a hospital (15%) or placed on a 5150 hold (7%).[595]

From their experience in developing their program, the SCRT has identified several lessons learned for policymakers to consider when creating their own programs:

> (1) Engagement with community stakeholders is key to providing a robust crisis response system that is responsive to the community's needs. The community should play an active role in the planning, implementation, and continuous evaluation of the effectiveness of these teams.[596]

> (2) Collaboration between the community, law enforcement, and the Department of Emergency Management is imperative to the success of this program. For example, the city reviewed 911 dispatch data, identified calls for service that should have a

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[593] City and County of San Francisco, *Street Crisis Response Team (SCRT) Pilot – September 2021 Update* (Sept. 2021) <https://sf.gov/sites/default/files/2021-10/SCRT%20September%20Update%20%281%29.pdf> [as of Dec. 2, 2021].
[594] Ibid.
[595] Ibid.
[596] Almeida et al, *Panel Presentation on Responses to Calls for Service and Crisis Intervention* (Mar. 9, 2021) RIPA Calls for Service Subcommittee <https://www.youtube.com/watch?v=AChglCEXo3E> [as of Dec. 2, 2021].

community-based response, and worked with public safety dispatchers to determine appropri gate aid to a person in crisis.[597]

(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.[598]

(4) Team members – from officers to peer intervention specialists – should receive extensive training on explicit and implicit bias.[599]

(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.[600]

ii. Denver: Support Team Assistance Response (STAR)[601]

The STAR team is a community-based mobile crisis response team that launched its pilot program in June 2020. They work in collaboration with the Caring for Denver Foundation, Denver Police Department, Mental Health Center of Denver (MHCD), Denver Health Paramedic Division, Denver 911, and community supports and resources.

During the 6-month pilot program, the mobile teams responded to several types of calls including: "assist, intoxicated persons, suicidal series, welfare check, indecent exposure, trespass, and syringe disposal." The teams were staffed Monday through Friday from 10 a.m. to 6 p.m. and only responded to a specific geographic area; in the next phase of the project they hope to have 24/7 coverage throughout the city. The teams are dispatched in three different ways: (1) 911 call takers flagging calls or dispatching STAR (41.8%); (2) officers requesting STAR to respond (34.8%); and (3) STAR self-initiating a response or contacting someone in crisis in the field (23.4%).[602]

> "In 748 calls handled by the STAR van during the pilot program, no calls required the assistance of the Denver Police Department and no individuals were arrested."
> – STAR Program Evaluation, see footnote 601

In their first 6 months of service, the mobile teams responded to 748 calls, and none of those calls resulted in calls for police back-up or led to arrests.[603] The team attributes this success to being dispatched to the right calls and more importantly the right people on the STAR response

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597 *Ibid*.
598 *Ibid*.
599 *Ibid*.
600 *Ibid*.
601 *Star Pilot 6 Month Program Evaluation* (Jan. 8, 2021) p. 5 <https://wp-denverite.s3.amazonaws.com/wp-content/uploads/sites/4/2021/02/STAR_Pilot_6_Month_Evaluation_FINAL-REPORT.pdf> [as of Dec. 2, 2021].
602 See Star Pilot 6 Month Program Evaluation, *supra* note 601, at p. 4.
603 See *id*.

teams.[604] Responders know someone who is in crisis or has a mental health disability is not inherently threatening and as such are equipped to aid the person in resolving the crisis.[605] The program is also not constrained by time, in that they do not need to rush to the next call as officers do, so they can spend as much time as needed with the person to help them resolve the crisis.[606]

The STAR program also successfully diverted nearly 3 percent of all calls for service. Of those who were contacted by the STAR teams, "approximately 68% of people contacted were experiencing homelessness, and there were mental health concerns in 61% of cases."[607] The teams have responded to more than 1,800 calls for service since STAR's launch in June of 2020, and for 33 percent of those calls a person was transported to a community-based care provider.[608] Notably the average call time or response time to a scene was about 5 minutes faster than a typical police response for that type of call.[609]

By the close of 2021, the STAR program will be providing citywide coverage seven days a week. The program has been so successful that the city of Denver is investing 3.4 million dollars to expand the program throughout the city. Michael B. Hancock, the Mayor of Denver, remarked on the success of the program: "We know that alternative response works. It works at getting people the help they truly need, and it works at keeping our officers focused on preventing crime. It's a fundamental issue of equity in the pursuit of justice."[610]

The STAR program identified a number of lessons learned to provide guidance to other cities looking to implement similar programs. Their recommendations include the following:

> (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 to each call.[611]

> (2) Mobile teams should ensure their vans are wheelchair-accessible and may need resources on hand such as cleaning products, food, clothing, and blankets to provide to individuals they encounter.[612]

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[604] See City of Denver, *STAR Community Advisory Committee Meeting* (Oct. 2021) <https://www.denvergov.org/Government/Agencies-Departments-Offices/Public-Health-Environment/Community-Behavioral-Health/Behavioral-Health-Strategies/Support-Team-Assisted-Response-STAR-Program> [as of Dec. 2, 2021].
[605] *Ibid.*
[606] *Ibid.*
[607] See Hauck, *Denver successfully sent mental health professionals not police to hundreds of calls* (Feb. 6, 2021) USA Today <https://www.usatoday.com/story/news/nation/2021/02/06/denver-sent-mental-health-help-not-police-hundreds-calls/4421364001/> [as of Dec. 2, 2021].
[608] See McRae, *STAR Program In Denver Expands to Respond to Calls Seven Days A Week* (Aug. 31, 2021) CBS Denver <https://denver.cbslocal.com/2021/08/31/star-program-mental-health-denver-police/> [as of Dec. 2, 2021]; see also City of Denver, *STAR Community Advisory Committee Meeting, supra* note 604.
[609] See McRae, STAR Program In Denver Expands to Respond to Calls Seven Days A Week, *supra* note 608.
[610] *Ibid.*
[611] See Star Pilot 6 Month Program Evaluation, *supra* note 601.
[612] See *id.*

(3) In developing the program, STAR teams consulted a diverse community advisory committee dedicated to ensuring the program is engaging the community and embracing its core values, reviewing outcome data, and providing feedback from the community on the program.[613]

iii.   Sacramento and Oakland: Mental Health First (MH First)

MH First is comprised of mobile crisis response teams that are independent from the police department and traditional 911 dispatch centers. The nonprofit launched its pilot program in Sacramento, California in January 2020 and has now expanded its operations to Oakland, California. The teams respond to "mental health crises including, but not limited to, psychiatric emergencies, substance use disorder support, and domestic violence situations that require victim extraction."[614] The purpose is to provide peer-based support – through de-escalation assistance –to help decriminalize and end the stigma against those in a mental health crisis.

The teams can be contacted directly through a crisis line and will respond to the person's location if needed. MH First teams consist of approximately 30 volunteers who are health experts, doctors, EMTs, nurses, and safety liaisons.[615] MH First in Sacramento currently operates from 7 pm to 7 am on Friday, Saturday, and Sunday. Since its launch in Sacramento, it has responded to an average of 30 to 40 calls per month.[616] With additional funding and support, the program hopes to expand its operations to be available 24/7.

MH First teams not only respond to crises but also conduct proactive street outreach to promote harm reduction and build community relationships with those who are at risk. MH First is a bridge to a larger community of care and works with other community-based organizations to provide support to the person in crisis. The ultimate goal is to aid the person in crisis to participate in their treatment and the development of a safety/recovery plan.[617] MH First is entirely voluntary, violence free, and provides trauma-informed care to its participants.

There are several lessons learned from the implementation of MH First program that policymakers and communities may also wish to consider.

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[613] See Denver Community and Behavioral Health, *Support Team Assisted Response (STAR) Program: The STAR Community Advisory Committee* (2020) <https://www.denvergov.org/Government/Agencies-Departments-Offices/Public-Health-Environment/Community-Behavioral-Health/Behavioral-Health-Strategies/Support-Team-Assisted-Response-STAR-Program> [as of Dec. 2, 2021].

[614] Anti-Police Terror Project, *MH First Sacramento* <https://www.antipoliceterrorproject.org/mh-first> [as of Dec. 2, 2021].

[615] See Nonko, *A Volunteer-Run Program Could Be Model for Mental Health Response Without Police Intervention* (Oct. 1, 2020) Next City <https://nextcity.org/daily/entry/volunteer-run-program-model-mental-health-response-police-intervention> [as of Dec. 2, 2021].

[616] See Buxbaum, *California Initiatives Moves Away from Policing Mental Health Crises* (July 23, 2020) ShadowProof <https://shadowproof.com/2020/07/23/california-initiative-moves-away-from-relying-on-police-to-address-mental-health-crises/> [as of Dec. 2, 2021].

[617] See Ross, *The Abolitionist Project: Building Alternatives to Policing* (Nov. 4, 2020) <https://www.essence.com/essence-policylink/the-abolitionist-project-building-alternatives-to-policing/> [as of Dec. 2, 2021].

(1) One of the key takeaways from the launch of the MH First is the importance of shifting funding from law enforcement to community-based care providers.[618]

(2) City governments and policymakers must be willing to work in partnership with the community they serve and listen to their needs. Leadership must understand a robust crisis response system means properly funding social services so they can provide the care so greatly needed to community members.[619]

iv. Los Angeles: Community Alternatives to 911 or CAT-911

CAT-911 is another entirely community-based crisis response model and alternative to calling emergency dispatch services. CAT-911 was established over three years ago and consists of a network of 15 teams spread throughout Southern California, from the county of Los Angeles to the cities of Riverside and Long Beach.[620] The teams respond to a variety of community needs including conflict resolution between individuals or groups in neighborhoods, police violence, domestic violence, sexual violence, mental health crises, and acute first aid needs when either paramedics are not responding or there is a concern about police involvement.[621] CAT-911 is able to address these issues through the action teams, but it also has several committees dedicated to organizing alternatives to police services. The committees focus on aspects such as creating a rapid response network to address immediate crises, developing community care infrastructure that can help prevent a crisis from occurring, establishing alternatives to police in K-12 schools and university settings, creating a local network to provide emergency first aid for drug overdoses or wound care, and mobilizing faith communities to support alternatives to 911.[622]

Both MH First and CAT-911 are founded on the principle of transformative justice. Transformative justice has similarities to restorative justice, but it goes further in that it (1) aims to transform the system that is the root cause of harm rather than focusing on a specific instance and (2) acknowledges this transformation cannot occur within the existing system and must be done outside of the state, i.e. that community-based solutions come from the community.[623] Transformative justice teaches us that true healing comes from the community itself and not from an outside actor.

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[618] See generally Anti-Police-Terror Project, *MH First Oakland* (2021) <https://www.antipoliceterrorproject.org/mh-first-oakland> [as of Dec. 2, 2021].

[619] See Buxbaum, California Initiatives Moves Away from Policing Mental Health Crises, *supra* note 616.

[620] Teams are currently located in North East Los Angeles, Riverside, Greater Long Beach/South Bay, East Los Angeles/Boyle Heights, Echo Park, West Los Angeles, San Fernando Valley, South Central Los Angeles, Downtown Los Angeles, San Gabriel Valley, Koreatown, and Orange County. See *Local Cat Teams*, CAT-911.org <https://cat-911.org/local-cat-teams/> [as of Dec. 2, 2021].

[621] See generally Community Alternatives to 911 <https://cat-911.org/> [as of Dec. 2, 2021].

[622] See *id.*

[623] See, e.g., *id.*; Center for Justice and Reconciliation, *Restorative justice and transformative justice: definitions and debates* (Mar. 2003) <http://restorativejustice.org/rj-library/restorative-justice-and-transformative-justice-definitions-and-debates/11558/#sthash.Axi3qAdT.dpbs> [as of Dec. 2, 2021].

There are several lessons learned from the implementation of CAT 911 that communities should also consider.

> *Marginalized communities have long relied on support practices at the very local level for sharing resources and skills. These practices are now often referred to as mutual aid, and historically range from indigenous lifeways to mutual support in enslaved communities, to the Black Panthers community support programs, to queer communities surviving the AIDS crisis, to pod mapping for chronically ill people.*
> *– Mutual Aid NYC,* see footnote 626

(1) Through numerous decentralized neighborhood action teams, the organizations are able to draw from a broad array of experiences as well as skills of different community members to provide a wide range of services to a large geographic region.[624]

(2) By creating various committees, the teams are not only able to respond to a person in acute crisis, but also can address broader issues such as building the necessary infrastructure to support the community-based care.[625]

(3) When supporting and uplifting the work of community-based crisis response, leaders should consider ways in which they can increase financial and other support to their local mutual aid programs.[626]

v.   Community-Based Crisis Response Saves Lives and Money

Data shows that community response models to mental health crises can save lives and reduce use of force incidents. Since 2015, 1,400 people in the United States have been killed by police when responding to a person in crisis, and these troubling trends are seen in California as well.[627] In California, the Legislature has declared that "individuals with physical, mental health, developmental, or intellectual disabilities are significantly more likely to experience greater levels of physical force during police interactions, as their disability may affect their ability to understand or comply with commands from peace officers."[628]

For example, in 2019 researchers reviewed data showing the San Diego Sheriff's Department and Police Department were more likely to search and use force against those perceived to have a mental health disability.[629] Further, more than one quarter of arrests of youths by San Diego Police involved a child with a mental health disability.[630] Over-incarceration and lack of

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[624] See Community Alternatives to 911, *supra* note 621; see also ACLU Comment Letter to RIPA Board (Aug. 24, 2021), Appendix G.

[625] See Community Alternatives to 911, *supra* note 621; see also ACLU Comment Letter to RIPA Board (Aug. 24, 2021), Appendix G.

[626] See *Mutual Aide NYC: About* (2021) <https://mutualaid.nyc/about/> [as of Dec. 2, 2021].

[627] See *Fatal Force: Police Shootings Database* (2021) The Washington Post <https://www.washingtonpost.com/graphics/investigations/police-shootings-database/> [as of Dec. 2, 2021].

[628] See Pen. Code, § 835, subd. (a).

[629] See Singyawe, *Evaluating Police in San Diego* (2019) Campaign Zero <https://policescorecard.org/sandiego> [as of Dec. 2, 2021]; see also ACLU Comment Letter to RIPA Board (Aug. 24, 2021), Appendix G.

[630] See Singyawe, *Evaluating Police in San Diego*, *supra* note 629; see also ACLU Comment Letter to RIPA Board (Aug. 24, 2021), Appendix G.

meaningful community-based treatment are thought to be contributing factors in San Diego having the highest reported number of suicides in its jail system through the state.[631] Advocacy organization Disability Rights California found:

> *"The County's mental health care system, both inside and outside of the jail, has long operated in a way that leads to the dangerous, costly, and counter-productive over-incarceration of people with mental health-related disabilities. This includes a historical failure to provide sufficient community-based mental health services and supports that help individuals with mental health needs to thrive and avoid entanglement with the criminal justice system and incarceration."[632]*

For individuals experiencing mental health crises, having unarmed community responders trained to provide a mental health response can reduce death, serious injury, and incarceration.[633]

By diverting non-violent calls for service involving a wide range of social issues – from mental health care to being unhoused – officers can focus their efforts on the most serious crimes. Community-based response programs have already been successful at diverting nearly 20 percent of all police calls for service, giving officers more time to investigate the most serious crimes.[634] Only 4 to 10 percent of calls for service involve a report of a violent crime.[635] In last year's report, the Board highlighted a study's findings that "every 10 additional organizations focusing on crime and community life in a city with 100,000 residents leads to a 9% reduction in the murder rate, a 6% reduction in the violent crime rate, and a 4% reduction in the property crime rate."[636]

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[631] Disability Rights Cal., *Suicides in San Diego County Jail: A System Failing People with Mental Illness* (Apr. 2018) <https://www.disabilityrightsca.org/system/files/file-attachments/SDsuicideReport.pdf> [as of Dec. 2, 2021].

[632] Ibid.

[633] See Gerety, *An Alternative to Police that Police Can Get Behind* (Dec. 28, 2020) The Atlantic <https://www.theatlantic.com/politics/archive/2020/12/cahoots-program-may-reduce-likelihood-of-police-violence/617477/> [as of Dec. 2, 2021].

[634] See, e.g., 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 Dec. 2, 2021]; *Street Crisis Response Team Issue Brief*, Mental Health S.F. Implementation Working Group, *supra* note 510.

[635] See, e.g., Asher and Horwitz, *How Do the Police Actually Spend Their Time?* (June 2020) New York Times <https://www.nytimes.com/2020/06/19/upshot/unrest-police-time-violent-crime.html> [as of Dec. 2, 2021]; Rubin and Poston, *LAPD responds to a million 911 calls a year but relatively few for violent crimes* (July 5, 2020) Los Angeles Times <https://www.latimes.com/california/story/2020-07-05/lapd-911-calls-reimagining-police> [as of Dec. 2, 2021].

[636] In reaching these conclusions, researchers reviewed crime rates and treads in 264 cities spanning a period of 20 years. See Sharkey et. al, *Community and the Crime Decline: The Causal Effect of Local Nonprofits on Violent Crime* (2017) American Sociological Review, 82(6), pp. 1214-1240 <doi:10.1177/0003122417736289> [as of Dec. 2, 2021].

Not only can community first responses to mental health crises save lives, but they can also save time and money. The Health Care Financial Management Association estimates that by providing comprehensive community-based crisis services, the U.S. could save as much as $4.6 billion annually.[637] Several communities have already seen significant cost savings by investing in their crisis response systems.

> *"Police themselves have been saying for years that they are asked to do too much. Why do we continue to ask them to respond to crisis calls that health professionals could address more safely and effectively?"*
> *– Beck, Reuland, and Pope, Vera Institute of Justice,* see footnote 639

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."[638] 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 percent 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.[639]

Law enforcement, policymakers, and communities have agreed for years that police should not be the first responders to someone experiencing a mental health crisis.[640] Yet, presently people who are in a mental health crisis are more likely to see the police than get medical attention.[641] With widespread agreement that armed peace officers should not be responding to these calls, it is the responsibility of policymakers and community leaders to fund the necessary infrastructure to provide compassionate stigma-free community-based care.

Robust crisis response systems benefit the entire community. The Board hopes that all stakeholders will continue to rally together to end these practices. Both community, municipal, and law enforcement leadership have the ability to end dangerous responses to mental health calls for service by (1) shifting calls related to mental health crises to community responders and (2) prioritizing and funding community-based care.

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[637] See Balfour, et al., Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies in Substance Abuse and Mental Health Services Admin., Crisis Services Meeting Needs, Saving Lives, *supra* note 242, at p. 289.
[638] Ibid.
[639] See CAHOOTS White Bird Clinic, Media Guide 2020, *supra* note 634; Beck, et al., *Behavioral Health Alternatives: Shifting from Police to Community Responses* (Nov. 2020) Vera Inst. of Justice < https://www.vera.org/behavioral-health-crisis-alternatives> [as of Dec. 2, 2021].
[640] See Wiener, *Who Responds to Nonviolent Crises? New Urgency to Remove Police from the Equation* (July 2020) Capital Public Radio <https://www.capradio.org/articles/2020/07/02/who-responds-to-nonviolent-crises-new-urgency-to-remove-police-from-the-equation/> [as of Dec. 2, 2021].
[641] See Butler and Sheriff, *Innovative Solutions to Address the Mental Health Crisis: Shifting Away from Police as First Responders* (Nov. 2020) Brookings Inst. <https://www.brookings.edu/research/innovative-solutions-to-address-the-mental-health-crisis-shifting-away-from-police-as-first-responders/> [as of Dec. 2, 2021].

E.   Vision for Future Reports

In the future, the Board will begin to review agency-specific policies and training surrounding dispatch procedures related to bias by proxy as well as mental health calls for service. The Board hopes to examine the different policies and protocols for responding to bias-based calls for service. The Board would like to examine the dispatcher trainings provided by POST and research evidence-based best practices for designing trainings related to mental health crises and bias-based calls. The Board will also continue to review best practices, measurements of effectiveness, and measurable impacts of community-based crisis response models. The Board would like to invite leaders from the community response teams to upcoming subcommittee or Board meetings to discuss both obstacles in implementation and successes or lessons learned.