

2021 Homelessness Activities and Updates

City Council Meeting
April 27, 2021



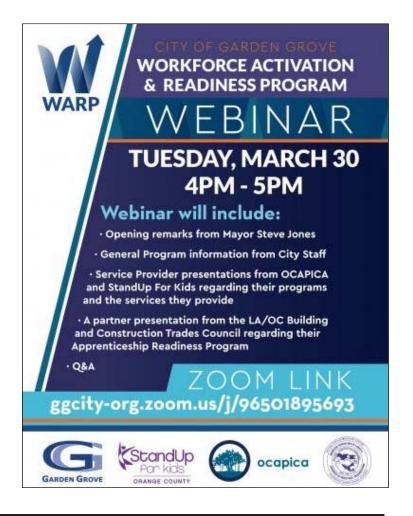


COMMUNITY OUTREACH









WORKFORCE DEVELOPMENT

- RESUME BUILDING
- INTERVIEW PREPAREDNESS
- JOB TRAINING
- JOB PLACEMENT
- TRADE APPENTICESHIP



LAUNCH ONLINE COMMUNITY SURVEY

MAY 2021









EXPLORE OPPORTUNITIES TO ADDRESS MENTAL HEALTH NEEDS



THE CHALLENGE:

related to Mental
Health and
Homelessness

- Annually, the GGPD responds to over 14,491
 calls for service where mental health and / or homelessness are the primary cause for deployment
 - ➤ 3,066 calls annually involve mental health related issues
 - ➤ 11,425 calls for service involve homelessness, where mental illness is often a primary cause
- Combined, these calls constitute approximately
 21% of all GGPD calls for service
 - As societal issues have become increasingly complex, rather than developing new service lines, police departments have been asked to address issues outside of traditional crime response



THE IMPACTS:

Significant Hours Needed Annually... For Mental Health Calls Alone

- For calls for service that involve mental health issues, our standard protocols results in significant hours of police officer response time each year
 - \succ Each mental health call requires at least two (2) responding officers, and takes an average of +45 minutes to address
 - An officer's presence can escalate already volatile situations, increasing the potential for use of force
- Response plan requires police officers to conduct an in-field evaluation and assess options
 - > If patient voluntarily elects mental health evaluation, officers then arrange for transportation
 - > If patient does not volunteer, officers have several options
 - Orange County Mental Health Psychological Evaluation Team (PET) often lengthy response time
 - Orange County Mental Health Crisis Assessment Team (CAT) often lengthy response time
 - Officers transport via ambulance or patrol car to hospital emergency room
 - Officers required to remain in the E.R. until an appropriate bed is identified and secured
 - Officers transport via ambulance / squad car to lock down facility
 - Most often medical clearance is needed, and patients under the influence are denied admittance until sober



THE FRUSTRATION:

For Drug/Alcohol/ Addiction Issues, Police Have Limited Response Options

- For associated drug / alcohol / addiction calls, police officers have limited options
 - Officers have to assess the situation and determine if the issue is a mental health concern or a criminal offense
 - Although highly trained, police officers lack the clinical expertise necessary for accurate determination
- If the call is mental health related, response program described previously is deployed
- If offense is criminal, officers use discretion to determine if arrest is warranted / appropriate
 - Often, arrest is a short-term fix for a long-term, chronic problem
 - As an alternative to arrest, officers can suggest and offer resources to services
 - Traditionally not a timely solution for the individual or family
 - Officers often unfamiliar with the array of services available
 - Depending on person's access to insurance or alternative coverage (SSI, Medicaid), resources will differ
 - Police are not necessarily aware of an individual's history



POSSIBLE SOLUTION:

Mobile Mental Health Unit

- Explore the creation of a mobile crisis response program
 - ➤ Such an effort would not only lead to better outcomes, but would serve as a force multiplier by potentially freeing police officers from having to respond to ~14,500 calls for service annually
- Mobile crisis response involves the development of a nonsworn, contracted, 3rd party response team to assist individuals experiencing a crisis
 - > Mobile: vehicle based team
 - Crisis: homeless, mental health, substance abuse, addiction, wound care
 - Response: non-violent calls are diverted from the police to the mobile crisis response team
 - ➤ Intervention: 5150 holds, voluntary committals, psychiatric services navigation
 - Rehabilitation: detox services, addiction treatment (outpatient, inpatient)
 - Case Management: in-home or clinical follow-up, with family assistance and support





A Mobile Mental Health Unit has been designed to support and enhance existing emergency response efforts, not replace!

- Currently, there are three response tools for emergency service calls:
 - > Police
 - > Fire
 - > EMS
 - Mobile Unit intended to be a 4th response tool, to take on the applicable mental health/homeless calls

Phone > Dispatch > Police, Fire, EMS or Mobile Crisis Response













HUNTINGTON BEACH Pilot Mobile Crisis Response Program

- The City has selected Be Well OC to develop a mobile crisis response program
 - Operational by June/July
 - ➢ HOPE Program
 - ➤ Budget: \$1.5M
- Partnerships being cultivated with various entities to support mobile crisis response efforts
 - Huntington Beach Hospital
 - Orange County Health Care Agency





FUNDING OPTIONS:

- > CDBG-COVID
- > CDBG-Entitlement
- > ESG-COVID
- Low and Moderate Income Housing Trust Fund
- General Fund

NEXT STEPS:

- 1. Continue community engagement of Draft CSPAH
- Complete budget analysis to deploy a Pilot Mobile Health Program
- 3. Consider bringing back a proposal with the City of Huntington Beach to partner in a Pilot Mobile Health Care Unit with Be Well OC