Executive Summary

A snapshot of the relationship between Oxford's first responders and citizens

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Introduction

The goal of this project was to hear from Oxford's first responders and community residents directly and to obtain their perceptions of strengths and needs connected to first responder protocols when on calls associated with mental health, substance abuse, and social services needs. While the national debate about how first responders and local residents engage rages across the country, our community wrestles with the same issues. While Oxford is unique, it is also not immune to racial conflict and biases. Being proactive in ensuring Oxford is examining all options for creating policies for addressing mental health, substance abuse, and social services needs while ensuring consistency in responses across demographics were guiding factors for the project.

It is also worth highlighting that policing in small towns is moving towards increased creativity and flexibility (see Harvard, MA police chief). A report from the National Police Foundation underscores the need for "some form of specialized response model for dealing with calls involving persons in crisis." We recognize that Oxford Police Department has already taken initiative to train officers in Crisis Intervention Team approach and Mental Health First Aid.

Background

Oxford's Police Community Review and Relations Commission (PCRRC), and subsequently Oxford City Council, voted to approve a request from Black Lives Matter (BLM) Oxford to form a workgroup tasked with investigating alternative responses for mental health, crises, substance abuse, and social services calls currently being dispatched to Oxford Police and/or Fire and Emergency Medical Services (EMS). The Family Science and

Social Work (FSW) Department at Miami University volunteered to provide research support as part of this inquiry and structured one graduate level capstone course to focus on this particular topic. This report was created to guide the PCRRC workgroup in developing their recommendations as part of a larger scale inquiry. It should be viewed as part of an ongoing effort to build dialogue and trust between first responders, City Council, PCRRC, and Oxford residents.

Engagement with first responders and community members: This summary

is a result of:

1. A literature review;
2. Six focus groups:
    a. Two focus groups with Oxford Police Department (10 total participants); b. Three with Oxford Fire/EMS (14 total participants); and
    c. One with 6 professionals from various social service agencies that serve Oxford residents, such as Butler Behavioral Health Services, NAACP;
3. An anonymous survey for all first responders (response rate: 25); and an 4. Anonymous survey for all community residents (216 respondents).

The demographics of the focus groups and survey respondents mirrors those of the larger community population. According to the most recent (2010) US Census, nearly 90% of Oxford residents identify as White, 6.4% as Asian, and nearly 5% as African-American while 2.3% identify as Hispanic or Latino. The majority of respondents in the focus groups were White. The majority of community residents who responded to the anonymous survey were also White (92.9%). Remaining respondents identified as African-American (4.7%), Asian (2.4%), Latinx (2.4%) and a substantial number declined to answer this survey question (5.7%).

Themes & Recommendations

Appreciation/Underappreciation of First Responders - Community residents repeatedly identified Oxford first responders as ***professional and hard working*** as exemplified by

anonymous comments, such as “they were polite and efficient” and “officers were helpful during a difficult time.”

Two themes associated with underappreciation emerged from data collected from first responders themselves. First, responders repeatedly noted that they do not feel that their value and efforts are fully acknowledged by the residents, City administration, or the PCRRC. During the focus groups, first responders described feeling ***under constant scrutiny*** and a ***lack of proper recognition*** of the many regularly occurring successes and positive interactions that occur between first responders and community residents.

Second, data from both police and fire/EMS departments highlighted ***unrealistic expectations*** **and** ***understaffing*** given the volume of calls each shift faces. Time and staffing constraints limit the length of interactions providers have with community members, and impede responders' ability to make referrals and follow up contacts. For example, when asked about using the county's crisis response team, responders remarked that it could take up to an hour for the response team to arrive. First responders also feel compelled to stay on the scene during the interaction to ensure the resident was safe before leaving, thereby committing several hours for one call and significantly impacting response times for other calls during a single shift.

Recommendations:

1. **Investigate strategies to support PCRRC members and community residents in recognizing the strengths and struggles** of the police and fire/EMS departments. For example, consider an orientation for PCRRC new members that includes communicating directly with departmental representatives;
2. **Incorporate first responders' voices** when making recommendations and policy decisions that impact the departments;
3. Complete **a comprehensive study** to assess shift staffing, compensation, mutual aid use, and national recommendations for comparable communities;
4. Create **a direct line of communication with Miami University to address what appears to be an overutilization of first responder services,** resulting in stretching resources available to the community. For example, fire/EMS personnel are reportedly called to dorms repeatedly for fires related to microwave use; and
5. Consider any advantage to a **partial consolidation** of the public safety departments to address times of the week/year where both departments are particularly over and/or understaffed.

Build inclusion and equity - As previously noted, the majority of community respondents spoke praised interactions with police officers and Fire/EMS. However, there were also voices

that emphasized negative (e.g., extreme or ill-informed) first responder responses to residents with mental health issues or those from a marginalized community, specifically racial minorities and LGBTQ+ residents. For example, some residents of color reported that they felt and experienced discrimination from first responders. Other examples highlighted concerning behaviors or responses connected to stigma and bias associated with mental health needs (e.g., use of inappropriate jokes or naming someone by their diagnosis).

Our discussions with first responders found thoughtful professionals who want to serve residents with respect. Despite this good work, there is always more that can be done. Specifically, we encourage first responders to **consider the power that they hold in their exchanges with residents,** particularly those who identify with a marginalized identity through race/ethnicity, language, LGBTQ+, socioeconomic status, and mental health struggles. Learning inclusive language, active listening and regular examinations of personal bias is part of a basic

professional approach to working with the public.

It must also be stated that the majority of comments describing **"negative or extremely negative" interactions were not directed at OPD,** but to other law enforcement divisions in the community, such as Miami University Police and the Butler County Sheriff. Other comments suggest residents are often confused about the professional affiliation of any given officer, especially between Oxford and Miami Police Departments.

Another important caveat is the difficulty recruiting a sufficient sample of residents from marginalized communities (African-American, Asian and Asian-American, Latinx, LGBTQ+). Those respondents who did identify as being from a marginalized community shared a **hesitancy to share their perspective because "nothing is going to change."**

First responders themselves had **mixed opinions about the need for additional equity- and inclusion-based training** and who should offer those these trainings.

- Only (32%) of first responders reported they could benefit from additional training; ● A slightly higher number (39%) of first responders believe their peers would benefit from additional training; and
- Many first responders reported preferring in-person trainings from people with lived experiences and their own personal growth, regardless of their formal professional experience.

Recommendations:

1. Establish a formal **network of community representatives from marginalized communities to engage in ongoing discussions** about how first responders and social

service agencies function and engage residents. We suggest establishing a **formal committee** with monthly meetings for this communication to occur, such as Coalition for a Healthy Community with the goal of first responders and community members learning from each other and establishing common goals;

2. **Assess current training practices,** including mode of delivery (e.g., online synchronous vs. online asynchronous, in-person, etc.), and explore meaningful professional development sessions that explore stigma reduction, person-first language (e.g., "a person with bipolar disorder" instead of "she is bipolar"), and cultural humility practices, including sharing more first-person/lived experiences;
3. Examine ways to **recruit a more diverse workforce** and leadership team; 4. Consider options for more **clearly identifying responders as "Oxford employees"** (as compared to Miami University, the Sheriff's office, etc.); and
5. Establish regular discussions to **address diversity and mental health stigmas.**

Availability & Accessibility of Services - Oxford is uniquely situated as a relatively rural, college town. The population experiences wild fluctuations in tandem with the University calendar, complicating demands on the

town's police and fire/EMS departments. When the student population balloons, the pressures increase for first responders as well as other social services. Concerns about availability and accessibility of services were repeated throughout our investigations, including:

- A **lack of mental health, substance abuse, and social service resources**; ● **Barriers that restricts residents' ability to access services** such as transportation, services during non-traditional business hours, insurance coverage/payment, and other barriers (client preparedness and the stigma of accessing help) that require regular and long-term follow-up with a trusted individual; and
- An **increase in mental health struggles and the need for life skills in** Miami University students (even pre-pandemic).

Recommendations:

1. The PCRRC, City Council, and/or City Administration should **establish communication with Miami University** to better respond to the mental health and life skill development needs of students;
2. The PCRRC and/or City Council **work with local social service agencies to promote public awareness initiatives** related to existing mental health and social services such as the two different crisis response services, Butler Behavioral's local office, Community Wraparound, etc.;
3. Deepen collaboration with the Oxford Coalition for Healthy Communities to **examine** Presented to the

what services are needed in Oxford (and surrounding areas) and **how to overcome any specific barriers** to accessing those services;

4. Brainstorm ways to build **capacity and standards for the diverse mental health and social service needs of the community,** especially outside of traditional business hours; 5. Consider using a Sequential Intercept Model (SIM) through SAMHSA to **establish community needs and goals** as a long-term planning tool.

Diverging expectations - Community members and first responders don't always have the same ideas of the roles and responsibilities of police officers and fire/EMS personnel. These contrasting expectations may be commonplace between residents and police (Yang et al, 2018)? For example, residents repeated a frustration with law enforcement for failing to enforce mask wearing across the city; however, this is a public health issue. Similarly, EMS personnel highlighted instances when students requested assistance for non-emergency needs (e.g., dealing with medication side effects, transportation to health services) and/or addressing easily preventable problems such as the previously highlighted instance of fires from microwaves in the University dorms. Similarly, there were frustrations reported from Oxford first responders about the lack of support for their efforts to get mental health needs of residents addressed by emergency personnel at the hospital overturning 72-hour hold recommendations. (For information about similar frustrations by law enforcement, review Exploring Police Response to Mental Health Calls in a Nonurban Area: A Case Study of Roanoke County, Virginia by Gill, Kanewske & Thompson, 2018).

Recommendations:

1. **Create consistent and regular opportunities for dialogue with community partners** about community needs, resources available, and to develop collaborative solutions when supporting mutual residents;
2. Recognize that **access to services does not solve all of these complicated and complex issues**, nor can first responders;
3. Develop programming with the Parent's Office at Miami University to help **raise awareness about common issues associated with life skills of** Miami students.

Roles and Considerations for Oxford Social Worker:

We are aware that one outcome that has been suggested is to hire or contract for a social worker to support first responders in Oxford. If this choice is agreed upon, we recommend this partnership be implemented with a social worker who:

1. Responds only to **non-threatening calls** and/or following up with residents (within 24 Presented to the

hours) after first responders have completed their work;
2. Is a **graduate-level, licensed social worker** with skills and experience to assess the mental health, social service, and/or substance use needs;
3. Has a demonstrated track record of a **commitment to learning and training in diversity, equity and inclusion** beyond the minimum requirements required of licensed masters-level social workers;
4. Understands and values the importance of working with and advocating for diverse populations and **reviewing policies and procedures with an equity lens**; 5. Has **access to discretionary funds** to support residents' needs of eliminating barriers for receiving help (paying for a birth certificate to obtain an ID, temporary housing during a second shift call, etc.);
6. Is provided a **police radio and basic safety equipment**;
7. Is issued a city vehicle with permission and protocols to **transport residents as needed**; 8. Can coordinate or **provide training** formally and informally to all first responders in de-escalation techniques, communication tools with persons in crisis, etc.; 9. Can **provide ongoing case management** support to connect with referrals and long term supports;
10. Focuses on **developing collaborative and engaging relationships** with current community partners as well as developing relationships with new agencies and partners; and
11. Collaborate with social workers in other law enforcement agencies to address issues such as data collection, training issues, barriers to success, etc. This **communication should be consistent and**

ongoing as many of these partnerships and efforts to hire social workers are new and have limited data to support efficacy or best practices, such as through SAMHSA .

Learning from other partnerships:

There are many other communities wrestling with the same questions of how to support first responders with community needs outside their scope of practice, and acknowledge that real tensions exist between law enforcement and minority populations. We drafted this summary several days after the news highlighted the death of several African-Americans at the hands of police, and the conviction of a former police officer in the death of George Floyd. We cannot pretend that these issues do not impact all of our views and engagement with first responders. Law enforcement professionals are themselves wrestling with policing protocols such as questioning the need for traffic stops that are not related to community safety and celebrating arrest numbers.

There is **no perfect model** to address any of the concerns identified in this document. Moreover, programs and partnerships that we do highlight have been developed within the last five years so communities are still building their programs and refining their understanding of what their community needs. Therefore, we recommend an **ongoing assessment** of community and first responder needs in Oxford.

That said, we have compiled a list of the most promising programs and/or partnerships that have either experienced success elsewhere or are promising as a fit for Oxford:

1. Alexandria, KY. As is widely known, the police chief in this town of 10,000 hired a social worker several years ago to respond to residents after their engagement with law enforcement. The social workers drive separately, are not authorized to arrest residents, and do not carry a weapon though they have a radio with a panic button, if needed. The department started with a single social worker and has since hired another full-time social worker.
2. MACRO (Mobile Assistance Community Response of Oakland) pairs a community paramedic, behavioral health clinician (such as a masters-level social worker), and a behavioral health peer specialist to respond to calls from residents experiencing a behavioral health crisis. A formal feasibility and implementation study suggested early success.
3. Dayton Police Department appears to have a Mobile Crisis Response Team and/or Crisis Intervention Team but no further information about the effectiveness was found at the time of this writing.
4. Denver, Colorado's Support Team Assistance Response (STAR) pilot program seems to mirror the more nationally recognized CAHOOTS program. 911 responders direct some emergency calls to the STAR team comprised of a medic and a clinician (such as a social worker). No official report was identified by the time of this writing, but the program has been widely discussed in the media. Per USA Today, over the first six months of the pilot, Denver received more than 2,500 emergency calls that fell into the STAR program's purview, and the STAR team was able to respond to 748 calls. No calls required the assistance

of police, and no one was arrested.

5. Houston's telehealth program that uses iPads to provide mental health consultation. Masters-level clinicians (social workers or counselors) are remotely available to communicate with residents connected by law enforcement via iPads.
6. CAHOOTS is an increasingly well-known program from Eugene, OR that links 911 crisis line with a team of two personnel: a crisis intervention worker (or social worker) and an EMT/nurse) who provide intervention when no direct threats are present. Their primary

goal is to support residents while diverting calls from law enforcement.

7. Salt Lake City, UT hired social workers in the police department several years ago after partnering with local social service agencies.
8. Fairfield-Athens-Hocking Major Crime Unit's Project FORT Team is a law-enforcement led, Quick Response Team (QRT) pre-arrest diversion program that connects overdose survivors and community members with substance use disorders to treatment and recovery options. The team consists of a Major Crimes Unit Detective, Community Paramedic and a Peer Supporter/Peer Recovery Coach. Through rapid engagement, the team provides expedited access to assessment, detox, and treatment and recovery options outside the criminal justice system.

Examples of potential Funding Sources for Pilot Project:

- The United States Department of Justice/Just Grants
- Office of Juvenile Justice and Delinquency Prevention
- Bureau of Justice Assistance (BJA)
- Substance Abuse and Mental Health Service Administration
- Ohio Office of Criminal Justice Services (Community-Police Relations Grant) ● Ohio Development Services Agency/Local Government Innovation Council ● Butler County Mental Health and Addiction Recovery Services Board
- Butler County United Way

Limitations

1. Due to the lack of diversity amongst the faculty members, City employees, and the community members involved with this project, it is important to note that the responses provided are likely missing important details highlighting needs of other residents that are not included in this report;
2. Community respondents and first responders were likely hesitant to highlight their experiences, especially negative, given the lack of anonymity associated with a town the size of Oxford;
3. This project did not include detailed analyses of individual responses to assess differences in responses based on demographic data; and

4. A limited time and lack of funding prevented accessing a sufficient sample size to make this data fully representative of all of the needs and opinions.