Care-Based Safety's Responses to Ann Arbor City Council and City Staff

Last updated: December 30, 2023

Care-Based Safety has four primary objections to the City process used to deny our application to provide unarmed response services to the City:

1. the decision was made in a closed session without any public input or discussion;
2. CBS was never given an opportunity to respond to questions or concerns raised by City staff;
3. the concerns stated (after the fact) by City staff misrepresent both our proposal and the City's own RFP;
4. the City's criteria for evaluating our proposal appear to be different from the criteria disclosed in the RFP and therefore the City's intentions for an unarmed crisis response program are unclear to the public.

When we learned that the City intended to discuss our proposal in executive session (without permitting CBS to be present) we contacted Mr. Dohoney. In response, Mr. Dohoney stated in an email to Co-Director Luna N.H. at Care-Based Safety "if there are any concerns, questions, etc., those will be posed to you and you will have a full opportunity to respond to them." In another email on December 12, Mr. Dohoney assured us that no decisions would be made on the 18th. The next thing we heard, our proposal had been rejected. Obviously, Mr. Dohoney's statements were untrue. CBS never had an opportunity to hear or respond to concerns or questions before this decision was made.

Equally troubling is the City's repeated violations of the terms of its own RFP. The RFP included a timeline (See RFP at p. 8) - with interviews the week of October 9, discussions/negotiations in October and November, and a decision by Council in November or December.

CBS contacted City staff repeatedly, beginning in early October, to express our interest in meeting with the City. City staff ignored these requests until November 28 - at which time Mr. Dohoney stated that staff had been too busy to review or discuss our application.

The RFP included a presentation, an interview process, and a negotiation period in which to work out any potential issues. The City also had the right to accept just part of our proposal, and not hire us for parts with which they disagreed or did not want to invest.

In addition to these process concerns, the City's after-the-fact rationalization significantly misstates our proposal. If there had been any public process, we could have addressed the City's concerns. The RFP includes several lists of criteria on which the proposal will be measured, but the City's publicly stated reasons for canceling the RFP and declining our proposal do not align with these lists.

City's 1st Claim: The program will "take at least 5 years to fully ramp up"

The City did not state a desire for specific hours or days of coverage in the RFP–they did not use the term "fully" in their request for a ramp up plan. They describe the need to explain a "ramp up plan" implying that they expected the program to need time to ramp up. They offered only two years of funding - at a level insufficient to create a 24/7 program.

Hiring takes time.

Training takes time.

Creating infrastructure takes time.

Collective learning and practice as we create a program that has never existed before in Michigan, takes time.

The City allocated only $3.5 million over a two year period, which is insufficient funding for a 24/7 program including outreach, an independent dispatch service, and a crisis response program that is meaningfully responsive and addresses the causes of crisis.

On page 44 of our proposal, we explain why we made the decisions we made–which were based on two years of in-depth research, community co-creation sessions, and conversations with leaders of programs across the country:

- Community feedback which informed an approach for building trust and relationships slowly and outside of crisis situations;
- Program ramp up plans in other states, primarily CARES in Madison, WI25, MACRO in Oakland, CA, and CAHOOTS in Eugene, OR, MOST in Arlington, VA, all of which began with a limited number of daytime open hours and cannot immediately meet demand, but which intentionally create time to learn, iterate, and grow at a reasonable pace;
- The staffing capacity we anticipate based on funding and our ability to robustly train those staff prior to sending them into the field;

- Our unique program design, which equally weights Community Building with Response;
- A statewide shortage of respite housing, respite care, and non-coercive mental health care facilities and providers;
- Increasing evidence that burn out, moral injury, and vicarious trauma are impacting first responder programs and direct care workers across the country, and the necessity that we prevent those conditions in order to retain values-aligned, mission driven, highly trained staff with deep relationships in this community.

We then propose that **in years one and two** (the pilot phase), Care-Based Safety could provide 48 hours/week of response (12 hours/day 4 days per week, 7 hours/day 6 days/week, or some other arrangement)–we propose multiple examples of how this could be distributed and explicitly state that hours and locations would be decided in partnership with the City. The RFP itself includes room for negotiations, which we anticipated being necessary to agree on structure.

The City did not allocate funding beyond two years. We understood the two years to be a "pilot" for determining if continued funding would be allocated. If not a pilot, we could not ethically stand up enough staff to run a 24/7 infrastructure–if continued funding was not offered by the City there is no amount of grant funding that could sustain those jobs or support and this would be devastating for the program and community.

In Years 3 & 4, hours would expand based on funding and staff capacity–we tried to be explicit that with appropriate funding and staffing we could expand to 12 hours/day 7 days a week or even 24/7. The resources for the program have to be there. We are not interested in making promises that we have no way of keeping, nor providing inadequate or harmful service simply to say that we are operating 24/7. Again, we wish the City would have been clearer about what they wanted up front and asked us questions when that was not the case.

City's 2nd Claim: "calls answered in limited days and limited hours"

See above.

All programs in the country that we know of are only available some hours on some days.

People still have access to 911, 988, CMH's crisis line, and other alternative programs in the interim–the same programs they have access to today.

No calls for unarmed response are being answered right now; had we been hired, people would have had more calls answered than ever before.

City's 3rd Claim: "the amount of time proposed to be spent on community building activities"

In our co-creation sessions, the community most impacted by policing clearly said they would like an unarmed, non-police option to call in a crisis. But equally or more important were the following:

1. Building trusting relationships with their communities outside of crisis situations, including CBS staff, to mitigate unnecessary calls for police or outside intervention;
2. Building networks, resources, and relationships that would prevent crisis from occurring;
3. Building skills that would allow neighbors to support each other without calling for any outside help;
4. Providing supplies and supports to address basic needs that worsen crisis (such as chronic health issues, exposure, hunger, thirst, withdrawal).

All of these components of the program *prevent crisis from occurring* and reduce the number of emergency and crisis calls to both 911 and to CBS. Our program is built on a public health approach–recognizing that crisis comes from unmet material and social determinants of health. Our program invests resources in identifying the root causes of crisis and addressing them before a crisis occurs. For far too long, our "crisis response" approach has been to have an outside intervention address the worst moment of someone's life temporarily, with little or no longer term commitment to meeting their needs in a way that is caring and accessible. We do not just want to respond, we want to reduce the need for response. We want to prevent harm, violence, and crisis in our communities.

The City specifically calls out "dance parties" (which is one bullet point in a long proposal). We know that when people spend time together doing joyful activities that bring about belonging and connection, this improves health and wellbeing. A dance party in and of itself is healing, but it also facilitates connections to neighbors and networks of care that can be called upon in hard times.

The City explicitly asked for outreach as a part of the program and did not specify the amount of resources they wanted allocated to outreach. Again, we wish the City had either been more explicit about their criteria, or discussed this with us.

We think the City's rejection of the CBS proposal is based on their lack of understanding of the components of a successful unarmed response program. We feel that an open public discussion would have led the City to support this aspect of our proposal. If the City did not wish to support this work, it had the right under the RFP to decline to fund it. CBS would have used other funds to support this part of its model.

City's 4th Claim: [where it would be inappropriate to dispatch unarmed response] "the CBS submittal disregarded the RFP directive"

On page 24-25 of Care-Based Safety's proposal, we clearly state that per Ann Arbor's requirements we would not respond to the types of incidents that Dohoney refers to (a person with a gun or someone being held against their will), and "we would advise the caller of their options, including leaving the scene, contacting the SafeHouse Center's crisis line or another relevant resource; or dialing 911."

As pointed out by MLive, our proposal says that professionals who wish to volunteer and who are already fully trained (EMTs, paramedics, doctors) or volunteers who have gone through the full CBS responder training could go on shifts with fully trained staff members, and they would enter the scene with the consent of the person who called. Nowhere does the proposal imply that this would involve going in independently nor responding to situations outside of the scope laid out by the City.

Nowhere in our proposal does it say we would send volunteers to situations outside of the City's scope—we absolutely would not. In fact, our proposal is clear that paid, fully trained staff would respond to all calls, and only to calls within the scope defined by the City. And, that "we will rely on volunteer support and/or follow-up after a situation has been stabilized, to provide referrals, systems navigation, and safety planning."

To be clear, we never proposed volunteers being the first or only responders on any scene and we never proposed responding, with either staff or volunteers, to situations outside the scope laid out by the City. If this is confusing, we certainly wish the City would have contacted us to clear it up.

On December 23, Council Member Travis Radina explained the City's decision to reject the CBS proposal in response to a community member's public facebook post. Again, this communication seems premised on a misunderstanding of both the City RFP and our proposal.

Travis Radina's comment: The CBS proposal "does not meet the clearly expressed needs of the City"

What are those "clearly expressed needs" and where are they "clearly expressed" if not in the RFP itself, where they are clearly absent?

Travis Radina's comment: The CBS proposal "cannot deliver a fully operational UCRP within two years [as] contemplated by the RFP"

- None of the City's documents say "fully operational;" nor do they define "fully operational;" nor do they have criteria on how the proposal will be evaluated based on operational capacity.
- The ARPA funds must be obligated by December 2024; this delay costs them even more time.
- The ARPA funds must be spent by December 2026. The City only funded a project for two years (Jan 2024 - Dec 2025 if they had allocated it on their own timeline.
- If "fully operational" means city-wide and/or 24/7 access, it would be unethical and a set up for failure, to immediately provide 24/7, city-wide service for an untested program (or even within two years).
- To our knowledge, no similar program has started at 24/7, even when housed in government and using 911 dispatch.
- More importantly, this is emerging work when intended to not reproduce current patterns of force; the community deserves to be able to inform and shape that work and co-create its expansion.
- $1.75million/year could not sustain 24/7 service and independent dispatch (we asked for more). By comparison,
    - the AAFD's budget is $18 million/year for 24/7, city-wide service (they have more technical equipment and expensive vehicles);
    - Huron Valley Ambulance's budget is $33million/year (county-wide);
    - the City of Ann Arbor contracts with WCSO at $852,000/year to operate 911 dispatch;
    - CMH spent $1.6 million in millage dollars in 2022 alone, just expanding their 24/7 service access on top of original service.

Going forward, Care-Based Safety supports the community's efforts to advocate at City Council to have their needs for unarmed crisis response to be met going forward.

CBS
CARE-BASED SAFETY

Note: The City's Staff had every right to deny our proposal. We are not questioning that right. We are questioning:

- Why the RFP was not explicit about the expectations of the City, which would have set up applicants/"offerers" for success;
- Why the City Staff did not engage in their own process as laid out in the RFP, to ask questions where there are clear misunderstandings;
- Why the City was not transparent with the community in discussing their concern about the RFP and our proposal publicly–this is not replacing a sewer line somewhere, this is a crisis program with over 93% of community support
- What the new RFP will ask for and whether it can meaningfully address the community's needs with such little funding and short-term support
- Who is going to be able to do what they were expecting of us, when we were the only applicant in a much more open-ended RFP process