

## Just Alternative Crisis Response: One Community's Experience

**Introduction** [00:00:05] Now, this is recording, RTI International Center for Forensic Science presents Just Science.

**Voiceover** [00:00:20] Welcome to Just Science, a podcast for justice professionals and anyone interested in learning more about forensic science, innovative technology, current research, and actionable strategies to improve the criminal justice system. In episode six, Just Science interviews Tim Black of the White Bird Clinic in Eugene, Oregon, about the CAHOOTS program, a community-based public safety model that provides mental health first response for crises involving mental illness, homelessness, and substance use disorders. In 1989, the White Bird Clinic in Eugene, Oregon, launched the Crisis Assistance Helping Out on the Streets program, otherwise known as the CAHOOTS program, providing 24/7 mobile crisis intervention services. Tim Black has been working with young people in crisis also experiencing homelessness long before joining CAHOOTS in 2010. Now, he continues to help build the CAHOOTS program in Oregon, as well as across the United States, as the Director of Consulting at the White Bird Clinic. Listen along as our guest discusses the CAHOOTS model, community-based public safety, and alternative models for crisis response in this episode of Just Science. This season is in collaboration with the Bureau of Justice Assistance Comprehensive Opioid, Stimulant, and Substance Abuse Program funding to respond to illicit substance use and misuse in order to reduce overdose deaths, promote public safety, and support access to services. This season is funded by the National Institute of Justice's Forensic Technology Center of Excellence. Here's your host Paige Presler-Jur.

**Paige Presler-Jur** [00:01:50] Hello and welcome to Just Science. I'm your host, Paige Presler-Jur with the Forensic Technology Center of Excellence, a program of the National Institute of Justice. Our topic today is an innovative, community-based public safety system that provides an alternative for crisis response. We hope this discussion will provide ideas and guidance for communities such as those with the Bureau of Justice Assistance Comprehensive Opioid, Stimulant, and Substance Abuse Program funding to enhance their efforts to expand first responder models that connect individuals to substance abuse treatment and recovery support services. Here to help us with this discussion is Tim Black of the White Bird Clinic in Eugene, Oregon. White Bird Clinic launched the Crisis Assistance Helping Out on the Streets or CAHOOTS program in 1989. This innovative initiative provides mental health first response for crises involving mental illness, homelessness, and substance use disorder. Welcome, Tim.

**Tim Black** [00:02:54] Thanks. I'm happy to be here today.

**Paige Presler-Jur** [00:02:56] According to your bio, you have an extensive background in mobile crisis intervention. Can you tell our listeners a little more about what that means?

**Tim Black** [00:03:06] Yeah, I started working with CAHOOTS in 2010. Prior to that, I had been doing street outreach, working in homeless shelters for youth, really a lot of youth-oriented services. And one of the things that I really recognized right away in wilderness therapy was one, the level of privilege that the folks I was working with were experiencing and able to really enjoy. And, you know, additionally, how much trauma had a role in what these young people are experiencing. And, you know, I think a combination of becoming disenfranchised with the for-profit health care system and a desire to really make some more change, you know - get in there and start to work with young folks right after they had experienced that trauma, I found myself really pulled into working with young people

who were experiencing homelessness. And through doing street outreach and through working in the youth shelter, I started to really have a lot of these interactions with this weird van that was rolling around that was operated by another agency in town. And street outreach, especially, I had seen these vans rolling around, kind of helping folks out in the community, and there were a few times where I even needed to call them for a crisis that I was witnessing and wasn't able to de-escalate on my own. And in my work with the youth shelter, there would be times where we needed to call CAHOOTS to come in and help support young folks that were staying with us. And it really kind of seemed like at some point, rather than just shaking hands and saying thank you in the parking lot, I got in the van and just never got back out.

**Paige Presler-Jur** [00:04:27] What led you to your current role as the Director of Consulting within the White Bird Clinic?

**Tim Black** [00:04:33] Really, working in various components of youth services. Really early on in my career, I was doing a lot of outdoor education, and that opened up some doors for me to go in and start doing wilderness therapy. I would call them in when I would see some sort of a crisis that I couldn't help de-escalate when I was doing street outreach. Or there might be a situation in the shelter where we needed CAHOOTS support either to empower a young person to continue to stay successful in the shelter or help get them connected to a higher level of care if they were experiencing something really profound and acute. In 2010, the CAHOOTS program doubled its services in Eugene, and that really opened up the doors for me to come in and become part of the team. And I spent the next five years working full-time as a first responder with the program as a crisis worker before moving into an administrative role. And in that time, as an administrator of the program, I was able to do a lot of our early work in consulting with other communities, both through helping set up the Crisis Response Unit in Olympia and later on the STAR program in Denver. You know, those conversations, that work that we did really alongside the, you know, the cultural shift and the movements that we saw spring up the summer have really allowed us to create this position where now my focus isn't on the day-to-day operations of CAHOOTS here in Eugene and Springfield here in Oregon, but to really be talking with communities throughout North America as the director of consulting. And now that work has really allowed us to have some really powerful conversations and engage in some really meaningful work with a lot of different communities. Right now, we are actively facilitating a training in Rochester, New York, for their crisis response program. And we are working to really support the Portland Street Response here in Portland, Oregon, as well.

**Paige Presler-Jur** [00:06:17] It's great to have you here today. I'm really excited to dive into hearing more about the Crisis Assistance Helping Out on the Streets program, or CAHOOTS, and how that model is benefitting communities across the United States. But first, I'd like to orient the conversation. Can you give us an introduction to what is meant by community-based public safety?

**Tim Black** [00:06:40] So, you know, when we're talking about community-based public safety, the concept is really in the name. Rather than relying on institutions to be the sole arbiters of safety of property and people that we look to the community itself to be that safety net. You know, it's a combination of a few different things. There's violence interruption and community mediation services that can have a real big role - conflict resolution. But when it comes to where CAHOOTS fits in around that behavioral health first response - our work in addressing issues related to mental health, addiction, poverty, and housing - it's really about working with the community resources to lift folks up and to really address the unmet needs that precipitated that crisis unfolding. So for us, that's a lot of de-

escalation, really giving communication skills to both neighborhood groups, organizations, and businesses. But really, it's about how we interact with each other and learning the tools that we need to be able to have better interactions to be able to de-escalate our neighbor who's, you know, who's unhoused and is having a rough day across the street. You know, how we can even just approach conversations with each other around things like addiction and housing and really recognize how the existing systems, when they are imposed on us, have really led to years of oppression and marginalization, and that instead of relying on external systems, when we provide that resource ourselves, we can achieve a lot better outcomes. We are less reliant on those systems, and we can do a lot to prevent things from escalating to the point where somebody needs to be hospitalized.

**Paige Presler-Jur** [00:08:16] And how did White Bird Clinic and the city of Eugene, Oregon, identify a need for such a program as CAHOOTS?

**Tim Black** [00:08:23] Yeah, I mean, the underpinnings of what became CAHOOTS go back to the start of White Bird Clinic. In the late sixties, Eugene was seeing a lot of the same issues that larger cities on the West Coast were. You know, the summer of love brought an influx of young people and with that, an influx of mental illness and addiction, you know, inadequate housing. And our founders really were seeing how disenfranchised all of these folks experiencing care in those systems were. We were seeing folks who would go to the emergency room after they had an acute psychedelic experience come out in worse shape than when they went into the hospital, loaded up on Thorazine with tremors, traumatized by the experiences that they had while they were in that institution. And our founders really wanted to find a way to intervene before things escalated to that point where somebody ended up in the hospital or where somebody needed police to come out and talk to them. And so both through work here locally, but also some time with the Haight Ashbury Free Clinic down in San Francisco, we really honed in on this model of trauma informed care. And similar to what was happening in Haight Ashbury, when White Bird Clinic first got started, you can really tell the difference between the patients and the providers. And that was all around that objective of really meeting people where they were at on really every level. The CAHOOTS program was inspired by its predecessor at White Bird Clinic called the Bummer Squad, and that was a group of volunteers using a brown paper bag full of med supplies, going out to situations in our community that were called in to our crisis hotline. We recognized that there were situations where somebody wouldn't be able to talk on the phone or they weren't going to be comfortable walking into some building and some facility they'd never been to before, and so we needed to be able to take that service to them. As we really provided that Bummer Squad response for the first 20 years that the clinic was in existence, the agency became a federally qualified health center. We added more programming, including really robust outpatient behavioral health services, a really broad scope of crisis intervention. And through our outpatient behavioral health and our crisis intervention, public safety started to bring folks to us instead of the jail or the hospital. And so we really showed to public safety that we could be a trusted partner in this work. The community saw us with the Bummer Squad going out and responding to all of these situations. Depending on who you talk to, either founders of White Bird Clinic or the city manager at the time will take credit for who called the first meeting. But City of Eugene and White Bird Clinic came together and said, hey, let's figure out a way that we can provide some formal support of this program, build it into our other infrastructure and really broaden the reach that White Bird Clinic has. And from White Bird Clinic's perspective, this was an opportunity to really further prevent folks experiencing crisis from having unnecessary interactions with police, from going to the hospital when they could have just gone to a crisis center instead. And so this was really an opportunity for us to really kind of further that mission of meeting people where they were at and diverting them

from those traditional systems. And that all really culminated on the Fourth of July in 1989 with the first official dispatched CAHOOTS shift where we had a retired ambulance and a couple of old police radios that we had to sling over our shoulder, and our teams have been- hit the streets ever since.

**Paige Presler-Jur** [00:11:29] You can really hear how the beginnings of this program are centered around the needs of the people. Can you tell us about what the important first steps are in designing a program such as CAHOOTS that can really address what people need?

**Tim Black** [00:11:44] I think the first step is to really take the time to listen to the folks that you want to serve. We've talked to dozens of communities across the country in the last couple of months, and there are so many junctures where we are talking about this issue, and then you realize that the folks that are making these decisions around this program haven't gone to a consumer advisory board. They're not talking to a local chapter of NAMI. There's not enough time being spent really in conversation with the folks who are experiencing policing as it exists in a community right now, who are accessing those addiction services, those mental health resources. And I think in addition to taking the time to really listen to those voices, you know, making sure that you have a big enough table for everybody to have a seat, it's really looking at if you want to divert folks from the emergency room, if you want to keep folks out of jail, have fewer arrests and fewer court dates, then we need to really look at what else is out there in the community? What is there that a CAHOOTS style program is going to be able to connect somebody to so that they don't have to go to the emergency room in the middle of the night? Where is it that you're going to take somebody so they can get that shower and that laundry done so that their experience is more humane and that they're able to address their basic needs with support?

**Paige Presler-Jur** [00:12:54] We'd love to hear more about what you've learned through implementing a community-based public safety model such as CAHOOTS. How can a model like CAHOOTS improve outcomes for individuals who are using drugs and those impacted by the substance use disorder crisis?

**Tim Black** [00:13:09] When it comes to our work with substance use, there are, I think, a couple of different things that really help make us stand apart from other responses. One is that CAHOOTS teams are always going to be utilizing harm reduction. So when we're going out and talking with somebody, that's not saying that we are only going to help you get into this resource if you're willing to commit to abstinence. We recognize that recovery is a process, and what recovery means is going to be different for each person. And so when we go out and talk with somebody, maybe our conversation is - we all recognize that this substance use has these impacts on your health and your relationships. You know, what can we do to support you lessening your use? Are there other, less harmful means of ingestion? If you're not ready to consider detox and sobriety, is there a way that we can lessen the frequency of use? Really looking at what's going on right there in the moment, what are the things that we can do to support that person in their immediate environment? And then there's also a layer of looking at what the substance use might be covering up. What is- are they self-medicating? Is there trauma that that individual hasn't really started to work on? Are they open to really exploring what else is going on - what it is that they're self-medicating? That requires us to really be client-centered and focused on what the patient that we're talking to really needs, and also where they want to go with this. Chances are, as a CAHOOTS responder, I may not have met that person before. And as such, I think we all need to recognize that each individual is the expert in their lived

experience. And so when we are entering into these conversations that are around addiction or substance use, you know, we really need to demonstrate to the individual that we see them as that expert, that we're looking to them to help be a part of that process and engage with us. We can't work harder than an individual and expect there to be any sort of positive outcomes. So when it comes to what we're able to do with somebody in the moment, sometimes that's helping get them connected to detox and sobering. CAHOOTS can do direct transfers and get somebody over so that they can sleep it off for a few hours and then do an assessment and intake for a detox bed. Sometimes we're connecting folks to outpatient resources, whether that's a group in the community or even other White Bird Clinic services. White Bird Clinic offers outpatient behavioral health and substance use treatment that employs a harm reduction model where there are some medication options for those who are interested in that approach to their treatment. So it's multipronged, but really what it comes down to is we look to each person in crisis as the expert. We are going to take the time to listen, to empathize. And by remaining client-centered and utilizing harm reduction, we're able to really have some powerful outcomes and really build trust in ways that other systems may not have in the past.

**Paige Presler-Jur** [00:15:49] Can you highlight the challenges that White Bird Clinic has faced and ways that they've been able to mitigate those?

**Tim Black** [00:15:56] I think the biggest challenge that White Bird Clinic has faced has really been around, you know, what we call the NIMBYs, the Not in My Backyard crowd. It's hard to ignore the realities of homelessness and mental health when you're driving by it day in and day out. So it's not so much that there's an argument around whether or not there's a need in our community - that's very clear. And no matter what political leaning a neighborhood group has, they will tell you that homelessness is a problem, that addiction is a problem, and that something needs to be done about it. But consistently, it's that issue needs to be resolved somewhere else. And so when it comes to really advocating for adequate basic needs, resources, a place to wash your hands, throw away some trash, and maybe get some food and a clean blanket - yes, that's needed, but we can't have that downtown because that's going to impact our businesses. Well, we can't put it out on the north side of town because that's where all of our new developments, our new real estate, is happening, and so it's always- there's always this issue that we come up against of displacement and saying that this thing needs to happen, but it can't happen here. And so how we've really combatted that has been around just a lot of earnest community education, a lot of time doing outreach. When there are emerging issues in our community, like a couple of years ago, there were a series of young people who died by suicide, and White Bird Clinic took that opportunity to engage with groups that were formed in the wake of those deaths to really discuss really what suicide was as a concept and to provide that space for folks to really process their trauma and their grief. When there was misinformation going around about overdoses in our community, White Bird Clinic's staff were in the paper and were on TV talking about how to recognize the signs of an overdose and discussing how White Bird Clinic's behavioral health and treatment services could be there for folks who are experiencing addiction. So, you know, whether it's op-eds or time with our local NPR affiliate, we are out there really just trying to talk about these issues on a daily basis so that folks feel like they have a better vocabulary and are generally more comfortable to engage in these challenging discussions.

**Paige Presler-Jur** [00:17:56] I feel like partnerships are evident throughout your description of CAHOOTS and White Bird Clinic, but can you speak specifically to how partnerships and community buy-in have impacted your program?

**Tim Black** [00:18:06] I mean, those partnerships, that community buy-in is vital. It's everything. If the community didn't feel like they could trust CAHOOTS to come out and help them in a crisis, we wouldn't be getting calls for service. You know, at this point, the last time we looked at our call data with the city of Eugene and the Eugene Police Department, almost one in five of the calls that are coming through their dispatch system are requests for CAHOOTS services. We know a lot of those calls for service aren't at the same priority level that would trigger a uniformed officer to respond or would get, you know, a fire engine or a medic unit to come out. But to see that many calls on a daily basis, on a yearly basis coming through really demonstrates to me that the community really trusts White Bird Clinic and CAHOOTS to be there in these toughest moments for them. When it comes to our partnerships, we wouldn't be able to save the community money by keeping folks out of the emergency room. We wouldn't be able to divert folks from jail or from court appointments if we didn't have anywhere to take folks, if we didn't have those other resources to connect them to. And so we have to work really hard to maintain those relationships. When we do a transfer of care or we make a referral, and that person that we've taken over escalates and maybe trashes a waiting room, we've got to go and do some relationship mending. When there are complex cases and we have these frequent systems utilizers where it just feels like we're just banging our heads against the wall, we have to be able to come together with our partners in the community to create space for joint response where collaborative intervention can really uplift that person. So, you know, I'm thinking of a case where we had a neighbor who was unhoused and had a finger injury that was just getting worse and worse every day, and it was very clear that they needed amputation. CAHOOTS teams weren't able to build that trust with that individual to get them into the hospital, and they were able to refuse other medical services. But street outreach in our community had a really great relationship, he was trusting of them enough to come out of his tent to talk to them. And that was a huge deal. That wasn't something that he was even able to do with CAHOOTS. And so we worked with the street outreach teams to say, OK, so this guy's finger is getting bad. We know that he trusts you enough to come out of the tent. Is the nurse from your drop-in center willing to come with you on this next street outreach? And through that collaboration, we are able to actually get a nurse to come out, check on that individual, and then really persuade them that they did need to go to the hospital to get this checked out. And at that point, with the street outreach team actually on the ground with the individual, CAHOOTS was called in and our team was able to get them over to that service. And it was because we had gone- reached out using release of information to do some really complex case coordination. Whether it's the public or other service providers, we really have to spend a lot of time talking to each other and create space for that collaboration and that resiliency to unfold.

**Paige Presler-Jur** [00:20:49] And can you tell us an example of an unexpected partnership that strengthened the CAHOOTS program?

**Tim Black** [00:20:55] I think the biggest, unexpected partnership that I encountered in my time with the program was the animal shelter. One of the things that isn't easily recognized is how folks benefit from the companionship of an animal when they're unhoused, just like I- if I have a rough day, I'm going to go take my dog for a walk or I'm going to snuggle with one of my cats. Just because you don't have the privilege of four walls and a roof doesn't mean that you should be denied the companionship of an animal. And so often services can be restrictive. Somebody may be refusing to go to the hospital because they don't know whether or not their dog will be safe in the camp with their neighbor. There's fear that this might not just be a two hour visit in the E.R., that they might end up getting lodged for a few days. And so being able to actually help facilitate somebody's companion animal

getting lodged in the animal shelter so that they can access other resources and be empowered to address whatever issue is going on for them has really just made it so much easier for folks to feel like they can actually take that next step to access that help.

**Paige Presler-Jur** [00:21:55] As communities across our nation struggle to re-imagine public safety, what advice would you offer to help start the conversation on alternative models to crisis response?

**Tim Black** [00:22:06] I think the most important first step is to really recognize that the objective of bringing in mobile crisis programs like CAHOOTS shouldn't be solely through the lens of criticism against other systems. I think we really need to recognize that a lot of what's going on with these discussions and with the movements that we're seeing is that for a long time we have been really sending somebody in to fix a car with a chainsaw. You know, we're sending the wrong folks in with the wrong tools. And so this is really a discussion around why can't we have folks who are subject matter experts who are trained in this type of response go out and handle these situations? Why is it that we assume the only way that this can be resolved is if somebody's wearing a uniform with a badge and a gun goes in? Those aren't the tools that you need for that behavioral health crisis. Those aren't the tools that are going to really effectively respond to substance use or an issue related to poverty. And so I think it's really important to just recognize, you know, first and foremost that there's something that's missing from our response system. You know, in that moment of crisis, we all deserve to have that expert in behavioral health first response be the one that we're connected to. If I break my leg, I want a paramedic. So when I'm having a crisis, I should be able to get a crisis intervention worker.

**Paige Presler-Jur** [00:23:19] And what does it look like for alternative models for crisis response in terms of de-escalating a situation?

**Tim Black** [00:23:26] The de-escalation that CAHOOTS provides starts before we even interact with the patients, before we interact with anybody on the scene. We drive big white cargo vans that have the White Bird Clinic logo on them. We joke about them being a mobile billboard, but that's the truth, you know, right. Our staff wear jeans and a hoodie - we don't have a bunch of accessories on a tool belt. You know, we don't have the sound of a bulletproof vest creaking as we shift our weight when we're talking to somebody. And so we send this visual message that we are not law enforcement, that we are not firefighters, that we're not EMS providers, that we are CAHOOTS responders. And we further that by really maintaining that unconditional positive regard, recognizing that the individual is the expert in that experience. Like I said before, it's a combination of how we present ourselves and how we engage with our- in our community that has allowed us for thirty-one years to have this just stellar safety record where we've never had a staff member injured as a result of patient contact. In our conversations with folks throughout, we're also looking for clues as to how that individual is doing. And so as we train our staff in de-escalation, I'm looking at somebody's hands. Are they clenching their fists? Is their breathing changing? Is there tightness in their shoulders? Those are cues that this person might be feeling threatened or may be escalating. Where am I in the room? Am I blocking the only exits? Am I standing over the person? Am I sitting next to them? Are they comfortable with eye contact? You know, really spending a lot of time evaluating how we're interacting with somebody allows us to maintain these interactions that are in large part safe. When we do encounter that rare situation where things are escalated and we're not able to de-escalate with our words, CAHOOTS teams don't carry pepper spray or a Taser, and we won't restrain somebody without calling in additional resources. So the moment that we have to go hands-on with somebody, that's a moment for us to pause and

take that breath, pull them out of traffic, and then get on the radio and ask for dispatch to send an officer over because this is becoming a physical interaction. Just because that officer showed up on scene doesn't mean that this is going to result in handcuffs. That just means that in the moment things escalated, that officer comes out - maybe things calmed down before that officer even got out there. We still have an opportunity to remain with a voluntary interaction that doesn't have any necessarily guaranteed outcomes of the jail or the hospital. And we end up calling in police for those types of escalated situations on average, maybe once every other day. And that's out of the 60 to 80 dispatch calls for service that our teams are handling in a 24-hour period.

**Paige Presler-Jur** [00:25:58] Tim, can you tell us what's next for CAHOOTS and the White Bird Clinic?

**Tim Black** [00:26:02] I think - what's next for us? Two things. One is continuing to serve our community and really uplifting the voices of those who are most impacted by oppressive systems. On a more macro level, we want to support communities in support of harm reduction and reducing the dependency on law enforcement to be the responders for behavioral health crisis.

**Paige Presler-Jur** [00:26:24] And what would you like to see to provide the most support for individuals and families impacted by substance use disorder?

**Tim Black** [00:26:31] The biggest thing that we would hope to see around substance use is, I think, a better understanding of the issue itself, better understanding of addiction and substance use, but also low barrier resources - services oriented around harm reduction. And harm reduction even extends to - this is controversial, I know - but safe injection sites. You know, really being able to support folks who are using to reduce the opportunity for them to die by overdose. The hotline No One Uses Alone is a tremendous example of how important it is just to have another person there that can call 911 if there's an overdose, who can really be there to support and respond to somebody if it becomes a medical emergency. When we provide folks the opportunity to, you know, have a clean needle and a clean place to use - one, we're opening the door for them to have some conversations around reducing their use or getting into recovery. Two, we also are going to reduce the potential for them to - that individual - get an abscess and require an emergency room visit and potential hospitalization, which is further reliance on systems. And so I think with substance abuse, it's really about meeting people where they're at and really designing our services to do the same.

**Paige Presler-Jur** [00:27:44] We're running near the end of our time together. Are there any final thoughts you'd like to share with our listeners?

**Tim Black** [00:27:50] I think something that is easy to forget is that CAHOOTS relies on other resources to really be as effective as we are. And there's this assumption in our community here - I heard it from my neighbor this weekend when somebody was having a hard time in our area - oh, CAHOOTS is going to show up. They're going to be fine. And there was this assumption that just because a couple of responders are showing up in that van that this person is going to all of a sudden have stability - you know, accessing basic needs, that they are going to have respite from the elements because they've been given a shelter - that everything's going to be fine. And that's just simply not the case. CAHOOTS shows up, we de-escalate a situation, and we are really, you know, then focusing on supporting that individual in the moment and getting connected to other resources or finding something to have some stability in the moment. With other

communities, there seems to be the same assumption that if we just bring in a program like CAHOOTS, that's going to address all of the issues; that's going to resolve all the criticisms of our police department; it's going to take every homeless person off the street and put them inside somewhere. And just like that's not the case here in Eugene and Springfield, that's not the case in other communities. CAHOOTS has potential to do a lot in the community. A program based on our model has tremendous potential, but that potential can only be realized when we create that ecosystem for that response team to really flourish.

**Paige Presler-Jur** [00:29:07] I'd like to thank our guest today for sitting down with Just Science to discuss the development and support of behavioral health first response programming, specifically the Crisis Assistance Helping Out on the Streets program at the White Bird Clinic in Eugene, Oregon. This innovative initiative provides alternatives to crisis response to help improve outcomes for those suffering with mental illness, homelessness, and substance use disorder. Thank you, Tim.

**Tim Black** [00:29:34] Thank you, Paige.

**Paige Presler-Jur** [00:29:35] If you enjoyed today's conversation, be sure to like and follow Just Science on your podcast platform of choice. For more information on today's topic and resources in the forensic field, visit [forensiccoe.org](http://forensiccoe.org). I'm Paige Presler-Jur, and this has been another episode of Just Science.

**Voiceover** [00:29:57] Next week, Just Science interviews Dr. Alex Kral, an infectious disease epidemiologist at RTI International, about innovative strategies to improve outcomes for people who use drugs. Opinions or points of views expressed in this podcast represent a consensus of the authors and do not necessarily represent the official position or policies of its funding.