



## **URBAN STRATEGIES COUNCIL**

### **REPORT ON THE FEASIBILITY OF IMPLEMENTING A CAHOOTS-LIKE PROGRAM IN OAKLAND CA.**

#### **BACKGROUND AND CONTEXT:**

This issues of police misconduct, excessive use of force and their accountability to the communities they serve are at the forefront of public and political attention and debate as America recently witnessed the murder of George Floyd and learned of the details of Breonna Taylor's homicide by police. Community efforts to address these issues in Oakland have a long history - black and brown residents have historically distrusted the police and engaged in resistance and struggle to envision new approaches to public safety and police/community relations. Recently, as community activism has focused on one specific area of concern: how police respond to 911 non-violent and mental health-related calls.

At an Oakland Police Commission hearing on Policing in the Unhoused Community in February 2019, unhoused Oakland residents shared a near-universal experience of needing to call for help but wanting an alternative to a police response. Interactions with police are often fraught, lead to additional problems without addressing the initial issues, and frequently have a delayed response.

Based on this hearing and a subsequent report by Goldman School of Public Policy graduate students (see Appendix VII), the Coalition for Police Accountability (CPA) began researching alternative emergency response models. Activists, advocates, and service providers from across many communities and OPD leadership were excited by the long-standing CAHOOTS model in Eugene, OR. Almost a year ago to the date, on June 26, 2019, Council President Rebecca Kaplan, District 5 Councilmember Noel Gallo, Faith in Action East Bay, Oakland Police Commission, Urban Strategies Council, and CPA sponsored a presentation by CAHOOTS representatives who also met with the Oakland Police Department (OPD), Oakland Fire Department (OFD), OPD Dispatch, and the Mayor's office.

Based on interest in the CAHOOTS model, Oakland City Council's 2019-2020 budget included \$40,000 to fund the creation of a report by the Urban Strategies Council on feasibility of implementing a CAHOOTS-like model program in Oakland. Although there has been a nine-month delay in finalizing the contract, this report provides a comprehensive analysis with broad community engagement in the development of the proposed pilot.

Community participation in developing the pilot included forming community tables<sup>3</sup> (1/16/20, 2/6/20, 5/21/20, 6/18/20) and working groups to research and make recommendations. Initial



conversations across every community, demographic, and group of stakeholders find broad agreement that the current resources and systems for responding to non-criminal emergency calls are woefully deficient and reflect strong interest and support for creating a pilot to replace police officers with a team of civilian responders equipped for appropriate responses to mental health and non-criminal community crises.

COVID 19 has forced an examination of the vulnerabilities in our systems and has highlighted the disparities in services and security for the most vulnerable members of our society – specifically low-income, unhoused, residents of color, and people living with mental health challenges or disabilities. The lack of access to health care and specifically mental health care has never been starker. While we cannot predict the exact impact, or even the duration of the pandemic, there has been an increase in calls about mental health and suicide nationally. We expect a massive downturn in the economy that will, as always, most harm residents with the least resources and privilege and increase the number of unhoused residents.

Given current events, it is likely Oakland will continue to experience a shift in emergency response needs, requiring necessary reorganization of the response to emergency calls and how we engage residents with essential services. It is an opportunity to shift to more appropriate responses. The Mobile Assistance Community Responders of Oakland (MACRO) response model also addresses one of the underlying disparities - Oakland's residents of color have experienced medical treatment disparities and, as a result, are apprehensive about and experience barriers to accessing care. MACRO engages people, centered on those most impacted, where they are and helps them connect with appropriate referrals.

The international outcry over the murder of George Floyd highlights the level of distrust and problems that develop when police interact with Black and Brown communities, even for the most innocuous of reasons. Our unhoused communities have additional reasons to avoid encounters with police. Many unhoused residents are on probation or parole who could be violated for any interaction. An arrest of an unhoused person has multiple negative effects - they are likely to lose their tent, possessions, spot in an encampment, eligibility paperwork for services, and identification. It has never been clearer that there is deep community distrust of OPD which affects public safety in communities across Oakland.

Oakland has a unique opportunity to integrate a new model of emergency response with the violence interruption programs being coordinated by the new Department of Violence Prevention. Elected officials and systems-leaders have expressed interest in implementing a new approach to 911 non-violent response. (Staff members from Councilmembers Bas, Gallo, Gibson-McElhaney, and Taylor have participated in the community table meetings.) New Department of Violence Prevention Chief Guillermo Cespedes strongly supports a MACRO pilot and is eager to develop collaboration between violence interruption and MACRO responses. Chief Cespedes is also



interested in the opportunity to create the mechanism to expand non-police responses to other violence prevention strategies.

A core principle of this research is to view the information and data through the lens of impacted community members and to elevate their voices during the process. Primary data sources include structured interviews, focus groups, and surveys to gather perspectives of diverse individuals, groups, and families across the city with emphasis on neighborhoods which are potential areas for an alternative emergency response pilot. It examines factors that should inform the creation of policies, practices, and strategies to better respond to emergency needs in Oakland and better align existing public safety resources.

### **Research thus far has included:**

- interviews with residents who have experienced emergency calls and police interactions; interviews with service providers, community activists, and advocacy organizations to understand how needs are addressed in the current emergency response models, what is lacking, and what resources are available for emergency and long-term referrals.
- extensive discussions with current providers of emergency responses: community based, co-responder models, CAHOOTS, DVP, and OPD and OFD.
- a comparative analysis of existing emergency response models, locally and nationally.
- identifying the current public safety responses and available resources through data analysis, interviews, and site visits.

## **RECOMMENDATIONS**

Although the Eugene OR CAHOOTS model provides evidence of the efficacy and cost-savings of a non-police model and their time-tested protocols and mechanisms offer an important framework, Oakland's MACRO pilot must reflect the unique communities, challenges, and resources of Oakland. The pilot will be most successful by drawing deeply on engagement, resources, and residents from the communities it serves.

### **Location**

East Oakland has been recommended by the Department of Violence Prevention (DVP), the Alameda County Health Care Services, and many of the community activists and service providers involved in this report. It meets several criteria:

DVP is working to ensure coordination of services and programs to overcome the tendency for initiatives to operate in silos which prevents maximizing the efforts of each resource. DVP is excited to coordinate the MACRO pilot with other programs to further layer programs to support



communities. DVP is focusing on five police precincts in East Oakland with some of the highest number of shootings in the city.

A strong referral network is essential to the pilot's efficacy. The area surrounds the Eastmont Mall which has a concentration of services.

## **Budget**

Estimated expenses for one year of an operational pilot are \$1.5 million. Funding allocated in the 2020-2021 budget revision process could be supplemented with funding redirected from the City's public safety budget. Initial conversations indicate that there may be potential funding support from external public and private sources which will be solicited in partnership with the City. Funders are especially interested in matching funds appropriated by the city.

Responder models must demonstrate consistent responsiveness to the community, providers, and the police, fire, and dispatch to be successful. There are real advantages to a small initial pilot that can grow incrementally after demonstrated success. Conversely, the pilot must be scaled sufficiently to demonstrate that responsiveness. This budget ensures a 24/7 response in the targeted area for one year and an expansion to cover the highest call volume times after 6 months.

There is legislation currently in the Assembly, AB 2054 - Community Response Initiative to Strengthen Emergency Systems (C.R.I.S.E.S.) Act to establish a pilot grant program, promoting community-based responses to local emergency situations. Many organizations involved with developing MACRO support the bill and it should be monitored. Currently there is no funding attached to it.

A detailed, line-item budget will be presented to the City, prior to Council deliberations on the pilot proposal.

## **Data collection and reporting**

The pilot will track and collect adequate data on interactions with residents, outcomes, call responses, types of calls to ensure that analysis, including cost, is comprehensive. Data collection from OPD and OFD is not currently done in a way which easily tracks types of calls, responses, or outcomes. New reporting or OPD/OFD/Dispatch data may be cumbersome to implement, but data from the pilot can be robust.

After the rollout, the pilot can provide three-month snapshot status reports and a comprehensive annual report.

## **Needs to be addressed**

Low level calls overwhelm Oakland's emergency response system, often resulting in delayed OPD responses to emergency calls. Studies of staffing based on population, crime, and call volume suggest that OPD should have 1200 officers yet has fewer than 800. The overtime budget is larger than average for this sized department, as is the public safety proportion of the city budget.

On average, there are 1,300-1,500 calls to OPD dispatch each day. Precise statistics are not available since tracking does not indicate if any parties are homeless or facing mental health challenges. The past few years has seen a dramatic increase in the number and proportion of calls related to unhoused residents. Homeless advocates believe there has been a dramatic increase in the number low-level arrests of unhoused residents. The Oakland Fire Department responds to 60,000 calls annually; the number of calls has been increasing for several years.

National statistics indicate that when police respond, they are likely to unnecessarily detain residents under the Mental Health Act. Officers overuse the only responses available to them: arrests and involuntary hospitalization. Police often use physical force to manage a situation or ensure compliance with orders, resulting in trauma, further trauma, and damaging community relations. Even if a situation is handled perfectly, the long-standing distrust of police by many heavily policed communities limits many residents' willingness to call for police assistance or engage with police on scene. Data shows this distrust is rooted in reality - there is an exponentially greater likelihood that a police officer will use force on Black people, Indigenous people, people with disabilities, and people of color.

OPD's relationship with residents in many Oakland communities is severely damaged. When residents distrust police, they are less likely to call for help and more likely to distrust policing efforts to investigate crimes or strengthen community policing. Ongoing data shows that structural racism permeates policing in Oakland: OPD stops of Black and Brown residents remain five times higher than white residents despite efforts to reduce in numbers of stops and a new policy to limit stops of residents on probation or parole without a reason; racial disparities in discipline within OPD points to ongoing structural racism and no effective measures to address it.

The OPD federal monitor's report of May 2020 indicates that OPD uses force too often, in situations where it is not necessary, and fails to report and track it. The monitor continues to identify incidents that "additional verbal communications and explanation with persons who were contacted might result in a reduction in the need to use physical force, and incidents where OPD failed to identify themselves as police officers." The monitor finds failure to review incidents likely to have use of force as required... increases the likelihood of unnoticed increases in uses of force; ongoing failures to consistently activate body worn cameras as required and lack of supervision to ensure activation, and failure to de-escalate. These findings confirm the reasons that residents avoid interacting with police.

Although the discussion is often framed solely in terms of mental health crisis, the unmet need and mis-aligned responses run the gamut from drug addiction, poverty, homelessness, mental health challenges, and complaints from people from a different race and class. Non-criminal, non-violent emergency calls drain emergency response resources and prevent police and fire staff from focusing on serious criminal and priority safety issues. Overuse of police, fire, jail, and hospitalization is expensive for the city and county. OPD officers do not have the time and training to address situations with underlying complex socio-economic problems, nor adequate access to community resources.

Arrests have long-term impact through exposure to the criminal justice system. Police responding to mental health emergencies is stigmatizing, suggesting a crime rather than a health emergency. Many calls are escalated by the mere presence of armed officers.

Because of staffing shortages, the number of calls, and the need to triage responses, non-violent, low-level calls often do not receive a response within a timeframe which can address the situation. Existing city and county alternative response programs are successful but too limited to provide the necessary scope.

## **ANTICIPATED BENEFITS TO THE COMMUNITY**

CAHOOTS, upon which the MACRO pilot is modeled with appropriate Oakland-specific modifications, has been responding to emergency calls for 30 years, replacing police and fire/EMS response with a trauma-informed, client centered response. The leadership and rank-and-file of the Eugene Police Department are enthusiastic, recognizing that it enables their focus on more appropriate emergency responses. The city of Eugene reports that the program has consistently saved millions of dollars in a more appropriate response, lower arrests, and fewer emergency hospital visits.

A non-police responder program in Oakland, developed in collaboration with communities and responsive to the needs and experiences of residents, with appropriate representation of impacted residents, training, and access to resources and referrals will benefit everyone:

- community-based, client-centered, trauma-informed response that promotes clients' dignity, autonomy, self-determination, and resiliency.
- harm reduction model.
- organized to enable people to gain control of their social, emotional, and physical well-being through direct service, education, and community.
- reduction of police interactions with vulnerable populations.
- faster responses to lower priority calls, enabling mitigation and de-escalation of situations.
- lower cost response to non-criminal, non-violent emergency calls.

- OPD and OFD first responders freed up to respond to higher-priority calls.
- a more appropriate response which connects residents with services.
- transport to services - removing a frequent barrier to services.
- uncoupling medical crisis from unnecessary police contact, decriminalizes mental illness, alcoholism, and addiction.
- provide qualified and appropriate response for service providers, and families and residents with mental health challenges.
- improve police/community relationships by reducing negative interactions.
- Save the city money by reducing arrests, involuntary hospitalization, ER visits; save county costs of jailing residents, court cost, public defenders, foster care, etc.; save the community costs in work time and job loss, visiting and providing financial support to residents in jail, and other impacts.

## NON-POLICE RESPONDER MODELS IN U.S.:

***Note: Comparing models is challenging given the differences in capacity, funding, coverage, and mission.***

### A. Current models that serve Oakland residents

- **OPD Mental Health Training** All OPD officers receive 16 - 20 hours of LD37 (5150) training at the OPD Academy which includes how to respond to people with disabilities. 5150 refers to the California law code for the temporary, involuntary psychiatric commitment of individuals who present a danger to themselves or others or are gravely disabled due to signs of mental illness. Additional OPD training is clearly needed, although not part of the MACRO project. The Police Commission is developing a new Use of Force policy that will emphasize de-escalation.
- **OPD Crisis Intervention Team (CIT)** CIT was developed in Memphis, in partnership with the National Alliance on Mental Illness, with a 40-hour training that emphasizes mental health topics, crisis resolution skills, de-escalation, and access to community-based services. It is most successful when officers volunteer and receive ongoing training. Currently, there are 344 CIT OPD officers. Oakland does not provide refresher or advanced training. Oakland has a hybrid model, where most of the CIT trained officers volunteer but some are directed to participate, to ensure adequate coverage. OPD dispatchers receive training on assessment of crisis events, protocol, and identification of calls that would benefit from a CIT officer.

*(The effectiveness of the model varies. Some jurisdictions have reported reduced arrests and strengthened community relationships. Data is not available on the impact of the OPD CIT program. A 2016 review of studies and meta-analysis of CIT programs nationally found*

*no impact on arrests of people with mental health challenges or on the safety of police officers. The CIT program does not address understaffing and adds additional time-intensive expectations on existing officers since a CIT response emphasizes de-escalation, which entails taking the time and slowing down the interaction, rather than forcing quick compliance.)*

- **Alameda County Mental Health Co-Responder Models** Alameda County has several programs of police-partnered licensed clinicians responding to crises. All programs use licensed clinicians, co-respond with officers (primarily on scene where police are present), and limit coverage - both hours and number of teams being fewer than the number of potential calls. Area costs of living and housing have impacted recruitment and ability of the programs to expand.

a. Mobile Crisis Team (MCT) Two clinicians respond to crisis mental health calls throughout Oakland 10:30 am -7:30pm, Monday - Friday, responding to 5150 and other crisis calls from police, shelters, community agencies, and community members. Clinicians conduct a psychiatric and risk assessment, linkage to urgent and or ongoing services, and diversion to voluntary mental health services such as crisis stabilization facilities, wellness centers, and sobering/detox. There is a plan to expand to weekends when staffing permits.

b. Evaluation Team (MET) An officer and a licensed clinician provide the same assessment, intervention, and linkage to services as MCT, responding to calls from police dispatch from Monday -Thursday, 8am - 3pm, focused in East Oakland. They average responses to 6-8 calls/day.

c. Community Assessment & Transport Team (CATT) is a new program scheduled to launch in July or August 2020 with an EMT and licensed clinician responding once the scene is deemed safe by law enforcement. Bonita House, a 50-year provider of a range of support for residents with mental health and substance use disorder, is contracted by Alameda County to run CATT. CATT expects to start with three teams to cover all of Oakland, 7 days a week 7am – 11pm. There is no plan currently for 24/7 CATT coverage anywhere in the county.

## **B. Other community resources offering interventions & crisis responses**

- **Front Line Healers** – A recently formed collaboration between community providers, including informal networks, that are providing COVID outreach, support, and resources in unhoused communities.
- **Justice Involved Mental Health Diversion & Alternatives** - a collaboration between the District Attorney's and Public Defenders' offices to divert people to more appropriate services.

- **The Living Room** - an alternative to emergency rooms or jail, a 23-hour respite program in a non-clinical space for people experiencing psychiatric emergencies that provides support to resolve crises without more intensive intervention. Alameda County is working to bring this model to Oakland, expecting to decrease the demand on Highland and John George Hospitals.
- **HIV Education & Prevention Project of Alameda County (HEPPAC)** - a partnership between Casa Segura and LifeLong Medical Care, offers regular mobile outreach to increase access to harm reduction supplies, general health care services, and basic needs.
- **Lava Mae** - currently suspended because of COVID-19, Lava Mae normally has two monthly mobile hygiene and pop-up care villages for unhoused residents in Oakland.
- **MH First** - MentalHealth First was launched by the Anti Police-Terror Project (AFTP) in Sacramento in January 2020, to respond to mental health crises including psychiatric emergencies, substance use disorder support, and domestic violence situations that require victim extraction with a two- or three-person team of a crisis interventionist; medic (a volunteer with medical experience when available, typically EMT, LVN, RN or MD); and a safety liaison. MHFirst dispatches automatically if police will be on scene, ensures residents are safe, neutralizes dangerous behavior, and uses community resources to meet needs. There is both a hotline and response to crisis locations by volunteers from Friday through Sunday, 7pm to 7am (although MH First is currently available for phone support during the pandemic). Residents contact the helpline through phone, text, or social media. AFTP is expanding to Oakland.

**Organizations and Activists** There are a variety of organizations and informal networks responding to a broad range of crises in Oakland, including: North Oakland Restorative Justice Council (NORJC) responds in north Oakland's unhoused communities, communicating through a text network; Restorative Justice for Oakland Youth (RJOY) and Youth Alive respond in the aftermath of violence; People's Community Medics is a grassroots organization that teaches free basic emergency first aid skills in Black, Brown, and poor neighborhoods; unhoused activists respond to a broad range of crises in encampments through an informal but highly responsive network.

The numerous community models are not directly comparable. There is little data to assess and there are broad disparities among the models, types of responses, hours and geography, and targets.

### C. Crisis Assistance Helping Out on The Streets (CAHOOTS)

Eugene, Oregon has a 30-year successful mobile medical street outreach model which is a low-cost alternative to police for non-criminal requests.<sup>4</sup> CAHOOTS interdicts active mental illness, addiction and alcoholism, provides de-escalation and risk-reduction for people who

are in crisis, and offers resources and referrals. It is the only model of a non-licensed mental health worker and an EMT responding to public safety calls without a police officer.

The program responds to 17% of all public safety calls while saving \$8.5 million in 2019. Other savings include the reduction of ambulance trips, emergency room visits, involuntary mental health holds, and arrests and detentions. Although roughly half of CAHOOTS contacts are unhoused, they provide mobile crisis assistance to residents from all backgrounds and socio-economic status. CAHOOTS only engage with residents voluntarily and believes their primary function is as a client advocate.

CAHOOTS is fully integrated into both Eugene emergency response, social service, and healthcare providers and is funded through Eugene's Public Safety budget. The CAHOOTS teams share central dispatch with the Eugene police department and carry police radios. There is ongoing, structured communication with the Eugene police department, dispatch, fire, service providers. Most calls are directly dispatched to CAHOOTS. Police or fire call CAHOOTS to a scene when it becomes obvious, they are better equipped to manage a situation and emergency responders want to be able to respond to other calls.

The teams are visually distinct. Their white response vans have the clinic's bird logo and the team wear t-shirts and khakis and carry a backpack with supplies. Staff receive extensive safety training and can call for assistance on the police radios. No team member has ever been hospitalized with an injury. Although CAHOOTS can call police as part of their safety protocol, out of 24,000 calls in 2019, they called police to the scene only 150 times.

CAHOOTS respond to a wide variety of situations that do not involve emergent medical or criminal issues, such as:

- Crisis intervention and counselling for mental health issues: anxiety, depression, psychosis, suicidal ideation, and/or thoughts of self-harm.
- Intoxication or substance abuse issues.
- Helping disoriented or delusional or otherwise psychotic clients.
- Welfare checks on intoxicated, disoriented, or vulnerable individuals.
- Access/transport to emergency shelter, treatment, or other supportive services.
- Assessing needs and facilitates referrals and connections with other agencies.
- Basic non-emergency medical care that does not require a paramedic level EMS response (i.e. wound cleaning).
- Mediation of disputes between family members, roommates, or clients at group homes or agencies.
- Death notices.
- Engaging service resistant and elusive persons.

CAHOOTS is creative at addressing whatever logistics or other client concerns are an obstacle to accessing resources. For example, the CAHOOTS team has “officer access” to the Eugene animal shelter so that they can drop off a pet after hours and provide the client with information on how to retrieve their pet when they leave treatment.

CAHOOTS consult on program development and implementation with jurisdictions including Denver, CO, Portland, OR, New York, NY, and Indianapolis, IN. CAHOOTS provided extensive support in the planning and roll-out of the program in Olympia, WA.

#### **D. Other models and projects**

Many jurisdictions have models and projects with similar elements or amalgams. The community table workgroup looked at the variety of phone support, overlapping programs offering crisis intervention services, and mobile crisis teams co-responding with police.

##### **Olympia, WA Crisis Response Unit (CRU)**

CRU, funded by a public safety levy, is a new partnership patterned on CAHOOTS, with teams of social workers in downtown Olympia from 7 a.m. - 9 p.m., 7 days a week and a Familiar Faces program that establishes an ongoing, supportive relationship with high-users of emergency services with extreme behavioral health issues but not high risk for violent criminal behavior. The Olympia Police Department is pleased, reporting that CRU provides a better equipped response and relieving officers to focus on other calls. A survey of officers prior to CRU and after 6 months found a reduction in use of force and involuntary detentions.

##### **San Francisco**

CONCRN, a program in the Tenderloin, SF, provided a compassionate alternative to 911, using a crisis reporting app and compassionate peer responder teams, trained in de-escalation, to provide crisis intervention, and linkage to services. The program shut down in 2019, unable to overcome challenges with maintaining consistent peer responders, managing volunteers, and scalability. San Francisco encouraged residents and businesses to report homeless concerns to 311 for a response from Health Streets Operation Center (HSOC) which failed because it was intricately linked to enforcement, rather than providing support or services. Currently, service and advocacy organizations in San Francisco are having initial conversations to develop a CAHOOTS model.

##### **International Models**

There are several compelling international models, focused on mental health or, specifically, suicidal crisis.

PAM (Stockholm, Sweden)

PAM is a mobile ambulance, pre-hospital, non-police response program. It responds to an average of 135 emergency calls a month, 85% of which are related to suicide. During its first year, this community ambulance service was requested 1,580 times and attended to 1,254 cases (3.4 cases per day). 8

UK

In the United Kingdom, mental health calls are largely handled by the National Health Service, not police.

### **Indigenous Models**

Globally, Indigenous peoples have long used and still do use traditional forms of governance and interventions in place of police and prisons. The report does not have the capacity to address this broad topic, but Urban Strategies welcomes any data or research for integration into pilot development consideration.

## **COMMUNITY PARTICIPATION IN DELIBERATION & PILOT DEVELOPMENT**

The idea for this pilot came out of a Police Commission community event with unhoused Oakland residents. Subsequent outreach has, and will continue to, integrate questions about experiences with police, mental health responders or experiences of responses during mental health crises and other situations where police could be displaced with a more appropriate response. The three components ensuring communities' participation in the feasibility, needs assessment, and development process are:

### 1. Interviews with Subject Matter Experts

Conversations with stakeholders, including DVP, OPD, OFD, Dispatch, service providers, advocates and activists, and organizations representing impacted communities.

### 2. Community tables

Community organizations, service providers, advocates, and residents impacted by policing were invited to three community tables to explore problems in police responses to non-criminal emergencies and to develop a model integrating community participation and input on 1/16/20, 2/6/20, 5/21/20, and 6/18/20. The community tables formed three working groups:

Workgroup 1: MACRO Communications Protocols and Mechanisms to Access - develop a deep understanding of the current dispatch protocols and processes; identify calls likely to be appropriate for MACRO response; and recommend the process/technology by which residents would access MACRO and the response.

Workgroup 2: Emergency/Mental Health Response Models - explore and document the models and best practices, locally and nationally; identify existing/potential partnerships for resources and referrals to services for clients.

Workgroup 3: Community Engagement/Research - soliciting communities' input and helping to administer and/or hold space for surveys and interviews; make recommendations on how to structure ongoing community engagement and oversight during the pilot and project. Despite diminished staff support caused by the city's delay in finalizing the contract and logistical challenges during the pandemic, the workgroups provided valuable research and analysis. Workgroup reports are in the appendix.

### 3. Mechanisms for Community Input

The Community Participatory Action Research process was delayed by both the pandemic and the failure to finalize the Urban Strategies contract which will provide funding. The workgroup will engage impacted community members, including in the development of the tool, to understand the experiences of communities impacted by over policing and what solutions they would like to see. The workgroup will also study whether calling 911 or the non-emergency line would be a barrier to access for some residents and what information or alternative mechanisms would increase access. The workgroup will also make recommendations for how to structure community oversight and input into the pilot.

Next Steps - Community tables supported the research and bringing community voices to the pilot assessment and development and are continuing to discuss how to support the implementation of the pilot.

In non-COVID times, key representatives from departments which will collaborate on the MACRO pilot, including OPD, OFD, Dispatch, DVP, non-profit providers, and Alameda County Behavioral Health Care Services would visit Eugene, OR for a site visit with CAHOOTS. If this is not possible, bringing CAHOOTS representatives to Oakland is more imperative. Despite differences in the programs, CAHOOTS have critical experience responding to emergency calls and establishing a separate practice area from the police and fire that will be invaluable for a new pilot.

Urban Strategies and the Coalition for Police Accountability will continue exploring aspects of the model with partner organizations and stakeholders - OPD, OFD, Dispatch, Alameda

County, CATT/Bonita House, non-profit and community providers of adjacent services, city council, and the Police Commission, continue conversations with subject matter experts and community organizations, and follow-up on outstanding topics and materials. DVP is beginning to explore public and private funding opportunities.

Use the results of the Community Participatory Action Research methodology, including in the development of a recommended mechanism for ongoing community engagement and input.

## **Essential components of program**

The potential scale of an alternative response program in Oakland is larger and more complicated both in terms of resources and referrals and in ensuring that the planning and implementation of the program reflects the unique needs and experiences of our communities and represents and serves our diverse communities. A small initial pilot gives the space to build relationships with the community, police, fire, and a referral network in a discrete area and demonstrate the effectiveness of the model.

## **Principles**

MACRO must utilize best practices for harm reduction, street outreach, trauma-informed care, and culturally competent care. CAHOOTS foundational principles are a strong starting point.

- All services are free and voluntary.
- We rely on effective communication, trauma-informed care, harm reduction, and verbal de-escalation to maintain the safety of our staff and the community.
- We seek the most minimal intervention.
- It is our goal to remain client-centered, and to strive to provide all folks with unconditional positive regard, free of judgement or discrimination.
- We respect a client's right to privacy, dignity & confidentiality.

## **Essential Aspects to Pilot Success**

Essential to success is consistency of response and scalability. Partner organizations must understand the parameters under which MACRO responds and expect consistent responses. It is also essential to build a strong, credible relationship with communities which are served. MACRO cannot be used as an arm of enforcement. Credibility, especially with service resistant people, requires a non-authoritative, non-judgmental approach. The pilot must engage the community during the planning and implementation, demonstrate transparency in how MACRO engages with police and fire, and ensure ongoing community input and feedback.

## **Core Components**

- Structured communication and coordination with partners - police, fire, dispatch, referral network, and community.
- Monthly business meetings with dispatch supervisor, OPD and OFD liaison.
- Integration with the advocacy and service provider networks.
- During rollout and ongoing, as needed, participating in OPD pre-shift meetings.
- During rollout and ongoing, as needed, participating in dispatch meetings and training.
- Ongoing community outreach to build trust, familiarity, and interchange so that residents understand MACRO, what to expect, and can offer feedback.

## **MACRO Team**

A model that does not use licensed mental health professionals is less expensive and expands the pool of potential team members, enabling responders who reflect the communities they work in. It faces less of the recruitment and retention problem faced by programs with licensed clinicians. A common question is if unlicensed responders could increase potential liability. CAHOOTS' experience is that responders acting within their scope of practice does not increase liability.

CAHOOTS respond to emergency calls with a Medic and a Mental Health Counselor, hiring staff with experience delivering service in non-traditional environments; ability to engage diplomatically with partner agencies; and resiliency. MACRO will also emphasize seeking staff with a deep understanding of impacted communities and lived experience.

## **Recruitment**

CAHOOTS rely on its reputation and community network to attract applicants with many staff from backgrounds in mental health, homeless, or drug addiction counseling. MACRO can consciously recruit from community resources, prioritizing team-members with an understanding and knowledge of the Oakland communities which they will serve. Supportive advocacy groups and service providers connected to local networks of qualified people will help with recruitment. MACRO will focus on addressing potential barriers to employing otherwise qualified people.

## **Training**

We recommend initially using CAHOOTS training based on their extensive experience, modified to reflect specific needs or protocols from MACRO, as the basis of MACRO cohort training with 40



hour class time, OPD ride-alongs, 500 hours mentor-guided field training, a strong ongoing training & continuing education program with skills labs, in-services, and staff meetings which include a reporting/discussion of cases. CAHOOTS safety training has been refined over 30 years and currently includes: scene awareness, risk identification, communication with work partners, radio communication, defensive driving, de-escalation, self-care/clinical debrief, intuition, and decision-making autonomy.

Central to CAHOOTS team management is offering counseling to team members and bi-weekly meetings with the clinical supervisor to review issues, patient advocacy, and calls. MACRO could evaluate how to modify team counseling activities based on the specific community needs and pilot implementation requirements.

### **Immediate Response**

The pilot ideally should respond to calls 24 hours per day, 365 days per year, to ensure responsiveness and scalability. MACRO teams will carry a police radio and communicate with OPD dispatch. The close working relationship between MACRO team members and OPD come with potential problems and roles must be clearly defined. It must be clear that MACRO's priority is solely the best interests of the client and that the public understands that engaging with MACRO will not result in police interaction. Each CAHOOTS team takes an average of 20-25 calls from dispatch on a 12-hour shift. The pilot must have sufficient calls within its geographic area. In the field the CAHOOTS teams keep SOAP (Subjective, Objective, Assessment Plan) notes and carry emergency medical supplies such as: Narcan, EpiPen, Glucagon (diabetic emergency), O2 tank, Airway kit and comfort and supportive items, like water, snacks, hand warmers, socks, etc.

The calls that CAHOOTS respond to have evolved, based on the experiences of the community and the level of comfort and confidence in CAHOOTS among emergency services. The specific calls which MACRO responds to and how residents can access MACRO will be identified through collaboration with OPD, OFD, service providers, and community input (including recommendations of the community participatory research). MACRO calls will often not be priority 1 and otherwise might not receive a response for hours. Often, it is not a choice between a police response or a MACRO response – it is a choice between no response and a MACRO response.

Emergency calls about medical or fire situations are transferred from OPD dispatch to OFD dispatch. OFD dispatch receives 60,000 calls annually. OFD/EMS protocol requires a paramedic respond to any possible medical situation or evaluation, which limits calls which MACRO could respond to. Nonetheless, there are several situations which drain OFD resources that could be addressed by the pilot. OFD has suggested identifying residents who are the subject of repeated EMS calls, sometimes multiple times each week, where MACRO could develop relationships, like the Familiar Faces program in Olympia that engages with “high users.” OFD staff also suggested working with MACRO to respond to calls about warming/cooking fires in unhoused encampments;



primarily, the needed response is not a fire truck but a discussion on how to ensure safety in the placement and structure of the fire. OFD leadership is hopeful that MACRO can help support their capacity as the number of callouts has increased.

## **Referrals, Resources, & Aftercare**

The success of the CAHOOTS program depends on the ability to transport and have a “warm handoff” of clients to referral partners. The pilot’s ability to divert residents from the ED and the criminal justice system is only possible when there are adequate referral resources. MACRO’s success will depend on comprehensive, continuously updated lists of referrals and resources. The working group has done a needs assessment, synopsis of existing resources and referrals, and compiled and assessed referral options by: hours, intake coordination, referral outcomes, clinical barriers to care, turnaround, range of disposition options, community interface (feedback & problem-solving capacity), ADA accessibility, and languages spoken. The CAHOOTS referral and resource list in the Appendix, to give a sense of the breadth and depth of referrals and resources needed.

## **Parameters of proposed model**

### **Hosting**

There are multiple options and considerations in determining where to house the MACRO pilot. CAHOOTS is housed in the Federally Qualified Health Center (FQHC) which created the project 30 years ago. Oakland has five FQHCs:

- Asian American Health Services
- La Clinica de la Raza
- Lifelong Medical Care
- Native American Health Care
- West Oakland Health Council

Several established non-profits have unique connections to work that is parallel to the MACRO pilot and meet the following criteria: nimbleness, deep connection to communities, and relationships with the referral network:

- La Familia which has focused mental health services, as well as other medical services
- BOSS & ROOTS Clinic is hosting the Frontline Healers in their coordinated response to expanded outreach and needs during COVID-19;
- Case Segura runs the HEPPAC program that operates vans providing limited medical support that interact with communities like the communities MACRO would serve.

Alameda County Behavioral Health Care Services currently provides two models of response, working with OPD. If Alameda County were hosting the pilot, it would be important that it be housed within a program with synchronicity, such as EMS Corps, a program with unique advantages and competencies. AC EMS Corps has successfully trained young men who have been justice involved to become EMTs for ten years. They are familiar with emergency response, have worked with impacted communities to ensure successful employment, and have a medical director.

## **Rollout of Pilot**

Three categories of start-up costs:

- staffing for one van operating 24/7. The budget includes adding a second van to cover high call volume hours after 6 months;
- training for MACRO staff and dispatch, CAHOOTS expert support, including training, initial ride alongs, dispatch training, departmental meetings with OPD, OFD, Dispatch, firehouse meetings, and police roll-call meetings;
- equipment and supplies (the largest being for vans).

Community education in advance and during the initial roll-out period should include:

- outreach and education visits in pilot neighborhoods
- development of literature
- publicity campaign

A site visit to Eugene OR for key representatives of partner organizations and key MACRO staff to see the model firsthand would be helpful to implementation. Other jurisdictions have sent groups for a 3-day visit, including state representatives, city council members, as well as future team members. The site visitors went on ride-alongs with CAHOOT teams, met with the director of the Emergency Department, Chief of Police, Sergeant for downtown area (the most dense area served by CAHOOTS), dispatch supervisor, and representatives of social service agencies. The White Bird Clinic clinical supervisor taught a clinical debrief. If travel restrictions prevent a site visit, it will be more important to have CAHOOTS representatives assisting in Oakland with the implementation and roll-out of the pilot, including working in the field with the MACRO teams for the first two weeks of the rollout.

Police Officers must receive training in the function of the MACRO team, how to interact beneficially, protocols, and why to view MACRO as an asset. CAHOOTS representatives can participate in roll-call presentations for police precincts and fire station meetings in the pilot area.



All dispatch staff will need to be trained. The one-time initial training is reflected in the budget. CAHOOTS representatives should participate in training on the new protocol for dispatching MACRO. Dispatch will need ongoing engagement, primarily during staff meetings, to understand their experiences, receive their input, and for additional training.

## **Logistics and Administrative Needs**

We recommend that the pilot will start with CAHOOTS administrative and clinical methods, amended to reflect Oakland's unique needs and research goals, as necessary. Scheduling of coverage and shifts should consider how to support OPD in high volume periods and during which typically create OPD overtime and whether MACRO shifts could help to support coverage during shift changes.

The working group has compiled existing resource and referral lists, data on referral partners, and considered the most useful resource and referral list that can be continuously updated. The most efficacious list will be determined based on the final location of the pilot.

The MACRO team will use a tracking system and reporting forms to quantify calls, outcomes, and track clients. The team will use elements of the CAHOOTS system and systems used by area outreach and street medical projects.

## **Staff Job Descriptions**

Initially the only job other than responder teams is a pilot coordinator who would be responsible for the day to day logistics, inter-departmental communication, data collection, recruiting and hiring, records keeping, and training. This person should be familiar with the primary components of the program and effective and diplomatic in facilitating stakeholder communication and resident feedback. They may have additional duties in identifying and securing programmatic resources. CAHOOTS job descriptions are in the Appendix.

## **Length and Geographic Area of Pilot**

This report recommends that the City Council fund a 12 month of an operational pilot, with three month snapshot reporting, and ending with a report with initial results, quantifiable data, and an assessment if the pilot needs additional time to be fully evaluated.

Allies have suggested the area around Eastmont since it strongly meets the criteria in selecting an area for the pilot. The Department of Violence Prevention is also interested in Sobrante Park, where they are implementing other programs which operate in conjunction with MACRO. Criteria are:

- an area with strong referral resources;

- an area with a sizable population of people at risk for negative police interactions;
- an area with a sizable underserved mental health and unhoused populations;
- an area with a limited proportion of diverse communities, especially languages;
- a narrowly and specifically defined service area.

## **Oversight and Evaluation Tools**

After completing the Community Participatory Action Research, the working group will recommend mechanisms for ongoing oversight and stakeholder feedback, emphasizing client input. CAHOOTS do not have an effective model. If the project is overseen by the Department of Violence Prevention, there already exists a violence prevention coalition which engages with issues and the department and could be a model for ongoing community input on MACRO.

During implementation, the pilot should develop mechanisms for an evaluation that will measure the impact, outcomes, and efficiency of the MACRO pilot and whether the program is achieving its objectives and will determine what data to include in three-month snapshot reports. During the implementation period, there should be further evaluation of the referral and resource network, which are integral to the model. Savings in emergency room visits and arrests will need to be evaluated to expand supportive services as well as a preliminary cost-savings analysis.

There is significant interest in the MACRO pilot from academic researchers. Because CAHOOTS has been in existence for so long, it is difficult to analyze the impact of the program. Oakland would be the first large city to develop and implement a version of this model. Researchers are interested in a study that works with residents to assess impact through analysis of calls, outcomes, and data. Researchers would be especially helpful in finding ways to disaggregate OPD data and find ways of quantifying call and outcome data that is not readily accessible.

Reporting should look at what situations create OPD overtime and how MACRO can mitigate overtime and during high volume call periods.

By the end of the pilot, it should be possible to demonstrate cost savings for the public safety budget. There are many cost areas which can be studied to identify savings to the city, county, and community. Councilmembers have been particularly interested in quantifying one aspect of fiscal impact by looking at causes and amount of unscheduled OPD overtime, when officers work beyond their regular shift. Other jurisdictions have studied the costs associated with arrests to quantify the financial benefits of reducing low-level arrests.

## **What we have learned from CAHOOTS**

- Comprehensive training is essential to a stable and dependable model. CAHOOTS has refined a successful training that remains responsive to change based on field experience and feedback from community, stakeholders, and team members.
- Selecting responders based on their resiliency, problem-solving skills, capacity to engage with people, and finding fulfillment in non-judgmentally assisting people provides highly qualified teams. Placing prospective employees in ride-alongs with CAHOOTS teams early helps identify who will be successful.
- Residents are familiar with CAHOOTS and know how to contact them through the dispatch system.
- They have refined a model and developed experience in negotiating a successful relationship with police and fire, maintaining a separate and independent scope of work.

### **What we have learned from other models**

- We identified no models with tangible success at reducing police interactions without re-directing calls away from police.
- Models that co-respond with police face significant hurdles and lack the substantial benefits of replacing police in response.
- Community efforts to respond before police are called, have not yet created a model with demonstrable impact. Perhaps further study of a model with sufficient data would find a correlation.
- The use of clinicians is necessary if the scope of the project includes involuntary hospitalization.
- The use of clinicians can limit the expansion of services, due to cost and limited pool of qualified applicants (this is exacerbated in areas with a high cost of living like the Bay Area).
- Responsiveness and scalability are essential in ensuring adequate response that people are willing to rely on the service. Some innovative programs have failed because community and police responders were not confident of receiving a response and stopped calling. This supports piloting in one discrete and well-defined area.
- A well-trained stable staff is essential. Some peer programs have faced significant challenges because the peer employees faced significant obstacles to steady employment because of their proximity to the challenges faced by the communities they were serving. CONCRN SF, for example, faced challenges with providing systematic response because of the inconsistency in peer responders covering assigned shifts.
- We were told by multiple programs that it was their experience that residents do not want to learn multiple numbers to call for emergency response.
- Programs based on volunteer staffing are not sustainable (CONCRN)