HUMAN RIGHTS COMMISSION

Ken Faunce
Commission Chair
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Regular Meeting
~Minutes~

James Fry
Staff Liaison
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https://www.ci.moscow.id.us/450/Human-Rights-Commission

Tuesday, October 18, 2022	**4:00 PM**	**Mayor's Conference Room 206 E. 3rd St.**

The meeting was called to order at 4:02 p.m.

PRESENT:	Ken Faunce, Erin Agidius, Elizabeth Stevens, Rula Awward-Rafferty, Kristin Haltinner, Lysa Salsbury, Tara Roberts
ABSENT:	Jana Argersinger, Mickey Wuerth, Morgan Chafee
STAFF:	Captain Tyson Berrett (staff liaison), Karen Potter (deputy clerk)
GUEST:	Shane Hyde, Idaho Commission for the Blind and Visually Impaired

REGULAR AGENDA

1. **Approval of Human Rights Commission Minutes for September 20, 2022 (ACTIONITEM)**
   Minutes presented for approval.
   PROPOSED ACTIONS: Approve minutes as presented; approve minutes with amendments; or take such other action deemed appropriate.

The following corrections were made to the minutes:

Item 7: Correction of name: Gary Dorr.
Item 7: Last sentence to read: ***Hyde*** will be asked to attend a commission meeting in October or November to talk about Circle Sessions and possibly conduct a small one at a meeting.

Agidius moved to and Awwad-Rafferty seconded to approve the amended minutes as presented. Vote: Ayes: Seven. Nays: None. Abstentions: None. Motion carried.

2. **Review of Calendar (ACTION ITEM)**
   Review upcoming meetings and events.
   PROPOSED ACTIONS: Add/edit items to the calendar; or take such other action deemed appropriate.

The event calendar was reviewed and updated.

3. **Public Comment and Response to Previous Comments (limited to 10 minutes)**

Members of the public may speak to the Commission regarding matters NOT on the agenda or currently pending before the Commission. Please state your name and city of residence for the record and limit your remarks to three (3) minutes.

None offered.

REPORTS

1. Restorative Justice Session

Guest Shane Hyde explained the origin, purpose, and process of a Circle Process. Handouts were distributed. There was discussion regarding how the Circle Process might be used with restorative justice. A Circle exercise was conducted with attendees.

2. Latah Human Rights Task Force Report

Jones reported that the task force is currently working on the Art and Essay contest and MLK Breakfast. They are close to finalizing a theme with a focus on community.

3. Restorative Justice Forum

Shane Hyde and Cari Fealy will be presenting at the forum. It was suggested that a Circle Process be used as one of the processes shared. This event may be held around the first of December at the 1912 Center, if available.

4. Renaming Indian Hills

There was no update.

5. Inclusive Communities Month, "Healing Hate and Restorative Justice"

A video was shown at this last event of Inclusive Communities Month. Mark Ingram provided a critique of the film explaining positive and negative points. Audience members included law students, lawyers, judges and retired judges.

6. Reproductive Rights

Stevens approached Mayor Bettge about sponsoring a resolution similar to Boise's City Council regarding the direction of city funds and police resources away from prosecution of legal abortion providers. The Mayor does not want act contrary to Idaho statutes and open the City up to litigation. Stevens will be approaching County Prosecutor Bill Thompson since felonies are investigated by the county and county commissioners do not have oversight of the sheriff's office. Commissioners may contact the City Council acting as private citizens. Also, comments may be made at HRC meetings by Commission members as members of the public as long as they clarify they are not speaking in their role as a Commissioner. This item will continue to be part of the agenda.

7. Indigenous Peoples Day

There were 40-50 people in attendance. Presenter Gwen Carter suggested that next year's event be held during lunchtime with food provided and to invite Moscow High School students. Faunce stated that he would like to see the Mayor and more City Council members attend events—especially Juneteenth and Indigenous Peoples Day--to thank people for coming and to say hello.

8. Event Publicity

There was discussion regarding ways the Commission might publicize events. Roberts and Salsbury will be part of an ad hoc committee to strategize and explore publicity options and report back to the Commission. Potter will check with City Administration to see if Canva may be purchased with Commission funds.

9. Report on Hate Incidents / Moscow as an Inclusive Community

Two incidents were discussed—a Patriot Front sticker on a sign and a road rage incident in front of One World Café. Faunce has reported the sticker incident and Haltinner will report the road rage. Joshua Hurwit may come to Moscow to look at hate incidents.

ANNOUNCEMENTS

1. Haltinner provided background regarding efforts to establish a Mental Health Crisis Team for the City. She will be contacting local mental health professionals, police, Gritman Medical Center, and other cities to look into the possibility of establishing a volunteer social work team. Police can be intimating for students when they show up at schools. This team could respond to and/or take over for police with mental health crisis calls.

ADJOURN

The meeting adjourned at 5:21 p.m.

Minutes Approved On

DEC 2 0 2022

Karen Potter

Clerk / Deputy Signature

Ken Faunce, Chairperson

Crisis Care Response Team Needs Assessment and Action Plan
WORKING DRAFT

Prepared by Kristin Haltinner, Moscow Human Rights Commission November 15th, 2022

Executive Summary

Crisis Care Response Teams (CCRTs) are an emergent and important tool in a community's emergency response tool kit. CCRTs support the work of police and EMS by adding trained crisis responders to the public safety (911 or nonemergency) call repertoire. Teams often consist of a medic (nurse or EMS) or police officer and trained crisis responder. Cities throughout the nation have had great success with CCRTs. They provide substantial financial benefit to municipalities, reduce the load for police departments enabling them to respond to cases criminal in nature, and establish support for community members in crisis. In Moscow it is estimated that approximately 10-15% of the class police respond to are mental health related (Fry Interview). By implementing a CCRT we can alleviate some of the time burden on officers for these calls, making them available to respond to other situations. CCRTs are difficult to implement, however, in rural communities due to a shortage of behavioral health specialists. Grant funding (and potentially managed care funding) is available to pilot/launch programs and would be advantageous to developing a CCRT locally.

Contents:

What are Crisis Care Response Teams?

Within current public health and safety structures, people are likely to encounter law enforcement when in the midst of a behavioral health crisis (Dholakia and Gilbert 2021). Such individuals may not receive needed treatment and, consequently, jails are the most populous behavioral facilities in the United States (Dholakia and Gilbert 2021; National Conference on State Legislatures 2018).

Crisis Care Response Teams offer support to existing emergency response teams to specifically support people in mental health crises, experiencing homelessness, or struggling with substance abuse (Houghton 2021). Cities vary in which departments or offices host crisis teams – some place them within police departments, others the department of public health, and still others in medical centers. What is constant, however, is the dispatch of a team consisting of a medial professional (EMT or nurse) and a trained crisis responder. This partnership is essential for identifying if a person behaving erratically is doing so because they have a physical problem (i.e., low blood sugar), are in a mental health crisis, or are suffering from substance misuse (Houghton 2021). Partnering with police departments further allows crisis care teams to call for backup/support if needed. EMTs and nurses, connected to local hospitals, further allow for essential partnerships with mental health care (Houghton 2021).

Polls suggest that Crisis Care Response Teams are a non-partisan issue with Democrats, independents, and Republicans all supporting such initiatives (Dholakia and Gilbert 2021).

How Have Crisis Care Response Teams Worked in Other Cities?

Crisis Care Response Teams have been widely successful throughout the United States. Teams have been shown to save police time, making them available to respond to criminal calls. They have saved cities millions of dollars in medical (i.e., ambulance/ER) costs and public safety expenses (i.e., incarceration) (Dholakia and Gilbert 2021).

Different models have emerged, depending on local contexts. Generally, Crisis Care Response Teams are added as a third option for 911 dispatchers. Most crisis response teams feature a two-person team made up of a medical professional (nurse or EMT) and a trained crisis responder. Police are available for backup assistance if needed. Two highly celebrated models include the 20-year-old CAHOOTS program in Eugene, Oregon and the newly developed STAR program in Denver, Colorado.

Eugene, OR – Crisis Assistance Helping Out on the Streets (CAHOOTS)

CAHOOTS is a non-profit based program hosted by the White Bird Clinic that has been in operation since 1989. In this model, a medic is partnered with a trained crisis worker. The pair respond to both 911 and non-emergency calls – specifically those involving mental health crises, homelessness, and substance abuse.

The teams provide crisis intervention, counseling, medical care, transportation, and manage referrals to needed services (Dholakia and Gilbert 2021). The program:

- Operates 24 hours a day with overlapping teams (CAHOOTS 2022)
- Constructs teams made up of staff from the White Bird Clinic – a nurse or EMT and trained crisis worker – and use city vehicles (CAHOOTS 2022)
- Hosts a budget of $2.1 million annually (Hauck 2021), funded through the police department (CAHOOTS 2022)
- Diverts between 3-8% (and up to 17%) of police department calls (CAHOOTS 2022; Hauck 2021)
- Saves the city $14 million in ambulance trips and emergency room services (Dholakia and Gilbert 2021)
- Saves the city an additional $8.5 million in public safety costs (Dholakia and Gilbert 2021)
- Has shifted thousands of people from the criminal justice system to medical care (Dholakia and Gilbert 2021)
- Very rarely requires backup police support (for example, in 2019 CAHOOTS responded to 17,700 calls and only requested police support 311 times (Dholakia and Gilbert 2021))

Denver, Colorado – Support Team Assistance Response (STAR)

STAR is a new program (piloted in 2021, now implemented) that added a third option for directing 911 calls in Denver. The pilot created two person teams comprised of a medic and a mental health clinician. These teams respond to calls related to mental health, homelessness, substance abuse, and poverty (Hauck 2021).

In first six months (a single 2-person team and van, operating from 10-6pm M-F) STAR:

- Responded to 748 emergency calls (68% people experiencing homelessness, 61% involved mental health concerns – mostly schizoaffective disorder, bipolar disorder, and major depressive disorder) (Hauck 2021)
- Had no calls that required additional police support. No arrests were made. (Hauck 2021)
- Kept police offers available for crime-related calls (Hauck 2021)

Following pilot period, the program was:

- Funded by the city at 1.4 million dollars annually (Denver has 517,000 residents), this budget operates seven two-person teams and four vans (Hauck 2021).
- Placed within the public health department (Hauck 2021).

Does Moscow Need a Crisis Care Response Team?

Moscow has strong, friendly, and thoughtful professional police department and volunteer emergency medical services (EMS) teams. The Police Department and EMS currently partner with the Latah Recovery Center, the Rural Crisis Center Network, and Gritman Medical Center for behavioral health support (City of Moscow Police Department 2021; Interview with Mochrle). While this partnership is robust and has made significant inroads in supporting community members in crisis, a response team would add essential levels of support for the local police and sheriff's departments, the EMS team, and community members in need.

State Context

[information from Beacon report here.]

In 2020, the Moscow Police Department sought to become part of a regional program launching a mobile crisis response unit. The program was developed by the Idaho Department of Health and Welfare. This unit would empower mental health professionals to take over cases from law enforcement when they respond to calls for people in crisis. In this model, police would be the first to respond to a mental health emergency or non-emergency call and it would be up to their discretion to request support from the response unit (Cabeza 2020).

Unfortunately, the mobile response units model developed by the Idaho State Department of Health and Welfare was re-envisioned when it became clear that rural communities lacked sufficient behavioral health professionals to fully implement the model (Interview with Mochrle).

However, as a part of this initiative some incredibly programs were developed:

The Rural Crisis Center Network: [describe]

Grant application to fund child center [add details]

Local Need – Public Safety Broadly

In 2021 the Moscow Police Department responded to 11,652 calls. Fifty-seven of these were for "mental hold/transport" (for individuals needing mental health evaluation or transportation between facilities), 635 were for welfare checks; and 169 were for drug-related calls (City of Moscow Police Department 2021). This totals 861 calls, or 7.4% of the total call volume. Police Chief Fry indicated that many other cases also involve both crimes and mental health crisis and that the total volume of mental health-related calls may be

as high as 10-15% (Fry Interview). He also indicated that about half of these calls are repeat individuals. Sometimes people call because they are lonely or suicidal and demand significant resources from the police. These are the types of calls that may be handled by a crisis response team, indicating the potential for substantial benefit to law enforcement. For example, in our current model if a police officer were to bring a patient to Gritman, they are required to remain at the hospital for the duration of the visit. In one (extreme) case, Chief Fry explained that it cost the department $8,000 in overtime pay in one week for one patient who was at Gritman for 8 days before a bed became available at a regional behavior health care system (Fry Interview). In terms of people struggling with homelessness, Chief Fry estimates that there are between 2-7 community members in need of support at any given time. This, too, could be facilitated with CCRT, freeing up officers for crime-related calls.

[Sheriff Annual Report? Not online – Ask Skiles.]

The mental health needs of the community have long been on the mind of local law enforcement. Chief Fry indicates that calls for people in mental health crisis occur daily (Cabeza 2020). Latah Sheriff Richie Skiles expresses that there has been a long-term increase in emergency calls for mental health support in recent years, even before the covid-19 pandemic (Cabeza 2020). As of 2020, his officers were responding at least twice a day to mental health crisis calls. Said Skiles "They're really not committing crimes, but they need help." (Cabeza 2020). Former Police Chief Kwiatkowski indicates that the increase in mental health crisis calls began in the early 2000s and that crisis training is instrumental in saving people's lives in these circumstances (Cabeza 2020). In recent years police and first responders have received Crisis Intervention Team (CIT) training and that this has improved the approach law enforcement take in these cases (Cabeza 2020).

Despite the care and consideration that Moscow Police Department and Latah Sheriff's Department give to people in mental health crisis, it is the case that their uniformed presence can escalate the behaviors of people in crisis (Turner 2022). This may be less of a concern in Moscow wherein the police are familiar with many people involved in behavioral and mental health crisis calls (as mentioned, Chief Fry estimates that about half of the mental health calls were repeated calls from the same people). The police may also be limited in their ability to support people in mental health crisis once they are picked up. At present, police or EMS/Fire report to a 911 call. Upon evaluation, if a person is found in the midst of a behavioral health crisis, they are either brought to the Rural Crisis Care Network or Gritman Medical Center (depending on the severity of the case). If an individual was to require inpatient support Gritman Medical Center then partners with Kootenai Health in Coeur d'Alene or St. Joseph's Hospital in Lewiston (Moehrle interview). Further, in some contexts (such as schools) the engagement of police with the public can cause trauma for bystanders, in addition to students in crisis (Connery 2020).

Local Need - Public Schools

The school staff is trained in de-escalation via the Mandt model (https://www.mandtsystem.com/school-safety/). Paraprofessionals and special education specialists receive full training, and all school staff receive de-escalation training. Superintendent Greg Bailey indicates that while this is successful in supporting nearly

all behavioral and emotional incidents in schools, *the Moscow School District schools each have 2-3 police calls per year for people in mental health crisis. Chief Fry estimated that this may be higher if we also consider engagement with School Resource Officers (SROs) in the high schools.*

Dr. Bailey also indicated that the school district has had great support in a team they have developed that supports students following a significant social event. For example, following the death of a student at the high school, this support team rallied to support students and staff as they processed their grief.

Despite the best efforts of police to be kind, thoughtful, and courteous in the care of students, the presence of police can be frightening to students.

Two other pieces of information from schools of note:

- Dr. Bailey indicated that sometimes students are sent for residential support following a mental health crisis but that often they are sent back to the community without receiving care. In these cases, students must return to the school district without needed support.
- Principal Smith and Ms. Hightower shared stories of alumni from Palouse Regional High School who successfully navigated high school but faced mental health struggles after graduation. These students have not been able to acquire adequate mental health care and, instead, of faced incarceration.

What are the Barriers Moscow Faces in Developing a CCRT?

In 2019 the Idaho State Department of Health and Wellness released a report outlining the potential benefits of implementing CCRTs throughout the state. As they tried to rollout this program they encounter two key barriers in implementation: financial support and people power.

[Estimated cost for a community like Moscow?] In Denver, CO the (one team) pilot program was developed through a $208,141 grant. The expanded program (seven teams) costs the city 1.4 million annually (with a full budget of 3.9 million dollars) (Schmelzer 2022). Denver is quite obviously a much larger community than Moscow, but if we consider the one van, two-person team/ 10am-6pm model, the pilot budget may give us a sense of predicted costs. Again, municipal money will be saved through a decrease in medical and public safety related costs (incarceration, etc.)

Hope is not lost, however. The federal government offers a series of grants to states or municipalities interested in developing such programs. For example, the American Rescue Plan specifically funds these initiatives (HR 1319, January 3, 2021). The Department of Justice also offers opportunities for state and municipal funding.

Rural communities often face a shortage of mental and behavioral health providers (Rural Health Information Hub 2022). Alarmingly, longitudinal national data shows that suicide rates are significantly higher in areas that are deemed to be "Health Professional Shortage Areas" (disproportionately rural communities) (Ku et al 2021). (For additional information on the challenges facing and possibilities for mental health support in rural communities, please see the "Mental Health in Rural Communities Toolkit" published by the Rural Health Information Hub/ The Department of Health and Human Services).

Moscow is no different. Implementing a CCRT will involve finding, recruiting, and supporting trained crisis care workers. Chief Fry indicated that for a short time Moscow had the support of crisis counselors who came to needed calls with officers but that both people employed in this position left for other jobs in the region (Fry Interview).

Recommendations for the City of Moscow

Police/Crisis Response Counselor partnership – Scott/Fry

Could be housed in the police department or department of health and welfare (Fry) but ideally the state would fund it and it woud be DHW.

Chief Fry reports that current demand could be met with four full time positions for this work (Fry Interviews).

Data for Report

Interviews with Educators:

- Dr. Greg Bailey, Superintendent Moscow School District (11/7/22)
- Jenny Hightower, Counselor – West Park Elementary School/ Palouse Regional High School (10/31/22)
- Brian Smith, Principal – West Park Elementary School/ Palouse Regional High School (10/31/22)
- Kendra McMillian, Principal – Lena Whitmore Elementary School (TBD)
- Eric Perryman, Principal – Moscow High School (TBD)
- Bill Holman, Principal – Moscow Middle School (TBD)

Interviews with Mental Health and Public Safety Workers:

- Dr. Melanie Scott – Scott Community Care (11/9/22)
- Chief James Fry – Police Chief (11/10/22)
- Shaun Hogan – Rural Crisis Center Network (11/9/22)

- Sheriff Richard Skiles – Latah Sheriff's Department (TBD)
- Carol Moehrle – Public Health, Idaho North Central District (11/9/22)
- Debby Carscallen – Moscow Fire Department (TBD)
- Sharlisa Davis – National Alliance for Mental Health, Idaho (TBD)

News, Reports, and Scholarly Sources:

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