

February 24, 2021

To: Mayor and Members of City Council

From: Paula Boggs Muething, City Manager

202002154

Subject: CAHOOTS and Differentiated Emergency Response

REFERENCE DOCUMENT #202001077

On September 2, 2020, the Law and Public Safety Committee referred the following for a report:

MOTION, submitted by Councilmember Landsman, WE MOVE that the Administration pursue this approach and, if necessary, leverage the resources Council recently provided for new approaches to improving public safety. The Administration and appropriate stakeholders convened through a problem-solving team under the Collaborative should review all relevant 911 data to determine how many calls could be divert to alternative dispatch options and begin to test how to make this work in Cincinnati. This should be done in connection with efforts like the LEAD pilot program and DVERT. (Balance of motion on file).

REPORT

In response to Council's motion, the Administration completed a review of the City's response to calls for assistance to the City's Emergency Communications Center (ECC) involving mental health, homelessness, or addiction. The Administration also reviewed programs in Eugene, Oregon and Tucson, Arizona that implemented a differential response to non-emergency calls for service by deploying social workers or mental health workers rather than police or fire personnel.

The financial savings reported by these programs in other jurisdictions is not as clear as has been reported. At best, providing alternative responses may result in reducing the workload on police and fire in the long term, allowing the City to hire fewer new police or fire personnel. However, it is likely that any cost savings are illusory. Public records in the relevant jurisdictions reflect that these workers are often dispatched to either offer a new service that was not previously provided or to complement police or fire response. Replacement of traditional police and fire services is extremely limited.

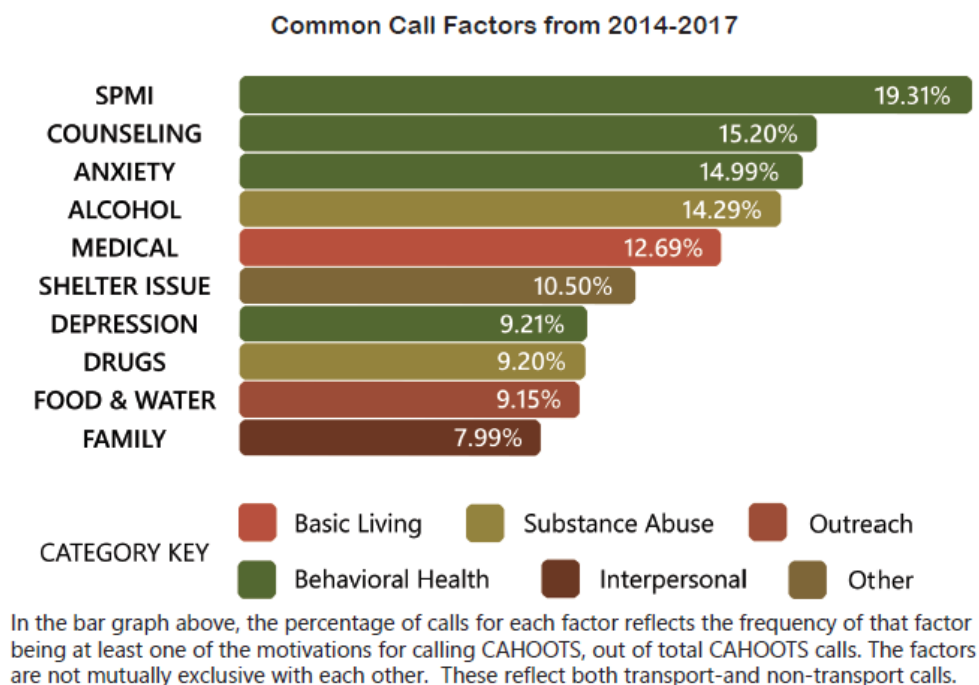
Nevertheless, there are tangible benefits to having social workers or mental health workers in the field; for these reasons, the City has established partnerships with several mental health and social service agencies. At least one of those partnerships led to the 1987 creation of the Mobile Crisis Team (MCT).

The following memorandum provides an overview of current programs in Cincinnati and other jurisdictions, including Eugene and Tucson. It explores options to expand local services and the potential cost of additional services.

I. Crisis Assistance Helping Out on the Streets (“CAHOOTS”) – Eugene, Oregon

CAHOOTS is a program run through the White Bird Clinic in Eugene, Oregon. Created in 1989, CAHOOTS is a partner organization with the City of Eugene and is funded through the Eugene Police Department budget. It is currently dispatched by Eugene to a variety of calls, diverting some from police and other emergency services, as well as handling calls that would not normally be responded to by police or fire.

CAHOOTS workers primarily respond to non-criminal crisis situations, including homelessness, intoxication, disorientation, substance abuse and mental illness problems, and dispute resolution. Individuals are assessed and then transported to a social service agency in order to better facilitate connections between services and the populations those services are intended to reach. Each CAHOOTS team consists of a Mental Health Crisis Worker and an Emergency Medical Technician. All CAHOOTS team members complete over 500 hours of training that emphasizes de-escalation and crisis intervention.



In 2018, the contract budget for the CAHOOTS program was approximately \$798,000, which funded 31 hours of service per day (this includes overlapping coverage), seven days a week. One van was on duty 24 hours a day and another van provided overlap coverage 7 hours per day. Last year, the contract was increased to \$2 million and added a third van.

The cost-savings CAHOOTS advertises has not resulted in a reduction in police department spending. While CAHOOTS states that its services result in millions of dollars in savings a year, Eugene has not reduced police funding. Specifically, CAHOOTS states that it has saved the Eugene Police Department approximately \$8.5 million a year between 2014 and 2017. However, Eugene also increased its police budget annually during the same time, indicating CAHOOTS is not replacing police response in Eugene, but acting as a supplement to traditional emergency response. From 2014 to 2017, the Eugene Police Department budget increased each year from \$45.5 million to \$51.3 million.

Moreover, the estimated financial savings advertised by CAHOOTS are not supported by their data. CAHOOTS generated an estimated cost savings based on multiplying the runs that CAHOOTS responds to by the cost of the police responding to the run. Emergency response is not funded on a per run basis, as CAHOOTS' model suggests. The "savings" advertised are not actual financial savings but is an estimated cost-benefit calculation based on saving time for officers or other emergency personnel to attend to other duties. While there may be savings associated with the CAHOOTS model, the calculations as presented do not hold up against scrutiny.

Additionally, the reported cost-savings from CAHOOTS is based on a cost-per-run analysis that is far in excess of CPD costs. CAHOOTS reports that the cost of police response to a call for service is in excess of \$800 per run. CPD estimates that a typical response to a mental crisis call for service (two officers for an hour and a half) would not exceed \$150. The cost of a routine call for service is approximately \$100 per incident. Consequently, CAHOOTS' estimated savings is based on an estimate of police costs that are five to eight times greater than CPD cost estimates.

Finally, the number of incidents where CAHOOTS is acting as a replacement for police or fire is likely less than reported. CAHOOTS reports diverting approximately 20% of calls for service from police response. However, this number includes incidents where police would not be dispatched at all prior to the creation of CAHOOTS. In other words, the total number of calls being received by Eugene's emergency communications is inflated because it includes incidents where services were not previously provided. For those calls, CAHOOTS is not replacing services (which would arguably result in a savings to the municipality) but is offering a new service. Those categories of calls represent the top categories of CAHOOTS responses in Eugene.

If the calls where an officer would not be sent (if CAHOOTS did not exist) are excluded from the analysis, the total percentage of diverted calls is approximately a third of what CAHOOTS reports. In 2019, Eugene Police Department reported approximately between 5% to 8% of calls were diverted from police response to CAHOOTS. Like CAHOOTS' reported numbers, Eugene Police Department's number is an estimation, but is more reliable as it purports to include only calls where the police response is completely replaced.

II. Crisis Call Transfer – Tucson, Arizona

Tucson Police Department and Pima County Sheriff's Office have implemented a new, criteria based dispatching program to divert some emergency calls from police response. The program is a partnership with Arizona Complete Health, a company that provides government-sponsored health programs to uninsured and underinsured individuals. Rather than dispatching an officer to investigate the call or transferring the call to a crisis hotline, a mobile health clinician within the emergency communications center will triage the call. Having a trained professional on site helps call center employees make more informed decisions about responding to an individual in crisis. The clinician has real-time access to mental health databases to provide information about the caller's diagnosis, medications, and history in the system to inform the response. The clinician will determine whether the individual can be stabilized over the phone or a mobile crisis team of mental health professionals dispatched, similar to the Mobile Crisis Team here in Hamilton County.

Tucson does not pay for the clinician because Arizona is a Medicaid expansion state. The City enters into an agreement for the clinician with a service provider through a regional behavioral health authority as an extension of the health authority's crisis telephone line. The clinicians must have at least a bachelor's degree and prior crisis line experience.

The use of a mental health professional as a call-taker is part of a trend to move more toward criteria-based dispatching. Criteria-based dispatching guides call-takers to gather information used to determine which resources are needed to respond, ensuring consistency. Based on the type of call, the call taker will be prompted with certain questions to gather specific information that is then input into the Computer Aided Dispatch system. Criteria-based dispatching has predominantly been utilized in medical emergencies, but some cities such as Washington D.C. and Tucson have applied the concept to crime related emergencies.

III. Current Mental Health and Social Work Partnerships in Cincinnati

The Cincinnati Police Department (CPD) has established several partnerships that are oriented toward the same goals as CAHOOTS. These partnerships are directed toward addressing root causes. Accordingly, CPD has developed partnerships in the area of mental health, homelessness, addiction, victim support, and criminal diversion.

A. Mental Health

The Hamilton County Community Mental Health Board and the Cincinnati Police Department work together to improve services to people experiencing mental health problems in Cincinnati via a Mobile Crisis Team.

The Mobile Crisis Team (MCT) is a mobile clinical team comprised of licensed master level social workers trained to respond to mental health emergencies throughout Hamilton County. In Cincinnati, MCT is dispatched to aid those in need and consultation to CPD. MCT's goal is to avert a psychiatric crisis in the least restrictive setting by providing intervention, information, and referral to treatment.

MCT referrals are triaged by telephone and a determination is made whether a "run" is required. A run is warranted when MCT has triaged the call and determined face to face contact is necessary to de-escalate the crisis and deter psychiatric hospitalization or arrest.

A two-person team responds to the crisis. MCT workers use their own cars, have cell phones, and police radios. If psychiatric hospitalization is needed, MCT initiates the paperwork and works with law enforcement to transfer the individual to a local hospital for evaluation and admission to the psychiatric unit.

Currently, Hamilton County Mental Health and Recovery Services Board (HCMHRSB) provides \$880,856 in annual funding for MCT members permanently assigned to CPD Districts 1, 3, and 5. These individuals primarily work during the day (8:30am-4:30pm) Monday through Friday. However, starting this spring, the City has contributed \$403,904.00 to be split between CY 2021 and CY 2022 for the purpose of expanding program services. This includes two (2) additional FTEs to provide a two-person MCT team dedicated to CPD to work six (6) hours Monday through Friday (5:00PM-11:00PM) and eight (8) hours on Saturday (11:00AM-7:00PM). This funding will also provide telehealth or other video medium to assist at a minimum 10 police officers on-scene with individuals who would like a consultation with a Mobile Crisis Team ("MCT") social worker for a possible referral and/or other intervention based on clinical need. These expanded program services are funded until December 31, 2022.

CPD Supervisors and the Mental Health Response Team (MHRT) officers can activate the MCT 24 hours a day through an on-call service provided by HCMHRSB to all municipal agencies in Hamilton County. Also, any police officer facing a situation involving a suspected mentally ill individual may contact the Mental Health Access Point (MHAP) 24 hours a day, 365 days a year.

CPD officers have specialized training in addressing individuals with mental illness. All CPD recruits receive 40 hours of MHRT certification training. About 700 officers are part of the Mental Health Response Team. MHRT officers are dispatched on all runs involving individuals experiencing mental illness. If two MHRT officers are available, they will be dispatched as a team. Once dispatched, the MHRT officer(s) on the scene are the primary officer(s) handling the situation. They are also responsible for transporting the individual, if necessary, to the hospital.

B. Homelessness & Addiction: PATH

For situations when CPD encounters individuals experiencing homelessness and in need of services, CPD will summon the Projects for Assistance in Transition from Homelessness (PATH) Team. The PATH team was created by Greater Cincinnati Behavioral Health to address those individuals with severe mental illness. PATH works in area shelters and the community to identify homeless individuals experiencing homelessness and connect them to mental health and other services. PATH employs peer workers, who themselves have a mental health diagnosis, to connect with potential clients. PATH also will deploy forensic workers who are professionals with specialized training to work with people with criminal backgrounds, addiction, or mental illness.

CPD regularly utilizes PATH to intercede with people experiencing homelessness. Last year, 144 individuals were referred to PATH.

C. Victim Services

CPD has developed two programs in partnership with external agencies to provide support and services to victims of crime: Victims Assistance Liaison Unit/Cincinnati Citizens Respect Our Witnesses Unit, (VALU/CCROW) and the Domestic Violence Emergency Response Team (DVERT).

VALU/CCROW responds to the scene of homicides or other violent crimes and provides crisis intervention, victim advocacy, referrals, and case management. If the surviving victims or direct victims are seen at the hospital rather than on scene, VALU/CCROW will make initial contact within 24 hours of the crime. The witness assistance program, housed within VALU/CCROW ensures witnesses to violent crimes are supported through an array of services such as emergency relocation, transportation, telecommunication assistance, panic alarms, crisis intervention, therapy, and case management. Staff within the CCROW program are either Licensed Social Workers by the State of Ohio, or active BSW or MSW Social Work Students. The program assisted 256 people in 2019.

DVERT is a partnership with Women Helping Women to provide services at the scene of a domestic violence or sexual assault crime. DVERT advocates are an aid to Department personnel, providing around-the-clock, on-site support, resources and options to the victim, allowing officers to focus on the law enforcement aspects of an incident. CPD initially secures the crime scene then contacts WHW to have an advocate on scene within the hour to focus on the needs of the survivor and any dependents.

D. Criminal Diversion: LEAD

The LEAD initiative is a partnership designed to allow for certain low-level criminal offenses to be diverted, pre-arrest, from the criminal justice system toward harm reduction services. LEAD enables officers under certain circumstances to divert low-level, non-violent offenders, who are often driven to offend due to problematic alcohol and substance use, mental-illness, homelessness, or poverty, away from the criminal justice system.

LEAD is designed to solve the root cause of criminality in an individual by allowing participants to complete a psycho/social intake evaluation in exchange for pre-arrest diversion under certain qualifying situations. The participant is assigned a grant-funded social worker operating under the guidance of the Hamilton County Office of Re-Entry. Hamilton County Case Managers attempt to meet the immediate needs of those who are referred. These case managers also develop a long-term treatment strategy with the participant based on their individual needs and desires. Currently LEAD is a pilot program that is limited to CPD District 1 (including the Central Business Section).

IV. Emergency Response Data

Creating an alternative response to emergency dispatch requires an understanding of the potential demand. Unfortunately, the best information regarding the type and quantity of calls and runs, the Computer Aided Dispatch (CAD) system, does not readily distinguish between those runs where a police officer can be replaced by an alternative response. The CAD system is designed to provide a mechanism to get police and fire personnel from one point to another, usually in response to a call for service. While CAD is regularly utilized in crime analysis, that is not its core function. Consequently, the projection of the demand for alternative response is only an estimate.

A review of the City's CAD system provides a general range of the number of incidents that might be diverted from police response. When calls to ECC request a police response, police are dispatched. Extrapolating from this data is problematic because there is no clear way to retroactively determine how many runs might be diverted to an alternative. Consequently, the information that can be gleaned from reviewing the City's ECC records relies upon many assumptions, which may be incorrect.

In 2019, ECC logged 554,877 unique CAD records. These records are classified by one of 145 unique call types associated with potential police response. Currently, not all calls received by ECC and subsequently recorded as a CAD record generate a police response. In 2019, 117,252 calls received by ECC were not dispatched. There are a variety of reasons for this, including recognition by call takers that police or fire response is not appropriate based on the information reported to them. In these situations, it may be determined that a "broadcast" of information is all that is necessary, a caller might be "advised" of a more appropriate method by which their inquiry should be addressed, or callers may be able to receive enough information from a call taker to resolve the situation. Eliminating non-dispatched CAD records, 437,625 records remain. This reflects both proactive (self-initiated police activity) and calls received by ECC and dispatched.

The table below is a subset of the total dispatched calls in 2019, representing call types that might apply to diversion or co-responder programming.

	Total 2019	5% of Total	8% of Total
Disorderly Person(s)	15,263	763	1221
Neighbor Trouble	3077	154	246
Menace (and report)	2946	147	236
Mental Health Response Team	4325	216	346
Mental Health Response Team (Violent)	3162	158	253
Person Down	5600	280	448
Domestic Violence (and report)	2983	149	239
Heroin	1536	77	123
Total:	38,892	1945	3111

V. Implementation of Differential Non-Emergency Response

In order to implement improved differential non-emergency response, the Council could take the following actions: (1) The efficiency of the Mobile Crisis Team second shift expansion will be monitored over the twelve month period and reported to Council. If the expansion has been successful, the Council could approve a budget exception of \$400K for FY23. This would retain 2 FTE Social Workers on second shift through December 31, 2024, and the Council could appropriate \$425K in the FY22 Capital Budget for the expansion of criteria-based dispatching at ECC.

These expansions will require the identification of additional funds. As set forth above, there is no short-term cost savings realized through program implementation. Accordingly, funding cannot be diverted from current public safety budgets without negatively impacting public safety.

1. Mobile Crisis Team Expansion

Currently, the City of Cincinnati is contracting with HCMHR SB for a total amount of \$403,904.00 to be split between CY 2021 and CY 2022 for the purpose of hiring two FTE employees in each year. This MOU will be effective through December 31, 2022. HCMHR SB will submit an online quarterly report to the City, whereby the City will monitor hours worked, calls for service, and consult with CPD on the efficiency of these expanded services. In 12 month's-time if CPD requests program retention beyond CY22, the City Manager will include a budget exception of \$400K for FY23 for Council consideration and approval.

2. Expansion of Criteria Based Dispatching

The application of criteria-based dispatching to crime and disorder calls for service would assist emergency communications employees to appropriately dispatch police or divert to other resources. ECC currently utilizes a criteria-based dispatching protocol for medical calls. The protocol is a research and evidence-based standard developed and supported by the International Academies of Emergency Dispatch (IAED). This system includes training and certification for call-takers, as well as computer software that guides call-taker information gathering and decision trees. The result is a call-taking process that standardizes information gathering, emergency instructions given to callers, and the type of response dispatched to help based on the local resources available for dispatch.

Criteria based dispatching is not used currently by call-takers for non-medical calls processed by ECC. To expand the IAED Criteria-Based Dispatching system to all calls processed by the ECC, including crime and disorder, would require approximately \$425,000, for additional technology, training, and implementation costs. This amount can be included in the FY22 Capital Budget for City Council approval.

cc: Col. Eliot K. Isaac, Police Chief
Bill Vedra, Emergency Communications Center Director