One Size Doesn’t Fit All—
Alternative Responses to Mental Health & Other Crises

Wednesday, Feb 8, 3:45 PM 2023 League of California Cities City Managers Conference
Your Panel

Moderator
Karen Pinkos
City Manager, City of El Cerrito

Matthew Chidester
City Manager, City of Half Moon Bay

Jorge Cisneros
Police Chief, City of Anaheim

Marisa Creter
Executive Director, San Gabriel Valley Council of Governments
Karen Pinkos
City Manager,
City of El Cerrito
How did we get here?
Half Moon Bay/Coastside
Yanira Serrano-Garcia
Sandra Harmon
What alternatives exist?
What is best for our community?
What is CARES?

• Alternative for dispatching calls involving a mental health crisis
• Redirecting calls from law enforcement and other 1st responders
• Provides connections for sustainable mental health care and treatment
CARES is a partnership
What's the point?

• Minimize law enforcement dispatch to mental health calls
  
  Many mental health crisis calls do not need an armed response

• Diversion from Criminal Justice System

• Interrupt the cycle of mental health crisis within a family

• Lower costs associated with emergency mental health care
Who is on the CARES Team?

- **Two Crisis Intervention Specialists**
  - Extensive and ongoing specialized training
  - One or both bilingual (Spanish)
  - One or both EMT or medical certification
- **Clinical Director (LCSW) supervisor**
How does CARES get dispatched?

1. A member of the community calls 911/988
2. Call is screened by dispatcher: No weapons, medical emergency, or crime
3. CARES dispatched on primary law enforcement channel/called directly
4. CARES keeps dispatch and law enforcement updated
What happens when they arrive?

1. Scene assessment
2. Situation de-escalation and assessment, scene stabilization
3. Motivational interviewing, plan of action, referrals and safety plans
What if the scene can’t be stabilized?

• Transportation to additional services
• Voluntary 5150 holds
• Escalation to Law Enforcement
When and where will CARES respond?

- Daily - 8:00 am to 6:30 pm*
- Mid-Coast of San Mateo County, California
- Homes, business, schools, shelters, and homeless encampments - anywhere
What happens after the response?

- Referrals and warm handoffs to partner agencies
- Next day holistic follow up visits
- Ensure connections made between agencies, clients, and the client’s support network
Data collection or outcomes?

• Pilot program focused on collecting data
• Inform program evolution
• Inform desired outcomes
• Sample data:
  o Average response time
  o # visits deferred away from LE/TFR
  o # stabilizations
  o Types of calls received
  o # successful referrals and connections
How did CARES launch?

1. Agency coordination (Public Safety Communications/911, Sheriff, Emergency Medical Services, Fire)
2. Program design/budget development/funding
3. Infrastructure (vehicles, radios, uniforms, EMT supplies, etc.)
4. Training (CIT, MH First Aid, radio etiquette, etc.)
5. Pilot/field training/playbook development
6. Program evaluation/expansion/institutionalization
Successes

• Law Enforcement collaboration
• Recruiting mental health professionals
• 988 coordination
• Community support
Challenges

• Dispatch implementation
• EMS coordination
• Recruiting EMTs/medical professionals
Inspiration
City of Half Moon Bay
Matthew Chidester, City Manager
(650) 726-8272 • mchidester@hmbcity.com
www.hmbcity.com

El Centro de Libertad
Jeff Essex, Executive Director
(650) 599-9955 • jessex@elcentro.org
www.elcentrodelibertad.org
Jorge Cisneros
Police Chief,
City of Anaheim
ADDRESSING HOMELESSNESS

JORGE CISNEROS
CHIEF OF POLICE
ANAHEIM POLICE DEPARTMENT
HOMELESS SHELTERS

• Over **four years** Anaheim opened **four temporary shelters.**

• Operated by **The Salvation Army.**

• **2.8 acre** open-campus design with **325 beds.**

- On-site support services
- Pet area
- Recreational space
# FUNDING

<table>
<thead>
<tr>
<th>FUND</th>
<th>EXPENDITURES</th>
<th>Uses</th>
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<tbody>
<tr>
<td>City General Fund</td>
<td>$6 million annually</td>
<td>Anaheim Emergency Shelter Operations</td>
</tr>
<tr>
<td>Federal Funds*</td>
<td>Up to $6 million annually</td>
<td>Community Programs and Services for Homeless Prevention</td>
</tr>
<tr>
<td>State Funds</td>
<td>$32 million</td>
<td>Affordable Housing, Interim Shelter, and Community Programs and Services</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$59 Million</strong></td>
<td>Serving the Anaheim Community</td>
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*Does not include newly announced federal “All In” Strategic Plan Funds
OUTREACH - CCRT

- Responds to non-emergency homelessness-related calls.
- Focused on providing services and addressing mental health.
MOBILE CRISIS RESPONSE – BE WELL OC

• Implemented April 2022.

• Partnership between Anaheim and a non-profit partner, Be Well Orange County.

• Responds to non-emergency homelessness-related calls.

• Focused on providing services and addressing mental health.
CO-RESPONSE - PERT

- Established in 2013.
- Officers paired with a full-time Orange County Mental Health Clinician.
- Conducts follow-up.
Note: 500+ cases still not finalized by the County Coroner, which could increase these numbers.
QUESTIONS?
Marisa Creter
Executive Director,
San Gabriel Valley Council of Governments
San Gabriel Valley Crisis Assistance Response & Engagement Program

February 8, 2023
1. SGVCOG Overview
2. SGV CARE Intro
3. Phased Approach
4. Lessons Learned
What is the SGVCOG

374 Square Miles

2 million residents
SGVCOG Mission
Laying the Groundwork for Regional Programming

Listen
SGVCOG Committee structures provide a forum for identifying common issues occurring in the area.

Assess
Understanding existing structures & gaps in services is a key part of identifying if and how programming can be regionalized.

Act Regionally
No City wants a program imposed on them, but by building a coalition of the willing and applying for grant funding or earmarks the resistance threshold is lowered substantially.
In California, people experiencing a behavioral health crisis are increasingly unable to get the care they need. In virtually no corner of the state can they or their families be assured they will get the right care, in the right place, at the right time.

National Alliance on Mental Health, CA Chapter
SGVCOG Continuum of Services

Supplemental
Outreach to unhoused residents willing to accept services

01

SGV CARE
Response to 911 calls relating to mental health crises

02

High Acuity
Outreach to unhoused residents in need of help but service hesitant

03

01 Welfare check on an unhoused resident initiated by a call to 911 or Police Department

02 Initial outreach to unhoused client

03 Follow up with an unhoused resident who had experienced a mental health crisis
Funding

Building multi-jurisdictional consensus

Start-up Costs
Launched with Measure H Funds

Funding Advocacy
$850,000 with support from State Senator Portantino

$1,500,000 with support from Representative Judy Chu and Senator’s Dianne Feinstein and Alex Padilla

Partnerships
Coordinating with L.A. County DMH to facilitate Medi-Cal reimbursements
Homelness Committee identifies alternative crisis response as a programming interest area and commissions a feasibility study.

Feasibility Study

RFI followed by an RFP released. Negotiations are conducted and Governing Board approved contact amount.

Preperation

Conversations were had with programs across the County. Pilot cities were required to collect 911 call data to participate.

Procurement

SGV CARE launched as a phased approach to prevent the program from stalling.

Launch

Iteration

In partnership with GPL, an in depth conversation was had around call code alignment in order to begin true alternative responses.
**SGV CARE Teams**
Two-person teams:
- Clinician
- Peer Support Specialist/EMT

**Pilot Cities**
Four cities with a shared passion for improving service:
- Cohort: Arcadia, San Marino, South Pasadena
- Montebello

**Building on Common Agreement**
Phased approach got the pilot off the ground:
- Co-response to start
- Dispatch process
- Loosely defined response to mental health crises

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**SGV CARE Overview**
Building on Best-Practices & Consensus
Phased Approach
Building multi-jurisdictional consensus

**Phase 1 - Pilot**
Launching as a co-response model in partnership with existing first responders.

**Phase 2 - Alternative Response**
Identifying which calls to respond to was the biggest hurdle and the main reason for taking a phased approach.

**Phase 3 - Expansion**
Codifying the program and bringing new cities online with a comprehensive program document to sign-on to.
Phase 1: Call Eligibility & Dispatching Process

1. Call Code Alignment
No two mobile crisis programs are the same, police officers used their discretion to determine which calls to respond to.

2. Exclusionary Criteria
Report or history of weapons, violent calls, criminal activity, servious medical needs.

3. Dispatch
Agreement on alternative response couldn't be reached before pilot launch.
Phase 2: Call Eligibility & Dispatching Process

1. Call Code Alignment
An in depth process including dispatchers and Police Chiefs was conducted to identify clearly and precisely which calls the Team will provide alternative response to.

2. Exclusionary Criteria
Report or history of weapons, violent calls, criminal activity, servious medical needs.

3. Direct Dispatch
By identifying a small number of calls that the SGV CARE Team
Lessons Learned

**Act Regionally**
By taking a regional approach, cities of all sizes can benefit from this needed programming area.

**Call Code Alignment**
Spend time building consensus on the types of calls your program will respond to. No two programs are alike.

**Phased Roll-Out**
Start small and in a limited way to build successes. Iteration is inevitable.

**Limited Service Providers**
Find a partner who is exciting about building this program with you.
Questions?

San Gabriel Valley Council of Governments

Marisa Creter, Executive Director
E: mcreter@sgvcog.org

Sam Pedersen, Management Analyst
E: spedersen@sgvcog.org
Q&A with Panelists

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