

REPORT ON FEASIBILITY AND IMPLEMENTATION OF A PILOT OF MOBILE ASSISTANCE COMMUNITY RESPONDERS OF OAKLAND (MACRO)

REPORT OVERVIEW

- I. Executive Summary
- II. Statement of the needs to be addressed
- III. Anticipated benefits to community
- IV. Examples of models in US
- V. Essential components of program
- VI. Partnerships needed
- VII. Parameters of proposed model
- VIII. Appendices

Executive Summary

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.¹

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. 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 representatives² who also met with the Oakland Police Department (OPD), Oakland Fire Department (OFD), OPD Dispatch, and the Mayor's office.

Oakland City Council's 2019-2020 budget included \$40,000 for a report by Urban Strategies Council on feasibility and implementation of a CAHOOTS-like model program in Oakland. Although

¹ Police Commission hearing video, 2/16/19, <https://www.youtube.com/watch?v=3Wys12UuyTU&feature=youtu.be>

² Video of CAHOOTS Community Presentation. <https://www.youtube.com/watch?v=hv5paTPemY&feature=youtu.be>

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 tables³ (1/16/20, 2/6/20, 5/21/20) 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, and residents of color. The lack of access to health care and specifically mental health care has never been starker. While we can't 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 reason 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

³ Participants bring experiences from: Alameda County Behavioral Health Care Services, Alameda County EMS Corps, Alameda County Public Defenders Office, Anti-Police Terror Project, Berkeley Mental Health Commission, Block by Block Organizing Network, Brotherhood of Elders, Building Opportunities for Self-Sufficiency, Ceasefire, Coalition for Police Accountability, Copwatch, Department of Violence Prevention, Faith in Action, Family Violence Law Center, Frontline Healers, Homeless Advocacy Working Group, Homeless Action Center, Imani Church, Justice Teams Network, Neighbors for Racial Justice, North Oakland Restorative Justice, Qal'bu Maryam Mosque, Restorative Justice for Oakland Youth, Timelist, Youth Alive; Representatives of City Councilmembers Fortunato-Bas, McElhaney, & Taylor.

violence interruption programs being coordinated by the 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.

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 siloing 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 in order to be successful. There are real advantages to a small initial pilot that can grow incrementally after demonstrated success. Conversely, the pilot has to 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, and outcomes 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 data may be cumbersome to implement.

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 police response leads to unnecessary apprehensions under the Mental Health Act. Officers often use the only responses available to them: arrests and involuntary hospitalization. Police are more likely to 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 that 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 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 the structural racism that 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 federal monitor's report of May 2020 indicates that OPD uses force too often, in situations where it is not necessary, and fails to ensure reporting and tracking. 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 very 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. Non-criminal, non-violent calls can be escalated by the mere presence of armed officers.

Because of staffing shortages, the number of calls, and the need to triage responses, non-criminal, non-violent 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 community

CAHOOTS, upon which the MACRO pilot is modeled, 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.

Examples of models in US

Comparisons among models is challenging given the differences between capacity, funding,

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 for training 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 limited 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.

Mobile Crisis Team (MCT) Two clinicians are stationed in West 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 and linkage to services.

Mobile 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.

Community Assessment & Transport Team (CATT) is a new program scheduled to launch in May 2020 with an EMT and licensed counselor responding primarily when officers are present. 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. CATT will build towards 24/7 capacity.

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 (APTP) in Sacramento in January 2020, to respond to mental health crises including psychiatric emergencies, substance

use disorder, 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); 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. Residents contact the helpline through phone, text, or social media. APTP 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 basic emergency first aid skills for free 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 is broad disparity in 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.⁴ 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 engages 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. The majority of 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 are able to call for assistance on the police radios. No team member has ever been

⁴<https://whitebirdclinic.org/when-mental-health-experts-not-police-are-the-first-responders/>

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 responds 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.
- Providing assistance to 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 (ie. 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 consults 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.

There are several compelling international models, typically focused on mental health or, specifically, suicidal crisis. Given the differences in health care models, there are substantial barriers to implementing the models and for purely practical considerations, they did not warrant extensive attention.

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 closely 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.

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 non-criminal situations. 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. The first two were on 1/16/20, 2/6/20, and 5/21/20. 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. Now, the community table will meet 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, OPD, OFD, Dispatch, DVP, 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.

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, 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.

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.

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-judgemental 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 responds 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 relies 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

CAHOOTS training, effective and based on extensive experience, will be 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 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.

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 responds 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 working group). 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, similar to 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 interested in MACRO as helping to support their capacity to respond as the number of call-outs 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 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.

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 parallel to the MACRO pilot and strong ties to the community and meet the following criteria of 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 similar to 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 Corpsm a program with unique advantages and competencies. AC EMS Corp 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.

Integrate the recommendations made by the working groups into the implementation plan. Using the results of the Community Participatory Action Research methodology, including in the development of a recommended mechanism for ongoing community engagement and input.

Rollout of Pilot

Three categories of start-up costs:

- equipment and supplies (the largest being for vans);
- 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
- staffing for one van operating 24/7. The budget includes adding a second van to cover high call volume hours after 6 months.

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 invaluable 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

The pilot will start with CAHOOTS administrative and clinical methods and amend 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 focusing other programs which would be 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 does 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 evaluation measure the impact, outcomes, and efficiency of the MACRO pilot and whether the program is achieving its objective, including 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.

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. Researchers could quantify 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.

Appendices

I. CAHOOTS Medic Job Description

Crisis Counselor

Up to 40 hours per-week

Pay and Benefits:

\$15/hr while training/j

Job Description:

Requirements:

- 3 years of experience, education and/or training in crisis intervention or mental health.
- Experience working with youth.
- QMHP or QMHA eligible.
- Training skills and experience.
- Supervision skills and experience.
- Reception skills and experience.
- A sense of humor.
- Reports to program coordinator and the Crisis team.
- Successful completion of criminal background check with fingerprinting through State Mental Health Division.

Responsibilities:

- Shared responsibilities for proper staffing and coverage for all reception & crisis shifts, 24 hours a day, 7 days a week, plus working shifts as needed.
- Shared supervision of all crisis work to assure quality of intervention, counseling, and information and referral services, plus proper documentation of services, and reception duties as needed.
- Training responsibilities including both formal class work and on-going on-the-job training and debriefing.
- Liaison with other service providers to coordinate information and service delivery.

II. CAHOOTS Crisis Counselor Job Description

Pay and Benefits:

\$15 per hour while training/Pay increase when fully trained.

Job Description:

Requirements:

1. Currently licensed as an EMT or RN.
2. Ability to work effectively with a diverse population including impoverished and alienated persons.
3. Ability to operate a cell phone and lap-top computer, ability to occasionally lift at least 50 kilograms.
4. Must be able to pass a DHS background check.
5. Current certification in first aid & CPR.
6. A sense of humor.

Responsibilities:

1. Assume primary responsibility for making medical assessments of clients and for providing medical care within the EMT-B scope of practice in accordance with CAHOOTS department protocols and standing orders.
2. Attend required department and clinic meetings and share in other responsibilities as relevant.
3. Complete all required trainings.
4. Complete White Bird's New Volunteer Training within four months of hire.
5. Complete 6-month probation period.
6. Reports to department coordinator.
7. Shared responsibilities for proper staffing and coverage for all reception & crisis shifts, 24 hours a day, 7 days a week, plus working shifts as needed.
8. Liaison with other service providers to coordinate information and service delivery.
9. Assumption of a secondary area of responsibility.
10. Participation in program and clinic responsibilities including crisis business and debriefing meetings.
11. Other duties as assigned.

Expectations:

- Must be available for weekend and overnight shifts.
- Have a telephone and reliable transportation.
- Be a strong team player.

III. CAHOOTS Consultation Fees

White Bird Clinic offers mobile crisis consultation work

Standard fee: \$300/hr

6-hr ride-along with CAHOOTS team: \$450

Additional charge for travel costs

CAHOOTS' work with Olympia, WA began with a representative coming to Eugene for a ride-along with a CAHOOTS team; CAHOOTS representatives then went up to Olympia to meet with area service providers, a "walking ride-along" with their downtown patrol, and presented the mobile crisis model to their City Council, other executives, and command staff for their public safety infrastructure. Following this visit, CAHOOTS hosted additional ride-alongs in Eugene for the Olympia PD downtown patrol sergeant and leadership from the host agency for the Olympia program. Staff for the Olympia Crisis Response Unit (CRU) came to Eugene for ride-alongs and field training in Eugene. CAHOOTS also assisted in the development of specifications for their van. CAHOOTS staff observed the CRU team in the field and provided training in this setting as well as some brief classroom sessions. In two rural regions of Oregon, CAHOOTS will be offering the same support as listed above and have also discussed assisting with interviewing prospective hires and providing further initial program startup support including assistance writing program policy.

IV. MACRO Workflow Chart

Please double click:



MACRO-Workflow-v4.pdf

Initial Draft Urban Strategies Council

V. Wall Street Journal: When Mental Health Experts, Not Police, Are First Responders

THE WALL STREET JOURNAL.

This copy is for your personal, non-commercial use only. To order presentation-ready copies for distribution to your colleagues, clients or customers visit <http://www.djreprints.com>. <https://www.wsj.com/articles/when-mental-health-experts-not-police-are-the-first-responders-1543071600>

U.S.

When Mental-Health Experts, Not Police, Are the First Responders

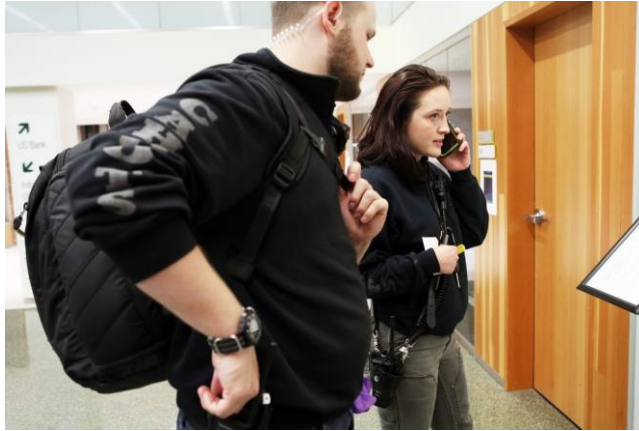
Program in Eugene, Ore., is viewed as a model for reducing risk of violence

By Zusha Elinson | Photographs by Thomas Patterson for The Wall Street Journal Nov. 24, 2018 10:00 a.m. ET

EUGENE, Ore.—They are the kind of calls that roll into police departments with growing regularity: a man in mental crisis; a woman hanging out near a dumpster at an upscale apartment complex; a homeless woman in distress.

In most American cities, it is police officers who respond to such calls, an approach law-enforcement experts say increases the risk of a violent encounter because they aren't always adequately trained to deal with the mentally ill. At least one in every four people killed by police has a serious mental illness, according to the Treatment Advocacy Center, a nonprofit based in Arlington, Va.

But in Eugene, Oregon's third-largest city, when police receive such calls, they aren't usually the ones who respond. Here, the first responders are typically pairs of hoodie-wearing crisis workers and medics driving white vans stocked with medical supplies, blankets and water.



Ms. Barnhill Hubbard and Mr. Hawks respond to a call Nov. 15 at the University of Oregon in Eugene, as part of a program called Cahoots, which stands for Crisis Assistance Helping Out On The Street.

They work for a nonprofit program called Cahoots—which stands for Crisis Assistance Helping Out On The Street—and they spent a recent November night calming tense situations, offering medical aid, and pointing people toward shelters. Launched by social activists in 1989, Cahoots handled 17% of the 96,115 calls for service made to Eugene police last year.

“When I’m talking to a more liberal group of people, I’ll make the argument it’s the compassionate thing to do, it’s the humane thing to do,” said Manning Walker, a 35-year-old Cahoots medic and crisis worker. “When I’m talking to a conservative group, I’ll make the argument that it’s the fiscally conservative thing to do because it’s cheaper for us to do this than for the police and firefighters.”

In 2017, police officers spent 21% of their time responding to or transporting people with mental illness, according to preliminary data from a survey of 355 U.S. law enforcement agencies by the Treatment Advocacy Center.

READ MORE

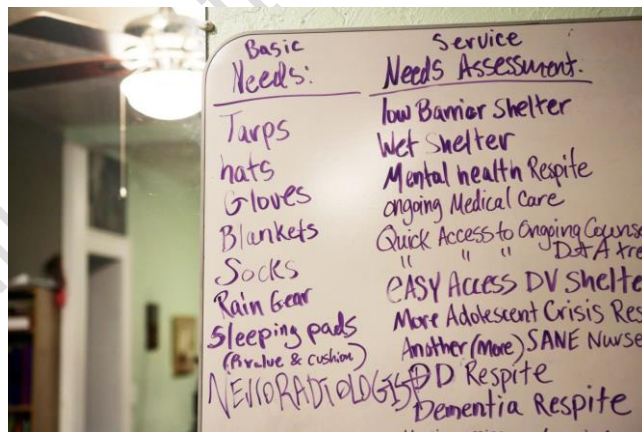
- More U.S. Veterans Are Off the Street s
- 911 Emergency: Call Centers Can’t Find Worker s
- Alexa Can Do Many Things But Won’t Call 91 1
- Therapy for Pregnant Women With Anxiety Offers Alternative to Medicatio n
- Banks Monitor Older Customers for Cognitive Declin e

More police departments across the country are training their officers in techniques to

deal with the

mentally ill. Los Angeles, Houston and Salt Lake City pair officers with mental-health workers with police officers to respond to certain calls. Still, the Center found that in 45% of

The program in Eugene is unique because Cahoots is wired into the 911



An informal wish list in the Cahoots office in Eugene, listing the various needs for the homeless population, many of which suffer from mental-health issues. PHOTO: THOMAS PATTERSON FOR THE WALL STREET JOURNAL

system and responds to most calls without police. The name Cahoots was intended to be a humorous nod to the fact that they are working closely with police. Cahoots now has 39 employees and costs the city around \$800,000 a year plus its vehicles, a fraction of the police department's \$58 million annual budget. They are also paid to handle calls for a neighboring Springfield.



Manning Walker in a Cahoots van in Eugene, Ore. Cahoots employees dress in black sweatshirts and speak in calm tones with inviting body language. 'I've learned ways to make myself smaller,' the 6' 2" Mr. Walker says. PHOTO: THOMAS PATTERSON FOR THE WALL STREET JOURNAL

"It allows police officers to...deal with crime, but it also allows us to offer a different service that is really needed," said Lt. Ron Tinseth of the Eugene Police Department.

In contrast to police officers who typically seek to project authority at all times, Cahoots employees dress in black sweatshirts, listen to their police radios via earbuds, and speak in calm tones with inviting body language.

"I've learned ways to make myself smaller," said Mr. Walker, a bearded, 6' 2" former firefighter.

Gary Marshall, a 64-year-old who previously lived on the streets of Eugene, said the police approach was "name, serial number and up against the van." In contrast, when he was having one of his frequent panic attacks, Cahoots counselors would bring him inside and talk him down, he said.

When Mr. Walker and his partner Amy May, a crisis counselor, approached a man lying in the middle of the sidewalk on a busy street, they sat down on the cold cement at eye level and asked what he needed. He was thirsty and cold, so they gave him water and a tarp. They suggested places to sleep and the man moved along.

That same night, they arrived at the home of a teen who had been punching her mother. The air was thick with tension.

They listened to the girl's story —adults were always trying to control her—as she stood above them on the porch steps. They talked with the mother. After an hour and a half, they brokered a peace treaty devised by the warring parties. “We believe that people are the best experts in their own lives,” said Ms. May.



Ms. Barnhill Hubbard helps to clean up a camp for the homeless along the Willamette River and transport a woman in crisis to a shelter in Eugene.

Write to Zusha Elinson at zusha.elinson@wsj.com

Copyright ©2017 Dow Jones & Company, Inc. All Rights Reserved

This copy is for your personal, non-commercial use only. To order presentation-ready copies for distribution to your colleagues, clients or customers visit <http://www.djreprints.com>.

VI. Community Table Workgroup Reports

MACRO COMMUNITY ADVISORY TABLE WORKGROUP REPORTS

Workgroup 1 - Protocol and Process Summary

Urban Strategies has been interviewing stakeholders, including OPD, OFD, OPD Dispatch, service providers, advocates and activists, and organizations representing impacted communities. The information is to be used in conjunction with the attached is a flowchart demonstrating how a MACRO pilot would be integrated into the existing mechanism.

Current protocols and processes

On average, there are 1,300-1,500 911 calls that OPD dispatch handles each day. Although precise statistics are not available (due to what information is gathered in calls, response reports, and arrest data), the past few years have seen a dramatic increase in the number and proportion of calls related to unhoused residents. Homeless advocates believe that there is a dramatic increase in the number of low-level arrests of unhoused residents.

When residents call 911 or the non-emergency number, the call goes to OPD Dispatch where it is answered by call takers. OPD Dispatch does not run names of callers to check for outstanding warrants (some departments do).

If there is a fire or medical report, the call is transferred to OFD Dispatch which has specialized training for medical emergency calls. Any time there is a possible medical situation or medical evaluation needed, current protocols require that an OFD team, which includes a paramedic, is sent.

OPD call takers code the call, indicate level of priority, and input details. OPD dispatchers then dispatch the call depending on what police officers, CIT officers, and other supporting services are available and based on protocols.

Potential processes and access points for MACRO

After decades and ongoing community outreach, residents in Eugene OR most frequently call the non-emergency number when they are requesting a CAHOOTS response. The non-emergency phone number already exists for OPD dispatch.

Any new emergency response pilot will require community education utilizing social media, community visits and visibility by the team, and attending community meetings and events. Ensuring that residents are aware of alternative mechanisms to access the pilot would

require a greater level of outreach and education. Leaders involved with the Eugene and Olympia projects recommend one entry point both for simplicity of community familiarity and to limit the need to monitor and respond to multiple platforms.

Alternative access mechanisms include:

A separate, dedicated phone number. This would require 24-hour coverage and call-takers with training to manage calls supportively and effectively. It would also require an additional step to send the call to dispatch since it would create logistical problems to have teams dispatched by multiple points. One possibility would be to expand an existing phone line, such as 211 Eden I&R or 311.

A mobile phone app. CONCRN, a program to respond to crisis calls in the Tenderloin without police, recently ended. CORCRN responded to messages through an app (as well as calls from service providers or emergency services), which they have offered to MACRO. In conversations with people who were involved with CONCRN and other programs considering using an app, several challenges will need to be considered and addressed:

Insufficient information being provided through an app report; call-takers are trained to draw out additional information and ask questions that filter the type of response (foremost safety and urgency). There are privacy concerns both in the person who is the subject of the report and how and if the reports are stored. There are ongoing conversations looking into considerations and solutions for these issues. The other challenge with an app is the two primary barriers to use: the person wishing to report has to have a phone which can download the app (anyone with a phone can make a phone call, even without active service to 911); the person must be familiar with the app and the service.

Several people experienced with providing response services recommend starting with one point of access and evaluating an expansion when the project is established.

Potential MACRO response protocols

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

- Crisis intervention and counseling for mental health issues: anxiety, depression, psychosis, suicidal ideation, and/or thoughts of self-harm;
- Intoxication or substance abuse issues;
- Providing assistance to 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 (ie. wound cleaning);
- Mediation of disputes between family members, roommates, or clients at group homes or agencies;

- Death notices;
- Engaging service resistant and elusive persons.

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. In a very small number of calls, CAHOOTS will call police or fire to a scene.

The exact calls which would be appropriate for MACRO to respond to will need to be determined by conversations with OPD, OPD dispatch, OFD, and ongoing conversations with service providers and community members. Typically, responder projects have started with a narrowly defined set of calls and expanded with the growth of experience and familiarity of all stakeholders.

Currently, calls are very broadly categorized. Specific codes for calls cover situations that would clearly be outside of the scope of non-police responders OR clearly within the scope. Dispatch leadership and staff should be involved in identifying the specific types of calls that would initially be given to a MACRO pilot since they have the most specific understanding of the types and frequency of calls. Visits to the dispatch center and conversations with OPD Dispatch leadership and staff show that there are clearly calls that would meet the criteria and are frequent enough to keep teams fully utilized.

OFD staff have identified several areas that are utilizing repeated OFD resources that might be managed by a MACRO response: MACRO establishing relationships with high-users where OFD resources are drained by repeat calls for the same person, sometimes multiple times in a single week; OFD response to “warming” or “cooking” fires at encampments (currently OFD responds with a fire truck but the calls are primarily educational and problem-solving for safety considerations).

OPD dispatchers will need to be trained in order to implement a new protocol on handling calls and diverting some to an alternative response model. No additional funding is required to implement a new model beyond the training costs and staff time.

CRU in Olympia WA has a specific mechanism to designate and track certain responses that require follow-up. CAHOOTS has a largely informal follow-up process while they visit communities when not on a call, although a team can send messages for a subsequent team requesting a follow-up in a particular situation. Follow-up and whether it is formalized is a determination for the program development.

Ensuring responsiveness to impacted communities and stakeholders

Ongoing engagement with stakeholders - The model requires systematic ongoing engagement with stakeholders to address any problems which arise and ensure that the model improves and changes to respond to needs as they are identified. CAHOOTS structures ongoing conversations

with the leadership and during staff meetings for feedback, problem-solving, and addressing any concerns with stakeholders, including as a focus of community outreach. There are also structured internal mechanisms to evaluate calls and assess issues that arise.

Recruitment

CAHOOTS relies on its reputation to attract applicants. Many team members are people with some background in mental health, homeless, or drug addiction counseling or support who may start volunteering and transition to employees. Oregon has requirements for unlicensed counselors which California does not have that narrows the potential recruits who can be considered by CAHOOTS. We have not identified other models that offer lessons on the recruitment of unlicensed employees for emergency response.

MACRO can consciously recruit from community-based resources and organizations, prioritizing team-members with an understanding and knowledge of the Oakland communities which they will serve.

Oakland is very fortunate to have a successful, long-standing program, the Alameda County EMS Corps, which trains justice-involved young men to be EMTs. The program offers supportive services to ensure their success. Graduates are sought after by area employers. EMS Corps graduates have expressed interest in serving in their own communities (including some who have experienced homelessness) and the leadership of the program is interested in working with a MACRO pilot.

The main barrier that has been identified is that a background check is required for a person to use the police radio, a key component of the MACRO model. There have been conversations with the OPD Recruiting and Background Unit and OPD Dispatch to understand potential barriers to hiring residents that have the deepest familiarity and lived experience to be on teams. Re-entry activists and advocates, familiar with obstacles to employment for people who are formerly incarcerated, have also provided insight. Thus far, it appears that the Level II and Level III clearances are conducted by OPD, with no general barrier based on an applicant's background, depending on the specifics of his/her history, current status, and community standing.

Outstanding: confirm any specific limitations from the Department of Homeland Security or Department of Justice for people to be permitted access to police radios.

Workgroup 2 – Community Response Models

Introduction: the Need for a Novel Approach to Emergency Response

Across the US, when people are in a mental health crisis, police are usually the first (and often the only) ones to respond. Only a small percentage of calls concerning mental health emergencies result in EMS responding without police. Many other emergency calls, that are not identified as mental health related but are non-criminal and non-violent, are not addressed in most models.

Police are not adequately trained to be social workers or crisis counselors, many of them do not want to engage with this population, and an armed police officer responding to someone in crisis can itself be deeply triggering; escalating situations rapidly and far too often with deadly results. Police often seek to resolve situations by forcing compliance with their commands. Someone in crisis or with language barriers or disability may not have the awareness or ability to comply, leading to unnecessary and disastrous consequences.

As much as 50-75% of people killed every year by the police in the United States have a mental health condition.⁵ Oakland PD have murdered several people who were experiencing mental health crises in the past five years alone.⁶

Furthermore, there is a structural lack of access to mental health resources for communities of color, compounded by the trauma of violence against communities of color by police and further compounded by the much greater likelihood of a police officer to use deadly force on Black people, Indigenous people, people with disabilities, and people of color. Hence this issue is of critical importance when we seek justice for communities of color, for impoverished communities, and for people living with mental illness. Oakland communities report negative and often escalated interactions over non-criminal, non-violent situations when police respond.

Categories of Existing Models and Programs

There are many overlapping programs offering different crisis intervention services, such as crisis prevention, primary assessment, acute crisis services, and support services. Some enable secondary evaluation by offering transport or connection to additional services. Many jurisdictions have a variety of phone support through warm lines, non-emergency lines, and special lines for identified clients run by nonprofits or community organizations, sometimes with funding from a health department, private grants and donations, or both.

Although many models and projects have similar elements or amalgams of various elements, this is a broad summary. **See Appendix A for a comprehensive list of models.**

Mental Health (MH) First

MH First is a cutting-edge new alternative, community-run response system for mental health crises started in January 2020 in Sacramento. Every weekend a team of volunteer clinicians and trained volunteers maintain a hotline and mobile response to crises including, but not limited to, psychiatric emergencies, substance use disorder support, and domestic violence situations that require victim extraction. It is totally independent of law enforcement.

⁵ “Why do police keep seeing a person’s disability as a provocation?”, The Washington Post, Harold Braswell, August 25, 2014, <https://www.washingtonpost.com/posteverything/wp/2014/08/25/people-with-mental-disabilities-get-the-worst-and-least-recognized-treatment-from-police/>

⁶ See for example, the 2017 murder of Marcellus Toney, documented here: <https://oaklandnorth.net/2018/12/13/wife-files-suit-in-oakland-police-taser-death-of-marcellus-toney/>; and the 2016 murder of Yonas Alehegne, documented here: <http://abc7news.com/news/oakland-police-reveal-names-of-officer-suspect-in-fatal-shooting/964480/>;

CAHOOTS Model

CAHOOTS is a 30-year, unique model partnered with city and county 911 systems in Eugene, Oregon, using a team of an unlicensed counselor and EMT to respond to emergency calls without police. It has diverted a substantial proportion of 911 calls and saved millions in law enforcement and EMR/ER costs.

Community Response Networks

There are existing and emerging informal networks of volunteer community members, with experience, community training, or both, responding to a range of urgent mental health and other resident needs with networks of resources and referrals developed specifically for the responders.

Peer Navigators

There is growing use of peer navigators who can offer a shared life experience and non-judgmental and unconditional support to those they are assisting. A variety of models are incorporating residents with lived experiences as an additional team member, typically working with licensed clinicians, often to build ongoing relationships with residents. Although amalgam models overlap, only the community volunteer models are using residents with lived experiences as primary team members.

Mobile Clinical Response Without Police

Many jurisdictions have mobile crisis response teams of clinicians with an independent phone number who stabilize people in crisis at their homes or other locations; at their discretion these teams can bring law enforcement with them.

International jurisdictions have even more independent models, including clinical prehospital mobile response programs with positive results.

Clinicians Co-Responding with Police

Many jurisdictions have some form of mobile psychiatric emergency care with crisis teams focused on providing care outside of a clinical setting. Staffed by clinicians, they typically have the ability to place clients on an involuntary hold and make more appropriate referrals. Typically, the programs respond to a proportionally small number of emergency calls with clear mental health indicators. These teams respond to calls from health providers or emergency services. They only respond to emergency calls concurrently with police. Many jurisdictions have clinicians co-responding with police. The effectiveness seems to vary, depending on the established culture and willingness to have the clinician lead the interaction. There is little data or research on outcomes of these programs.

Specialized Officer Training

All officers receive some amount of training specific to responding to residents with mental health challenges. As noted above, this training has not succeeded in preventing several recent officer killings of people in crisis. For many communities, police are not the most effective first-responders.

Areas of Discussion and Agreement

- The group is following California legislation, the CRISES Act (AB 2054), which recently passed out of its first assembly committee and would boost the call for community pilot programs to intervene in mental health and other crises, including intimate partner and intercommunal violence, natural disasters, and homelessness.
- The work group noted that CAHOOTS, MH First and other models rely heavily on a strong network of referrals and resources, which must have deep roots in the community and be a living document that can be updated and added to on an ongoing basis. The group believes the resource and referral system must be based on the following values: lived experiences, ongoing community input, unconditional and non-judgmental, team-members from community, residents as experts of their lives, client-centered, compassionate care. **See Appendix B for a preliminary list of Oakland resources and referrals.**
- The work group agreed that more research would be useful, especially of international and indigenous alternatives. **See Appendix C for Suggestions for Additional Research.**
- The group agreed that data for various models would be very meaningful for a complete understanding of effectiveness and impact. One particularly useful research task would be to create a spreadsheet (initial version is attached) that compares and contrasts the different models with respect to some fundamental components like:
 1. Capacity; how many served per month
 2. Budget: resource allocation
 3. Source of funding: city, county, private?
 4. Licensed or unlicensed staff; paid or volunteer
 5. Availability: hours per week weekends? Nights?
 6. Only immediate response or also referral
 7. Access: 911, other phone #, app? Website?

Appendix A: Examples of Alternative Emergency Response Models

Mental Health (MH) First

MH First was launched by the Anti Police-Terror Project (APTP) 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.

MH First consists of a two- or three-person team with the following roles: crisis interventionist; medic (volunteers with medical experience fill this slot when one is available, typically EMT, LVN, RN or MD); and a safety liaison. There is both a hotline and mobile 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. Upon receiving a call, MH First

determines if the participant is in a safe space and inquires if police have been called or are on the scene. If police are on the scene or have been called, volunteers are trained to dispatch automatically. In the case of a mental health crisis involving adverse behaviors, their objective is to determine whether or not the participant is in immediate danger. If they are, MH First trained staff attempt to neutralize the dangerous behavior. If not, then their objective is to help the participant identify their immediate needs (food, clothing, shelter, safety or further treatment). Once their immediate need has been identified, MH First uses their extensive community resource list and available supplies to meet that need to the best of their ability, while centering the participant's stated needs and self-determined safety plan. APTP is expanding to Oakland.

Crisis Assistance Helping Out On The Streets (CAHOOTS)⁷

Eugene, Oregon has a 30-year successful mobile medical street outreach model which is a low-cost alternative to police for non-criminal requests. 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 police costs and \$2.9 million in ER/EMS costs per year. 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 engages 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 and there is ongoing, structured communication with the Eugene police department, dispatch, fire, service providers.

Staff receive extensive safety training and are able to 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.

Community and Peer Programs in Oakland / Bay Area

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; unhoused activists respond to a broad range of crises in encampments through an informal but highly responsive network.

⁷ 2014-2017 Data: <http://www.mentalhealthportland.org/wp-content/uploads/2019/05/2018CAHOOTSBROCHURE.pdf>

2012-2015 Brochure: https://truthout.org/wp-content/uploads/legacy/documents/starting_a_MCIP.pdf

<https://whitebirdclinic.org/when-mental-health-experts-not-police-are-the-first-responders/>

<https://www.cbsnews.com/news/mental-health-team-responds-to-emergencies-oregon-alternative-to-police-2019-10-23/>

Community responses have been crucial during the COVID-19 pandemic. Organizations like East Oakland Collective and Roots Community Clinic have been essential in advocating for and providing services to residents and doing outreach to connect residents to 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.

DOPE Project (Harm Reduction Coalition) is a peer overdose prevention program in San Francisco / Bay Area involving the community distribution of and training in naloxone (the antidote to opioid overdose) directly to people who use drugs and their friends/family, who will be in the best position to respond immediately to a life-threatening overdose. Such programs are documented to have saved tens of thousands of lives throughout the country.⁸

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.

HIV Education & Prevention Project of Alameda County (HEPPAC) regular mobile outreach by Casa Segura and LifeLong Medical Care with access to harm reduction and health care services.

People's Community Medics

Since 2012, the People's Community has taught basic emergency first aid so that people can help one another until an ambulance arrives with free trainings in basic emergency first aid for treating seizures and bleeding trauma like gunshot wounds and stabbing and how to treat exposure to police chemicals like tear gas and pepper spray. At their workshops across the West Coast, members hand out free first aid packets that have gloves, gauze, an instruction sheet in English, Spanish and Mandarin, emergen-C (for diabetics) and a "know your rights" pocket card. ⁹

CONCRN, a program in the Tenderloin, San Francisco, 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 closely 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.

Mobile Crisis Response Teams Without Police

⁸ See e.g. CDC, <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6423a2.htm>. For info on the DOPE project specifically, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6391290/>; and for naloxone distribution programs in SF jail, see <https://journals.sagepub.com/doi/abs/10.1177/1078345819882771>.

⁹ <http://www.peoplescommunitymedics.org/>

*County or State Behavioral Health Depts. (various)*¹⁰

Clinical response team of clinicians designed to prevent criminal justice involvement or hospitalizations. They are accessed through an independent phone number, with 911 as an emergency option. At their discretion they may arrive with law enforcement. Most models can also be called to the scene by law enforcement.

International Models

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).¹¹

UK

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

Indigenous

Globally, Indigenous peoples have long used and still do use traditional forms of governance and interventions in place of police and prisons. The workgroup noted the need for further research on international and indigenous models.

Clinicians Co-Responding with Police

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, who co-respond with officers (primarily on scene where police are present), and limited 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.

Mobile Crisis Team (MCT) Two clinicians are stationed in West Oakland 10:30 am -7:30pm, Monday - Friday, responding to 5150 and other crisis calls from police, shelters, community

¹⁰ See for example, Contra Costa: <https://cchealth.org/mentalhealth/mcrt.php>; Santa Clara: <https://www.sccgov.org/sites/hhs/news-and-stories/Pages/mobile-crisis-response-teams-available-public.aspx>; Marin: https://www.marinhhs.org/sites/default/files/files/servicepages/2018_02/mcrt_brochure_final_english.pdf; Minnesota: <https://mn.gov/dhs/people-we-serve/adults/health-care/mental-health/programs-services/mobile-crisis.jsp> <https://www.lmhc.org/emergency-services/>; and NYC: <https://www1.nyc.gov/site/doh/health/health-topics/crisis-emergency-services-mobile-crisis-teams.page>

¹¹ Bouvang, Benstonn, Carlborg, International Journal of Mental Health, 2017, <https://www.tandfonline.com/doi/full/10.1080/00207411.2016.1264040#>; see also https://apolitical.co/en/solution_article/worlds-first-mental-health-ambulance-arrives-sweden https://www.vice.com/en_uk/article/5gqemz/stockholm-mental-health-ambulance-263 <https://www.vox.com/future-perfect/2019/7/1/20677523/mental-health-police-cahoots-oregon-oakland-sweden>

agencies, and community members. Clinicians conduct a psychiatric and risk assessment and linkage to services.

Mobile 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.

Community Assessment & Transport Team (CATT) is a new program scheduled to launch in May 2020 with an EMT and licensed counselor responding primarily when officers are present. 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. CATT will build towards 24/7 capacity.¹²

Specialized Officer Training / Law Enforcement-led Models

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. A new Use of Force policy is being developed and will include training to 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 training. OPD dispatchers receive training on assessment of crisis events, protocol, and identification of calls that would benefit from a CIT officer.

While some jurisdictions have reported benefits, recent systematic reviews and meta-analyses have found no difference between CIT and non-CIT officers in terms of number of arrests, use of force, or even officer safety.¹³ Recent reviews have also found that officer CIT training is not an evidence-based practice because of a paucity of reliable data.¹⁴ Data is not available on the impact of the OPD CIT program. 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.

Justice Involved Mental Health Diversion & Alternatives - a collaboration between the District Attorney's and Public Defenders' offices to divert people to more appropriate services.

Additional Models

¹² <https://bonitahouse.org/catt/>

¹³

<https://www.trincoll.edu/Academics/centers/TIIS/Documents/Sept%2019%20event%20meta-analysis%20crisis%20intervention%20training%20for%20police.pdf>

¹⁴ <https://www.tandfonline.com/doi/full/10.1080/0735648X.2018.1484303?src=recsys>.

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.

Denver, CO Support Team Assistive Response (STAR)

STAR was supposed to be initiated in March 2020. Need to confirm that the initial teams are in the field and get more details, structure. It is funded separately through a ballot initiative.

Austin, TX Emergency Response Corps

In development. Need to confirm current status.

Appendix B: Alameda County Resources and Referrals

Street Level Health Project
3125 E 15th St
Oakland, California
(510) 533-9906

Sausal Creek Outpatient Clinic, Fruitvale. Provides treatment and support to adults living in Alameda County who have mental health needs that can't wait. The clinic is a walk-in program for residents with Medi-Cal or are uninsured. We do not make appointments. Every individual will meet with a counselor, a nurse and a prescribing clinician for a thorough evaluation. It is a safe, respectful environment where people in crisis can receive mental health services 12 hours/day, 6 days/week.

24 hour Crisis Hotline
Family Violence Law Center
1-800-947-8301
For people living in Alameda County, CA

HEPPAC

HIV Education and Prevention Project of Alameda County

Oakland Syringe Access Locations:

Tuesdays: 6:00 pm – 8:00 pm: (Fruitvale) E.12th and 23rd Ave.
Tuesdays: 6:00 pm – 8:00 pm: (Fruitvale) E.12th and 23rd Ave.
Thursdays: 6:00 pm – 8:00 pm: (Deep East Oakland) 100th and Pearmain St.
Fridays: 11:30 am – 1:30 pm: (West Oakland) 2313 San Pablo Ave.

Family Education and Resource Center (FERC):

FERC WARM LINE = 888-896-3372 hours? description?

Resources for School-age Children and Adolescents

Alameda County Behavioral Health (ACBH) is the lead agency providing coordination of mental health and substance use services in Alameda County. ACBH offers access to treatment and support programs for children with mental health support needs, including those classified as Seriously Emotionally Disturbed (SED). Services are primarily provided for children on Medi-Cal or who are uninsured but still low-income.

The populations served include:

- Young children and youth in the community who have mental health disorders
- Children receiving special education services who have been referred by the schools to receive mental health services
- Children in psychiatric inpatient facilities, and
- Youth who are involved in the juvenile justice system and also have mental health needs

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) - Medi-Cal EPSDT is an entitlement for children, 0 up to age 21, who are Medi-Cal eligible. It is designed to provide comprehensive mental health services that can mitigate mental health problems. These services often include coordination, case management, and an approach which includes family and other providers in the treatment plan.

The following groups have increased mental health services under EPSDT:

- children birth to five • children in foster care • children with dual diagnosis of substance use and mental illness • school-based services. Agencies using EPSDT funding are generally able to take direct referrals from primary care providers of children with full-scope Medi-Cal.

To look into obtaining Alameda County Behavioral Health referrals and services including EPSDT, call their ACCESS 24-hour Hotline: (800) 491-9099

Children and Youth Hotlines:

- Alameda County Crisis Support Youth Text Line; Text "Safe" to 20121 (4 PM-11 PM daily)
- California Youth Crisis Line 800-843-5200
- Children in immediate risk or danger 800-843-5678
- Covenant House Nineline 800-999-9999
- Kid Help 800-543-7283
- National Youth Crisis Hotline 800-448-4663
- Youth Crisis Hotline information and referral for youth in crisis 800-448-4663

Parent Resources:

National Parent Helpline: 855-427-2736 (especially for young parents)

Crisis Support Resource for Children/YA (0-17)

If you or someone close to you is experiencing a mental health crisis and may be imminently dangerous to others or self, you should call 911.

If the person is in crisis, but the situation does not appear to be an emergency here are some resources:

UCSF Benioff Children's Hospital Oakland (children under 12)

Staff is available 24 hours a day to respond to emergencies such as a child's suicide attempt or out-of-control behavior. Bring child in to be assessed in ambulance or, if it is safe, by car. The BERT (Behavioral Emergency Response Team) provides emergency room evaluations of children with suicidal ideation, behavioral crises, or possible need for a psychiatric hospitalization. The team will decide whether the child can return home or be admitted into a county contracted inpatient hospital.

510-428-3571 <https://www.childrenshospitaloakland.org>

747 52nd Street, Oakland, CA 94609

Willow Rock Crisis Stabilization Unit (ages 12-17)

Provides short (up to 23.5 hours) drop-in services for adolescents experiencing a mental health crisis and who do not meet the criteria for hospitalization. Highly-skilled clinicians and counselors quickly assess the needs of each adolescent and provide interventions specially designed to return them safely to their homes, schools and neighborhoods. Youth who are at imminent risk of harm to self or others will be considered for admission to the adjoining acute inpatient program.

Involuntary and voluntary.

510-483-3030 <https://www.telecarecorp.com/willow-rock-center>

2050 Fairmont Drive, San Leandro, CA 94578

Willow Rock Center-Psychiatric Inpatient Facility (ages 12-17)

Provides acute psychiatric inpatient services including 5150 holds ("5150" refers to an involuntary, 72-hour hold). Includes comprehensive evaluation and risk assessment, collaborative treatment planning with a recovery focus, crisis planning and prevention, supportive counseling, on a group and individual basis, medication evaluation and management and discharge planning. Accepts private insurance and Medi-Cal. Voluntary and involuntary.

510-895-5502 <https://www.telecarecorp.com/willow-rock-center>

2050 Fairmont Drive, San Leandro, CA 94578

Herrick Hospital - Alta Bates Medical Center (Berkeley)

Provides inpatient services for adolescents including 5150 holds ("5150" refers to an involuntary, 72-hour hold). There are three tracks available; mental health, eating disorders and dual diagnosis (mental health issues and drugs and/or alcohol addiction). Accepts private insurance and Medi-Cal. Voluntary or involuntary.

510-204-4405 <https://www.sutterhealth.org/absmc/services>

2001 Dwight Way, Berkeley, CA 94704

Crisis Support Service of Alameda County, 24-hour Crisis-line (all ages) 800-309-2131

If the person is not willing to seek help, but is

- a danger to themselves or
- a danger to others or
- gravely disabled because of a mental health issue

They may qualify for a "5150" (72-hour involuntary psychiatric hold and evaluation). If this is the case:

- call 911 and tell them it's a psychiatric emergency or

If the person is NOT in crisis and wants help:

- If they have private medical insurance, call the insurance company and ask for a referral to a psychiatrist or a therapist
- If they have Medi-Cal, Medi-Care or do not have any insurance, Alameda County Residents may call the ACCESS Program (Acute Crisis Care and Evaluation for System- wide Services) 1-800-491-9099 for referrals to a therapist, psychiatrist or other mental health resources

ACCESS Program (Acute Crisis Care and Evaluation for System-wide Service)

This is the number to call to be referred to all county mental health services. Open to all Alameda county residents. Offers services in Spanish and in 8 Asian languages.

If the person is not willing to seek help, but is

- a danger to themselves or
- a danger to others or
- gravely disabled because of a mental health issue

They may qualify for a "5150" (72-hour involuntary psychiatric hold and evaluation). If this is the case:

- call 911 and tell them it's a psychiatric emergency or

If the person is NOT in crisis and wants help:

- If they have private medical insurance, call the insurance company and ask for a referral to a psychiatrist or a therapist
- If they have Medi-Cal, Medi-Care or do not have any insurance, Alameda County Residents may call the ACCESS Program (Acute Crisis Care and Evaluation for System- wide Services)

1-800-491-9099 for referrals to a therapist, psychiatrist or other mental health resources
800-491-9099

Transition Age Youth

Transition Age Youth, sometimes referred to as TAY, are youth ages approximately 16-24 who are struggling with mental health issues and sometimes substance use issues. As these young people transition into adulthood, they face a series of additional challenges like navigating relationships, higher education, jobs, and independence. The county's TAY system of Care includes programming for youth and young adults designed to support community building and wellness. To look into obtaining Alameda County Behavioral Health referrals and services including learning more about the TAY system of care, call their ACCESS 24-hour Hotline: (800) 491-9099 or (510) 567-8100.

Adults

Crisis Support Resources for Adult (18+)

If you or someone close to you is experiencing a mental health crisis and may be imminently dangerous to others or self, you should call 911.

If the person is in crisis, but the situation does not appear to be an emergency here are some resources:

Sausal Creek Outpatient Clinic

Sausal Creek Outpatient Clinic offers psychiatric assessments, medication support, co-occurring support services, linkages to other support services, and walk-in services for adults who have a serious chronic mental illness. Services are available for Alameda County residents who have Medi-CAL, HealthPAC, or who are already enrolled in a program. These services are not for individuals currently experiencing a medical emergency. Referrals are made through Alameda County ACCESS. They can be reached at 800-491-9099 Monday through Friday, 8:30 a.m. to 5:00 p.m.

Hours of Operation

Tuesday 7:00 a.m. to 3:30 p.m.

Wednesday 11:30 a.m. to 8:00 p.m.

Thursday 9:00 a.m. to 5:30 p.m.

Friday 11:30 a.m. to 8:00 p.m.

Saturday 9:00 a.m. to 5:30 p.m.

510-437-2363

2620 26th Avenue, Oakland, CA 94601

John George Psychiatric Pavilion

Alameda County's psychiatric inpatient hospital offers 24-7 voluntary and involuntary psychiatric emergency services and acute (severe) inpatient services for adult mental health clients.

510-346-7500

[http://alameda.networkofcare.org/mh/services/agency.aspx?pid=JohnGeorgePsychiatricPavilion344 2 0](http://alameda.networkofcare.org/mh/services/agency.aspx?pid=JohnGeorgePsychiatricPavilion34420)

2060 Fairmont Drive, San Leandro, CA 94578

Berkeley Mobile Crisis Team

Provides mobile crisis response for Berkeley and Albany residents. Operates seven days per week 11 a.m. to 11 p.m. EXCEPT on Wednesday the hours are 4 p.m. to 11 p.m.

510-981-5254 <https://www.cityofberkeley.info/ContentDisplay.aspx?id=15662>

ACCESS Program (Acute Crisis Care and Evaluation for System-wide Service)

This is the number to call to be referred to all county mental health services. Open to all Alameda county residents. Offers services in Spanish and in 8 Asian languages.

If the person is not willing to seek help, but is

- a danger to themselves or
- a danger to others or
- gravely disabled because of a mental health issue

They may qualify for a "5150" (72-hour involuntary psychiatric hold and evaluation). If this is the case:

- call 911 and tell them it's a psychiatric emergency or
- call the Berkeley Mobile Crisis Team or Crisis Response (program numbers listed above)

If the person is NOT in crisis and wants help:

- If they have private medical insurance, call the insurance company and ask for a referral to a psychiatrist or a therapist
- If they have Medi-Cal, Medi-Care or do not have any insurance, Alameda County Residents may call the ACCESS Program (Acute Crisis Care and Evaluation for System- wide Services) 1-800-491-9099 for referrals to a therapist, psychiatrist or other mental health resources 800-491-9099

Crisis Response Program

The Crisis Response Program provides telephone and limited walk-in crisis intervention, psychiatric assessment, temporary medication support, assessment and evaluation. This service is for Alameda County residents not in Berkeley or Albany. The Crisis Response Program has offices in Oakland, Fremont and San Leandro which are open Monday through Friday from 8:30 a.m. to 5:00 p.m. The Program also has offices in Livermore and Pleasanton open three days a week. The Downtown Oakland Mobile Crisis Team responds to requests from the Oakland Police Dept., other

agencies and individuals for assistance with mental health evaluations of adults in the community (staff permitting). Operates from 10:00 a.m. to 8:00 p.m., Monday through Friday.
1-800-491-9099 (The Crisis Response Program is reached through ACCESS)

Crisis Support Service of Alameda County, 24-hour Crisis-line (all ages)

If the person is not willing to seek help, but is

- a danger to themselves or
- a danger to others or
- gravely disabled because of a mental health issue

They may qualify for a "5150" (72-hour involuntary psychiatric hold and evaluation). If this is the case:

- call 911 and tell them it's a psychiatric emergency or
- call the Berkeley Mobile Crisis Team or Crisis Response (program numbers listed above)

If the person is NOT in crisis and wants help:

- If they have private medical insurance, call the insurance company and ask for a referral to a psychiatrist or a therapist
- If they have Medi-Cal, Medi-Care or do not have any insurance, Alameda County Residents may call the ACCESS Program (Acute Crisis Care and Evaluation for System- wide Services) 1-800-491-9099 for referrals to a therapist, psychiatrist or other mental health resources

800-309-2131 800-SUICIDE

Psychiatric Facilities in Alameda County

Acute Inpatient Services: 2 to 30 day stays (on average)

Herrick Hospital - Alta Bates Medical Center (Berkeley)

Provides inpatient services for adolescents including 5150 holds ("5150" refers to an involuntary, 72-hour hold). There are three tracks available; mental health, eating disorders and dual diagnosis (mental health issues and drugs and/or alcohol addiction). Accepts private insurance and Medi-Cal. Voluntary or involuntary.

510-204-4405 <https://www.sutterhealth.org/absmc/services>

2001 Dwight Way, Berkeley, CA 94704

Fremont Hospital (Fremont)

Voluntary inpatient services for Adolescents and Adults. Private Hospital. No Emergency Room. Call for appointment or crisis intervention.

510-796-1100 <https://fremonthospital.com/>

39001 Sundale Dr, Fremont, CA 94538

Eden Hospital Medical Center (Castro Valley)

Serves adult psychiatric patients. Voluntary inpatient, partial hospitalization and outpatient services. Accepts Medi-Cal and private insurance. Call for intake assessment.

510-889-5016 <https://www.sutterhealth.org/eden>

20103 Lake Chabot Rd, Castro Valley, CA 94546

John George Psychiatric Pavilion

Alameda County's psychiatric inpatient hospital offers 24-7 voluntary and involuntary psychiatric emergency services and acute (severe) inpatient services for adult mental health clients.

510-346-7500

http://alameda.networkofcare.org/mh/services/agency.aspx?pid=JohnGeorgePsychiatricPavilion344_2_0

2060 Fairmont Drive, San Leandro, CA 94578

Heritage Hospital (Oakland)

Acute inpatient treatment for adults. Accepts Medi-Cal, private insurance. Voluntary and involuntary.

510-535-5115 <https://www.telecarecorp.com/heritage-psychiatric-health-center/>

633 E 27th St, Oakland, CA 94601

Sub-acute or longer-term Inpatient Facilities

Villa Fairmont (San Leandro)

Alameda County's primary psychiatric sub-acute facility offering both short-stay and longer sub-acute inpatient services for adults. Voluntary for some patients, many are placed on conservatorship.

510-352-9690 <https://www.telecarecorp.com/villa-fairmont-mental-health-rehabilitation-center>

15200 Foothill Blvd, San Leandro, CA 94578

Morton Bakar Center (Hayward)

A long-term skilled nursing facility dedicated to providing optimum care for older adults with a primary major mental illness.

510-582-7676 <https://www.telecarecorp.com/morton-bakar-center>

494 Blossom Way, Hayward, CA 94541

Gladman Rehabilitation (Oakland)

Provides services for adults whose psychiatric disabilities require extensive rehabilitation services beyond those provided in sub-acute settings.

510-536-8111 <https://www.telecarecorp.com/gladman-mhrc/>

2633 E 27th St, Oakland, CA 94601

Alameda County Behavioral Health (ACBH) is the lead agency providing coordination of mental health and substance use services in Alameda County. ACBH offers access to treatment and support programs for adults with mental health support needs, including those experiencing Serious Mental Illness (SMI). Services are primarily provided for adults on Medi-Cal or who are uninsured but still low-income.

The City of Berkeley operates its own mental health system (outpatient services only) for its residents and those of Albany. For mental health services, Berkeley and Albany residents only may call 510-981-5290.

Asian ACCESS, 510-869-7200, located at 310 – 8th Street, Suite 201, Oakland - a program of Asian Community Mental Health Services provides mental health information and treatment referrals, free one-time mental health screening, and short-term treatment. Staff are fluent in Cantonese, Mandarin and Vietnamese; services in other Asian languages and dialects by arrangement.

Casa del Sol, 510-535-6200, located at 1501 Fruitvale Avenue, Oakland - a program of La Clinica de La Raza; provides bilingual Spanish and bicultural mental health services including individual and family therapy for children, adolescents, and adults.

Sausal Creek Outpatient Clinic, 510-437-2363, located at 2620 26th Avenue, Oakland - offers psychiatric assessments, medication support, co-occurring support services, linkages to other support services, and walk-in services for adults who have a serious chronic mental illness. To look into obtaining Alameda County Behavioral Health referrals and services for Adults, call their ACCESS 24-hour Hotline: (800) 491-9099 or (510) 567-8100.

Older Adults

Alameda County Behavioral Health (ACBH) is the lead agency providing coordination of mental health and substance use services in Alameda County. ACBH offers access to treatment and support programs for adults with mental health support needs, including those experiencing Serious Mental Illness (SMI). Services are primarily provided for older adults on Medi-Cal or who are uninsured but still low-income.

North and Central Alameda County is served by the [Senior In-Home Counseling Program](#) of the [Crisis Support Services](#) of Alameda county. The target population is seniors who are homebound and/or socially isolated, who would benefit from weekly counseling and who otherwise would not have access to mental health services. Specialized support groups and in-office programs are also offered.

South Alameda County has several Senior resources listed at <https://www.fremont.gov/219/Emotional-Support>. Services include:

- In-home assessment of mental health needs
- Medication support and management
- Individual and family therapy
- Assistance in finding services
- Crisis intervention

Contact them via the multilingual Senior Help Line: (510) 574-2041

East Alameda County seniors are served by the [Senior Support Program of the Tri-Valley](#). They provide case management, alcohol and drug management, friendly visitors and more. Seniors can of course access all adult services but should be aware of and take advantage of services tailored to their specific needs. For example, many seniors are able to remain in their own home with just a little supplemental care. The In Home Supportive Services of the Alameda County Social Services Agency (ACSSA) is one such care provider.

Click here to see the contact information for the [Alameda County Adult & Aging Services Departments](#), or link to the various Adult & Aging Services Department web pages [here](#).

The Area Agency on Aging (AAA), another division of ACSSA, has several handbooks to help with senior's resources:

[North County](#) Senior Services - Alameda, Albany, Emeryville, Oakland, and Piedmont

[Central County](#) Senior Services - Castro Valley, Hayward, San Leandro, San Lorenzo

[South County](#) Senior Services - Fremont, Newark, Union City

[East County](#) Senior Services - Dublin, Livermore, Pleasanton, Sunol

[Housing Guide](#) for Seniors in Alameda County

[Senior Centers](#) in Alameda County for socialization.

[Resource Page](#) for these Guides in English and in Spanish, Farsi, and in Chinese as well as the quarterly seniors newsletter, Senior Update

Legal help for older adults can be found at [Legal Assistance for Seniors](#) (LAS). LAS is the Alameda County provider of the state's Health Insurance Counseling & Advocacy Program (HICAP). HICAP provides Medicare community education, individual help to Medicare recipients as well as long term care related issues. California's main page for [HICAP](#) is within the California Department of Aging.

To look into obtaining Alameda County Behavioral Health referrals and services for Older Adults, call their ACCESS 24-hour Hotline: (800) 491-9099 or (510) 567-8100.

Support Groups Offered By FERC

Family & Caregiver Support Group

1st Wednesday, 6pm-7:30pm, FERC main office, 440 Grand Ave., Suite 360, Oakland; Families with loved ones of any age. Call 510-746-1700 or our Warm Line at 888-896-3372.

440 Grand Ave, Suite 360 Oakland, CA 94610

Support Group for Families with a Loved One with Borderline Personality Disorder

1st Wednesday, 6pm-7:30pm, FERC main office, 440 Grand Ave, Suite 210, Oakland. For more information, contact: FERC main office (510) 746-1700. RSVP requested.

Spanish Family & Caregiver Support Group

3rd Wednesday, 6pm- 7:30pm, meets at the Marina Community Center, 15301 Wicks Blvd., San Leandro. For more information, please contact: Family Education & Resource Center (FERC) main office (510) 746-1700, the FERC Warm-line (888) 896-3372 or email co-facilitator at:

Jennifer@mhaac.org

Family & Caregiver Support Group

2nd Tuesday, 5pm-6:30pm, Fremont Family Resource Center, 39155 Liberty Street, Room A120 Fremont, CA 94538. For more information, contact: FERC main office (510) 746-1700 or FERC Fremont Office (510) 790-1010
39155 Liberty Street, Room A120 Fremont, CA 94538

National Suicide Prevention Lifeline

The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals. Call 1-800-272-8255. National Suicide Prevention, 24-hour hotline (all ages)
800-SUICIDE

Translifeline

Trans Lifeline is a national trans-led 501(c)(3) organization dedicated to improving the quality of trans lives by responding to the critical needs of our community with direct service, material support, advocacy, and education. <https://www.translifeline.org/>
The Hotline: US: 877-565-8860 Canada: 877-330-6366

Trevor Project

The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, queer & questioning (LGBTQ) young people under 25. The phone line is 24/7: 1-866-488-7386 <https://www.thetrevorproject.org>

Active Minds

Active Minds has since become the premier organization impacting college students and mental health. Now on more than 600 campuses, Active Minds directly reach close to 600,000 students each year through campus awareness campaigns, events, advocacy, outreach, and more.
<https://www.activeminds.org/>

Crisis Text Line

Crisis Text Line is free, 24/7 support for those in crisis. Text 741741 from anywhere in the US to text with a trained Crisis Counselor. Crisis Text Line trains volunteers to support people in crisis. With over 79 million messages processed to date, we're growing quickly, but so is the need.
<https://www.crisistextline.org/>

Medication Assistance at Low or No Cost

Patient Assistance Programs: Reduced cost access provided directly by the drug manufacturer. Application is usually at the pharmaceutical site for each medication. These sites provide connection to the pharmaceutical sites and advice and support in the application process:

Medicare Part D assistance - www.mypartdusa.com

Patient Assistance Program sites - <http://www.patientassistance.com/>

[Partnership for Prescription Assistance](#)

[RxHope](#)

Appendix C: Suggestions for Further Research

The workgroup offers the following considerations for research after the implementation report to City Council.

COMPREHENSIVE ONGOING RESEARCH OF MODELS AND IMPLEMENTATION

A systematic survey of alternative emergency response models summarize the information already collected, add through contact with key people to obtain additional information to compare and contrast programs, including:

Operational scope:

- which agencies are involved
- how many people from each agency
- how many FTEs
- which types of emergencies
- relative frequency of each type of emergency

Costs incurred:

- Salaries
- Equipment
- Administrative
- Insurance
- Other costs

Savings achieved, i.e., estimates of all the costs NOT incurred because the traditional model is no longer used or is used less—for example, less police overtime, less hospitalization, fewer arrests, transport by police to ED, less costs of prosecution, defense, and operation of the judicial system, less incarceration in jail, fewer children placed in foster care, etc.

Names and roles of key people who can provide information, endorsement for alternative programs

Information re how the program was adopted:

- who proposed it?
- who supported its adoption?
- who opposed it?
- did the effort to adopt the program go smoothly? speedily? slowly?
- did the parameters of the program change between the time it was proposed and the time it was adopted? If so, what were the changes, and why were they made?
- has the program changed since it was adopted? how and why?
- does the initial support continue?
- is the initial opposition still a problem?

have some of the initial opponents become supporters?
does any substantial opposition still continue?

What written materials concerning the program are available?

- program proposals
- program descriptions
- job descriptions
- budget requests
- financial reports
- periodic reports, e.g., end-of-year reports
- testimonials
- press clippings

What do interviewees know about other non-traditional programs. (They may know of programs of which we are not yet aware.)

Stories of success and/or failure, i.e., individual stories of individual people that can augment the dry facts of bureaucracies, policies, and dollars.

COVID IMPACTS

We have not yet considered the impacts of COVID on our communities and emergency responses. We will need to consider:

Clearly, government budgets are going to be devastated. There is likely to be significant economic impact which lasts for several years with economics expecting a depression. This is likely going to increase economic crisis and needs in our communities.

New models which respond to COVID and the social supports gaps and inequity highlighted during the pandemic.

Workgroup 3 - Community Engagement/Research

Urban Strategies has been interviewing stakeholders, including OPD, OFD, Dispatch, service providers, advocates and activists, researchers, and organizations representing impacted communities and researching emergency and mental health response models nationally.

A comprehensive understanding of the CAHOOTS model is essential to assessing the feasibility of the model, since it is a successful long-term program. A main part of the task of Urban Strategies is in developing a model which reflects the unique issues, communities, resources, and history of Oakland. Conversations have sought to pay special attention to impacted residents who are over-represented in negative interactions with police, their families and advocates -- physically and

mentally challenged, mental health, formerly incarcerated, Black youth, Latino youth, unhoused, and residents for whom English is not their primary language.

In February 2019, Goldman School for Public Policy graduate students interviewed 35 unhoused Oakland residents who participated in the Oakland Police Commission's public hearing on policing in unhoused communities. Leading up to the hearing extensive community outreach, including visiting encampments, created opportunities for additional informal conversations which were also documented.

CAHOOTS representatives came to Oakland for meetings with stakeholders: OPD, OFD, Dispatch, Mayor's Office, City Council, service providers, and community. Much of the information on procedural considerations came from these meetings and follow-up interviews.

The Latino Taskforce conducted 72 interviews at a Dia de los Muertos community event on police interactions with specific questions around emergency responses in non-criminal situations.

Urban Strategies conducted a focus group with 14 youth at Youth Spirit Artworks who have experienced homelessness, interactions with police, including during mental health crises.

Urban Strategies has had a series of conversations with researchers on policing, homelessness, mental health responses, and emergency response models.

Stakeholders:

AC EMS Corps
OPD Mental Health liaison
OPD Recruiting & Background Unit
OPD Communications Manager
City Council members & staff
Int'l Assn of Fire Fighters, Local 55
Mayor's Office
OPD Chief
Chief of Violence Prevention
NCPD Community Policing Board
Police Commission
OFD Chief for Operations

Other Models & Service Providers:

Alameda County Provider Connect
Alameda County Health Care Services Agency
BART Multidisciplinary Forensic Team
Bonita House
Building Opportunities for Self-Sufficiency

CAHOOTS

Eugene OR Dispatch Manager

CONCRN, SF

Crisis Response Unit Project (CRU), Olympia WA

Denver Alliance for Street Health Response (DASHR), Servicios de la Raza

HIV Education & Prevention Project of Alameda County (HEPPAC)

JIMH Task Force Diversion Subcommittee

North Oakland Restorative Justice

Community Groups & Advocates:

All of Us or None

Allen Temple

Arab Resource and Organizing Project

Black Organizing Project

Brotherhood of Elders

Ceasefire

Center for Independent Living

CONCRN

DVP Coalition

Faith in Action

Family Taskforce (Oakland mothers impacted by violence)

Family Violence Law Center

Human Impact Partners

Homeless Action Center

Homeless Advocacy Working Group

Latino Taskforce

Life ELDERCARE

Timelist

Mayor's Commission for Persons with Disabilities

Nat'l Inst for Criminal Justice Reform

Public Defenders' Office

Restorative Justice for Oakland Youth (RJOY)

Root & Rebound

Qal'bu Maryam Mosque

Richmond Dispatch Retired Manager

SF Coalition on Homelessness

SF Mental Health Assn

SF Rising

St. Elizabeth Catholic Church

United Seniors of Oakland and Alameda County

The Village

Youth Alive!

Youth Spirit Artworks

Other community interactions were cancelled, such as interviews with participants in East Oakland senior walking groups. We hope to be able to reschedule when it is safe for the participants.

This list of organizations whose input and experience would be helpful is long. We hope to schedule additional meetings with additional providers, community and advocacy organizations, and, especially, several local organizations serving families of people with disabilities and mental health challenges.

Urban Strategies strongly advocates for a participatory community research process to solicit communities' input through surveys and interviews, similar but smaller in scope to the one which was essential to the creation of the Department of Violence Prevention. The COVID-19 pandemic slowed the development of a process which will require the resources committed by the City Council to the feasibility report. Finalizing the contract immediately is long overdue.

ONGOING COMMUNITY ENGAGEMENT AND OVERSIGHT

During the research, we have sought structures and challenges for ongoing community engagement and oversight in other projects, both emergency responder models and other service models. Most models have a structured process for complaints and how to resolve and address issues which arise. Community input processes and structures are less robust.

CAHOOTS has tried several strategies to engage the voices and concerns of the people who receive services. Although there is a dedicated seat on the White Bird Clinic Board of Directors, it has been difficult to fill and keep filled. The DVP model, where a community coalition continues to meet and engage with DVP and community issues, is one of the most effective we have found. There needs to be ongoing discussions with Oakland service and advocacy organizations to create a continuing and purposeful community engagement and oversight mechanism. There should also be re-evaluation of the mechanism which is implemented to ensure that it is providing the engagement and oversight from impacted communities and to make changes as necessary.

VII. Justice for All: The Policing of Oakland's Unhoused Communities

https://801975b9-a44a-41cd-9055-22057cdd1cb7.filesusr.com/ugd/154589_c1fe3acc89b3432895c21754164b031b.pdf

Initial Draft Urban Strategies Council

VIII. Dispatch Call Taking Manual re: CAHOOTS Response

PUBLIC ASSISTS

Crisis Assistance Helping Out on the Streets (CAHOOTS)

CAHOOTS is a mobile crisis intervention service with two teams that are integrated into the City of Eugene's Police Department system. Free, confidential response is available for a broad range of non-criminal events including;

- Persons who are intoxicated or under the influence of controlled substances
- Persons needing immediate care, custody or treatment of mental illness
- Persons in need of immediate shelter
- Requests for non-emergency medical evaluation and transports, including prescription drug refill transports.¹⁵

CAHOOTS is staffed and managed by the White Bird Clinic under a contract paid for by Eugene Police. Their calls are taken by communications specialists and are dispatched by Station-2.

CAHOOTS employees are not armed and do not perform any law enforcement duties. Any time a request for service involves a crime, a potentially hostile person, a potentially dangerous situation (to the subject or the public in general) or an emergency medical problem the call will be referred to the Eugene Police Department or Fire/EMS for dispatch. If there is any question whether or not a call is safe for their staff, err on the side of caution and send police first or as a joint response.

CAHOOTS calls are triaged based upon urgency, not simply by the length of time holding. Calls such as suicidal subjects or those posing a safety risk to the person involved (intoxicated subject at risk of falling into traffic) should be dispatched before non-urgent requests. On nonemergency medical evaluation and transport requests calltakers need to confirm that medics are not needed or requested. The dispatcher should prioritize more urgent events and requests from patrol officers and sergeants will usually take priority over citizen requests.

Many people in the community are aware of CAHOOTS and the services they provide and will usually just ask for CAHOOTS right up front when they call. The CAHOOTS van is in service 24 hours every day of the week and are typically staffed with one EMT and one mental health crisis worker. Depending on the time of day one or two vans may be working.

When you are speaking with a citizen about a call for service which you believe would be appropriate for CAHOOTS personal, you may explain CAHOOTS to the caller and ask them if a CAHOOTS response is acceptable to them. If the citizen agrees with the CAHOOTS response, and there are several CAHOOTS calls pending in the call status, advise the caller of the possible delay in dispatch. We cannot provide an ETA for CAHOOTS. Always be mindful of how busy CAHOOTS is during the shift. It is important to make sure your call details are clear so that the dispatchers can appropriately prioritize CAHOOTS responses. If there are a lot of CAHOOTS calls pending dispatch make sure to let the caller know that there could be an lengthy wait time.

¹⁵ Administrative Directives AD14-005 & AD14-008

Some of the calls to which CAHOOTS will respond are:

- At the request of Police or Fire personnel on scene of an incident
- Transports for mental health services
- Counseling depressed or suicidal subjects
- Assisting the public with emergency shelter resources
- Transportation to detox services for intoxicated people
- Welfare checks (when no crime is suspected)
- Reports of intoxicated subjects in public places
- Reports of disoriented subjects
- Non-emergency medical evaluations
- Transports for non-emergency medical care
- Delivering emergency/death messages
-

If you have a question about whether or not CAHOOTS are able to assist on a particular call, check with a lead or supervisor. It is not appropriate to phone CAHOOTS staff to determine if they provide a particular service, always check with a supervisor or lead first.

Sometimes, though rarely, CAHOOTS will respond outside the city limits of Eugene to assist a citizen. This is at the discretion of the on duty Watch Commander. When you receive a request for assistance that falls outside the city limits of Eugene that you believe is dire enough to warrant bending the rules, check with a supervisor before calling the Watch Commander.

Keep in mind that CAHOOTS provides a very unique service. They are working with persons in stressful and difficult circumstances. It is not unusual for CAHOOTS personnel to spend an hour or more on a counseling call. Many times citizens want immediate service and this is not always possible with CAHOOTS. If the call can't hold, carefully evaluate if it would be more appropriate to send EPD or Fire/EMS services.

CAHOOTS also offers services in Springfield. As their scope of service is different than in Eugene, if a caller would like CAHOOTS services in Springfield, refer the caller to Springfield Police Department.

CAHOOTS does not provide the following services:

- Deliver supplies such as water, blankets, or dog food. CAHOOTS will only offer up supplies if they are flagged down on the street or if it's secondary to the reason they're responding in the first place. In other words, we will not dispatch CAHOOTS to someone who specifically asks for these items with no other reason for assistance.
- Transportation to the Dining Room or from the Dining Room when the request does not meet regular CAHOOTS criteria.

CAHOOTS is able to transport juveniles without a parent. For example, if a juvenile needs safe transport to Station-7 they can handle these situations. These transports can provide the opportunity for CAHOOTS to provide counseling and other referrals while taking care of the

transport. If there is no need for law enforcement involvement CAHOOTS can also handle transporting juveniles from SERBU to Station-7 (but of course not the other way around). CAHOOTS may be able to transport some individuals who have wheelchairs with a few caveats. The person needs to be ambulatory enough to move from the wheelchair into the van seat. CAHOOTS does not have a wheelchair lift. These transports are generally handled on a case by case basis.

Phone Calls with CAHOOTS

As mentioned above, CAHOOTS is dispatched on Station-2. Their personnel should not be calling in for a list of pending calls and all of their movement should be done on the air. However, there may be times when they have legitimate questions and will call in for the answers. Likewise, we may have calls that require more details to be given that should be done on the air. In those circumstances it is appropriate for CAHOOTS to call or for you to call CAHOOTS. These calls should only be made at the discretion of the dispatcher.

Under no circumstances should the phone numbers for the CAHOOTS van be given out to the public. Their direct phone numbers are strictly confidential.

Confidentiality

Confidential police only information, such as information obtained from RMS, DMV, LEDS or NCIC cannot be released to CAHOOTS. If you are unsure what information is releasable, check with a Lead or Supervisor. On occasion, a citizen will request a welfare check on a family member or friend and be unable to provide the persons home address. Addresses obtained from these sources cannot be released to the caller/requestor. If you obtain the address from law enforcement databases be sure to note in the CAD details where you obtained the information to ensure that the address and source is kept confidential.

Screening CAHOOTS Calls:

Always ask callers and relay via CAD the following information:

- First name of the involved (we do not ask for nor want last names on CAHOOTS calls)
- Description of the involved
- Specific information on where the involved will be waiting
- Brief description of the requested services
- Include any known means of harm for suicidal subjects, i.e. thoughts of suicide, patient has pills available but has not taken

MENTAL HEALTH PROBLEMS

LOCATION:	If known – Exact address of where incident occurred If unknown – Nearest intersection to where incident occurred
CITY:	CAD enters this based upon your pick list selection. Verify the right section was made.
NATURE:	DSRDSU CHKWLF Note: If a call doesn't route correctly or if EMS or Fire are needed on a police only incident type, it is your responsibility to clone the call to the appropriate agencies.
BUSI:	Business name, apartment complex or common place name Note: You may have to override CAD auto entry if it is incorrect
CALLER:	Last Name, First Name – Clarify caller relationship and contact when appropriate in CAD notes.
PRIORITY:	Circumstances will determine priority Generally: 1 or 3 Modifier: POSS IP XAGO XXAG CAHOOTS
MODIFYING CIRCUMSTANCES:	
APT:	Apartment, space, or suite number
CALLER ADDR:	Caller's address
CALLER PHONE:	Callback number for complainant
DISPOSITION / CANCEL CODE:	Call for service will almost always be entered Note: If an incident is <u>IN PROGRESS</u> and occurring outside the Eugene city limits, send the call in CAD, and transfer the caller to the appropriate agency. It is your responsibility to ensure the call has routed to the correct agencies.

Mental Subject

Don't use the code MENTSU on the initial entry of a call. Diagnosing mental illness from second hand information received by phone is not the most reliable method. Your job is to note the

behavior and let the responding units make that determination. In this situation the call will usually be entered as a disorderly subject or other appropriate incident type. If it is suspected that the involved subject is having a mental health issue, this information can be added to the call details. In these cases, attempt to find out what kind of mental health issues they have and if they take any type of medication for their condition. Details indicating whether or not a subject is taking their medication regularly and/or seeking professional help (i.e. counselor or case worker) are important to the responders. The following questions are also important to ask:

- If the subject is violent or has a history of violence
- If the subject has any weapons or any access to weapons
- If the subject has made any threats to harm themselves or anyone else
- If the subject will be cooperative with responders (i.e. police and/or fire) Complete
- description of subject

If the subject is cooperative these calls may be handled by CAHOOTS. In some cases, the caller may even request CAHOOTS. Make sure to screen these calls closely to make sure they are appropriate for CAHOOTS. If there is any indication of violence or weapons CAHOOTS cannot respond.

MENTAL HEALTH TRANSPORT

LOCATION: If known – Exact address of where incident occurred
If unknown – Nearest intersection to where incident occurred

CITY: CAD enters this based upon your pick list selection. Verify the right section was made.

NATURE: MENTRA CHKWLF TRNSDR (Eugene Only)
Note: If a call doesn't route correctly or if EMS or Fire are needed on a police only incident type, it is your responsibility to clone the call to the appropriate agencies.

BUSI: Business name, apartment complex or common place name
Note: You may have to override CAD auto entry if it is incorrect

CALLER: Last Name, First Name – Clarify caller relationship and contact when appropriate in CAD notes.

PRIORITY: Circumstances will determine priority
Generally: 3

MODIFYING CIRCUMSTANCES: POSS IP XAGO XXAG CAHOOTS

APT: Apartment, space, or suite number

CALLER ADDR: Caller's address

CALLER PHONE: Callback number for complainant

DISPOSITION /
CANCEL CODES: Call for service will almost always be entered

Note: If an incident is IN PROGRESS and occurring outside the Eugene city limits, send the call in CAD, and transfer the caller to the appropriate agency. It is your responsibility to ensure the call has routed to the correct agencies.

Mental Health Transport

Generally speaking, mental health transports are considered CAHOOTS or police matters and are rarely handled by medics. An obvious exception is an instance where the subject has harmed themselves and needs medical care. These calls are generally handled based on the behavior of the patient and both police and fire dispatchers are notified.

Another exception is where the subject's condition deems a stretcher transport a more humane option. This is often the case with disorderly dementia or Alzheimer's patients who are located in care facilities and are physically disorderly due to cognitive impairments. These transports are then handled collaboratively with police and EMS personnel. Within Eugene, utilize the incident code TRNDSR.

South Lane Fire will do mental health transports if medics are requested. One important thing to keep in mind for these transports is the scene must be secured by police before medics will respond to the patient.

In Eugene, most transportation for mental health care is generally handled by CAHOOTS as the result of welfare checks and public assists. There are occasions where the situation rises to the level where officer must handle the situation. EPD deals with three types of Mental Holds in which transports can occur:

Two-Physician' Hold¹⁶

A Two-Physician Hold is similar to a warrant only in that it gives a police officer authority to take a person into custody. This is not a criminal charge. This is a psychiatric hold authorized by a physician.

This is when two physicians issue a hold for someone who is at large in the community who they believe to be a danger to themselves or to the public. You will normally hear about it in briefing and a copy of the document will be faxed to the Communications Center.

Occasionally we receive requests from family members or physicians to transport a person involuntarily to a mental health facility. The Eugene Police Department will not honor this request

¹⁶ Refer to CCN File regarding Mental Health Holds

without a Two Physician Hold. If there is no hold in place, consider using a different incident type to enter these calls such as CHKWLF.

Subjects taken into custody on a Two-Physician Hold are transported to Sacred Heart Hospital Johnson Unit. The incident type MENTRA is used with a priority 3.

Director's Hold

A Director's Hold is similar to a warrant only in that it gives the officer authority to take a person into custody. However, this is not a criminal charge. This is a psychiatric hold and can only be authorized by the Director of Lane County Mental Health or his/her designee.

Occasionally we receive requests from family members or physicians to transport a person against their will (involuntarily) to a mental health facility. We will only do this if there has been a Director's Hold issued by one of the authorized persons. Again, if there is no hold in place you can enter these calls as a CHKWLF. If the hold has been authorized, the paperwork must be in order and available to the responding officers before that subject will be taken into custody. In this case a MENTRA priority 3 should be entered. These calls can be very difficult to screen. Don't hesitate to check with an on duty lead or Communications Supervisor for advice.

Police Officer Hold¹⁷

Police agencies have very strict guidelines governing non-criminal holds. In order for a citizen to be taken into custody for a mental evaluation against their will, the officer must observe behavior that clearly demonstrates an immediate threat to self or others. Under those conditions a police officer has the authority to take a citizen into custody for their safety and a professional mental health evaluation at a hospital.

Oregon State Hospital

Transports from the Oregon State Hospital are generally for medical problems that have exceeded the capabilities available at the hospital. Refer to the medical transport section of this manual for further information on these transports.

Psychiatric Divert

Occasionally an area hospital is unable to take patients needing mental psychiatric services. They will notify communications staff by phone of their divert status. While most mental health transports are conducted by CAHOOTS or law enforcement, occasionally medics will become involved in these situations. Therefore, fire dispatch must also be notified of a divert status. Calltakers should enter the divert into CAD utilizing the INFO nature code to assure both police and fire dispatchers are aware of the divert status. If RBH or MWH are on divert, make sure the information is relayed to the EPD dispatcher. It is the hospitals responsibility to notify surrounding

¹⁷ EPD Policy 418

agencies of the divert. When a hospital goes off of psych divert, the calltaker should add a detail to the INFO call noting the first name of the caller and the end of the divert status.¹⁸

INTOXICATED SUBJECT

LOCATION:	If known – Exact address of where incident occurred If unknown – Nearest intersection to where incident occurred
CITY:	CAD enters this based upon your pick list selection. Verify the right section was made.
NATURE:	INTXSU Note: If a call doesn't route correctly or if EMS or Fire are needed on a police only incident type, it is your responsibility to clone the call to the appropriate agencies.
BUSI:	Business name, apartment complex or common place name Note: You may have to override CAD auto entry if it is incorrect
CALLER:	Last Name, First Name – Clarify caller relationship and contact when appropriate in CAD notes.
PRIORITY:	Circumstances will determine priority Generally: 3 or 5 POSS IP XAGO XXAG CAHOOTS
MODIFYING CIRCUMSTANCES:	
APT:	Apartment, space, or suite number
CALLER ADDR:	Caller's address
CALLER PHONE:	Callback number for complainant
DISPOSITION / CANCEL CODES:	Call for service will almost always be entered Note: If an incident is <u>IN PROGRESS</u> and occurring outside the Eugene city limits, send the call in CAD, and transfer the caller to the appropriate agency. It is your responsibility to ensure the call has routed to the correct agencies.

¹⁸ Communications Procedure 8.95

Intoxicated Subject

Confirm that no medical condition exists that would constitute an EMS dispatch, and that the subject is not being disorderly or committing a crime. If none of these apply enter a call using the incident code INTXSU. If the subject is in immediate danger (i.e. stumbling into traffic) enter a priority 3 for police to respond. If the subject is not in immediate danger it can be a priority 5 for CAHOOTS to respond. The abbreviation 'intx' can be used to indicate that a subject is intoxicated.

Initial Draft Urban Strategies Council

DISORIENTED SUBJECT

LOCATION:	If known – Exact address of where incident occurred If unknown – Nearest intersection to where incident occurred
CITY:	CAD enters this based upon your pick list selection. Verify the right section was made.
NATURE:	DSRISU Note: If a call doesn't route correctly or if EMS or Fire are needed on a police only incident type, it is your responsibility to clone the call to the appropriate agencies.
BUSI:	Business name, apartment complex or common place name Note: You may have to override CAD auto entry if it is incorrect
CALLER:	Last Name, First Name – Clarify caller relationship and contact when appropriate in CAD notes.
PRIORITY:	Circumstances will determine priority Generally: 3 or 5 POSS IP XAGO XXAG CAHOOTS
MODIFYING CIRCUMSTANCES	
APT:	Apartment, space, or suite number
CALLER ADDR:	Caller's address
CALLER PHONE:	Callback number for complainant
DISPOSITION / CANCEL CODES:	Call for service will almost always be entered Note: If an incident is <u>IN PROGRESS</u> and occurring outside the Eugene city limits, send the call in CAD, and transfer the caller to the appropriate agency. It is your responsibility to ensure the call has routed to the correct agencies.

Disoriented Subject

It is not unusual or against the law for people to walk around talking to themselves, this alone does not constitute a disoriented subject call. However, if the subject appears dazed, lost, is

unable to tell the caller their name or address, or is awake but not responding correctly when spoken to, someone should be dispatched as soon as possible. Be careful to screen these types of calls to ensure there are no medical problems. Consider if CAHOOTS or a police response would be more appropriate when entering the call. If the subject is hostile police will need to respond in lieu of CAHOOTS. Enter the subject's current location, description and describe their specific behavior. Determine if someone will be standing by with the subject or if they have wandered away, provide their last known direction of travel. If the subject is elderly and appears confused, consider also calling area care facilities to ask if they are missing anyone.

Initial Draft Urban Strategies Council

WELFARE CHECK

LOCATION:	If known – Exact address of where incident occurred If unknown – Nearest intersection to where incident occurred
CITY:	CAD enters this based upon your pick list selection. Verify the right section was made.
NATURE:	CHKWLF Note: If a call doesn't route correctly or if EMS or Fire are needed on a police only incident type, it is your responsibility to clone the call to the appropriate agencies.
BUSI:	Business name, apartment complex or common place name Note: You may have to override CAD auto entry if it is incorrect
CALLER:	Last Name, First Name – Clarify caller relationship and contact when appropriate in CAD notes.
PRIORITY:	Circumstances will determine priority Generally: 3 or 5 POSS IP XAGO XXAG CAHOOTS
MODIFYING CIRCUMSTANCES	
APT:	Apartment, space, or suite number
CALLER ADDR:	Caller's address
CALLER PHONE:	Callback number for complainant
DISPOSITION / CANCEL CODES:	Call for service will almost always be entered Note: If an incident is <u>IN PROGRESS</u> and occurring outside the Eugene city limits, send the call in CAD, and transfer the caller to the appropriate agency. It is your responsibility to ensure the call has routed to the correct agencies.

Welfare Check

Welfare checks are done to ensure that there isn't something amiss which might affect an individual's health, safety, welfare, present a hazardous condition, or ensure that a crime has not been committed.

Callers requesting a welfare check should be questioned carefully. There must be a valid reason why the caller or someone else can't check on the subject. There has to be a suspicious or unusual event that happened and/or the behavior is out of character for the involved subject. For example, a subject in poor health who hasn't been seen for a couple of days, or a college student who usually calls home every couple of days who has not phoned for an unusual period of time. There are many situations in which we will enter a welfare check, the caller just has to be able to articulate one of the above conditions exist.

While CAHOOTS can handle most welfare checks if hazardous conditions exist or the caller suspects a crime may have been committed then EPD will need to respond.

Additionally community caretaking is a responsibility of the Eugene Police Department.¹⁹ To that end, officers are authorized to enter or remain on another's premises if necessary to:

- Prevent harm to a person or property
- Render aid to ill or injured persons
- Locate missing persons

Keep in mind that CAHOOTS personnel cannot force entry into a building to check a subject's welfare. If the caller articulates that someone will need to break into the premises to conduct a welfare check, then police officers will need to be sent.

¹⁹ EPD Policy 307; ORS 133.033

PUBLIC ASSIST

If known – Exact address of where incident occurred
If unknown – Nearest intersection to where incident occurred
CAD enters this based upon your pick list selection. Verify the right section was made.

NATURE:

ASTPUB

Note: If a call doesn't route correctly or if EMS or Fire are needed on a police only incident type, it is your responsibility to clone the call to the appropriate agencies.

BUSI:

Business name, apartment complex or common place name

Note: You may have to override CAD auto entry if it is incorrect

CALLER:

Last Name, First Name – Clarify caller relationship and contact when appropriate in CAD notes.

PRIORITY:

Circumstances will determine priority
Generally: 3 or 5

POSS IP XAGO XXAG CAHOOTS

MODIFYING
CIRCUMSTANCES

APT:

Apartment, space, or suite number

CALLER ADDR:

Caller's address

CALLER PHONE:

Callback number for complainant

DISPOSITION /
CANCEL CODES:

Call for service will almost always be entered

Note: If an incident is IN PROGRESS and occurring outside the Eugene city limits, send the call in CAD, and transfer the caller to the appropriate agency. It is your responsibility to ensure the call has routed to the correct agencies.

Public Assist

There are many types of public assistance we are asked to render. Some requests we can honor and others we cannot. As a general rule, if the caller or a friend of the caller can do whatever it is

he/she is asking us to do, they will have to handle it themselves. We simply do not have the resources to do everything the public would like us to do.

This code is normally used to request a CAHOOTS response for subjects who need assistance with housing, counseling, or mental health problems. These calls should be entered using a priority 5 for CAHOOTS.

Lockouts

EPD responds to lockouts only if extenuating circumstances exist which present a hazard to life or major property damage. A child, physically disabled person, or mentally disabled person who is unable to open the locked door from inside a vehicle would necessitate a response. If a call taker determines that a response is necessary, police will be the primary responders. Police Officers do not have the training or equipment to unlock a door without damaging it. In those cases officers will most likely be damaging the windows and/or doors in order to get it open. These calls should be entered as an ASTPUB with a priority 3. Make sure to get a full vehicle description and exact location of the vehicle. If you believe the involved person may be having a medical emergency (i.e. heat stroke), you should spawn the call to fire dispatch. Anytime someone is locked inside a vehicle on a hot day, notify the fire dispatchers.

EPD does not provide lock out services when someone has simply locked their keys inside their vehicle. If no hazardous condition exists, these requests are referred to the professional of their choice (i.e. a locksmiths or tow company). As a public employee you cannot recommend a specific company, but rather encourage the caller to check the yellow pages. If they ask you for the phone number of a specific company, you may give them the number from any publicly available resource, i.e. on-line or a phone book.

TRANSPORTS

If known – Exact address of where incident occurred

If unknown – Nearest intersection to where incident occurred

CAD enters this based upon your pick list selection. Verify the right section was made.

NATURE:

TRAN

Note: If a call doesn't route correctly or if EMS or Fire are needed on a police only incident type, it is your responsibility to clone the call to the appropriate agencies.

BUSI:

Business name, apartment complex or common place name

Note: You may have to override CAD auto entry if it is incorrect

CALLER: Last Name, First Name – Clarify caller relationship and contact when appropriate in CAD notes.

PRIORITY:

Circumstances will determine priority
Generally: 5
POSS IP XAGO XXAG CAHOOTS

**MODIFYING
CIRCUMSTANCES:**

APT: Apartment, space, or suite number

CALLER ADDR: Caller's address

CALLER PHONE: Callback number for complainant

**DISPOSITION /
CANCEL CODES:** Call for service will almost always be entered

Note: If an incident is IN PROGRESS and occurring outside the Eugene city limits, send the call in CAD, and transfer the caller to the appropriate agency. It is your responsibility to ensure the call has routed to the correct agencies.

Transports (CAHOOTS)

CAHOOTS does a lot of public assists, many in the form of transports. CAHOOTS may handle the following types of transports:

- Detox transport to Buckley House
- Transport to a family shelter, the Eugene Mission, or warming centers (when open)
- Transport of a cooperative, voluntary, non-violent subject to UDH for mental evaluation
- Transport to Hourglass Crisis Center for mental health care

These calls should be entered as a priority 5.

Keep in mind that CAHOOTS will not transport people to private residences. They only take people to staffed, attended facilities or shelters.

EMERGENCY MESSAGE

If known – Exact address of where incident occurred
If unknown – Nearest intersection to where incident occurred
CAD enters this based upon your pick list selection. Verify the right section was made.

NATURE: EMRMSG DTHMSG

Note: If a call doesn't route correctly or if EMS or Fire are needed on a police only incident type, it is your responsibility to clone the call to the appropriate agencies.

BUSI: Business name, apartment complex or common place name
Note: You may have to override CAD auto entry if it is incorrect

CALLER: Last Name, First Name – Clarify caller relationship and contact when appropriate in CAD notes.

PRIORITY: Circumstances will determine priority
Generally: 5

POSS IP XAGO XXAG CAHOOTS

MODIFYING
CIRCUMSTANCES

APT: Apartment, space, or suite number

CALLER ADDR: Caller's address

CALLER PHONE: Callback number for complainant

DISPOSITION /
CANCEL CODES: Call for service will almost always be entered

Note: If an incident is IN PROGRESS and occurring outside the Eugene city limits, send the call in CAD, and transfer the caller to the appropriate agency. It is your responsibility to ensure the call has routed to the correct agencies.

Emergency Message

CAHOOTS or police will deliver a generic message for someone to call home due to a family emergency. We will not divulge the nature of that emergency and don't require much more than a complete name, address and phone number of the caller. These calls should be entered as a priority 5 using the incident type EMRMSG.

Death Message

If EPD receives a teletype from another agency requesting we make a death notification, the call will be entered as a priority 5 using incident type DTHMSG, and CAHOOTS or officers will be dispatched over the phone.

If you receive a call from someone wanting to make a death notification, advise the caller to contact their local Law Enforcement Agency in person to request EPD deliver the message. They will need to bring a form of ID with them and confirmation of the death. If you receive a request via phone from another Law Enforcement Agency asking us to make a death notification, ask them to send a teletype with the information. We cannot complete these requests without a teletype confirmation.

Be mindful that callers making requests for death notifications are often in very difficult circumstances and are overwhelmed by the prospect of going to their local enforcement agency to request a teletype be sent to EPD. Consider offering the alternative of an emergency message notification. In those cases, CAHOOTS or EPD will only notify the local party to phone the caller and not make notification about the death.

FOUND SYRINGES

If known – Exact address of where incident occurred

If unknown – Nearest intersection to where incident occurred

CAD enters this based upon your pick list selection. Verify the right section was made.

NATURE:

FNDSYR

BUSI:

Business name, apartment complex or common place name

Note: You may have to override CAD auto entry if it is incorrect

CALLER:

Last Name, First Name – Clarify caller relationship and contact when appropriate in CAD notes.

PRIORITY:

Circumstances will determine priority

Generally: 5

APT:

Apartment, space, or suite number

CALLER ADDR:

Caller's address

CALLER PHONE:

Callback number for complainant

DISPOSITION /

Call for service will almost always be entered

CANCEL CODES:

CAHOOTS will be dispatched to pick up found syringes if they are on duty. These should be entered as a priority 5 using incident code FNDSYR. Make sure to find out exactly where the syringes are (i.e. under large oak tree in front of loc) and how many there are.

Citizen's wanting to dispose of their own syringes should be referred to their trash collection service for guidance on the proper disposal of syringes.

Initial Draft Urban Strategy