Behavioral Health Crisis Response Expansion

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Whatcom County HEALTH Department

Why are we doing this?

911 is called for many reasons because it is the default phone number for many people

Law Enforcement may not be the most appropriate or effective response to people who are experiencing a behavioral health crisis

If no crime involved and no safety risks, then perhaps no need for Law Enforcement to respond

Program Design Goals

1. Improve outcomes for people experiencing behavioral health crises
2. Enhance integrated systems of BH response & support
3. Safely reduce unnecessary law enforcement dispatches to people who are experiencing a behavioral health crisis

Planning & Design Work

A dedicated committee worked collaboratively for past few months

Participants include City/County Councilmembers, BPD, Sheriff, BFD, EMS, Dispatch, Treatment Providers, MCOT, GRACE, County Human Services

Collected and analyzed quantitative and qualitative data, researched and interviewed other programs and effective practices

- 60 people interviewed during 17 separate sessions, almost 20 hours of interviews

What does the data say?

"Behavioral Health" calls to 911 = 11% of all LE calls (2,700)
Total LE calls in 2020 = 24,587

Officers anecdotally report "80% - 90%" of all 911 calls involve response to someone with "behavioral health" issues

- This overgeneralization does not imply that LE should not respond

Only 34.88% of reported BH calls (983), started as BH-related and ended as BH-related (less than 4% of all LE calls)

- Average of 2.69 calls/day start and end as BH-related calls

Further Information

Mental Illness is an equal opportunist – impacting law-abiding residents as well as those with criminal intent

Not all behavioral health crisis calls to LE can be managed effectively or appropriately with a response by a BH Professional

The low predictability of 911 behavioral health-related calls alerts us to prioritize safety of an unarmed response team

Need to gather further data in the field to inform 911 Dispatch in order to prevent harm and improve call reporting

Program Design Phases

Phase One will focus on data collection in the field – within city of Bellingham

Implement a co-responder model for Phase One

- Team includes a **Behavioral Health Professional** and a **BPD Officer**
- Will initially divert the second GRACE ICM to this project phase
- This phase is already funded

Data collected will inform Dispatch on types of calls most appropriate for alternative response team

- Dispatch from Prospect System ultimately?
- May be helpful in altering the manner in which LE and Dispatch classify/record information
- Other programs in the country suggest that Welfare Checks under certain circumstances may be most appropriate for diversion from LE response

Program Design Phases

Phase Two Proposal will launch the Alternative Response Team

ART likely dispatched out of Prospect arm of 911

- Team will consist of a **Behavioral Health Professional** and an **EMT**

ART will operate at peak hours sometime between 10 AM – 9PM

- Goal is for two teams covering seven days per week

Program Structure

ART will operate under the auspices of the GRACE program

GRACE focuses on preventing crises for identified familiar faces

- Well-established and respected in the community as a primary outreach and care coordination program
- "Tertiary Prevention" – responds to & supports those who call 911 frequently

ART will serve as a distinct and separate component of GRACE

- Focused on initial crisis response

Additional services will provide follow-up support to ART

- MCOT is a current partner & LWC grant will partner to stabilize people

Proposed Estimated Budget

One-time Capital Costs (vehicle)	**$166,351**
One team 4 days/week	$269,700
Two teams 7 days/week (additional cost)	$238,200
TOTAL Annual Operations less vehicle	**$507,900**
WhatComm Dispatch personnel 1.75 FTE to cover 7 days/week	$162,750
TOTAL ANNUAL OPERATIONS	**$670,650**
Total Investment of first year launch by City of Bellingham	**$837,001**

Whatcom County Program Design

Geography of the county presents a challenge to using this model outside of city limits

Sheriff's Department recommends a Co-Responder Model

- Pair a Deputy with a Behavioral Health Professional
- Consider the "IMPACT" Model operated by Compass Health
  - Majority of funding for this model is provided by MCOs and ASO
- Close collaboration between Compass Health and GRACE will be critical
- Workforce recruitment and retention still a challenge

Considerations

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How do we coordinate ART with current programs doing similar work?

The Mobile Crisis Outreach Team (MCOT) currently responds to people experiencing a behavioral health crisis

- Average dispatches per month = 150 (~ 5/day)
- Dispatched through LE and Crisis Line, as well as direct referrals
- Two-hour maximum response time, not always immediate
- Includes Designated Crisis Responders (DCRs)

Other Considerations

Build upon what we have/Coordinate with current programs and initiatives?

Many requests to expand the GRACE program due to positive outcomes

- Law Enforcement, PeaceHealth Hospital, EMS, Jail, Treatment and Housing Providers
- Add another component to GRACE program: initial crisis response

State legislature considering the creation of a 988 number for behavioral health crisis calls, with possibility for dispatching Crisis Responders

- Thereby diverting from 911 over time
- Need to stay aware of this evolving initiative and potential impacts

Next Steps?

Launch Phase One

- Funding from COB currently in place for this phase
- Collect and analyze data
  - Inform Dispatch, call reporting, and response needs
- Continue to plan for Phase Two

Vet the Program Design further?

- Have we responded to the expectations?
- Have we adequately educated the public?
- Can we do this successfully?

Consider Workforce Challenges

- Ensure the recruitment of qualified professionals