



PUBLIC SAFETY COMMITTEE

COMMITTEE MEETING

~ MINUTES ~

Wednesday, May 18, 2022

3:00 PM

Sullivan Chamber
795 Massachusetts Avenue
Cambridge, MA 02139

The Public Safety Committee will meet to discuss the city's implementation of the 988 program with city staff and other subject matter experts

Attendee Name	Present	Absent	Late	Arrived
Quinton Zondervan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Burhan Azeem	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Marc C. McGovern	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Patricia Nolan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Paul F. Toner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



PUBLIC SAFETY COMMITTEE - MAY 18, 2022

TRANSCRIPT OF PROCEEDINGS

Quinton Zondervan: Great. Thank you, Mr. Clerk. Can you hear me okay?

Mr. Clerk: I can hear you.

Quinton Zondervan: Great. I call this Meeting of the Public Safety Committee to order to call the Meeting.

Mr. Clerk: Councillor Zondervan, I hate to interrupt you, but you- you may want to turn off you- your audio. All- all I can see, unless anyone else sees differently, is a black shadow or dark shadow on the light background.

Quinton Zondervan: I have a bright window behind me. I'll turn off the video. It's distracting.

Patricia M. Nolan: Also Clerk.

Mr. Clerk: Yes.

Patricia M. Nolan: I'm- I'm sorry Clerk Wilson. It- it uh, through you or through Councillor Zondervan to himself, it- it is a little bit challenging to understand you. So, one- the video is better and also if you could uh, um, speak a little bit louder. It's a little bit challenging.

Quinton Zondervan: {Inaudible}

Mr. Clerk: You're breaking up Councillor Zondervan.

Quinton Zondervan: Okay. All right. Yeah. {Inaudible} Okay. This sound better?

Mr. Clerk: It sounds much better.

Quinton Zondervan: Good. Okay. I call this Meeting of the Public Safety Committee to order. The call of the Meeting is to discuss the City's implementation of the 988 Program with City staff and other subject matter experts. Pursuant Chapter 20 of the Acts of '21 adopted by Mass General Assembly and approved by the Governor, the City is authorized to use remote participation at Meetings with the Chamber and 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. If you'd like to provide Public Comment, please go to cambridgema.gov/publiccomment to sign up. We will not be allowing any additional Public Comment sign up after 3:30 p.m. With that, all of today's votes will be by roll call. Mr. Clerk, please take a roll call of the members present.

Mr. Clerk: Councillor Azeem.

Burhan Azeem: Present and audible.

Mr. Clerk: Present. Councillor McGovern. Councillor McGovern absent. Councillor Nolan.

Patricia M. Nolan: Present and audible.

Paul F. Toner: Present. Councillor Toner.

Paul F. Toner: Present and audible.

Mr. Clerk: Present. Councillor Zondervan.

Quinton Zondervan: Present and audible.

Mr. Clerk: There are four members present. I also, for the record, see Vice- the Vice Mayor is also present. And I believe uh, there are also several members of City staff.

Quinton Zondervan: Thank you, Mr. Clerk and uh, thank you Vice Mayor for joining us. Um, Councillor McGovern did let me know that he would not be able to attend. Okay, so, we will hear from um, two speakers Monica Luke and Jackson Beck and then I don't know if the City Staff want to make a presentation, and then we can do a Public Comment, if anyone's signed up. So, we'll start with Jackson Beck. Oh, sorry. We'll start with Monica Luke.

Monica Luke: Hello. Um, I- my- my name is Monica Luke. I am a mental health advocate and I'm here to talk a little bit about 988 today. Um, I do need the ability to share my screen if that's okay.

Mr. Clerk: Ms. Luke, if there are any um, materials that you will be uh, presenting to make sure after the Meeting that you email those to cityclerk@cambridgema.gov.

Monica Luke: Okay I'm just writing that down so I don't forget. Okay, and uh, can you see my screen and is it big enough?

Mr. Clerk: We can see your screen.

Monica Luke: Okay, so, um, uh, this is my email. I am a mental health advocate. My background is that I've been doing this for about six years and I have spent a lot of time in the last 18 months or so learning as much as I possibly can about 988 and uh, recently was doing some of that work for NAMI Massachusetts from my position as a Board Member there. And I'm here to- to um, at the request of the HEART folks to um, share with you what I know about 988. So, um, in case you haven't heard of it at all, which is always my assumption when I start to do a presentation, uh, 988 is intended to be an alternative to calling 911 in a behavioral health or substance use emergency. This is most particularly for people in a behavioral health crisis. And the biggest goal is to provide a crisis system that's designed for those with those conditions- mental health and substance use crises. This was done by the- at the federal level passing legislation in the fall of 2020 that established 988 as a number that's going to be called world- nationally as of July 16th. It's going to be live. It's originally going to be directed to the national suicide prevention lifelines. But the vision is that it would expand to the point where it will handle all types of behavioral health emergencies. Um, and it's- this is kind of like a really important moment. This is a quote from SAMHSA that this is a once in a generation opportunity to strengthen, expand and transform our behavioral health crisis system to one that saves lives by serving anyone, anytime,

anywhere. Um, and for those who might remember, and I don't exactly remember, but almost 60 years ago, President Kennedy signed the Community Mental Health Act into law in October of 1963. It's actually the very last legislation he signed before his assassination, and his vision was one of people living safely in the community. And- and we all know that we're not in that place right now where people live safely in the community; that because of trying to leverage a system that wasn't designed for people with behavioral health conditions, we are currently using primarily our prisons and jails as mental health institutions were used at the time that President Kennedy signed that law. So, where does that leave us? The vision for um, how 988 would work comes from a lot of people who are way more expert than I am on every detail underneath this um, and who have been working in this space for some time and in fact there are four states that have been doing this work for um, a decade or more and they demonstrate that this really is achievable. This is a very pragmatic uh, practical response. So, it falls into the category of a Call Center. Um, sorry my Zoom stuff is covering my slides for me. Okay, someone to talk to is a 24 by 7 Call Center. And the really important thing to understand about this is it's a Call Center. It's not a Dispatch Center the way um, 911 operators are about dispatching. Their main objective is to figure out who's the right person to send. The main idea of the someone to Call Center is that they're- they're trained to focus on planning rather than dispatch. You can think of it almost as a telehealth appointment. It focuses on helping the individual calm down, figure out what's going on, figure out what's going to work for them. Um, and these are going to be, you know, statewide. Some states are doing them regionally. We have five centers currently in the commonwealth that are going to need to ramp up to cover the whole state. But there is national backup. So, if someone calls 988 and there's no one local to call, it will roll to a national Center where people are also trained. Obviously, it's preferable if- if people get connected with someone local because it means the next part of the equation is um, is improved by having a local connection. But this piece is- is definitely not something that um, municipalities, cities, and towns would be um, ramping up themselves. Uh, the next pillar is someone to respond and uh, that is Mobile Crisis Outreach Teams. So, this is a non-Police response. Um, if you're familiar with CAHOOTS in Eugene, Oregon, where they have been doing this for a long time in conjunction with their 911 system, there they've been- who gets dispatched in a behavioral health crisis. Um, it leverages in addition to clinicians, certified peer support specialists, and your very own Cambridge HEART is a very good example of the kind of non-police response uh, community-based uh, system that that we want to have. And then the final piece is somewhere to go. And that would be crisis stabilization, peer respite, trauma informed. It's actually preferred that it's not a hospital. So what does it mean? What does crisis stabilization mean? A lot of times that's a 23 and a half hour place where you can stay in a recliner and it's staffed with again clinicians and certified peer support specialists. And really at each one of these levels, the- the primary goal is to connect with the person, help them make a plan for themselves, and then help them get connected to the services that help them execute that plan, whatever that might look like. So, in the vision of how this happens, these last two are very

hyper local. They should be designed in and by the community serve, which is why it's really important for folks like you- yourselves, you know, the City of Cambridge Councillors, Vice Mayor, etcetera, to know about 988 because these pieces on the right um, to work best will be designed by your community. So this is a real um, slide from Maricopa County, Arizona, where they've been doing this work for about 20 years. Um, and what's really so interesting about this is when this is implemented in this particular way over 80% of phone calls are resolved on the phone. And if we think about that, it's- it's kind of like fixing the problems when you're building a house in the blueprint stage, right? It's a lot less invasive. It's a lot less costly. It leads to much better outcomes for the people making the phone calls. And quite honestly, Maricopa County at 80% resolved on the phone is one of the lowest. Rocky Mountain Crisis Partners in Colorado report that they do about 90% and DD Hirsch, which is a locality within Los Angeles. It's a Behavioral Health Center. They're doing 96% of the calls resolved on the phone. And they've only spun up about a year ago. So, they have been wildly successful at spending the appropriate amount of time to help people make the plan, get them connected to services. Sometimes that is, you know, making an outpatient appointment for them on the phone. It's a variety of things that they do, but um, it's it's wildly more successful for the people making the phone call and for the system writ large. Um, and then Maricopa County reports that okay, in the 20% in their cases that they have to send out a Mobile Crisis Team, which again is going to be clinical folks, certified peer support specialist, a social worker, some sort of combination of people with some appropriate training for a non-police response. Seventy-one percent of those are resolved in the field, so, we're down to, you know, approximately 6% of the call volume in Maricopa County. That's not being addressed in Colorado. It's less than 3%. And the Mobile Crisis Teams in these locations are calling on Police to back them up in less than 1% of the overall call volume. So, I'm sorry, less than- less than- and then um, for those who the Mobile Crisis Team visit is- doesn't get them to where they need to be and they need to go somewhere to a crisis facility. Um, that is typically not a hospital. Um, and- and that's really beneficial overall because if we think about it, one is we believe right now we have a shortage of hospital beds because that's where people are sitting. They're sitting in the ER. But if people don't even go to the ER and they get connected to services in the community, that's going to be way better. It's also going to be shorter at most crisis facilities. And it's not under lock and key, right? It's much less traumatic. A hospital ward for people in psychiatric distress is the only hospital ward that's locked. And I can tell you as a parent who has visited my child on one of those wards, even as just a visitor, it's very scary when that door closes behind you. So, keeping people out of the hospital um, is a really good objective. And uh, so they are so Maricopa County shows that 68% of people of that, you know, that are left are discharged to the community. So, a very small number end up going to an inpatient facility. But most interesting of all is this last number, which is when you work with folks, make a plan with them. They're engaged every step of the way and figuring out what works for them, 85% of the people I mean, stable and community based care for an extended period of time. That means they don't call 988 again, which is really pretty extraordinary. Um, so

that's, you know, how it could work, how we hope it will work at some point in Massachusetts. At this moment in time um, we are in the position where um, our National Suicide Prevention Lifeline has been supported by five Samaritan call centers um, for decades since about the 1960s. So, the 988 number that comes live in July is going to be directed to those same five Call Centers who are being staffed up, increased staffing, increased training, looking to have the 24 by 7, 365 ability to answer the phones by July 16th. And at the same time, folks may or may not be familiar with the behavioral health roadmap that was released by the Commonwealth last spring. And that has um, multiple components that look an awful lot like the three pillars of someone to call somewhere to someone to respond and somewhere to go. And those are out for procurement as we speak. So, they are going to have a behavioral health helpline that is due to launch in January 2023. And EOHHS is actively talking about what are the handoffs going to look like? How are they going to integrate these phone numbers? There's definitely um, some concern on the parts of people like me who are family members about how smooth that's going to work. But um, but it is on the radar screen. And the other procurement is for community behavioral health centers and they are all going to be required to have those Mobile Crisis Teams with co-located urgent care and various other community services, like crisis stabilization units, etc. So, these are sort of the other two legs of the stool provided by the medical community. But we know that a lot of communities are also, you know, Lynn, Northampton, um Holyoke, Cambridge are all spinning up um additional Crisis Teams. Some uh, some cities and towns today have co-Responder programs which will probably continue to exist. So, the Mobile Crisis Team piece is going to be um, fluid and- and will need work in each community to make sure it's meeting the different communities needs. Um, and this- I think this is my last slide. Um, the basic idea of this one is there's a lot of money coming from the Feds but it won't be enough. Um, but a lot of money is coming from the Feds. There is um, money from the American Rescue Plan, from the COVID supplemental budget. There's two additional bills currently at the um, federal level. I heard today that what they're calling the 988 Implementation Bill is looking very favorable to be reported out and passed shortly from one of the Senate committees. And SAMHSA has a lot of funding opportunities and certainly we have- Massachusetts has received several grants for the 988 Call Centers. We have also received a planning grant. Um, so there is money that municipalities can also seek out. Certainly the Mobile Crisis Teams can seek out money to help support startup costs and operating costs. These programs are meant to be payer agnostic. In other words today if you uh, call the emergency service providers, the first question is what's your insurance? Um, one of the main purposes of the current federal funding is to make sure that this is pair agnostic and you're not shut out if you're on private insurance. Um, and then I am going to share this so you'll- you'll get these, but there's a lot of implementation guidance out there that might be useful to all of you. There's this Mobile Crisis Team Planning Guide um, that comes from TAC which is um, locally located in Boston but this is a national looking guide but it's for states planning their um, how to Medicaid finance their response services. And then these uh, playbooks are really

interesting and a particular interest may be the Public Safety Answering Points Playbook. Because a key component of getting this to work right, and this is another thing that needs to be done at the hyper-local level, is how to 911 and 988 and maybe the Behavioral Health Helpline interact, right. People are going to be calling 911 for a really long time. It's a habit and it's going to take a long time for 988 to become the go-to number. So, how do we make sure that uh, behavioral health calls are being transferred from the Police to these Mobile Crisis Teams and these Call Centers that can um, address the person's needs appropriately. And uh, this is a comprehend- this is all parts of the stool um, a recommended guide. And that's all I had. So, I will stop sharing. And I don't know if Jackson wants to go and then we do questions or people have any questions for me. I'm happy to do it any which way.

Quinton Zondervan: Thanks, Monica. Yeah, why don't we see Jackson's presentation and then we um, might hear from the staff as well. And then we can uh, go to questions.

Jackson Beck: Great. Should I just jump in then?

Quinton Zondervan: Yes, please go ahead. Thank you.

Jackson Beck: Great. Thank you. Well, hello. My name is Jackson Beck, and I'm a program associate with the Vera Institute of Justice. And first of all, I want to thank HEART for making this connection so I could be here today. And thank you all for the opportunity to present on how communities can take action to realize the full potential of 988, the new number launching nationwide in July for mental health, substance use, and suicide crises. As Monica was saying, starting July 16th, anyone in the U.S. who dials 988 will be able to reach a Call Center staffed by trained crisis counselors and existing national suicide prevention lifeline network. So the Vera Institute of Justice is a national nonprofit that provides research, technical assistance and advocacy to build safe, healthy and empowered communities and a fair accountable justice system. And over our 60 year history, we have seen the criminal legal system grow. But its expansion, of course, has not delivered Public Safety for everybody. So, against the backdrop of under-investment and community based supports, Police have really long served as default first responders for people with unmet behavioral health needs. And we've seen the dire consequences of this approach in the disproportionate number of people with behavioral health needs who enter the criminal legal system through contact with Police during crises and the disproportionate number killed by Police. Even when officers possess de-escalation skills and work to avoid a punitive enforcement approach. We know these encounters can still exacerbate-exacerbate feelings of distress for people in crisis and further delay access to appropriate care and crucially communities like Cambridge have started taking action to divert 911 behavioral health crisis calls from Police to civilian responders who are better equipped to deliver the support people need. So, I'm here today to discuss where 988 fits into this picture and how 988 if strategically implemented can further reduce the over reliance on Police and the criminal legal system. My comments today are informed by Bureau's own research as well as

the resources that leading experts in the field have developed to guide states and localities in their efforts to realize 988's full potential. So, for any community striving to support people in crisis in the least invasive and most collaborative ways possible, the following four facts are really critical. First, crisis line operators, unlike most 911 operators, are specially trained to provide information and remote counseling support so that they can resolve many crisis situations without the need to dispatch Police or EMS or even Mobile Crisis Teams where they are available. That's what makes 988's rollout so important. Calls will be immediately connected with a specially trained crisis line operator. Earlier, Monica highlighted some of the great data coming out of Arizona as an example, and this data really sheds light on the central role of well functioning crisis lines and crisis systems. According to the fiscal year 2019 data for the Southern Arizona service region, um, 80% of crisis line calls were resolved over the phone. And the majority of the remaining 20% were resolved by a Mobile Crisis Team. However, a second key fact that communities must consider, which again, Monica mentioned in her presentation is that most Americans are still completely unaware of 988 and a recent poll conducted by the National Alliance on Mental Illness indicates that just 1% of Americans are very familiar with 988, and 80% have never heard of it. So, until awareness of 988 is more widespread, people will continue to call 911 for behavioral health crises. Therefore, 911 centers should strive to ensure access to appropriate crisis services for those 911 callers. Therefore 911 centers should coordinate 988 centers so that there's no wrong door to accessing these crisis services. And the third fact is that while most 911 centers haven't received the training or developed expertise on how to handle behavioral health crises, some jurisdictions have models to watch. So, Tucson, Arizona has embedded crisis line staff within their 911 dispatch to divert appropriate calls to the crisis line. Today they divert about 1300 911 calls to crisis professionals every month and even 40% of these calls that originate from 911 are resolved entirely by crisis line operators over the phone. Phoenix, Arizona implemented a similar approach crisis line staff trains 911 operators to recognize calls that could be handled by the regional crisis line and transfer such calls to the line in accordance with the 911 center's new policy. So, Phoenix also placed a dispatch supervisor in their 911 Center 20 hours a week to support 911 operators in making those transfers. And for more information and more examples like this, I It's red. It's red. It's red. It's red. It's red. It's red. Ninety eight partners can use to focus their efforts. So specific topics covered include performance management, all handling processes, training, data collection and data sharing all really crucial. So the fourth and final consideration I'll highlight today is this, communities should maximize the use of civilian crisis responders rather than Police when call takers, whether they are embedded in 911 or 988, determine that someone in crisis needs immediate in-person support. Over the last few years, as I know members of this Committee are aware, many communities across the country have planned and implemented new programs that dispatch unarmed civilian responders to certain 911 calls. So, the decades old program in Eugene, Oregon is the most high profile example of this approach. But other more recent initiatives across the country include Olympia, Washington's crisis response unit or crew, Denver, Colorado support team assisted

response or star program. Rochester, New York's person in crisis or PIC team and Saint Petersburg, Florida's Community Assistance and Life Liaison, or CALL Program. And we don't yet know exactly how all these emerging programs will coordinate with 988 crisis lines in addition to 911, but existing partnerships with crisis lines offer ideas for communities like Cambridge to consider. For example, in Rochester, New York, the civilian-led person in crisis team is accessible via 911 and through 211 which happens to be the region's 24-7 crisis line. And 211 operators can also make connections and referrals to all of the City's local health and human services. So, by partnering with this existing 211 system, operators can assess whether the PIC team is the most appropriate response, whether other community based health and social services are more appropriate, and whether to transfer the call to 911 if there are more immediate health and safety risks. Our research also suggests that while 988 presents an opportunity to build trust among people who might be hesitant to call 911 such as people of color who disproportionately experience negative encounters with Police, trust may be lost when people calling 988 for themselves or loved ones receive Police responses against their wishes. And the National Suicide Prevention Lifeline directs Crisis Center staff to use the quote 'least invasive intervention possible' but lifeline policies also require the initiation of non-consensual active rescues for callers in certain imminent risk situations. So, when 988 operators determine that these interventions are needed, they should be able to immediately access Civilian Responder options rather than defaulting to Police. And as Cambridge plans and implements Civilian Crisis Response options of its own that are accessible via 911, coordination between 911 and 988 staff will be really critical to ensure the availability of non-Police responses for 988 callers. So, in summary, existing crisis lines have already demonstrated their ability to resolve many crisis situations over the phone, showing great promise for when 988 is launched in July. However, many people remain unaware of crisis lines and will continue to call 911 for support. So 911 centers must coordinate with 988 so they can transfer callers when appropriate. These kinds of transfers are already happening all over the country, but they work better when I'm when 911 operators are equipped with new protocols and training to support these transfers. Cambridge can also learn from other jurisdictions who have successfully facilitated transfers like Phoenix and Vera stands ready to help make those connections. And finally, communities like Cambridge should consider how ongoing efforts to dispatch civilian responders to 911 calls will ultimately coordinate with the 988 line so that callers in crisis can access the support they need regardless of the three digit number they call. So I'll stop there. Thank you all for your consideration.

Quinton Zondervan: Thanks so much, um, Jackson. Um, I don't know if Ms. Giacobbe, did you have a presentation or did you want to make any comments?

Christina Giacobbe: Thank you, Mr. Chair. I don't have a formal presentation, but just a couple of comments to let folks know where we are today in our community regarding this issue. Currently today, if we get a call from a Crisis Center, we help facilitate services currently using our medical protocol, trying to locate the caller and facilitating and vice versa. If we get a caller that is in need of

the um, suicide hotline, we transfer them to the line. We do hot transfer so, that we stay on the call and make sure that they're connected to services immediately. So, that's currently happening and has been happening uh, for several years. Um, we are working closely with the State 911 Department- State 911 Department for the state of Massachusetts, oversees all of the Public Safety answering points. There's 251 in the state and um, they are planning to- everything goes live July 16th. Um, you know, as Ms. uh, Luke had said they will go to the existing centers that are um, already set up and the state is trying to um, set up the Behavioral Health Call Centers which I think the RFP closes on May 30th with a hopeful implementation date of January uh, 2023 for that is existing uh, that additional resources. Um, most recently, at the federal level, uh, the state 911 and other 911 industry partners, NENA, National Emergency Number Association, APCO, all of the 911 industry has been having these discussions at the federal level. And there's a three-year rollout that's going to happen with this program because like Mr. Beck had said and um, Ms. Luke that nobody there's a lot of people that don't know about 988 and they are having some challenges with the location being able to find people. Although Uber and um, you know, Grubhub can find you there's still some issues with um, area codes and being able to um, get those callers to the right location. Um, so it's my understanding there'll be a three-year rollout where they'll do education once they've kind of figured that piece out; they're working really hard to um, over the next three to six months. There's policy groups, development groups that are working at the national level in the 911 industry with SAMHSA, and other agencies. Um, one piece of that- the effort is that the National Emergency Number Association has a PSAP registry. So, that's a registry of all of the 911 centers in the nation um, that, you know, they're ensuring all the information is updated. There's private numbers that are in those registries so that they're not for the public. So, it's an emergency two-way line that those crisis centers around the nation, the 180, or however many that it grows out to be, will have access to that information, that non-public number. So, they'll be able to call right into um, our 911 Center if it's an individual in crisis in Cambridge, if the services are needed in vice versa, we'll be able to transfer to those sites as well. Um, the registry is really important because as Mr. Beck said about talking about coordination and so forth, the State 911 Department was working since the beginning of this um, discussion and legislation passing to make sure that the peace apps were connected to 988 will play a supporting role. And we will connect people with services in terms of getting them to 988 or to this- any of the crisis centers. But also making sure, you know, if they need additional services or responses that we're able to, um, you know, connect with them in a streamlined way, um, and through the 911 system is the most effective way because it's a dedicated emergency number that can be utilized. Um, we are working on protocols and training as we speak. Um, we've been having internal discussions. We're also, um, working with the State 911 Department, um, you know, it's going to get turned on in July 16th and nothing will change for us immediately in terms of just the education with um, our staff about 988. Um, but we really have to wait to also see what happens with the behavioral health crisis centers that the state has the RFP out because it may change a little bit. I'm not sure. I know the state uses

211, but they use it for different purposes. They use it during COVID and they use it for some juvenile diversion. So, um, I know that there's some ongoing conversations at the state level about um, additional numbers uh, similar to 211. Um, one of the things that I just wanted to share also is uh, we're hopeful that when the budget gets adopted on June 6th by the City Council um, we will have a licensed social worker in the Center. That will be a new position that will be able to help facilitate uh, the staff that receive these calls or whether we get calls transferred from 988 um, or from the suicide- the 1-800 number. Um, and so it's another resource that we'll be able to use in our community to help roll out the program, coordinate services and make sure that we're getting folks the help that they need. I think those are just the points I wanted to make initially, but I'm happy to answer any questions also. Thank you, Mr. Chair.

Quinton Zondervan: Thank you Ms. Giacobbe. Anyone else in the City Staff wanted to comment?

Christine Elow: Mr. Chair I could just really briefly um, just to reiterate um, the Police department's support of uh, 988 and the, you know, in the rollout of the alternative- the Community Safety Department. Um, anything we can do to get the word out to our community members, we absolutely want to be a partner in that. So, thank you. This was a fascinating presentation. Thank you.

Quinton Zondervan: Thank you, Commissioner. Um, so let's uh, see if there's anyone in Public Comment and then we can come back for questions and discussion. Clerk do we have any comments?

Mr. Clerk: Yes, we have uh, five individuals in Public Comment. The first person is Ann Perka. And Ann you have the- um, you have the ability to speak. And Ann does not seem to be speaking. The next speaker is Betsy Chase.

Betsy Chase: Hi, my name is Betsy Chase. Um, I live at...

Mr. Clerk: Betsy, if you could just speak up a little bit.

Betsy Chase: Yes, Ms. Betsy Chase. I live at 152 Pleasant Street in Cambridge. Um, and I'm here today to say that I think it's an excellent opportunity for the City of Cambridge to really work with Cambridge HEART and fund Cambridge HEART for this 988 process because I know the City is saying they need to create their own special department inside- next to the Police to do a lot of this non-police response; that doesn't make any sense to me. I've watched the work that Cambridge HEART has done over the last year and a half almost two years now. And it's just incredible and it's groundbreaking and it's not just business as usual. I know it's very hard for all of us always to break out of business as usual because we get used to the way we do things. But Cambridge HEART has been so innovative. And such an incredible seeker of information organizer of great resources and builder of the future, that we actually need, because I have several young black men in my life. I've had a lot of interactions with the Police over the last year. And I just have to say people- like to say, 'oh, but Cambridge, it's different.' It's not like all the Police problems, but I just want to say in my

experience, it is like all the Police problems and we don't want anyone who is militarized the way Police are interacting with people in times of distress. So, it's so, so important that the City of Cambridge be channeling funding and just support for everything HEARTs been doing at this point, everything HEART is accomplishing, they're accomplishing without any funding from the City, which is shocking. Um, and I just want to encourage the City to take yet this one more opportunity to really channel funding to the people who are going to be able to implement this 988 system in the way that we really need. Thank you.

Mr. Clerk: Next speaker is Corinne Espinosa.

Corinne Espinosa: Thank you, Mr. Chair, Councillors, City staff and presenters. I signed up for Public Comment today in support of the Cambridge Holistic Emergency Alternative Response Team or Cambridge HEART. As a Community Safety Program that can play an integral part of the 988 response, there's presently a shortage of Mobile Crisis Teams and Cambridge HEART can help. HEART can provide non-police emergency response and support. Cambridge HEART is designed in and by the community. It's a Community Safety Program that responds to public and private crises. It's grounded in transformative, and disability justice principles and it leverages the wealth of existing resources that already exist in Cambridge. If we properly fund it, HEART can be the 'who' is going to respond. Where are you going to go piece that Monica Luke talked about with 988 being the who are you going to call piece? So, HEART is already planning to provide crisis counseling, suicide prevention assessment and intervention, conflict resolution, grief and loss support, substance abuse support. We support people experiencing housing crises, first aid, non-emergency medical care, connecting people to resources and referrals, transportation to services, domestic violence and sexual assault support, confidential communication and aftercare support. So, all of the possible things that people might need calling into 988. In order for HEART to provide a robust 988 response, HEART needs sustainable funding. It needs facilities where people can have that no barrier respite community space that was talked about and contracts for called allocation. Thank you.

Mr. Clerk: Mr. Chair, I'm just going to go back to Anna Herka Robles one more time to see if she can speak. Anna, you are unmuted. Please go ahead. Mr. Chair, that's it. There's no one else in Public Comment.

Quinton Zondervan: Great. Thank you, Mr. Clerk. So I'll go to uh, members of the Committee and other Councillors in attendance. I see uh, we've been joined by Councillor Toner as well. Welcome, Councillor. Um, so please raise your hand in the uh, Zoom if you have a question. So, I recognize Councillor Nolan.

Patricia M. Nolan: Thank you, Chair Zondervan. And thank you to the presenter from uh, Vera Institute and also Monica Luke. And also, thanks so much Christina, for filling us in and the Commissioner for saying you want to work in 988. I certainly believe that statistic about 80% of people never even heard of 988 because I didn't until probably a year ago or some level at which we started talking about this. I've reached out to a few people in my circle and none of them

had heard about it either. So, it- it- clearly in order for this to be effective is going to require an outreach to people to make sure they understand. I'm curious on a couple things related to that. One is how are people dealing with the question of whether there's a confusion- so, that if I certainly know I taught my kids and we all taught 'have an emergency call 911.' Um, is- I assume at this point, for those communities who have engaged in it, there's some sense and understanding that, if in fact, which I believe may be answering the question it is a 911 emergency and you call 988 that it will be go to the right people or vice versa- that if it goes to 911 and it's 988. I just want to understand how- that how we ensure that the services are going where they are and is- if there's confusion from the numbers. And then, I also want to understand and maybe further refine either uh, Christina Giacobbe or Commissioner Elow's response on- since this will be coming right, Cambridge will be part of this. What can we expect for any changes or any development in the way that we respond to people in crisis as a result of this being promulgated or now active statewide? Is there um, a way that our own processes can, or should, or will change as we develop the capability to respond to people in crisis through this other means of not just having 911 as a tool. I hope that makes sense as a question and through you, Chair Zondervan if- if any of the folks want to respond, that would be terrific.

Quinton Zondervan: . Thank you, Councillor. Um, if someone wants to respond, please raise your hand. I see Ms.

Christina Giacobbe: Thank you Mr. Chair, and thank you Councillor Nolan for the questions. Um, in regards to the confusion about calling 911 and 988 um, the protocols and training that are being done with the crisis centers as well as with the 911 centers across the state are um, you know, the information about how to transfer the lines using specific phone numbers. When we get- received calls on 911, we're already triaging the calls and the crisis centers do the same thing. They have a little bit difference of a triage that they do because it's very specific. So, if our triage results in somebody needing um, behavioral crisis intervention, we can offer the information to be able to say that we can transfer them to 988, or suicide hotline, or what other resources that we have available at that particular moment; whether it's a licensed social worker in the room or if they'd like to see somebody to your second question. And if the Commissioner wants to jump in also is, you know, what you can expect to change is that if the budget is approved on June 6 with the development of the Community Safety Department, there will be an Alternative Response Team that will be developed out of that budget that will have a pilot for response seven days a week. Eight hours, three days a week and 16 hours, four days a week. Um, that will be able to be that alternate response, non-Public Safety response that would go out to calls for individuals that either come through us by way of 988 or by way of the non-emergency line, or by 911, or even through a referral agency if they're looking to talk to somebody.

Christine Elow: And through you, Mr. Chair, uh, Councillor No- Nolan, just briefly, I see this 988 line as an opportunity for us to educate our community. I mean, we're in front of so many community people through meetings and stuff like so, just to provide another option to our community folks. I think education is

going to be a big part of it, and I think this line will evolve. Um, and I really want to make sure that the Police department is working really closely with Ms. G to give people alternatives and we're going to be on the forefront of letting people know there is an alternative number to call for non-crisis response or for alternative response.

Quinton Zondervan: Thank you, Commissioner. And thank you, Mr. Kobe. Um, 'cause I know that you have further questions.

Patricia M. Nolan: Yeah, I had- I had one more and this is about the data presented from Maricopa County about 80% of calls being diverted or dealt with just on the phone. I think the only reason that surprised me was when I think of someone calling 988 in a crisis, I can understand mental health or suicide support, or domestic violence, that I also think a large percentage of the- what I understand is in our community and of course many communities across the Commonwealth in the country, if not the world are folks struggling with substance abuse and opioid abuse. And I'm- I would be interested to know if- if- how that factors into if 80% are dealt with on the phone. I know that folks who are who are in some kind of episode related to substance abuse of various kinds. Resolving it over the phone will probably not get them the services they need unless that resolving means that it is that they're directed to a place where they're going to be able to be safely helped with the crisis that they're facing. If that makes sense as a question, it just surprised me that it would be that high only because so much of the calls that I think we know are dealt with in our community involve something, not just a mental health, that may be dealt with but through an on the phone consultation.

Quinton Zondervan: Thank you, Councillor. Ms. Luke, did you have a response?

Monica Luke: Yeah, I thought I might take a stab at that one. My understanding of it from having heard the training that is done, particularly by Rocky Mountain Crisis Partners in Colorado, is if it's a life threatening emergency, for example, a substance use overdose that is immediately turned- any medical crisis is immediately turned back to 911. And um, anything physical will send the appropriate EMTs just like today. Um, my- but if but someone- so the reality is that most of the calls can be handled. That's what's just so kind of incredible on the- and one of the hallmarks of it is that um, it's about- they start with sort of what's going on, do some safety planning. The very first thing is safety planning. And then there's additional planning. Like what would make you feel better than the way you feel today. And in the places that are really robust they're able to do things like make appointments um, for an outpatient appointment for the same day, the next day. And in Georgia where they have software for managing this, they actually keep- keep- keep the person up on the monitor until they've showed up at the outpatient appointment. And if they don't, they make a follow up phone call that says, um, how come you didn't go and was it you didn't have a car or was it not the right answer? So there's sort of this- the sense of, you know, follow-up, continuity, getting people connected to care is- is an overarching goal. And that's part of why it's so wildly successful with just the phone. Um, is- and the other

thing that's really interesting is when I first heard that, I'm like, oh these people must be spending two hours on the phone, right? Like how can they possibly do that? And the average call is 20 minutes. So, um, they're very skilled at what they do. Um, and I rely on the data because it's been 20 years. They've been doing it for 20 years. So, I hope that was helpful.

Quinton Zondervan: Thank you. I- I see the Commissioner has a response.

Christine Elow: So, just quickly, I was thinking about, you know, prevention and early intervention when it comes to substance abuse and, you know, either parents or caregivers or people who are struggling with substance use disorder, that might be an option for them. You know, where can I get resources to keep my loved one out of that crisis situation? So, I really see 91- 988 as an option for people who have people in their lives that they care about, um, and can connect people to services without a Police response, before they get to that crisis.

Quinton Zondervan: Thanks so much, Commissioner and Ms. Giacobbe.

Christina Giacobbe: Sorry, Mr. Chair, just to add one of the things that is in early discussions. There are some organizations that are providing real-time telehealth. Um, you know, MD Ally where somebody could be able to get connected to service through a service for being able to have that crisis conversation with a medical professional also. So, that's something you'll probably hear more about over the next three to six months as another way to get resources where people want them, how they want them.

Quinton Zondervan: Great. Thanks so much. Um, Councillor Toner?

Paul F. Toner: Thank you, Mr. Chair. Sorry for the background noise. A number of my questions were answered by the other responses, but I guess my only one concern and maybe you can alleviate it is, you know, if you're a family member or a person on the street witnessing something, you know, I don't feel like I have the professional expertise to make the decision. Is this a mental health issue? Is there any potential for dangerous activity? I mean, I'm probably going to go straight for 911 and hope that the people at the 911 make the triage decision about whether this is to send out mental health experts or whether to send regular law enforcement or maybe both. So, I think we'll probably have to go through a phase or period where people get used to this notion because I completely support having, you know, the Alternative Response Team available. Um, I agree that many of the situations we have are situations that quite honestly most uh, uh, Police officers don't necessarily want to be responsible for responding to that. They- they would rather have a trained social worker or a mental health expert there. Um, I just- and I apologize, a lot of things going on in the house right now. Maybe you said this in your presentation. How do we deal with a situation where we definitely want to send out a mental health expert? Is there a Police officer maybe, you know, a few blocks away in case there's a uh, you know, a problem uh, in the process? Is there the, you know, an emergency buzzer for that mental health worker if they need uh, assistance? I'm just curious how it's usually handled.

Monica Luke: Mr. Chair, I'm happy to take that question. Um, so, the purpose of um, the City Manager when coming up with designing a pilot program for the Alternative Response, having it connected to existing systems that can offer that safety. Um, although the CAHOOTS and other national organizations have very small percentage of numbers where violence was introduced where they needed to call for help. Um, they'll have access to the radio system and will be in direct communication so that whether a Police response is needed, whether a Fire response is needed, or an EMS, or anything else, even an Animal Control response, uh, we'd be able to provide that um, though the dispatch to be able to get them the resources. So, that's one of the safety, um, measures, um, along with other safety training that um, will be provided to staff that work in those roles.

Paul F. Toner: Thank you. I yield, Mr. Chair.

Quinton Zondervan: Thank you, Councillor. I don't see any other hands raised , so I have a quick question myself. Um, I see Ms. Semonoff.

Ellen Semonoff: Thank you. I had a question. Just- I was so interested by something that Ms. Luke said um, and I wondered um, if there was anything more she could say about it, which is um, about um, the ability of um, the um, call answers to connect people directly to um, outpatient appointments. And I asked that, from the perspective that I think we all understand about, particularly if the appointment you were looking for is a mental health related appointment. How incredibly challenging it is at this moment to connect people with appointments. And I was curious if there was any more she could say about what we know about that piece.

Quinton Zondervan: Thank you. Ms. Luke.

Monica Luke: All right. Thank you. Thank you. I'd be happy to address that as best I can. So, the- the place that's doing the best job of that is GCAL in Georgia. They've been at this for about 20 years. I think partly it was related to a Department of Justice um, finding that required them to- to make some changes in their state. Um, so, they have the software that um, I was describing where they where they can uh, monitor what's going on and people stay on the monitor. That software system that they've implemented allows uh, behavioral health providers to they have their calendars. They can see them. Um, and -and so they can make the appointment that way. The current workforce shortage wasn't part of the equation when they were doing that. Not that it's not been a problem for a long time like this. This is a problem that's been coming for us for a long time, but it's at a critical mass stage now that it wasn't before. So I, you know, we're all really concerned about the workforce shortage and how that's going to impact the ability to implement the ideal situation. But at a minimum having sort of this interoperability and my background before becoming a mental health app- app-advocate was software. So, I like, I totally get how this can and should work. And it is an interoperability thing where you're uploading data on a- in a real time basis and that appointments are visible. That's how that works. Um, whether that will work as well in 2022- how well it's working in Georgia in 2022, I'm not completely clear on. Is that helpful?

Ellen Semonoff: Yes it was, and if I might just say one more thing. I really appreciate that because I hold on in the moment to a lot of things. One of which is the crisis we are currently in. That means some things we want are much harder today than we hope they will be two years from today, and so the idea that- that could be possible at a moment in which there actually was more provider availability and more opportunity. The idea that you might have someone answering a phone who would be able to actually make such an appointment, and even if that isn't possible, as much today, the fact that that could exist, um, is really exciting.

Monica Luke: And- and- and it does mean that if you have a system like that, you will see all openings. One of the problems today is not that there's zero openings, instead of take might take 50 calls to find that opening, right?

Quinton Zondervan: Thank you. Um, and, you know, as a software engineer myself, I know that a lot of this has been possible for a very long time and to some extent has been implemented in- in the private sphere for a long time. But I do look forward to it finally being applied in the public sphere more effectively as well. And uh, on the workforce shortage, I'll say as well that, you know, we have a lot of people in our community who could be trained and hired to do this work. And in fact, HEART is doing that right now as we speak. So, hopefully we won't have a uh, real workforce shortage either. In which case we can be even more optimistic about the future that will have the technology and the people to get this done, so and that is very exciting indeed. Um, so, my question for the staff, I think mostly Ms. Giacobbe is- is around, you know, because I'm still a little bit unclear in terms of what are we being required to do to respond to the implementation of 988 and- and what are we doing that is different from what we're already doing anyway?

Christina Giacobbe: Thank you, Mr. Chair for the question. So, what we're required to do by July 16, 2022 is to make sure our staff is familiar with the 988 system, how it's going to work, um, once it's launched all of the phone numbers, how we would transfer, how we would, um, if we receive calls, transfer back and how we receive transfers as well as the process to um, try to locate, um, individuals, because that's one of the challenges right now, the area code that your phone, you know, so, if you grew up in Connecticut and you have a 203 area code on your cell phone, um it might likely transfer you to a crisis Center in Connecticut. So, as we try to, you know, hopefully, the carriers and the federal government will improve that process so that we can find people more quickly. But we'll be doing that training and that's happening in the next couple of weeks prior to July that will be ready to accept that. And what we're doing differently in Cambridge is that we're setting up the Alternative Response Program. And we will be able to hopefully with the approval of the budget by the City Council that will be able to post those positions right after, and be able to hire staff, train staff, and be able to have them go out into the field um, you know, August, September, depending upon the timeline. And be able to start servicing those calls when people are calling for that. Um, so, that's different than most of the communities in Massachusetts, um, that I'm aware of at this moment. So, in- in addition to that,

um, we'll be working closely with other community partners to acquire key services for- for them to collaborate with us and work with us on providing those other services. Um, as one of the public speakers mentioned, conflict resolution, referrals, rides, and different things like that; mutual aid services. So, we're hopeful HEART and other community organizations will partner with us and be able to- to um, build that collaboration and that um, availability of all types of resources in however the individual would like to receive them and how they would like to receive them. In addition to that, we're going to be we've already started conversations with our local hospitals on Auburn Hospital, and Cambridge Health Alliance, Cambridge Public Health Department. And we're coordinating with them on their programs that they're enhancing in their community. Um, Mount Auburn is going through a huge renovation right now in their ER department. They've created behavioral health space. So, it's space specific to if somebody has to go into the ER that's not an ER bed under the normal setting, that it's more comfortable and conducive to being able to stabilize a situation. So, we're going to be connecting with those agencies to make sure that we know what's available and what's coming. In addition to that, our community partners, not only Law Enforcement around our bordering cities, but as well as Fire Departments, and EMS coordinators; there's a lot of clinicians in other communities, you know. Cambridge has been the model for so many years with having clinicians employed by the Police Department that other Police Departments and communities have hired folks that they're all working together and collaborating because they're seeing the same people. So, how can we better coordinate as Assistant City Manager? Someone, off hand, indicated about being able to have those appointments and being able to redirect, and make sure that when they go to an ER, that means that the community has exhausted all other possibilities to be able to get that person stabilized. And really being able to have that communication from the hospital system to say, you know, we're releasing this individual, keep an eye and having that coordination. One of the models that we looked at and why we um, it was also a recommendation from the City Manager's Task Force was to hire a licensed social worker. The model in Charleston, South Carolina has the social worker in the Center but they're connected to the state database for all of the mental health programs. So, they can see who's connected with services, who their primary care is, who their providers are, what programs are there in. I think we might be a little ways away from that, but it would be really nice if the state, uh, Massachusetts could do something like that as these programs continue to to grow because I think it would be really helpful in coordinating, you know, as Ms. Luke said, you know, sometimes you gotta make 50 calls to find a better- find somebody to be able to assist those individuals. So, between this effort, what we're doing different with the Alternative Response and Community Safety, partnering with additional community services to provide other services, um, in the community, as well as building on what others have learned in other national programs, and adding and evolving the program.

Quinton Zondervan: Great. Thank you. Ms. Giacobbe and please do let us know what we can do in terms of state and federal advocacy to facilitate some of these

transformations. I mean, you know, again as a software engineer, it's frustrating to hear that, you know, 911 and 988 can't locate somebody's phone when, you know, we all know that the phone knows where it is sometimes better than we do. So, you know, to the extent that we can help and bring those technologies to bear and please do let us know about those opportunities. Um, we have two more people in Public Comments. So, I'd like to go back to Public Comment. Mr. Clerk.

Mr. Clerk: The first speaker is Maren Cattonar. Maren, you have the floor. Please go ahead.

Maren Cattonar: Can you hear me okay?

Mr. Clerk: We can hear you.

Maren Cattonar: Sorry for the baby noise in the background. But um, just a couple of things. So- so learning about 988 um, one thing that I haven't seen presented by the City Council is just the sense of the numbers of how many people actually call annually, what that actually cost is because I understand the need for a number like this 911 versus 988 and that's the call component. But what was presented to us was this respond and a place to go. And I'd love to see the comparison of what the City's proposing compared to that of what other cities have actually implemented and deployed and what the cost per capita, costs per individual utilizing these services will be as a, so, that- that hasn't been presented. And I agree. It's a major problem and it's continuing to grow, but I haven't seen what those numbers look like. And then we do have the benefit of having two fantastic or more than that academic institutions here in Cambridge. And most of those academic institutions actually provide services to the students and their community as well. So, I don't know how we're dovetailing and collaborating with them. That's that's kind of the 988 conversation. The other conversation is I've lived in Cambridge for about 11 years now. And I'm just starting to become more and more disgruntled and appalled by what I'm seeing on the streets. I consider it a Public Safety issue in the sense that when I walk by the Central Square Library there's homeless people underneath drinking openly and I know the cops are doing what they can to empty those open cans. But I've had comments made at me. I've had things thrown at me just walking by, and that's just one example. I have a newborn and I want to stay in Cambridge. But it's- I don't feel safe and secure walking down Mass Ave anymore when I've seen people shooting up drugs, doing drug deals, passed out on the ground. It's just becoming a greater problem. So, I guess the first part is to address this 988 question that I haven't actually seen the data and seeing how we compare. And then the second question is, you know, we really have to do something about this homeless situation. And some of the services we're providing, I think, are just exacerbating what is being witnessed on the streets. So, not sure why loitering is deemed okay here. But it's- it's a loitering issue. Try returning something in Transfer Square at the Amazon drop off locker and not being harassed. That's a problem. So, that's really all I have to say right now to start. I'm new to the City Council experience of Meetings here, so, I have a lot to say, a lot to learn. Um, so, that's it right now. Thank you.

Mr. Clerk: The next speaker is Stephanie Guirand.

Stephanie Guirand: Okay, hi everyone. Uh, three things. First thing, um, We at HEART, we've been creating informal networks of uh, licensed clinicians and mental um, psychiatrists to support us with putting a backup plan in order for if we can't reach um, if we can't reach the existing infrastructure right away. And so, um, we're trying to make direct relationships with um, with a psychiatrist and licensed social workers in order to connect people to mental health services. Okay. Um, the other thing is that um, I'm really curious to hear from Christina. Hi Christina. Um, um, who is the City planning to hire? Like what's the criteria for that? Um, like are you planning to hire licensed social workers? If not, what's the training plan and training program, and who is conducting the program and how long will it go on for? And then the last thing is, um, and this is directed primarily towards Monica. Hey, Monica. Um, one thing that we've been really concerned is with the classification of calls, like the way calls are coded. And we know right now, like if someone calls for someone with a- with a weapon or something, we may- like that call may end up actually being, you know, a person in crisis who's holding a thing that can be wielded as a weapon. What is the process um, for the City? Now redirecting that towards um, Christina. What is the process for the City in reclassifying or recoding calls? Um, I know that's also a case with like domestic violence calls. Um, what happens? Like, does the City track when it transfers a call to a mental health service um, currently? And what's the plan for doing that after the implementation of 988? That's it. I'm done. Thank you.

Mr. Clerk: There are no further Public Commenters.

Quinton Zondervan: Thank you, Mr. Clerk. Um, Mr. Clerk, could you upgrade Stephanie to a panelist so that she can ask a question? Thank you. So, um, Stephanie, if you want to go ahead and ask your question again to the Chair to see if someone on the staff can answer it for you.

Stephanie Guirand: Um, I mean, I'll go with the two questions and I'll start with the first question, which is who is the City planning to hire? What is the criteria? What is the training program and who is coordinating the training?

Thanks, Ms. Giacobbe.

Christina Giacobbe: Thank you Mr. Chair and hello Stephanie. Thank you for the questions. Um, so the criteria for hiring is um, we're finalizing the job descriptions. They'll be posted um, hopefully after the budget is um, adopted on June 6th. Um, and the criteria um, as we've indicated is um, we're hiring a Director of Community Safety, a Program Coordinator who will run the day-to-day of the Alternative Response Program and for um, Responders. So, two will be Peer Support Specialists, and two will be Crisis Support Specialists. So, individuals with lived experience, mental health experience, and so forth. They will not be licensed clinicians. They'll be non-mandated reporters. Um, and the criteria for hiring, we follow the City's Employment Policy in terms of posting the job for a certain amount of days, 21 days. There's a Hiring Committee, there's Screening and um, Recommendations to the City Manager and so forth. But we're

hoping that we can hire individuals from the community and people that are doing this work already because we know they exist in our community. Um, the training program um, there'll be some initial New Hire Training that um, will consist of, um, a bunch of things, you know, crisis management, deescalation techniques, trauma informed response, um, CIT, CPR, first aid, harm reduction, needs assessment, safety planning, peer support. We anticipate it will be a probably three to six month period of training. There'll be ongoing training that will happen with this, um, program due to the nature of the work and evolving of the actual pilot program. And as we learn more about, what we're seeing in our community, how we can respond and so forth. Um, equity training, local community organization training, um, as well as, um, youth engagement, peer support, and a number of just to name a few. Um, in terms of tracking transfers to mental health, um, currently with the existing system, we- whether we get a call through 911 or through the non-emergency number, we are required by the state to use our medical protocol, which has a specific chief complaint that addresses individuals who are considering suicide, psychiatric behavioral health. So, determining depending upon who calls, what the answers to the questions are will determine whether they're getting a response and EMS response or Police response. Um, scene safety is important. Um, you know, for any Responder going, whether it's a non-uniform response and a First Responder. Um, so, scene safety will certainly be part of that triage. Um, right now, when we send those call, we have the, you know, the call types and so forth. But, again it depends on what's reported. And a lot of times, it can actually be different when we get there because what is reported by a third-party, or what they know, or what they're familiar with sometimes it turns into something else. Um, so we don't actually- if somebody calls us and says they're looking for mental health resources right now, we're tapping into City resources that are existing, that we are aware of, whether it's through the Police Department or through professional ambulance, Fire Department, Human Services, whether it's through the housing liaison, you know, Multi-Service Center, it depends what they're looking for. We don't actually track the transferring of calls to those other agencies, but it is, I believe in our metrics for our budget for fiscal '23 to be able to track, you know, how we're coming into contact with the community, what they're looking for. When is Public Safety calling us? What are other people calling us when we're initiating um, individual, you know, come across somebody that needs something. So, we'll be doing that going forward.

Stephanie Guirand: Can I actually rephrase my- my question? I'm not sure. Um, that's not quite what I was asking. Currently, if someone calls 911 and they say it's a person with a weapon, dispatch loves that in as a person with a weapon, when the Police arrives on the scene and they discover that it's a person in crisis. After that, does it get recoded in your system? Is there a process for that? Or is there a process to...

Quinton Zondervan: Stephanie? If you could please direct your comments through the Chair. Thanks.

Stephanie Guirand: ...sorry, Chair. Everything I said.

Christina Giacobbe: So, uh, through you, Mr. Chair. Um, so it can be recoded. It depends on what is reported. So, if there's a report of a person with a gun and they get there and it's something different, the Officer on scene or the Fire, whoever happens to go to that specific call, um, could say, oh, upon arrival, it's something else. Our CAD system still records that initial incident code, and it will also record the change incident type, um, and a lot of times it's in a disposition code even. So, they may not change the code for the original dispatch, but they- it may be reflected in a disposition code that um, unfounded or, you know, not services not needed, or whatever the specific disposition. So, it can happen in two different ways. And as we learn and evolve through the program um, and get more um, specific with the type of calls and the policies, and so forth, will be able to, you know, better define how that should happen, and when it should happen. And what the authority of a line person or an Alternative Response person versus a Sergeant in the field, or a Deputy, or a Fire Department, or pro-ambulance, you know, or even MIT. You know, we respond to calls for- on MIT's campus and Harvard's campus as well. So, we'll have to work out those protocols as we learn more on um, you know, the calls that we respond to.

Quinton Zondervan: Thank you, uh, Ms. Giacobbe. Stephanie, before I go back to you, just want to make sure we don't have any questions from the Committee Members or the Councillors on the Zoom. If you do please raise your hand, and in the meantime, I'll go back to you Stephanie.

Stephanie Guirand: Um, through you, Mr. Chair. I would like to direct this at both uh, Jackson and Christina if possible. Um, just to think about um, how this is operating now with both 911 and 988 that are going to be operational. What is the process for reclassifying calls in both directions going forward through on the dispatching end? That is to say that if a call comes in through 988 and let's say it's domestic violence, and there's like actual physical violence taking place. What's the process for rerouting it to 911 and just vice versa? What if it's a mental health crisis? Um, call that gets called through 911, what's the process for rerouting it through 988? And I asked what's the plan in Cambridge as well as what are people talking about nationally?

Thanks, Stephanie. Um, Ms. Giacobbe.

Christina Giacobbe: Uh, thank you Mr. Chair. So, um, currently, right now, um, there is a function in our CAD system that when we get a call, we record how it's received. So with 988 implementation coming, if we receive a call from 988 or the suicide hotline, we're going to have a specific code that the dispatchers will be able to put in there to say this was received by this way. Just like if you call 911, we say it was received 911 non-emergency line. However, we receive the call that gets recorded. Um, I am not sure, and same thing with classifications. If we transfer to that would be a disposition code or it would be a note on CAD. It would be one of those things. And again, that's something that we're going to flush out as we develop our Policies on these.

Quinton Zondervan: Thank you. Um, I don't know if Mr. Beck, you had any response?

Jackson Beck: Um, I don't really have much to add. I think um, how those reclassifications- I've been- and what the transfers look like will vary a bit from place to place- place, depending on the technologies that various 911 centers have the relationships they have with those 988 centers. Um, I know I've heard from Phoenix, Arizona, for example, where they've had this 911 Crisis Call Program for a few years that um, they introduced a new Policy that's pretty clear with their operators about the um, about requiring them, or urging them, really, to make those transfers when a call is broadly about mental health, behavioral health, or um, you know, a range of crisis issues. Um, and there isn't like an imminent safety risk involved. I'm not sure what the process um, exactly looks like for a call coming back from a crisis line or 988 to 911. But what I heard from that program, and I've heard similar things in other places, is that there are mechanisms to easily make those transfers um, if um, unexpected Public Safety issues come up along the way. I'm not sure exactly how that's reflected in the data, though. If you're asking about data, Stephanie, I'm not sure exactly what that reclassification looks like.

Quinton Zondervan: Thank you so much, Mr. Beck. It sounds like um, some of this is still being figured out and some of it maybe um, warrants more discussion, in a few months, when we have more uh, concrete of an idea of how some of these issues are being addressed. Um, so, you know, I'll be glad to Chair another Meeting in a few months when, you know, the new Department's up and running, and 988 is up and running, and we can get more clarity on exactly how this is working and what, if any, challenges remain to be to be addressed. Um, Councillor Nolan?

Patricia M. Nolan: Thank you Chair, on to that. Actually, my question was in lines with what you just said, and I'm interested in hearing from the City staff, Commissioner Elow, um, ACM Semonoff, and Director Giacobbe about whether there are, um, things that you anticipate coming forward that particularly the Council might consider as we move forward on this, um, where that the Community should know and that we should all be working on.

Quinton Zondervan: Thank you, Councillor Nolan. Um, does anyone have a response to that?

Christine Elow: Through you, Mr. Chair. So, um, Councillor Nolan, you know, I'm actually anticipating probably a lot more, um, calls diverted to 988 when I'm thinking about some of the calls um, and things that we respond to. And I really do think, when we think about as a community prevention and early intervention, I can really see our Officers embracing this to say, when we're responding to calls, this is another option for you in the future instead of 911, depending on the circumstances of the call. I want- I think we want to be really careful when we're talking about crisis, but I do anticipate, you know, 988- 988 really being a great resource for our community uh, moving forward. Uh, just again how we roll it out, I think it's going to be critical. That's- those are the only thoughts I have right now. Thank you.

Quinton Zondervan: Thanks, Commissioner. Uh, Councillor Nolan?

Patricia M. Nolan: I'm set, thank you.

Quinton Zondervan: Great. Thank you, so much. Um, all right. Well, I'm not seeing any further questions. Um, so Stephanie has one more. Go ahead, Stephanie.

Stephanie Guirand: Um, I wanted to ask a question to address the concern of the speaker before me. I'm not sure who to direct it to Mr. Chair, but I'm curious as to how the City is engaging with the issue of the lack of low-barrier respite centers in the greater Boston area. What's the process for coming up with um, facilities to um, to divert people to other spaces? Um, and I know that Somerville is having a conversation about um, safe consumption sites. Is that something Cambridge supports? Um, what are the conversations around that considering the obvious concerns from the public?

Quinton Zondervan: Thanks Stephanie, and I'll say on the safe consumption sites, that's an ongoing conversation, but I don't know that there's any updates for you on that. Um, but that's still being looked at. My understanding is that there's a state level issue that that we need to resolve on that. Um, but I don't know if anyone at this- on the staff has a response or comment to that.

Ellen Semonoff: I don't have any comment on that for you, Mr. Chair, but I believe there is a City Council Human Services Committee, I see Commissioner Elow nodding her head, I believe sometime in June. And I don't have in front of me the date that which is addressing substance abuse issues, one that's directly about mental health services, but I believe there is a second one that may be about substance use issues.

Quinton Zondervan: Thank you. I see Commissioner Elow has her hand raised as well.

Christine Elow: Through you, Mr. Chair, that will be on June 2nd. And I do want to say from the Police perspective, we are a fan of low-threshold Respite Centers. You know, we have, you know, the Warming Center when it's open, that's one. Green Street is one. The Transitional Wellness Center is one. And also 240 Albany Street. So, the majority of the um, uh, places- facilities that we have in the City are low-threshold, our Respite Centers just for the record.

Quinton Zondervan: Great. Thank you so much, Commissioner. All right. So, I don't see any other hands raised. So, I think it is time for us to call this Meeting to an end, but really appreciate everyone's presentations, and sharing of information, and answering questions. I think this is an exciting new program that will help a lot of people in our City. So, I look forward to the uh, rollout. And as I mentioned, I'll be happy to Chair another Meeting in a few months when we have more of a sense of how it's going and what challenges need to be addressed. So, thank you again, and uh, I'll entertain a Motion to adjourn.

Patricia M. Nolan: So moved.

Mr. Clerk: On that Motion- Motion. Councillor Azeem. Councillor Azeem.
Absent. Councillor McGovern. Absent. Councillor Nolan.

Patricia M. Nolan: Yes.

Mr. Clerk: Yes. Councillor Toner.

Paul F. Toner: Yes.

Mr. Clerk: Yes. Councillor Zondervan.

Quinton Zondervan: Yes.

Mr. Clerk: Motion passes. Three in favor, two absent.

Quinton Zondervan: Great. Thanks again everybody.

Patricia M. Nolan: Thank you.

CERTIFICATION

I, Casey Kern, 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.

Casey Kern

A communication was received from Monica Luke transmitting a presentation for the Public Safety Committee meeting on May 18, 2022.