

RE:Interim Report on Unarmed Police Response (Resolution R-21-129)TO:Members of Ann Arbor City Council
CC:Stephen Postema, City Attorney; Sara Higgins, Strategic Planning Project CoordinatorFROM:Milton Dohoney, Interim City Administrator; John Fournier, Assistant City AdministratorDATE:12/21/2021

This memo is in response to <u>resolution R-21-129</u> directing the development of an unarmed response program in the City of Ann Arbor. The resolution directs the creation of an unarmed response program by this date, or to provide an interim report with the following directions:

...after having consulted with Washtenaw County, the Washtenaw County Sheriff's Office, Subject Matter Agencies and the Independent Community Police Oversight Commission, provide a report to the City Council...

This memo will provide a report to Council per the instructions provided, and will proceed in the following manner:

- 1. Introduction
- 2. Current Unarmed Response Operations and Efforts
- 3. Best Practices and Examples from other Communities
- 4. The Coalition for Re-envisioning Our Safety
- 5. Conclusion and Recommendations

Introduction

The City Council adopted <u>resolution R-21-129</u> on April 5, 2021 and directed staff to begin work on this important project. Over that time staff has engaged in a period of research and study to understand how other cities have tackled this issue, held conversations with stakeholders and experts locally, and attempted to anatomize our current ability to implement this ambitious program and what the best opportunities are for creating a successful unarmed response in our city.

In the spring and the summer, staff engaged a series of meetings with Sheriff Jerry Clayton and Community Mental Health (CMH) executive director Trish Cortes that included members of City Council, city staff, and Dr. Lisa Jackson and Frances Todoro-Hargreaves from the Independent Community Police Oversight Commission. In addition, staff have met with representatives from the Coalition for Re-envisioning Our Safety on several occasions to discuss their work and eventually their proposal. Finally, as this report came together in draft form, Milton Dohoney and John Fournier met with Dr. Lisa Jackson and Frances Todoro Hargreaves on November 10th and on December 17th to solicit their input and to discuss issues related to unarmed response in Ann Arbor.

As noted above, staff consulted with the entities indicated in the resolution as the report was drafted and gave equal opportunity for their input. However, we did not provide lead times for them to critique the report or edit its content. Staff always assumed this report would be viewed as a necessary step in the process of determining a Council supported policy path but not that the document itself would be the policy path. The administration believes it is better that the path be chosen after sufficient intentional discernment, and that the process not be rushed. Inclusive decision making will yield the best outcome and given the nature of this issue, staff has never assumed it appropriate that this be a city hall decision made in isolation from the community. As we move into 2022, internal and external stakeholders will be closely involved in planning and implementing a program.

Staff anticipates that this report will serve to focus the city's efforts on a path forward to ensure the most successful implementation of the program directed by the City Council, which is to "explore



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opportunities for unarmed response to public safety calls in the City of Ann Arbor through Metro 911, by means that may include the formation of partnerships with community service providers." This report does not contain a final recommendation, but our hope is to stimulate a period of more purposeful discussion and directed action toward the final implementation of an unarmed policing plan in our city.

Current Unarmed Response Operations and Efforts

The most notable effort to institute an alternative emergency response in greater Ann Arbor has been the program being implemented by Sheriff Jerry Clayton and Trish Cortes at Community CMH. This program is currently aimed at diverting 911 calls for emergency mental health services to CMH for their response, but CMH also receives these calls directly through the crisis services hotline for individuals who do not wish to call 911.

According to data provided by CMH, in the one year period from October 1, 2020 to September 30, 2021 there were 3,305 calls placed directly to their crisis services line from residents in the city of Ann Arbor and CMH staff determined that 60% of them (1,828) required an immediate crisis staff deployment. According to data from the Ann Arbor Police Department, in calendar year 2020 there were also 3,111 calls placed to 911 for some form of mental health intervention including calls for a wellness check, calls to check on an emotionally disturbed person and calls reporting a suicidal person or suicide attempt. All of these calls were responded to by AAPD, with AAPD requesting CMH presence if they determined it was needed. However, because of limitations in data reporting capabilities between the Metro 911 CCAD system and the AAPD internal reporting system we cannot determine the ratio of which calls CMH responded to at AAPD's request. Both the Sheriff's Office and AAPD are aware of and interested in addressing this data reporting issue.

In calendar year 2020, there were a total of 39,172 calls for service through Metro 911 dispatched to the AAPD. Including the mental health calls that were placed to CMH's crisis center, and assuming the October 2020 to September 2021 data is a rough approximation of the average annual call volume the crisis center receives, then approximately 15% of the calls for service originating from within Ann Arbor are calls requesting emergency mental health services, which is notable and important for guiding future discussions on the importance of unarmed response in our community.

Sheriff Clayton's and director Cortes' important work to establish an alternative response program through 911 and CMH has focused on mental health services. There is an opportunity to expand this program to include human services needs and build the program into a broader crisis support program. After conversation with the Sheriff and Director Cortes we believe that the potential for this type of program exists. However, these program changes may not be imminent.

It is worth considering what role other city agencies could play in helping to craft an unarmed response program. For instance, a significant number of calls for service that the police receive are for medical issues or medical transport and the police offer these services when an ambulance from HVA or a paramedic from the AAFD may not be immediately available. However, it may be the case that these calls could be alleviated from the police department by investing in a medical transport function in the fire department, something that AAFD leadership have been considering for some time. Currently, the AAFD is not allowed to conduct medical transport though in some cases where there is a clear and critical need they will do so.



In addition, the AAPD hosts the Community Standards unit which is a small group of non-sworn, unarmed officers who primarily focus on parking enforcement, sidewalk clearing enforcement, and other types of code enforcement. However, it cannot be overlooked that they are a unit of unarmed officers whose role could be invested in and expanded to include some additional response activities.

Best Practices and Examples from Other Communities

There are numerous examples of other communities that have successfully implemented some form of unarmed or alternative crisis response program. The Crisis Assistance Helping Out On The Streets, or CAHOOTS, program has been operating in Eugene, Oregon for 30 years providing support for social service calls or public safety calls that are not of a criminal nature. They handle initial contact and transportation for people who may be intoxicated, mentally ill, disoriented, in need of non-emergency medical care, or other similar services.

CAHOOTS is run as a program of the Eugene Police Department, but ultimately managed by a thirdparty vendor called White Bird Clinic. Calls to 911 can be routed to them for dispatch, however they also have a direct line for people who do not need nor want to receive a police response. CAHOOTS teams are all comprised of one EMT and one crisis worker who has professional training and experience in any number of human services fields.

The CAHOOTS model is an interesting one because the program is funded through and works directly with the police department. In 2019 they responded to <u>approximately 24,000 calls for</u> <u>service in the community, and only 311 of them required a co-response from the police</u>. This can be attributed to the creation of strong policy guidance and training in the 911 center that allows dispatchers to make appropriate decisions about when a CAHOOTS team should be sent or when a police car should be sent. However, it is worth noting that the 911 center in Eugene is run by the city government and so they may exercise much greater policy and operational control of dispatch activities than a city that has outsourced its 911 operations to another agency, like Ann Arbor has.

In Albuquerque, New Mexico <u>the Mayor recently announced the creation of a third public safety</u> <u>department called Albuquerque Community Safety</u>, which will house, "trained professionals such as social workers, housing and homelessness specialists, violence prevention and diversion program experts." The department was created after <u>a resident experiencing a mental health crisis was shot</u> <u>and killed by police officers</u> who went her house when her family called 911 requesting a wellness check. At the time the police department operated its own unarmed response unit for just these types of calls, but it was not staffed when the call came in and so armed police responded as the only service providers available.

There are important lessons that can be derived from the Albuquerque example. Notably, that the backup for an unarmed crisis response program shouldn't be armed police officers, it should be more funding for a larger and more ambitious unarmed crisis response program. The solution pursued by Albuquerque's mayor was to remove the program from the police department, invest significantly more funds in it, and make it a co-equal agency to the police and fire departments. This new department would work with police and fire, but it would do so on equal footing with its own agency.



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San Francisco is also moving forward <u>with a new crisis response unit</u>, and just like many other cities these crisis teams will have one paramedic and one professional from the health department in each vehicle, and also a peer support expert who would be someone with lived experience who could help relate to and communicate with the person for whom the call was made. This model will be a totally government run solution, however, it will also be completely separate from the police department.

It is also worth noting an historical example from the City of Pittsburgh. Several decades ago, the law in Pittsburgh as it was in most cities was police officers had to provide medical transport for people to go to hospitals in an emergency if they were called to do so. However, calls from black neighborhoods were consistently ignored by the police, and many black residents weren't interested in inviting the police into their neighborhood if they didn't have to. This caused serious health crises for black residents who needed better services from their government. To solve the problem, Freedom House—a local organization affiliated with the NAACP—launched the city's first ambulance service in 1967 to provide medical transport for residents who needed it.

The parallels between the Freedom House Ambulance Service and the unarmed crisis response model that is sweeping the nation now are hard to ignore. In that situation, residents stepped up on their own to create a new public service agency and provide services that the existing agencies could not or would not perform themselves. Over time this agency grew to become a vital part of the city's public safety operations and was eventually subsumed by the City to become the Bureau of Emergency Medical Services.

These case studies provide important lessons for us to consider. Importantly, in each of the unarmed response examples provided above the lead agency is not the police—even if in each instance the police still play an important role interacting with the lead agency and providing support in instances where there is a true public safety need. In Eugene the program is overseen by the police department, but ultimately is outsourced to a third-party provider. In Albuquerque, the Mayor has spun the program off from the police department to create a new agency. In San Francisco, the fire department is taking the lead on organizing an unarmed response because of the importance of having paramedics on the response team.

Another important lesson that can be learned from Albuquerque is that if you don't want armed police showing up to crisis response calls, you can't house your crisis response team in the police department. The police are an incredibly important service for our community, but their specialty is in preventing, stopping, and investigating crimes. If a call for service is non-criminal in nature, then you should be directing it to people who specialize in non-criminal intervention and no one else. Additionally, you should invest in your unarmed crisis response team so it is capable of handling the full call load that your community creates on a 24 hour a basis.

In San Francisco, city leaders are building a crisis response program in the fire department and with assistance from the health department. While outside human services professionals and social service agencies may be critical to the success of a program like this overall, it is important to remember most fire departments are already doing medical transport and other basic non-criminal calls for service and so they may be an appropriate starting point to build an unarmed crisis response. Notably, all the fire fighters in Ann Arbor are emergency medical technicians, and 18 of them are paramedics.



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Thinking about the Pittsburgh example, if Ann Arbor were to turn to a third-party agency to operate portions of an unarmed response program it is important to keep in mind that we could only contract with a formally incorporated legal entity such as a 501(c)3, and would likely have to award these services through a competitive RFP process whereby firms that had demonstrated experience and a track record of success delivering the services requested would have some advantages in the bidding process. Additionally, there would likely have to be staff added in the city to manage any contractors who are involved in the unarmed response program and so some degree of organizational investment would be required internally as well. The details of these structures would have to be informed by stakeholder feedback and policy direction from the Council.

There appears to be no prevailing best practice in terms of how these programs are structured. In some communities, a totally external service provider has been started by citizens who either couldn't get support from their municipal governments or who were extremely sensitive about locating a program organizationally close to a police agency. Sacramento hosts an organization called Mental Health First, which operates completely independently from the city government and does not interface with 911 at all. While the organization boasts their intentional and total separation from the police, they are also an entirely volunteer organization that only has the funding to operate on weekend nights while fielding only 20-30 calls a month. Their separation from municipal government means they can only have a very limited impact on the provision of public safety services in their community.

Like Albuquerque, Oakland, CA hosts their unarmed crisis response program in a city agency called the <u>Department of Violence Prevention</u>. The department's original focus was on providing a public health based response to non-violent crime, but has also expanded their scope to include support for victims of crime, community based gun/group/gang violence response programs, and mini-grants to neighborhood leaders to support community based violence reduction programs. The city's MACRO program—its unarmed response initiative—will be housed within this agency and will work directly with 911 to receive dispatched calls and respond to people in crisis.

Interestingly, the executive director of the White Bird Clinic in Eugene, Chris Hecht, <u>has praised the</u> relationship they have with the police department:

In some ways, his city's situation is unique: Because of its long legacy of work in Eugene, White Bird Clinic already had the trust of the community, which Hecht says has a unique commitment to helping the most vulnerable members of society. The area also has a wellsupported social services network, and a police department that's willing to take a step back and let the clinic handle non-serious calls. "They're really important partners, and they've played a critical role," said Hecht of the police.

In Los Angeles, city leadership have implemented a new program to create mental health response teams in their fire department, calling it the <u>Therapeutic Transportation Pilot</u>. In addition to this inhouse program, the city has also <u>issued a request for proposals for non-profit service providers to</u> <u>provide social services response</u> that can be dispatched directly from the city's 911 center. In that way, the city is pursuing multiple methods to meet their needs including an in-house program run by city staff to address emergency mental health needs and partnerships with external providers for other acute human services needs.



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What is clear from the broad scope of programs offered in many American cities is that there is no set model for how to structure an unarmed response program in your organization. In San Francisco and Los Angeles, city leaders determined that the fire department already had paramedics, emergency response vehicles, and a working connection with 911 and so it made the most sense to build a response program there. In Eugene, a well-respected non-profit was willing and able to lead the development of a program, and so city leaders pursued that option. In Albuquerque and Oakland city leaders opted to house the program in newly created city departments. In Sacramento, none of these options were viable in the eyes of some motivated residents and so they started their own independent agency completely separate from city government.

Each of these cities paid attention to their local context, determined where their strengths and needs were, and built a program around their existing capacities. As we work to build a program here, Ann Arbor should focus on creating a solution that works in Ann Arbor and not a solution that seems best because it worked somewhere else. We need to pay special attention to our local context.

The Coalition for Re-envisioning Our Safety

Shortly after resolution R-21-129 was passed in April, a group of subject matter experts and community advocates formed the Coalition for Re-envisioning Our Safety to create a feasible recommendation for an unarmed emergency response program. Over the course of the last few months city staff have met both with a subcommittee of this coalition and with individuals involved in working on the proposal to discuss various issues related to our emergency response operations, and also to speak generally about unarmed or alternative response models across the country and how they could work in Ann Arbor. However, it should not be concluded that staff participated in drafting the recommendations or creating the general policy direction of CROS' efforts. City staff were not involved in that level of discussion, and the recommendations were made independent of staff involvement.

CROS provided a very general recommendation, and they focus on the following tenets:

- 1. Be politically supported and funded by city government, and housed and managed within a separate organization or group whose mission aligns with the work
- 2. Follow a public health approach by ensuring separation from law enforcement and the legal system (e.g. no law enforcement included in response) as well as by expanding beyond solely mental health to issues of conflict, public assistance, transportation and more.
- 3. Include a separate public phone number (e.g. 311) and dispatch, independent from 911 dispatch; recommendation to include a social worker into 911 dispatch to train how to route accordingly
- 4. A 2-year (minimum) funded pilot that allows for quality design, implementation and evaluation
- 5. Selected through an open public RFP process that is informed by community members and experts



6. Includes direction and decisions from a governing board comprised of community members and leaders

These general recommendations do seem to be situated within the prevailing range of proposals presented in other American cities working on this issue. CROS presents a concept that staff recommends should be taken seriously by the Council, with some cautions. Notably, the desirability of entering into an arrangement like this with a third-party vendor would ultimately rest upon the terms of the relationship as detailed in a written agreement between the parties. In an arrangement where the city is paying potentially millions of public dollars over several years to third parties for important service delivery, we would want to require certain performance standards in the contract and have the right to exercise some level of quality control over the work just as we do with other similar contracts. However, the CROS recommendations are also intended to create independence from city involvement in the program. This potential issue would need to be explored thoroughly before an agreement could be reached with any third-party.

Additionally, staff believes that a two-year pilot for an unarmed response program would likely exceed the \$3 million estimated price offered by CROS by a meaningful amount. While the CROS proposal does not contain enough detail to provide an economic model, the sixteen full-time staff members they have proposed working a 24-hour schedule would likely exceed \$3 million on just regular personnel costs, and the addition of potential overtime, equipment, vehicles, training and development, and other administrative costs would create additional financial needs. The ARP recommendation provided to Council in October does provide a recommendation for \$2 million to be spent on getting this program started (Council could increase this amount in its final ARP allocation to meet the program's needs), however these are not recurring operating funds and money will need to be budgeted moving forward separate from the ARP funds for this program. Council should not consider this as a caution not to proceed with the program, but members should be aware that the costs will exceed the public estimates that have been provided thus far and long-term funding would need to be identified outside of the initial start-up costs.

We also could not identify a city (though we admit one may exist that we are unaware of) where the local government built an entirely new dispatch center that was only intended to handle unarmed response related calls for service. In many cities the responding agencies either work directly with 911 to receive dispatched calls and train dispatchers to deal with calls for non-police services, or they manage a basic reception service that is not inter-operable with 911 for dispatch capabilities. In many instances local governments simply offer both to help capture as many calls for service as possible. Some residents will want to call 911 and just have their issue addressed, but it is also true that some will not want to call 911 to completely avoid police involvement. An effective program would be designed to provide service to both these groups of residents. In Washtenaw County, for instance, Community Mental Health receives dispatches from 911 but they also monitor their own phone lines at all times to receive calls for crisis services directly. We also advise that training the public on a new emergency phone number would take a significant effort over many years, and hiring staff for emergency dispatch centers is extremely challenging even in favorable labor markets. Staff advises caution to the City Council over the high cost and long project timelines required to build and stand-up a new, independent dispatch center.

However, the proposal does have merit on several very important fronts. As noted among the efforts of our sibling cities across the country, an unarmed response program should be separated



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from law enforcement so as to ensure that armed police officers are not dispatched to calls that don't require them. CROS also advocates for building an unarmed response that expands beyond mental health and includes human services support for a number of different crisis interventions, which is a gap in the current services available in Ann Arbor. The proposal advocates for a two-year pilot period, accompanied by an evaluation period to determine if the initiative needs adjusting—a plan that we would recommend regardless of the configuration of the final program. In addition, a competitive RFP process is not only a best practice, it is required under the city's procurement laws. A program guided by the general recommendations of the CROS group would have a strong foundation for success in Ann Arbor.

Conclusions and Recommendations

Washtenaw county's alternative response program run by Community Mental Health and the County Sheriff is adding value by taking a significant portion of mental health related calls off the hands of armed police and putting them in the hands of unarmed mental health professionals. It is also true that there are a number of calls for service that are currently dispatched to the AAPD that both do not require an armed officer and aren't currently handled by CMH's crisis response team. Most notably, these calls include routine wellness checks and calls to assist an emotionally disturbed person (individuals who are not in a crisis, but who may still benefit from immediate attention).

Even beyond that, there are numerous types of calls that are handled by the AAPD today that, when looking to other peer cities across the country, could be handled by an unarmed response team with success. These calls include requests to deal with vagrants (this terminology reflects the 911 coding system and should not be considered a normative statement), homeless persons or encampments, medical transport, intoxicated individuals, some minor acts of juvenile delinquency, non-domestic violence dispute resolution, and other calls for service that may best be handled with social service support rather than police intervention. In these calls for service there is an opportunity to create a new response program that is separate from CMH, the Sheriff, and the AAPD.

By synthesizing these two approaches—supporting the work of CMH and the Sheriff on dispatched response for mental health crisis on a 24-hour basis *and* creating a new program to provide services that do not include CMH covered mental health, the City can ensure the broadest provision of unarmed response and create the highest impact in the community. Following on this path forward, the City Administrator will pursue the following recommendations:

- 1) Work with Metro 911 and the AAPD to ensure data reporting between the county's CCAD system and the AAPD is consistent and policies are in place to ensure the integrity of AAPD dispatch data.
- 2) Continue to support the implementation of CMH and the Sheriff's alternative response program for individuals suffering from crisis level mental health issues.
- 3) Work with the Coalition for Re-envisioning Our Safety and other important stakeholders to develop a feasible proposal for an Ann Arbor-centric unarmed response program that compliments the work of CMH and the Sheriff.



- 4) Work with AAPD to further analyze dispatch call types and further explore which calls might be handled by unarmed response personnel and which would need to be retained by the AAPD for armed response because of the heightened potential for criminal or violent activity related to the call.
- 5) Work with AAFD to develop a proposal for medical transport, and potentially other services, that could alleviate call volume pressure on the AAPD from 911 dispatch.
- 6) Develop a more detailed cost analysis for the \$2 million ARP fund proposal for unarmed response and community policing so it may be considered by the public and council when final ARP budget allocations are made this spring.

Because resolution R-21-129 directed city staff to implement an unarmed response program that meets the city's objectives, staff will continue to rely on this direction and move forward with implementation of the above initiatives unless otherwise instructed by the Council to reprioritize or alter the direction of the work to be undertaken.