

Statement of Ebony C. Morgan

Program Coordinator

Registered Nurse & Crisis Intervention Worker

Crisis Assistance Helping Out On The Streets

(CAHOOTS)

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Good morning, Chairman Booker, Ranking Member Cotton, and members of the Subcommittee on Criminal Justice and Counter Terrorism of the United States Senate Committee on the Judiciary. I was asked to come before you today to discuss my experience providing mobile crisis intervention services with the Crisis Assistance Helping Out On The Streets (CAHOOTS) program of Eugene and Springfield, Oregon.

My name is Ebony Morgan. I am a registered nurse (RN) and I work as the Program Coordinator of CAHOOTS. CAHOOTS is a mobile crisis response team that responds in unarmed pairs to calls for service through police dispatch that have a behavior health component. We meet community members where they are, de-escalate and assess the nature of their crisis, and help them develop a plan. I am inspired to do this work in very personal ways. I will share two with you today.

My grandmother, Carolyn, was an inexplicably kind human being who lived with Severe and Persistent Mental Illness (SPMI). While she thrived until her passing under the care of my mother, who is also an RN, SPMI requires persistent and structured therapeutic support. Many people do not have access to the same degree of capable, unconditional, live-in, loving dedication.

What my mother showed me in caring so diligently for her own mom while raising me was that mental health crises are not to be feared, rejected, or punished. When human beings are scared, confused, escalated, or perhaps even experiencing delusions or psychosis, they need care. People experiencing a crisis need de-escalation, safety, low-barrier access to supports, and unconditional positive regard. Our nation, at both individual and societal levels, often fails to deliver most, if not all of those things to the most vulnerable populations.

My father, Charles, did not get a chance to participate in raising me. He died during an encounter with the police when he was 25 years old. My family, forever worried for his safety as a young Black man, was devastated. I was 5. My half-sister had not yet experienced a birthday. The same police department that surrounded him at the time of his death is who I now meet with monthly in my work leading the CAHOOTS program because we are community partners. Our agencies work together to provide this service to the community.

When I graduated from nursing school, I declined an offer to work at our local hospital on the unit of my dreams. I chose to remain with CAHOOTS, where we make an hourly rate that's less than 50% what a nurse would make inside of the hospital walls and less than 60% of the entry level police officer wage in Eugene. I did this, and took on a leadership role, because this work matters. Myself and my team should not, however, have to sacrifice our own ability to provide for our families in order to support the members of the community that need it the most in a way that is proven to be safe and effective. No one should.

When considering implementing mobile crisis response teams, it is equally as important as anything else to plan how people will be supported in doing this challenging work. Funding must also include adequate wages for skilled personnel (skills do not always equate to education). The inevitable secondary trauma must be addressed proactively. This can be done with debriefs, time off, healing spaces, clinical supervision, and therapy, as examples. Build in ways to support staff and their self-care so that people can mentally and financially afford to remain in the work after developing the unique skills.

It is also extremely important to include a diverse group of voices in the development of programs to ensure there is more than adequate representation to ensure accessibility and relevance to all members of the community. It is imperative to trauma-informed and client-centered care that assumptions are not made that all community members will benefit from the same thing. It must also be explicitly recognized that systemic racism is ever-present and will inevitably work its way into the development of mobile crisis response teams without incorporating anti-racist practices.

Mobile crisis responses are worth the effort of implementation. For more than three decades, CAHOOTS has utilized unarmed, verbal de-escalation to respond to people in crisis. No employee has ever lost their life or been seriously injured on the job despite never carrying a weapon. This surprises people, so I would like to say for the record today: experiencing a mental health crisis does not automatically make someone a threat.

In Eugene and Springfield, Oregon, when someone calls 9-1-1 or the non-emergency police number for help with a non-violent and non-criminal situation, CAHOOTS may be dispatched instead of police by the same dispatchers via police radio. This is especially true if the

call has a mental health or substance use component. Eugene has had this alternative to police response in place since 1989.

We are part of the public safety response system in our area, providing a unique alternative to police in times of crisis. We operate in unarmed pairs with an EMT and a crisis worker. We respond to calls all over the city in our van offering crisis intervention, support, and resources to community members that need it whether they call for themselves or someone calls on their behalf.

In 2019, CAHOOTS had some level of involvement in 20% (20,746) of the total incoming public safety calls for service in Eugene. An exact diversion rate is difficult to determine, but an analysis done by EPD states the “true divert rate” likely falls between 5-8%. This suggests that there is a significant portion of needs in the community that do not rise to the need of a law enforcement response and would not otherwise get addressed. We cannot know exactly how many early interventions by crisis response result in prevention of an escalated call, but it can be assumed that this happens.

CAHOOTS workers are sometimes referred to as Behavioral Health First Responders. Services offered by the program include:

- Crisis Counseling
- Suicide Risk Assessment
- Suicide Prevention
- Mediation
- Grief Counseling
- Welfare Checks
- Substance Abuse
- Housing Crisis
- Non-emergent Medical Care
- Resource Connection
- Referrals
- Transportation to Services

CAHOOTS responds in pairs with an EMT and Crisis Worker because medical and mental health are equally important components of overall health. This allows us to provide a more holistic approach and be prepared for the wide variety of situations we will encounter.

The medically trained half of our two-person response team operates within the scope of an EMT Basic, while staff range in level from Basic to Advanced and we also have nurses on our team. Due to the nature of our work, our “medics” are also trained in crisis intervention and support the work of our crisis workers.

We do not require licensure for our crisis workers, but people must have two years of experience supporting people in crisis and be eligible for Qualified Mental Health Associate (QMHA) certification. We have Qualified Mental Health Professionals (QMHP) on our staff that provide clinical supervision. Some team members are licensed as LCSWs.

Some of the pillars of operation for CAHOOTS are:

Client-Centered Approach: We encourage people to identify their own needs and help people figure out how to best meet them. We aim to understand how the world looks from the client's point of view and recognize their autonomy, including their right to choose goals and interventions based on their own identified needs.

Trauma-Informed Care: Trauma-informed care means treating a whole person, considering past trauma and the resulting coping mechanisms when attempting to understand behaviors and treat the patient.

Harm Reduction: We support policies and interventions designed to lessen the negative social and/or physical consequences associated with human behaviors.

De-Escalation: We are an unarmed and consent-dependent response. Consent-dependent means that clients have the choice to engage with us and we cannot force anyone to do anything. Given this, it's crucial that we be extremely skilled in de-escalation. New staff undergo over 500 hours each of field training and more than 30 classroom hours before being considered trained.

Now, as the nation is recognizing that mental health crises are best responded to by trained mental health professionals, I am extremely hopeful that together we can find a way to provide humans with the appropriate resources for every situation, instead of a one-size fits all approach to public safety. One size never fits all.

CAHOOTS mobile crisis was not designed to replace, reform, or repair policing. We are an addition to the current structure of public safety. We fill gaps that police were never designed to handle, including but not limited to mental health crises. CAHOOTS staff are not trained in law enforcement and do not have the same authority as police. Sometimes there is an overlap of

needs and we will respond alongside police or paramedics. This is different from what's typically referred to as a co-response because we are arriving separately and bringing each of our own strategies and protocols to a call, working together to achieve the best possible outcome.

We work very closely with our law-enforcement community partners to provide this service. Our contracts with the cities are through the police departments. We meet with the Eugene Police Department monthly to check-in, share feedback, discuss operations, etc. Sometimes we ask for officers on the radio after we are on a scene if we determine the situation warrants a law enforcement response, and often they will call for us if they arrive and find a scene that is more appropriate for a crisis response. Sometimes we work together. The goal is getting the right resource to the right place and working well together to do that.

A significant piece of what keeps us safe (and what dispatch does) is ensure we are responding to appropriate calls. Certain situations would not be appropriate for CAHOOTS to respond to alone as we do not have lights/sirens, cannot force people to engage with us, and are unarmed. These include violent scenes, criminal situations, requests for law enforcement duties, and emergency medical situations. The tools CAHOOTS uses are very valuable, but we do not pretend they are appropriate for every situation. Mobile crisis response is one piece of a very large, very multi-faceted puzzle.

CAHOOTS staff are trained as crisis responders to overcome our own fight or flight response. In escalated moments, where things may be getting broken, people may be yelling, things may be thrown, we remain cognizant of the safety of ourselves and the client while showing them that we are there to help and skillfully bring the situation to a therapeutic de-escalated resolution. In those energized moments, the ability to remain calm and continually assess the scene without giving into reactivity or impulsivity is imperative. Being unarmed allows us to default to client-centered tools (training) that aim to reduce harm because that is our only way forward. We remain highly aware of scene safety, but rather than assuming the client is a threat to us, we assess what is making the client feel threatened. That is where helping begins.

In de-escalation, the client must be able to identify that the responders are not a threat to them. In order to achieve that, we must actually not be a threat to them. For this reason, CAHOOTS deeply values having the trust of our community. We protect client privacy fiercely, which is why we do not bill insurance for services. We secure our own funding so that

community members can access our services free of charge. We wear a casual uniform and practice body language that clearly portrays our controlled, helpful intentions. Just as panic is contagious because humans are social creatures, a sense of calm can be contagious as well. We control the volume and tone of our voice, our dialogue, and our physical response. Trainees spend more than 500 hours practicing this in the field with a fully trained team.

It is extremely important when trying to support those in crisis that resources be available in the community. Mobile crisis services are significantly strengthened when clients can be connected with next steps. If a crisis requires a resource to resolve, the crisis team can connect a client to an existing service but is not a replacement for that. Necessary community supports could include a 24/7 walk-in crisis center, 24/7 crisis phone line, peer-to-peer programs, low-barrier shelter, permanent supported housing, sobering center, detox facility, mental health emergency room or urgent care, etc. The key here in each community would be assessing the specific needs in that area and allocating funding to support those needs, existing programs or new. This should not be a cookie-cutter design. We must respect the diversity, variety, and different needs of specific communities.

CAHOOTS is one long-standing example of the role mobile crisis response can play in a community. Marginalized communities have been coming up with ways to support themselves for much longer than that. Mobile crisis response is a necessary and logical service to provide to communities. It is an addition to existing structures, thus does not directly address or change any existing public safety systems.