



COUNTY OF SAN DIEGO

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CLERK OF THE BOARD
OF SUPERVISORS

NATHAN FLETCHER

**SUPERVISOR, FOURTH DISTRICT
SAN DIEGO COUNTY BOARD OF SUPERVISORS**

AGENDA ITEM

DATE: June 23, 2020

TO: Board of Supervisors

SUBJECT:

**A BETTER WAY TO RESPOND TO BEHAVIORAL HEALTH CRISES:
COUNTYWIDE MOBILE CRISIS RESPONSE TEAMS (DISTRICTS: ALL)**

OVERVIEW

People with untreated mental illness are 16 times more likely to be killed during a police encounter than other civilians approached or stopped by law enforcement. This is further complicated for racial/ethnic, gender, and sexual minorities who often suffer from poor mental health outcomes due to multiple factors including inaccessibility of high quality mental health care services, cultural stigma surrounding mental health care, discrimination, and overall lack of awareness about mental health as cited by the American Psychiatric Association.

In 2018, throughout San Diego County, law enforcement responded to over 54,000 mental health related calls, which represents almost 150 calls a day throughout our region. In the last fiscal year, Psychiatric Emergency Response Teams responded to over 10,000 calls with about half of those resulting in transport to jail or the hospital.

According to a 2016 report by the U.S. Department of Justice, Black people with mental health conditions, particularly schizophrenia, bipolar disorders, and other psychoses are more likely to be incarcerated than people of other races.

Communities are demanding change and the time for action is now. Law enforcement is not the appropriate response to someone experiencing a mental health or substance use crises; instead, trained clinical professionals should be the ones to provide in-person assistance. To protect vulnerable San Diegans and to better respond to those in need, we must establish an alternative to dispatching law enforcement when an individual is having a behavioral health or substance use crisis.

I urge your support for fully funding an expedited rollout out of countywide Mobile Crisis Response Teams (MCRT) comprised of a trained clinician and peer support specialist that can be deployed through a community helpline or be mobilized by 9-1-1 dispatch.

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**RECOMMENDATION(S)
SUPERVISOR NATHAN FLETCHER**

1. Direct the Chief Administrative Officer (CAO) to take all necessary steps to accelerate the creation and implementation of a phased in non-law enforcement Mobile Crisis Response Teams to respond to non-violent incidents countywide involving people with behavioral health crises.
2. Direct the CAO to partner with local law enforcement including the Sheriff and city police chiefs to develop protocols and training for 9-1-1 Emergency Services Dispatchers as well as patrol officers to guide decision making about when and how to transfer a non-violent behavioral health crisis 911 call or related encounter to Mobile Crisis Response Team.
3. Direct the CAO to create a helpline for the community to report non-violent behavioral health crises and community outreach campaign to educate the community on “When It's Appropriate to Call” non-law enforcement Mobile Crisis Response Team.
4. Direct CAO to recommend changes to the budget to fully support and execute a phased-in implementation of Mobile Crisis Response Teams countywide, and a community outreach campaign, including additional staff support to expedite implementation, and refer these changes to budget for consideration during the Fiscal Year 2020-21 budget deliberations and adoption.

FISCAL IMPACT

Funds for this request are not included in the Fiscal Year 2020-2021 Interim Operational Plan for the . If approved, Fiscal Year 2020-21 costs and funding required to implement phased-in Countywide Mobile Crisis Response Teams is not known at this time and will be referred to budget for consideration during the Fiscal Year 2020-21 budget deliberations and adoption. It is assumed that it will take more than 12 months to implement Mobile Crisis Response Teams countywide. When the program is operating at full capacity, the annual cost is estimated to be \$10,000,000.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

N/A

BACKGROUND

People with untreated mental illness are 16 times more likely to be killed during a police encounter than other civilians approached or stopped by law enforcement, according to a study released in December 2015 by the Treatment Advocacy Center called, “Overlooked in the Undercounted: The Role of Mental Illness in Fatal Law Enforcement Encounters.”

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While fewer than 1 in 50 U.S. adults have an untreated severe mental illness, it is estimated that twenty-five to fifty percent of all fatal police shootings involve an individual with a severe mental illness. The Treatment Advocacy Center study reports, “By dismantling the mental illness treatment system, we have turned mental health crisis from a medical issue into a police matter,” said John Snook, executive director and a co-author of the study. “This is patently unfair, illogical and is proving harmful both to the individual in desperate need of care and the officer who is forced to respond.”

In 2018, throughout San Diego County, law enforcement responded to over 54,000 mental health related calls, which represents almost 150 calls a day throughout our region. In the last fiscal year, Psychiatric Emergency Response Teams responded to over 10,000 calls with about half of those resulting in transport to jail or the hospital.

Communities are demanding change and the time for action is now. Law enforcement is not the appropriate response to someone experiencing a mental health or substance use crises; instead, trained clinical professionals should be the ones to provide in-person assistance when needed. To protect vulnerable San Diegans and to better respond to those in need, we must establish an alternative to dispatching law enforcement when an individual is having a behavioral health or substance use crisis.

I urge your support for fully funding an expedited rollout of countywide Mobile Crisis Response Teams (MCRT) comprised of a trained clinician and peer support specialist that can be deployed through a community helpline or be mobilized by 9-1-1 dispatch.

Individuals with serious mental health and substance use conditions often encounter barriers to accessing essential services, including the deficiency of community-based behavioral health services. This deficit can prevent individuals from receiving the right services at the right time and compound the symptoms of individuals coping with untreated or poorly managed behavioral health conditions. Further exacerbating these dire circumstances is the lack of clinical mobile response teams that can be deployed to assist individuals suffering and needing in-person intervention and support. At the current time, calling 9-1-1 is the only option in our region if you need help immediately, there is no alternative. People who are experiencing mental health crises need clinical intervention and support, not to be punished.

We have a system in place to help individuals when there is a health-related emergency. It’s as simple as dialing three numbers and an ambulance shows up within minutes, assesses the situation and makes the call whether or not to take you to the hospital. If there is no violence involved, only Emergency Medical Services – not law enforcement – is deployed to the scene. There is no doubt about who to call and who will show up on location to provide help when you are having a health-related emergency. Shouldn’t the same go for emergencies pertaining to mental health and substance use disorders?

Reducing encounters between on-duty law enforcement and individuals with severe psychiatric diseases may represent the single most immediate, practical strategy for reducing fatal police shootings in the United States according to the authors of the “Overlooked in the Undercounted” study.

The perception of people suffering mental illness as violent and dangerous is one of the reasons why police are called. Officers are often perceived by the public to be the only individuals able to deescalate

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mental health crises. According to the American Psychiatric Association, most people with mental illnesses are not violent, but using the law enforcement as a blunt instrument contributes to the stigma that they are. In fact, people with mental illnesses are more likely than others to be victims of a crime, not perpetuate them.

It is my hope that if we have a robust multi-tiered response system in place to intervene with individuals experiencing a behavioral health crisis based on the acuity of the situation, individuals suffering as well as loved will not wait for a situation to escalate before calling for help. Knowing that when they call for help, a prepared and trained clinician with proper skills to deescalate, assess and address the situation will arrive on site could result in earlier interventions before a situation intensifies.

In order to efficiently transition our culture of response to behavioral health crises away from a law enforcement-centered approach, to a healthcare and engagement-focused approach, we must create an option where law enforcement is not part of equation unless a higher threshold of violence is present. As such, we need to create a system of response based on level of acuity. For situations in which a purely clinical response is most appropriate, the MCRT would be available to respond in lieu of Psychiatric Emergency Response Team (PERT) or law enforcement. The MCRT would be comprised of a clinician and peer support specialist that would arrive on site to assess and further stabilize individuals and connect them into the behavioral health system of care. Non-law enforcement mobile crisis response teams would be a new service in San Diego County; in other jurisdictions, the service has been valuable in reducing the severity of a behavioral health crisis and connecting people to treatment in situations where there is no immediate safety threat or crime.

Our response system also needs a light touch intervention for family members and individual that are struggling and need to reach out to someone for help and connect them to services. In our region, we have already have a resource to meet the low intensity situations such as this; our Access and Crisis Line (888-724-7240) where you can talk to a peer support person, a clinician or obtain referrals. On the other end of the spectrum we have resources for high intensity situations, including PERT. Unfortunately, we are missing a medium-tiered service to address behavioral health crises that require in-person intervention for people who are not violent or committing a crime. Countywide MCRTs could fill this gap.

I have met with community groups, residents and advocates that have voiced their concerns about the overreaching role of law enforcement and are calling on government to realign their duties. This would be a substantive step in creating non-law enforcement intervention to better protect and intervene with vulnerable San Diegans.

Today, I am proposing that our Board fully fund an expedited implementation of non-law enforcement Mobile Crisis Response Teams (MCRT) with a phased in approach. This recommendation includes the creation of a community helpline that can work in concert with the Access and Crisis Line and be mobilized by 9-1-1 dispatch. I am also asking for support to fund a community outreach campaign to educate providers and the public about where and when to use this new service and work with all law enforcement entities to train 9-1-1 dispatchers and sworn officers when it is appropriate to refer or transfer an incident to the MCRT.

I urge your support.

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LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

The requested action supports the Live Well San Diego Initiative in the County's 2019-2024 Strategic Plan, and its vision for a San Diego that is Building Better Health, Living Safely and Thriving by creating a better service delivery system to serve individuals in behavioral health crisis by establishing countywide Mobile Crisis Response Teams (MCRT) comprised of trained clinician and peer support specialist.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Nathan Fletcher", with a long horizontal flourish extending to the right.

NATHAN FLETCHER
Supervisor, Fourth District

ATTACHMENT(S)

N/A

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AGENDA ITEM INFORMATION SHEET

REQUIRES FOUR VOTES: Yes No

WRITTEN DISCLOSURE PER COUNTY CHARTER SECTION 1000.1 REQUIRED
 Yes No

PREVIOUS RELEVANT BOARD ACTIONS:

June 25, 2019 (1) STRENGTHENING THE BRIDGE BETWEEN BEHAVIORAL HEALTH SERVICES AND THE CRIMINAL JUSTICE SYSTEM

BOARD POLICIES APPLICABLE:

N/A

BOARD POLICY STATEMENTS:

N/A

MANDATORY COMPLIANCE:

N/A

ORACLE AWARD NUMBER(S) AND CONTRACT AND/OR REQUISITION NUMBER(S):

N/A

ORIGINATING DEPARTMENT: Supervisorial District 4

OTHER CONCURRENCE(S): N/A

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