

CALIFORNIA RACIAL AND IDENTITY PROFILING ADVISORY BOARD

<https://oag.ca.gov/ab953/board>

**CALLS FOR SERVICE SUBCOMMITTEE**  
**MEETING NOTICE AND AGENDA**

**Tuesday, October 6, 2020**

**2:00 PM**

**Via Blue Jeans video and telephone conference ONLY.** The public is encouraged to join the meeting using the “Join Meeting” link below. The “Join Meeting” link will provide access to the meeting video and audio. We recommend that you log in 5-10 minutes before the start of the meeting to allow sufficient time to set up your audio/video, and to download the Blue Jeans application, if desired.

[Join Meeting](#)

(Join from computer or phone)

A phone dial-in option will also be available.

(408) 317-9254

Meeting ID: 771 084 560



1. INTRODUCTIONS (5 min.)
2. APPROVAL OF JUNE 4, 2020 SUBCOMMITTEE MINUTES (2 min.)
3. OVERVIEW OF PROPOSED SUBCOMMITTEE SECTION CONTENT FOR REPORT BY DEPARTMENT OF JUSTICE (30 min.)
4. PUBLIC COMMENT (10 min.)
 

Both the Blue Jeans application and dial-in number will permit public comment
5. DISCUSSION OF SUBCOMMITTEE SECTION IN REPORT - CALLS FOR SERVICE AND BIAS BY PROXY (50 min.)
6. PUBLIC COMMENT (10 min.)
7. DISCUSSION OF NEXT STEPS (5 min.)
8. ADJOURN

**Documents that will be reviewed during the meeting will be posted at least one day prior to the meeting in the Upcoming Meeting section of the Board’s website <https://oag.ca.gov/ab953/board>.**

The meeting will begin at the designated time. Other times on the agenda are approximate and may vary as the business of the Board requires. For any questions about the Board meeting, please contact Anna Rick, California Department of Justice, 1515 Clay Street, Suite 2100, Oakland, California 94612, [ab953@doj.ca.gov](mailto:ab953@doj.ca.gov) or 510-879-3095. If you need information or assistance with accommodation or interpretation requests, please contact Ms. Rick at least five calendar days before the scheduled meeting.

**CALIFORNIA RACIAL AND IDENTITY PROFILING ADVISORY BOARD**

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**CALLS FOR SERVICE SUBCOMMITTEE MEETING MINUTES**

**June 4, 2020**

**Subcommittee Members Present:** Sandra Brown, Angela Sierra, Sahar Durali, and Dave Robinson. **Members Absent:** “None”

**1. Call to Order and Introductions**

The Calls for Service Subcommittee meeting was called to order at 2:06 p.m. by Co-Chair Sandra Brown. The meeting was held by video conference with a quorum of members present. Board Member Lily Khadjavi also attended to observe the meeting.

Co-Chair Angela Sierra took a moment on behalf of the Department of Justice to appreciate the Board and the public and to honor the memory of George Floyd. She requested that law enforcement listen to those speaking out against the use of force and to help identify meaningful systemic solutions. Co-Chair Sandra Brown stated that her heart goes out to all those who have died based on the racial tension in this country. Witnessing the death of an American citizen on national TV last week is a call to action for everyone. People cannot stand by and watch this happen. Co-Chair Brown said she took an oath as a police officer to protect property and lives, and promised to stand up when met with illegal, unjustified acts by members of her own profession. She stated that evil comes from all directions even right next to her. Member Sheriff Dave Robinson stated that there is no one he knows in law enforcement who is not saddened by these events and they are ready to engage and accept change. Member Robinson added that law enforcement officers are not trained to do what happened to George Floyd and the prosecutors got it right.

**2. Approval of October 22, 2019 Subcommittee Meeting Minutes**

**MOTION:** Co-Chair Sierra made a motion to approve the October 22, 2019 subcommittee meeting minutes. Co-Chair Brown seconded the motion.

**APPROVAL:** All members in attendance voted “yes,” and there were no “no” votes and no abstentions.

**3. Overview of Proposed Subcommittee Work by Department of Justice**

Allison Elgart of DOJ reported that during the December 2019 meeting, the Board expressed interest in stop data for persons with perceived mental health conditions and wanted to learn more about this issue. DOJ put together a panel for today’s

subcommittee meeting entitled “Mental Health and Law Enforcement-Community Interactions”

#### **4. Speakers Panel, “Mental Health and Law Enforcement-Community Interactions”**

**Emily Lyles** is a Licensed Clinical Social Worker with the Kern County Behavioral Health and Recovery Services and oversees the Mobile Evaluation Team (MET) and co-chairs the Crisis Intervention Team (CIT).

**Vinny Eng** is a community organizer and mental health advocate in San Francisco inspired by a personal family tragedy resulting from a violent encounter with law enforcement in the Los Angeles area in 2012.

##### **Panelists Presentations and Board Member Discussion**

Emily Lyles presented first. The Kern County Behavioral Mental Health Field Services started 22 years ago, and Ms. Lyles has been working with their Mobile Evaluation Team (MET) and Crisis Intervention Team (CIT) for the past seven years. Ms. Lyles discussed how MET has been effective in de-escalating mental health crises because law enforcement allows the staff to intervene in active calls for service, by listening to incoming calls, going out to calls with law enforcement, engaging with the people in crisis, and connecting individuals to the community resources. Approximately 13 staff work the entire county of 8160 square miles. The longevity of providing behavioral health services in the county has allowed the program to build respect and trust by the community and law enforcement, especially with calls for service that come into the police and sheriff’s departments (approximately 2600-3000 calls per year). Two-thirds of the calls involve adults and one-third involve youth. Listening to incoming calls on the police radio allows the MET staff to get deployed immediately to a situation and to directly get a sense of the state of the caller and the situation being reported. Dispatch always knows where the MET staff are, so they can monitor if they are safe or need help. The MET staff wear uniforms. Kern County participates in a SMART 911 program, which encourages residents to provide address and phone information to law enforcement to facilitate response time to emergency calls. It is another important tool for both residents and dispatch.

Co-Chair Sandra Brown asked about training and funding. Ms. Lyles advised Kern County’s Crisis Intervention Team (CIT) provides training to officers and deputies. With regard to program funding, Ms. Lyles advised that some funds come from the County via the State General fund. As long as they bill all clients, they also can bill insurance companies because the services are evidence-based. There is a fee waiver form, which the MET staff helps clients fill out.

Member Sahar Durali asked about staff sustainability. Ms. Lyles advised that the number of calls varies each day and a grant has allowed staff to create a Virtual MET program to provide zoom service calls. They have also placed iPads in hospital rooms to reduce exposure to mental health situations by staff. In terms of staffing, the MET service hours are 7:00am-12:00am. On June 6, 2020 they began a 24/7 service program on a pilot basis with one staff being on call. The 13 staff typically work 10-hour days rotating so there are four - six staff working per day. Hiring staff with experience and that are willing to work an untraditional schedule is challenging. Co-Chair Angela Sierra expressed support for this type of program. Member Robinson stated that he would love for Ms. Lyle's program to be statewide; however, this is a challenge because these support programs are generally available only during business hours, such as Monday -Friday between 8:00am-5:00pm. Sheriff Robinson expressed that they need to be available more hours and there needs to be more training for officers.

Vinny Eng was the second presenter. Los Angeles Sheriff's Deputies killed Mr. Eng's sister at a mental facility in 2012 during a call for service. This tragic incident motivated Mr. Eng to get involved in a police accountability work group in San Francisco where he resides. The work group advocated for changes to law enforcement training, use of force policies, and accountability measures to reduce tragic outcomes from calls for service. Communities and families were involved from the beginning of the process. By 2016, a Crisis Intervention Team (CIT) program, based on models in Memphis Tennessee and Seattle Washington, started in San Francisco. They overhauled the use of force policy, and officers were required to de-escalate situations using time, and distance; two factors he believes would have saved his sisters life. In 2018, the department trained all officers on the spectrum of force options. To date 53% have completed a 40 Crisis Intervention Team Training and all 10 stations in San Francisco have one or two Sergeants who are CIT trained on each shift and serve as liaisons to dispatchers. Due to these efforts, there has been a 30% reduction in use of force and an increase in officer safety. San Francisco went 20 consecutive months without one police shooting. Mr. Eng encourages California law enforcement agencies to review their polices and include community advocates and families of victims in the process at the beginning of the process as opposed to developing policies and soliciting public comments at the end. He also encouraged the Board to explore working with the American Psychological Association to develop dispatch codes parallel with the Diagnostic and Statistical Manual of Mental Disorders (DSM) to improve screening of incoming calls and appropriate law enforcement responses. Additionally, Mr. Eng urged the Board not to separate issues of race from disability. As the RIPA data bears out, many individuals stopped by law enforcement are impacted by both race and disability. Finally, reforms are needed to reduce reliance on law enforcement to transport individuals in crisis. Ambulance medical staff are better trained.

Co-Chair Sandra Brown commented that too often, dispatch does not use proper terminology when describing calls involving mental health concerns and this should be addressed. Co-Chair Sierra wanted to hear more about Mr. Eng's experience with this issue. Mr. Eng said that the San Francisco Police department has created specific codes for calls to better describe the behavior of the person being reported; this provides more structure to dispatch and helps refine and limit who is sent to a call to get the best outcome. San Francisco Sergeants on staff listen to the incoming coded calls and decide who should respond based on the code. Member Robinson asked if San Francisco PD shared this program with POST. Mr. Eng said he is sure Officer Mario Molina has shared the program with POST. Member Robinson indicated that their dispatch deputies go to POST for training and suggested that the Board follow up with POST to see if they are incorporating this program as a strategy in their training. Member Robinson asked how criminal cases involving a person with mental health challenges are handled when they are arrested and transferred to County jail. Ms. Lyles explained that in Kern County, the person is screened by a Behavioral Specialist and then passed on to the booking staff. Member Robinson said it is a problem when local police departments do not share mental conditions with jail deputies. Mr. Eng suggested that the police should contact a family member who could de-escalate a situation prior to the need for an arrest. Finally, Mr. Eng recommended that officers should not transport persons in crisis. They should call an ambulance. First responder medical staff are more appropriate. Additionally, officers tend to restrain the person, which is humiliating and criminalizes the person's illness.

## 5. Public Comment

**Lisa Serrano** with the Sacramento Bridge Program commented that there is always room for improvement and not all officers are at fault when calls for service situations go wrong.

**Michelle Wittig**, with the Santa Monica Police Reform Coalition, explained that she called the police to report a woman who was walking in traffic that looked distressed and needed assistance. She found out later that the police department classified her call as a woman disturbing the peace. The classification was wrong and put the woman's life in further danger. Law enforcement should review their classification procedures.

**Richard Hylton** commented that DOJ incorrectly instructs officers to code welfare checks as consensual searches on individuals, many of whom are experiencing homelessness.

## 6. Discussion of Proposed Calls for Service Chapter in the 2021 Board Report

Co-Chair Sierra asked Board members to consider the information presented in the draft report outline, and the information presented at the meeting. Co-Chair Brown stated she would like to see best practices to address the issue of cities using different codes to describe incoming mental health calls for service. She recommended that the codes be uniform for all cities in California. Co-chair Sierra would like to know more about police and sheriff dispatch operations and how they relate to citizens mental health needs. Member Sahar Durali advised that the Disability Rights Organization has developed a training program for POST and she could ask a representative to speak to the Board. There was consensus by Board members. Co-Chair Brown supports the Board pursuing mental health, but wants the Board to remember that an original goal of the Calls for Service subcommittee was to address bias by proxy. She added that it is a problem when people use the police because they do not like the way someone looks, they are uncomfortable, or they do not want that person in their space. Co-chair Brown stated that people who make calls like this are filing a false report, and should receive a fine. Member Durali advised that there is not much research on bias by proxy and the Board should continue to push this issue. Co-Chair Sierra stated that the previous RIPA report discussed San Francisco's program and suggested that DOJ include a question regarding bias by proxy in the survey to law enforcement agencies. She also asked if there are programs in other states. SDAG Nancy Beninati stated that she would ask the RIPA experts if there are other policies.

#### **7. Public Comment**

There were no additional public comments.

#### **8. Discussion of Next Steps**

Co-Chair Sierra summarized the next steps to include Sahar reaching out to the Disability Rights Advocates about their crisis intervention training for POST. Sahar would also reach out to Campaign Zero to gather information about research and analyses they may have done on calls for service and mental health. The Board asked DOJ to gather more research in the field of bias by proxy and to follow up on its survey to law enforcement about the use of RIPA information and specifically as it relates to calls for service and mental health as well as bias by proxy.

#### **9. Service Appreciation by the Department of Justice**

Aisha Martin-Walton read a service appreciation statement for Sheriff Dave Robinson's four years of service on the RIPA Board and the many leadership positions he held. Member Robinson's term expires in July 2020.

#### **10. Adjourn:**

Co-Chair Sierra adjourned the meeting at 2:14 pm.

- I. Introduction
- II. Responding to Biased-Based Calls for Service
  - A. Trainings, Policies, and Procedures for Dispatchers and LEAs
  - B. Restorative Justice Approach to Biased Based Calls for Service
  - C. Best Practices for Responding to Biased-Based Calls
- III. Responding to a Mental Health Crisis
  - A. Brief History of Mental Health in America: How did we get here?
  - B. Developing Crisis Response Models
    - 1. Memphis Model: Crisis Intervention Teams
    - 2. Mobil Evaluation Teams (MET): Kern County
    - 3. Eugene, Oregon: CAHOOTS (Crisis Assistance Helping Out On the Streets)
    - 4. NOLA Model: Crisis Intervention Teams
    - 5. Arizona Model: Crisis Now
    - 6. San Francisco: Street Crisis Response Teams:
    - 7. New York: Not911:
    - 8. Mental Health First (MH First): Sacramento and Oakland
    - 9. The Board's Vision for Crisis Intervention Models
  - C. Mental Health Services Act (MHSA)
  - D. AB 109: Public Safety Realignment
  - E. Coronavirus Aid, Relief, and Economic Security (CARES) Act
- IV. Vision for Future Reports



## I. Introduction

One aspect of policing that is critical to law enforcement and community relations is an individual's call for assistance from the police, often referred to by law enforcement as a "call for service." Law enforcement's response to such calls are critical because these interactions may involve life and death situations for the caller, the officer and the subject of the call, and how law enforcement responds shapes community expectations and perceptions of law enforcement. It is imperative that we improve our response models to protect all members of the community, regardless of race or identity, especially when responding to individuals in crisis.

In its prior reports, the RIPA Board recommended improving trainings and creating policies related to bias by proxy. 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."<sup>1</sup> High profile bias by proxy cases continue and have now become a larger part of the movement for change after the infamous case of Amy Cooper, who made a false police report against Christian Cooper, a Black man who was birdwatching in Central Park.<sup>2</sup> We know that these issues are not new, as the Board began reviewing them two years ago, but they are representative of a deeper and persistent problem that requires education, reform and training for the public, law enforcement and dispatchers. A large part of resolving these issues involves taking a closer look at dispatchers' roll in police responses and outcomes.

This year the Board will begin expanding the issues related to calls for service. In doing so, the Board will begin reviewing and developing best practices for responding to calls about individuals in crisis. Both law enforcement agencies and community members generally agree that police officers should not be the first responders to a variety of purely social issues, such as when individuals experience a mental health crisis or a drug overdose, or simply being unhoused. Police are all too often being asked to play the role of both law enforcement and social workers without the benefit of the specialized training needed to fit that role.

One way to combat this is to employ a community first response, which is a response to a call for service that prioritizes community-based solutions to a crisis instead of, or before police arrive on a scene (e.g. having a licensed therapist be the first responder to a mental health crisis). Community-based problems require community-based solutions. The community should be the first responders to issues such as health related emergencies or socioeconomic issues such as being unhoused. And a community first response lets law enforcement agencies focus valuable resources on fighting crime, and allows skilled specialists to assist those who are having a crisis, for example a medical emergency.

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<sup>1</sup> Fridell, A. (2017). A Comprehensive Program to Produce Fair and Impartial Policing. *In Producing Bias-Free Policing*. Springer, p. 90.

<sup>2</sup> Nir, S. M. (2020, June 14). *How 2 Lives Collided in Central Park, Rattling the Nation*. The New York Times. Available at, <https://www.nytimes.com/2020/06/14/nyregion/central-park-amy-cooper-christian-racism.html>

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We must all invest in our communities so the appropriate person can respond to a crisis and develop emergency response models that are better suited to protect everyone equally. This year the Board will begin its work discussing and developing models that will eventually become best practices.

## II. Responding to Bias-Based Calls for Service

### A. Trainings, Policies, and Procedures for Dispatchers and LEAs

Emergency dispatchers must take the POST basic training for dispatchers in order to serve in this position. According to POST, after completing the basic training course, dispatchers are required to take an additional 24 hours of training every 2 years. Crisis Intervention Training (CIT) is not required for dispatchers, though over 3,000 dispatchers had signed up for the class as of 2019. The only section in the POST basic training for dispatchers that addresses bias is a section titled “Community Policing/Cultural Diversity/Hate Crimes/Gang Awareness,” where the topic of bias is discussed generally. The training addresses the history of community policing and the roll the dispatcher plays, including helping identify trends as well as potential neighborhood issues, communicating problem areas, and awareness of what is important to the communities served.<sup>3</sup> The POST basic training dispatch course does address responding to hate crimes, but the focus is on how dispatchers take incident reports of hate crimes.

This may be an area of expanded training, amongst others, that dispatchers could receive regarding recognizing when a 911 caller is filing a false police report and how to properly notify law enforcement when a dispatcher suspects a crime is being committed by the caller themselves.<sup>4</sup> Based on the Board’s review of the applicable POST trainings, the Board recommends that POST consider expanding them to address bias by proxy so that dispatchers and first responders can prevent abuse of the 911 dispatch system. We recommend trainings should be updated to include training on how to (1) diffuse or deescalate the situation (2) assess when a bias-based call is being made, (3) mitigate the bias when transferring a call to first responders and (4) guidance on how to appropriately notify law enforcement when a dispatcher suspects the 911 caller is making a bias-based call or filing a false police report.

However, bias by proxy occurs in a range of behaviors and although there are all too many reports of Amy Cooper’s in this world, dispatchers should also be mindful of the potential for implicit bias in the reports of seemingly well-intentioned callers. As a society, every one of us needs to take a deep look at how implicit and explicit bias affects our behaviors. Anyone who is

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<sup>3</sup> Public Safety Dispatchers’ Basic Course: Training Specifications. (July 2011). *POST*. Available at, [https://post.ca.gov/Portals/0/Publications/Dispatcher\\_Basic\\_Course.pdf?ver=2019-07-12-131112-730](https://post.ca.gov/Portals/0/Publications/Dispatcher_Basic_Course.pdf?ver=2019-07-12-131112-730)

<sup>4</sup> Cal. Penal Code § 148.3.

truly honest with themselves recognizes that bias unconsciously affects all of us, and it is our duty both individually and collectively to call out bias when we see it. Dispatchers as well as law enforcement need further required training on how to address both implicit and explicit bias when addressing 911 callers, but also to identify bias within themselves.

## B. A Restorative Justice Approach to Bias-Based Calls for Service

The Board believes a restorative justice approach is essential to address bias-based calls and when someone files a suspected false police report. 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.”<sup>5</sup> The board acknowledges that when these calls are made it deeply impacts the relationship within the community and with the police. As such, a restorative justice approach which focuses on the harm caused by the criminal behavior as well as repairing the harm through community collaboration is imperative to address the underlying causes of bias-based behaviors.

The Communities against Hate (CAH), a coalition of 15 national organizations,<sup>6</sup> produced a 2019 Report explaining that “acts of hate not only devastate individuals, they target, divide, and destabilize entire communities, sending a message that some of us are not welcome.” CAH findings show that after people experience hate incidents, they largely feel unsafe and unwelcome in their communities.<sup>7</sup> For example, Mira Acklin, a 9 year old from Ohio, had the police called on her by a neighbor for drawing “Black Lives Matter” in chalk on her own driveway.<sup>8</sup> In an interview, the family explained how the call rattled the young child causing her to feel “upset and scared.” Her parent had to explain to the young child that “you know honey as uncomfortable as you feel, you also have to know your friends and other people of color feel this fear every day, multiplied times one-million.”

<sup>5</sup> Lesson 1: What Is Restorative Justice? *Center for Justice & Reconciliation*. Available at, <http://restorativejustice.org/restorative-justice/about-restorative-justice/tutorial-intro-to-restorative-justice/lesson-1-what-is-restorative-justice/>

<sup>6</sup>The coalition partners include: The Leadership Conference Education Fund, Lawyers’ Committee for Civil Rights Under Law, New York City Anti-Violence Project, Asian Americans Advancing Justice, Hollaback!, Muslim Advocates, National Action Network, National Center for Transgender Equality, National Council of Jewish Women, National Disability Rights Network, National Network for Arab American Communities, Religious Action Center, South Asian Americans Leading Together, The Sikh Coalition, and UnidosUS (formerly National Council of La Raza). The Southern Poverty Law Center serves as strategic advisor.

<sup>7</sup> Communities Against Hate. (2019). *Hate Magnified: Communities in Crisis* p. 7. Available at: <https://hatemagnified.org/CAH-hatemagnified2019.pdf>

<sup>8</sup> Breese, E. (2020, June 22). *Ohio woman calls police on 9-year-old girl for writing Black Lives Matter outside her own house*. MSN. Available at, <https://www.msn.com/en-gb/news/world/ohio-woman-calls-police-on-9-year-old-girl-for-writing-black-lives-matter-outside-her-own-house/ar-BB15PEWY>

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In the case of Mira Acklin, charging the neighbor with a crime may not change that Acklin feels uncomfortable in her own neighborhood and repair the harm caused by the bias-based call. Instead, the government should assist the parties in transforming relationships within the community and have the victim directly participate in the resolution of the case. A restorative justice approach would allow Acklin and the neighbor to encounter one another to discuss how the event impacted them. It would let Acklin directly express to the neighbor the harm they caused by making this bias-based call and the emotional impact on the 9-year-old. The goal is by using this approach it allows the victim to heal by facilitating a conversation with the perpetrator and transform these relationships. The ultimate goal is the bias-based caller understands the impact of their behavior and transforms some of the views that caused the bias to begin with. More importantly, it gives Mira Acklin an opportunity to heal and be heard - - hopefully by allowing this conversation to take place a child can feel comfortable to play in their own driveway.

For these reasons, the RIPA Board and CAH coalition recommend that law enforcement agencies conduct thorough investigations of hate-based incidents, and that agencies strengthen data collection of hate incidents.<sup>9</sup> The Board recognizes that many advocacy organizations do not support penalty-enhancement bills. We are concerned that while these laws are framed as mechanisms to protect hate-targeted communities, they have contributed to perpetuating social disparities. Instead, we should emphasize the importance of restorative and transformative justice responses to hate crimes and bias-motivated incidents.

CAH also supports a restorative justice approach to addressing incidents of hate both as a tool for people who experience hate to act as social change agents and an opportunity to advance healing for the immediate victim and others who are indirectly targeted.<sup>10</sup> The National Coalition of Anti-Violence Programs (NCAVP) echoes the recommendation to increase efforts to encourage reporting and underscores the need to increase community-based reporting infrastructure.<sup>11</sup> The National LGBT/HIV Criminal Justice Working Group additionally identified investment in bystander intervention programs and other community safety models as key strategies that will allow communities to intervene and respond to violence effectively.<sup>12</sup>

<sup>9</sup> Communities Against Hate. (2019). Hate Magnified: Communities in Crisis p. 8. Available at: <https://hatemagnified.org/CAH-hatemagnified2019.pdf>

<sup>10</sup> Communities Against Hate. (2019). Hate Magnified: Communities in Crisis pp. 34-35. Available at: <https://hatemagnified.org/CAH-hatemagnified2019.pdf>; National Report on LGBTQ & HIV-Affected Violence in 2017. p. 7. Available at: <http://avp.org/wp-content/uploads/2019/01/NCAVP-HV-IPV-2017-report.pdf>.

<sup>11</sup> National Coalition of Anti-Violence Programs. (2018). National Report on LGBTQ & HIV-Affected Violence in 2017. p. 24. Available at: <http://avp.org/wp-content/uploads/2019/01/NCAVP-HV-IPV-2017-report.pdf>; The NCAVP hate violence incident reporting model includes false police reporting incidents (*Ibid.* p. 47).

<sup>12</sup> Saenz, R., Ingelhart, K., & Ritchie, A.J. (2018). *The Impact of the Trump Administration's Federal Criminal Justice Initiatives on LGBTQ People & Communities and Opportunities for Local Resistance*. p. 25. Available at: [https://www.lambdalegal.org/sites/default/files/publications/downloads/the\\_impact\\_of\\_the\\_trump\\_administrations\\_federal\\_criminal\\_justice\\_initiatives\\_on\\_lgbtq\\_people\\_communities\\_and\\_opportunities\\_for\\_local\\_resistance.pdf](https://www.lambdalegal.org/sites/default/files/publications/downloads/the_impact_of_the_trump_administrations_federal_criminal_justice_initiatives_on_lgbtq_people_communities_and_opportunities_for_local_resistance.pdf)

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If we continue to view bias-based calls as simply a crime which requires punishment, we ignore the pain and trauma inflicted on entire communities. A restorative justice approach, gives a unique opportunity for the community to come together and have a conversation about the impact of explicit or implicit bias and incidents of hate. It is only through a cooperative community-centered approach to responding to hate incidents that we can truly transform our society.

### C. Best Practices for Responding to Bias-Based Calls

The Board continues to review evidence-based best practices and policies in responding to bias-based calls. The San Francisco Police Department is one of the few law enforcement agencies within the state of California that directly addresses bias by proxy in their policies. Within the policy the agency defines it as:

[W]hen individuals call the police and make false or ill-informed claims of misconduct about persons they dislike or are biased against based on explicit racial and identity profiling or implicit bias. When the police act on a request for service rooted in implicit, explicit or unlawful bias, they risk perpetuating the caller’s bias. Members should use their critical decision-making skills drawing upon their training to assess whether there is criminal conduct.<sup>13</sup>

The policy goes on to reiterate that officers should be cognizant of “racial and identity profiling, implicit bias, and bias by proxy” while carrying out their duties.<sup>14</sup> We recommend that (1) the legislature require law enforcement agencies to adopt a policy addressing bias by proxy and (2) mandate a specific course on bias by proxy for both dispatchers as well as officers as a part of their basic training as well as continuing education. Specifically, for bias by proxy, the policy should include:

- How officers can identify a bias-based call for service
- How sworn personnel and dispatchers should interact with the community member who has made a bias-based call for service
- How an officer should interact with a community member who is the subject of a bias-based call
- How the shift supervisor should interact with the caller
- Required training for officers and dispatchers that covers responding to bias-based calls for service

<sup>13</sup> San Francisco Police Department, General Order 5.17, Bias Free Policing Policy (2020) Available at, [https://sfgov.org/policecommission/sites/default/files/Documents/PoliceCommission/draft\\_DGO\\_5.17\\_Policy\\_Prohibiting\\_Biased\\_Policing\\_-\\_redlined\\_01242020%20FINAL.pdf](https://sfgov.org/policecommission/sites/default/files/Documents/PoliceCommission/draft_DGO_5.17_Policy_Prohibiting_Biased_Policing_-_redlined_01242020%20FINAL.pdf)

<sup>14</sup> San Francisco Police Department, General Order 5.17, Bias Free Policing Policy (2020) Available at, [https://sfgov.org/policecommission/sites/default/files/Documents/PoliceCommission/draft\\_DGO\\_5.17\\_Policy\\_Prohibiting\\_Biased\\_Policing\\_-\\_redlined\\_01242020%20FINAL.pdf](https://sfgov.org/policecommission/sites/default/files/Documents/PoliceCommission/draft_DGO_5.17_Policy_Prohibiting_Biased_Policing_-_redlined_01242020%20FINAL.pdf)

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- Dispatcher trainings need to address how to recognize and handle incoming calls by citizens for ‘suspicious behavior’ and determine if there is an articulable criminal activity in progress; an officer should only be dispatched if there is actual suspicious behavior. If they are not able to articulate a legally justifiable reason or they cannot articulate criminal activity in progress, then the call should not be referred to an officer to respond
- Departments should include and develop guidelines for how to implement a restorative justice approach to address hate-based incidents in their communities

For a more detailed outline of recommended best practices by the RIPA Board, please see the 2020 RIPA report.

### III. Responding to a Mental Health Crisis

Over the years, reductions in state and local budgets have slashed funding for mental health services, homelessness, and substance abuse and recovery services; offender reentry programs; educational and vocational training opportunities; and programs that promote economic improvement. By default, police agencies have been required to fill the void created by funding cuts in social and medical welfare systems, which often places police officers in an untenable position.

For example, the “defunding” of mental health services by state and local governments in recent years means that the police are often the only ones left to call to situations where a social worker or mental health professional would have been more appropriate and safer for all involved. Although police agencies are working to train officers in crisis intervention or mental health first aid, this does not take the place of proper medical treatment. – **International Association of Chiefs of Police**<sup>15</sup>

“A comprehensive and integrated crisis network is the first line of defense in preventing tragedies of public and patient safety, civil rights, extraordinary and unacceptable loss of lives...”<sup>16</sup> Civil Rights leaders have long advocated for funding social services and community-based programs that better address an individuals’ needs rather than asking the criminal justice system to address issues such as being unhoused or mental health conditions. The police too have explained that over time they have been asked to be the catch all for issues our society has failed to solve and there needs to be a better solution.<sup>17</sup>

<sup>15</sup> IACP Statement on "Defunding the Police". *International Association of Chiefs of Police* (2020, June 08). Available at, <https://www.theiacp.org/news/blog-post/iacp-statement-on-defunding-the-police>

<sup>16</sup> National Guidelines for Behavioral Crisis Care: Best Practices Tool Kit (2020) *Substance Abuse and Mental Health Services Administration*, p. 8, available at <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>

<sup>17</sup> Sipes, L. A., Jr. (2020, July 13). Social Workers Need to Step Up and Replace Cops. *Crime in America*. Available at <https://www.crimeinamerica.net/social-workers-need-to-step-up-and-replace-cops/>

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The vast majority of calls for service are actually best suited for a community first response. Only 4% of calls for service involve a report of a violent crime.<sup>18</sup> Further, in a study of over 264 cities, researchers found 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.”<sup>19</sup>

The Board recognizes that even with specialized crisis intervention training for officers and other programs through the country which have law enforcement and social workers working side by side, nearly 1 in 4 of fatal shootings in the past 5 years involved someone experiencing a mental health crisis.<sup>20</sup> About one-third to 50 percent of use of force incidents by police involved someone with a disability or mental health conditions.<sup>21</sup>

Investing in the community and social services is a common sense approach to modern policing that reduces the overall violent crime rates, encourages an efficient use of community resources, and saves countless lives by connecting people to the care they need. In developing new crisis models it is important we be mindful of the lessons of our past as we move into the future of a reimagined approach to healthcare.

#### A. Brief History of Mental Health in America: How did we get here?

Mental health advocates since the very foundation of our country have struggled and continue to strive to achieve equal rights and fair treatment of those with disabilities. State run mental institutions developed in the 1800’s after Dorothea Dix reported on the treatment of those afflicted with mental illness in the jails. Dorothea Dix explained in testimony to state legislators that “Prisons are not constructed in view of being converted into county hospitals, and almshouses are not founded as receptacles for the insane.”<sup>22</sup>

Unfortunately, the state run institutions turned into a terrifying, abusive, horrific environment for those who were committed to them. The institutions widely used sterilization<sup>23</sup>, lobotomy, and

<sup>18</sup> Asher, & Horwitz. (2020, June 19). How Do the Police Actually Spend Their Time? *New York Times*. Available at <https://www.nytimes.com/2020/06/19/upshot/unrest-police-time-violent-crime.html>

<sup>19</sup>In reaching these conclusions researchers reviewed crime rates and trends in 264 cities spanning a period of 20 years. Sharkey, P., Torrats-Espinosa, G., & Takyar, D. (2017). Community and the Crime Decline: The Causal Effect of Local Nonprofits on Violent Crime. *American Sociological Review*, 82(6), 1214-1240. doi:10.1177/0003122417736289

<sup>20</sup> Fatal Force: Police shootings database. (2020, January 22). *Washington Post*. Available at <https://www.washingtonpost.com/graphics/investigations/police-shootings-database/>

<sup>21</sup> David Perry and Lawrence Carter-Long, The Ruderman White Paper on Media Coverage of Law Enforcement Use of Force and Disability. (March 2016). *Ruderman Family Foundation*, available at, [https://rudermanfoundation.org/wp-content/uploads/2017/08/MediaStudy-PoliceDisability\\_final-final.pdf](https://rudermanfoundation.org/wp-content/uploads/2017/08/MediaStudy-PoliceDisability_final-final.pdf)

<sup>22</sup> Dix, D. (1843) Memorial to the Legislature of Massachusetts, *Old South Leaflets*, vol. 7, p. 489-519, available at [https://college.cengage.com/history/ayers\\_primary\\_sources/dorothea\\_dix\\_speaks\\_insane\\_persons.htm](https://college.cengage.com/history/ayers_primary_sources/dorothea_dix_speaks_insane_persons.htm)

<sup>23</sup> “More than 60,000 people were sterilized in 32 states during the 20th century based on the bogus “science” of eugenics... White elites with strong biases about who was “fit” and “unfit” embraced eugenics, believing American DRAFT REPORT – PENDING EDITING AND REVIEW This draft is a product of various subcommittees of the Racial and Identity Profiling Advisory Board. It has been provided merely for the Racial and Identity Profiling Advisory Board’s consideration and its content does not necessarily reflect the views of any individual RIPA Board member, the full RIPA Board or the California Department of Justice.

other “treatments” that can be categorized as nothing but torture. The conditions of these institutions gave rise to the deinstitutionalization movement. Disability rights advocates fought to (1) move severely mentally ill people from the inhumane conditions of state run institutions to community based care and (2) that treatment of mental illness should be in the least restrictive setting.<sup>24</sup>

In 1963, the Community Mental Health Act was passed, which aimed to establish comprehensive community mental health centers through the United States.<sup>25</sup> However, the community mental health centers never received stable funding.<sup>26</sup> By 1967 the number of those suffering mental illness in the criminal-justice system doubled.<sup>27</sup> In 1981 President Regan signed the Omnibus Budget Reconciliation Act which nearly eliminated the federal government’s role in providing service to the mentally ill.

Since then states have continued to cut spending for mental health related services, between 2009-2012 states cut over 4.35 billion dollars allocated for community based care which was the largest reduction in budget since the deinstitutionalization movement. California, in 2012 had a mental health budget of 2.8 billion which was a 760 million dollar reduction from 2009.<sup>28</sup>

Instead of adequately funding community based treatment those with disabilities were left out on the streets and sent to our jails. One-third of unhoused persons suffer from a serious untreated mental health condition.<sup>29</sup> Approximately 20 percent of those in our jails or prisons have a

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society would be improved by increased breeding of Anglo Saxons and Nordics, whom they assumed had high IQs. Anyone who did not fit this mold of racial perfection, which included most immigrants, Blacks, Indigenous people, poor whites and people with disabilities, became targets of eugenics programs.” Stern, A. M. (2020, August 26). Forced sterilization policies in the US targeted minorities and those with disabilities – and lasted into the 21st century. *The Conversation*. Retrieved from <https://theconversation.com/forced-sterilization-policies-in-the-us-targeted-minorities-and-those-with-disabilities-and-lasting-into-the-21st-century-143144>

<sup>24</sup> Torrey, E. F., Stieber, J., Ezekiel, J., Wolfe, S. M., Sharfstein, J., Noble, J. H., " Flynn, L. M. (1992). *Criminalizing the seriously mentally ill*. Washington, DC National Alliance for the Mentally Ill and Public Citizen Health Research Group, available at <https://www.pbs.org/wgbh/pages/frontline/shows/asylums/special/excerpt.html#ret7>

<sup>25</sup> Community Mental Health Act. (2016, July 07). *The National Counsel for Behavioral Health*, available at <https://www.thenationalcouncil.org/about/national-mental-health-association/overview/community-mental-health-act/>

<sup>26</sup> Pan, D. (2013, April 29). TIMELINE: Deinstitutionalization And Its Consequences, available at, <https://www.motherjones.com/politics/2013/04/timeline-mental-health-america/>

<sup>27</sup> Torrey, E. F., Stieber, J., Ezekiel, J., Wolfe, S. M., Sharfstein, J., Noble, J. H., " Flynn, L. M. (1992). *Criminalizing the seriously mentally ill*. Washington, DC National Alliance for the Mentally Ill and Public Citizen Health Research Group, available at <https://www.pbs.org/wgbh/pages/frontline/shows/asylums/special/excerpt.html#ret7>

<sup>28</sup> Lippman, D. (2012, September 19). State Mental Health Cuts Hit Low-Income Patients Hard. *Huffington Post*, available at, [https://www.huffpost.com/entry/state-mental-health-cuts\\_n\\_1897769](https://www.huffpost.com/entry/state-mental-health-cuts_n_1897769)

<sup>29</sup> Mondics, J. How Many People with Serious Mental Illness Are Homeless? *The Treatment Advocacy Center*. Available at, <https://www.treatmentadvocacycenter.org/fixing-the-system/features-and-news/2596-how-many-people-with-serious-mental-illness-are-homeless>

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serious mental illness which means that there are 10 times more people with serious mental illness in our jails than our few remaining state hospitals.<sup>30</sup> The Los Angeles County Jail is effectively one the largest “mental institutions” in the country with over 5,000 people who requiring mental health services.<sup>31</sup> In California, 10 percent of deaths in custody in 2019 were those who died of suicide.<sup>32</sup> Jails are not replacements for mental health treatment and only create a revolving door where those who are in the most desperate need of help are forgotten, marginalized, and labeled as criminals.

“With non-existent or inadequate crisis care, costs escalate due to an overdependence on restrictive, longer-term hospital stays, hospital readmissions, overuse of law enforcement and human tragedies that result from a lack of access to care. Extremely valuable psychiatric inpatient assets are over-burdened with referrals that might be best-supported with less intrusive, less expensive services and supports.<sup>33</sup>”

Police have been inappropriately left with the responsibility of helping alleviate a health crisis. Police officer and departments are not trained mental health clinicians and even with the best of training should not be the first responders in many of these situations. Nor can emergency rooms be the only alternative to provide treatment to people with a medical condition, as this often creates a revolving door where some patients can never achieve long term stabilization.

Removing “mental health care” from jails and state run institutions back into the community should be the path moving forward. When our governments failed to fund community based solutions, they merely replaced state run institutions with jails without improving the conditions for those with mental health disabilities. Our society left our police departments and criminal justice system to resolve *a health crisis*. The Board calls upon our leaders to now fulfill the promise that was made over 60 years ago, fund community based solutions so everyone can live with dignity, autonomy, and respect regardless of disability.

<sup>30</sup>How Many Individuals with Serious Mental Illness are in Jails and Prisons? (2014, November). *Treatment Advocacy Center*, available at <https://www.treatmentadvocacycenter.org/storage/documents/backgrounders/how%20many%20individuals%20with%20serious%20mental%20illness%20are%20in%20jails%20and%20prisons%20final.pdf>

<sup>31</sup>Montagne, R. (2008, August 13). Inside The Nation's Largest Mental Institution. *NPR*. Available at, <https://www.npr.org/templates/story/story.php?storyId=93581736>

<sup>32</sup> OpenJustice, Deaths in Custody by Manner of Death, 2019. *California Department of Justice*. Available at, <https://openjustice.doj.ca.gov/data-stories/2018/death-custody-2010-2019#death-custody-manner-death-2019>

<sup>33</sup> Substance Abuse and Mental Health Services Administration, *National Guidelines for Behavioral Crisis Care: Best Practices Tool Kit* (2020) p. 8, available at <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>

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## B. Developing Crisis Response Models

This year, the RIPA Board invited several experts to speak about mental health and law enforcement interactions. One of those experts was Emily Lyles, a Licensed Clinical Social Worker with the Kern County Behavioral Health and Recovery Services as well as oversees the Mobile Evaluation Team (MET) and co-chairs the Crisis Intervention Team (CIT). Emily Lyles discussed the development and implementation of one of the first co-response teams in the nation, where law enforcement and social workers team up to respond to mental health calls. She discussed how Kern County uses this approach to “reroute” people from the criminal justice system and to treatment.

Vinny Eng also presented to the Board. Mr. Eng is a community organizer and mental health advocate who lost his sibling, Jazmyne Ha Eng. Jazmyne was killed by sheriff deputies while experiencing mental crisis while in a mental health facility. This tragedy became the impetus for his advocacy which focuses on preventing similar outcomes to others experiencing a crisis. Vinny Eng advocated that the board should look at models where law enforcement is not the first point of contact for mental health crisis response and that in order to make meaningful reforms we must include the community throughout the process. Vinny Eng further recommended that the Board not subdivide issues of race and disability because both are deeply intertwined, noting Mental Health America reports that 20% of Black Americans are more likely than whites to report serious psychological distress.<sup>34</sup>

“We cannot arrest and incarcerate our way out of poverty, homelessness and mental illness. We cannot continue to expect officers to be guardians of safety, social workers, case managers and counselors.” – Vinny Eng

The Board has started to examine several types of crisis intervention strategies from around the country in its exploration of developing best practices and model polices. There is no one-size-fits-all solution –each person and each crisis is different. Likewise, each community has different needs and gaps in social services that will need to be addressed. The examples given are presented in a timeline to demonstrate the evolution of crisis response in our country. This list is by no means exhaustive and should be seen as a starting point for leadership, communities, and law enforcement to have a discussion how they can improve calls for services through a community first response. We hope, by carefully examining our past we can truly reimagine a new era public safety.

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<sup>34</sup> Mental and Behavioral Health - African Americans. (2019, September 25). *U.S. Department of Health and Human Services Office of Minority Health*. Available at, <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4>  
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## Memphis Model: Crisis Intervention Teams

The Crisis Intervention Teams (CIT) model began in Memphis in 1988 when a mother called the police to help her son who was having a mental health crisis, and was killed by police.<sup>35</sup> The City of Memphis took this tragic moment to bring together the community to develop a new approach to public safety. The program since then has been replicated nationally and internationally in the years since with over 2,700 CIT programs.<sup>36</sup>

The basis behind the CIT program is to train a select group of police officers to respond to certain crisis calls. The core element of CIT is having officers who are interested in the program take a 40 hour or a 1-week course regarding crisis response. In Memphis instructors include mental health workers, advocates, and officers familiar with CIT.<sup>37</sup> The program also requires dispatchers undergo an 8 hour training to recognize mental health calls that should be rerouted to the CIT. Finally, the program has a “centralized drop-off mental health facility” where there is automatic acceptance of patients transported by CIT officers.<sup>38</sup>

The research on the outcomes of the CIT programs are mixed, “there is concern about the lack of evidence of efficacy for specific goals and concern over the opportunity cost of pursuing this model to the exclusion of others.”<sup>39</sup> One study found that CIT training appeared to have little to no effect on injuries in police encounters with mental illness, and there is no measurable difference between use of force with CIT trained officers and those without it.<sup>40</sup> However, CIT has shown to be effective in (1) improving officer satisfaction and self-perception reduction in the use of force and (2) moderate cost reductions by diverting people from the jails to hospitals can be seen in cities that have implemented CIT programs.<sup>41</sup> Ultimately, the more officers trained in CIT the better the outcomes.

<sup>35</sup> Rogers, M. S., McNiel, D. E., & Binder, R. L. (2019). Effectiveness of Police Crisis Intervention Training Programs. *Journal of the American Academy of Psychiatry and the Law*. doi: <https://doi.org/10.29158/JAAPL.003863-19>

<sup>36</sup> Rogers, M. S., McNiel, D. E., & Binder, R. L. (2019). Effectiveness of Police Crisis Intervention Training Programs. *Journal of the American Academy of Psychiatry and the Law*. doi: <https://doi.org/10.29158/JAAPL.003863-19>

<sup>37</sup> Rogers, M. S., McNiel, D. E., & Binder, R. L. (2019). Effectiveness of Police Crisis Intervention Training Programs. *Journal of the American Academy of Psychiatry and the Law*. doi: <https://doi.org/10.29158/JAAPL.003863-19>

<sup>38</sup> Larger metropolitan areas have deployed multiple facilities within geographically dispersed areas. Rural settings present specific challenges in using the CIT model for crisis response.

<sup>39</sup> Rogers, M. S., McNiel, D. E., & Binder, R. L. (2019). Effectiveness of Police Crisis Intervention Training Programs. *Journal of the American Academy of Psychiatry and the Law*. doi: <https://doi.org/10.29158/JAAPL.003863-19>

<sup>40</sup> Kerr, A. N., Morabito, M., & Watson, A. C. (2010). Police Encounters, Mental Illness, and Injury: An Exploratory Investigation. *Journal of Police Crisis Negotiations*, 10(1-2), 116-132. doi:10.1080/15332581003757198

<sup>41</sup> Rogers, M. S., McNiel, D. E., & Binder, R. L. (2019). Effectiveness of Police Crisis Intervention Training Programs. *Journal of the American Academy of Psychiatry and the Law*. doi: <https://doi.org/10.29158/JAAPL.003863-19>

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## Mobil Evaluation Teams (MET): Kern County

The MET is a Crisis Intervention Unit that is dispatched by law enforcement agencies to the scene of behavioral health crises to provide on scene, in the moment, crisis intervention and evaluations conducted under Welfare and Institutions Code section 5150. MET teams were first formed in the 1990's in Los Angeles and quickly expanded to Kern County who developed one of the first co-response models in the nation.<sup>42</sup> The MET is a link between an incident that may start as a law enforcement response, but through collaboration with behavioral health, an intervention can be provided by a mental health professional, resulting in verbal de-escalation and a resolved call for service. These teams are also responsible for providing CIT training to officers as well.

The MET teams in Kern County response to 2,600-3,000 calls for service a year. The Kern model adopts several approaches to providing care: (1) Mental health providers are on and apart of the 911 dispatch system, which can either be dispatched by law enforcement or self-dispatched on the 911 to mental health calls, (2) Provide CIT training for officers in Kern County including Bakersfield Police Department and Kern County Sheriff's Office, (3) Co-response teams which have a social worker riding along with an officer, and (4) Smart911 which is a program that allows callers to pre-enter health information such as mental health diagnosis or prescribed medications.<sup>43</sup>

Kern County has encountered several obstacles in providing community based care for residents in crisis. First, the county currently funds its program through the general behavioral health fund for the county, and also by billing those who are using the services (i.e. charging the person who is in crisis.) As with many behavioral health services, MET teams have struggled with funding throughout the years, despite those challenges starting in 2020 Kern is providing 24/7 access through virtual crisis response. Additionally, another challenge has been connecting patients to community based care and teams are left with few options for long term care for patients. "Currently, the ratio of patients to mental health care providers in Kern County is 580:1. Although this is not the highest ratio in California, it is well above California as a whole (380:1)."<sup>44</sup> In order for any crisis response model to be successful there must be a variety of community based resources available for both short and long term care. As we continue to look

<sup>42</sup> Mental Evaluation Team Progress Report Fiscal Year 2018-19. (2019) *Department of Mental Health*. Available at, <https://lasd.org/pdfs/web/FY2018-19%20Annual%20Report%20on%20MET.PDF>

<sup>43</sup> "When you call 9-1-1, your Smart911 Safety Profile displays on the 9-1-1 screen and the 9-1-1 call takers can view your addresses, medical information, home information, description of pets and vehicles, and emergency contacts. You can provide as much or as little information as you like. Smart911 is a national service meaning your Smart911 Safety Profile travels with you and is visible to any participating 9-1-1 center nationwide." Smart911. Available at, <https://www.smart911.com/>

<sup>44</sup> Community Health Assessment and Improvement Plan, 2018-2019. (2019) *Kern County Public Health Services Department*. Available at, <https://kernpublichealth.com/wp-content/uploads/2019/12/KCPHSD-Community-Health-Assessment-and-Improvement-Plan-2018.2019.pdf>

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at these models we must be mindful that a holistic community approach to care is the key to success and saving many lives.

### **Eugene, Oregon: CAHOOTS (Crisis Assistance Helping Out On the Streets)**

As a starting point, many cities in “reimagining public safety” have been taking a close look at the CAHOOTS program in Oregon. It is a 24/7 mobile crisis intervention program that has been utilized by the city of Eugene since 1989. The intervention team is dispatched through both the 911 call center and a non-emergency line. CAHOOTS is a mobile health clinic that will arrive at the dispatched location in a van and will either offer services to the person in crisis at their location or transport the person to an appropriate community provider. They handle about 20% of all 911 calls in the city.

The teams consist of (1) either a nurse or EMT and (2) a crisis worker who has several years of experience in the mental health field. The CAHOOTS program is considered co-response model, meaning that if a crime is reported the police may be dispatched instead of or in addition to the crisis intervention team.<sup>45</sup> The team is equipped to handle matters such as: conflict resolution, welfare checks, substance abuse issues, and aid those who are experiencing thoughts of self-harm. Apart from their professional backgrounds team members have over 500 hours of required training. The team relies on trauma-informed de-escalation and harm reduction techniques to help those in crisis.<sup>46</sup> CAHOOTS staff are not police officers and thus are not armed. Instead CAHOOTS staff rely on their training to reach non-violent resolutions.

The program has helped the city save about \$8 million dollars annually on public safety and \$14 million in emergency rooms costs.<sup>47</sup> Alameda County is working in collaboration with Bonita House to create a similar mobile response team that will be funded in part by the Mental Health Services Act. This type of reform may be a starting place for some communities but certainly is not the only model or the right model for every community.

### **NOLA Model: Crisis Intervention Teams**

New Orleans is another city that has undergone major reforms improving crisis responses for those with mental health conditions. New Orleans had two major events that shaped its modern crisis intervention system (1) grant funding after Hurricane Katrina that focused on improving access to mental health care<sup>48</sup> and (2) a consent decree that was reached with the United States

<sup>45</sup> 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>

<sup>46</sup> 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>

<sup>47</sup> 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>

<sup>48</sup>The New Orleans Behavioral Health Crisis System: 2017 Report.

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Department of Justice in 2012 where the New Orleans Police Department agreed to “minimize the necessity for the use of force against individuals in crisis due to mental illness or a diagnosed behavioral disorder”<sup>49</sup>

The behavioral crisis systems core principles are “to provide person-centered and recovery-oriented behavioral health and support services across the continuum of care.”<sup>50</sup> In developing a system of care the city recognized the need to partner with community based organizations advocates to create a comprehensive, coordinated, and cohesive system of behavioral health care.<sup>51</sup> Presently the crisis system deploys several strategies for connecting people and families to the care they need.

NOLA has a four pronged approach to care: (1) CIT teams and trainings for dispatchers on mental health, (2) Engaged criminal justice sector which helps redirect those with disabilities from the jails to care, (3) Growing its hospitals and inpatient psychiatric facilities, and (4) Developing a strong network of community based mental health services.<sup>52</sup> The health department has recognized that the system still struggles to meet the needs of the community and lacks a cohesive system of care which they hope to improve upon by continuing to review evidence based practices.<sup>53</sup> The city still continues to examine best practices and data to improve its crisis response system and outcomes for patients.

### **Arizona Model: Crisis Now**

Crisis Now is led by the National Association of State Mental Health Program Directors (NASMHPD) and was developed with the National Action Alliance for Suicide Prevention, the National Suicide Prevention Lifeline, the National Council for Behavioral Health, and RI

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*LPHI's Behavioral Health*. p. 9. Available at, <https://lphi.org/wp-content/uploads/2018/03/FINALTransformingNewOrleansBehavioralHealthCrisisSystem.pdf>

<sup>49</sup> The New Orleans Behavioral Health Crisis System: 2017 Report.

*LPHI's Behavioral Health*. p. 9. Available at, <https://lphi.org/wp-content/uploads/2018/03/FINALTransformingNewOrleansBehavioralHealthCrisisSystem.pdf>

<sup>50</sup> The New Orleans Behavioral Health Crisis System: 2017 Report.

*LPHI's Behavioral Health*. p. 9. Available at, <https://lphi.org/wp-content/uploads/2018/03/FINALTransformingNewOrleansBehavioralHealthCrisisSystem.pdf>

<sup>51</sup> New Orleans Health Department. Behavioral Health Strategic Plan (2012). Retrieved from: <https://www.nola.gov/health-department/behavioral-health/behavioral-health-strategic-plan>

<sup>52</sup> The New Orleans Behavioral Health Crisis System: 2017 Report.

*LPHI's Behavioral Health*. p. 3. Available at, <https://lphi.org/wp-content/uploads/2018/03/FINALTransformingNewOrleansBehavioralHealthCrisisSystem.pdf>

<sup>53</sup> The New Orleans Behavioral Health Crisis System: 2017 Report. (2017)

*LPHI's Behavioral Health*. p. 5. Available at, <https://lphi.org/wp-content/uploads/2018/03/FINALTransformingNewOrleansBehavioralHealthCrisisSystem.pdf>

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International. The program began in 2016 in Arizona and has served as a model for crisis response programs throughout the country.<sup>54</sup>

The program's centerpiece is high-tech dispatch response technology that has up-to-date information on bed space and on where mobile response units are located within the community to increase response time. The mobile response team meets the person at the residence or place where the crisis is occurring and provides safe transport to community based treatment options if appropriate. The cities and counties have numerous MOU's with crisis stabilization centers where someone can receive treatment in a home-like environment instead of a hospital setting.

In Maricopa County, Arizona, it is estimated that healthcare costs have been reduced \$260 million through this program. Additionally, the creators of Crisis Now have developed guides for counties who wish to adopt this model to receive federal funds to sustain the programs. Jim Mayer, Chief of Innovation Incubation for California's Mental Health Services Oversight and Accountability Commission, says they are planning to try out this model in 8 to 10 counties.<sup>55</sup>

This model's biggest asset is the technology surrounding the 911 dispatch, however cities should be wary in adopting any model that takes a one size fits all approach to community care.

### **San Francisco: Street Crisis Response Teams:**

Since the death of George Floyd there has been a renewed interest in developing new models for crisis response. The city of San Francisco in collaboration with a community based steering committee is working to develop alternative responses to non-violent calls. The steering team notably is guided by the Human Rights Commission of SF and consists of community members from: Hospitality House, GLIDE, San Francisco AIDS Foundation, Urban Alchemy, Street Violence Intervention Program, At the Crossroads, Metta Fund, and HealthRight360.<sup>56</sup>

Cheryl Davis, Executive Director, San Francisco Human Rights Commission said "this is the beginning of a process to address the system failures and inequities disproportionately experienced by people of color and people in crisis. I look forward to hearing from those directly impacted, learning from the Steering Committee and hearing the alternatives created, informed, supported and led by community."<sup>57</sup> Presently the city is still working in collaboration with the community to develop the best crisis response model for the city.

<sup>54</sup> About Crisis Now. (2020, February 28). Available at, <https://crisisnow.com/about-crisis-now/>

<sup>55</sup> Rethinking 911: New California efforts seek to shift mental-health calls away from police. (July 6, 2020). at <https://carbon.pa.networkofcare.org/mh/news-article-detail.aspx?id=114704>

<sup>56</sup> Mayor London Breed Announces Launch of Alternatives to Policing Steering Committee [Press release]. (2020, September 8) *City of San Francisco, Mayor's Office*. Available at, <https://sfmayor.org/article/mayor-london-breed-announces-launch-alternatives-policing-steering-committee>

<sup>57</sup> Mayor London Breed Announces Launch of Alternatives to Policing Steering Committee [Press release]. (2020, September 8) *City of San Francisco, Mayor's Office*. Available at, <https://sfmayor.org/article/mayor-london-breed-announces-launch-alternatives-policing-steering-committee>

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The board wanted to highlight this developing program and hopes that as other cities start to create new crisis response systems, we are mindful that a community first response should be developed within the community and not in a vacuum.

### **New York: Not911**

Not911 is a mobile app that aides the user in resolving a variety of community based issues without the police. The app was created by a nonprofit software company, Emergent Works, that trains and employs formally incarcerated people.<sup>58</sup> The designers recognize many people may be fearful of calling the police for a variety of reasons such as immigration status.<sup>59</sup>

The app allows users to choose from a variety of agencies and nonprofits to address issues such as mental health calls, assistance for those who are unhoused, domestic violence, drug overdoses, or legal support. Presently the app is only available to New York City-based organizations which offer counseling, mediation, and intervention services.<sup>60</sup> The app is currently available for download at <https://not911.nyc/>.

### **Mental Health First (MH First): Sacramento and Oakland**

As our society continues to take steps forward to stop the criminalization of mental illness and those who are unhoused we hope that city's will consider response models that are entirely community based. MH First is a mobile crisis response team that completely independent from the police department and traditional 911 dispatch centers. The nonprofit launched its pilot program in Sacramento in January 2020 and has now expanded its operations to Oakland. 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."<sup>61</sup> 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 team can be contacted directly through a crisis line and will respond to the person's location if needed. They consist of a few dozen volunteers who are health experts, doctors, EMTs, nurses, and safety liaisons. MH First currently operates from 7 pm to 7 am, on Friday, Saturday, and Sunday. Since its launch in Sacramento, they have responded to on average about 30 calls

<sup>58</sup> Emergent Works. (2020) Available at, <https://www.emergentworks.org/>

<sup>59</sup> Scotland, T. & Quin, A. Meet the Formerly Incarcerated Software Engineers who Built a No-Police Alternative to 911. (2020, September 18) *Codeburst.io*. Available at, <https://codeburst.io/meet-the-formerly-incarcerated-software-engineers-who-built-a-no-police-alternative-to-911-5a5af163f8b2?gi=9e0d442d73c8>

<sup>60</sup> <https://codeburst.io/meet-the-formerly-incarcerated-software-engineers-who-built-a-no-police-alternative-to-911-5a5af163f8b2>

<sup>61</sup> MH First Sacramento. Anti-Police Terror Project. Available at <https://www.antipoliceterrorproject.org/mh-first>  
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per month.<sup>62</sup> With additional funding and support they hope to be available 24/7. The team not only responds to a crisis but also does proactive street outreach where they 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. If needed, they will work with the person to find the appropriate community organization to address that person's specific needs. The ultimate goal is to aid the person in crisis to participate in their treatment and development of a safety/recovery plan.<sup>63</sup> MH First is entirely voluntary, violence free, and provides trauma-informed care to its participants. MH First has been featured in a number of panel discussions regarding community based crisis response on both a local as well as national stage and is proving to be one of the models to watch when it comes to crisis response that is entirely community based.<sup>64</sup>

### **The Board's Vision for Crisis Intervention Models**

As these crisis response models continue to develop, the Board hopes to review data on the efficacy the different types community based responses and how they can be further improved. We encourage communities to come together and create a forum for families, providers, and law enforcement to discuss the best approaches to resolving this healthcare crisis. We must uplift our communities, listen to their needs, and be inclusive of disability when we discuss reforms so that we can move away from using jails as a substitute for treating societal as opposed to criminal issues.

### **C. Mental Health Services Act (MHSA)**

The Mental Health Services Act can be a tremendous resource for counties in funding innovative approaches to mental health reforms and creating new crisis response models. Alameda County's CATT program is funded primarily through this act. The MHSA was passed by the California State legislature in 2004, but counties largely did not utilize these funds. In 2018, the legislator conducted an audit of MHSA funds and found that due to poor oversight of expenditures, many counties had amassed millions in unspent MHSA funds.<sup>65</sup>

<sup>62</sup> Buxbaum, J. (2020, July 23). California Initiatives Moves Away from Policing Mental Health Crises. Available at, <https://shadowproof.com/2020/07/23/california-initiative-moves-away-from-relying-on-police-to-address-mental-health-crises/>

<sup>63</sup> Ross, T. (2020, June 18). The Abolitionist Project: Building Alternatives to Policing. Available at, <https://www.essence.com/essence-policylink/the-abolitionist-project-building-alternatives-to-policing/>

<sup>64</sup> Decarcerating Care: Taking Policing out of Mental Health Crisis Response. (Sept. 14, 2020) Institute for the Development of Human Arts. Available at, <https://www.idha-nyc.org/events/2020/9/14/decarcerating-care-taking-policing-out-of-mental-health-crisis-response>

<sup>65</sup> California State Auditor (February 2018) Mental Health Services Act, The State Could Better Ensure the Effective Sue of Mental Health Services Act Funding. Available at <https://auditor.ca.gov/pdfs/reports/2017-117.pdf>  
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Further, the state auditor found that “local mental health agencies accumulated \$81 in million in unspent interest and set aside between \$157 million and \$274 million in excessive reserves that they could better use to provide additional mental health services.”<sup>66</sup> For example, in 2019 Sacramento CBS13 reported that Sacramento County was looking to spend \$126 million on mental health services after the new County Health Department Director Dr. Beilenson uncovered the surplus MHSAs funds.<sup>67</sup>

The RIPA Board recommends that if community members or law enforcement have questions about how your county or city is spending MHSAs funds please contact the California Department of Health Care Services, Phone, (916)-713-8756, FAX, (916) 440-7621, or by mail at Mental Health Services Division, Attn: MHSAs, 1500 Capitol Ave., MS 2704 PO Box 997413, Sacramento, CA 95899-7413, [mhsa@dhcs.ca.gov](mailto:mhsa@dhcs.ca.gov).

#### D. AB 109: Public Safety Realignment

In 2011 the California Legislature passed AB 109 which was intended to move persons serving a sentence for a low level offense from the jail into community based programs, it is often referred to as “realignment.”. The bill included funding provisions for implementing and providing rehabilitative and supportive services.<sup>68</sup> In the bill the Legislature specifically encouraged counties to use the funds to “invest in community based alternatives” to incarceration; however, there is little oversight and the spending of these funds is largely up to the broad discretion of local leaders. In the year 2016-17 alone the state distributed over \$4.4 billion to develop services. In the fiscal year of 2019-20 LA County received nearly \$426.5 million for “community based corrections.”<sup>69</sup> But, since its enactment local governments exercising their discretion under the law, on average have only used 11% of those funds for community based services while the remaining funds went back into the jails and probation departments.<sup>70</sup>

Some counties spend more of their money on community based care while others have taken AB 109 funding and increased local law enforcement budgets. For example, Contra Costa, Orange County, and Sacramento County (amongst others) spends 75-100% of its AB 109 budget on law enforcement with the remaining money being spend in the community. By contrast San Diego,

<sup>66</sup> California State Auditor (February 2018) Mental Health Services Act, The State Could Better Ensure the Effective Sue of Mental Health Services Act Funding. Available at <https://auditor.ca.gov/pdfs/reports/2017-117.pdf>

<sup>67</sup> Good Day Sacramento. (2019, August 15). *Sacramento County Looking to Spend \$126 Million in Surplus Money On Mental Health Services*. Available at <https://gooddaysacramento.cbslocal.com/2019/08/15/sacramento-millions-mental-health-taxpayer-dollars/>

<sup>68</sup> Implementing AB 109: How Four California Counties Met the Challenge of the 2011 Public Safety Realignment in Their Communities. (2012) *California Mental Health Planning Council*. Available at, [https://www.dhcs.ca.gov/services/MH/Documents/AB%20109%20Imp%20Feb%202013\\_FINAL.pdf](https://www.dhcs.ca.gov/services/MH/Documents/AB%20109%20Imp%20Feb%202013_FINAL.pdf)

<sup>69</sup> <https://lacalternatives.org/wp-content/uploads/2019/12/Attachment-1-Summary-of-Funding-Streams.pdf>

<sup>70</sup> Implementing AB 109: How Four California Counties Met the Challenge of the 2011 Public Safety Realignment in Their Communities. (2012) *California Mental Health Planning Council*. Available at, [https://www.dhcs.ca.gov/services/MH/Documents/AB%20109%20Imp%20Feb%202013\\_FINAL.pdf](https://www.dhcs.ca.gov/services/MH/Documents/AB%20109%20Imp%20Feb%202013_FINAL.pdf)

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San Francisco, and San Bernardino (amongst others) spend 0-25% of their AB 109 funds on law enforcement.<sup>71</sup>

### E. Coronavirus Aid, Relief, and Economic Security (CARES) Act

The United States Congress in the Spring of 2020 passed the CARES Act which gave immediate assistance to individuals as well as non-profit organizations directly affected by Coronavirus. The bill has specific provisions to provide financial assistance to those providing mental health services including:

- \$425 million to the Substance Abuse and Mental Health Services Administration
- \$250 million to Certified Community Behavioral Health Clinics
- \$50 million to suicide prevention programs
- \$100 million for emergency-response spending that includes outreach support<sup>72</sup>

Not only did the Act support mental health services but it also provided \$17.4 billion for housing support, including over \$4 billion dollars in Housing Assistance Grants. If you are interested in financial accountability for CARES Act, the HHS provides spending detailed lists how the money is being allocated.<sup>73</sup> If you would like to explore the current grant opportunities available to you or your community you can visit grants.gov and search “HHS coronavirus” for a list of available grants.<sup>74</sup>

## IV. Vision for Future Reports

<sup>71</sup> Lin, J., & Petersillia, J. (2014). Follow the Money: How California Counties Are Spending Their Public Safety Realignment Funds. *Stanford Criminal Justice Center*. Available at, <https://www.ncjrs.gov/pdffiles1/nij/grants/247086.pdf>

<sup>72</sup> Information on the CARES Act for People with Mental Illness. (2020, March 27). *NAMI*. Available at <https://www.nami.org/About-NAMI/NAMI-News/2020/Information-on-the-CARES-Act-for-People-with-Mental-Illness>

<sup>73</sup> CARES Act Provider Relief Fund: Data. (2020, August 14) *U.S. Department of Health and Human Services*. Available at, <https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/data/index.html>

<sup>74</sup> HHS Coronavirus, *Grants.Gov*, available at <https://www.grants.gov/web/grants/search-grants.html?keywords=HHS%20coronavirus>

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