

## HB's Mobile Crisis Response Program Overview

# **C.A.R.E. – Crisis Assessment Response Effort**

*City Council Meeting*

March 15, 2021



### **SUPPLEMENTAL COMMUNICATION**

Meeting Date: 3/15/21

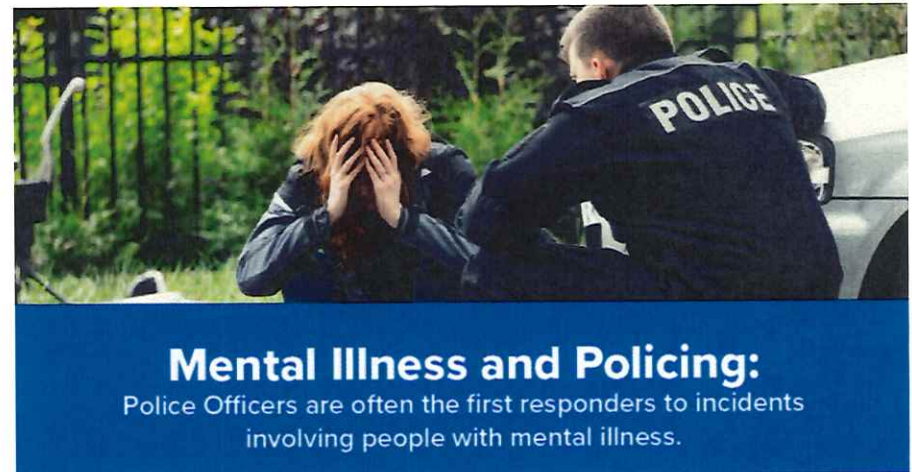
Agenda Item No.: 8 (21-225)

*City Manager's Report*

## **The Problem**

### **Nearly 40 Mental Health / Homeless Calls For Service... Every Day!**

- **Annually, the City's Police Department responds to ~14,500 calls for service where mental health and / or homelessness are the primary cause for our deployment**
  - 2,500 calls annually involve mental health related issues
  - 12,000 calls for service involve homelessness, where mental illness is often a primary cause
- **Combined, these calls constitute approximately 10% of all Police Department calls for service**
  - As societal issues have become increasingly complex, rather than developing new service lines, police departments have been asked to address issues outside of traditional crime response



## **The Impact**

### **4,000 Hours Needed Annually... For Mental Health Calls Alone**

- **For the 2,500 calls for service that involve mental health issues, our standard protocols results in an estimated 3,925 hours of police officer response time each year**
  - Each mental health call requires at least two (2) responding officers, and takes an average of 47 minutes to address
  - An officer's presence can escalate already volatile situations, increasing the potential for use of force
  
- **Response plan requires police officers to conduct an in-field evaluation and assess options**
  - If patient voluntarily elects mental health evaluation, officers then arrange for transportation
  - If patient does not volunteer, officers have several options
    - > Orange County Mental Health Psychological Evaluation Team (PET) – often lengthy response time
    - > Orange County Mental Health Crisis Assessment Team (CAT) – often lengthy response time
    - > Officers transport via ambulance or patrol car to hospital emergency room
      - Officers required to remain in the E.R. until an appropriate bed is identified and secured
  - Officers transport via ambulance / squad car to lock down facility
    - > Most often medical clearance is needed, and patients under the influence are denied admittance until sober

## **The Frustration**

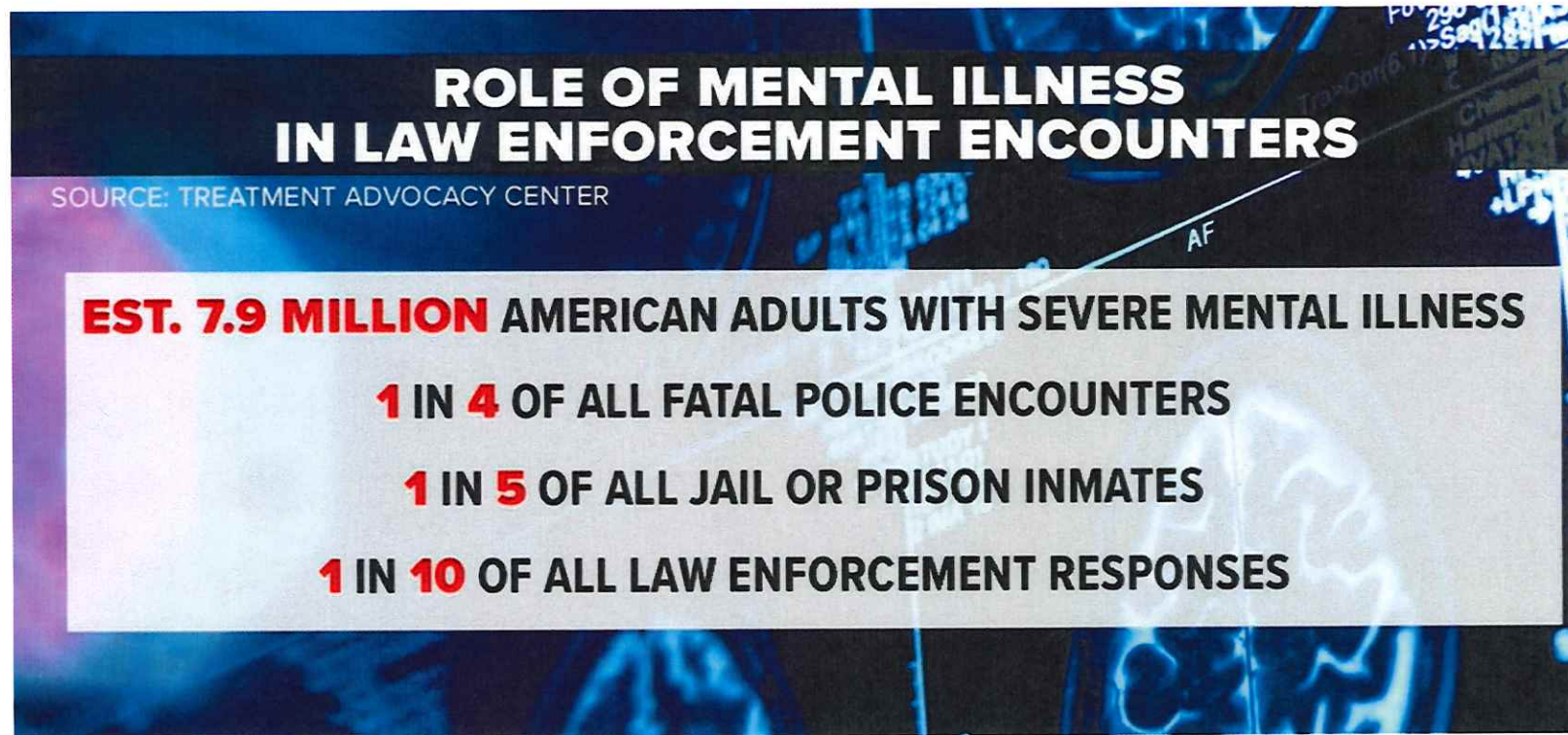
### **For Drug / Alcohol / Addiction Issues, Police Have Limited Response Options**

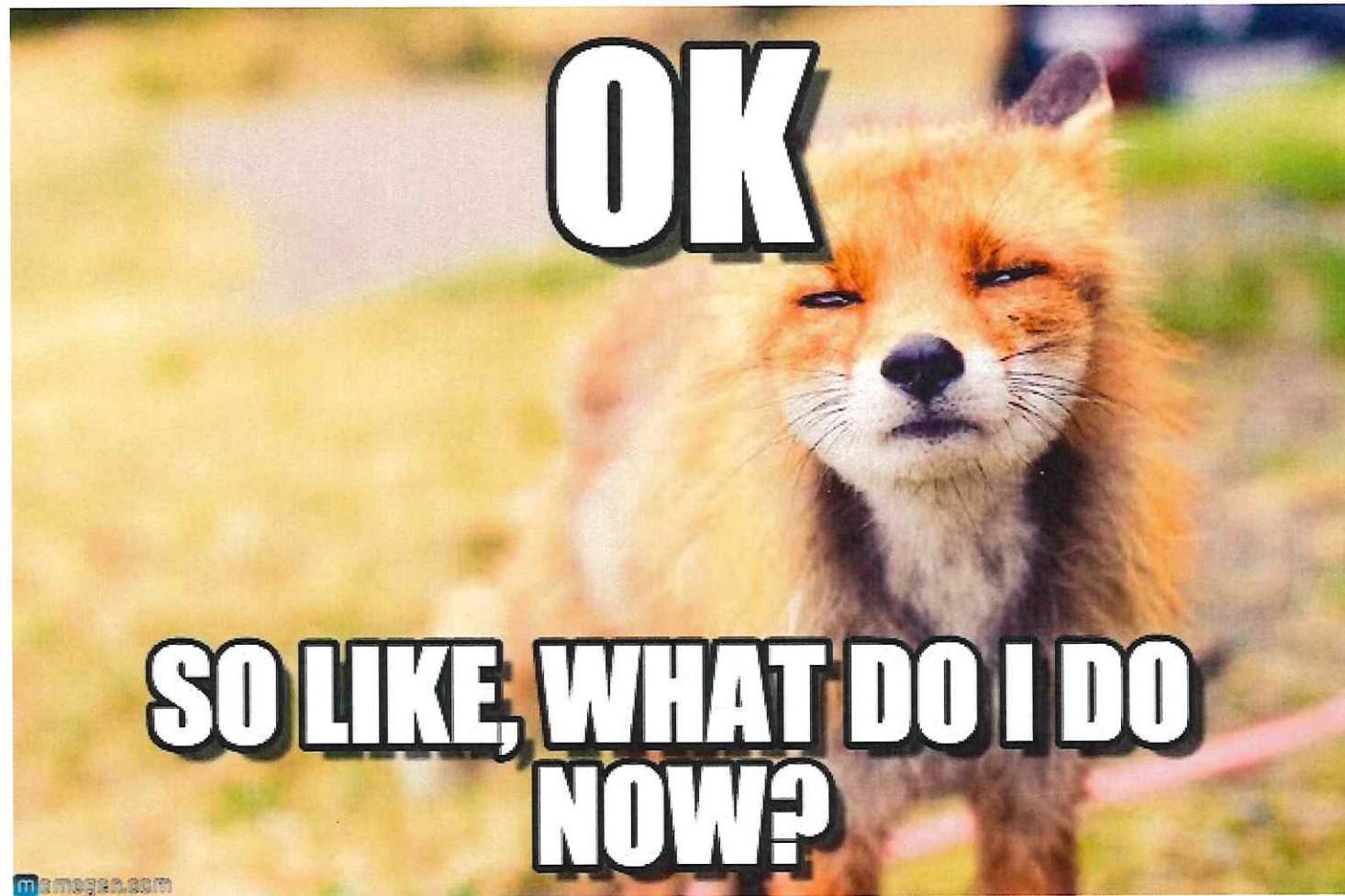
- **For associated drug / alcohol / addiction calls, police officers have limited options**
  - Officers have to assess the situation and determine if the issue is a mental health concern or a criminal offense
  - Although highly trained, police officers lack the clinical expertise necessary for accurate determination
  
- **If the call is mental health related, response program described previously is deployed**
  
- **If offense is criminal, officers use discretion to determine if arrest is warranted / appropriate**
  - Often, arrest is a short-term fix for a long-term, chronic problem
  - As an alternative to arrest, officers can suggest and offer resources to services
    - > Traditionally not a timely solution for the individual or family
    - > Officers often unfamiliar with the array of services available
    - > Depending on person's access to insurance or alternative coverage (SSI, Medicaid), resources will differ
    - > Police are not necessarily aware of an individual's history



## The Result

Increased Risk For All Involved, A Drain On Resources, & Poor Outcomes





## **The Potential Solution**

### **HB C.A.R.E. – Crisis Assessment Response Effort**

- **Rather than continue to deploy police officers to non-exigent mental health, drug, addiction, wound care and homeless related calls for service, staff has been exploring the creation of a mobile crisis response program**
  - Such an effort would not only lead to better outcomes, but would serve as a force multiplier by potentially freeing police officers from having to respond to ~14,500 calls for service annually
- **C.A.R.E. involves the development of a non-sworn, contracted, 3<sup>rd</sup> party response team to assist individuals experiencing a crisis**
  - Mobile: vehicle based team
  - Crisis: mental health, substance abuse, addiction, wound care, homelessness
  - Response: non-violent calls are diverted from the police to the C.A.R.E. Unit
  - Intervention: 5150 holds, voluntary committals, psychiatric services navigation
  - Rehabilitation: detox services, addiction treatment (outpatient, inpatient)
  - Case Management: in-home or clinical follow-up, with family assistance and support



## Benefits To C.A.R.E. Approach

- **Relieves police personnel to conduct proactive policing, crime prevention and handle other calls for service**
- *Operator will conduct case management and follow-up care*
- **Professionally trained staff to address mental health, substance abuse, wound care, and homeless response issues**
- *Ability to timely and appropriately respond to these incidents*
- **Intent is to find long-term, preventive, and permanent solutions to chronic illness & addiction**
- *Reduces likelihood for escalation, violence & resulting use of force*





## **C.A.R.E. Program Currently Under Development**

- **Staff is coordinating a RFQ process to identify a service provider to help develop our mobile crisis response program**
  - Selected applicant will work with staff on development of overall response program details
- **Partnerships being cultivated with various entities to support C.A.R.E.**
  - *Huntington Beach Hospital*
    - > HBH has agreed to serve as a LPS designated facility for the City to transport patients for mental health evaluation and treatment through our C.A.R.E. initiative
  - *Orange County Health Care Agency*
    - > C.A.R.E. being coordinated to integrate with Orange County's broader mental health / addiction treatment programs
- **Restricted funding sources identified to pay for first year pilot program project with C.A.R.E.**

## Models Similar To C.A.R.E. Demonstrate Proof Of Concept

- **Multiple mobile crisis response programs are currently operational throughout the country**
  - Cahoots: Eugene, OR
  - STAR: Denver, CO
  - IMPACT: Thunder Bay, Ontario, Canada
  - Mobile Crisis Support Team: Sacramento, CA



## **Next Steps**

- **Complete RFQ vendor review process in March 2021**
- **Bring operating contract forward for City Council consideration in April 2021**
- **Refine partnership arrangements with OC Health Care Agency and HB Hospital**



**Questions?**

