Agenda Report Reviewed by:
City Manager:

CITY OF SEBASTOPOL
CITY COUNCIL
AGENDA ITEM

Meeting Date: April 4, 2023

To: Honorable Mayor and Honorable City Councilmembers

From: Ronald Nelson, Chief of Police

Subject: Discussion/Update of Mental Health Response Program

Recommendation: The City Council review this report and provide direction to staff regarding any next steps.

Funding: Currently Budgeted: _____ Yes _____ No ____X__ N/A
Net General Fund: $0
Amount: $

Account Code/Costs authorized in City Approved Budget ___*AK*___ (verified by Administrative Services Department)

INTRODUCTION/PURPOSE:

This report is to provide updated information and discuss the current state of the Sebastopol Police Department's responses to community members who are or may be suffering from a mental health related episode requiring assistance or a police response. This report will provide a summary of the training and current response models and resources available to the Sebastopol Police Department and will provide information regarding various other models which are being utilized by other law enforcement agencies in Sonoma County in order to provide council with the knowledge they require to examine costs and implement a similar model should council choose to do so.

BACKGROUND:

The state of mental health and mental health services available in the United States is currently being labeled a crisis nationwide. It is estimated that 19.86% of adults are experiencing a mental illness and that 4.91% are experiencing a severe mental illness. Amongst our youth, it is now well documented that in our post-COVID nation, juveniles are experiencing unprecedented levels of depression, anxiety, suicidal thoughts and actions, and a variety of other mental health disorders. The National Alliance on Mental Illness (NAMI) states that 1 in 6 youth aged 6-17 experience a mental health disorder each year. It is stated that 50% of all lifetime mental illness begins by age 14 and 75% by age 24.

With the limited number of resources available, the initial response for the majority of incidents where a person is experiencing a mental health episode has fallen to police officers to be the first point of contact with these persons. Previously, including during my first decade as a police officer in the 1990's and as the numbers of these types of calls increased, police officers received very minimal training in the area of responding to individuals experiencing a mental health crisis. Generally, the response consisted of arriving on scene, assessing whether or not the individual was a danger to themselves, or others, and if so taking them into physical custody by placing them on a 72-hour psychological hold (per 5150 W&I in California) and transporting them to a county mental health facility for evaluation.

Officers were not equipped with the training, knowledge, and skillsets to understand various mental illnesses, and how to deescalate these situations when the person was acting out in a violent manner or was suffering from a psychotic episode. Nor were officers equipped with skills to help them communicate effectively and buy time to

achieve an outcome where the person was able to be taken into custody without physical force being used. Tragically, these factors contributed to far too many outcomes where people who called for help or who needed help were severely injured or killed.

Fortunately, great strides have been made in this area with California police agencies taking a lead in recognizing that more training and resources had to be provided in order to avert these horrible outcomes for all involved. However, nationwide we still continue to see and hear of incidents where law enforcement officers have made poor decisions and exacerbated situations involving mentally ill persons that results in a tragic outcome.

The rise in mentally ill persons has been magnified by the crisis of homelessness occurring in our nation. For a variety of reasons, many of our unhoused population suffer from some form of mental illness. It is estimated that amongst the homeless population, 30% suffer from mental health conditions (a more than 10% higher level than the general population) and 50% of this population have co-occurring substance abuse problems. The National Alliance on Mental Illness (NAMI) states that as of February 2021, 46.1% of Californians reported symptoms of anxiety and depression, yet 21.9% were unable to get needed counseling or therapy.

Based upon all of these factors combined as well as other non-mental health related tragic incidents, there have been calls for police reform in the U.S. and for a different type of response model rather than the traditional model of having only the police respond. It has been recognized that not all persons who are in crisis are violent, dangerous, or in need of being taken into physical custody or placed on an involuntary hold in order to get them the help and resources they need. Many of the current models in use do not have the police respond except in situations where the individual could be presenting a danger to others, especially to the responding specialists. These models have developed teams of persons trained in crisis intervention, counseling, or clinical evaluation and also include persons with some form of EMT or paramedic training.

The success of these models led prior to discussions with the Sebastopol City Council with a directive for the police chief to examine alternative models and explore potential costs and to report back in early 2023.

DISCUSSION:

The discussion portion of this report will be divided into three parts:

Part One will summarize the current training that Sebastopol police officers receive regarding responding to persons with mental illness, resources that are available to us when responding to calls regarding possibly mentally ill persons, and what our current response model looks like.

All police officers in the State of California receive a minimum of 15 instructional hours of training in the Basic Police Academy on persons with disabilities. This includes training on persons with mental illnesses as well as a variety of other circumstances. In addition, during their Field Officer Training while under observation and being evaluated daily with a training officer, they receive additional training and information and are critiqued on their interactions with persons who may be suffering from mental illness or whom they have to ultimately place on a 72-hour hold for evaluation.

All police officers in the State of California are required to receive a two-hour block, every two years on communication. Much of this training focuses on verbal de-escalation techniques and dealing with emotionally disturbed or mentally ill persons.

Several of our policies govern our responses and actions when encountering persons with mental health disorders. Policy number 408 – Mental Illness Commitments addresses our responses regarding when and how to determine if a person is eligible, or needs to be placed on a 72-hour hold; Policy number 426 – Crisis Intervention Incidents addresses our responses, tactics, and considerations for officers when handling calls involving persons in crisis. In

addition to these, many of our other policies regarding expected conduct, tactics, the application of force, and expectations of our officers in all situations are in place to help guide our officers.

In the County of Sonoma, as well as in other areas of California, there is a weeklong specialized course known as Crisis Intervention Training. This course specializes in educating officers in recognizing the various types of mental illness, how to speak to mentally ill persons or people who may be in a state of temporary crisis due to life events, drug abuse or intoxication, or mental illness. The course provides techniques to diffuse and deescalate situations when officers are called to a scene or encounter individuals with these conditions. Additionally, clinicians and psychologists are brought in to instruct as well as people who either currently suffer from a form of mental illness, or have in the past and have had interactions with law enforcement when they were in the throes of crisis to provide their perspectives to officers. NAMI representatives also address the students and offer additional information and perspectives to attendees. The course is comprehensive and eye opening for most attendees and invaluable in my opinion, to provide officers with additional information, techniques, and education to help them be more successful in diffusing these situations. This course does an amazing job of instilling empathy and compassion in officers through role playing exercises and hearing first hand from experts regarding persons who are mentally ill, and I truly believe it changes the perspective and interactions in the field for officers who attend. The overwhelming majority of all Sebastopol sworn staff has attended this course, including myself, and I am committed to providing this training to every sworn member of our department at the earliest opportunity they can be sent, until such time we have 100% attendance at this course by our sworn staff.

A resource available to the Sebastopol Police Department that has been very beneficial is the County of Sonoma, Department of Health Services, Mobile Support Team (MST). We have been in partnership with them for several years. MST is available to us on a call out basis during hours they have been funded and are working which is Monday – Friday, 12:30 PM to 9:30 PM. The Mobile Support Team is staffed by licensed mental health clinicians, certified substance abuse specialists, post-graduate registered interns, mental health consumers and family members. They receive specialized field safety training by law enforcement partners, and maintain open communication with law enforcement. Their team has the ability to provide mental health and substance use disorder interventions to individuals experiencing a behavioral health crisis. This includes an evidence-based assessment that assists in determining if the individual should be placed on an involuntary hold. Oftentimes, they will author the involuntary hold, or make a determination to develop a safety plan for the individual and conduct follow-up with them to ensure they are receiving needed resources. They routinely provide crisis intervention, support, and referrals to medical and social services. In many cases, after arriving on scene, law enforcement clears and they handle the incident to conclusion. Though they can only respond after being called, we have found them to be available the majority of times when we have called and only request that we stand by on scene until they arrive and deem their safety is not at risk. Then they indicate to us that they are comfortable with us clearing the scene.

Though not specific to calls relating to individuals having a mental health crisis, another valuable resource has proven to be with our Homeless Outreach Coordinator, Maria Rico (Rico as she goes by and is known in our community). Rico has been very responsive when we have called upon her to assist with situations involving homeless people, many of whom have mental health issues. She has been a calming presence during situations where officers are present, and the members of our homeless community relate to her well. This helps build rapport during these interactions and provides a calming influence when the person being contacted realizes that we are not there to necessarily enforce the law in a hardline fashion, but are only there in partnership to assist Rico in obtaining services and resources for them.

The following SPD data will help analyze the potential needs and impacts for a CAHOOTS style team and give a snapshot regarding the potential number of calls that would eliminate or lesson the number of law enforcement responses to these types of calls. All data was compiled between January 1, 2021 to March 20, 2023.

Total Calls for Service Regarding Unhoused Persons or Mental Health Issue Related Calls

- 1,234 calls relating to unhoused persons.
- 1,476 total calls were regarding possible mental health issues. The categories of these calls are listed below.

Specific Types of Mental Health Related Calls

- 94 calls regarding persons possibly needing to be placed on an involuntary mental health evaluation hold
- 4 calls regarding an outside caller specifically believing a person may be attempting suicide or be currently suicidal
- 36 calls regarding possible persons who may have indicated they have made threats of suicide
- 602 incidents where the caller requested a check the welfare on a person. Approximately 18% (108) of these involved fear or threats of suicide or a person in need of a mental health evaluation.
- 20 calls where the assistance of the Mobile Support Team was requested and utilized. The majority of these calls were when an officer arrived on scene and made a determination that the services of the Mobile Support Team would be useful and had them respond. There were likely other times where MST was called and utilized via phone support that was not captured in the data.

Total Calls for Service During Analysis Period and Percentage of Mental Health and Unhoused Related

- 26880 - Total calls for service between January 1, 2020 and March 20, 2023
- 4.6% of calls were regarding unhoused persons
- 5.5% of calls were regarding possible mental health issues.
- 10.1% of all calls were related to these issues

*NOTE – The numbers regarding mental health related calls may have some overlap as the search can only be conducted using key words and types of calls. Some keywords may have been typed into the notes of some calls and duplicated due to the call being categorized differently, but the number of times that occurs is likely negligible. There are likely other calls that may be related to the various categories listed that were entered into the system differently and were not captured by the searches conducted. These likely offset any duplicate calls captured. This data is simply meant to provide a reasonable overview of these calls to aid in decision making.

Our current model is that when we receive a call regarding a person having a mental health crisis, we begin responding. Oftentimes, we will immediately reach out to MST to see if they are available to respond as soon as we receive the call and determine they would be useful to have on scene. In cases where MST is not summoned right away, officers will arrive and assess the situation, utilizing de-escalation methods and time to help build rapport and calm the individual in question down. Should MST be needed, the call is made. There have been times where they are unable to respond right away but can provide telephonic support to the person in crisis. Other times, they have an extended ETA. Officers will keep the situation calm and static until they arrive on scene and a further assessment can be conducted. If MST is not available at all, officers utilize the skills and tactics they have learned to deescalate situations and determine what needs the person has. Generally, rapport is able to be built with the person, and though they may not be eligible for a required involuntary hold, oftentimes the person agrees to go to the county Crisis Stabilization Unit on a voluntary basis to get the help and resources they need. This occurs much more often than placing the person on an involuntary hold. In the rare circumstance a person has to be placed on an involuntary hold, nearly always the officers are able to help the person understand that they are going to be placed on the hold and taking the person in custody occurs without incident. It is extremely rare for SPD to have to resort to any type of a physical taking into custody of a person involving any type of force.

Part Two will provide an overview of the different models currently in use in Sonoma County by other law

enforcement agencies which will include current data regarding the number of calls and the costs associated with the various programs.

Several models have been developed and are in favor today where teams of persons specializing in substance abuse issues, mental health issues, and crisis intervention techniques are available and respond instead of, or in conjunction with law enforcement to situations involving persons in crisis. These teams operate separately from law enforcement but generally are dispatched by a law enforcement agency, as that is generally who people call first when somebody is in crisis. An initial determination is made based on the information provided regarding any safety issues to determine whether law enforcement will be simultaneously dispatched to assist, or whether the situation is safe enough that law enforcement does not need to be dispatched with the team. In many instances, law enforcement will not be initially dispatched but can be summoned through the shared law enforcement radio system should they be needed after a team arrives on scene. These models are all an offshoot and are similar to what is known as the CAHOOTS model which was started in Eugene, OR in conjunction with the White Bird Clinic several years ago. The acronym stands for 'Crisis Assistance Helping Out On The Streets'. This program proved to be very effective in reducing law enforcement response to calls involving people experiencing a mental health crisis and this model now has widespread acceptance as a viable solution to dealing with these situations.

Several versions of this model now exist in Sonoma County, though each has its own nuances and moniker.

Petaluma SAFE (Specialized Assistance for Everyone) Program – The City of Petaluma launched their SAFE program in July 2021. The program consists of a mobile crisis intervention team staffed with a para-clinician with EMT certification, and a crisis intervention workers staffing each van that is deployed in the city. The team is dispatched through the Petaluma Police Department and also conducts proactive rounds throughout the city doing outreach to unhoused and other individuals they run across who may be in need of services or intervention. The program is a contractual agreement run in conjunction with and managed by Petaluma People's Services. The program costs $1.2 million per year to provide 24/7 coverage to the city.

The Petaluma Police Department states that through this current fiscal year, the SAFE team has responded to 2,500 calls for service and 2,000 independent public assists. They estimate that it has lowered the amount of calls police need to respond to by 5% of their total annual call volume. It is estimated that 47 individuals who would have been booked into the county jail were diverted through the use of the team, and that 80 trips by ambulance to an emergency room were able to be diverted through the use of the team, who is able to render some basic first aid and bandaging services with the EMT on board. The teams also provide transports of individuals to various service providers including hospitals, the Redwood Gospel Mission, SAY, hotels, and transportation hubs.

The Petaluma SAFE model has expanded into Rohnert Park, Cotati, and Sonoma State University who contracted together, independent of Petaluma PD, through combined funding and an MOU. Cotati, who is most similar to the City of Sebastopol in population and police department size, incurs 16% of the shared cost. This amounts to $194,000 per year.

The City of San Rafael also recently contracted with Petaluma People's Services to provide their SAFE program to the City of San Rafael. Their contract states is shall not exceed $775,000 per year with an additional startup cost of $100,000 for the purchase of a vehicle, equipment, radios, and uniforms. The startup cost is consistent with the other entities who are using the SAFE model. San Rafael secured $2.27 million in funding which included $600,000 from the American Rescue Plan Act; $1 million in cannabis-related funds; and $570,000 from the defunct Marin County Major Crimes Task Force.

City of Santa Rosa inResponse Program - The City of Santa Rosa launched its version of a mental health response team in January 2022 in partnership with Buckelew Programs, Catholic Charities, Humanidad Therapy and

Education Services, Santa Rosa Fire, and MST. Their teams consist of a licensed mental health clinician, a full-time city firefighter/paramedic, and a homeless outreach specialist. The program is supported by wrap-around support services with their partners. Like the others, the team is dispatched through Santa Rosa PD and an initial assessment determines whether law enforcement needs to accompany the team initially. Currently the team works 10-hour shifts, seven days per week, though the goal is to eventually expand to 24/7 coverage. The team partners with the City of Santa Rosa's Homeless Outreach Services Team (HOST) to provide services not only to individuals experiencing mental illness, but to the broader homeless community as well.

Like the other models, Santa Rosa's inResponse comes with a significant price tag. During year 1, to staff the program for 10 hours per day, 7 days a week, the price tag was $1.1 million. The estimated cost for a 15-hour program is $1.7 million per year, and a 24-hour model will cost $2.7 million per year. During the first year, the inResponse team went to 2893 calls; 1763 calls were diverted from a law enforcement response.

Part Three will be an overall summary of this report in order to provide council with additional information and points to consider to help in their decision-making processes moving forward.

These various models that mimic the CAHOOTS model with their own nuances, have been successful so far in reducing the number of law enforcement responses to calls involving people experiencing mental health issues and homelessness issues. They represent the current trend of limiting law enforcement response by providing individuals in these communities with a response team who have greater level of expertise than law enforcement to deal with mental health issues and homelessness. The ancillary benefit is that is also frees up police to focus on more traditional policing issues and doesn't tie up policing, fire, and paramedic ambulance resources on the types of incidents mentioned. These models provide a more appropriate and greater level of service to the individuals mentioned.

An obvious impediment to implementing these programs is that these models come at a significant cost. Funding sources are limited and competitive, and for a small municipality like Sebastopol, it is a significant financial commitment and impact to be able to operate a program such as these on our own. Unlike Cotati, we our city boundaries don't blend into a city next to us that provides these services. This makes is more difficult to allow us to piggyback on services without incurring any travel distance delayed response time for the responding team. The only realistic options available are to operate a scaled down version of our own while focusing on limited hours during time periods supported by statistical data demonstrating the likelihood of when the resource would be most needed; or contracting with the City of Santa Rosa as a shared resource during our needed hours understanding and overcoming some of the logistical challenges; or continuing to utilize our current model. Although our current model may not be the "gold standard", it has proven to be quite successful and serves our needs quite well while not incurring any additional costs from what we have been doing for the past several years.

One downside to the Santa Rosa model is that it is the most expensive model. The cost of having a firefighter/paramedic and a certified clinician on the response team drives up the cost substantially compared to the model utilized by Petaluma People's Services now being contracted by other entities.

As far as costs to the City of Sebastopol, were we to either contract with another entity, or start up a stand-alone team, I believe the initial costs including the first-year startup costs with purchasing a vehicle, outfitting a team, purchasing equipment for the vehicle including radios and supplies, as well as the required insurance would likely start at approximately $275,000. Cotati's annual cost is nearly $200,000 per year and that was with them being able to share startup costs and resources with 2 other entities. Santa Rosa's existing teams and resources are busy enough that they would have delayed availability and response times coming to Sebastopol unless we looked at a model where we have a unit that is primarily dedicated to Sebastopol during our primary hours of need. This would likely require us to foot the majority of the bill for an additional vehicle, equipment, and the majority portion of the staff costs to be able to provide services for a 40-hour window or a good portion thereof in Sebastopol. A

possibility may be to explore sharing a half-time team with Santa Rosa to reduce our share but would still likely be prohibitively expensive due to the configuration of their teams with a firefighter/paramedic and a certified clinician on board.

The total startup figure for an independent City of Sebastopol 40 hour per week team is based upon the following:

- First-year startup cost of $100,00 for a vehicle and equipment
- Staffing on the van for a para-clinician with EMT certification, a crisis intervention worker, and a crisis intervention worker with homeless outreach skills. (3 person teams seem to be the norm with these models)

All staff are factored to be paid $27 per hour which is based upon Petaluma's budget which was provided to me. This would provide us 40-hour a week coverage, 5 days per week. The total salary costs annually without any benefits would be $168,480 or $56,160 per person. Scaling the model down to just the para-clinician and a crisis intervention worker with homeless outreach skills (2-person team) would still run $112,320 in unbenefited salary per year, along with the initial startup cost of approximately $100,00 for a vehicle and equipment, for a total first year cost of $200,320. It would also be reasonable to expect that a basic benefit package which includes medical insurance for the employees, due to the nature of the work, would have to be factored into the equation driving up the cost further. An alternative model to the City of Sebastopol hiring and managing the program, would be to solicit bids from non-profits like Petaluma People's Services to determine costs and manage the program and determine if a scaled down version is feasible. It should be noted that when the City of San Rafael solicited for their RFP, Petaluma People's Services was the only entity that responded.

Though it also may be possible to pare down the model to a part-time version, should the City of Sebastopol wish to fund, staff and manage the operation on its own, it may prove to be challenging to find staffing when other versions within the county offer full-time employment. Santa Rosa's police chief told me that finding qualified staff for their model was a challenge for them.

CITY COUNCIL AND/OR GENERAL PLAN GOALS:

Goal 4 - Maintain and Enhance the City of Sebastopol as a Walkable/Bike-able Community and Enhance the City's Commitment to Promotion of the City's Health by Creating and Participating in City's Programs and Services
4.1 – Create a Safe, Healthy and Attractive Environment for Residents and Visitors

PUBLIC COMMENT:

As of the writing of this staff report, the City has not received any public comment. However, staff anticipates receiving public comment from interested parties following the publication and distribution of this agenda item report. Such comments will be provided to the City Council as supplemental materials before or at the meeting. In addition, a consent calendar item may be requested to be removed from the consent calendar if a member of the Council public requests to provide public comment on this item.

PUBLIC NOTICE:

This item was noticed in accordance with the Ralph M. Brown Act and was available for public viewing and review at least 72 hours prior to schedule meeting date.

FISCAL IMPACT:

No funding is required at this time until City Council decides on the implementation of such program.

RECOMMENDATION:

The City Council review this report and provide direction to staff regarding any next steps.