



MEMORANDUM

LEGISLATIVE REFERENCE BUREAU

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To: Arnitta Holliman
MPD Diversion Task Force Chair

From: Aaron Cadle – Legislative Fiscal Analyst

Date: August 17, 2021

Subject: Police Diversion Programs in Other Cities

Per the request of the MPD Diversion Task Force, this memo reviews initiatives in other cities to dispatch non-police personnel to 911 crisis calls involving mental health, homelessness, intoxication and substance abuse, or other non-violent situations which do not need police intervention.

Six cities are reviewed in some depth. These are believed to be representative samples of current programs designed to offer alternatives to police as first responders.

Eugene, OR
Olympia, WA
Denver, CO

Albuquerque, NM
San Francisco, CA
Portland, OR

Alternative non-police responders in Eugene and Denver are provided and employed by private social service agencies under contract with these cities. Non-police responders in the other four cities are employed directly by the cities.

Non-police responders in all these cities are dispatched through 911 systems.

Programs in Baltimore County, MD, and Houston, TX, are noted under Other Initiatives near the end of this memo. These two programs offer tele-counseling in lieu of dispatching first responders. Minneapolis, MN, is noted also for the breadth of the City's pilot programming.

Eugene, OR (2019 pop. 168,302)

Eugene's Crisis Assistance Helping Out On The Streets (CAHOOTS) program has become the model in recent years for alternative police dispatch. Established in 1989, the CAHOOTS program has been operating longer than virtually any other police diversion initiative. The program serves Eugene and nearby Springfield (2019 pop. 62,077). CAHOOTS is a partnership between the Eugene Police Department and the White Bird Clinic, a local social work and outreach clinic.

According to a July, 2020, LRB memo prepared for a Council member, “CAHOOTS teams provide support for Eugene police personnel by taking on many of the social service-type calls for service and providing crisis counseling. CAHOOTS personnel often provide initial contact and transport for people who are intoxicated, mentally ill, or disoriented, as well as transport for non-emergency medical care.”

All CAHOOTS staff are employed by the White Bird Clinic. Wages are set at \$18/hour. Ebony Morgan, CAHOOTS program coordinator, has been vocal that the program is being underfunded to the point CAHOOTS cannot fulfill its mission.

City of Eugene vehicles are used. Quoting again from LRB’s prior memo, “Each vehicle is staffed with a medic (nurse or EMT) and an experienced crisis worker. Crisis workers receive 500 hours of crisis intervention training.” There are 2 CAHOOTS vans to serve Eugene and one to serve Springfield. According to the memo, CAHOOTS fields one 2-person, 24-hour team, and one 11-hour team each day in Eugene.

CAHOOTS teams are dispatched over police radio by the police 911 dispatchers. It is also possible for callers to request CAHOOTS services by calling the police non-emergency dispatchers. A dispatched police officer may hand off a call to CAHOOTS, and depart the scene, if the responding officer determines the call can be more appropriately handled by CAHOOTS. CAHOOTS staff can also call in police backup if a situation shows signs of escalating into violence or otherwise beyond the team’s expertise or authority.

An analysis of calls for service in 2019 by the Eugene Police Department reported that CAHOOTS-only teams were dispatched in response to 13,854 calls. The chart below presents the natures of the calls dispatched.

Calls for Service Dispatched Only to CAHOOTS		
Check Welfare	4,220	30.5%
Assist Public – Police	3,996	28.8%
Transport	3,303	23.8%
Suicidal Subject	889	6.4%
Disorderly Subject	301	2.2%
Intoxicated Subject	252	1.8%
Found Syringe	210	1.5%
Traffic Hazard	196	1.4%
Criminal Trespass	116	0.8%
Dispute	87	0.6%
Other	284	2.1%
Total	13,854	100.0%

Of the CAHOOTS-only dispatched calls, teams called for police backup 311 times, or for 2.2% of the calls dispatched. The natures of these 311 calls are presented in the chart below.

Calls for Service Dispatched Only to CAHOOTS			
Nature of Call	Calls for Backup	% Calls 4 Backup	% Total Dispatched
Check Welfare	116	37.3%	2.8%
Assist Public – Police	42	13.5%	1.1%
Transport	34	10.9%	1.0%
Suicidal Subject	23	7.4%	2.6%
Disorderly Subject	20	6.4%	6.6%
Intoxicated Subject	16	5.1%	6.4%
Found Syringe	14	4.5%	6.7%
Traffic Hazard	9	2.9%	4.6%
Criminal Trespass	5	1.6%	4.3%
Dispute	4	1.3%	4.6%
Other	28	9.0%	9.9%
Total	311	100.0%	2.2%

Olympia, WA (2019 pop. 51,534)

Olympia's Crisis Response Unit (CRU) is closely modeled on the CAHOOTS program and was initiated in 2018. CRU 2-person, civilian teams are dispatched by 911 call-takers in response to non-violent crises. On-site services include counseling for grief, loss, a housing crisis or substance abuse; transportation to services and referrals to community resources. All services are voluntary, and CRU teams never restrain individuals against their will, or take them into custody. CRU teams call for police assistance as needed.

According to Anne Larsen, Outreach Services Coordinator Olympia Police Department, transportation of persons in crisis makes up a significant portion of the services provided by CRU teams. Transportation may be to a hospital, a homeless shelter, a social service provider, or simply from one public place to another less stressful public place.

Larsen reports that besides calls dispatched through 911, CRU calls for service come from:

- CRU teams as they make their rounds.
- Olympia police officers.
- Social service providers.
- Citizen direct calls.

A CRU team is available 7 days a week. Hours of availability are 7:00 a.m. to 8:40 p.m., Monday through Thursday, and 10:00 a.m. to 8:40 p.m., Friday through Sunday.

While CRU teams were initially provided and employed by a social service agency, as they are for CAHOOTS, Olympia switched in March, 2021, making all CRU responders City employees. Larsen notes the switch has made the program more effective, and helped better coordinate CRU and police dispatch.

Denver, CO (2019 pop. 705,576)

Denver's Support Team Assisted Response (STAR) Program was initiated as a pilot program in June, 2020. The pilot program was for one van and one 2-person STAR team, consisting of an emergency medical technician and a behavioral health clinician. This STAR team was dispatched by the City's 911 system in response to individuals experiencing crises related to mental health issues, poverty, homelessness, and substance abuse. Personnel for the STAR team were provided and employed by contract with a local mental health services agency and a local hospital network.

During the pilot program, the STAR team was available from 10:00 a.m. to 6:00 p.m., Monday through Friday, and could only respond to calls for service originating from a portion of the city adjacent to downtown. In addition, the STAR could only be dispatched to the following types of police calls:

- Police Assist.
- Intoxicated Person.
- Suicide Series.
- Welfare Check.
- Indecent Exposure.
- Trespass.
- Syringe Disposal.

A police study of the first 6 months of the STAR program pilot reported the STAR team was dispatched to 748 calls. These calls originated as follows:

- 41% from 911 dispatch.
- 35% from Denver police officers.
- 23% from the STAR team on its rounds.

While the STAR program was initially operated by the Department of Public Safety, operations were transferred during the pilot to the Community and Behavioral Health division of Denver's Public Health and Environment Department.

Since the end of the one-year pilot, a proposal has been presented to the Denver Common Council to expand the Star program from one team to 4, and extend the hours of operation to 16 hours a day, 7 days a week. The Denver police chief wants to see the STAR program expanded to the entire city. Funding for any program expansion is expected to come from the City budget, and grants from Denver's sales-tax supported mental health fund. A November, 2018, ballot initiative approved a 0.25% sales tax to fund mental health and substance abuse services.

Albuquerque, NM (2019 pop. 559,374)

Albuquerque describes its Albuquerque Community Safety (ACS) initiative as the third branch of its public safety operations, a third option for crisis response equal in importance to the City's police and fire branches. A two-person ACS team is dispatched by the City's 911 system whenever the dispatcher determines, through a series of scripted questions, that the crisis involves homelessness, inebriation, addiction or mental health.

ACS staff have backgrounds in behavioral health, social work and counseling, according to ACS Director Mariela Ruiz-Angel. All ACS personnel are employed directly by the City, with starting salaries ranging from \$50,000 to \$75,000.

Planning for ACS began in June, 2020, and included a community survey and public meetings. The report of the survey results, released in January, 2021, listed homelessness, needle pickup, welfare checks, suicide threats or attempts and mental and behavioral health as the top 5 crises to which the community felt ACS teams should respond.

San Francisco, CA (2019 pop. 874,961)

San Francisco's Street Crisis Response Team (SCRT) program began as a pilot in November, 2020. The pilot's budget was \$6.2 million, to be funded through California's 2018 Proposition C business tax.

SCRT staff are City employees and are dispatched through the City's 911 system. SCRT teams are dispatched to only B-priority "800" code calls, which include, but are not limited to:

- Mentally disturbed person.
- Person attempting suicide.
- Juvenile beyond control.
- Well-being check.

In addition, a SCRT team is never dispatched unless the person involved is an

adult in a public space, and there is no weapon in evidence. SCRT teams are never dispatched if the person involved is:

- Actively violent or displaying signs of a behavioral health crisis (e.g., visibly distraught, talking/yelling to self).
- Overdosing on drugs, or displaying self-harm behaviors.
- Posing an imminent threat to oneself, others, or property.

During the first 2 months of the program, 85% of SCRT team dispatches came through the 911 system, 11% were responses to crises identified by SCRT teams on routine rounds and 4% originated from social service agencies.

Initially, SCRT services were available in the Tenderloin District, Monday through Friday, 10:00 a.m. to 6:00 p.m. A second team was added in February, 2021 to cover the Mission-Castro District, and hours of service were expanded to 9:00 a.m. to 9:00 p.m., 7 days a week. The goal is to roll the program out citywide with 24-hour service. The program is expected to cost approximately \$10 million annually once fully deployed.

Portland, OR (2019 pop. 645,291)

According to Portland's website, the Portland Street Response (PSR) program began training teams to respond to incidents of homelessness and "low-acuity behavioral health issues" in January, 2021. The first team began responding to calls for service in mid-February. The program was initially limited to the Lents area of the city. It was expanded to the greater Lents area in April.

Four-person PSR teams include a firefighter EMT, a licensed mental health crisis therapist, and 2 community health workers. Initial hours of service are 10:00 a.m. to 6:00 p.m., Monday through Friday. A second team to be added sometime in the future is expected to expand service to 24 hours a day, 7 days a week.

PSR teams are dispatched through the City's 911 system. Dispatchers use a list of questions to determine whether calls should be dispatched to police, fire, PSR or an ambulance.

PSR teams are expected to be dispatched when a caller reports a person who:

- Is possibly experiencing a mental health crisis, is intoxicated or drug-affected. This person is either outside or inside of a publicly accessible space such as a business, store or public lobby.
- Is outside and down, not checked.
- Is outside and yelling.
- Needs a referral for services, but does not have access to a phone line.

In addition, calls must meet the following criteria:

- There are no weapons seen.
- The person is not in or obstructing traffic.
- The person is not violent towards others.
- The person is not suicidal.
- The person is not inside of a private residence.

Other Initiatives

Baltimore County, MD (2019 pop. 827,370)

Baltimore County, Maryland is using \$1.6 million in federal funding for a pilot to, in part, embed a mental health clinician in its 911 center to counsel callers directly and help 911 call takers determine which calls can best be diverted to the county's mobile crisis team. Mobile crisis teams consist of a police officer and a mental health professional.

Houston, TX (2019 pop. 2.31 million)

In 2015, Houston created the Crisis Call Diversion Center (CCD). The CCD assigns mental health professionals to the 911 call center. When non-emergency, non-life-threatening calls for service are identified, they are redirected to CCD health professionals in the 911 center who counsel the caller over the phone. The goal of the counseling is to manage the request for service without dispatching any responders.

Minneapolis, MN (2019 pop. 420,324)

According to the City's website, Minneapolis is initiating 4 pilots in 2021.

Pilot 1 - Non-police response teams will respond to an emergency mental health crisis. Teams will include mental health providers, and may include medical professionals.

Pilot 2 - Some 911 call takers, dispatchers and supervisors will receive mental health dispatch training. Goals of the program are to:

- Give 911 call takers the tools needed to assess mental health calls.
- Dispatch calls to the best response team.
- Provide responders with high quality information on mental health and behavioral issues.

Pilot 3 – Include 2 mental health professionals in the 911 system to work with 911 call takers and dispatchers to:

- Improve mental health triage.
- Divert calls from the police department.
- Identify the best response for mental health calls.

Pilot 4 - Train non-police city employees to take theft and property damage reports and collect evidence. Goals of the program are to:

- Provide an in-person response option for theft and property damage reports.
- Free police department time.

LRB's phone call to the Director of the Minneapolis Office of Performance and Innovation was not returned. Details about these pilot initiatives are unknown.