



# PUBLIC SAFETY COMMITTEE

## COMMITTEE MEETING

~ MINUTES ~

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Thursday, October 14, 2021

5:30 PM

Sullivan Chamber  
795 Massachusetts Avenue  
Cambridge, MA 02139

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The Public Safety Committee will meet to hear from outside experts on specific details being considered by the HEART team to implement a public safety response.

Attendee Name	Present	Absent	Late	Arrived
Quinton Zondervan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dennis J. Carlone	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alanna Mallon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Marc C. McGovern	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Jivan Sobrinho-Wheeler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



**PUBLIC SAFETY COMMITTEE - OCTOBER 14, 2021**

TRANSCRIPT OF PROCEEDINGS

**Mr. Clerk:** Councillor Zondervan, the time of the meeting has arrived and you have a quorum.

**Quinton Y. Zondervan:** Thank you, Mr. Clerk. I call this meeting of the Public Safety Committee to order. The call of the meeting is to hear from outside experts on specific details being considered by the HEART team to implement a Public Safety response. Pursuant Chapter 20 of the Acts of 2021 adopted by Massachusetts General Assembly and approved by the Governor, the City is authorized to use remote participation at meetings for the Cambridge City Council. To watch the meeting, please tune into Channel 22 or visit the Open Meeting portal on the City's website. Today's meeting will be conducted in a hybrid format. Members of the Public may participate remotely or physically appear in the Chamber to provide Public Comment. If you would like to provide Public Comment, please go to [cambridgema.gov/publiccomment](http://cambridgema.gov/publiccomment) to sign up. We will not allow any additional Public Comment sign up after 6:00 p.m. Mr. Clerk, if you would take a roll of the members present.

**Mr. Clerk:** Councillor Carlone.

**Dennis J. Carlone:** Present and audible.

**Mr. Clerk:** Present. Vice Mayor Mallon.

**Alanna M. Mallon:** Present and audible.

**Mr. Clerk:** Present. Councillor McGovern.

**Marc C. McGovern:** Present and audible.

**Mr. Clerk:** Present. Councillor Sobrinho-Wheeler.

**Jivan Sobrinho-Wheeler:** Present and audible.

**Mr. Clerk:** Present. Councillor Zondervan.

**Quinton Y. Zondervan:** Present and audible.

**Mr. Clerk:** There are five...

**Quinton Y. Zondervan:** With that...

**Mr. Clerk:** ...members present.

**Quinton Y. Zondervan:** Thank you, Mr. Clerk. With that, all votes will be by roll call. So thank you all for joining us today. We're going to hear some presentations from, uh, experts on implementing the HEART Program, and I will turn it over to Ms. Stephanie Guirand. Take it away.

**Stephanie Guirand:** Can you all hear me?

**Quinton Y. Zondervan:** Yes.

**Unidentified Female Speaker:** (Inaudible).

**Stephanie Guirand:** Hello, everyone. My name is Stephanie Guirand. I'm a member of the Black Response, a Cambridge-based organization that is excited that the City is taking up the development of an alternative Public Safety program. Uh, this current movement for alternatives to Public Safety arose to end over-policing, mass incarceration, and ongoing violence- ongoing violence and, of course, to stop the State sanctioned violence of... against Black and Brown Bodies across the United States. There's a strong National and local support for overhauling Public systems, uh, and replacing them with current... replacing the current systems of punishment and carceral, um, punitive responses with ones that are aligned with Restorative and Transformative Justice. Indeed, the discussions we're having here in Cambridge are among hundreds that are happening around the Country. And so Cambridge is not the leader of innovation in this subject, but we are present. Um, based on them are best practices from existing alternative Public Safety programs and Service Providers within the City, uh, the Cambridge HEART proposal draws on input from the most harmed in the Community, um, to seek their inputs on carceral systems about what an alternative... or what an alternative Public Safety program would do, how it may serve their needs. The Cambridge HEART Coalition designed a program over a six-month period with weekly meetings where we brought in speakers from around the country and engaged in a lar- large-scale community discussions that led to the full development of the Cambridge HEART Model. Again, the Model was based on Transformative and Restorative Justice as an approach to Public Safety. One of the ca- main critiques of the Cambridge HEART Model has been our insistence of the Model having nothing to do with the Police. Again, the Proposal itself doesn't mention policing because we're more focused on what we're building as opposed to what we're attempting to dismantle. We would like to make a class argument for why it is that we should not involve the Police. For us, it's a question of utility. The wealthy do not use the Police to mediate their conflicts. They have other sources like therapies and Lawyers and the like. These options require money. The poor end up using Police to mediate their conflict... conflicts. This reliance on Police in this way results in Police having more evidence against the Poor which our legal systems can ler- lean on to make moral arguments to encourage convictions in longer sentences when someone does get caught breaking the Law. You can see that we need an alternative Public Safety program, uh, to have as little direct interaction with Police as possible because the poor do not have the privilege of patient/client protection. And we need an alternative Public Safety program that will be proactive by mediating conflicts outside of punitive systems. What are we proposing the Cambridge HEART Program be and what should it do and who should it serve? First of all, the Cambridge HEART Program is a response. Primarily, the First Responders will be the first point of contact. The aim is to hire commu- Cambridge Community members and train them so that they can be their first point of contact. But then, it will leverage existing resources in the Cambridge Community and transfer them via a soft handoff to the local service providers. How will it do this? The aims of the Program will be to serve by conflict resolution and de-escalation, mental health and peer support, mutual aid, communication among service providers, a domestic - a domestic violence

response, a public response to nonviolent approaches to supporting unhoused populations, um, and the publicly intoxicated and those in talk, um, those in crisis in public spaces from drugs, mental health, and other issues. The Program would create an independent agency led and staffed by trained Community members. And this ensures that the Emergency Response is accountable to the Community, is peer led, and is focused on de-escalation, uh, and it avoids interactions with carceral systems. This would strengthen Community ties and provide Community jobs. I'm here to introduce, um, the two speakers that we have present today, um, Tim Black and Ann Jenks. Tim Black. Hi, Tim. Hi, Ann. Tim Black comes to us from CAHOOTS in Eugene, Oregon. This is a pioneering alternative response program referenced in Policy Order 149, the original Policy Order that alluded to the Cambridge-based Alternative Public Safety Program. CAHOOTS has been operating for more than 30 years, and Tim, thank goodness, has been on board with... through... throughout the entire process of the HEART development and has spoken to the Cambridge HEART Coalition so many times now. He'll be talking to us about his experience throughout the development of the Cambridge HEART Proposal, um, as well as his, uh, recent attendance of the last City Manager meeting. Um, additionally, he'll point to some of the strengths in the Cambridge HEART model. Additionally, we have Ann Jenks who comes to us from Urban Strategies Council in Oakland, California. Urban Strategies Council serves as one of the primary consultants the Cambridge HEART Model uses, uh, Cambridge HEART, um, that has helped to develop the Cambridge HEART Model and works with the Black Response directly on all matters of administrative and protocols. Um, Ann, will be speaking about other alternative response models and the strengths t- of the Cambridge HEART Program. I'll pass it to Tim.

**Tim Black:** Thanks, Stephanie, and thank you, uh, to you all for the opportunity to, you know, share some virtual space with you all the way from Eugene. Um, you know, as Stephanie said my name is Tim Black, um, and I do work at White Bird Clinic here in Eugene, Oregon. Um, White Bird Clinic does operate the CAHOOTS Mobile Crisis Response. Um, personally, I started working as a First Responder with that program in 2010 and now I spend my time supporting other Communities as they pursue the implementation of services and systems that are inspired by the CAHOOTS model. Um, so far we've worked to support similar programming in Olympia, Washington, Portland, Oregon, Denver, Colorado, uh, Rochester and New York City, closer to you all. Um, we've done a lot of work in the Bay Area, um, in Oakland where Ann hails from as well as - as in San Francisco and in Santa Rosa. Um, we are actively working right now with Communities in Nebraska, Maryland and Toronto. Um, White Bird has been providing Community-based crisis intervention in some way, shape, or form since 1970. And CAHOOTS, which provides an alternative to Police response, began in 1989. Uh, the name CAHOOTS is an acronym which stands for Crisis Assistance Helping Out on the Streets. And our First Responder teams provide 24/7 intervention for crisis stemming from mental illness, substance abuse, poverty, homelessness, really any sort of non-criminal, non-violent issue for which Police, Fire, and EMS aren't necessarily the most appropriate First Responders. Just to

get an idea of what our impact is in our local system, in 2019, our mobile teams in Eugene responded to 18,000 calls for service. Uh, 15,000 of those were handled without any sort of Police, Fire, EMS involvement, and 13,000 of them would've required Police, Fire, and EMS to respond if CAHOOTS teams hadn't been available. Through all of that work, um, through all those contacts that we have with people in - in very dire circumstances, we only had 311 calls for Police cover in that period of time in 2019. And when we break that down, we see it's a pretty even split between situations which did involve violence and aggression, or those for which we needed a voluntary hold to be placed on somebody to get them connected to a higher level of care safely. And as an aside on the safety piece, I was, uh, speaking with, uh, Professor Harold Pollack at the University of Chicago yesterday. He really pointed out something, um, that was illuminating to me. In the same time period in 2019, zero Police Officers in the United States were injured or, uh, killed, uh, by stabbing, um, which is one of the primary concerns that we hear about the safety with this Program. Um, but moving from... aside from safety, um, all CAHOOTS services that we offer are free, voluntary and confidential. Um, and White Bird Clinic itself, the vendor for the service, is a Federally qualified health center with over a dozen different programs. CAHOOTS is only one component of the crisis services that we offer. Um, and we've been interacting at White Bird Clinic with the Black Response around this HEART Proposal, you know, as Stephanie said, attending meetings, presenting, engaging with dialogue, even coming to City Manager presentation, uh, gosh, going back to what, probably March or April of this year, um, for quite a while. Um, while CAHOOTS teams utilize and are dispatched by traditional Public Safety infrastructure, you know, we share a Dispatch Center with Police, Fire and EMS, and all of the work that we're doing is on Police CAD. It's on the same frequencies that Patrol uses. Um, the fact that CAHOOTS is facilitated by a nonprofit health center on a contract basis has really allowed us to build trust with our Community in ways that probably wouldn't be possible if we were just a division of Public Safety. Um, you know, we also have a lot of opportunity to diversify our funding and maintain a really, uh, sustainable and reliable s- service for our Community members that are in needs. Um, to address safety and liability, we have hefty, hefty insurance and really thorough indemnification language that reinforces the emphasis in our training process on seeing Patient and Responder safety. Um, and as I - I did... I don't - I don't think I said this yet, but you... we've never actually had it (sic) one of our Responders actually seriously injured as a result of Patient contact. Um, the work that CAHOOTS does in our Community saves nearly \$17 million a year while the Program itself is only funded at \$2.2 to \$2.3 million annually. And in this area, you know, I'd really caution you and any other City I talk to to forge your own path, um, rather than reinforce the subsequently low wages that Responders on CAHOOTS earn relative to our Partners in the Public Safety system. Um, you know, for all the recognition that the CAHOOTS Program gets, you know, wages for Responders is one area, um, that you would be wise not to replicate. Um, as I've had the opportunity to work with Stephanie and your team, um, and sit in on some meetings that included attending the Cambridge City Manager's meeting last week, and I walked away

from that presentation really worried. Um, what was presented in that proposal to develop the Department of Community Safety really left little room for anybody outside of these, uh, establishment Responders to handle and de-escalate crises despite a really clear call from the Community of Cambridge for a different Community-based approach(sic). Uh, I really noticed that the scope of services that were proposed under that Department of Community Safety encompassed nearly everything that CAHOOTS teams do here in Eugene and Springfield. And that really leaves me wondering, you know, if the intention is to run this Department of Community Safety in tandem to the proposed HEART response, it's really reasonable to wonder whether the truly driven... community-driven response is going to be allowed to handle any of the calls that they're proposing to be able to take, um, and whether this approach, you know, will ultimately manifest this kind of self-fulfilling prophecy that, um, that the Community-based approach isn't gonna work simply because they weren't given the resources and opportunity to serve the Community the same way this Department of Community Safety proposal really seems to be getting attention. Um, and it really follows this common refrain that we're hearing from Community members across the Country wherein, uh, you know, you see your language and State proposals and then subsequently are left out of the process of planning or implementation or even staffing. Uh, and Vinnie Cervantes put it really well describing his struggles in Denver, um, around their Mobile Crisis Response, um, when he said we see our words but we don't hear our voices. And I'm really worried personally that - that there are very similar, uh, issues, uh, underway right now in Cambridge. Uh, this HEART Proposal, um, you know, presents really an opportunity to change the narrative of what Crisis Response is in Cambridge, uh, to put the power to change Community directly into the hands of those Community members who are so disproportionately impacted by the current system of care, and really foster the kind of positive change that is so dearly needed and that I heard the City Manager talk about trying to get to. Um, you know, really I - I can't - I can't say enough good things about - about the HEART response, um, but I also wanna give Ann some time, and I'm sure that there's other dialogue to follow so I'll leave things there.

**Stephanie Guirand:** Yeah, thank you so much for all of that. Um, yeah, we'll probably swing back around to some of the things you said, but I'll pass it to Ann.

**Ann Jenks:** Good evening. Um, so my name is Ann Jenks and I'm here on behalf of Urban Strategies. Urban Strategies is a local policy and data ana- data analytic, uh, organization in Oakland, California. Um, and when, uh - uh, we started when the Community of Oakland started to look at alternatives, uh, to respond to low-level calls, Urban Strategies was asked to, uh, do research, get Community engagement and, uh, write a, uh, feasibility and implementation report. Um, and, uh, um, so that's kind of how we happened into this, uh, field. Um, and, uh, I would say that just to mention kind of a couple of the issues that - that tend to come up and I think are coming up to some extent in terms of the way that the City of Cambridge is starting to look at alternative Emergency Response, one of the things that we tend to see is that very quickly, uh, um, uh - uh, sometimes

Jurisdictions start looking at it solely in terms of mental health response, and then they wanna have Licensed Clinicians involved. And it moves very rapidly from an emer- a response to an emergency situation into a much more clinical, uh, di- planning, uh - uh, and programming, right, and - and - and a lot of Jurisdictions are more comfortable in that arena because that's what they already have or they've seen in other Jurisdictions where there's a Social Worker riding with Police Officer or co-responding with Police and just addressing very serious mental health calls that are very identifiable (inaudible). And what gets missed when you start thinking about it in those terms is that what gets missed is there's actually a much larger number of, uh, low-level, non-criminal calls that, uh, that - that, uh, Police are typically responding to in a Jurisdiction, um, what are commonly referred to as Quality of Life calls, right? And, um, these are the calls that if... even if you have, uh - uh, an emergency response, it's mental health emergency response. If you tell the Mental Health Emergency Responders to go and check on somebody but think they're asleep, uh, which is a fairly common call, they're gonna say that's not a Mental Health call and we're not... that's not what we do. And so it's - it's - it's what I think that HEART has been, uh, very smart about in terms of what the real Community need is, is identifying some of these low-level situations that need a response, but really don't need a p- uh - uh, kind of a badge response - response. Um, and by the way, the one thing that's interesting to me, one of my first questions, uh, to Tim now, like, two years ago is I asked him, well, okay, so this is how much you're saving the City. And the thing that's fascinating about Eugene, Oregon, is the Police and the Fire and the Mayor all say we would hate to have to do Emergency Response without Police, right? After 30 years, everybody, I mean, it's interesting. It's not controversial at all. The only thing that would be controversial is if you tried to get rid of it. And I said, well, Tim, so I see how much you're saving in terms of not basically using a more and, uh, a - a more expensive response than is really necessary. Right? 'Cause when you pull up the firetruck when you don't need to that comes into some money. But how much are you saving in terms of reducing arrests that might otherwise happen? And Tim said, "Well, we don't really know because when this started, that data wasn't put into a computer. It was all on paper." So, I actually think that if, you know, as other Jurisdictions begin to create alternative Emergency Response programs, that in a couple of years and we're gonna see much more profound data in terms of the actual savings. They're gonna go well beyond the response, which is already a less expensive response because it's more appropriate. Um, so what is happening nationally is that lots of Jurisdictions are creating lots of - of programs, um, m- many of them, uh, in this past year have started to build something out. Uh, sometimes the urge to get it done quickly has meant that we've, uh, done things that I think would be interesting to do in slightly different ways. San Francisco for instance, very rapidly got something up and going. One of the ways they did that was they were using their Firefighter Paramedics, right? Which again, is a little bit of overkill, uh, in terms of the training that that person has versus what they need to go see if the person who's asleep is okay, if they need to be moved, etc. Um, so, uh, so I can't, I mean, not every Jurisdiction has done it the same and - and - and if you talk to them



sometimes they say, yeah, we had to do it this way, but we would have preferred to do it another way. So, you know, what, um, but a couple of things are becoming very clear. There are a lot of calls. The calls are being successfully handled, um, by these alternative response models. Um, and the models that so many people ask about the safety and, you know, we're kind of conditioned and the Police are very conditioned, the idea that you don't know what a call is until we get there. And so the idea is, well, how are you sending out essentially Civilians to respond to this? What we are starting to see from these programs and again, in a couple of years we're gonna have data on this and I think it's gonna be really eye-popping. But what we're already starting to see is reports from the Programs that there's very little need for Police interaction. Um, and when they call for Police backup, it's typically not like I'm backed into a corner and, uh, I need to be saved right now. As the Responder, it much more typically is somebody wants to relinquish a gun. And I don't do that. Right? Uh, somebody is now telling us that this crime took place and they've decided that they wanna report it. And I again, not a Police Officer and I can't - I can't do that (inaudible). So, even when you're in the - in the very small number of cases where these Emergency Responders are asking for an alt- for, uh, the Police to come to the - to the scene where they're - where they're managing a situation, it's not because it's an emergency and they personally are in an unsafe situation. These folks are well trained. Uh, the Dispatchers are very well trained in current - from just kind of what kind of calls to send them on, and it's working exceptionally, exceptionally well really across the Country (inaudible). Um, I know that, uh, Cambridge seems to have some very specific Dispatch concerns. Um, I really hope that, uh, it's possible for, uh, Tim and even the, I mean, uh, the Dispatch Supervisors in Eugene, Oregon, are kind of phenomenally... it... it's interesting to talk to 'em 'cause you're literally talking about second generation people in terms of dispatching to a non-Police response. This Dispatcher Manager cannot talk to you about what was done before this all started because it's been going on so long. And so for him, it's the water he's always swum (sic) in and he's like, yeah, of course, and why would I wanna send the pol- Police would kill me if I sent them on that call, right? But the fact is that there's... I - I - I don't totally understand, but it seems like Cambridge has a deep concern about taking a call from their Dispatch Center and not giving it to the Police. It seems like there's a real blockage there, and I really hope that the City can look at this. Sometimes, uh, the issues and the concerns turn out not to be... how do I say this? If... when you start really digging into them, you can resolve it fairly simply, right? And I really think this thing with the Dispatch is that situation, um, and I would urge everybody at the City to talk to folks in Eugene. There's lots of other Dispatch, uh, methodologies that are being developed. The advantage of Eugene is that they've done it for such a long time that they're not telling you about something that they've now been doing for nine months. Um, but I think that, you know, i- i- if you are... if you give your Dispatchers good protocols and good training, I don't know how many of you have ever had the opportunity to just go to Cambridge Dispatch and sit with 'em for a little while. Uh, it's really quite educational, and those Dispatchers will start telling you the calls that they believe they should send to somebody else. So, it really is possible

to identify those calls, create the protocols, and give those calls to HEART for a much more appropriate response that I think would be beneficial to everybody. Thanks.

**Stephanie Guirand:** I think that's a great place to pause. I mean, I have a few follow-up questions, um, specifically for Tim, um, and this is the intersection of Dispatch in the work that White Bird does. First of all, would you be able to speak to the National discussion around the 9-8-8, uh, number and how that's gonna impact Dispatch protocols? Um, and also maybe just introduce what 9-8-8 is for folks who are following those discussions. Also, um, can you also just throw in something about whether or not you guys consider yourselves, uh, Co-Responder Models or when I say Co-Responder, I think of a ride along situation. But can you speak to the who is in the vans? Who is talking to people? Where are Police and when are Police not there?

**Tim Black:** Yeah. Um, so 9-8-8, uh, first, um, so 9-8-8 is, uh, was founded on, uh, by a piece of Federal Legislation this past summer. Um, and it's really intended around having a universal number that you can call anytime that you're in a crisis regardless of, uh, where you are, right? You know, you dial 9-1-1 when there's a Public Safety Emergency and, um, you get connected to the nearest Dispatch Center. 9-8-8 is essentially the same thing for crisis but there's also intention to have this connected to, um, those tenants of the crisis now model of having some- someone you can call, someone who can show up and somewhere to go. And so, 9-8-8 is helping to weave together that someone to show up and that someone to go... the somewhere to go by integrating mobile response and having a direct connection to crisis centers. Um, specifically within the City of Eugene, one of the things that we really recognize and I think we would do differently if we were to start the Program fresh from scratch today is that point of access. When folks call for CAHOOTS services, they're calling the Public Safety Non-Emergency Line, which means that they have to accept that the same people who are dispatching Police, Fire and EMS are the ones who are gonna be determining whether or not CAHOOTS goes out on to them. And while that works for the majority of our Community, there are still many Community members for whom it is not safe to call CAHOOTS because they are worried about that Police response. So for us, 9-8-8 is presenting an opportunity to have an alternate point of access that provides some insulation and protection from the larger Public Safety system, uh, for those folks who are in crisis and feel like they can't access CAHOOTS right now. Um, you know, Stephanie asked about our staffing model, too. Um, with - with the CAHOOTS response, we are really in the job of de-escalation and initial stabilization, right? We're not coming up with treatment plans. We're not diagnosing people. We're not even initi- we're not even initiating a Civil Commitment Proceeding. Uh, and because all of that work that we're doing is, um, in that - that First Response arena, uh, we've been able to staff our Response Teams with more peers, with people with lived experience, um, folks who might not otherwise, uh, be eligible for that position, uh, but have tremendous experience, right? You know, I'm thinking of Baristas and Bouncers that work in our downtown core who are deescalating people all day long, who

have these just amazing skills in communication. And because we're really, uh, focused more on - on what it is that the person is capable of doing than just, um, you know, their level of privilege that they had to access a higher degree and get some alphabet soup behind their name, um, you know, we've been able to really, uh, create this powerful response. Um, our EMTs are EMT Basics. That's the scope that they work under and that helps us address a lot of non-emergency issues, a lot of, um, you know, kind of chronic medical stuff, a lot of First Aid issues that are intersecting with, um, addiction and behavioral health, and ultimately would create barriers to more traditional response models. Stephanie asked, w- how do we set relative to co-response? Um, Co-Responders generally when you hear that term is gonna be, uh, a Licensed Clinical Social Worker, a Mental Health Professional who's paired with a Police Officer in uniform and generally are gonna be responding in the same vehicle. Um, we see even from CIT International, uh, the group that, um, developed the Memphis Model, this is the crisis training, the 40-hour crisis training that's offered to every Officer in - in most Jurisdictions across the U.S. Even they caution against utilizing co-response as your method for mobile crisis intervention because what that does is further reinforce for Community members in crisis that help only comes in the form of a Police car and can ultimately result in fewer and fewer folks accessing that level of care. Anecdotally we also hear that Social Workers embedded in those co-response programs tend to develop a bias in s- in favor of Law Enforcement, and that creates a lot of problems on scene with folks who have had really adverse experiences with Police in the past. Um, so you compare that to the CAHOOTS Model where we are direct First Responders. Our teams show up, they get on shift, they're on call, um, they're on duty. If they're not responding to a Dispatch call for service, then they're patrolling a beat and doin' some street outreach. Um, that First Response approach facilitated by a nonprofit rather than, you know, a Department of our Public Safety system really is - is one of the things that has allowed us to stay as safe as we have, uh, because our office, or, you know, Officers don't look like CAHOOTS Responders and Responders from CAHOOTS don't look like Officers, right? We're wearing a t-shirt and hoodie and that goes a long way to tell somebody that this is gonna be a lot safer interaction than when they hear the creak of the bulletproof vest and they see the gun, the extra magazines, the handcuffs, the pepper spray, the taser, the handcuff key. All of that right there, all of those tools that could be used if things don't go with the way that that Responder wants it to. Um, so that's, you know, again, yeah, I guess, yeah, I could go on forever, but I'll leave it there. I know Stephanie has more, but, um, you know, our - our response model, um, and the way that we present when we're on scene is part of what furthers that safety that I talked about in my opening remarks.

**Stephanie Guirand:** Yeah, that's super helpful, Tim. Before I pass it off to other folks who have questions, um, I just wanna talk a little bit about what, um, the HEART Proposal actually says. Um, so as Ann mentioned, there are lots of people all around the country doing, um, creating alternative, um, Public Safety programs. And Tim's, um, cahoot- and Tim works for CAHOOTS and CAHOOTS as he said is based in, um, in a Licensed Clinic. Right? And so it's separate from

the Police so they have their own separate 501(c)(3) with separate insurance that pays for all the liability concerns. So it's not actually the City's requirement if, uh, it was a responsibility, it... should there be any kind of malpractice. And we learned a lot from that as, um, as a group, and we decided that that is a model that does work for us, um, because there were lots of liability concerns at the beginning of this discussion, like, what will happen if a Responder messes up and some- and someone gets sued? Will it be the City that gets sued? Um, but, Tim, do you think you can say something quickly about how many times you guys have been sued?

**Tim Black:** Yeah, um, you know, we... and lawsuits are - are relatively infrequent, um, and, uh, you know, to be honest, general grievances about our services are - are few and far between as well. Um, the couple of lawsuits that we've had recently, um, were either directly related to the crisis situat- uh, the experiences that precipitated a CAHOOTS response in the first place, um, and were ultimately, um, that dismissed. Uh, another issue ultimately came down to the caller who was not even on scene, um, being upset with the outcome and trying to litigate instead of work on what else was goin' on for them. So, um, you know, over the years, no, we've - we've never had a - a successful malpractice lawsuit.

**Stephanie Guirand:** And your insurance was able to cover that, right?

**Tim Black:** Yeah.

**Stephanie Guirand:** ...in (inaudible).

**Tim Black:** Yeah, our - our insurance was able to cover, um, what it needed to cover. Yeah.

**Stephanie Guirand:** So, you have a 501(c)(3) insurance that was able to cover all the liability concerns.

**Tim Black:** Yeah - yeah. There... there's, um, General Liability insurance. There's, um, specific Provider Liability insurance, medical malpractice, uh, and then, um, oh, gosh, I'm gonna - I'm gonna butcher the title of the other insurance, but we have four separate policies, each with around two million.

**Stephanie Guirand:** Right. So, um, having, uh, like, had these conversations with you in the group before and talked to other Nonprofits in the City, um, we did some research about, um, a lot... all types of insurance that would need to cover everything we would need. And there, um, there are precedents in the State of... in the Commonwealth of Massachusetts for the type of insurance that would be necessary to cover, uh, in a 501(c)(3). So when we had the same discussion about how it is, um, where - where the Program should sit, whether it should sit within or outside of the City, um, we landed on having a separate 501(c)(3) with, um, an internal sort of Administrative Model, um, Department within the City, and we were calling that a Quasi Non-Governmental Organization because we wanted there to be some sort of accountability structure within the City but that the Program itself for all of the reasons that Tim just, uh, outlined to be, uh,

housed outside of the City. And the City has, um, this to- this sort of contractual relationship with lots of other 501(c)(3)s. So this isn't, uh, a new concept, like, we're not proposing something brand new, um, in terms of the - the Quango model. Additionally, um, (inaudible), uh, Ann brought up some questions that, um, the City has had around dispatching. So, um, with the way that we've been thinking about it is, um, that there would be teams of HEART Responders what we've been talking about is, uh, about is three teams of two, um, per shift and there'd be three shifts per day, and so that there would be 24 hours a day, three shifts, uh, three sets of teams that would be able to go out and respond to calls, and when they're not responding to direct calls, that they'd be out on the streets and supporting people with their needs the... ju- just as Tim has outlined. Additionally that there would be, um, a team of, like, HEART dedicated Dispatchers, um, who would also have the skills to talk people... to deescalate people from certain types of crises situations. um, we had talked about, because the City had decided already that they... it would create a fourth option in 9-1-1, that the alternative being the fourth option that the City would transfer the, um, the - the calls to the HEART Dispatch team as the alternative response. Um, Ann, do you wanna say anything about the miscommunication there? What we really mean when we're talking about Dispatch?

**Ann Jenks:** Um, okay, I hope I do this right. A call comes in and, you know, here is what we did in Oakland, by the way, is we did some, uh, Community participatory research where you go into the Community where for us the pilot was going to be 'cause Oakland's big, and, um, Community members designed a survey and then, uh, got other Community members involved in - in filling out the surveys to really understand how people currently interact and what they do and what they view their resources and options are when there's a situation that they need some help. And one of the things that we found is that, uh, a lot of people, uh, are hardwired to call 9-1-1. Right? Um, so we do think that it's critically important to have an alternative number for people who are not going to call 9-1-1 in Oakland. Some of the neighborhoods we were looking at, uh, there are significant, uh, Immigrant populations. And honestly, we heard from some Immigrants who are here legally but they won't call 9-1-1 because the... they still fear an immigration issue, even if they have (inaudible). So, I mean, there's very broad reasons that it's good to have an alternative number and start communicating that aggressively, you know, that - that there are options and there are ways to get somebody without going through that. But there's still large numbers of people who say, I don't call the non-emergency line. I don't call 2-1-1. I don't call 3-1-1. Uh, we would have asked 'em about 9-8-8, but it didn't exist. And it... we just call ni- uh, 911. That's the number you call. And so what you really do, and I urge everybody to go into Dispatch and spend some time and look at some of that data, you have calls coming into Dispatch, whether it's the non-emergency or the emergency line, that would much more appropriately be responded to without Police. And so w- that comes into Dispatch. The Dispatcher follows the protocol and uses their professional judgment and says this is a call that's more appropriate to HEART, and they transfer the number to HEART and then HEART sends out a team to respond to that call. So HEART is not trying to

take... it's not trying to - to - to displace Dispatchers, uh, following their own protocols in terms of deciding the calls. And what I think Tim can talk to is you have an ongoing dialogue. You... after you... as - as the Program rolls out, you have an ongoing dialogue with everybody who's involved in it. All of the Stakeholders are saying, why did this call get sent to HEART when the initial call said that it was a b- I don't know, you know, men were throwing knives at each other. Um, and - and so you have ongoing discussions to refine what kinds of calls you think are effective because there's gonna be a time in your future if you start this that the Police are gonna say, how come we're still being sent to X, Y and Z call when we know HEART could do it better? And we'd prefer, you know, so you have that ongoing dialogue with everybody about which calls we're talking about and - and continuing to refine it. But the fact is your Dispatchers are the ones who are deciding under the protocols and their professional judgments, which ones to send to HEART. And I think that may be what's missing.

**Stephanie Guirand:** Okay. I'm gonna quickly just give an update on where we are and then I'll hand it back off to the Chair here. Um, okay. So as I said before, I'm a member of the Black Response. The Black Response is not Cambridge HEART. I should say that. The Black Response, um, is fiscally sponsored by one Organization, um, and we are completely separate from the vision and implementation of HEART. But at the moment, uh, a lot of the administrative responsibility for implementing HEART has sort of fallen on us because we haven't gotten the go-ahead to move forward with support from the City as of yet. Um, and so I just wanna be really clear about that. We are two separate Organizations and we keep everything very separate. Um, we, at the moment, have a fiscal sponsor for Cambridge HEART, which is separate from our fiscal sponsor, um, and we're in the process of creating a Board and getting the 501(c)(3). We have a group of Lawyers who are working on the development of the 501(c)(3), just bylaws and Board development and all that stuff is going... is ongoing. Um, additionally, we, um, we're talking to the Insurance Agency about all different types of insurance that we need, and we're getting ready, um, to, uh, start signing, uh, the insurance documents, which obviously is very important for the people who are, uh, signing on as Board members 'cause they're very concerned about Board insurance obviously. Um, we are also Fellows of the MIT Solve program, which is a very exciting opportunity for us, and, um, I think it's great for the City of Cambridge, too. Um, we are very different from the other programs that are, um, also Fellows of the Program because, um, although we're doing an alternative program, there are a lot of people who are - are actually launching startups related to, um, to policing, um, and unbundling using technology... unbundling policing using technology. Um, we're in the process of developing our pitch to - to get resources to pay for the development of the te- uh, communications technical infrastructure for Cambridge HEART. Um, and we're working with a consulting, uh, a Consultant to do that, um, Software for Good. This is sort of going back to what Ann was saying about, uh, data that we're collecting. Um, through Software for Good, we're working together to interview, um, Service Providers in the City. So far, um, they've, uh, interviewed, um, the CEOC, Transition House, Mutual Aid and Advocacy program, uh, Margaret Fuller

House, uh, Cambridge Women's Center, uh, the Democracy Center. Um, they are getting ready to speak to YWCA. Um, additionally we're pla- we're trying to talk to, um, we're planning to talk to, uh, the Y2Y Shelter. Um, we're also talking to and planning to interview, well, we have interviewed three, um, alternative programs including, um, see what I have. Oh, cahoot- CAHOOTS. I wasn't at that one, right? CAHOOTS, uh, the Portland Street Response and also, um, the Wildfire Alliance and Macro, Via and, data that we uh, involvement in that program. Um, the gather from those interviews, uh, and wh- what a sub- a subsequent survey that's in development right now, um, will be, um, put into our report and disseminated, uh, through the Cambridge Community Foundation. We're shooting for December, but it might look like January. Um, uh, if you allow me, I'll quickly go through some of the key things that are coming up. Um, so resource information. Uh, static databases are hard to maintain because information is constantly changing and especially during COVID. Um, active Response Teams say that it would be useful to have a resource, uh, with information that is reliable in real time. So this is coming from both sides. Um, uh, the Nonprofit Providers. So the idea of HEART is that there would be a Responder and that Responder would have access to some sort of technology. Let's say it's, uh, a tablet, and if someone says that they wanted to go to a food pantry, for example, we'd... they'd be able to search, w- um, this database of a sort and find out what's, um, where a... the, uh, food pantry is that's open, um, and if they needed, they'd get a ride from the First Responders. That's just one instance. Um, and so people are saying that, um, other Response Teams in - in other locations are saying that having a, um, some sort of database that's semi-real time reliable would be something that's super useful. But the Service Providers are saying that because they're under resourced, it's really difficult to maintain these sorts of databases. Um, and a lot of Service Providers are under, but they have, uh, are underfunded and so they have a limited budget and, um, not enough staff and ti- and staff time to, um, and not enough hardware and software to meet their tech needs, um, especially under COVID and, um, under the COVID stress. Um, yeah, and a lot of people just don't know about, um, all of the resources that are in Cambridge. Um, there are lots of opportunities in Cambridge. We're not, like, a city that doesn't... that's under resourced. It's more that, um, people don't know about all the resources that exist, and so it's really relevant to have a database that's up to date, um, with c- um, all of the resources that there are. Uh, there's some questions about privacy and data and tracking, and so we're really concerned about the ethical consideration of being... of monitoring people's data, um, and making sure that we're not tr-traceable or trackable. And that's part of the reason why we're really concerned about, um, the Police interaction because we don't want the, um, people to not feel confident using, um, our resources, uh, the Cambridge HEART resources, uh, because of their fear of being traced by the Police. And so that's come up in some of the interviews with people who use these services. Um, yeah, so we're shooting to get this, uh, we're shooting to get the, um, the report done through Software for Good, um, and disseminated through, uh, the Cambridge Community Foundation. The aim is to sort of leverage that report to get resources both to, um, to implement the - the technological needs of

Cambridge HEART as well as to, um, allocate some ec- additional, um, resources to the, um, Service Providers that are part of HEART. Um, right. We are going forward. Uh, what do we need? Um, we have asked and continue to ask for about \$2 million, um, at... in our startup phase a- as well as facilities. Ideally, I would like the old Concilio Hispano Building on the corner of Windsor and School Street. It has two parking spots that would be perfect for the vans. Um, but we - we definitely need the \$2 million to s- to pay for Administrative and, um, Responder staff and to, um, acquire all the materials that, um, is needed to - to run the actual Program. And the sooner we get those resources, the better. Um, we have been doing outreach and within the Communities to get folks enrolled in Bunker Hill Community College and the EMT Program. Um, at the moment, we have five people signed up. Um, and we're shooting to get more. It's a really long process and, uh, we're working with people to figure out things like transportation because it's at the Chelsea Campus and not at the Charlestown Campus, um, childcare for folks who need support with that. Um, there's also, uh, people who have arrears at Bunker Hill. So we're tryin' to support people throughout the entire process of getting enrolled at Bunker Hill. Um, and we would love support from the City to get people enrolled there. Um, additionally, we are in the process of putting together a plan for working with the Service Providers, um, on the warm handoff because the... I think the unique component of HEART, which is, um, the most ideal part of how it is that we get Community buy-in is that - that, um, the - the Community... the Responders themselves are coming from the Community but they're being trained by Community Organizations on what each of these Organizations do and how to properly, um, help people get, um, situated with the - the works of these other Organizations. Um, this is specifically a concern in the Domestic Violence Working Group, um, because the... of the harm, the - the potential harm that could be caused, um, by someone mis- um - um, understanding or misreading a situation and, um, and poorly allocating the resources and needs to that per- to a person in a domestic violence situation. So we're trying to be careful and, uh, intentional about the training process. So in addition to getting EMT trained, we're doing a series of other trainings that will help people, um, be sensitive to the Cambridge-specific situation. Um, I'll stop there and I'd be happy to answer more questions if anyone has it. And thank you all for having us.

**Quinton Y. Zondervan:** Thanks so much, Stephanie, and Ann and Tim as well. Um, this is really, really important work, and I really appreciate all the details that you're sharing with us to help us better understand, um, what you're - what you're doing. Um, so we'll go to questions from my Colleagues, and I just wanna remind everyone that we are today talking specifically about the HEART Proposal and, uh, how they plan to implement their services. We have another meeting scheduled for November 17 where we will hear from the City about their proposal and what the City is planning to do. So, uh, to my Colleagues if you can keep your questions, uh, and comments focused on specifically the HEART Proposal that is before us right now. Um, I do wanna go to Public Comment around 6:30 so if you could keep your questions on point and - and remarks short, that would be wonderful. So I will start with, um, Councillor Carlone.



**Dennis J. Carlone:** Uh, excuse me. Thank you, Mr. Chair. Uh, I found the discussion very helpful, and my question really is to all three speakers. And - and I apologize if this was discussed in a meeting that I couldn't attend. But starting up this Organization like any new organization, um, Stephanie talked about the transition it takes time and - and energy and it isn't... doesn't start on one day. It's - it's a gradual build-up. Um, so I realized, uh, Mr. Black might not have been there in the beginning, um, of his Organization but maybe Ann has or Stephanie has learned about that transition. How long does training take? I realize different skills are learned, and you are bringing in people that have experience in Social Work and - and maybe psychology. I - I don't know, but what is that startup period, um, just ballpark, um, m- m- m- before you real... it's like a restaurant opening. You know, they have two weeks where they supposedly aren't open and... but they are and they're practicing and they learn a lot. What - what is that generally? I mean, it seems to me to be a bit complicated and you wanna do it right. S- so any thoughts on that would - would help me. Looks like Ann has her hand up.

**Quinton Y. Zondervan:** So (inaudible).

**Ann Jenks:** Okay. Um...

**Quinton Y. Zondervan:** Yeah.

**Ann Jenks:** ...I'm gonna s- take that as, um, an indication I should go. Um, so, uh, I mean, I - I know that HEART has discussed kind of a soft rollout, uh, which is what restaurants do as well, so, uh, using your analogy, um, where the Team can start going out on the street and just to start kind of engaging and getting to know the Community in advance of taking calls. Um, uh, certainly one of the things that's been discussed, uh, in terms of Macro and I've seen in other Jurisdictions as they began, is that some of them started with a m- with a smaller number of calls and then began to ramp up, you know, over a couple of weeks. There's, uh, many ways to - to do that. You have... you - you have control of the spigot, right? Um, and, uh, so I really think that that's very, very easy to do. Um, but I also wanna remind you of something else, and that is that these calls are currently being taken by Police Officers. They get out of the Academy. I - I can tell you in Oakland, they have a High School diploma. That's how they got into the Academy, and in the Academy, they get about 40 hours of training, mental health de-escalation, anything that would help with these kinds of calls. Okay? And the day they leave the Academy, they start responding to all calls, including the calls that we're talking about. So, I think that HEART is going to do much, much better. But the fact is, if they can do it as well as I know an Officer who just got out of the Academy, that's what Cambridge is sending now, right? And I think that HEART is being very, very thoughtful in terms of what additional training and - and what additional skills and what additional preparation they can provide people, as well as, uh, the - the essential piece that Stephanie was talking about in terms of having a broad referral, uh, you know, a network in place to really be able to give people more than just the response at that immediate moment. But, at the end of the day, you already have made a decision about how these calls are being responded to,

and that's by a Police Officer the day after he comes out of the Academy, maybe with 40 hours of training m- and probably with a High School diploma.

**Dennis J. Carlone:** Okay. Well, I'm asking our Program then, uh, we're not Police. Uh, wh- what is that, uh, training program like? Is it a month study? Is it - is it ongoing after an initial two-week intense period? That I - I w- I wanna learn. I'm not being critical in any way. I, y- y- you know, uh, yes, you're right, 40 hours for a Police Person is something but they did learn other things, uh, and maybe not all of it positive. Um, so what - what is our training program expected to be?

**Stephanie Guirand:** Yeah, that's a very good question. So in addition to the 180-hour EMT training, they're... right now we're already talking about a 40-hour training on just, um, supporting around unhoused populations which includes a walk through the Community and getting to know some, um, key, uh, Community Leaders and things like that. We're in - we're in the development phase with, um, a few different, um, folks in the Community, uh, Organizations that work with, um, unhoused populations. We are talking to Tim and we're, um, working with NAMI in Cambridge, um, and Mental Health First. We're collecting a list of mental health trainings that other existing Organizations do to sort of craft our own based on, uh, precedent... based on the work that other people have done. But I would, um, I'll welcome Tim to say what you guys do on mental health, if that's okay with you all.

**Quinton Y. Zondervan:** Okay.

**Tim Black:** Yeah, um, specifically around mental health response, there's about 30 hours that we put our Responders through, uh, before they start a Field Training process. So there's 30 hours in the classroom and Field Training for our teams can last up to 500 hours. That's also a luxury that we have because we can just put somebody on one of our rigs, right? Have them as a Trainee with the Response Team. When we were first starting our program, there i- uh, you know, I think it's something that Ann raised was that we took really small bites. We weren't a sev- we said we weren't seven days a week. We certainly weren't 24 hours a day, you know, it started off 40 hours a week of response time. And as our Program has grown, as we have added more responses to our plates, and as our Community's needs have evolved over the years, we've found that we've had to increase our training. Um, so what Stephanie is proposing 40 hours just on, uh, you know, issues around... surrounding neighbors experiencing homelessness in addition to 180 hours for the EMT course, is far and away beyond what we were training CAHOOTS staff with when we first started our program.

**Dennis J. Carlone:** M- well, that's great. Uh, and that really reinforces that you're looking at this in a very broad way and trying to quickly get up to a high standard. Um, thank you, all, for answering that question. Thank you, Mr. Chair.

**Quinton Y. Zondervan:** Thank you, Councillor. We'll go to Councillor Sobrinho-Wheeler.

**Jivan Sobrinho-Wheeler:** Thank you and thanks for all for representing. This has been, um, really helpful. Um, I had a question, uh, for CAHOOTS, um, about the - the calls that are coming in through 9-1-1 versus 9-8-8 and sort of the percentage, uh, that are - are going to CAHOOTS, um, uh, via - via each number, um, or, yeah, that's the right way to phrase it. Um, and then for the calls that are coming in through 9-1-1, um, sorta what their criteria are that Emergency Dispatchers, uh, use to - to send to CAHOOTS versus send to the Police. I think in one of the articles I had read about CAHOOTS that had - had mentioned that CAHOOTS doesn't, uh, respond to calls involving suicidality if I'm remembering that right, and maybe that's a - a State Law piece, but just wondering what - what the other, uh, criteria were that flag it as a, you know, Police response versus a CAHOOTS response.

**Tim Black:** Uh, so 9-8-8 hasn't rolled out yet. Implementation of the 988 hotline is expected to happen nationwide in July of 2022. Um, what I can say though about, um, our - our relative call volume compared to the rest of Public Safety is that, well, in 2019 CAHOOTS responded to 18,000 calls for service. That's out of the 105,000 calls that came through our Dispatch Center in both 9-1-1 and non-emergency. So our little Program, just a couple of response teams workin' every day, are taking almost 20% of the overall call volume, you know, for our entire Public Safety system. Um, and - and we do respond to calls for service where the crisis is oriented around suicidality. Um, where CAHOOTS is not responding is when there is violence, uh, or, um, you know, emergent crimes in progress. Um, so, um, if somebody has called in and - and they have a knife, if that knife is in its, you know, uh, being on their belt, right, and it's something that they're using to go and prepare a meal back in their encampment, that's a completely different scenario than somebody who's in the middle of traffic with a big butcher knife and is swingin' at cars and brandishing it. So, you know, our Dispatchers are really looking for what is there beyond that initial call when somebody says there's somebody with a knife. Okay, what else is going on? Uh, there's an objective to try and identify whenever possible how we can get a CAHOOTS Team involved, especially when these calls don't involve that active crime. Um, or maybe it does, but the offense is quality of life. Like, you know, you're guilty of sleeping while poor, having CAHOOTS go out and check on somebody who's in that - that place, you know, where they shouldn't be, where the Property Owner wants them to be removed, we can come in and say, hey, Property Owner saw you on security camera. They're gonna press charges for criminal trespass, too. We don't want that to happen. Can we help you get to the shelter? You know, that our - our Dispatch and again, as Ann mentioned, we're on our second, third generation of Dispatchers in our Comm Center who haven't known any sort of other type of Public Safety system. Uh, so we benefit from - from that longevity. We also benefit from the fact that, um, Command staff and Public Safety and the Fire Department, EMS and in the Police Department as well, have said to their staff, whenever possible, if this is for CAHOOTS, you need to get CAHOOTS there and get out of the way. Um, so that's - that's really I think, you know, more speaking to our commitment, um, by our Community to really support this program.

**Jivan Sobrinho-Wheeler:** Thank you. That's really helpful. I, uh, yield back.

**Quinton Y. Zondervan:** Thanks, Councillor. We'll go to Councillor McGovern.

**Marc C. McGovern:** Thank you, um, Mr. Chair. Um, I just, uh, I - I don't really have a lotta questions. Um, I've been part of these meetings that have been happening with Cambridge HEART and the City and so I'm pretty familiar. I think- I just wanna thank, uh, everybody who, uh, for their work on this. I do think that the - the Proposal is - is very good and strong, and I think, uh, is something that - that we need to, um, you know, that we need to move forward with. I c- I do think that there's... I'm l- I'm glad that we're gonna have a meeting to hear from the City because I - I do think there were concerns that were raised, but the City's not here to answer those. And, um, you know, the - the City has been engaged in these conversations and, you know, I think, um, you know, we may be looking at a - a parallel of sort of a nonprofit HEART Proposal and then something that the City wants to do under their own... remove some of these calls from their own Police Department, which I think people want as that, you know, as well. Um, so I think there's a way to sort of work these together and in parallel, but it's a tremendous amount of work. I - I - I, um, you know, I - I s- I tell this story all the time about the guy... the home- uh, unhoused gentleman who rang my doorbell at 5:30 in the morning, uh, you know, now probably three months ago, pouring rain. Um, shelters were full and he said, can you help me? And I said, you know, the only thing I can do is call 9-1-1. And he didn't wanna deal with the Police for, you know, I didn't ask him why I didn't, you know, um, but I had nobody else to call, you know, and that shouldn't be the case. Right? I mean, we - we - we gotta have something in place and HEART would fill - would fill that. And so, um, I just wanna thank, you know, Stephanie and - and - and Tim and Ann, um, uh, and everybody, you know, who worked on this, but I do think, um, I, you know, I'm looking forward also to hearing, you know, what that partnership can look like with - with - with the City. Um, in the last meeting, uh, Stephanie, you could maybe remind me, and we heard from a couple different people and there was one - one woman who presented I... maybe Providence who had said, um...

**Stephanie Guirand:** Portland, but she was supposed to be here today, but she couldn't make it...

**Marc C. McGovern:** Oh.

**Stephanie Guirand:** ...last minute.

**Marc C. McGovern:** Was she... I think it was her that said that they were sort of in a similar position there. They're... they had kinda had to make this decision about were they gonna be part of a City sort of Department or City Program, in which case they would've had to compromise some of their mission or were they gonna... they decided instead to be this nonprofit that sort of stands alone and works with and, um, I don't know if it was Providen- I probably that's in my head. One person. One of the people who...

**Stephanie Guirand:** That is Providence. That's Providence.

**Marc C. McGovern:** ...intergrated... interviewed...

**Stephanie Guirand:** Project LEX.

**Marc C. McGovern:** And - and so, you know, I do think that I - I think this is probably and I - I think this is probably a good model, um, so that - that Cambridge HEART can stick to their mission and not, you know, and do what they feel that they, you know, they need to do, but get funding, um, you know, from the City. Um, so I'm looking forward to it. Um, you know, I thank you. I know we have other meetings coming up. Um, uh, but I - I do, that, you know, I do think having the City at the table, um, is really important because they're working on this, too, and we're working together on this. So, um, but I do thank you very much and hopefully we'll get this up and running soon. I yield.

**Quinton Y. Zondervan:** Thank you, Councillor. Thank you. Uh, we'll hear from Councillor Mallon.

**Alanna M. Mallon:** Uh, thank you, Mr. Chair. I just wanna echo, um, the sentiments of my Colleague. I think it's hard to have this bifurcated conversation, one tonight and one in November, when we really, uh, you know, I think the conversations that are happening behind the scenes are not bifurcated. They're together. So I would encourage the Chair and the Group to, for future meetings, to have these sort of all together. I did have a quick question. I know we wanna go to Public Comment, um, as soon as possible, but, you know, one of the things that we, um, uh, d- attention point in the Community is around, um, medical sectioning and who responds to those calls. And I'm curious if that has been brought up, uh, in the conversations around who would respond to what calls, um, how sections, medical sections, would happen. This is more of a question I think for, um, the CAHOOTS folks, how they do it un- in their Program.

**Tim Black:** Um, can you explain a little bit by what you mean by medical sections?

**Alanna M. Mallon:** Yeah. So, uh, a Medical Professional says we need to get this person, um, there's some- something going on medically and we need to pick them up, and they are, you know, picked up in - in an ambulance, but the Police actually respond and - and do the sectioning.

**Tim Black:** Okay. Uh, in those rare situations where we need that, um, involuntary connection to a higher level of care, um, then our teams are calling in Law Enforcement to do that hold. Um, and the way things work in Oregon, a Peace Officer hold can get somebody to the hospital for further evaluation. And so what we'll do in those situations is, um, you know, really, you know, everything in our power to avoid the need to call in that Law Enforcement presence. And so when I mentioned in my opening remarks that we only had 311 calls for Police cover in 2019, 160 of those were involuntary holds that we needed the Officer to place so that we could get that person to a higher level of care. Um, when that does happen and that individual does end up in that Peace Officer hold,

CAHOOTS Teams then still follow the Patrol Car and facilitate the same transfer of care that we would have at the hospital if we had brought that person involuntarily ourselves.

**Alanna M. Mallon:** So, thank you, Mr. Chair, and through you. So would you respond to the actual serving of the - the involuntary care on site with the Ambulance Team and the Police...

**Tim Black:** Mm-hmm.

**Alanna M. Mallon:** ...in - in taking that individual into care?

**Tim Black:** If - if - if the, uh, if a Civil Commitment process is underway and somebody is - is being taken into custody, then, no, CAHOOTS isn't gonna be involved in those situations. As First Responders, we're coming in when somebody calls in and says, you know, my, uh, my friend, my - my family member is suicidal or I'm suicidal, and we start talking with them while we're on scene and we recognize that because of circumstances, uh, involved in the situation, we're not gonna be able to get, uh, to the place where we need to be able to safely leave that person on scene. Uh, and yet they're still unwilling to voluntarily go with us to that higher level of care. Um, so by the time somebody has gotten to the place where they're, um, under Civil Commitment process, it's no longer a voluntary interaction and CAHOOTS as First Responders isn't gonna be involved in that process. That's gonna get sent to the Police Department or the Sheriffs.

**Alanna M. Mallon:** Uh, okay. Thank you, Mr. Chair. I think, um, and thank you for the answer, Tim. I think this was, uh, an - an area where it would have been helpful to have the City Team actually answer this question, um, because I'm not, uh, this is something that, you know, we all saw recently something play out on this, uh, right in front of City Hall that, um, you know we had been talking about whether or not the HEART Model would be able to respond in that situation, um, and - and getting this person to safety and in... unto an ambulance. So, um, again I'm just gonna call for not having a bifurcated conversation going forward. Uh, thank you, Mr. Chair. I yield back.

**Quinton Y. Zondervan:** Thank you, Vice Mayor, and - and just to clarify, it - it's not a bifurcated conversation. As you can see, um, and we've spent already one - one hour in this meeting, uh, just getting more detailed information about how the HEART Program is planning to operate so we - we really do need, uh, at least two meetings worth of time to understand these two different, uh, Proposals. Um, but I do look forward to the November 17 hearing where we will hear from the City and what they're proposing in - in more detail as well, and then, you know, how the - how the two, uh, can move forward together. So, um, Mr. Clerk, if we could go to Public Comment now. Thank you.

**Mr. Clerk:** One moment while I pull up, um, Public - Public Comment. The first speaker is William Ruhm.

**William Ruhm:** Uh, hello, members of the Public Safety Committee. Um, my name's William and I'm a Licensed Clinical Social Worker with the Cambridge Health Alliance PACE Program in East Cambridge on Gore Street. Um, I wanna urge you to fully fund the implementation of the Cambridge HEART Program and to fully maintain HEART's transformative vision of safety for and by members of the Community. HEART offers an emergency response framework outside of the Cambridge Police and other carceral systems that harm our Community. HEART would provide resources such as housing, transportation, cot-cop watch trainings, de-escalation, conflict resolution, as well as jobs for Community members who are eager to serve in these above-named roles. Um, back in June of this year, I testified before the Council, um, uh, when HEART came up on the City Agenda to share my experience as a Health Professional working at Cambridge Health Alliance, including in the City of Cambridge. And noted that when my Patients are in moments of crisis, I'm very often faced with a very untenable choice. Either I call for Emergency Responders knowing that by doing so the Police will likely show up first, or I call no one and leave my Patients to fend for themselves. Um, I shared how patients often asked me explicitly not to call the Police and how in my experience when the Police are called on my Patients, they at best don't do anything and at worst cause harm. Um, and I don't think we have to face this choice. Um, I think the HEART Program gives us a different and better choice. Um, so I think the Black Response Cambridge as well as the many other Community Partners who've contributed to the creation of the HEART Program have really done the City's homework for them and have done a great service to the City. Um, and they've done it without compensation. Uh, the City of Cambridge chose to spend over \$66 million on the Cambridge Police in your most recent budget. And now you're being asked to spend \$6 million annually plus \$2 million for startup costs to fund the implementation of an Emergency Response Program that I, as a Health Professional, would actually feel very confident calling upon for my Patients in moments of need rather than sitting nervously and wondering whether to call or not call. Um, I think it's truly the least you can do. I hope you'll fund the HEART Program and I hope that you do not allow HEART's transformative vision of safety formed by the Community to be co-opted by City processes. Thank you.

**Mr. Clerk:** The next speaker is Aika Bilavas(phonetic).

**Naomi:** The next four speakers, Aisha Bilavas(phonetic), Lana Habash, Amine Barkas(phonetic), and Richard Krushnic are not on the Zoom. We will go to Louise Parker.

**Louise Parker:** Hi, um, I'm Louise Parker. I live at One Warwick Park and I'm a member of the HEART Coalition, Cambridge DSA, Our Revolution Cambridge, but I'm speaking tonight on behalf of myself. You've heard from the Speakers this evening and, uh, you - you will hear and have already heard from one member of the Community, um, about the grave harm that can be caused by our current carceral system and why the City should fund HEART, the alternative approach to Public Safety, and to fund it as designed. I'm not gonna cover all the ground that we heard again, and I don't think I do as good a job as our Speakers did, but I did

wanna underline just a few points. Um, I think it matters that HEART is not only evidence-based, which I think is very important, but it also that it's rooted in the needs and values of those most affected by the harms inherent in our current carceral system. And I also think it matters that HEART was designed for a participatory and transparent process in collaboration with countless Community members and Organizations. It w- truly is a Program created by the Community for the Community. And it matters that HEART is rooted in Restorative and Transformative Justice practices, which I believe are absolutely necessary if we are to create a system that truly serves and protects the Community. And it also matters that HEART, um, that HEART would be Community led and use peer Responders, and this ensures that the Emergency Response is accountable to the Community, is focused on deescalation so it avoids interaction with carceral systems, and it strengthens Community ties and also provides Community jobs. So I urge the City really to listen to the many supporters of HEART, um, who have come to you over these many months and in many testimonies before the City Council, um, and other groups, and align with HEART's transformative vision for Public Safety and support full funding for HEART as designed. Thank you so much.

**Mr. Clerk:** The next speaker is Jacqueline Dimiksla(phonetic).

**Naomi:** Jacqueline, Danforth Nicholas, and Lee Ferris are not on the Zoom. We will go next to Carolyn Magid. Carolyn, please go ahead.

**Carolyn Magid:** Hi, my name is Carolyn Magid, um, 71 Reed Street. I'm speaking tonight on behalf of Our Revolution Cambridge to ask the Council and the City Manager to fund the Cambridge HEART Project as designed. We endorse all the reasons advanced today in support of HEART. We also want to share our experience in the HEART Coalition as it speaks strongly in support of moving ahead with HEART funding and implementation as an Independent Agency led and staffed by trained Community members. Several Our Revolution Cambridge members have been involved in the HEART Coalition as the Project has been developed. We can't say enough about how impressed we have been at the leadership of the Black Response at every stage of this process. They have sought out and listened to the most harmed Community members. They have brought very disparate segments of our Community together in a truly collaborative process. They found and leveraged expertise and experience of a wide range of relevant practitioners and experts. They have followed the guidance of evidence-based studies. They have conducted well-designed interviews and studies. They have also taken the opportunity to educate our Coalition so that we're all able to participate fully. The resulting HEART Proposal is still the most fully articulated and well-developed vision for alternative Public Safety Cambridge has available to consider at this time. We are stressing these successes of the HEART Coalition because we believe any new alternative response program should be in the hands of people who can develop an evidence-based alternative response program that supports, engages and educates the Community. The organizers of the HEART Coalition have shown they can do all of these things. Fund HEART as designed



and allow Cambridge to have a truly paradigm changing approach to Public Safety. Thanks.

**Mr. Clerk:** The next speaker is Ellie Carver.

**Ellie Carver:** Good evening, everybody, and thank you for having me. I am here today to show fervent and unwavering support for the HEART Program. You have heard from the Speakers today about why we must fund the HEART Program as designed. As you have also heard, the HEART Program is a paradigm shifting approach to Public Safety rooted in Restorative and Transformative Justice that utilizes evidence-based practices. As someone who is currently learning to become a Transformative Justice Practitioner, it feels imperative for me to call out the power these practices can have on individuals as well as our Community. We must all accept and name that we have all experienced and caused harm. We must not throw away people as the... when they have caused harm but rather we must hold folks close, provide preventative and responsive Community accountability processes for them. Part of what I love most about HEART is that it was based on input from those most affected by the current practices, those Black and Brown folks who live amongst us in Cambridge. It is essential that we let the experts lead us. Not only those with degrees and accolades and the wisdom that was shared tonight, but rather those who are most proximate to our current challenges and the flaws in the current system. Following this incredible process, the HEART proposal was then brought and supported by folks who worked in a collaborative group of local Service Providers and Activists brought together in coalition by the Black Response Cambridge. I'm a proud member of this Coalition and I'm grateful to have the chance to speak to the power of HEART tonight. What I wanna call particular attention to is that the City Council overwhelmingly voted in favor of developing a plan to fund and implement HEART this summer. I must urge the City Council and the City Manager to listen to those of us who support the HEART program and do two essential things, to first align with Cambridge HEART vis- Cambridge HEART's vision for Public Safety and also to support the full funding for HEART as written and designed. Lastly, I just wanna read something from my written testimony to the Council from June 3rd in support of HEART that I think is especially relevant to our conversation tonight. Our country and our City has a chance to respond to the past awakenings and current awakenings by so many around us around policing and brutality in our history and our present. The HEART Program gives us this chance. We must act. Cambridge cannot continue to stand on the values of equity, collaboration, and transparency if we do not actually center our Community processes, needs and demands. Thanks so much.

**Mr. Clerk:** The next speaker is Manraj Gill.

**Manraj Gill:** Hi. Can you hear me? Okay. Yeah, my name is Manraj, uh, Gill. I've been working at MIT and I've been living in Cambridge at Windsor Street for the last two years. I'm basically talking in support of in the HEART Program's immediate implementation as written, and the immediate allocation of the full few million in funding that is being asked so that the - the main two things being the

necessary hirings of the support staff and building of the necessary infrastructure can happen quickly. I - I mean, I... from my point of view, I believe that the few million that is currently being asked, uh, by the HEART Team and the HEART Proposal is pennies compared to what the City invests in the Cambridge Police Department, and so I hope that the funding and development of this alternative safety program happens quickly. And as stressed by other people, I think it's, uh, crucial, uh, that we implement something that is developed by the most impacted Community members in mind, uh, utilizes evidence-based practices, is independent of the City's programs and is independent of the Cambridge Police Department. And I think lastly and probably most importantly, I hope that this is not further delayed, uh, by the political distractions of the City, especially given that the Council had overwhelmingly passed this Policy Order already five months ago. Uh, these delays seem really absurd from my point of view and I think need to be addressed with haste. Uh, that is all. Thank you.

**Mr. Clerk:** The next speaker is Nevena Pilipovic-Wengler.

**Nevena Pilipovic-Wengler:** Good evening. I am Nevena Pilipovic-Wengler and I live in Porter Square. I think as, uh, all of you are aware, the 2020 movements in response to the brutal racist Police murders of George Floyd, Breonna Taylor, Tony McDade, Ahmaud Arbery, and unjustly many more, call on all of us to change our existing systems of, quote, Public Safety that currently rely upon punishment and incarceration through the Police and other institutions. The HEART Program offers us an incredible alternative rooted in the experiences and imaginations as someone was highlighting earlier of Cambridge's Black and Brown Community members and those who are most affected by these violent practices. You've heard the speakers describe the HEART Program's importance and possibility, and when I heard them just a little bit ago, I felt such excitement for something that I wish so badly had existed for both older and younger family members of mine who unfortunately only had the Police called on them during mental health crises, and I can't even imagine how else things could have unfolded if HEART was actually available. HEART would address intergenerational needs, strengthen Community ties, which by the way, how amazing is it that the training begins with getting to know the Community, um, and can do so much for more. And, you know, as - as one who works for a City Government, I see how often Community agency and building Community relationships are not prioritized. So I think it's just a privilege to have a proposed Program doing that. We urge the City Council and Manager to fully fund HEART as designed, moving Cambridge closer to HEART's transformative vision for Public Safety and a place that I would be so proud to call my home. Thank you.

**Mr. Clerk:** Next speaker is Esther Cull-Khan.

**Naomi:** Esther has not joined the Zoom. Marilyn Frankenstein, please go ahead.

**Marilyn Frankenstein:** Uh, can you hear me?

**Mr. Clerk:** We can hear you. Please go ahead.

**Marilyn Frankenstein:** Um, I'm Marilyn Frankenstein, Holworthy Street resident for 40 years, an Educator in Public High School and College for over 50 years in New York City and mostly in Boston, speaking in support of generously funding the HEART Program, building on Policy Order 114, and since then I have been a proud member of the HEART-created Community Coalition. I was so heartened by the City Council passing Policy Order 114 supporting the HEART Program. Now, to make this vision a reality, we need to fund HEART generously to succeed. Please, keep the HEART Program for Community safety well funded and, equally important, keep HEART intact and outside of the City's Policing System and outside of the City Government. The HEART Program offers Cambridge the opportunity to support new autonomous systems, new institutions, new relationships created and led by people who have been severely marginalized by the ravages of White Supremacy. Relationships created through tra- Community s- s- Service Providers and com- (missing audio) Organizations. Polic- (missing audio) 14 passed with overwhelm- (missing audio) support by the City Council refers the Cambridge HEART Proposal to the City Manager, quote, for funding consideration, engage in a Public Community process to discuss this Proposal and its implementation. I am waiting for this to happen. HEART has been, uh, very involved in a transparent Community process, meetings of which I go to regularly, but I haven't seen the City Manager, um, call for a meeting. Further, where is the funding and implementation plan that the City Manager was ordered in Policy No. 114 to present to the City Council and the Community Coalition by the summer meeting on August 2, 2021? Thank you.

**Mr. Clerk:** The next speaker is Ilham Elazri.

**Ilham Elazri:** Can you hear me?

**Mr. Clerk:** We can hear you. Please go ahead.

**Ilham Elazri:** Okay, awesome. Uh, my name is Ilham Elazri and I urge the City to fund the Black Response as a Social, Emotional Educator for Cambridge Public School, I'm calling for my students who need an alternative safety program for their caregivers, they're mental health and safety, and I also, um, wanted to say that I appreciated the learning from the Speakers today and the, um, the first time that someone learns about this Program should not be when the City is makin' their final presentation. I also like to take, um, this time to also translate this in my Native language where my family has attended. Many families attend these meetings where they don't understand so I'll go ahead and translate it in Darija. So ((Foreign Language spoken)) Cambridge ((Foreign Language spoken)) for the Black Response ((Foreign Language spoken)) Cambridge Public School ((Foreign Language spoken)) students ((Foreign Language spoken)) alternative safety program ((Foreign Language spoken)) decision. Thank you.

**Mr. Clerk:** The next speaker is Cathy Hoffman.

**Cathy Hoffman:** I'm... and now can you hear me?

**Mr. Clerk:** We can hear you.

**Cathy Hoffman:** Great. Uh, Cathy Hoffman, 67 Pleasant Street in Cambridge for a long time. Um, first I wanna just say thank you so much to the Committee members, the Council, and, um, the Committee Chair for having this hearing at this time. I think those of us who have been supporting this Project and those of us who were so thrilled at the 8-0 vote to begin implementation and Community meetings have been sort of wondering about where things stood. And so to have this opportunity for updates, um, I think is really helpful and I appreciate everyone who's here on that. Uh, I just wanna say a couple of things. Um, one, Stephanie alluded to weekly meetings and as someone who's been part of some of those meetings, it's j- j- that that is just the tip of the iceberg of hundreds and hundreds of hours put in, with some people who are Official staff, some people who are Volunteer staff, but it is... it has been being developed at a most incredible rate because of the thousands and thousands of people involved. And also, uh, we haven't heard from the Cambridge-based Community groups who have been part of those meetings and part of those consultations or the unhoused people who have been part of the surveys, but they are there in droves. Um, secondly, I think what we're hearing about this Project is that all the learning and wisdom of CAHOOTS is now being put, plus the improvements, that they would've done if they could've, which is higher wages for the workers, a separate line. Um, and I think the other piece is that in Cambridge, the Community members will also be... many of them EMT trained and paid so it - it works. The third is about de-escalation as been mentioned that that's, um, that's the major aspect, um, as opposed to, uh, diagnosis or those other things. Um, we are... I think it's true as others have mentioned that people are on the same page about an alternative, but the question is who and how. And as people said, the... there is a startup here. Um, it... there's a time it's gonna be involved. HEART has already jumped into developing the Model and ready to move, um, way ahead of schedule. Um, I think the faster they can move has to do with finances and money. And, um, s- so think that's important that we not have a parallel process but that, um, if there's some kind of Public Safety Committee it mostly is in support of getting HEART going. So thank you so much, Councillors and Councillor Zondervan for giving us this opportunity to learn more and to offer our ideas.

**Mr. Clerk:** The next speaker is Monty Montero-Elliott.

**Monty Montero-Elliott:** Hello, um, Monty Montero-Elliott, a lifelong Cambridge resident, Sydney Street. I'm very grateful to the Speakers for their, uh, elucidation and for their presence here. Um, as a City, as a community, we have to change our reliance on Police, jails, and psych- psychiatric joints and other carceral institutions. They do not keep us safe. In fact, they tend to ensnare, surveil, and punish marginalized people, especially Black and Brown folks as well as LGBT people, people with disabilities, low-income people and houseless people to name a few. As the uprisings of last year already indicated, we need to rethink our strategy of Public Safety to truly prevent violence in our neighborhoods and communities. Re-tweaking the status quo by reinforcing Police and Clinical Social Workers, giving Police Departments more money or different training or building so-called Trauma-Informed Prisons doesn't work

when the Institutions themselves are the problem. In fact, such solutions cause even more harm and violence. We need to do something different. I can speak to this in my own experience as well. Without going into detail, I have been present at and witness to numerous situations of crisis with loved ones who identify as LGBT, some of it way beyond my pay grade. One thing that would've 100% made it worse is if it had involved a Police Officer or a Social Worker. I wanted other options. I think HEART is one of the many things we should do to make our Community safer. HEART is holistic and focuses on de-escalation techniques, making it less likely that people will be harmed when emergencies or conflicts occur. It's based in harm reduction and Restorative and Transformative Justice. It was developed by a diverse group of Community members, Organizations and Service Providers, both local and National. It would not only create jobs for Cambridge residents but it would also strengthen the Community by inviting more of our neighbors to become invested in keeping one another safe. I believe HEART is a Program worth funding. The Proposal to fund HEART as written was passed in June. With four members of the City Council present, I do believe the City is quite well represented, including Mr. Clerk over here. It also passed overwhelmingly. None of the members of the Council, present or otherwise, voted against it. As a Constituent and a Registered Voter, I feel compelled to ask what precisely is the holdup? Please support HEART's vision for Public Safety and support full funding for HEART independently and as designed. Thank you for your attention.

**Mr. Clerk:** The next speaker is Valerie Bonds.

**Valerie Bonds:** Sorry. Can you hear me now? Did you unmute me?

**Mr. Clerk:** We can hear you. Please go ahead.

**Valerie Bonds:** Oh, good. Okay. Thank you. Uh, I, too, believe that the HEART Program is fundamental to the need for alternative, uh, re- uh, responses to non-Police matters. But I also believe that the po- the Police Department feels the same way. The introduction of the Police into non-Police matters was, uh, the... was directed by our Government. Uh, so our Government decided where the Police would respond, how they would respond, and they taught them the force and the methods that they use. Uh, they did not use the, uh, humanistic approaches when teaching our Police Officers how to respond to certain situations. Certainly, Cambridge is not Oakland and Cambridge is not Oregon. In Oregon there are less than 2% people of color who live there and in Oakland, uh, that I believe there are 23% of the population are people of color. Uh, the needs of our Community are not similar to the needs of other Communities that have been dealing with the difficulties that arise when you do not have a Police Department such as ours who has made attempts to, um, uh, reform the behaviors of Police in our Community. I would like to see as I have noticed in San Francisco where the CAHOOTS Program works in conjunction with the Police Department. I do not believe in separation. I do not believe in separate but equal. I believe in collaboration, communication and cooperation. And I believe that together our Police Department and any Public Safety alternative such as HEART should work

together to protect our Community, to provide for our Community, and to wi- to erase the Blue Line and create a Blue Bridge that will help to strengthen the relationship between our Community, our Police Department and our, uh, Human Resource Communities, uh, Social Service Agencies, our, uh, Shelters, all of these Agencies need financial support so they can provide o- on-the-boots ground services to the individuals who are in need, uh, who are the underrepresented and the underserved. Thank you very much, and I think HEART is - is a Proposal we should follow. But I believe that HEART should also be willing to work with our Police Department because two heads are always better than one. Thank you very much and good evening.

**Mr. Clerk:** Next speaker is Nicola Williams.

**Naomi:** Nicola Williams is not on the Zoom. Corinne Espinoza, please go ahead.

**Corinne Espinoza:** Thank you. My name is Corinne Espinoza. I raised my child in Cambridge and I'm the grandparent of a Cambridge baby. I'm a longtime Resident and Voter. I'm a Homeowner, a Cambridge non-profit staff member, and for three years I volunteered for the City. I'm very invested in this conversation and I'm speaking on behalf of myself. I'm coming to you with the perspective of a person who grew up in a home with domestic violence, who has experienced violence outside the home, someone who's witnessed violence, and as a person who's frequently asked to help Cambridge people experiencing extreme distress. I need HEART and I want HEART. I want HEART to be fully funded by the City as it has been proposed. This is something that will benefit all members of the City of Cambridge. There are some people in our City who trust Police and want to call Police. If HEART is fully funded, people who want to call Police can still do that. However, there's a significant percent of the Cambridge population who, like me and my family, do not feel safe calling the Police and who will not call the Police. What does this mean? Councillor McGovern gave an example of what this means for him. What it means for me is that when I see someone who appears to be very unwell, someone who's clearly under the influence of drugs and possibly near an overdose, I do not have any way to protect or help them. On more than one occasion, I've had to text family members or friends to cancel plans and let them know my location since I decided to sit with a person who was very unwell and clearly close to overdosing to make sure that they do not die. I am not trained to do this. I'm a regular Community member. This is very traumatic, but I can't simply walk by not knowing if someone is gonna survive the next couple of hours. And I can't call 9-1-1 because the Police will respond. This also means for me that youth I care about who suffer mental health distress can't get immediate support because Police involvement will make things worse for them. These are just a couple of examples of things that have really happened to me in the City of Cambridge where I could have really benefited from HEART and where all of the people in the Community would have benefited if we had HEART in place. So please understand that there are so many of us who want and support HEART as designed and as proposed. It requires a lot of privilege to be able to have the time to call into these meetings. We've had to call so many times to try to convince our City Councillors to listen to us. We have to call in, wait an hour or two,

sometimes we've had to wait four hours to be able to speak for one or three minutes. Please remember all the voices you've heard over the last year. We're begging you for an alternative. We need HEART. Thank you.

**Mr. Clerk:** There are no further speakers.

**Quinton Y. Zondervan:** Thank you, Mr. Clerk. If anyone in the Zoom would like to offer Public Comment, please raise your hand so we can call on you. And I see Danford Nicholas would like to speak.

**Danforth Nicholas:** Uh, hello. Um, thank you very much, uh, members of the Committee. I'm Danforth Nicholas. I'm a resident of Cambridge, uh, for 20 years. Thank you for this opportunity to speak. I've come to ask you to support full funding for the Holistic Emergency Alternative Response Team. Uh, Cambridge definitely desperately needs an alternative to the Police for many types of calls, and this Program provides that alternative. Alternative response cannot be under the control of the Cambridge Police Department. It must be staffed and funded independently. The HEART Program was designed with the input of those most affected by over policing and incarceration. And I'm asking you to listen to their wishes, the wishes of the City Council, and to myself and other Cambridge Citizens who are speaking today, and align in Cambridge's actions with our values. Move this proposal forward with full funding support. Thank you again for your consideration and your time listening.

**Quinton Y. Zondervan:** Great. Thank you, um, Mr. Clerk. So we still have, uh, about 20 minutes on the clock if any of my Colleagues have further questions for the Panelists. And if so, please raise your hand. Being none so far, I'll ask a question of Stephanie. Um, Mr. Black mentioned that CAHOOTS, um, is staffed out of a non-profit, uh, Service Provider that has a physical, uh, clinic, physical space. Um, can you speak to HEART's vision in terms of having a - a similar, uh, physical space and - and being able to provide services and through that space?

**Stephanie Guirand:** Yeah, that's a great question. Um, sorry. My voice is kinda raspy 'cause I'm dealing with a cold. Um, let's just say, so in addition to speaking to CAHOOTS, we spoke to a number of other Programs, including Mental Health First in Oakland and in Sacramento, Project LEX, and, um, mar- um, Councillor McGovern alluded to earlier. Um, we've spoken to folks in Olympia, Washington, um, uh, Denver, Toronto. We've been in touch with lots of different organizations around the Country. Um, one of the Organizations that I... I'll speak for myself, but I'm, like, I've heard a lot of people speak to this Organization, uh, very well is the Wildflower Alliance. They were supposed to be here today, but they, um, weren't able to make it. Um, they have - they actually operate in Western Mass. in four different cities, and they have these open spaces. Um, so they don't have, like, they have office spaces within their, like, collective open spaces. And I know also Councillor McGovern talked about, um, a program in Washington D.C. that also has these. But the idea... the vision that we had was that, um, that our space would be a collective, a Community space, um, and there would be washing machines for people to do laundry, spaces for people to shower. Um, we - we have a vision that one day, um, perhaps it could be a, uh - uh, a supervised consumption

site. Um, but a- beds and couches for people to hang out, um, mutual aid, um, like w- w- wall, uh, a lending library for, uh, resources that people can borrow like me. Our vision for it is collective and Community oriented, and it's meant to be an open space with, um, to, like, spaces for offices. Um, so our vision for what the actual physical space would look like would be, um, office spaces and Dispatch ser- services in, um, some, uh, one part of the - the space and, like, a Community open space with resources for people to take and use, um, 24 hours a day ideally. Um, yeah, that's... that was the vision that we - that we had. I wish other people could speak to how great the Wildflower Alliance vision was. It's - it's really remarkable.

**Quinton Y. Zondervan:** Great. Thanks so much, Stephanie. I had, uh, an experience even today with a Constituent who called and - and left a message and I wasn't able to - to do anything. And - and the only thought that kept going through my head was I wish HEART existed. So I said, uh, call HEART and to - to help them help this person. Um, seeing no other questions, I - I wanna thank my Colleagues, um, the Speakers, members of the Public. Uh, I think this is a great conversation. I'll - I'll get right back to you, Stephanie, um, and, uh, I look forward to - to the next one, which will be, again, on November 17th, 4:00 p.m. Uh, go ahead, Stephanie.

**Stephanie Guirand:** Oh, I just want to reiterate the point that, um, I think it was Cathy Hoffman made, which is the... I'm here today as the person speaking on behalf of, uh, Cambridge HEART, but it's taken hundreds of people, thousands of hours to do the work that's being done right now. And wi- without the... without further resources, the rollout, uh, and the implementation of Cambridge HEART, um, will not be as effective as it can be. And it would really be a shame that not having resources, the res- resources would be the reason that we aren't able to create or operationalize the vision that was very clearly articulated by so many people in the City. And a City as wealthy as us, we should be able to - to allocate the proper amount of resources to something like this because we do pride ourselves on innovation. This is our opportunity to envision it and to actualize it. And so we really want you all to consider that. And the other thing is that I've learned a lot from this conversation today, and I've been in conversation with en-Ann and Tim for, what month is it, 10 months now. Um, I think it... it's really important that we continue to have Public conversations about the future of Public Safety so that the Community can continue to learn about this. The City has a w- a wider breadth, uh, of outreach than w- what we could possibly do. And with - with you all and your listeners, we can reach a lot more people and introduce them to the works of Tim Black, right? And you don't need to hear it from me. We can invite him to come and speak for himself and have the Community learn. And we wanna propose that this be an ongoing series of discussions so that we can really understand what it is that we've been learning together, and make sure that more people have access to this knowledge beyond the small group of people who were able to come today.

**Quinton Y. Zondervan:** Thank you, Stephanie. I couldn't agree more. All right. So with that, I'll entertain a Motion to adjourn.



**Jivan Sobrinho-Wheeler:** So moved.

**Mr. Clerk:** On that Motion. Councillor Carlone.

**Dennis J. Carlone:** Yes.

**Mr. Clerk:** Yes. Vice Mayor Mallon.

**Alanna M. Mallon:** Yes.

**Mr. Clerk:** Yes. Councillor McGovern.

**Marc C. McGovern:** Yes.

**Mr. Clerk:** Yes. Councillor Sobrinho-Wheeler.

**Jivan Sobrinho-Wheeler:** Yes.

**Mr. Clerk:** Yes. Councillor Zondervan.

**Quinton Y. Zondervan:** Yes.

**Mr. Clerk:** Motion passes, five in favor, zero against.

**Quinton Y. Zondervan:** Thanks, everyone.

## **CERTIFICATION**

I, Cynthia Hepburn, a transcriber for Intellectix, do hereby certify that said proceedings were listened to and transcribed by me and were prepared using standard electronic transcription equipment under my direction and supervision; and I hereby certify that the foregoing transcript of the proceedings is a full, true, and accurate transcript to the best of my ability.

In witness whereof, I have hereunto subscribed my name this 7th day of October 2024.

*Cynthia Hepburn*