



# Advocating for New Emergency Responses to Community Crises

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# NDRN Working Guidelines for Evaluating New Emergency Response Models

- ▶ There should be minimal police involvement in responding to non-violent community emergencies
- ▶ Interactions with people in crisis should be non-violent and non-coercive. Assistance should be offered on a voluntary basis.
- ▶ Outcomes of community crisis interventions should not include incarceration or involuntary commitment to a mental health or other locked facility.
- ▶ People in crisis seeking emergency assistance are not necessarily people with a mental illness nor do personal crises by necessity require mental health interventions.
- ▶ The role of peer support and advocacy should be central to any community-based, non-police emergency response program.
- ▶ Affected communities should be involved in the development and implementation of emergency response programs.



PRN is a survivor led space for healing, wellness and exploration of identities beyond victim, "mentally ill," "addict," "the homeless," and "felon"

**Three-fold aims:** Peer Support, System Change, Social Justice

Elevate the voices of people directly impacted to advance wellness, recovery and resilience through peer support

Utilize the earned wisdom to re-develop behavioral health practices and services to be trauma aware, informed and competent

Ignite social justice based reform on policies and practices that create inequity, marginalization and disenfranchisement of people with labels of mental illness in the name of treatment and "justice"



PVNC is a statewide survivor led movement of over 600 people mobilizing to provide leadership for policy and system transformation based on their Expertise by Experience

**Coalitions:**

Peer Justice Initiative (PJI)

Recovery Alternatives to Forced Treatment (RAFT)

Peer Support Expert Commission

Peer Run Wellness Centers

Peer and Recovery Policy and Leadership

Youth and Collegiate Recovery

Community Inclusion: I'm IN!



- ▶ Community Crisis Response Team design (CCRT)
- ▶ Co-Responder Models, CIT and Mobile Crisis
- ▶ Our Need: Hospital Diversion, Involuntary Commitment, Trauma, Culture and Poverty



- ▶ Use of a “Commission” and Community Mobilizing, partnership with County, Police Department, Behavioral Health and People with Lived Experience (Peer Supporters and Non Peer Supporters)
- ▶ CCRT- in community, by community, for community (“clinicians in white vans and officers in black uniforms”)
- ▶ Calls- non violent, non criminal, mental health, substance use, homelessness, “welfare” checks, basic needs
- ▶ What’s in the Van? (Medical, basic needs, hygiene products, Naloxone, an automated external defibrillator, epipen, contraception, PPE, tents, tarps, info on needle exchange, COVID, transmittable disease, etc)
- ▶ Dispatched through? 911, 211, independent?
- ▶ Diversion to What? Will they Transport if needed?
- ▶ Data, Funding and Replication

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