



CITY OF OAKLAND

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AGENDA REPORT

TO: Sabrina B. Landreth
City Administrator

FROM: Sean Whent,
Chief of Police

SUBJECT: OPD-BHCS Crisis Response MOU
Amendment

DATE: May 20, 2016

City Administrator Approval
Approval

Date

6/1/16

RECOMMENDATION

Staff Recommends That The City Council Approve A Resolution Authorizing The City Administrator, Or Designee, To Enter Into An Intergovernmental Memorandum Of Understanding (MOU) Between The Alameda County Health Care Services Agency, Behavioral Health Care Services (BHCS) And The Oakland Police Department (OPD) To Continue To Implement The Mobile Evaluation Team (MET) Program.

EXECUTIVE SUMMARY

OPD and BHCS began the MET Program in October, 2014 as a six-month pilot, to pair an officer trained in crisis intervention techniques with a BHCS clinician. The officer and clinician (the MET team) can better address the needs of individuals struggling with mental health-related crises and challenges. Mental health challenges are at the root cause of many OPD calls for service each day. The evaluation of the six-month pilot project (**Attachment A**) shows that the MET Program has been successful in meeting the proclaimed program goals. Staff now seeks authorization to continue and expand the program through a new MOU.

BACKGROUND AND LEGISLATIVE HISTORY

On October 7, 2014, the City Council passed Resolution No. 85200 C.M.S., which authorized the City Administrator to enter into a Memorandum of Understanding (MOU) between the Alameda County Health Care Services Agency, Behavioral Health Care Services (BHCS) and the Oakland Police Department (OPD) to implement a six-month pilot program called the Mobile Evaluation Team (MET). The MET Program represents a more holistic approach to addressing crisis encounters that arise from individuals suffering from a variety of mental illness and trauma conditions. The program functions by pairing sworn officers who have crisis intervention training (CIT)¹ with a licensed clinician, to act as a team to respond to calls involving mental illness in

¹ The Report titled "Informational Report on the Strategies being Developed and Used on OPD's Methods of Dealing with Mentally Challenged Individuals in our Community," dated April 6, 2015 and presented to the Public Safety Committee on April 28, 2015 details OPD's Crisis Intervention Training (CIT) program.

Item: 5
Public Safety Committee
June 14, 2016

the field. The program's goals are to avoid the use of an expensive and traumatic involuntary psychiatric hospitalization, and instead to rely upon alternative treatment resources when appropriate. Alternative resources include consultation, crisis intervention, and referrals for brief treatment and diversion to other appropriate voluntary crisis services. This program is modeled after the Long Beach Police Department program after two years of research and site visits to determine the best model to match Oakland's departmental and community needs.

BHCS received \$250,000 in Measure A² funding to plan and help implement the program with OPD. The OPD-BHCS six-month pilot MET Program officially began on November 3, 2014, and ran through May 2, 2015, after the City Council approved Resolution No. 85200 C.M.S.

A MET Team consisting of an OPD officer and a clinician began responding as a unit to emergency and non-emergency requests. The MET Team, at the direction of the OPD Communications Section, began responding to psychiatric or emotional crisis calls for service, including "suicide" or "attempted suicide," "evaluations" and "well checks³," with the intent to provide on-scene crisis intervention, evaluation and resource referral.

The MET Team has been available to respond citywide calls, but has concentrated its efforts in East Oakland. BHCS has operated a Mobile Crisis team primarily in the downtown area since 1987; East Oakland has been relatively underserved in terms of an organized agency response to mental health needs.

Alameda County has one of the highest involuntary psychiatric commitment (CA WIC "5150"⁴) rates in California, with a majority of its cases coming from Oakland. Emergency (911) calls for service and potential commitments in these cases are not only traumatic for the individual(s) in crisis and their families, but also complex in nature and place a significant burden on OPD's Patrol Division.

The partnership with BHCS benefits OPD by providing needed crisis, resource and referral services that have the potential to reduce calls for service and create a safer environment for the officer, the clinician, the recipient of services, and the community. The team uses their training in de-escalation techniques in responding to calls to communicate with individuals that

² Alameda County voters adopted the Essential Health Care Services Initiative, in March 2004.

³ Evaluations and well checks occur when people call the police out of emergency concern for the welfare of loved ones and ask the police to respond and evaluate the status of those concerned.

⁴ CA Welfare and Institutions Code (WIC) 5150. (a) When a person, as a result of a mental health disorder, is a danger to others, or to himself or herself, or gravely disabled, a peace officer, professional person in charge of a facility designated by the county for evaluation and treatment, member of the attending staff, as defined by regulation, of a facility designated by the county for evaluation and treatment, designated members of a mobile crisis team, or professional person designated by the county may, upon probable cause, take, or cause to be taken, the person into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment in a facility designated by the county for evaluation and treatment and approved by the State Department of Health Care Services. At a minimum, assessment, as defined in Section 5150.4, and evaluation, as defined in subdivision (a) of Section 5008, shall be conducted and provided on an ongoing basis. Crisis intervention, as defined in subdivision (e) of Section 5008, may be provided concurrently with assessment, evaluation, or any other service.

may not pose a danger to themselves or others but need support and services. By reducing the number of calls for service, OPD has been able to focus more time on other (non-mental health-related) calls and assignments. The partnership benefits Alameda County's BHCS by strengthening its collaborative relationship with OPD and providing an added resource to the community it serves - the severely and persistently mentally ill. Another goal of the pilot program was to identify individuals who are already BHCS clients and re-link or re-engage them in treatment services, so as to reduce the number of mental health episodes for individuals who are already BHCS clients.

The "Mobile Evaluation Team M.E.T. Six-Month Pilot Program Final Report" (*Attachment A*) explains that the pilot "has been very successful in terms of increasing mobile crisis capacity in the City of Oakland and releasing OPD cover units to address non-mental health related calls" (page 3). The MET team was able to respond to approximately 30 percent of the 20-25 mental health-related calls OPD receives each day.

ANALYSIS AND POLICY ALTERNATIVES

OPD has continued to partner with BHCS because of the MET program's success in providing more effective treatment to individuals with mental health issues. The program has now continued past the original pilot period.⁵ Staff is requesting that the City Council approve a resolution to formally continue – and expand - the program through a new MOU. OPD and BHCS wish to increase the program to four MET teams (utilizing four OPD officers and four BHCS clinicians). Four MET teams would provide OPD and BHCS with the capacity to respond to a majority of the mental health-related 5150 calls OPD receives each day. An enhanced OPD response level to 5150 calls and other mental-health related calls for service will reduce the strain on other non-mental health-related OPD patrol staffing. Furthermore, OPD is obligated to respond to mental health-related calls for service regardless of whether or not a clinician is paired with an officer. OPD, BHCS, and most of all, the individuals at the source of the calls for service all benefit from this integrated response approach.

Approval of this resolution will authorize the City Administrator or designee to enter into a new MOU with BHCS. OPD hopes to continue with the MET program to increase access to mental health services for City residents, improve the quality of service, and increase the level of safety in interactions with individuals experiencing a psychiatric crisis. Resolution No. 85200 C.M.S. authorized the City Administrator, or designee, "to accept, modify, extend and/or amend the proposed MOU with Alameda County Health Care Services Agency, BHCS and OPD." Instead of extending this MOU, OPD is recommending the approval of a new resolution which will authorize and recognize a permanent and expanded version of this successful program for years to come.

⁵ The pilot started after the official pilot start date because of: 1) delays with BHCS in identifying clinicians to partner with OPD; and 2) one version of the MOU listed incorrect pilot program duration dates.

FISCAL IMPACT

The report titled "MOU between Alameda County Health Care Services Agency and OPD," dated September 8, 2014 and presented to the Public Safety Committee on September 30, 2014, and which accompanied Resolution No. 85200 C.M.S., explained the costs associated the MET pilot program. The report explained that there are no actual "costs" to the program, as OPD would still be employing the officer and supporting the vehicle costs; the cost explanation provides detail as to the level of regular budgetary funding that OPD is allocating specially to the MET Program.

The costs in the 2014 report were for one officer and one unmarked police vehicle, including gas and maintenance, dedicated to the MET program. OPD would continue to provide the full time equivalent (FTE) of one existing sworn police officer and one unmarked police vehicle, including gas and maintenance to continue the MET Program at the current level; OPD would use four existing FTE sworn officers and four (existing) unmarked police vehicles, including gas and maintenance in expanding the MET Program to four teams. The City and OPD are not obligated to incur any additional costs under the MOU or pilot program; OPD will use existing sworn staffing and vehicles to operationalize and/or expand the MET Program.

Table 4: Personnel Costs for the MET Program over the Next Two Years

Fiscal Year	2016-17	2017-18	Total
Cost per FTE sworn officer (salary and benefits)*	\$164,653	\$171,816	\$336,469
Cost for 4 FTE officers	\$658,612	\$687,264	\$1,345,876
O&M Vehicle Charges to OPD per Vehicle**	\$5,220	\$5,220	\$10,440
One MET Team Total			\$346,909
Four MET Teams Total			\$1,356,316

* based on a Step 3 Police Officer

** based on Oakland Public Works Operations and Maintenance (O&M) Charges to OPD for vehicle fleet maintenance and replacement – unmarked sedans. Costs exclude difficult to estimate fuel charges. Fuel charges currently range from \$200-\$400 per month per vehicle, depending on type of use.

The MET Program also benefits from the addition of one to four BHCS clinicians, as well as BHCS support staff, at no charge to the City of Oakland. For each MET team, BHCS will contribute one Full-Time-Equivalent (FTE) clinician, one FTE specialist clerk, and 0.08 FTE Behavior Health Clinical Supervisor, plus all benefits and administrative costs. BHCS estimates this per-MET team value at \$231,000 per year.

PUBLIC OUTREACH / INTEREST

The continuation of the OPD-BHCS MET Program did not require any additional public outreach other than the required posting on the City's website.

COORDINATION

The Office of the City Attorney and the Controller's Bureau were consulted in the preparation of this report.

SUSTAINABLE OPPORTUNITIES

Economic: No economic opportunities have been identified.

Environmental: No environmental opportunities have been identified.

Social Equity: The development of this new partnership between OPD and BHCS produces various benefits to both agencies and the greater community. Benefits include increased understanding of both clinical and law enforcement roles and responsibilities, increased mental health resources, new partnership opportunities and improved quality of service for those individuals who experience mental health challenges and their families.

ACTION REQUESTED OF THE PUBLIC SAFETY COMMITTEE

Staff Recommends That The City Council Approve A Resolution Authorizing The City Administrator, Or Designee, To Enter Into An Intergovernmental Memorandum Of Understanding (MOU) Between The Alameda County Health Care Services Agency, Behavioral Health Care Services (BHCS) And The Oakland Police Department (OPD) To Continue To Implement The Mobile Evaluation Team (MET) Program.

For questions regarding this report, please contact Officer Doria Neff, OPD Mental Health Liaison and Alameda County Crisis Intervention Team Coordinator, at (510) 238-3552.

Respectfully submitted,



Sean Whent
Chief of Police
Oakland Police Department

Prepared by:
Doria Neff, OPD Mental Health Liaison and
Alameda County Crisis Intervention Coordinator

Bruce Stoffmacher, Legislation Manager
OPD, Office of the Chief, Research and Planning

Attachments (1)

A: Mobile Evaluation Team M.E.T. 6 Month Pilot Program Final Report

Mobile Evaluation Team M.E.T.

6 Month Pilot Program

Final Report



Report Produced by:

Officer Noria Neff, OPD Mental Health Liaison and CIT Coordinator and Tracy Hazelton, Behavioral Health Care Services Prevention Coordinator 5/4/2015

Attachment A

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Introduction

On October 7, 2014, the City Council passed Resolution No. 85200 CMS, which authorized the City Administrator to enter into a Memorandum of Understanding (MOU) between the Alameda County Health Care Services Agency, Behavioral Health Care Services (BHCS) and the Oakland Police Department (OPD) to implement a Six Month Pilot Program Called the Mobile Evaluation Team (M.E.T.). The M.E.T. program, which began as a pilot in November 2014, consists of pairing a CIT-trained police officer and a licensed clinical social worker to be first responders to calls involving mental illness in the field.

The program goal is to avoid the use of an expensive and traumatic involuntary psychiatric hospitalization, and instead rely upon alternative treatment resources when appropriate.

Alternative resources include consultation, crisis intervention, and referrals for brief treatment and diversion to other appropriate voluntary crisis services. This program is modeled after the Long Beach Police Department program after two years of research and site visits to determine the best model to match Oakland's departmental and community needs. The six-month pilot is scheduled to conclude 1 May 2015.

Calls for Service Background

In 2009, according to the SpeedTrack database, the Oakland Police Department responded to approximately 5,600 calls for service involving mental health concerns.

In the first quarter of 2015, Alameda County EMS reported the Oakland Police Department wrote 1,200 involuntary psychiatric detentions with 406 for individuals being repeatedly placed on a psychiatric hold.

To compare the number of involuntary psychiatric holds written in other jurisdictions of the county include with the next highest number of transports:

Hayward PD – 409 (126 repeated holds)

San Leandro PD – 325 (101 repeated holds)

Berkeley PD – 318 (116 repeated holds)

Fremont PD – 243 (55 repeated holds)

Livermore PD – 119 (24 repeated holds)

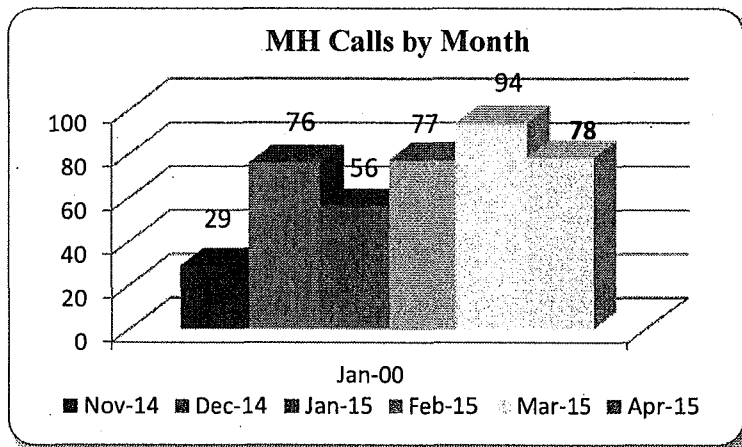
The Oakland Police Department is on pace, according to EMS reporting, to transport 4,800 individuals for emergency psychiatric evaluations and treatment, and SpeedTrack indicates that OPD is on pace to respond to between 8,300 – 9,000 mental health calls for service, which averages out to 23-25 per day.

The data overwhelming indicates the need for a unique response in the City of Oakland focused on effectively and responsibly responding to consumers living with mental health challenges and the families and caregivers who support them.

M.E.T. Pilot Program: Data Collection Results

The M.E.T. program developed a data collection log in order to track various service items such as the number of calls the team responds to per day, the demographics of the individuals served, housing situation, if clients are linked to the Alameda County Behavioral Health Services (BHCS) Mental Health System and the outcome of the call.

Overall, this pilot has been very successful in terms of increasing mobile crisis capacity in the City of Oakland and releasing OPD cover units to address non mental health related calls. During the pilot phase of November 2015 through April 28th, 2015¹ the M.E.T. team responded 410 crisis calls as well as a many additional (non-crisis) mental health wellness follow up contacts.



From the chart to left, one can see that over this 5 month period calls for service for M.E.T. increased month by month with a beginning low of 29 calls to a high of 94 for the Month of March. Excluding the initial startup month, M.E.T. has been seeing on average 76 calls per month.

On average, M.E.T. responded to 6 crisis calls per day, however,

the data show that once M.E.T. was established and had settled into a routine, the team responded to up to 8 calls/day on a number of days The Oakland Police Department responds to on average between 20 - 25 mental health related calls a day, so this one team is picking up, on average, a quarter to a third of the calls, freeing up patrol units to attend to other types of public safety calls.

The cover unit was needed on scene for an average of 15 min, with some calls using the cover unit for a maximum of 30 minutes and others only using the cover unit for a minimum of 5 minutes. Without having the M.E.T. model to address mental health calls for service, two officers would typically stay on scene for the duration of the call.

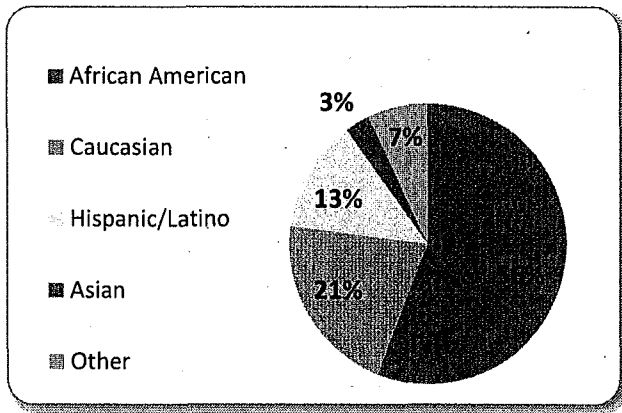
The demographics of the individuals served can be seen in the section below.

Gender

Gender was recorded on 318 calls for service with the majority of individuals served identifying as male:

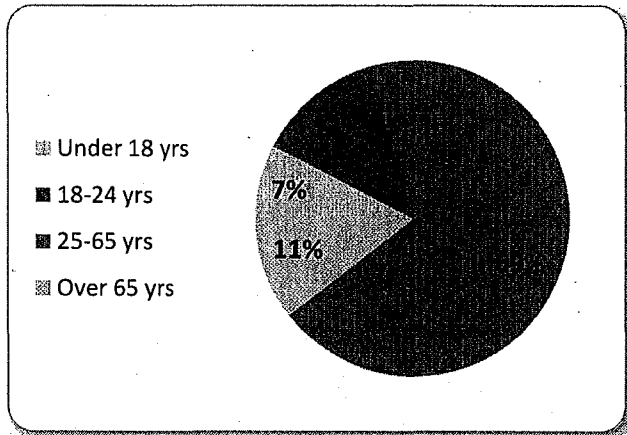
- 62% (245) Male
- 38% (151) Female

¹ The actual pilot phase was November 2014 through the end of April 2015.



Ethnicity

Ethnicity was recorded on 352 calls for service with the majority of the individuals served as African American, followed by Caucasian, Latino, Other/Multi-racial and Asian.

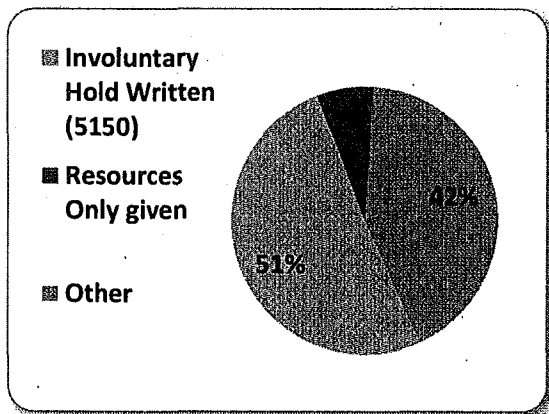


Age

Age was recorded for 343 calls for service with the average age being 37 years. The minimum age was 7 years and the maximum was 92. The call breakdown by age group of youth (under 18), transition age youth (18-24), adults (25-65) and older adults (65+ years) can be seen in the

Current City of Oakland Residence and Housing Situation

Residence location was recorded for 338 calls for service with 95% of the individuals reporting living in the City of Oakland. Additionally, for these 338 calls 14% (47) of individuals reported being homeless.



Disposition

Disposition was recorded for 320 of the 410 calls for service. The Disposition breakdown can be seen in the chart on the left with a slightly higher percent of the calls resulting in an involuntary hold being placed as compared to the outcome of "Other".

The most common reasons for M.E.T. to check "Other" were: individual did not meet criteria; gone on arrival; de-escalated no hold placed; physical medical issue, and refused to open

door/accept services. Also the data show than none of the calls that M.E.T. responded to resulted in an arrest.

History of Mental Health Treatment and/or Recent Hospitalization

For the 410 calls for service 10% (41) individuals were identified as receiving treatment from BHCS and 3% (12) had recently been hospitalized. This percent could actually be higher; however many data tracking sheets were not fully completed as this report can only cover actual data that was submitted. More technical assistance and training will be given to the officer and clinician around data tracking if this program is to move forward.

An additional analysis of Disposition and History of Services, including hospitalizations, found that of the 163 individuals who had an involuntary hold placed on them, 14% (23) were receiving treatment from BHCS and 3% had been recently hospitalized. Again, this percent could be higher, but not all tracking sheets were complete.

Conclusion

The data in this section of the report show two positive impacts: 1) that the capacity to address mental health related crisis calls has increased and 2) there has been a reduction in the time a cover unit needs to be on scene at these mental health related calls. *These two items alone are significant positive outcomes from this pilot.*

However, above and beyond these successes, the community of East Oakland, the pilot's catchment area, has been very receptive to the service and appreciates that the M.E.T. team uses an unmarked police vehicle and that individuals in crisis and their family/friends have the option/flexibility to interact directly with either a clinician or an officer an officer. The officer and the clinicians on the team have also reported a positive partnership where the officer has learned how to better assess, respond to and de-escalate an individual in crisis.

If the pilot moves to an ongoing project additional data will be collected to track and monitor the outcomes of this program.

M.E.T. Clinical Perspective

Below is a clinical perspective of the M.E.T. Program from the two behavioral health clinicians that were part of the pilot. The clinicians are:

Rafael Herrera LCSW, Behavioral Health Clinician II and
Keith Olson MFT, Behavioral Health Clinician II.
Alameda County Behavioral Health Care Services North County Crisis Response Program.

As original members of the Mobile Crisis Team (37C51) that has been operating primarily in the downtown area since 1987, we were pleased that the M.E.T. would provide mobile crisis services to the East Oakland Community which had been underserved. In addition to 5150 evaluations we have been able to make individuals and their family members aware of available mental health, health and other social services resources such as food, clothing, and shelters. We are also able to provide follow up services to family members, make calls to case managers, counselors and therapists about our contacts with their patients, including the ones with whom they have not had recent contact. As a direct result of our work with the M.E.T. we have been able to educate individuals, family members, police officers, board and care home operators about the mental health systems, and the policies and legal parameters that guide the system. This includes the criteria for 5150's and the possible alternatives when no 5150 is warranted.

It should be noted that many of Oakland's new police officers work in East Oakland and the M.E.T. provides an opportunity to explain the county's mental health system to these officers. We have explained the function of the M.E.T. to numerous family members, individuals, and human services provider agencies and have received a universally positive response.

The response from police officers on patrol has also been very positive. We believe the M.E.T. takes the pressure off officers having to make complex mental health decisions as we are able to assist with our expertise, knowledge of the system, access to the mental health history of patients, including if the patient has an active open case, past visits to John George Psychiatric Pavilion or hospitalizations.

One of the advantages of the M.E.T. is the ability to respond faster to 5150 calls because the information is available on the patrol car's computer and the M.E.T. officer can proactively dispatch themselves to the call. The 37C5, dual clinical team in the field, must wait until requested by dispatch before responding. One of the other advantages of having a police officer and a civilian mental health clinician respond to calls is that it gives (sometimes) the mental health consumer or family member a choice of whom they are more comfortable talking about what is going on. Sometimes they prefer the police officer even if the call is purely mental health related and other times a clinician.

At this point we would not only enthusiastically recommend continuation of the M.E.T., but also ask that serious consideration be given to expanding its geographical area and hours of operation by increasing the number of M.E.T. teams in Oakland as there is a need for more than one team given the size of the city and number of mental health related calls.

M.E.T. Officer Perspectives:

Below is the law enforcement perspective of the M.E.T. Program from the two officers that worked on the pilot:

Officer John Romero 8927
Former M.E.T. Officer
Oakland Police Department

I spent the first ninety days with Rafael Herrera and Keith Olson piloting the Mobile Evaluation Teams [M.E.T.] initial deployment from 03NOV14 until 31JAN15. Within the first week I began to see the effectiveness of this program. I was able to work side by side with two highly trained and experienced mental health professionals. Together we were able to provide the city's consumer population with the proper and most appropriate mental health services available.

In my opinion, this program is an invaluable resource for officers working in patrol. *The program is very effective in relieving vital patrol resources from scenes where a subject is experiencing mental health challenges and/or in crisis.* I found it easier to deal with chronic individual after a rapport with that individual had been developed during previous contacts in the field. Often times these contacts are very stressful for the individual. One of the most obvious realizations I had was when the individual and/or caregiver saw a familiar face, which alone began to de-escalate the situation.

In this modern age of policing I think that this program and others like it are vital in effectively and safely providing service to the mental health community.

Officer James Garcia 9210
Current M.E.T. Officer
Oakland Police Department

This has been a great experience and I feel privileged to be a part of the program. I feel we have set a new standard for responses to those in the community with mental illness. While working as a member of the M.E.T. Unit I have seen first-hand how mental illness effects not just the patient, but the family and friends around them.

I feel that this unit provides a valuable resource to the members of the Oakland community. On multiple occasions, when responding to crisis calls, the families of patients have thanked us and commended the police department in establishing a unit whose primary function is to respond to and help resolve situations involving those in crisis.

The interaction with other officers on scene has been great. On the majority of calls, officers have expressed their approval and appreciation for a unit dedicated to assisting the community as well as officers in dealing with subjects in crisis.

Some key benefits to the M.E.T. model I feel need to be highlighted:

- The ability to evaluate and determine if scene is safe and can expedite making other units available for service.
- Having options to de-escalate most situations by allowing the individual make the choice to speak with either a clinician or an officer.
- The working relationship between the officer and the clinician; having access to resources and information the patrol officer may not be aware of or have access to.
- This model supports the effort to collaborate by fostering the relationship between mental health care professionals and police officers allowing for better outcomes for consumers.
- Potentially leads to less frequency of involuntary holds calls by making a connection with services for the consumer and getting them stabilized. This in turn, will decrease the need for the consumer to need emergency services in the future.
- Ability to establish a rapport with chronic consumers through multiple contacts by a dedicated unit who can monitor what is working and what could be done differently.

Patrol Division Perspective:

Officer Marcus Moreno 8163P
Patrol Officer: District 4, Beat 24
Oakland Police Department

In regards to the Mental Health patrol unit 37L41 (Officer J. Garcia), I found the unit extremely useful and helpful. On several occasion while attending to incidents regarding subjects that have mental illness the unit on their own accord placed themselves on the call. Their services have been helpful and they are attentive to the radio and calls that may require their services. I have been in situations where the subjects needed additional resources and assistance and an emergency psychiatric hold was not appropriate or would not benefit the individual.

The information and resource that they have is invaluable, several families have thanked me and praised the 37L41 for the alternative information and the assistance they have given their families.

I have personally been on calls for service where individuals were suicidal and or extremely violent due to mental illness, **37L41 de-escalated situations that could have ended lethal force.**

While in the position, Officer Garcia does not exploit the position, he handles a majority of mental illness calls without having to be requested and he assists with normal patrol functions. **The unit allows patrol Officers to clear from the mental health calls once we are not needed and resume patrol functions.** On some occasions the mental health unit will remain on the call for extended time, whereas a patrol Officer we would not have the ability to do that. The unit conducts itself in such a manner that it alleviates certain calls from the patrol Officer allowing us more time for beat projects, etc.

In my opinion the Mental Health Unit is a valuable tool that is appreciated by the Officers and the public, it should be continued.

Patrol Division Supervisor Perspective:

Sergeant Alex Perez 7624
Patrol Sergeant District 4
Oakland Police Department

This has been an excellent program and a great asset to the patrol division and our ability to safely respond to, and address, the numerous mental health calls that we are dispatched to.

Benefits of the program I have seen:

1. It helps establish a consistent team approach with the Alameda County Mental Health workers and establishes a more open line of communication. This team approach helps lay a foundation for successful response during times of crisis.
2. It gives OPD personnel access to additional database and info during crisis response for a better background on the subject.
3. The Mental Health Officer begins to develop a relationship with the 5150 subjects through constantly responding to 5150 calls. I have seen this relationship greatly assist in a positive outcome.
4. Patrol officers have more confidence in a successful response and consistently call for the Mental Health officer en-route to calls. This gives the officer confidence in the resources and support available to him.
5. It gives the 5150 subjects better service and access to more info and resources in their contact with the Mental Health Officer team as opposed to just a patrol officer.

Community Testimonials:

- “Several weeks ago I had to request a psychiatric assessment for one of my clients. He is a young African-American man with a serious psychiatric diagnosis. He had been decompensating over a 3 day period and I was able to get his agreement to go to the hospital. The Oakland Mobile Crisis Unit sent Officer James Garcia along with a clinician for the assessment. Then two more officers came. I stayed with the client and after the initial assessment the officers chatted with the client until the ambulance came. They were very gentle and kind, and talked about basketball to put the client at ease. It was a wonderful example of the good work that OPD does.”

-Jennifer Funk 'East Oakland Community Project' (local community-based organization)

- It was inspiring to observe how your mobile crisis teams build, maintain and nurture positive working relationships with law enforcement staff during the course of a day. The importance of timely communication by your team members with clients, collateral supports, dispatch, behavioral health and ambulance resources and technical staff was noted. Comprehensive knowledge of community resources was evident as clients were provided with appropriate referral information and planned follow up if clients did not meet criteria for 5150 detention. Finally, attention to detail in regards to safety to all of those involved in the field response especially clients was consistently demonstrated.

-Michael Tarango, LMFT Senior Crisis Intervention Specialist Monterey County Mental Health

- “Thank you for your help with my son who was not taking meds, delusional, and destroying property. We know that he is in need of a lot of help although he is refusing the help. We did not want to call 911 but did not know what to do. “

-Anonymous – Mother of 19y/o M who was placed on 5150 hold by MET

- “The officers and clinician were very sweet to our resident who is very ill. She had locked herself in the bathroom three times, had refused medications, food, and liquids over the past few days. Today she had a seizure and was still refusing medical treatment. The team was thoughtful, patient, and willing to do what was needed to be done to reduce/prevent further trauma to this resident.”

-Staff of Skilled Nursing Facility – Resident is an 80y/o Female with history of Schizoaffective Disorder, Seizure Disorder, and Dementia

Conclusion

A mental health crisis can be an extremely frightening and difficult experience for both the person in crisis and those around them. Loved ones and caregivers are often ill-equipped to handle these situations and need the advice and support of professionals.

All too frequently, law enforcement or EMT's are called to respond to mental health crises and they often lack the training, experience and the relationship to the individual in crisis to effectively handle the situation; M.E.T.'s have the training and know-how to safely resolve mental health crises. By intervening early, mental health crisis teams, like our pilot in East Oakland, can help prevent costly and unnecessary stays in hospitals and jails.

Our pilot M.E.T. has exceeded expectations. It has been very successful in terms of:

- Doubling mobile crisis capacity for the City of Oakland. This M.E.T. saw on average of six calls/day, but often in the final months the team would respond to up to 8 calls/day;
- Managing crisis calls more quickly and efficiently, due to the officer being able to proactively pull the call directly from the computerized dispatch system;
- Reducing the time a cover unit needs to remain on scene of a mental health crisis call;
- Increased education and learning has occurred for individuals, family members, police officers, and board and care home operators about the mental health systems, and the policies and legal parameters that guide the system. This includes the criteria for 5150's and the possible alternatives when no 5150 is warranted. This information about alternative services or community resources is incredibly important because as seen in the data 47% of the mental health crisis calls end without a hold being written due to many of the individuals not meeting criteria for an involuntary hold to be placed. In the future, people who've been educated about different alternatives may be able to avoid calling the police and directly access appropriate community resources.
- Being able to develop a relationship/rapport with chronic consumers through consistently responding to mental health crisis calls can minimize the time spent on calls because they can start where they left off on prior contacts and can greatly assist in a positive outcome for that individual and their family. Also additional monitoring can occur to determine what's working and what could be done differently.

In addition to all of these points, the community of East Oakland has embraced M.E.T. and has expressed gratitude for the new service. They deeply appreciate the "team approach". This allows for folks who prefer to speak with clinical staff to have that option and folks who see the officer as an ally can get what they need.

Moreover, the community feels the information given and, the resource itself, of a dedicated officer and mental health clinician to the community of East Oakland has been invaluable. This

is especially significant now, where areas of the nation, including the Bay Area, are experiencing increased tension between minority communities and law enforcement.

This pilot has shown that with executive leadership and dedicated project and line staff that collaborations between law enforcement and behavioral health departments can support a new wave of care delivery and co-operation that benefits the residents of the City of Oakland and Alameda County on many levels.

Letter of Support

Steve Bischoff, Executive Director
Mental Health Association of Alameda County
954 60th Street
Oakland, CA 94608

May 4, 2015

Chief S. Whent
Oakland Police Department
455 7th Street
Oakland, CA 94607

RE: Letter of Support for the Mobile Evaluation Team

Dear Chief S. Whent,

The Mental Health Association of Alameda County has been providing services to our community since 1958. One of our leading and proud efforts has been our direct involvement with Crisis Intervention Training since 2011. One of our innovative programs, the Family Education and Resource Center has been presenting the Consumer and Family Member Panel from the start. The panel has been very well received by the participating officers – it provides a rare opportunity for law enforcement to engage in an open dialogue with families and consumers in a non-crisis environment. This has allowed each perspective to open and challenge their experiences and break down some of the barriers.

We want to share our support and request for continuation for the Mobile Evaluation Team (MET). It's an incredibly unique program that offers: (1) A response from an officer/clinician team, (2) increased rate of addressing mental health related calls for service, (3) provides an unmarked police vehicle to respond and reduce stigma for the family and/or individual in crisis and (4) an overall efficiency to properly address the need(s).

Most importantly, the set-up of the MET is designed to prioritize safety for all parties involved. Law enforcement can clear / determine a scene safe while the clinician can address the symptoms directly with the individual to reduce further escalation. Families and caregivers may be more inclined to call for help in a psychiatric emergency if they knew that the MET would be the first responders vs. waiting until it's beyond their control and inevitable.

We thank you for your time and consideration in reviewing our support letter. We hope to not only continue the MET program, but further expand the number of units so more members from our community can be served.

In Support,

-Steve Bischoff, Executive Director

5/4/2015

OAKLAND CITY COUNCIL
2016 JUN -2 PM 2:29

RESOLUTION No. _____ C.M.S.

Introduced by Councilmember _____

RESOLUTION AUTHORIZING THE CITY ADMINISTRATOR, OR DESIGNEE, TO ENTER INTO AN INTERGOVERNMENTAL MEMORANDUM OF UNDERSTANDING (MOU) BETWEEN THE ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY, BEHAVIORAL HEALTH CARE SERVICES (BHCS) AND THE OAKLAND POLICE DEPARTMENT (OPD) TO CONTINUE TO IMPLEMENT THE MOBILE EVALUATION TEAM (MET) PROGRAM

WHEREAS, on October 7, 2014, the City Council passed Resolution No. 85200 C.M.S., which authorized the City Administrator to enter into a Memorandum of Understanding (MOU) between BHCS and OPD to implement a Six Month Pilot Program Called the Mobile Evaluation Team (MET); and

WHEREAS, the program functions by pairing an officer trained in crisis intervention strategies with a licensed clinician, to act as a team to respond to calls involving mental illness in the field; and

WHEREAS, the program helps to avoid the use of an expensive and traumatic involuntary psychiatric hospitalization, and instead allows OPD and BHCS to rely upon alternative treatment resources when appropriate; and

WHEREAS, a partnership with BHCS benefits OPD by providing needed crisis, resource and referral services that have the potential to reduce calls for service and may create a safer environment for the officer and clinician responding to calls, through the use of de-escalation and consultation expertise, allowing OPD to focus time and attention on other (non-psychiatric) calls for service; and

WHEREAS, the crisis intervention services provided by the partnership will also enable Alameda County Health Care Services Agency to identify individuals who are already BHCS clients and re-link or re-engage them in treatment services, so as to reduce the number of psychiatric / mental health episodes for these individuals; and

WHEREAS, both BHCS and OPD have found that the MET six month pilot Program has been successful in meeting its proposed goals, and both wish to continue the joint-agency MET Program indefinitely; and

WHEREAS, both BHCS and OPD now wish to also expand the program so that four teams can be established by utilizing four OPD officers and four BHCS clinicians, so as to develop the capacity to respond to a majority of the 5150 calls OPD receives

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PUBLIC SAFETY CMTE.

JUN 14 2016

each day; and

WHEREAS, the estimated annual cost to the City for this program is currently \$169,464 per officer plus \$5,220 per vehicle; and

space

WHEREAS, the estimated annual cost to the City for an expanded version of four teams is currently \$677,856 per officer plus \$20,880 per vehicle; and

WHEREAS, there are no actual costs to the program, as OPD would still be employing each officer and supporting funding for all related vehicle costs, and these officers would still be responding to all mental health calls with or without a clinician; and

will

WHEREAS, for each MET team, BHCS will provide one full time equivalent (FTE) licensed clinician, one FTE specialist clerk, and 0.08 FTE Behavior Health Clinical Supervisor, plus all benefits and administrative costs, with a value of \$231,000 per year, at no cost to OPD; now, therefore, be it

RESOLVED: That the City Council hereby authorizes the City Administrator, or designee, to enter into an MOU with Alameda County Health Care Services Agency, BHCS and OPD, that outlines the obligations and responsibilities regarding the ongoing MET Program; and be it

FURTHER RESOLVED: That the City Administrator, or designee, is hereby authorized to complete all required negotiations, certifications, assurances, and documentation required to accept, modify, extend and/or amend the proposed MOU with Alameda County Health Care Services Agency, BHCS and OPD and a copy of the fully executed agreement shall be placed on file with the Office of the City Clerk; and be it

FURTHER RESOLVED: That the City Attorney shall review and approve said proposed MOU with OPD and BHCS, as to form and legality.

IN COUNCIL, OAKLAND, CALIFORNIA, _____

PASSED BY THE FOLLOWING VOTE:

AYES - BROOKS, CAMPBELL-WASHINGTON, GALLO, GUILLEN, KALB, KAPLAN, REID, and PRESIDENT GIBSON MCELHANEY

NOES -

ABSENT -

ABSTENTION -

ATTEST: _____
LaTonda Simmons
City Clerk and Clerk of the Council
of the City of Oakland, California

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